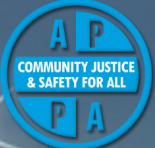


# PERSPECTIVES

THE JOURNAL OF THE AMERICAN PROBATION AND PAROLE ASSOCIATION

W W W . A P P A - N E T . O R G  
VOLUME 42 NUMBER 3 SUMMER 2018



A Force for Positive CHANGE.







Her **opioid dependence** got her here.

## Indications and Important Safety Information<sup>1</sup>:

### **VIVITROL is indicated for:**

- Prevention of relapse to opioid dependence, following opioid detoxification.
- Treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to the initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration.
- VIVITROL should be part of a comprehensive management program that includes psychosocial support.

**For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent pages.**





# Now help her get on a path to treatment.

Learn more about a treatment option that is non-addictive and not associated with diversion.

Visit **TreatWithVIVITROL.com** to learn more about how VIVITROL and counseling can help.

**Vivitrol**<sup>®</sup>  
(naltrexone for extended-release injectable suspension)

## Contraindications

VIVITROL is contraindicated in patients:

- Receiving opioid analgesics
- With current physiologic opioid dependence
- In acute opioid withdrawal
- Who have failed the naloxone challenge test or have a positive urine screen for opioids
- Who have exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent

**Prior to the initiation of VIVITROL, patients should be opioid-free for a minimum of 7-10 days to avoid precipitation of opioid withdrawal that may be severe enough to require hospitalization.**

Reference: 1. VIVITROL [prescribing information]. Waltham, MA: Alkermes, Inc; 2015.

## VIVITROL® (naltrexone for extended-release injectable suspension) Intramuscular

**BRIEF SUMMARY** See package insert for full prescribing information (rev. Dec. 2015).

**INDICATIONS AND USAGE:** VIVITROL is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration. In addition, VIVITROL is indicated for the prevention of relapse to opioid dependence, following opioid detoxification. VIVITROL should be part of a comprehensive management program that includes psychosocial support.

**CONTRAINDICATIONS:** VIVITROL is contraindicated in: patients receiving opioid analgesics, patients with current physiologic opioid dependence, patients in acute opioid withdrawal, any individual who has failed the naloxone challenge test or has a positive urine screen for opioids, and patients who have previously exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent.

**WARNINGS AND PRECAUTIONS: Vulnerability to Opioid Overdose:** After opioid detoxification, patients are likely to have reduced tolerance to opioids. VIVITROL blocks the effects of exogenous opioids for approximately 28 days after administration. However, as the blockade wanes and eventually dissipates completely, patients who have been treated with VIVITROL may respond to lower doses of opioids than previously used, just as they would have shortly after completing detoxification. This could result in potentially life threatening opioid intoxication (respiratory compromise or arrest, circulatory collapse, etc.) if the patient uses previously tolerated doses of opioids. Cases of opioid overdose with fatal outcomes have been reported in patients who used opioids at the end of a dosing interval, after missing a scheduled dose, or after discontinuing treatment. Patients should be alerted that they may be more sensitive to opioids, even at lower doses, after VIVITROL treatment is discontinued, especially at the end of a dosing interval (i.e., near the end of the month that VIVITROL was administered), or after a dose of VIVITROL is missed. It is important that patients inform family members and the people closest to the patient of this increased sensitivity to opioids and the risk of overdose. There is also the possibility that a patient who is treated with VIVITROL could overcome the opioid blockade effect of VIVITROL. Although VIVITROL is a potent antagonist with a prolonged pharmacological effect, the blockade produced by VIVITROL is surmountable. The plasma concentration of exogenous opioids attained immediately following their acute administration may be sufficient to overcome the competitive receptor blockade. This poses a potential risk to individuals who attempt, on their own, to overcome the blockade by administering large amounts of exogenous opioids. Any attempt by a patient to overcome the antagonism by taking opioids is especially dangerous and may lead to life-threatening opioid intoxication or fatal overdose. Patients should be told of the serious consequences of trying to overcome the opioid blockade. **Injection Site Reactions:** VIVITROL injections may be followed by pain, tenderness, induration, swelling, erythema, bruising, or pruritus; however, in some cases injection site reactions may be very severe. In the clinical trials, one patient developed an area of induration that continued to enlarge after 4 weeks, with subsequent development of necrotic tissue that required surgical excision. In the post marketing period, additional cases of injection site reaction with features including induration, cellulitis, hematoma, abscess, sterile abscess, and necrosis, have been reported. Some cases required surgical intervention, including debridement of necrotic tissue. Some cases resulted in significant scarring. The reported cases occurred primarily in female patients. VIVITROL is administered as an intramuscular gluteal injection, and inadvertent subcutaneous injection of VIVITROL may increase the likelihood of severe injection site reactions. The needles provided in the carton are customized needles. VIVITROL must not be injected using any other needle. The needle lengths (either 1 1/2 inches or 2 inches) may not be adequate in every patient because of body habitus. Body habitus should be assessed prior to each injection for each patient to assure that the proper needle is selected and that the needle length is adequate for intramuscular administration. Healthcare professionals should ensure that the VIVITROL injection is given correctly, and should consider alternate treatment for those patients whose body habitus precludes an intramuscular gluteal injection with one of the provided needles. Patients should be informed that any concerning injection site reactions should be brought to the attention of the healthcare professional. Patients exhibiting signs of abscess, cellulitis, necrosis, or extensive swelling should be evaluated by a physician to determine if referral to a surgeon is warranted.

