

PERSPECTIVES

the journal of the American Probation and Parole Association

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TRAUMA

a perspectives spotlight

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president's message

A Word From *Carmen*



CARMEN RODRIGUEZ

President

American Probation and Parole Association

My presidency of the American Probation and Parole Association (APPA) has come to an end. I want to thank each member for allowing me to serve as your president. It has been an incredible honor for me to represent you during my presidency. I am so proud that together we completed several goals that I set, and initiated some other things that should have some long term effects on our association and our profession.

My agenda the last two years included the following: to ensure our association continued to be an inclusive association, to successfully host the Second World Congress on Community Corrections, to review and update APPA's internal policies & procedures, to improve APPA's headquarters' workspace, to establish a path to financial stability, to increase membership, to actively participate in the new National Institute of Correction's Community Corrections Collaborative Network (CCCN), to update and follow-up on APPA's strategic plan which resulted in the creation of APPA 2025, and finally, one of my most important goals was to place a spotlight on the impact and effects of trauma.

I am so grateful for the collaborations and partnerships between the International Community Corrections Association (ICCA) and the American Probation and Parole Association. Together we were able to ensure the success of the Second World Congress (2WC) in Los Angeles, California. Based on the responses, we were successful in bringing together community corrections professionals from all corners of the world to share effective

practices, promising initiatives and address the challenges faced in providing services to those being supervised by the community justice system. The event also provided an opportunity for our private sector partners to enhance their visibility by displaying their products in the exhibit hall. Companies participating provided a view of some of the current technology and business practices to enhance supervision.

The 2nd World Congress on Probation and Parole not only provided valuable information but also provided the opportunity to network with our colleagues from all across the world, and hopefully the start of some new friendships.

I am humbled and feel so blessed to have had so many of you believe in me. I stayed true to who I am, by sharing with you my time and experiences during my presidential journey. My passion for our profession and this association made me want to include each and every one of you in my experience as president, yet, in keeping it real, remembered there were things we needed to accomplish. I kept my energy level always up so that we as an association would maintain our forward momentum. APPA's membership continues to grow and we need to keep that momentum up and moving forward. We are more than just an association that offers high quality training. We offer exposure to the most modern technology and supervision practices and the one thing that makes APPA different is we create and foster an environment of friendship.

The entire executive committee worked on reviewing current policies and updating procedures to help with the efficiency and effectiveness of the APPA staff to ensure they are well equipped to function, and ensure our association continues to meet its operational demands.

Currently, APPA is in its best financial position since 2012. Thanks to our agency and individuals members, corporate members and all the exhibitors for their attendance at the Institutes.

We have done some grand things together, and I thank the Executive Committee, the members of APPA, and all our partners and friends throughout the world for joining me on this wonderful journey. >>>▲

Thank you.

A handwritten signature in black ink that reads "Carmen Rodriguez". The signature is written in a cursive, flowing style.



MY White Noise

There couldn't be a more appropriate conclusion to my term as your APPA President than this special issue of Perspectives spotlighting the issue of trauma. I have spent the last two years working to advance awareness of the impact of trauma on our field and to promote the use of trauma-informed practices. The articles of this issue are the result of APPA's first-ever national training institute focusing on trauma, which was held in New Orleans last year, and the ongoing dialogue that it has advanced among so many courageous and inspired voices since then.

In fact, the momentum APPA has generated for the advancement of trauma-informed practices throughout the field even resulted in the launch of The Women's Justice Initiative (WJI) in my home state of Illinois by Deanne Benos, Principal of Open Road Policy with the support of Alyssa Benedict, President of Core Associates, Maureen Buell of the National Institute of Corrections and Becki Ney, Director of the National Resource Center for Justice-Involved Women. These women and their dedication have been an inspiration.

Probably one of the most rewarding, yet least expected, aspects of this experience has been telling my own story of childhood trauma and resilience in order to empower others to share their own. It is through these stories that we are reminded of the critical role we play as community corrections professionals that could affect the course of the most formative years of a child's life – or for that matter the life of any adult who has suffered the lifelong consequences of childhood trauma.

As I have shared with many of you in our APPA family, this issue is deeply personal for me. While I have spent my career working to advance awareness of the impact of trauma on the field of community corrections, particularly on those we supervise, there is a powerful personal aspect to this commitment. Many of you may know now that I have spent a lifetime defying the odds of becoming a statistic on the other side of that equation.

Today, many of you may know me as a woman who takes great pride in having achieved the honor of serving as the first Hispanic female President of APPA; has had a successful career improving public safety; was the first college graduate in her family and worked hard to ensure that same opportunity for her own two beautiful children, despite being a single mother.

It is through these stories that we are reminded of the critical role we play as community corrections professionals – or for that matter the life of any adult who has suffered the lifelong consequences of childhood trauma.

president's message

Looking back at my family history and childhood, it is not hard to imagine how my biography might have been a lot more like something straight out of the 2009 Office of Justice Programs (OJP) report *Children Exposed to Violence: Criminal Justice Issues*, which said:

"A tremendous toll is placed upon children who are victims of and witnesses to crime and violence. These children are at higher risk for developing behavioral problems and academic failure, as well as chronic delinquency and adult criminal behavior. They are more likely to become involved in criminal and drug-related offenses later in life than children who have grown up in peaceful, nonviolent surroundings. They are also more susceptible to physical and psychological problems and consequences."

I was born in Puerto Rico, and raised in the Humboldt Park community of Chicago – which was at the time considered a low-income, inner-city, gang-infested "barrio" on a corner claimed by the Latin Disciples street gang.

On a daily basis, I not only witnessed crime, violence and drug abuse on the streets – but most importantly I experienced it in my own home, where my stepfather violently assaulted my mother

on a daily basis. My childhood is full of swirling memories of sleepless nights hiding in a room with my mother praying that he would not kill her by morning; fleeing into dark alleys in the dead of winter without shoes or even a jacket to call for help when things got "too violent" at home; and finding my mother collapsed on the floor in two suicide attempts. All the while, I was getting daily lessons from my Aunt Francis on which illegal drugs not to use so that I would not become an addict like her. She is on methadone until this day.

Throughout it all, the "system" failed me as a child. Police were accustomed to making regular visits to our home because they knew we were "just one of those homes;" and despite going to school like a zombie with puffy, red eyes full of tears and drawing pictures in art classes of my father pointing a gun at my mother (which happened), the school system never questioned it. My experience was something that I often compare to a "white noise" that was always there humming in the background, yet no one was listening as I suffered. No one acknowledged the signs or reached out their hand to help.

Only God knows why I never went the other direction, and there is incredible irony in the fact that I attribute it to the strength and resilience my mother showed me at just the right moment. While we will never understand how or why it happened, one day she had

apparently had enough: She left my step father, pulled her life together and raised my siblings and me to be strong adults able to overcome even the greatest adversity. Despite the poverty, crime and challenges within our community, our friends were all rooting for us to move to a better path—even the gang members who ran our corner. I was told that I was different, that I was special and that I would one day make them all proud. And, you know what? I did. Yet, it has never escaped me that I experienced a turning point that most young people never had back then – and especially today – and I needed to do something about it.

If there is anything that I hope will resonate among our field beyond my Presidency it is a reminder to LISTEN to the white noise that surrounds those we supervise and even at times, envelopes us.

Make no mistake about it—trauma is a serious and often overlooked issue with profoundly deep roots in community corrections. It not only affects the deeply troubled individuals we supervise, their children and families, but can also have a secondary effect among us – the very community corrections professionals who are appointed to serve our communities.

The warning signs of trauma often disguise themselves in criminal behaviors such as substance abuse, violence or other anti-social behaviors. Among professionals, it may hide behind a

diagnosis of depression or the quiet things we tell ourselves, such as “I just had a rough few days at work.”

One thing I have learned first-hand is that trauma may be overlooked, but it cannot be ignored. The “white noise” will always be there in the background affecting every aspect of a victim’s life – until they find a way to shut it off or at least lower the volume.

I firmly believe that we will never advance as a field of true professionals unless and until we learn to recognize trauma, address it and provide the right guidance to give another child or adult victim of childhood trauma the kind of turning point — that I once had — to change their lives for the better. Who knows? Perhaps the next person you help, could be standing here as the next APPA President. What a legacy that would be. >>>▲

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TRAUMA

a perspectives
spotlight

by Joan Gillece



JOAN GILLECE

Director,
SAMHSA National Center for Trauma-
informed Care

Suddenly, it seems that everyone is talking about trauma. In Kansas City and Philadelphia Head Start and daycare providers are learning how trauma effects behavior in children. In Florida and Connecticut, juvenile justice facilities are asking youth about their trauma histories and revamping their programs to address it. In Hawaii, the women's prison teaches inmates and staff about trauma and promotes healing and forgiveness. In Joplin, Missouri, the principles of trauma-informed care were used to rebuild a town destroyed by a tornado. In Baltimore City, the health department is championing an effort to take trauma-informed approaches city wide. Journalists are writing columns about trauma, courses on trauma-informed services are appearing in college and higher education curriculum. The courts and criminal justice systems are taking an interest in the notion of addressing causes of behavior rather than only treating the symptoms.

SAMHSA has taken a national lead in promoting trauma-informed initiatives. In 2014 SAMHSA released a ground breaking document prepared by the Trauma and Justice Strategies Initiative: *(SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach: <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>)*. The definitions, principles and domains were designed as guidelines rather

than prescriptions to be used across systems seeking to implement trauma-informed services.

“Individual trauma results from an *Event*, series of events or set of circumstances that is *Experienced* by an individual as physically or emotionally harmful or life threatening and has lasting adverse *Effects* on the individual’s functioning and mental, physical, social, emotional or spiritual wellbeing” (SAMHSA, 2014). Event and circumstances may include the actual or extreme threat of physical or psychological harm. Witnessing of violence can be as traumatic as personally experiencing it. The individuals’ experience of these events helps determine whether or not it is a traumatic event. The long lasting effects on the individual are the result of the individual experience of the event or circumstance.

Trauma is extremely common and is an almost universal experience among health, substance abuse and social services as well as individuals who are justice involved or homeless (Jennings, 2004). More than 60 percent of children 17 and younger are exposed to violence each year (Finklehor et al., 2009). Advances in neuroscience reveal that traumatic experiences may lead to a state of hypervigilance or an inability to manage emotions, memory, attention, thinking and behavior. The Adverse Childhood Experiences Study has extensively documented risks associated with: mental health problems (depression, suicidality, hallucinations); substance abuse (smoking, intravenous drug use, alcoholism); impaired work performance; physical health problems (liver disease, heart disease, autoimmune disease); and early mortality. (Anda et al., 2006). It is not surprising that a large segment of individuals involved in the justice system who have many of these symptoms develop such behaviors as a way to adapt to unresolved early and often on-going traumatic experiences.

Justice involved adults and children report histories of physical and sexual abuse comparable to rates found in the mental health and substance abuse systems. Men in the criminal justice system are most likely to have experienced

EDITORIAL COMMITTEE

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Editorial Chair
University Professor
Criminology, Law & Society
Director, Center for Advancing
Correctional Excellence
10519 Braddock Road, Ste 1904
Fairfax, VA 22030
Phone: (703) 993-8555
ftaxman@gmu.edu

Brian Lovins

Editorial Vice Chair
1201 Franklin St, 12th Floor, #12140
Houston, TX 77002
Phone: (713) 755-2134
Brian.Lovins@csc.hctx.net

Arthur J. Lurigio, Ph.D.

Dept. of Criminal Justice
Loyola University of Chicago
820 N. Michigan Ave.
Chicago, IL 60611
Phone: (312) 915-7564
alurigio@luc.edu

Jason D. Stauffer

Division Director
Bureau of Offender Reentry
Coordination
PA Board of Probation and Parole
1101 South Front Street, Suite 5500
Harrisburg, PA 17104
Phone: (717) 787-5699
jastauffer@state.pa.us

Susan V. Burke

Director
Division of Juvenile Justice Services
195 North 1950 West
Salt Lake City, UT 84116
Phone: (801) 538-8224
sburke@utah.gov

Susan Blackburn

Juvenile Court Consultant
Pennsylvania Juvenile Court Judges
Commission
1871 Old Main Drive
Shippensburg, PA 17257-2299
Phone: (717) 277-1411
sblackburn@state.pa.us

Jason Dudish-Poulsen, Ph.D.

Cook County Probation
2650 S California
Lower Level
Chicago, IL 60608
Phone: (773) 674-7279
Jdpoulsen2@comcast.net

traumatic events related to witnessing a killing, followed by physical assault, often with a weapon and childhood sexual abuse. In contrast, sexual abuse is the most common type of traumatic event in the lives of women offenders, followed by intimate partner violence. Childhood abuse and neglect increase the likelihood of being arrested as a juvenile by 53 percent, as a young adult by 38 percent and for violent crime by 38 percent (Jennings, 2004).

Understanding the impact and role trauma plays in the lives of individuals under supervision enables us to respond differently to adaptive behaviors. Helping individuals connect the dots between what happened to them and behavioral consequences can lead to enhanced insight and behavioral change. The experience of trauma is not used as an excuse rather an explanation for repeated behavior including substance abuse, domestic violence, psychiatric symptoms and criminal involvement. Implementing trauma-informed approaches requires a strong commitment from leadership to reevaluate policies and procedures, permit adequate learning opportunities for both staff and individuals under supervision and partner with behavioral health providers to work together to develop trauma-informed community support and services.

In addition to the three E's (the Event, the Experience and the Effects) of what makes an event traumatic, the SAMHSA's four R's provide guidelines to what makes a program trauma-informed:

"A program, organization or system that is trauma-informed Realizes the widespread impact of trauma and understands the potential paths for recovery; Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the systems and Responds by fully integrating into policies, procedures and practices and seeks to actively Resist Re-Traumatization"

The concept paper also provides six key principles fundamental to a trauma-informed approach:

- 1. Safety:** Throughout the organization, staff and the people they serve, whether children or adults feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.
- 2. Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust with clients and family members among staff and others involved in the organization.
- 3. Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration and utilizing their stories

and lived experience to promote recovery and healing.

4. Collaboration and Mutuality:

Importance is placed on partnering and leveling of power differences between staff and clients and among organizational staff.

5. Empowerment, Voice and Choice:

Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon.

6. Cultural, Historical and Gender

Issues: The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.).

SAHMSA also describes 10 very practical domains for implementing a trauma-informed approach. Harris and Falloot originally developed implementation domains and SAMHSA has built upon their vision and leaderships in this area. The domains are intended to crosswalk with the six key principles. (SAMHSA, 2014).

Governance and Leadership: The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work and there is inclusion of the peer voice.

Policy: There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission.

Physical Environment of the Organization: The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety.

Engagement and Involvement of People in Recovery, Trauma Survivors, People Receiving services, and Family Members Receiving Services: These groups have significant involvement, voice and meaningful choice at all levels and in all areas of organizational functioning (e.g., program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development and evaluation.)

Cross Sector Collaboration: Collaboration across sectors is built on a shared understanding of trauma-informed approach.

Screening, Assessment, and Treatment Services: Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach.

Training and Workforce Development: On-going training on trauma and peer-support are essential. The organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation.

Progress Monitoring and Quality Assurance: There is ongoing assessment tracking, and monitoring of trauma-informed and effective use of evidence-based trauma specific screening, assessments and treatment.

Financing: Financing structures are designed to support a trauma-informed approach which includes resources for: staff training on trauma, key principles of a trauma-informed approach; development of appropriate and safe facilities; establishment of peer-support; provision of evidence-supported trauma screening, assessment, treatment, and recovery supports; and development of trauma-informed cross-agency collaborations.

In addition to NCTIC, the following organizations may be helpful in providing materials and technical assistance.

National Association of State Mental Health Program Directors (NASMHPD)

www.nasmhpd.org

The National Center for Trauma-informed Care

<http://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0>

Resources for Mental Health and Juvenile Justice Professionals

<http://www.nctsn.org/resources/topics/juvenile-justice-system>

National Resource Center on Justice Involved Women

<http://www.cjinvolvedwomen.org/>

SAMHSA's GAINS Center

<http://gainscenter.samhsa.gov/>

The Trauma-Informed Care Project

<http://traumainformedcareproject.org/>

Council of State Governments

<http://www.csg.org/>



Evaluation: Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.

The first step to implementing a trauma-informed approach is a commitment from leadership to provide training to all staff on the impact of trauma on the lives of individuals under supervision as well as the impact on staff. Moving forward from principle to practice requires a close look at current practices and examination of where a trauma-informed approach might yield better outcomes for both those providing and receiving services.

SAMHSA's National Center for Trauma-Informed Care offers free resources, services and opportunities for partnerships in planning and implementing trauma-informed services:

- Training and technical assistance for organizations in a range of service settings.
- Collaboration and co-sponsorships of webinars and materials development.
- Shared email lists and strategies for dissemination of information and resources.
- Connections to state and community based organizations promoting trauma-informed services.
- Literature, videos, DVDs and other resources. ►►▲

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JOAN GILLECE, PH.D. has thirty years of experience working in the behavioral health field with twenty dedicated to trauma and ten in prevention of seclusion and restraint. Working cross agencies, Dr. Gillece promotes the use of trauma-informed care in multiple settings including mental health, substance abuse, adult and juvenile justice and homeless services. Prior to joining the National Association of State Mental Health Program Directors (NASMHPD) ten years ago, Dr. Gillece served as Director of Special Populations for Maryland's Mental Hygiene Administration where her responsibilities included all aspects of state mental health planning and delivery of services as well as development of collaboration across agencies serving individuals with psychiatric diagnosis. As project director for SAMHSA's National Center for Trauma-Informed Care (NCTIC), Dr. Gillece has championed the cause of full consumer integration and development of culturally competent programs. Utilizing survivors in all aspects of trauma work, Dr. Gillece has coordinated technical assistance, conference presentations, and consultations with experts in the field. Commitment to strength based support by implementing trauma-informed values with the overarching theme of recovery has been her focus.

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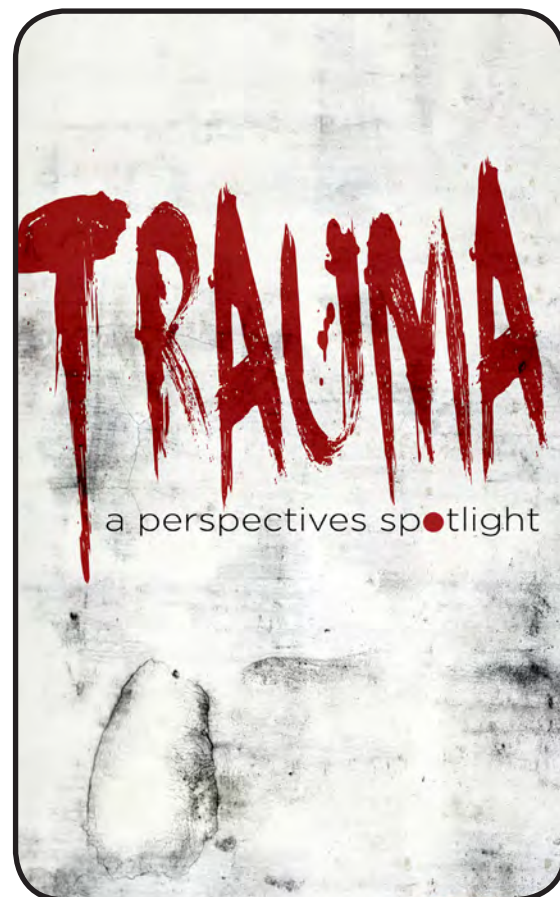
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PERSPECTIVES disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole and community corrections agencies throughout the United States and Canada. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation or research methodology. PERSPECTIVES does not reflect unsupported personal opinions. Submissions are encouraged following these procedures: Articles can be emailed to kmucci@csg.org in accordance with the following deadlines:

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Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English. Authors should provide a one paragraph biography, along with contact information. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., (Jackson, 1985: 162-165). Alphabetize each reference at the end of the text using the following format:

Anderson, Paul J. "Salary Survey of Juvenile Probation Officers." Criminal Justice Center, University of Michigan (1982).

Jackson, D.J. "Electronic Monitoring Devices." *Probation Quarterly* (Spring, 1985): 86-101.

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 C/O The Council of State Governments
 P.O. Box 11910, Lexington, KY 40578-1910
 Fax: (859) 244-8001, E-mail: appa@csg.org
 Website: www.appa-net.org

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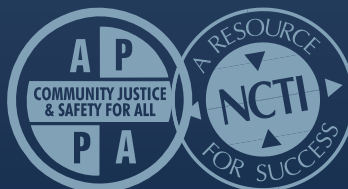
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Kerri Ryan
Director of Marketing and Business Development
3M Electronic Monitoring
1838 Gunn Hwy.
Odessa, FL 33556
Phone: (813) 749.5454 x1275
Fax: (813) 749.5474
Email: kerri.ryan@mmm.com
Website: www.mmm.com



Alkermes
Jeffrey Harris
Director, Public Policy
852 Winter Street
Waltham, MA 02451
Phone: (617) 852-7356
Email: jeffrey.harris@alkermes.com
Website: www.alkermes.com



AnyTrax
Louie Hunter
VP of Sales
125 Clairemont Avenue, Suite 400
Decatur, GA 30030
Phone: (800) 359-4208
Fax: (404) 687-1152
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Capita Technologies, Inc.
Jim Newman
VP of Sales
4000 Westerly Place, Ste 110
Newport Beach, CA 92660
Phone: (949) 260-3002
Email: jnewman@capitatech.com
Website: www.capitatech.com



Corrections Software Solutions, LP
James Redus
President
316 North Lamar Street
Austin, TX 78703
Phone: (512) 347-1366
Fax: (512) 347-1310
Email: jredus@correctionssoftware.com
Website: www.correctionssoftware.com



CISCO
Daniel Stewart
Sr. Justice Advisor, Connected Justice
170 West Tasman Drive
San Jose, CA 95134
Phone: (347) 443-7432
Email: danieste@cisco.com
Website: www.cisco.com



CorrectTech
Eric Tumperi
CEO
1450 East 62nd Avenue
Denver, CO, 80216
Phone: (303) 586-6551
Email: etumperi@correcttech.com
Website: www.correcttech.com



Esri
John Beck
380 New York Street
Redlands, CA 92373
Phone: (909) 793-2853 x.2771
Email: jbeck@esri.com
website: www.esri.com



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Journal Technologies
Adam Laing
Director of Sales and Marketing
843 S. 100 W
Logan, UT 84321
Phone: (435) 713-2100
Fax: (603) 308-8138
Email: alaing@journaltech.com
Website: www.journaltech.com



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Ben Harrell
Director of Sales and Marketing
1611 Jaydell Circle, Suite G
Tallahassee, FL 32308
Phone: (850) 877-8864 x 123
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Email: ben.harrell@marquisware.com
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Gary Bushkin
President
319 East McDowell Road, Suite 200
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Website: www.ncti.org



Northpointe, Inc.

Dave Wells
General Manager
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Fax: (231) 938-5995
Email: Dave.Wells@northpointeinc.com
Website: www.northpointeinc.com



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Phone: (770) 485-2593
Email: mdryden@numerex.com
Website: www.omnilink.com



SCRAM Systems

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Marketing Manager
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Littleton, CO 80120
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Email: jmill@alcoholmonitoring.com
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SuperCom

Galit Mendelson
Director of Communications
200 Park Avenue South, 9th Floor
New York, NY 10003
Phone: (212) 675-4606
Email: galitm@supercom.com
Website: www.supercom.com



Track Group

Steve Hamilton
Chief Marketing Officer
1215 N. Lakeview Court
Romeoville, IL 60446
Phone: (877)260-2010
Email: steve.hamilton@trackgrp.com
Website: www.trackgrp.com



Smart Start, Inc.

Jacquie Sheehy
Director of Eastern Operations
500 East Dallas Road
Grapevine, TX 76051
Phone (919) 604-2513
Email: jsheehy@smartstartinc.com
Website: www.smartstartinc.com



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President
2927 Ring Road
Elizabethtown, KY, 42701
Phone: (270) 209-0422
Email: jjhartlage@adventffs.com

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Talbot House,
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For more information on
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c/o The Council of State Governments
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TELEPRESENCE AS A SUPERVISION TOOL

Video teleconferencing or “telepresence” is not new to community corrections. Historically, agencies have used telepresence for functions such as presentence investigation interviews, parole hearings and inmate interviews for early release programs. Agencies have also used telepresence to bring staff sited at different offices together for meetings or training. The major advantages of telepresence for these purposes typically include greater staff efficiency and reduced travel costs.

More recently agencies have started exploring new ways to exploit telepresence technology to maintain contact with supervisees but also to provide treatment services. In this update we will highlight the ways that three agencies are using telepresence to overcome some of the challenges associated with great geographic distance between officers, their supervisees and service providers in the community.

Nebraska has created an innovative partnership to help deliver services to supervisees in remote, rural areas of the state. The State of Nebraska's Judicial Branch, which oversees adult and juvenile probation, partnered with the University of Nebraska Medical Center to leverage their telemedicine communication infrastructure to allow for two-way video conferencing. Nebraska Judicial uses the technology in several ways; all in an attempt to provide services to supervisees that otherwise might go without. The strategy, dubbed Probation TeleServices, has successfully connected supervisees, treatment providers and probation officers who are often separated by great distances. In one application, a private provider of in-patient treatment uses the system to conduct assessments of juveniles in the detention center. Providers have noted that the ability to see the juvenile and their body language provides an additional dimension to the assessment which may otherwise occur via telephone. Other applications leverage the system to conduct treatment groups such as family therapy, dependency groups, and Moral Reconation Therapy, among others. Supervisees may report to one of the many locations within the state to participate remotely in the groups which otherwise would not be available in their location. Because of the privacy implications involved with the delivery of clinical services it was important that the system be HIPPA compliant which is an important feature of the Vidyo solution which underpins Probation TeleServices.

The Community Supervision and Corrections Division (CSCD) in Bell and Lampasas Counties, Texas faces a fairly unique challenge and has a different application for telepresence. Bell County is home to Fort Hood, one of the largest military installations in the country. More than 40,000 soldiers and airmen are stationed at the base. On those occasions when these servicemen and women run afoul of the law and are placed on probation, they come under the jurisdiction of the CSCD. As these soldiers/probationers were deployed halfway across the world to places like Iraq, Afghanistan and South Korea the agency still had a responsibility to the court to maintain contact and provide basic supervision services. Technology provided the answer to this dilemma. The military had long established Skype-ready computer stations in their MWR (Morale, Welfare and Recreation) centers at bases around the world. Skype was leveraged to facilitate regular, video telecommunications between soldiers and their families. Administrators at the CSCD recognized that they could communicate with soldiers in the same manner and have been conducting supervision interviews via Skype with great results.

Less uncommon is the problem faced by the 25th Judicial District Community Corrections Department in Kansas. Situated in the southwest Kansas, the agency covers a six-county area. The region is large, sparsely populated and rural. The furthest county is 150 miles



from the home county office in Garden City. The challenges are many. The agency has limited staff (with increasing caseloads) to cover this vast jurisdiction. Field visits are resource intensive, requiring many hours of staff time not to mention the cost of vehicle maintenance and fuel. The supervisees experienced challenges as well. A number had transportation issues. In an area with few public transportation options, those supervisees without a vehicle or valid drivers' license struggled to travel to the home county office. Some of those who didn't have transportation problems had difficulty taking time off from work to report and could not get to Garden City before the office closed for the day. The agency began exploring technology based solutions to augment (not replace) face-to-face reporting for some supervisees and has used Skype. The technology has allowed the agency to maintain contact with supervisees in a cost-effective manner and supervisees appreciate the flexibility it offers.

Agencies are learning that telepresence can be an invaluable tool to augment supervision services. Geographic distances and limited access to clinical services in rural areas present major challenges in many parts of the country. As agencies consider telepresence as an option they should recognize that having the proper equipment is key to implementation success. This applies, of course, equally to the agency and the supervisee. The technology must not only function but be easy to use so that it becomes an asset and not a barrier to success. It is critical that staff and supervisees be trained and become familiar with

the technology. Also, agencies should consider the level of security required and privacy implications associated with telepresence. When officers are communicating with supervisees remotely, the officer can't always know or control whether there is someone else with the supervisee or in the immediate area and therefore privy to the conversation.

Finally, as discussed, these agencies are using telepresence in large part due to circumstances that make face-to-face interactions difficult if not impossible. The conventional wisdom states that "something is better than nothing" and this might be true for basic reporting activities, however when it comes to the provision of clinical services this may not be a given. For this reason the Nebraska's Judicial Branch is working with the University of Nebraska to study the issue so they can empirically examine the efficacy of this approach.

AGENCY CONTACTS:

NEBRASKA JUDICIAL BRANCH

Joe Budnick

Chief Probation Officer - District 10
Joseph.budnick@nebraska.gov

Julie Micek

Program and Services Specialist
Julie.micek@nebraska.gov

BELL/LAMPASAS COUNTIES CSCD

Todd Jermstad

Director

Todd.jermstad@co.bell.tx.us

For further information on the APPA Technology Committee please feel free to contact Joe Russo at jrusso@du.edu. ▷▷▲

Joe Russo is Director of the NLECTC – Corrections Technology Center of Excellence in Denver, Colorado and chair of the APPA Technology Committee.



BETTER TRAINING = REDUCED STRESS

Let me start by asking a question. When do you experience more stress; when you do something you have never done or never trained to do—or when you do something you have been trained to do and done successfully? I think for most of us it is the former.

Yet, often our officers are put in the first situation, especially when it involves dealing with confrontations from those we supervise or those closely associated to them. No wonder when hazardous duty situations occur they can result in primary trauma for those directly involved and secondary trauma for co-workers at all levels.

In providing training to numerous jurisdictions, too often I find that supervision duties are assigned to officers without any prior training, and especially without training on how to handle the stress inherent in the activity. Skill training and training on how to handle stress are two separate issues, so let's examine both.

TRAINING

The courts, in cases such as *Canton v. Harris* (*City of Canton v. Harris*, 109 S. Ct. 1197 (1989)), have established that agencies have an obligation (not option) to train staff on duties they are asked to perform. Yet, we still see agencies that assign officers to do tasks such as making home contacts and even more complex work such as serving on a special Task Force, conducting searches, making arrests and other duties for which there are known and predictable risks, without providing training on the specific legal and safety issues of these tasks. In requiring performance of these duties, the agency is creating an exposure to physical risk and legal liability, both for the agency and the officer. The situation can be very psychologically stressful. Both the agency and the officers must be prepared for the time when things go wrong, as they will.

You may be reading this and saying well I, or we as an agency, are doing these things and nothing has ever happened. Congratulations! But other agencies have been successfully sued and officers killed or injured performing all previously listed job duties. How long will your luck hold out?

Hopefully you and your agency are in the other camp. Training has been provided. But has it just addressed the skill; making home contacts, conducting searches, making arrests, etc., or has it also addressed the stress of performing those skills -- what to expect and how to overcome and control that stress? Teaching the mechanics of the task is the easy part, teaching officers how to handle the stress that comes with the various tasks, while minimizing negative results from long term stress or the primary and secondary trauma that may come when things go seriously wrong, is the tougher part.