**Precipitation of Opioid Withdrawal:** The symptoms of spontaneous opioid withdrawal (which are associated with the discontinuation of opioid in a dependent individual) are uncomfortable, but they are not generally believed to be severe or necessitate hospitalization. However, when withdrawal is precipitated abruptly by the administration of an opioid antagonist to an opioid-dependent patient, the resulting withdrawal syndrome can be severe enough to require hospitalization. Review of postmarketing cases of precipitated opioid withdrawal in association with naltrexone treatment has identified cases with symptoms of withdrawal severe enough to require hospital admission, and in some cases, management in the intensive care unit. To prevent occurrence of precipitated withdrawal in patients dependent on opioids, or exacerbation of a pre-existing subclinical withdrawal syndrome, opioid-dependent patients, including those being treated for alcohol dependence, should be opioid-free (including tramadol) before starting VIVITROL treatment. An opioid-free interval of a minimum of 7–10 days is recommended for patients previously dependent on short-acting opioids. Patients transitioning from buprenorphine or methadone may be vulnerable to precipitation of withdrawal symptoms for as long as two weeks. If a more rapid transition from agonist to antagonist therapy is deemed necessary and appropriate by the healthcare provider, monitor the patient closely in an appropriate medical setting where precipitated withdrawal can be managed. In every case, healthcare providers should always be prepared to manage withdrawal symptomatically with non-opioid medications because there is no completely reliable method for determining whether a patient has had an adequate opioid-free period. A naloxone challenge test may be helpful; however, a few case reports have indicated that patients may experience precipitated withdrawal despite having a negative urine toxicology screen or tolerating a naloxone challenge test (usually in the setting of transitioning from buprenorphine treatment). Patients should be made aware of the risks associated with precipitated withdrawal and encouraged to give an accurate account of last opioid use. Patients treated for alcohol dependence with VIVITROL should also be assessed for underlying opioid dependence and for any recent use of opioids prior to initiation of treatment with VIVITROL. Precipitated opioid withdrawal has been observed in alcohol-dependent patients in circumstances where the prescriber had been unaware of the additional use of opioids or co-dependence on opioids. **Hepatotoxicity:** Cases of hepatitis and clinically significant liver dysfunction were observed in association with VIVITROL exposure during the clinical development program and in the postmarketing period. Transient, asymptomatic hepatic transaminase elevations were also observed in the clinical trials and postmarketing period. Although patients with clinically significant liver disease were not systematically studied, clinical trials did include patients with asymptomatic viral hepatitis infections. When patients presented with elevated transaminases, there were often other potential causative or contributory etiologies identified, including pre-existing alcoholic liver disease, hepatitis B and/or C infection, and concomitant usage of other potentially hepatotoxic drugs. Although clinically significant liver dysfunction is not typically recognized as a manifestation of opioid withdrawal, opioid withdrawal that is precipitated abruptly may lead to systemic sequelae including acute liver injury. Patients should be warned of the risk of hepatic injury and advised to seek medical attention if they experience symptoms of acute hepatitis. Use of VIVITROL should be discontinued in the event of symptoms and/or signs of acute hepatitis. **Depression and Suicidality:** Alcohol- and opioid-dependent patients, including those taking VIVITROL, should be monitored for the development of depression or suicidal thinking. Families and caregivers of patients being treated with VIVITROL should be alerted to the need to monitor patients for the emergence of symptoms of depression or suicidality, and to report such symptoms to the patient's healthcare provider. **Alcohol Dependence:** In controlled clinical trials of VIVITROL administered to adults with alcohol dependence, adverse events of a suicidal nature (suicidal ideation, suicide attempts, completed suicides) were infrequent overall, but were more common in patients treated with VIVITROL than in patients treated with placebo (1% vs 0). In some cases, the suicidal thoughts or behavior occurred after study discontinuation, but were in the context of an episode of depression that began while the patient was on study drug. Two completed suicides occurred, both involving patients treated with VIVITROL. Depression-related events associated with premature discontinuation of study drug were also more common in patients treated with VIVITROL (~1%) than in placebo-treated patients (0). In the 24-week, placebo-controlled pivotal trial in 624 alcohol-dependent patients, adverse events involving depressed mood were reported by 10% of patients treated with VIVITROL 380 mg, as compared to 5% of patients treated with placebo injections. **Opioid Dependence:** In an open-label, long-term safety study conducted in the US, adverse events of a suicidal nature (depressed mood, suicidal ideation, suicide attempt) were reported by 5% of opioid-dependent patients treated



# Vivitrol®

(naltrexone for extended-release injectable suspension)

with VIVITROL 380 mg (n=101) and 10% of opioid-dependent patients treated with oral naltrexone (n=20). In the 24-week, placebo-controlled pivotal trial that was conducted in Russia in 250 opioid-dependent patients, adverse events involving depressed mood or suicidal thinking were not reported by any patient in either treatment group (VIVITROL 380 mg or placebo).

## When Reversal of VIVITROL Blockade Is Required for Pain Management:

In an emergency situation in patients receiving VIVITROL, suggestions for pain management include regional analgesia or use of non-opioid analgesics. If opioid therapy is required as part of anesthesia or analgesia, patients should be continuously monitored in an anesthesia care setting by persons not involved in the conduct of the surgical or diagnostic procedure. The opioid therapy must be provided by individuals specifically trained in the use of anesthetic drugs and the management of the respiratory effects of potent opioids, specifically the establishment and maintenance of a patent airway and assisted ventilation. Irrespective of the drug chosen to reverse VIVITROL blockade, the patient should be monitored closely by appropriately trained personnel in a setting equipped and staffed for cardiopulmonary resuscitation.

**Eosinophilic Pneumonia:** In clinical trials with VIVITROL, there was one diagnosed case and one suspected case of eosinophilic pneumonia. Both cases required hospitalization, and resolved after treatment with antibiotics and corticosteroids. Similar cases have been reported in postmarketing use. Should a person receiving VIVITROL develop progressive dyspnea and hypoxemia, the diagnosis of eosinophilic pneumonia should be considered. Patients should be warned of the risk of eosinophilic pneumonia, and advised to seek medical attention should they develop symptoms of pneumonia. Clinicians should consider the possibility of eosinophilic pneumonia in patients who do not respond to antibiotics. **Hypersensitivity Reactions Including Anaphylaxis:** Cases of urticaria, angioedema, and anaphylaxis have been observed with use of VIVITROL in the clinical trial setting and in postmarketing use. Patients should be warned of the risk of hypersensitivity reactions, including anaphylaxis. In the event of a hypersensitivity reaction, patients should be advised to seek immediate medical attention in a healthcare setting prepared to treat anaphylaxis. The patient should not receive any further treatment with VIVITROL. **Intramuscular Injections:** As with any intramuscular injection, VIVITROL should be administered with caution to patients with thrombocytopenia or any coagulation disorder (eg, hemophilia and severe hepatic failure). **Alcohol Withdrawal:** Use of VIVITROL does not eliminate nor diminish alcohol withdrawal symptoms. **Interference with Laboratory Tests:** VIVITROL may be cross-reactive with certain immunoassay methods for the detection of drugs of abuse (specifically opioids) in urine. For further information, reference to the specific immunoassay instructions is recommended.