TRAINING TO CONTROL STRESS

Can we learn how to turn stress into a positive? Research by various organizations and individuals has shown that some degree of stress can enhance performance. Most officers who request assignment to tasks such as searches and arrests will admit they enjoy what they term as the “excitement of the job.” They see stress as a positive. But how do they or the agency know that the excitement (stress) is being handled appropriately? Do the officers show a reduced lack of skill performance when performing under

stress? Do they make appropriate force decisions under stress? Do they follow policies and procedures under stress?

Some instructors, when they see a lack of performance, will focus on the “how” or mechanics of the task. How is the student standing by the door? How are they making entry—be it a home contact or a search? In most situations the student knows how to perform the skill, the instructor (and through the instructor, the student) should realize they have not mastered control of the stress of the situation—that’s where the training should be focused.

Stress training should be individualized. Not all people react to the same situations in the same way. The length of allotted training time should not dictate the quantity or quality of training. Each individual should be evaluated on their performance under stress, not only physically but emotionally and receive training until an acceptable standard of performance is achieved.

Adults learn through spaced repetition. By repeatedly exposing officers to the situations they may encounter and allowing them to experience, as close as possible in a training situation, the stress of the situation, officers can learn to perform at their highest level. Plus, they can learn to recognize and control the individual stress they experience.

spotlight on safety

We must acknowledge that things don't always go right. In studying recorded hazardous duty situations dating back to 1923, even when everything was done "right", officers have been killed and injured. That's when the secondary trauma experienced by co-workers comes to the forefront.

Even if the officer survives the situation, the primary trauma to the officers involved and secondary trauma to co-workers that is being experienced can result in anger towards individuals and/or the agency. The fact that bad things happen to good people and that no policy, procedure, or piece of safety equipment will make us safe is not a consideration by those expressing anger.

Stress training should be individualized. Not all people react to the same situations in the same way.

At the time of the dynamic situations there are usually various ways to handle the situation, all may be "correct" tactically. Just because it wasn't handled the way others may have handled it doesn't necessarily make it wrong. This concept is what training on handling the stress of any situation should include.

As an officer, trainer and consultant I have been involved in or been asked to examine numerous responses to traumatic situations.

While some situations have been handled well, resulting in reduced stress and trauma for those involved on all levels, too often significant trauma occurred which could have been reduced if the situation had been handled differently.

In most cases those involved meant well, they just lacked the information to deal with the situation more effectively. When the situation occurs you don't have time to learn the skills of handling traumatic events. You have to have the skills before the event occurs.

Just as we can choose how we handle stress, we as officers and agencies have choices about how we handle trauma from death or injury.

FIRST, WE MUST ACKNOWLEDGE THAT TRAGEDIES HAVE AND WILL CONTINUE TO OCCUR IN COMMUNITY CORRECTIONS.

In law enforcement there is currently a training program called “Below 100” being presented to law enforcement officers around the country. The goal of the program is to educate officers as to the most common causes of line-of-duty deaths with the hope that such deaths, both from accidents and felonious acts, will be reduced to below 100 officers killed per year.

Since law enforcement officers average around 150 line-of-duty deaths per year, the program acknowledges that it would be unrealistic to think that any training or tactics can reduce such incidents to zero; traumatic events are a reality of the job. We in community corrections must also acknowledge that fact; traumatic events such as line-of-duty deaths have and will continue to occur in our profession.

We are fortunate that our line-of-duty death rate is nowhere near that of law enforcement. However, if we consider both accidental and felonious deaths experienced on the job by community corrections officers since 1977, we have averaged just under one officer death per year, with some years having as many as four officers killed in the line of duty. Non-fatal hazardous duty incidents have also risen (Schweer & Thornton, 2015).

As agencies have become more proactive in enforcement actions there has been an increase in serious line-of-duty injuries, many from officers being shot. Thankfully the officers survived. Still, statistically, the most dangerous activity for probation and/or parole officers is driving, followed by making home contacts. Activities that are part of almost all parole/probation officers’ duties

We cannot think that “it won’t happen to us.” By the fact that we do the job we do and supervise the people we supervise, death and incidents of serious injury to officers will continue. Thus we must train and prepare both physically and psychologically for the event we all want to avoid.

WE SHOULD KEEP OUR STRESS IN PERSPECTIVE.

Even given the facts outlined above, officers are often surprised when incidents occur. Especially in the incidents of felonious death, I often hear reports of officers stating they didn’t realize the dangers of the job. This tells me that they have not received good safety-related training. Officers should have the facts about what duties result in hazardous incidents and be trained in skills to avoid those incidents when possible. However, when incidents do occur, officer should be trained in the skills to effectively deal with the incidents both from a physical and psychological response aspect. The greatest gift any instructor can give an officer is the ability to think and respond

spotlight on safety

under stress and one of the most significant areas of preparation for the agency is the creation of a plan on how to respond to a line-of-duty death or significant injury.

While community corrections has predictable threats, it certainly isn't the most dangerous job in the United States. As we've learned, being a law enforcement officer is significantly more dangerous. But in comparison there are numerous other jobs that are far more dangerous than law enforcement and community corrections combined. Statistically it is far more dangerous to be a farmer than it is to be a probation officer or a law enforcement officer (CDC, 2004).

SO WHAT CAN YOU DO?

There is no doubt that when an officer is injured or killed it will impact both officers and the agency, but there are some steps that can be taken through safety training and education to help reduce the degree of trauma.

- Provide factual information to officers about the degree and type of hazards involved in being a probation and/or parole officer.
- Provide not only safety skills training, but train on how to handle the stress of hazardous situations.
- Provide individualized assessment and training of safety skills.
- Educate officers that no policy, procedure or safety tool can make them safe. Their ability to

immediately respond and handle the stress of the situation is the most important skill in determining the outcome of the event.

- Provide or obtain training at the managerial level regarding how to respond to officer involved deaths and injuries to reduce the trauma of the event.
- Train officers on the importance of physical health, coping skills and balance within their personal lives.
- Help officers put the risks associated with their job in perspective, but acknowledge that there are inherent dangers connected with the job.

We can predict and prepare for trauma, but we can't always prevent it. >>>▲

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ROBERT THORNTON is the Director of Community Corrections Institute, Springdale, Washington.

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Articles should be written in Microsoft Word™ format and mailed to Karen Mucci, Production Coordinator, *Perspectives* Magazine, P.O. Box 11910, Lexington, KY 40578 or can be emailed to kmucci@csg.org in accordance with the following deadlines:

Winter 2016 Issue: October 1, 2015
Spring 2016 Issue: December 1, 2015
Summer 2016 Issue: May 19, 2016
Fall 2016 Issue: August 1, 2016

*NOTE: No more than three (3) tables and/or graphs per submitted article.
Twelve (12) typed pages, double spaced

FOR MORE INFORMATION, CLICK HERE TO GO TO PAGE 19 OF THIS PUBLICATION FOR SUBMISSION DETAILS AND GUIDELINES.





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2015 APPA AWARDS

Recognizing Accomplishments



SCOTIA KNOUFF LINE OFFICER OF THE YEAR

Leticia Longoria-Navarro

Probation/Parole Officer
Multnomah County Department of
Community Justice
Portland, OR

In addition to Officer Longoria-Navarro's normal caseload duties as a Parole and Probation Officer, she is a key contributor to the implementation of Evidence Based Practices including Effective Practices In Correctional Supervision (EPICS), Offender Management System (OMS) and Sex Offender Supervision for Multnomah County's 130 Parole and Probation Officers and 20 Corrections Counselors. Not only has Leticia performed these above and beyond duties for the Department, but also for many other Oregon Parole and Probation Departments and for the State of Oregon's Department of Corrections.

Leticia actively looks for and acts on opportunities to continuously improve services, exhibits initiative and follow through and uses creative/innovative thinking. She is certified by the University of Cincinnati in Motivational Interviewing and as an EPICS trainer. She has created policies specific to OMS, Behavioral Change Plans, EPICS and Sex Offender Supervision. Leticia has conducted multiple OMS/Behavioral Change Plan trainings throughout the State both independently and in partnership with DOC. Leticia is an active, contributing team member of the Oregon Statewide, Sex Offender Supervision Network (Training Chair) and the Statewide Assessment and Case Planning committee (OMS training sub-committee). She has been certified by the National Institute of Corrections (NIC) as a Thinking for a Change trainer and is currently co-facilitating a class for offenders. Leticia has been a presenter at the Oregon Criminal Defense Lawyers Association (OCDLA) and Oregon Association for the Treatment of Sexual Abusers (OATSA) conferences.

NOMINEES FOR THE SCOTIA KNOUFF LINE OFFICER OF THE YEAR AWARD

Christopher Clark
Probation and Parole Officer IV
OK Dept. of Corrections
Tulsa, OK

Lisa Lewis
Senior Probation Officer
Pima County Adult Probation
Dept.
Tucson, AZ

Joseph Rinaldi
Program Coordinator
Westchester County Probation
Dept.
White Plains, NY

Kelli Spriggs
Community Supervision Officer
CSOSA
Washington, DC

Crystall Williams
Community Supervision Officer
CSOSA
Washington, DC

Dave Williams
Probation Officer
Hamilton County Probation Dept.
Noblesville, IN

2015 APPA AWARDS

Recognizing Accomplishments



WALTER DUNBAR MEMORIAL AWARD

Barbara Broderick
Chief Probation Officer
Maricopa County Probation
Department
Phoenix, AZ

In addition to her many achievements in Maricopa County, Barbara Broderick has served the American Probation and Parole Association tirelessly. She currently serves on the Board of Directors as a Past President. During her years on both the Board of Directors and the Executive Committee she has represented her profession at the national level with great distinction. In addition to serving APPA, she was elected Chair of the Arizona Parents' Commission on Drug Education and Prevention, the National Association of Drug Court Professionals, and the National Association of Probation Executives. She is without a doubt one of the most respected leaders in our profession.

Most impressive has been her ability to consistently deliver results, even when faced with significant budget restraints. The Maricopa County Adult Probation Department routinely conducts satisfaction surveys that include employees, offenders, treatment providers, community partners, victims and law enforcement partners. Employees rated their overall satisfaction at 87%, offenders at 89%, and law enforcement partners at over 88%. Given the various dynamics involved, these are truly impressive numbers and evidence of a department committed to approaching public safety with professionalism and compassion.

Chief Broderick has impressive stature in the field of community corrections. When national organizations look for practitioners to serve on committees to investigate an issue, you will continually see her name.



MEMBER OF THE YEAR

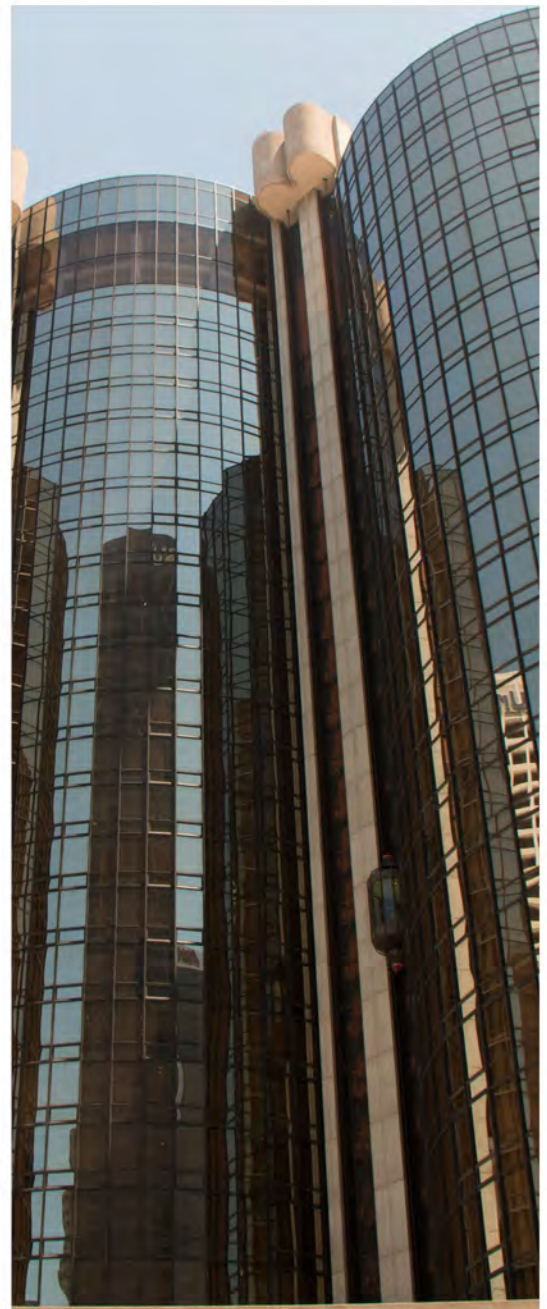
Michael P. Cimino
Deputy Chief
Maricopa County Probation
Department
Phoenix, AZ

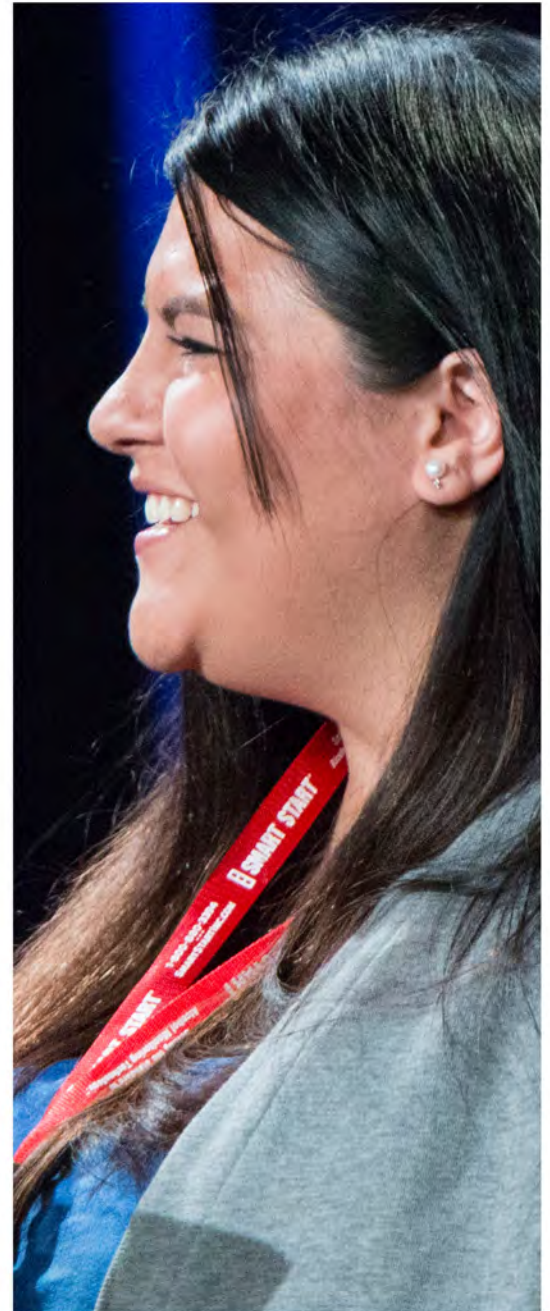
Michael has been a member of APPA for several years, and is a graduate of the Leadership Institute. He is known for his high standards of performance. He cares for this association and he is always willing to assist in any capacity he can to move this us to the next level.

Michael has a passion for the work in community corrections overall. Not only does he work full-time for the Maricopa County Adult Probation Department, but he is truly an active member of APPA. Whenever he is asked to take a demanding role at APPA he does not hesitate to accept the position.