**ADVERSE REACTIONS:** Serious adverse reactions that may be associated with VIVITROL therapy in clinical use include: severe injection site reactions, eosinophilic pneumonia, serious allergic reactions, unintended precipitation of opioid withdrawal, accidental opioid overdose and depression and suicidality. The adverse events seen most frequently in association with VIVITROL therapy for alcohol dependence (ie, those occurring in  $\geq 5\%$  and at least twice as frequently with VIVITROL than placebo) include nausea, vomiting, injection site reactions (including induration, pruritus, nodules and swelling), muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders. The adverse events seen most frequently in association with VIVITROL therapy in opioid dependent patients (ie, those occurring in  $\geq 2\%$  and at least twice as frequently with VIVITROL than placebo) were hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, and toothache. **Clinical Studies Experience:** Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In all controlled and uncontrolled trials during the premarketing development of VIVITROL, more than 1100 patients with alcohol and/or opioid dependence have been treated with VIVITROL. Approximately 700 patients have been treated for 6 months or more, and more than 400 for 1 year or longer. **Adverse Events Leading to Discontinuation of Treatment:** Alcohol Dependence: In controlled trials of 6 months or less in alcohol-dependent patients, 9% of alcohol-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 7% of the alcohol-dependent patients treated with placebo. Adverse events in the VIVITROL 380-mg group that led to more dropouts than in the placebo-treated group were injection site reactions (3%), nausea (2%), pregnancy (1%), headache (1%), and suicide-related events (0.3%). In the placebo group, 1% of patients withdrew due to injection site reactions, and 0% of patients withdrew due to the other adverse events. Opioid Dependence: In a controlled trial of 6 months, 2% of opioid-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 2% of the opioid-dependent patients treated with placebo.

**DRUG INTERACTIONS:** Patients taking VIVITROL may not benefit from opioid-containing medicines. Naltrexone antagonizes the effects of opioid-containing medicines, such as cough and cold remedies, antidiarrheal preparations and opioid analgesics.

**USE IN SPECIFIC POPULATIONS: Pregnancy:** There are no adequate and well-controlled studies of either naltrexone or VIVITROL in pregnant women. VIVITROL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Pregnancy Category C:** Reproduction and developmental studies have not been conducted for VIVITROL. Studies with naltrexone administered via the oral route have been conducted in pregnant rats and rabbits. **Teratogenic Effects:** Naltrexone has been shown to increase the incidence of early fetal loss when given to rats at doses  $\geq 30$  mg/kg/day (11 times the human exposure based on an AUC(0-28d) comparison) and to rabbits at oral doses  $\geq 60$  mg/kg/day (2 times the human exposure based on an AUC(0-28d) comparison). There was no evidence of teratogenicity when naltrexone was administered orally to rats and rabbits during the period of major organogenesis at doses up to 200 mg/kg/day (175- and 14-times the human exposure based on an AUC(0-28d) comparison, respectively). **Labor and Delivery:** The potential effect of VIVITROL on duration of labor and delivery in humans is unknown. **Nursing Mothers:** Transfer of naltrexone and 6-naltrexol into human milk has been reported with oral naltrexone. Because of the potential for tumorigenicity shown for naltrexone in animal studies, and because of the potential for serious adverse reactions in nursing infants from VIVITROL, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** The safety and efficacy of VIVITROL have not been established in the pediatric population. The pharmacokinetics of VIVITROL have not been evaluated in a pediatric population. **Geriatric Use:** In trials of alcohol-dependent subjects, 2.6% (n=26) of subjects were  $>65$  years of age, and one patient was  $>75$  years of age. Clinical studies of VIVITROL did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects. No subjects over age 65 were included in studies of opioid-dependent subjects. The pharmacokinetics of VIVITROL have not been evaluated in the geriatric population. **Renal Impairment:** Pharmacokinetics of VIVITROL are not altered in subjects with mild renal insufficiency (creatinine clearance of 50-80 mL/min). Dose adjustment is not required in patients with mild renal impairment. VIVITROL pharmacokinetics have not been evaluated in subjects with moderate and severe renal insufficiency. Because naltrexone and its primary metabolite are excreted primarily in the urine, caution is recommended in administering VIVITROL to patients with moderate to severe renal impairment. **Hepatic Impairment:** The pharmacokinetics of VIVITROL are not altered in subjects with mild to moderate hepatic impairment (Groups A and B of the Child-Pugh classification). Dose adjustment is not required in subjects with mild or moderate hepatic impairment. VIVITROL pharmacokinetics were not evaluated in subjects with severe hepatic impairment.

**OVERDOSAGE:** There is limited experience with overdose of VIVITROL. Single doses up to 784 mg were administered to 5 healthy subjects. There were no serious or severe adverse events. The most common effects were injection site reactions, nausea, abdominal pain, somnolence, and dizziness. There were no significant increases in hepatic enzymes. In the event of an overdose, appropriate supportive treatment should be initiated.