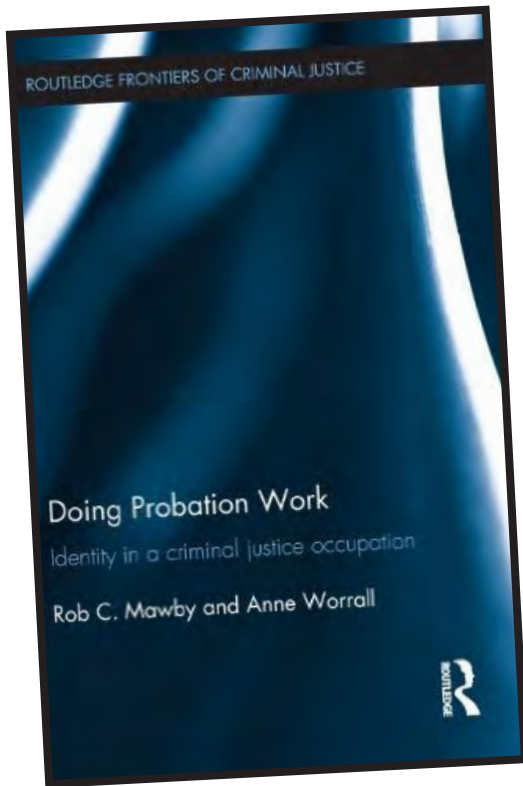
In these past years, Michael has served as the 2013 (Phoenix) Winter Institute Local Host Chair, the Program Chair for the 39th Annual Training Institute in New Orleans, and is currently serving as the Program Co-Chair for the Los Angeles 40th Annual Training Institute along with Audrey Rigsbee. Michael is well known within the association for dedication, passion, and an eye for detail. He is highly respected by his peers both within the association and back in Phoenix.

The combination of Michael's high ethical standards and vast experience enable him to be an excellent example to others and a remarkable representative of APPA.





A Look Back



DOING PROBATION WORK: IDENTITY IN A CRIMINAL JUSTICE OCCUPATION

by R. C. Mawby and Anne Worrall
London, Routledge (2013)
188pp. Pbk.

Rob Mawby, a professor at the Department of Criminology at the University of Leicester and Anne Worrall, a former probation officer and now a professor at Keele University in the United Kingdom have made a major contribution to the study of identities in criminal justice occupations. I read their book after coming back from the Second World Congress on Community Corrections held in Los Angeles (July 2015) where there were a number of presentations on the changing nature of the governance and delivering of probation services in the United Kingdom and Europe, but there was one noticeable gap: the lack of discussion on the effects of these changes on probation workers. This book goes a long way to bridging this gap. The authors state that "this is a book about probation workers and their occupational cultures" and aims to fill the gap in the literature "by exploring the meaning of 'doing probation work' from the perspective of probation workers themselves". The authors selected and developed a creative and useful approach to the use of a number of theoretical perspectives on occupational cultures and melded them into an investigative tool that proved to yield rich data for analysis. Their basic methodological choice was to use a strategy that was a cross between oral history and semi-structured interviews. These purposeful conversations allowed the interviewees to, in a sense, construct their identities through the telling of stories. The research sample was made up of 60 interviews that included 26 current probation workers, 10 trainee probation officers, 16 Chief Probation Officers, and eight former or retired probation workers. Those interviewed were drawn from the North and South-East regions of England. This task made an effort to address some

critical questions regarding probation work including trying to understand the characteristics of contemporary probation cultures as perceived by those working in probation, examining how probation staff interact with other justice agencies and what perceptions of the interactions were formed, determining how probation staff responded to the changing conditions involved in the workplace and discovering the implications of the findings for offender management.

Before discussing the chapters comprising this book, I would like to share the authors' reasons why occupational cultures are important to study. On page seven they argue that occupational cultures: indicate 'what really matters' and 'how things are done around here'; provide insight into how practitioners perceive their occupation; influence how work is done and how effective it will be; influence how new members are introduced into ways of working; are a resource for adapting to change and the external context; can be a stabilizing force for good; can be an obstacle to reform, change and progress and come to the fore during turbulent times. Mawby and Worrall present their results in eight stimulating chapters that encourage the reader to reflect on their own experiences with occupational cultures, especially so for probation officers or former probation workers.

In the first chapter the authors introduce the notion of probation as a

tainted but resilient concept in a context of turbulent times and hypothesize that probation responds to adverse working conditions in a variety of ways. Building an interesting model from the occupational culture literature (all well documented and referenced), they suggest that workers may respond in any of the following ways: exit, voicing concerns, loyalty to the organization, neglect/lax behavior, organizational expedience, edgework/risk-taking and organizational cynicism. They provide a concise description of the research on which the book is based and end the chapter by introducing the idea of a "square of probation work" that notes first that probation is now considered a tainted or dirty occupation; secondly that turbulent conditions threaten probation; thirdly, that it is possible to identify a number of characteristics that represent collective probation cultures (motivation, job crafting, coping strategies, nostalgia); and finally, that individual probation officers faced with these three aspects of their work "will choose to respond in one or more ways at any given time, depending on their personal motivation and experience".

In the second chapter the reader is introduced to a typology of probation officers: lifers, second careerists and offender managers. Those who work in probation, the authors found, come from a variety of backgrounds and have many common motivations with some important differences that mirror the changes that have or are occurring in the probation

The one thing to keep in mind at the heart of the rehabilitative approach is the current emerging research finding that: “the relationship between worker and offender remains critical to successful outcomes”.

service in England and Wales. They also introduce rich quotations from their extensive interviews that make for easy understanding of the concepts being discussed. Chapter three addresses the question of what probation workers actually do. The authors use the concepts of time and space to structure their examination of the daily routines of probation workers and to explore the various locations where they perform their duties. Again the authors found that there was a variety of locations of work, from autonomous community-based workers to highly accountable desk-bound operations. In chapters four and five the authors deal with probation’s changing relationships with the courts, police and prisons and examine the perceptions, misperceptions and representations of probation and comment on the failure of the probation service to manage its media image. The sixth chapter addresses how probation workers deal with the turbulence in their work environment. The authors introduce the notion of job crafting as the way probation workers manage their careers and exercise a measure of control over their work in adverse times. They analyse both the collective and individual efforts of probation workers to manage their self-presentation. In chapter seven the issues of diversity and the different voices in probation work are addressed. The authors note the waning influence of religion and trade union voices and discuss the rise of associations representing black probation workers and Asian workers which may reflect the fact that a diverse voice is not well represented! However, the majority of the chapter deals with the “feminisation” of probation and what the authors consider a paradoxical situation in that, although the service has been moving toward a public protection agenda and away from traditional social work roles in probation, the increase of women working in probation has not seen a continuation of the traditional “feminine” social work role but rather a focus on what were once thought of as “masculine” roles such as law enforcement and public protection. It is an interesting discussion and not easily understood or explained on the basis of what once was the status quo! This is indeed an avenue for more research and discussion especially since in most jurisdictions we are seeing this phenomenon, whether in hiring practices in probation or in entrants into schools of criminology. Whatever the reason, probation work is attracting

more women all of whom are well qualified and are making lasting contributions to the development and growth of the field. The final chapter summarizes the results and revisits the three outlined types of probation workers introduced in chapter two (lifers, second careerists and offender managers). The authors identify the characteristics of contemporary probation culture and examine the role of nostalgia in probation cultures. There is also an interesting challenge to the prevalent narrative of decline that appears in a majority of recent writings on probation.

This is a well-written and easily accessible book and the scholarship is excellent. It is a book well worth reading and discussing among probation practitioners everywhere even though it focuses on England and Wales, but given the widespread global discussions occurring among and between many jurisdictions regarding probation policy and practice this research on probation cultures is a welcome addition to our growing knowledge regarding probation. The book is a good example of “sense-making” of a particular occupation that has proven and continues to prove useful to the criminal justice system. A major take-away for me is the reminder of the need for a diversity of voices in probation in order for it to be effective. We need the perspective the “lifers, second careerists and offender managers” in probation have to offer. ▷▷▲

DONALD G. EVANS is a Past President of the American Probation and Parole Association, Toronto, Canada.



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SECOND *World Congress* ON COMMUNITY CORRECTIONS WESTIN BONAVENTURE HOTEL AND SUITES JULY 14-16, 2015 LOS ANGELES, CALIFORNIA, USA

INTERNATIONAL RELATIONS COMMITTEE UPDATE

The APPA has just completed our 40th Annual Training Institute in Los Angeles, California, as well as accomplished the very successful hosting of the Second World Congress on Community Corrections. In our next issue you will see more specific details of this Congress, but as an overview we saw 365 attendees from around the world with representation from 27 countries! It was truly a global event and provided opportunities for the beginning and continuation of many international relationships.

This World Congress offered 20 different workshops within six theme areas:

- Advancing Practices
- Administrative/Policy Innovations
- Juvenile/Family Justice Innovations
- Behavioral Health
- Desistance
- Retreat from Mass Incarceration

The World Congress hosted three incredible plenary speakers who shared information as follows:

- Laurence Steinberg, Ph.D. - Temple University, Philadelphia, Pennsylvania *Age of Opportunity: Lessons from the New Science of Adolescence*
- Jennifer Skeem, Ph.D. - University of California, Berkeley, California *What Works for Justice-Involved People with Mental Illness*
- Fergus McNeill - University of Glasgow, Glasgow, Scotland *Desistance and International Offender Case Management and the Impact on Supervision Strategies*

To continue this momentum with our international colleagues, future APPA Training Institutes will be offering a new 'international track' of workshops. We will solicit presentations on topics that are of global interest and also innovative programming from which we can learn new practices.

Our vision within the International Relations Committee is three-fold:

- Gather and report international community corrections information
- Build relationship with other nations
- Support authors of global-interest topics

Recently, I was appointed as Chair of APPA's International Relations Committee. We have a number of active members and would like to solicit the involvement of new members as well. If you feel that you would like a voice with our international partners, please contact me at julietruschel@comcast.net.

Thank you for continuing to support the APPA as a whole and its individual committees' work. We look forward to further exploration of the community corrections world at the international level! >>>▲

JULIE TRUSCHEL is the Chair of the APPA International Relations Committee



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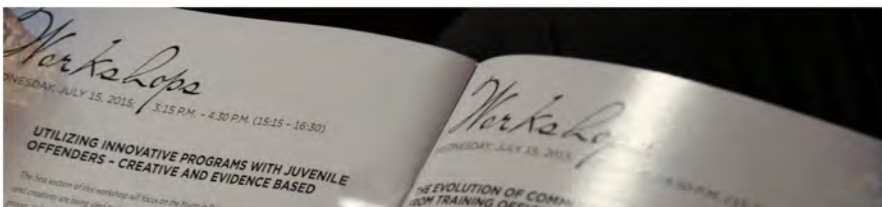
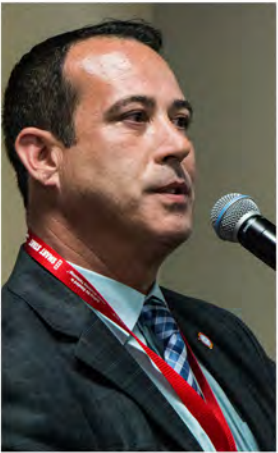
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A Look Back



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by Robert D. Hare, Ph.D., & Hughes F. Hervé, M.A.

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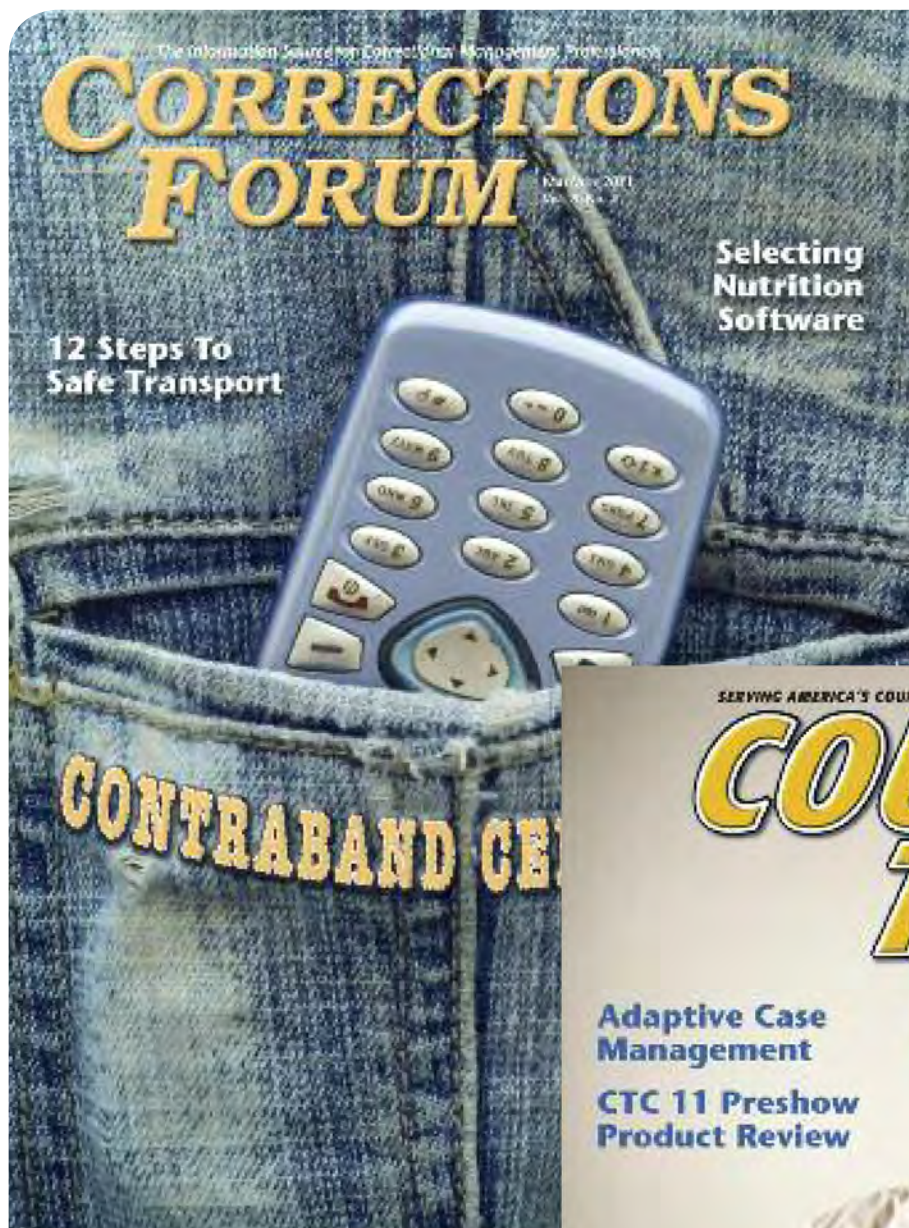
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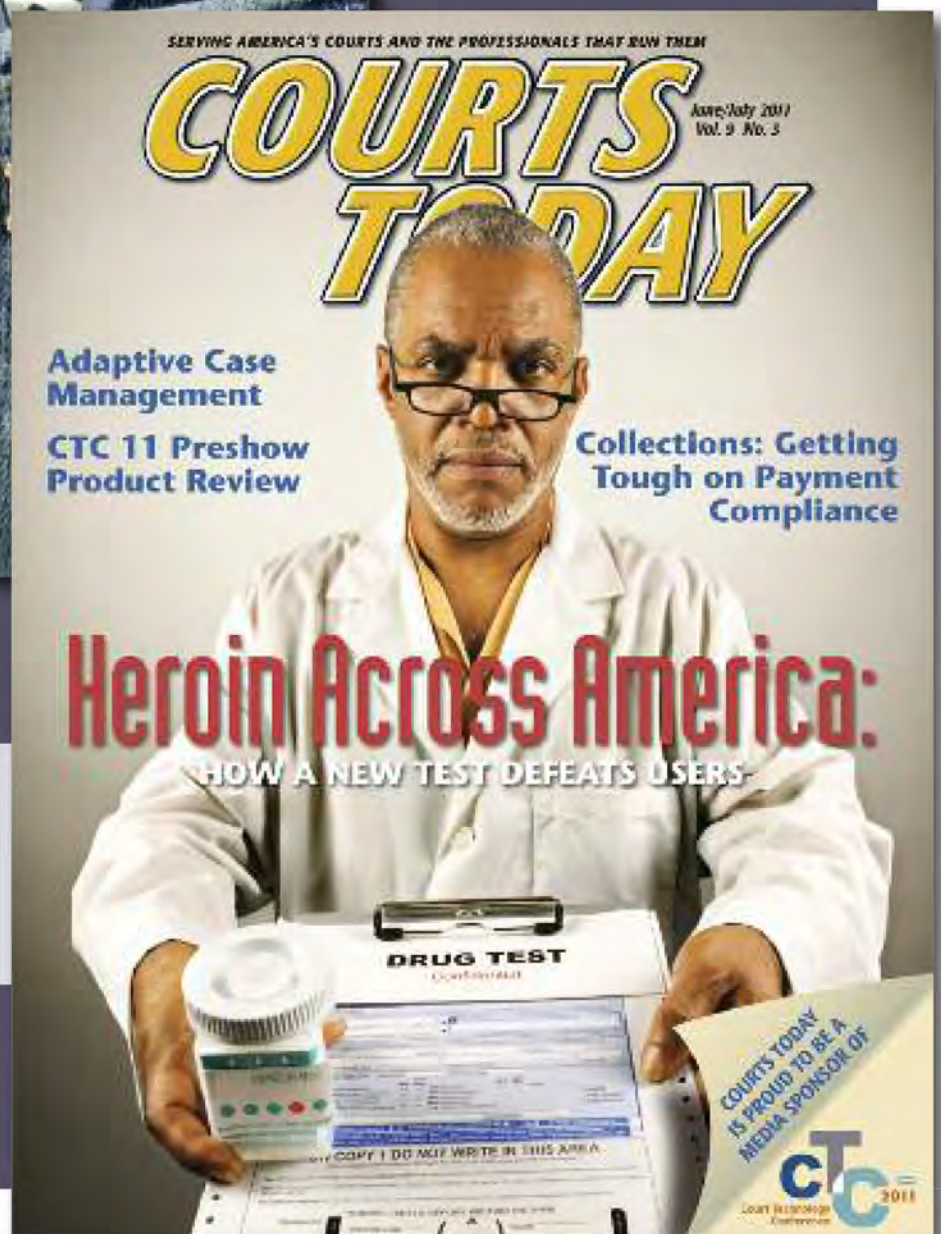
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**FOR TRAUMA-INFORMED CARE IN
CORRECTIONS... IT HAS TO START V**