This brief summary is based on VIVITROL Full Prescribing Information.



Information (rev. December 2015)  
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## ON IN CRISIS

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# president's message

Summer flew by, and the crisp air and back-to-school excitement of fall is upon us! I think about what the transition back to school means for those of us who are working parents. As a proud mother, I do my best—like many of you—to balance work and family and to model a commitment to my chosen profession for my children.



**ERIKA PREUITT**  
PRESIDENT

I chose this profession 25 years ago at a time when the law enforcement approach began to be balanced with a rehabilitative approach. Experience working in social services had become the focus, and that bolstered my belief that I'd be judged competent and suitable as I went to my job interview. I'd already worked with nonprofits to empower women, children, and communities, and I believed—as I still do—that people have the capacity to change, that social justice is important.

Our profession is still changing. What type of person is best suited for the difficult yet rewarding work we do in the era of evidence-based practices? As director of a community corrections agency, I want to ensure positions are filled by those with the right skills. Today's PPOs must have a strong sense of empathy, good judgment, self-management, emotional intelligence, and experience working with diverse populations. It is a challenge!

As in many other areas, evidence-based practices have overhauled hiring practices, and at every level, competency-based hiring has become paramount. Fortunately, useful guidelines and procedures are available to us and are continually being refined. The Knowledge Center provides a useful overview of the components of competency-based hiring that is well worth reading: <http://commongoodcareers.org/articles/detail/an-introduction-to-competency-based-hiring>.

Hiring the right people is the first step, and training is the next major focus. Linking these is the goal of developing a highly skilled workforce aligned to the organization's vision and values. Simon Sinek, author and speaker says: "If you hire people just



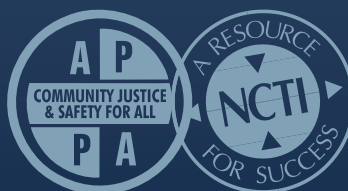
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# president's message

because they can do a job, they'll work for your money. But if you hire people who believe what you believe, they'll work for you with blood and sweat and tears." These are powerful words. If we connect new hires to our vision, they will understand that they are contributing to something bigger than themselves.

According to Anne M. Mulcahy, "Employees who believe that management is concerned about them as a whole person—not just an employee—are more productive, more satisfied, more fulfilled." Our staff need to know that their well-being matters to us. We need to explore giving staff daily incentives, reward them for success, and help with professional development. Mentoring should be a part of our culture so that we support staff as they learn and approach daily workplace complexities.

**As leaders, it is imperative that we become knowledgeable and proactive in addressing such risks, providing the appropriate resources and working to become trauma-informed organizations.**

In addition, the manager who truly cares about staff will remember that this work is stressful. Heavy workloads can cause burnout, and staff are at risk of experiencing secondary/vicarious trauma. This environment is rich for depression, post-traumatic stress disorder, and substance abuse. As leaders, it is imperative that we become knowledgeable and proactive in addressing such risks, providing the appropriate resources and working to become trauma-informed organizations.

I look forward to this issue of *Perspectives* to enlighten us on best practices to support our workforce and improve staff training. We need to give priority to hiring the right people. We need to strive to be top-notch learning organizations. And finally, we need to ensure that all members of our staff have the proper supports around them to both promote their well-being and help

them effectively engage justice-involved individuals and the communities they interact with. Accomplishing these goals and working together, our profession will continue to be a "force for positive change"!





E X E C U T I V E



# SUMMIT

of community  
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## SAVE THE DATE!

The American Probation and Parole Association (APPA) will host its first in a series of executive level forums! Target audience includes but is not limited to: chiefs/directors/DOC heads of community corrections and supervision departments (probation, parole, and pretrial), parole board members, not-for-profit and federal partners supporting the work of criminal justice reform, legislators and county officials, and members of the judiciary. Our inaugural forum will take place on the front end of APPA's 2019 Winter Training Institute on March 7 and 8 in Miami, Florida.

### TOPICS OF DISCUSSION TO INCLUDE:

*(not an exhaustive list)*

- Evidence-Based Practices
- Report on Probation and Parole Systems
- Leadership Challenges
- Data
- Organizational Culture
- Grants
- Decision-Making
- Technology
- Domestic and International Partnerships
- Risk Reduction
- Organizational Readiness

**FOR MORE INFORMATION  
CONTACT  
859.244.8204 or  
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## instructions to authors

*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 abroad. 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 [perspectives@csg.org](mailto:perspectives@csg.org) in accordance with the following deadlines:

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 and in American Psychological Association (APA) Style. 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., to (Mattson, 2015, p. 73). Alphabetize each reference at the end of the text using the following format:

Mattson, B. (2015). Technology supports decision making in health and justice. *Perspectives*, 39(4), 70-79.

Hanser, R. D. (2014). *Community corrections* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

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**vision**  
vision  
vision

*where community partnerships are  
restoring hope by embracing a  
balance of prevention, intervention  
and advocacy.*

### We seek to create a system of Community Justice where:

A full range of sanctions and services provides public safety by insuring humane, effective and individualized sentences for offenders and support and protection for victims;

Primary prevention initiatives are cultivated through our leadership and guidance;

Our communities are empowered to own and participate in solutions;

Results are measured and direct our service delivery;

Dignity and respect describe how each person is treated;

Staff are empowered and supported in an environment of honesty, inclusion and respect for differences; and

Partnerships with stakeholders lead to shared ownership of our vision.



The American Probation and Parole Association is an affiliate of and receives its secretariat services from The Council of State Governments (CSG). CSG, the multibranch association of the states and U.S. territories, works with state leaders across the nation and through its regions to put the best ideas and solutions into practice.





American Probation and Parole Association

“WE SEE A  
FAIR, JUST, AND  
SAFE SOCIETY  
WHERE  
COMMUNITY  
PARTNERSHIPS  
ARE RESTORING  
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# Reducing Recidivism Through the Hiring Process

BY LESLIE WELLS, SARA JOHNSON, AND JODY SUNDT





For some years now there has been a trend, gaining momentum, to bring about a shift in the culture of corrections, particularly in regard to how probation officers manage offenders in the community (Taxman & Belenko, 2012). Rather than solely focusing on tracking compliance and imposing sanctions for probation violations, numerous probation departments have switched to an evidence-based approach that focuses on reducing the risks and needs that contribute to criminal behavior with proven strategies that improve public safety.