COMMUNITY WITH US!

by Kirsten Lewis

Last year I attended the American Probation and Parole Association's 39th Annual Training Institute in New Orleans. The focus of the conference was on the topic of trauma, and I attended several workshops about incorporating "Trauma-Informed Care" in the criminal justice system. In a nutshell, this is an approach to working with offenders that recognizes the far-reaching impact of trauma and understands that positive life changes are often stalled or thwarted until the underlying issues associated with the trauma are addressed. In addition, "trauma-informed" care seeks to "do no harm" and appreciates that some of the practices of the criminal justice system can inadvertently re-traumatize or re-victimize the very people it seeks to help (SAMHSA's Trauma and Justice Strategic Initiative, 2014). Although I was in complete agreement with what I was learning and saw the immense benefits of incorporating trauma-informed care into community corrections practices, something started to bother me that I could not immediately identify. The feelings of discomfort festered throughout the conference until the final day when it finally hit me. If the field of community corrections starts the process of training staff to use a trauma-informed approach, we will be asking officers to do for their clientele what we, as a profession, do not come close to doing for ourselves! How do we learn to respect the impact of trauma and appreciate the benefits of healing while maintaining a professional philosophy that promotes "suck it up and move on"?

Public safety has historically been considered a "macho" profession wherein toughness is promoted as a virtue and emotions are viewed as personal weakness. Given the stoic nature of community protection and the ever-present danger of working with criminal and juvenile offenders, many employees hold fast to a belief that they must

Many people use the term “trauma” in everyday language to describe an extremely stressful event. The definition of trauma is actually quite broad. It includes responses to powerful one-time incidents like car accidents, natural disasters, deaths and violent events. It can also be used to define chronic or repetitive experiences such as abuse or neglect, military combat, urban violence, enduring poverty and deprivation.

be tough and invincible in order to psychologically survive their jobs. Consequently, acknowledging officer trauma can be an extremely difficult topic for many departments to address because it challenges a professional culture that has historically viewed vulnerability as an unacceptable liability. It should be noted that our field is by no means unique in equating emotions with unprofessionalism. Even the literature on helping professionals indicates that the majority of clinicians are reluctant to discuss the negative impacts of their work, believing that their own traumatic reactions are the result of personal weakness, lack of experience, incompetence and/or their own failure to sufficiently uphold professional boundaries (Izzo & Miller, 2010).

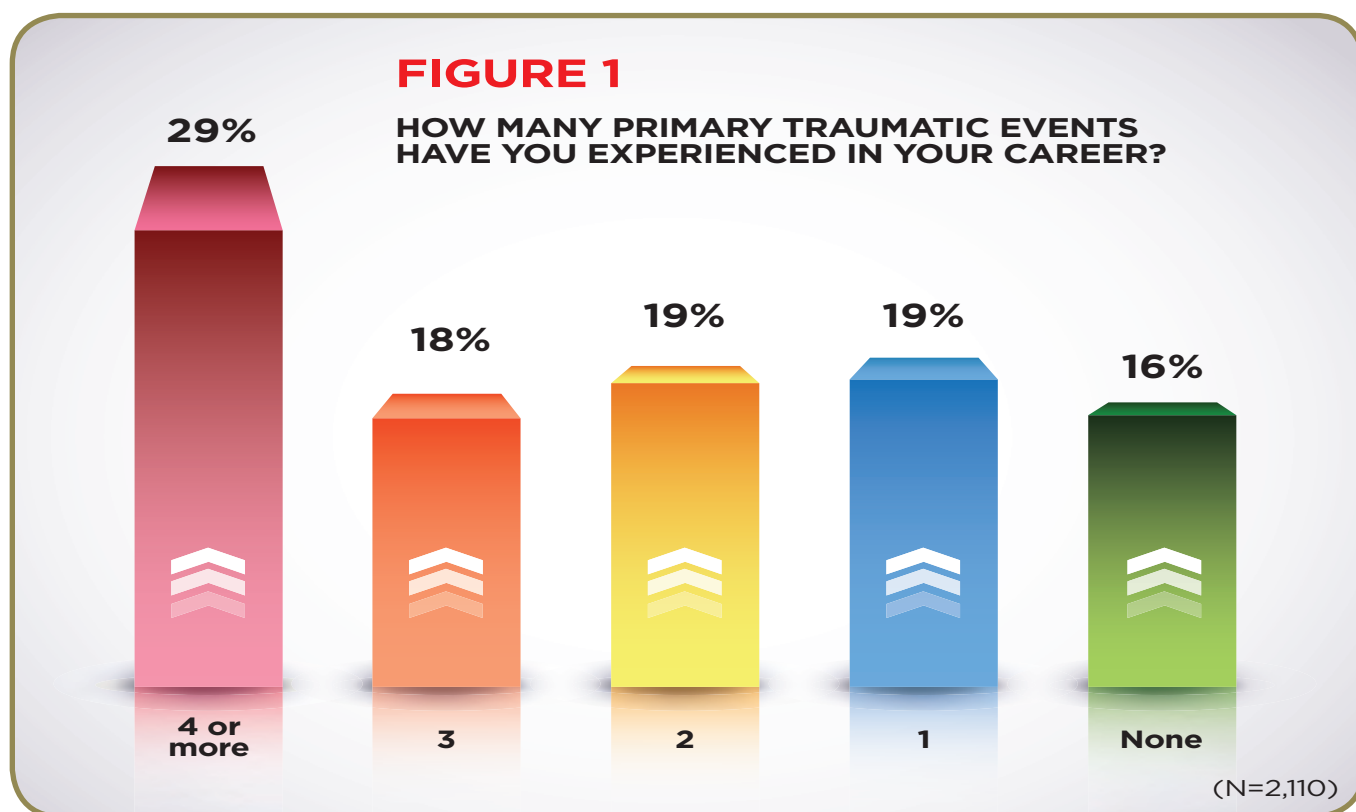
Many people use the term “trauma” in everyday language to describe an extremely stressful event. The definition of trauma is actually quite broad. It includes responses to powerful one-time incidents like car accidents, natural disasters, deaths and violent events. It can also be used to define chronic or repetitive experiences such as abuse or neglect, military combat, urban violence, enduring poverty and deprivation (American Psychological Association, 2015). Traumatic stress has two subcategories that identify how the trauma was acquired. Primary traumatic stress refers to *direct* exposure to the distressing event while secondary traumatic stress involves *indirect* exposure to the event.

Primary traumatic stress can occur when an individual personally observes or experiences an extreme or life-threatening event. In community corrections, primary trauma can result from incidents such as officer assaults; receiving threats; being stalked; being attacked by an animal in the field; observing violence, injury, or death; witnessing or being involved in a car accident; conducting risky

searches with police; or defending oneself in a lawsuit. Based on data that I have collected from over 2,000 employees in community corrections at various trainings and conferences, 84 percent of audience members reported experiencing a primary traumatic event on the job (see Figure 1). Within the group of staff who experienced primary trauma, 54 percent indicated that they did not feel supported by their agency during or after the incident(s).

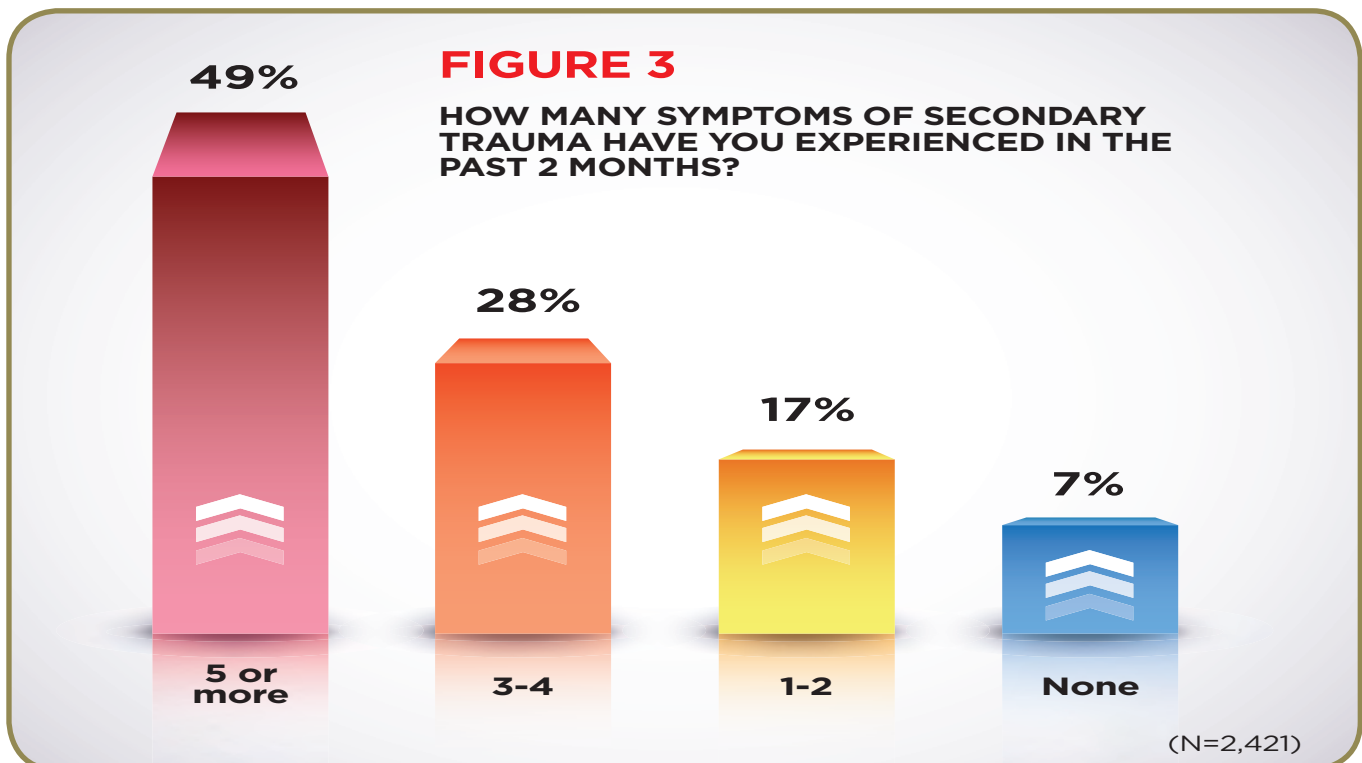
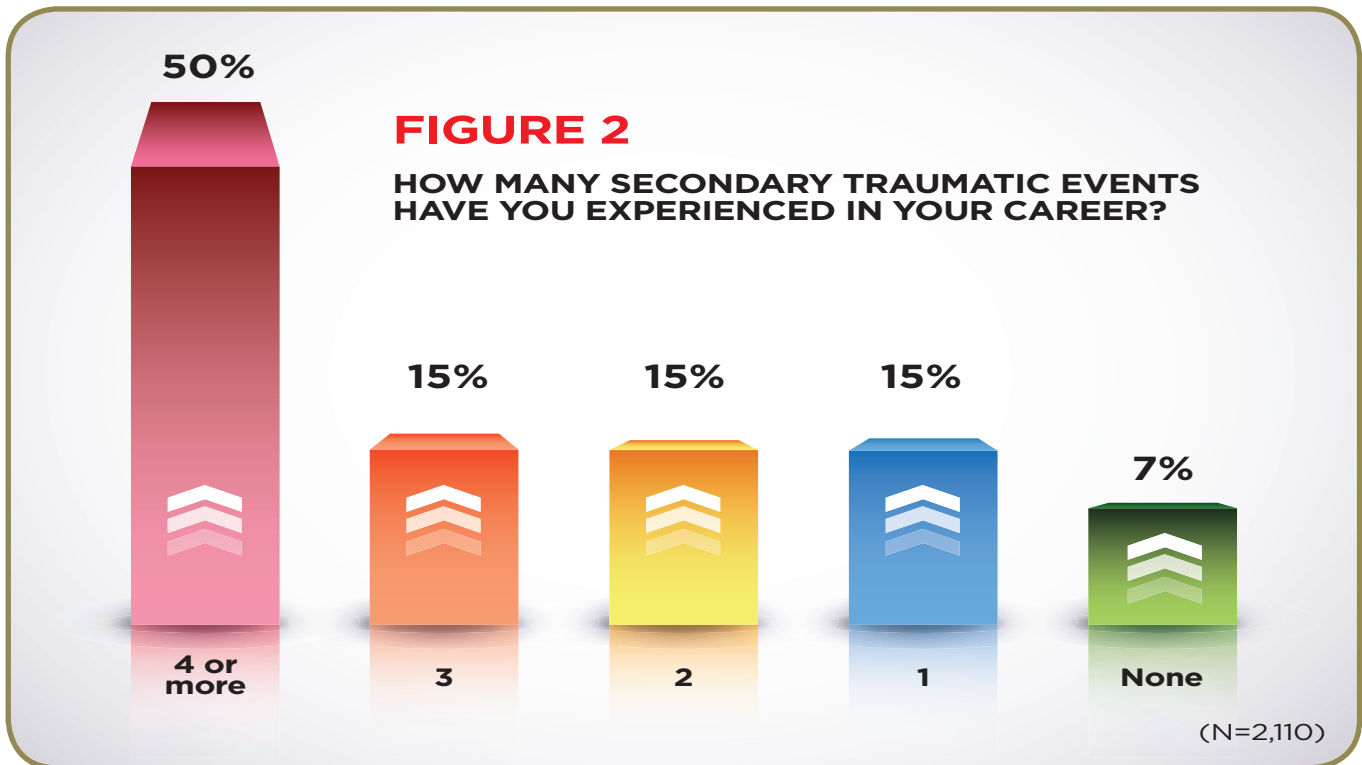
Secondary traumatic stress can occur when professionals themselves start to experience trauma symptoms as a result of their exposure to the pain and suffering of someone else (Figley, 2002). In the course of a normal work day, 75 percent

of probation/parole staff described their exposure to traumatic material as “often”, “frequently”, or “almost always.” Conducting interviews with victims and offenders, reading police and presentence reports, reviewing treatment and polygraph results, conducting assessments and viewing graphic images of a disturbing content (i.e., child pornography) are commonplace in community corrections. A recent study identified specific types of caseload events that were associated with heightened symptoms of secondary traumatic stress such as offender suicides, violent and sexual recidivism, line of duty injury or death of a co-worker (Lewis, Lewis & Garby, 2013). Approximately 93 percent of



training attendees reported experiencing a secondary traumatic event at work and 97 percent reported one or more symptoms

of secondary trauma (see Figures 2 and 3). Within the group of employees who experienced a secondary traumatic



event, 57 percent perceived a lack of support from their agency. The impact of secondary trauma was further supported when 50 percent of employees reported experiencing five (out of ten) symptoms in the past two months (see Figure 4).

There is much overlap in the literature between secondary trauma and a related concept called vicarious trauma. Although both conditions are the result of exposure

to the experience of someone else, vicarious trauma tends to be more of a cognitive shift in beliefs and perceptions about humanity, safety and relationships than does secondary trauma (Pearlman & Mac Ian, 1995). When you consider the worst case you ever worked, it is likely that you experienced some degree of primary or secondary trauma. Vicarious trauma, however, results from the thousands of cases you don't even remember anymore

FIGURE 4 SECONDARY TRAUMA SYMPTOMS



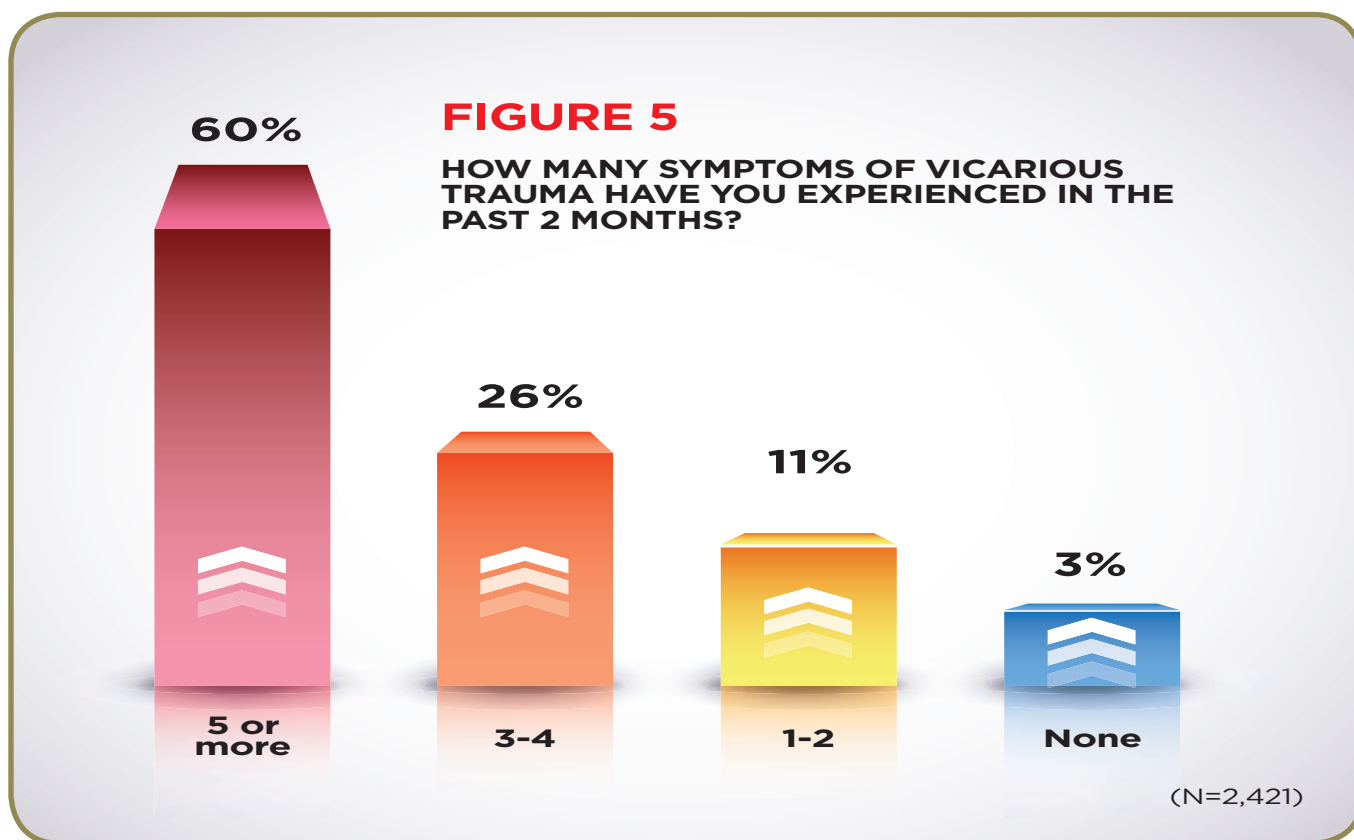
68%	LOSS OF TRUST
60%	SLEEP DISTURBANCES
57%	LOWER CONCENTRATION
54%	INCREASED ANGER, DISGUST, SADNESS, AND/OR DISTRESS
50%	CHRONIC EXHAUSTION
48%	HYPER-VIGILANCE
46%	AVOIDANT BEHAVIOR(S)
44%	FEELING DETACHED OR NUMB
31%	LOSS OF INNOCENCE
30%	PREOCCUPATION WITH TRAUMA

(N=654)

(Mathieu, 2012). The impact of vicarious trauma can be very subtle, slow to develop and hard to notice because it blends into the lens through which you view the world. Constant exposure to graphic accounts of victimization can challenge basic faith, create a pervasive distrust about the motives of others and contribute to a pessimistic attitude about the overall human condition (Herman, 1992). The prevalence of vicarious trauma in community corrections is almost universal among employees; 97 percent of training attendees reported having one or more symptoms (see Figure 5). When given a list of ten signs of vicarious trauma, 60 percent reported experiencing

more than five symptoms in the past two months (see Figure 6).

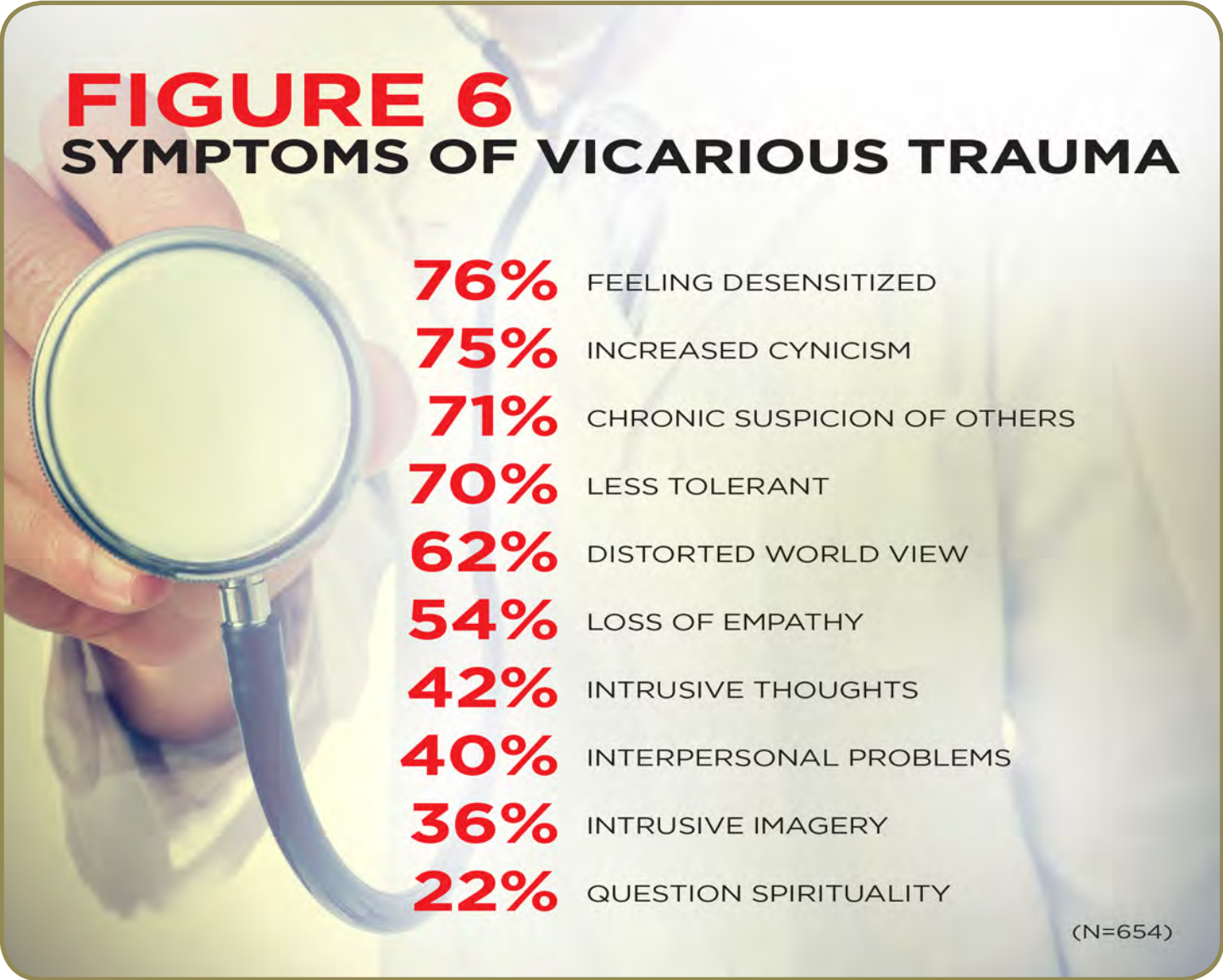
The perception of inadequate support by a majority of community corrections employees who experienced a traumatic event is an important, but not surprising, discovery. First of all, many employees in community corrections won't admit they are experiencing traumatic stress, so in all fairness, the agencies may have been unaware of their needs. Officers are often reluctant to admit to job impact out of fear of negative repercussions to their careers and reputations and the stigma associated with needing support. Secondly, there are so many misconceptions about



trauma that unless an employee is extremely overt in the expression of that trauma, managers could easily miss it. Some supervisors voiced concern about “offending” their staff by offering support, fearing it might insinuate they think the officer can’t cope. Others are skittish because they believe talking about it could “trigger” emotions that the employee and/or manager will not be able to handle.

And some agencies are “hands off” based on a belief that they are respecting the employee’s privacy. Whatever the reason, there remains a palpable discomfort within the ranks about acknowledging, let alone addressing, the trauma in our jobs. Consequently, the bottom line is... if there is any hope for bringing “trauma-informed” care into the field of community corrections, it has to start with us!

FIGURE 6 SYMPTOMS OF VICARIOUS TRAUMA



76%	FEELING DESENSITIZED
75%	INCREASED CYNICISM
71%	CHRONIC SUSPICION OF OTHERS
70%	LESS TOLERANT
62%	DISTORTED WORLD VIEW
54%	LOSS OF EMPATHY
42%	INTRUSIVE THOUGHTS
40%	INTERPERSONAL PROBLEMS
36%	INTRUSIVE IMAGERY
22%	QUESTION SPIRITUALITY

(N=654)

TRANSFORMING STRESS AND TRAUMA

And now for the good news! An exciting body of research is emerging in health psychology that suggests stress may actually be good for us! That's right! According to several studies recently conducted at Harvard, Yale and Stanford, stress can improve performance under pressure and even make us smarter, stronger and more successful (Crum, Salovey & Achor, 2013; Jamieson, Nock & Mendes, 2012; McGonigal, 2015).

Stanford professor Kelly McGonigal is leading the charge to change the way we think about stress, which she used to view as a "dangerous epidemic that had to be stopped." In her new book titled, *The Upside of Stress: Why Stress is Good and How to get Good at it*, Dr. McGonigal describes a study that changed the course of her career as a health psychologist and forced her to rethink everything she knew and believed about stress. The research project was conducted at the University of Wisconsin and tracked over 28,000 US citizens for a period of eight years to examine the link between stress and mortality (Keller, et, al.,2012). The findings indicated that people who reported a high degree of stress had a 43 percent increased risk of pre-mature death. That, however, was *only* for the people who also *believed* that stress was detrimental to their health. Another group of people, who also reported high levels of stress but did not believe it affected their health, had the lowest risk of pre-mature death compared to any other group in the study (including people with low and moderate stress). What this research uncovered is that stress, by itself, is not the enemy. It is stress, coupled with the belief that stress is harmful, that really matters! With this in mind, Dr. McGonigal offers a different conception of stress:

Stress is what arises when something you care about is at stake. This definition is big enough to hold both the frustration over traffic and the grief over a loss. It includes your thoughts, emotions, and physical reactions when you're feeling stressed, as well as how you choose to cope with situations you'd describe as stressful. This definition also highlights an important truth about stress: Stress and meaning are inextricably linked. You don't stress out about things you don't care about, and you can't create a meaningful life without experiencing some stress (pp. xxi).

By viewing stress from this context I started to rethink the meaning of the data on officer trauma. If 93 percent of employees in community corrections are consistently reporting some degree of secondary trauma as a result of their work and 97 percent of staff acknowledge having some form of vicarious trauma... perhaps that is a good thing because it indicates they *care*! The stakes are high in our profession! The quality of the lives of our clientele; the impact positive change can have on offenders' children and

families; protecting victims, safeguarding the community... we care about all of that! Our work has tremendous meaning and our stress should not be in vain!

Changing our mindset about stress and trauma in order to receive the health benefits involves three important steps. The first step is to acknowledge stress when you experience it. Don't deny it. Don't ignore it. And *don't* try to fix it. Simply take notice of the sensations when they are present in your mind and body. A limitation with traditional approaches to stress management with the goal of reducing stress is not always a luxury that is easily attainable (Crum, Salovey, & Achor, 2013). The ability to avoid stress in a job like community corrections is not realistic, so failing to reduce stress can inadvertently create more stress. The second step is to remember that stress is a response to something you care about being at stake, which draws the connection back to meaning and purpose (McGonigal, 2015). Holocaust survivor Viktor Frankl said, "Suffering ceases to be suffering at the moment it finds a meaning." Even after years of enduring unimaginable trauma Dr. Frankl concluded, "Those who have a 'why' to live, can bear with almost any 'how.'" (Frankl, 1959).