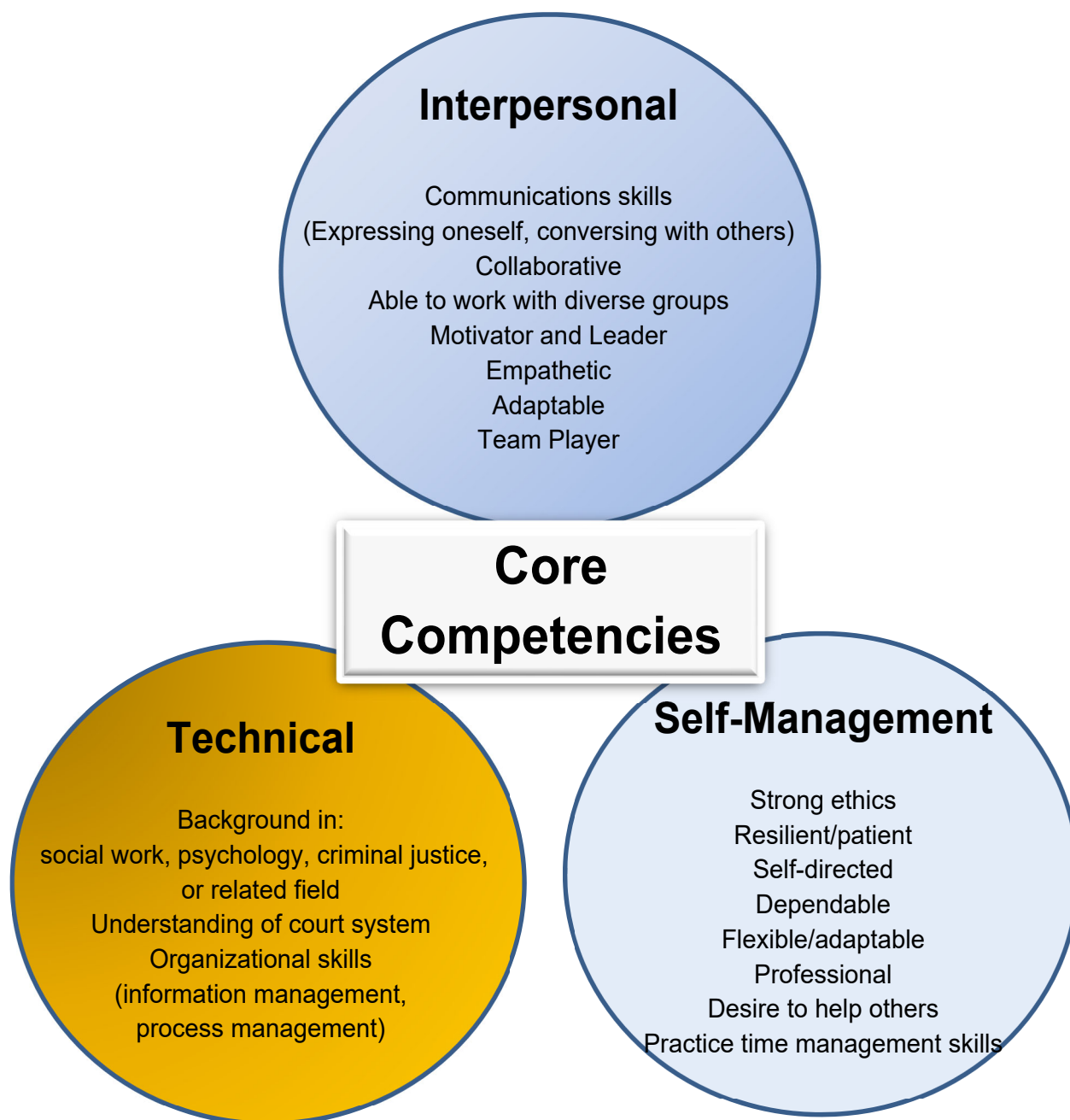
While there has been progress in training employees in these evidence-based practices (Chadwick, Dewolf, & Serin, 2015), significant challenges remain in building the organizational capacity to support the high levels of treatment quality needed to realize public safety goals and reach large numbers of offenders (Salisbury, Sundt, & Boppre, in press). Organizational policies and practices, for example, need to be aligned with new expectations about how probation officers should perform their jobs. Similarly, we need models to ensure that agencies are hiring people into the system with the skills and orientations necessary to be successful (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Considering the particularly significant impact that new hires can have on the culture of probation departments, those in the pool of applicants need to be evaluated for both their abilities and mindset. According to Mary Kay Hudson, Deputy Director of the Indiana Office of Court Services, “A critical aspect of implementing evidence-based practices in community supervision is selecting staff who possess—or who can acquire—the competencies required to be an effective change agent.” By utilizing research-based guidelines when conducting interviews, employers can greatly increase the odds that they are selecting for their future workforce those who are ready and able to embrace the shift from probation referee to rehabilitation coach (Lovins, Cullen, Latessa & Jonson, 2018).

The Executive Education team of the School of Public and Environmental Affairs (SPEA) at Indiana University has undertaken a project to examine such staff selection issues. In doing so, they have collaborated with the Indiana Office of Court Services, including that office’s Judicial Conference Probation Committee and the Probation Officers Advisory Board, to identify the knowledge, attitudes, skills, and behaviors that probation officers should have in order to implement evidence-based strategies.

The project also has the goal of promoting best practices for the hiring process by creating the *Indiana Probation Officer Professional Development Project’s Interview Guide*. This guide is intended to help those who are conducting interviews in gaining

Figure 1. Indiana Probation Officer Core Professional Competencies





a better understanding of what qualities they should look for in potential probation officers. In April 2018, the guides were distributed to chief probation officers and supervising judges in all of Indiana's 92 counties.

## **DEVELOPING THE PROCESS**

To accomplish its goal, the team began by hosting focus groups in three locations across the state, consisting of approximately 40 probation officers, assistant chiefs, and chief probation officers. The team also interviewed various judges throughout Indiana to gather input on the personal and professional qualities they believe would produce the best possible probation officer candidates for the future of corrections.

The results from those focus groups and interviews, combined with a review of research on core correctional practices, revealed several consistent themes to use in developing recommendations. In addition to a solid foundation in evidence-based correctional practices, the focus group participants agreed that probation officers need to have certain personal qualities to be successful: a strong ethical framework, patience, empathy, a team-player mentality, an openness to innovation, and a desire to help others.

On the professional side, most participants agreed that a successful probation officer needs to be self-directed, dependable, trustworthy, and resilient. In addition, the best candidates would

need solid communication and time management skills, the ability to manage diverse groups and individuals, and the ability to adapt to and manage change.