The third step to unleashing the benefits of stress is to make use of the energy stress provides, which often

gets used up trying to manage it. Pure acceptance of our reactions to any experience, without trying to change the situation or how we feel about it, is a technique used in mindfulness practices (Williams & Penman, 2011). Trying to employ complex coping strategies when we are under stress, such as positive self-talk and cognitive reframing, may require more energy than we have available and/or draws from precious resources that may better serve us in just getting through the task at hand (Crum et al., 2013).

When it comes to shifting the culture in community corrections to better address stress and trauma, a similar approach can be very effective. The first step to successfully dealing with any issue is to first acknowledge its existence. The data collected by employees in community corrections has been a valuable training resource to normalize the presence of traumatic stress. It is often difficult to admit to something you perceive as a character flaw and believe to uniquely possess; it is another thing to realize you are not alone! All of the energy spent hiding and thinking something is wrong with you is suddenly unleashed. Mindfulness theories suggest it is often not our feelings or reactions to a situation that are problematic; instead, it is the judgments we have about our responses that drain our energy (Williams & Penman, 2011).

The following excerpts are two emails written by training participants that exemplify the potential benefits of normalizing stress and trauma:

Thank you for coming to (our department) last week to talk to us about secondary/vicarious trauma! Just starting to talk about this and realizing that I am not the only one carrying this stuff around makes things so much easier to address. Feels good to have validation! Kind of freeing! I was able to come into the office this week with a much more positive attitude. I have also been able to look at my co-workers in a different way and accept that some of their comments come from a place of trauma. I have a lot more empathy and patience with them.

I attended both of your presentations at the (symposium). I just wanted to say that everything I learned from (the training) was absolutely life changing and so helpful. I am a very new officer, under a year, but I can tell you that I experience everything that you talked about and it was so important that I learned what I did from you as I think I will be able to survive now. I also learned that this is absolutely the right profession for me as sometimes I doubt my decision to have taken this job when I have a bad day or the stress just builds to the point that I think I cannot handle it anymore. It was so validating to hear that I am not the only one who experiences this type of trauma and stress. As a new officer it is very difficult to talk about this stuff as you don't want to appear that you are not tough enough to hack it, as a result you end up suppressing a lot of your feelings. I have been practicing the mindfulness techniques that you taught us and I am finding it very helpful. Thank you so much for coming to share your research and wisdom. What I learned from (the training) will have a long lasting and positive effect on my career in terms of productivity and survival/thriving.

When organizations in community corrections consider programs to begin addressing stress and trauma, some managers have expressed concern it will render their officers impotent, or worse, turn their workforce into a group of perpetual victims unable to do their jobs. Ironically, it is just the opposite that usually happens. It is more typical that employees feel validated and supported when an organization acknowledges and values their stress. In fact, the compassion and empathy officers have for their clientele can increase tenfold when they, themselves, have experienced the benefits of trauma-informed care. ►►▲

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KIRSTEN LEWIS is a Lead Trainer with Maricopa County Adult Probation and Co-owner of KSL Research, Training and Consulting, LLC in Arizona.

TRAUMA

a perspectives
spotlight

INTIMATE PARTNER VIOLENCE: RECOGNIZING THE SIGNS

By Ron Wallace, Ph.D.

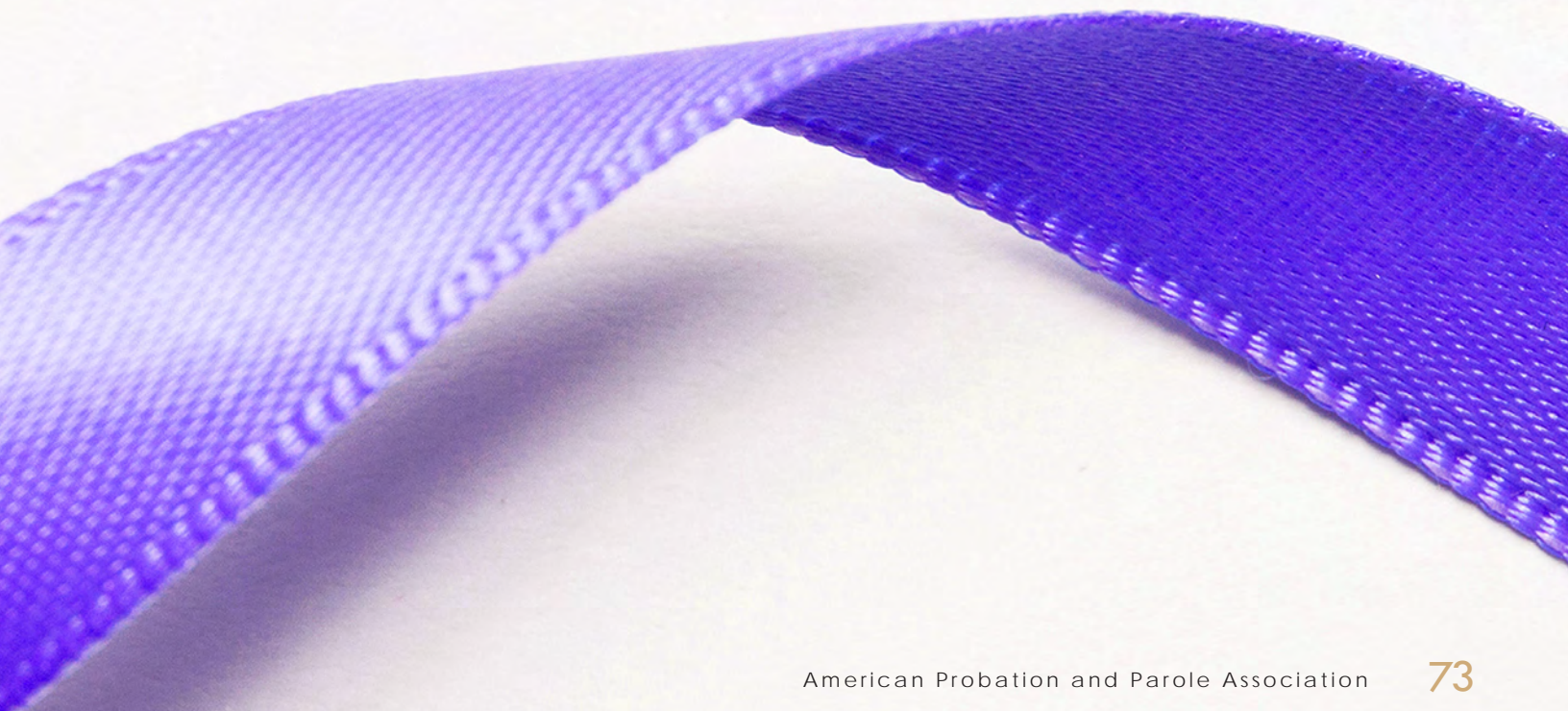
Intimate Partner Violence (IPV), also referred to as Domestic Violence (DV), might not immediately seem like an issue of concern to probation and parole staff. However, the exposure that probation and parole staff have to the offender population and their families could present a unique opportunity to identify and report potential cases of IPV to the appropriate authorities, which in turn might be an important first step towards intervention to prevent future abuse.

DEFINING THE PROBLEM

The U.S. Department of Justice (DOJ) and National Institute of Justice (NIJ) both define IPV as a pattern of abusive behavior by one partner in a relationship over the other partner. This abuse can be physical, sexual, emotional, economic or psychological in nature and is neither gender nor relationship specific (National Institute of Justice, 2007). IPV victims can be females or males in either heterosexual or same-sex relationships.

It is important to highlight the fact that IPV is neither gender nor relationship specific. Earlier views of this issue defined the problem as being one where the female was the victim and the male the abuser, as well as the abuse being limited to a heterosexual relationship. More progressive views now recognize that victims of IPV can be either male or female in heterosexual or same-sex relationships.

Even the Centers for Disease Control and Prevention (CDC) have weighed in on the issue of IPV identifying it as, “as a serious preventable public health problem that affects millions of Americans” (Centers for Disease Control and Prevention, 2014). The crime of IPV has the unique characteristic of being recognized as both a crime by DOJ and NIJ, as well as a public health problem by CDC.



PREVALENCE OF ABUSE

The U.S. Department of Justice, Bureau of Justice Statistics reports that as of 2011, 1.6 females out of 1,000 and 0.4 males out of 1,000 were victims of some form of intimate partner violence. It has been estimated that two-thirds of these attacks (on both female and male victims) involved some type of physical attack (Bureau of Justice Statistics, 2013).

The National Network to End Domestic Violence (NNEDV) conducts an annual survey of agencies nationwide that provide advocacy services to IPV victims. A specific day in September is selected each year to capture a snapshot of IPV victims currently being served by these agencies. Agencies are asked to report the number of IPV victims being served during a 24-hour period for the survey.

This annual snapshot provides a measurement of the magnitude of this problem. The most recent survey was conducted on September 16, 2014. The numbers from the 2014 survey are still being compiled at the time this article was written. However, the results of the 2013 survey demonstrate the severity and prevalence of IPV.

The 2013 survey had a response rate of more than 87 percent of the programs nationwide that provide services to victims of IPV (1,649 of 1,905 programs). On that single day in September 2013, 20,267 Hotline calls were answered from individuals seeking information about an IPV situation they were experiencing. Also, the responding agencies reported that 66,581 IPV victims were receiving some type of assistance on the day the survey was conducted

(National Network to End Domestic Violence, 2014). Assistance can be anything from emergency or transitional housing to non-residential assistance such as legal representation or counseling.

However, the most alarming fact from the 2013 NNEDV survey was that 9,641 requests for assistance could not be fulfilled on that single day. More than 60 percent (5,778) of the unfilled victim requests were for some type of emergency housing assistance (National Network to End Domestic Violence, 2014). The primary reason these requests went unfulfilled was a lack of funding.

RELEVANCE TO PROBATION AND PAROLE STAFF

On the surface an initial reaction might be that IPV sounds like a problem for law enforcement officers to address. Probation and parole staff might find themselves questioning why they need to be aware of this problem.

The reality is probation and parole staff may come into contact with a potential case of IPV long before the problem has escalated to a point where law enforcement is contacted. It is not

uncommon for a victim of IPV to suffer in silence. The control that the abuser establishes over the victim of IPV will often result in a reluctance to report the abuse and seek assistance. Victims typically will not report IPV until the violence has reached a point that it can no longer be tolerated often due to an escalation in abuse, either physically and/or psychologically.

Intervention sometimes begins when a third party observes a potential case of IPV abuse and inquires about the situation. For example, it is now a common practice for medical staff to routinely ask a patient seeking emergency care whether he or she is a victim of IPV, especially when unexplained injuries exist. Even during routine doctor office visits a patient may be asked if they are currently experiencing any form of IPV in their personal relationship. Early intervention has been recognized by the medical community as a positive step towards preventing escalated forms of violence.

Probation and parole staff members find themselves in the unique position of directly observing intimate partners during personal interactions with offenders and

their families. For example, probation and parole staff may observe signs and symptomology of IPV during both home and office visits with offenders.

These close encounters with potential cases of IPV place probation and parole staff in the unique position of identifying situations where the abuse may be occurring. Early intervention in IPV situations may be key to preventing serious injury and even death of the victim.

IDENTIFYING SIGNS OF POTENTIAL ABUSE

As a disclaimer, the information provided in this article is not intended to substitute formal training on the issue of IPV. Rather, the points discussed below are intended to serve as potential signs that IPV abuse may be occurring. Probation and parole staff members that have not received formal IPV intervention training should report potential signs of IPV that has been observed to the proper authorities for further investigation instead of taking it upon themselves to intervene.

Before intervention can occur it is important that probation and parole staff understand the possible signs of IPV abuse. The following are some warning signs that IPV may be occurring.

Overly Protective Partners – IPV abusers will often be hesitant to leave their victim alone when they believe a scenario

presents itself where the victim might mention the abuse to another individual. If you see what appears to be a dominant individual staying suspiciously close to a more timid individual, this might be a sign of IPV.

If the more dominant individual appears to be pressuring the timid individual to remain close to them (within a line of sight or hearing range) at all times, this could be a warning sign. During an office or home visit with an offender, the continual presence of what appears to be a more dominant partner might be a warning sign. For example, if the offender is the abuser they may insist upon having their partner with them during all office or home visits. Conversely, if the offender is the victim their partner may insist upon attending all office visits and being present during home visits.

A strategy used in the medical field can serve as a quick test regarding whether or not a dangerous situation potentially exists in this type of scenario. If there are suspicions of an overly protective partner, request to speak with the timid partner alone, out of sight and hearing range of the other individual. If the more dominant partner is still insistent upon remaining with the timid individual, questioning why they cannot be present during the conversation, IPV may be occurring.

Overly Timid Partners – The overly timid partner was briefly touched upon in the previous potential sign of IPV, however it

warrants a bit more discussion. Individuals that always defer to their partner when asked a question and/or that avoid all direct eye contact with both you and their partner may be victims of IPV.

If you suspect the presence of IPV based upon an overly timid partner, a quick test might be to ask the individual a question directly. If the individual is hesitant to answer, looking to their partner for a response, or if the partner tries to immediately answer on their behalf, calmly state that you would like for the person you were addressing (the timid partner) to answer the question. Pay close attention to both parties to observe what type of reaction is received to your comment. If the timid partner is still hesitant to respond or the more dominant partner is insistent upon answering the question, you may have a potential case of IPV.

Unexplained Injuries – Individuals with unexplained injuries might be victims of IPV. This is especially true when repeated instances of injuries are noticed over a period of time. Examples might include black eyes, bruising of the arms or neck area, and broken bones.

A quick test to determine whether or not the injuries may be the result of IPV abuse is to ask how the injury occurred. If the individual is hesitant to answer or their excuse sounds questionable, the person may be a victim of IPV.

However, it is important to note that a single injury is not automatically a warning sign. Accidents do happen and they are sometimes the result of strange incidents and quite possibly hard to believe situations. Instead, watch for repeated injuries that can either not be explained or are the result of questionable circumstances.

ACTION STEPS

Once a potential case of IPV has been identified, action steps exist that can be taken without unknowingly escalating the situation. However, it is again important to stress the fact that personally intervening without proper training can either aggravate the situation or result in a false accusation of abuse. The following are some suggested action steps when suspected cases of IPV are identified:

(1) Report Suspicions to Others for Investigation – Report the situation to your immediate supervisor and/or law enforcement for further investigation. When doing so, be sure to clearly identify the factors that lead you to suspect that IPV may be occurring. The situation can then be passed along to the appropriate individuals that are knowledgeable about IPV for further assessment and investigation if appropriate.

(2) Separate and Inquire – This is a method used by many healthcare facilities when cases of IPV are suspected. If the suspected abuser and victim are together,

mention that you need to speak with the individual you suspect to be a victim alone for a moment. Do so in a non-threatening manner so as not to alarm the potential abuser.

Once the two individuals have been separated, ask the potential victim in a calm voice whether they feel safe in their current living environment. If they acknowledge potential abuse, you should immediately contact local law enforcement and keep the victim and abuser separate until law enforcement arrives. If they deny abuse, but you still suspect it may be occurring, encourage the individual to contact local law enforcement if they ever feel threatened.

The importance of separating the two parties before inquiring cannot be overstressed. Never under any circumstances directly ask an individual if they are experiencing IPV while they are in the presence of the potential abuser. Even if the victim responds that they are not currently experiencing an IPV situation, the abuser may sense that the victim did something to cause you to suspect that they were being abused. This could lead to escalated violence once the two parties are no longer in your presence.

CONCLUSION

Intimate Partner Violence (IPV) exists in all segments of our society. No socio-economic group is immune to this problem. Probation and parole

professionals are often afforded unique opportunities to view personal relationships from a different perspective within the offender-family world. It is important to be aware of potential signs of IPV and understand proper methods for dealing with the situation. Early recognition and intervention of IPV can save an individual from serious injury and even death. >>>

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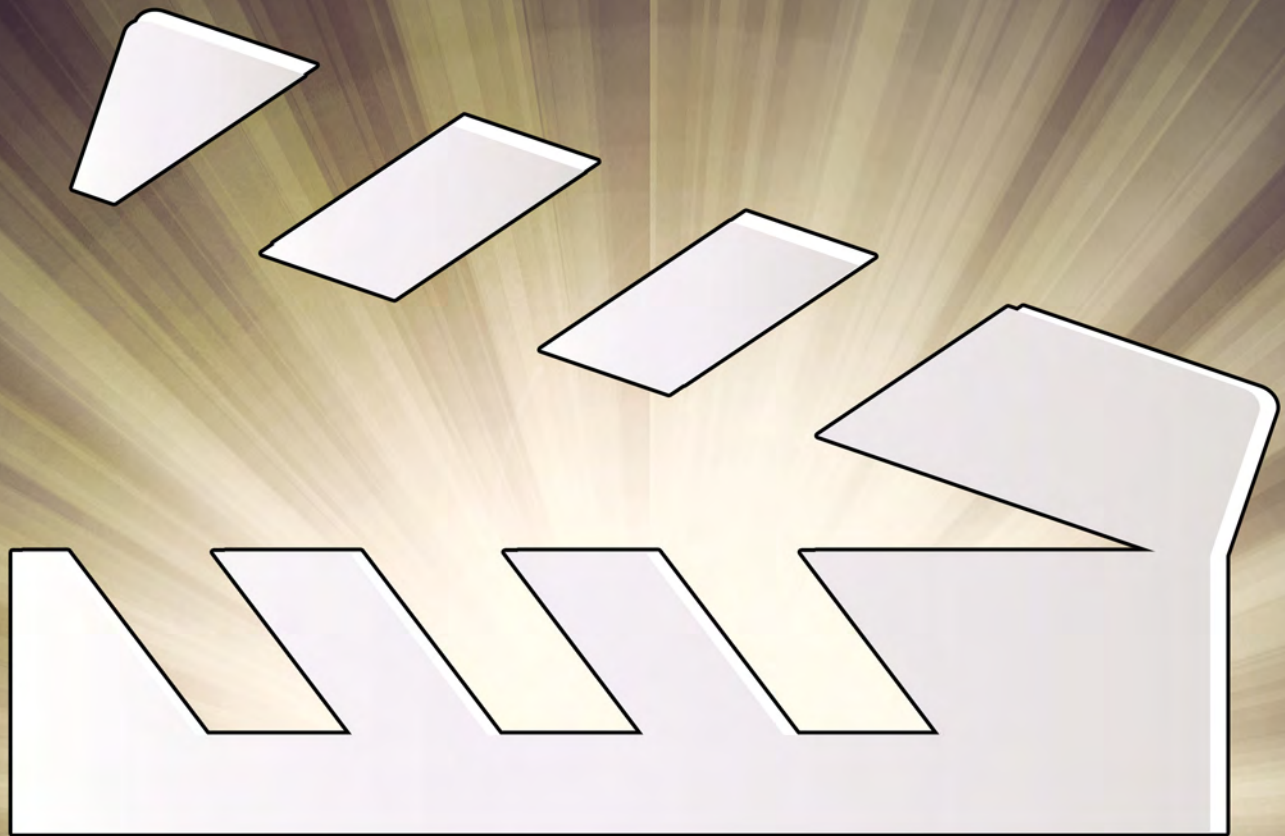
RON WALLACE, Ph.D. is an Associate Professor of Criminal Justice at American Public University System.

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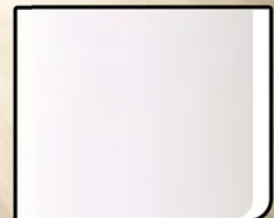


**DOES TRAUMA HAVE A ROLE IN THE
“RNR” WORLD OF CORRECTIONS?**

BY

**MYRINDA
SCHWEITZER,
PH.D.**

**EVA
KISHIMOTO,
M.S.W.**



Since the start of this century, “Trauma-Specific Services”, “Trauma-informed Care” and more recently “Trauma-informed Correctional Care” have been making their way into the nomenclature of human services including corrections. Before charting a new course in the field of corrections, it is prudent to pause and take inventory of what we know works in reducing recidivism and then scrutinize how trauma-informed care best fits into this knowledge base.

In the late 1970s, there arose a growing movement to investigate the effectiveness of correctional interventions (Cullen & Gendreau, 2000). Most notably Canadian psychologists Paul Gendreau, Robert Ross, Don Andrews, and James Bonta challenged the idea that “nothing works” to change offender behavior by leading an effort to delineate the characteristics that distinguish effective from ineffective treatment (Andrews and Bonta, 1994; Gendreau & Ross, 1979, 1987). Their focus on knowledge cumulation and “evidence-based corrections” has facilitated the identification of “what works” within correctional rehabilitation, including the specific criteria for maximizing effectiveness (Smith, Gendreau, & Swartz, 2009). In the section below, we summarize these findings, collectively referred to as the “principles of effective intervention” (Andrews, 1995; Andrews & Bonta, 2010; Gendreau, 1996).

WHAT WORKS IN CORRECTIONS

With more than 100 meta-analyses and reviews, the results have been replicated with remarkable consistency and point to the principles of effective correctional intervention as the leading

Overall, the prevalence of trauma varies greatly when comparing studies. This is in part due to counting trauma exposure versus a PTSD diagnosis, notable inconsistencies in screening and assessment procedures, as well as poor documentation.

paradigm for offender rehabilitation (Andrews & Bonta 2010; McGuire, 2013). Within this paradigm are four main principles: *risk, need, responsivity and fidelity* (Smith, Gendreau, & Swartz, 2009). Together these principles are often referred to as the RNR model which indicates that the greatest reductions in recidivism are achieved when higher risk offenders' criminogenic needs are targeted for changing using cognitive-behavioral interventions in a way that is conducive to individual learning styles and levels of motivation (Andrews & Bonta 2010). Each principle is explored in more detail below.

Risk Principle: The risk principle focuses on "who" should be targeted for services. Specifically, this principle states first and foremost that offenders' risk to reoffend can be measured and should be measured using a standardized and validated risk assessment tool (Gendreau, 1996). Second, this principle states that the level of services should match the risk level of the offender (Andrews & Bonta, 2010; Lowenkamp & Latessa, 2004; Lowenkamp, Latessa, & Holsinger, 2006). In this way, more intensive programming should be reserved for offenders who are identified as having a higher risk to reoffend. At the same time, low risk offenders should be provided minimal services and kept from penetrating too far into the criminal justice setting. Research has shown that including low risk individuals in more intensive services can disrupt their lives (e.g., loss of job, family discord, loss of friendships) and ultimately increase their risk of reoffending (Andrews & Bonta, 2010; Lowenkamp & Latessa, 2004).

Need Principle: The need principle identifies "what" should be targeted for change thereby highlighting the importance of targeting dynamic risk factors, or criminogenic needs, in order to

reduce offenders' likelihood of future criminal behavior (Andrews, Bonta, & Hoge, 1990). Research has identified a number of criminogenic needs that should be targeted including antisocial attitudes, values, and beliefs, peer associations, temperamental and personality factors, education/employment, family, substance abuse and leisure/recreation (Dowden & Andrews, 1999).

Responsivity Principle: The *responsivity* principle indicates “how” programming services should be delivered. There are two elements to the *responsivity* principle. The first, called *general responsivity*, refers to the fact that the most effective modes of treatment are those based on behavioral, cognitive and social learning theories (Andrews, 1995). These theories recommend structured interventions that include teaching offenders to anticipate and observe problem situations through modeling and demonstrations by staff, through the offenders practicing and rehearsing of new skills and through the additional practice of these skills in increasingly challenging and realistic situations with feedback (Andrews & Bonta, 2010). The second element of this principle is *specific responsivity* and states that interventions should be tailored to the learning style, motivation level, abilities, barriers and strengths of the offender (Andrews & Bonta, 2010). The goal here is to help the offender maximize treatment by identifying those factors that can assist or hinder participation in treatment and services.

EVIDENCE BASED PRACTICES IN THE REAL WORLD

While the principles above articulate a blueprint for correctional systems and agencies, real world implementation of these remains a challenge (Gendreau, 2001; Gendreau, Goggin, & Smith, 2000; Latessa, 2004). Contributing to implementation difficulties is the need to address trauma for those involved in the criminal and juvenile justice systems. For example, Abram et al. (2004) found that 92.5 percent of youth in a juvenile detention center had experienced at least one potentially traumatic event (with a mean of 14 events) with 11.2 percent of these juveniles qualifying for a full posttraumatic stress disorder (PTSD) diagnosis. While there are different findings of childhood sexual abuse among male inmates, most suggest a much higher rate of childhood sexual abuse than in the general male population (Bureau of Justice Statistics 1999; Johnson et al., 2006). Finally, 44 percent of women under correctional authority reported that they were physically or sexually assaulted at some time during their lives (Bureau of Justice Statistics, 1999). Overall, the prevalence of trauma varies greatly when comparing studies. This is in part due to counting trauma exposure versus a PTSD diagnosis, notable inconsistencies in screening and assessment procedures, as well as poor documentation.

Given the presence of trauma among those involved in the criminal justice system it is important to identify where trauma-informed care fits within the RNR model. This includes not only determining how best to prioritize targets for change and accompanying services for each offender but also how the overall field integrates trauma into its practices. Thus the remainder of this article will focus on providing a starting point for the field to begin integrating, organizing and prioritizing efforts to address trauma. Table 1 summarizes the RNR model and is a reference point for the application of trauma within the model.

TRAUMA IN A WORLD OF RNR

Recalling the risk principle, it is paramount to assess the overall risk to reoffend of individuals under correctional supervision. This can easily be accomplished with a standardized validated tool such as the Level of Service/ Case Management Inventory (LS/CMI) (Andrews, Bonta, Wormith, 2004) or the Ohio Risk Assessment System (ORAS) (Latessa, Smith, Lemke, & Makarios, 2009). Similarly, it is important to determine specific criminogenic and noncriminogenic needs of the individual so that a case plan can be developed.

TABLE 1. A SUMMARY OF RNR

RISK	NEED	RESPONSIVITY	FIDELITY
Match intensity and length of service to risk level	Target needs related to reducing likelihood of reoffending	Deliver cognitive-behavioral interventions in a responsive way	Ensure programming is provided in the manner intended.
Assess risk & responsivity factors; Prioritize services for higher risk offenders; Minimize for lower risk; Identify major barriers to service	Density of criminogenic needs should outweigh noncriminogenic needs targeted	Develop treatment plan to address criminogenic needs as well as remove barriers that interfere with learning	Monitor internal and external services

When presenting problems it is recommended that additional assessments be conducted to help determine the level of need and help drive treatment recommendations. For example, a substance abuse specific tool such as the Addiction Severity Index (McLellan, Luborsky, O'Brien, & Woody, 1980) can help determine the individual's level of substance abuse need and help drive treatment recommendations. When there appears to be significant trauma symptoms that might interfere with participation in programs and services then the barrier should be addressed. Specifically, once the level of symptoms is determined the decision about a trauma specific intervention can be made.

Importantly, the co-morbidity of trauma alone is not enough to require a trauma-specific intervention, rather the symptom(s) as it acts as a barrier to programming should be addressed. Trauma specific interventions should target directly the symptoms associated with trauma. Trauma symptoms can include difficulties with emotional regulation and re-experiencing the trauma in the form of flashbacks, nightmares and frightening thoughts; avoidance in the form of dissociation, substance abuse and/or self-mutilating behavior; and finally, hyperarousal in the form of exaggerated startle responses, anger outbursts and hyper-vigilance that can appear aggressive, reckless or self-destructive behavior (NIMH, American Psychiatric Association). Interestingly, some of these symptoms can also influence their

criminogenic risk including substance use, aggression/hostility, and poor problem solving and coping skills. Herein lies a clear intersection between criminogenic risk and trauma. Trauma is a non-criminogenic need that can pose a barrier to success for an offender. However, if these emotional states and behaviors are stemming from trauma and are also causing behaviors which gets them into trouble, then targeting this need and building more productive coping strategies can both reduce their criminal risk and ameliorate some of the painful symptoms associated with trauma. In building skills around the criminogenic need of personality traits, we may also be building coping to more successfully manage symptoms associated with trauma since cognitive behavioral interventions are effective for both corrections and trauma specific interventions.

As with offenders without the responsivity factor of trauma, utilizing and teaching cognitive behavioral interventions and other problem solving approaches will help to empower offenders with trauma symptoms and build self-efficacy. Trauma-specific services include Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and Seeking Safety (Cohen, Mannarino, & Deblinger, 2006; Linehan, 1993; & Najavits, 2004). Examples of cognitive behavioral interventions in corrections, which also target personality traits that can be related to trauma symptoms are Aggression Replacement Training

(ART®) and the University of Cincinnati's Cognitive Behavioral Interventions for Substance Abuse curricula. These programs are structured treatment curricula that include components targeting emotional regulation and self-regulation.

In line with specific responsivity, the environment where services are being delivered should be looked at with trauma-focused lenses. Several routine practices within correctional settings, such as loud noises, pat-downs, body searches and observed drug testing, have the potential of triggering trauma responses. The trauma response can often be misinterpreted as aggression, defiance or non-compliance. Understanding the trauma response and building in mechanisms to reduce triggering can limit damaging trauma responses. Examples of such mechanisms can include letting offenders know what the procedures will entail and giving some choices where possible and teaching grounding techniques to offenders and staff.

Finally, personal staff skills and characteristics are the delivery system of effective correctional practices as well as trauma-informed care. The ability of the corrections professional to interact with an individual in a way that is responsive to his/her needs will result in a higher quality staff-offender relationship thereby vastly reducing the possibility of re-traumatizing the individual being served. Being effective in dual relationship building requires the development of a respectful, caring and

safe relationship that is the fertile ground for an effective therapeutic relationship between staff and offender as well as the requirements for trauma survivors (Fallot & Harris, 2001; National Association of State Mental Health Program Directors). While this is not new to corrections (see core correctional practices in Dowden & Andrews, 2004), these same relational skills of building self-efficacy and empowering offenders with prosocial skills will also serve the dual role of building more trauma-informed environments.

The integration of trauma-informed care with the principles of effective intervention is possible. Within the framework of RNR, trauma can play a role. We must first assess risk to reoffend as well as specific areas of need and potential barriers. In doing so, we can then prioritize the criminogenic targets and accompanying interventions to effectively impact recidivism. The accompanying interventions should be from the social learning and cognitive-behavioral theories and delivered in a way that is responsive to individuals in the group, including those with trauma. Thus trauma-informed care is possible while maintaining adherence to the RNR model to uphold the mission of corrections.

SUMMARY

Corrections possess a body of knowledge to successfully reduce recidivism. However, aligning the service systems to implement evidence-based practices is still a challenge and the

primary focus of the field. The correctional system requires focused attention toward the implementation of evidence-based practices and must limit new projects to mission related initiatives. That does not preclude integrating the important issues associated with prolonged and recurrent trauma so prevalent in the offender population. Rather it requires a careful evaluation of how implementing the principles of effective correctional intervention with good fidelity will not only reduce recidivism, but also build a trauma recovery supportive milieu. ►►▲

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MYRINDA SCHWEITZER, PH.D. is the Deputy Director at the University of Cincinnati Corrections Institute. **EVA KISHIMOTO, M.S.W.** is a Research Associate at the University of Cincinnati Corrections Institute.

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National Conference on Correctional Health Care, Dallas, TX. For more information, visit <http://www.ncchc.org/national-conference>

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