By examining these results, performing a job analysis for Indiana probation officers, and reviewing previous data and research, three core competency areas—interpersonal, technical, self-management—were identified that included the skills and traits future probation officers should possess if the system is to move from a compliance-focused to intervention-based culture.

These core competency areas were combined with other behavioral interview recommendations to create the interview guide, which sets forth a clear outline of the type of interview that should be conducted and the competencies on which the interviewer should focus during the interview

## **BEST PRACTICES FOR INTERVIEWS**

The interview guide recommends three main phases for a face-to-face interview:

- Introduction and rapport building
- Competency-aligned behavioral questions
- Closing

Adhering to a structured interview process—during which all candidates are asked the same questions in the same

order and are evaluated using the same rating scale—gives each candidate the same opportunity to provide information that can be accurately and consistently assessed. Doing this is useful for the interviewer and also ensures that a legally sound practice is being followed.

Interviewers should implement a combined situational/behavioral interview model that includes questions aimed at eliciting information from candidates about relevant past experiences. This allows interviewees to demonstrate their potential for success by providing specific examples of how they have handled situations similar to those they will likely encounter on the job. The underlying premise is that the best predictor of future workplace behavior is past behavior under similar circumstances. This approach also gives the interviewer an opportunity to ask probing questions to better understand an interviewee’s previous experience—with the caveat that such probing questions should be kept as consistent as possible from one candidate to another.

Lastly, the interviewer should focus on determining whether the candidate’s traits and skills align with those found in each of the three key core competency areas. This includes a separate set of questions and rankings for each of the three competency areas.

**DURING THE INTERVIEW**

During the competency assessment portion of the interview, candidates should be ranked based on their answers using a consistent, pre-determined scale. The use of a proficiency scale with behavioral indicators helps the interviewer focus on the most relevant information and ensures consistency. The use of proficiency scores facilitates decision-making and can be particularly helpful distinguishing between similar candidates.

**TABLE 1. PROFICIENCY LEVEL AND GENERAL COMPETENCIES**

Proficiency Level	General Competencies
Level 3—Expert	Applies the competency in exceptionally difficult situations Serves as a key resource and advises others
Level 2—Intermediate	Applies the competency in difficult situations Requires occasional guidance
Level 1—Awareness	Applies the competency in the simplest situations Requires close and extensive guidance



Table 2 provides an example of an interview question used to assess the interpersonal competency “dealing with stressful situations and conflict.”

Behavioral indicators of proficiency levels are identified that allow the interviewer to accurately assess candidates’ strengths and weaknesses in dealing with stressful situations and conflict.

**TABLE 2. SAMPLE INTERPERSONAL COMPETENCY INTERVIEW QUESTION AND SCORING GUIDE: DEALING WITH STRESSFUL SITUATIONS AND CONFLICT**

*Question: Describe the most stressful situation involving some sort of conflict that you have ever dealt with involving two or more people and how you handled it.*

BEHAVIORAL INDICATORS	PROFICIENCY LEVEL		
	1	2	3
	Awareness	Intermediate	Expert
	<p>Gave no examples</p> <p>Did not give a response that answered the question</p> <p>Claimed experience without examples</p> <p>Demonstrated a difficult time dealing with stressful situations or conflict</p>	<p>Gave a short, non-committal answer with little confidence</p> <p>Gave a response that required limited probing</p> <p>Listed examples that were clear and fluently told</p> <p>Used <u>two</u> of the following examples of conflict resolution skills:</p> <ul style="list-style-type: none"> <li>• The capacity to empathize with the other person’s viewpoint</li> <li>• Calm, non-defensive, and respectful reaction</li> <li>• A readiness to forgive and forget, and to move past the conflict without holding resentments or anger</li> <li>• The ability to seek compromise and avoid punishing</li> <li>• A belief that facing conflict head-on is the best thing for both sides</li> </ul>	<p>Gave a well thought-out and well-presented answer about how the respondent resolved a stressful situation demonstrating <u>three or more</u> of the following conflict resolution skills:</p> <ul style="list-style-type: none"> <li>• The capacity to empathize with the other person’s viewpoint</li> <li>• Calm, non-defensive, and respectful reaction</li> <li>• A readiness to forgive and forget, and to move past the conflict without holding resentments or anger</li> <li>• The ability to seek compromise and avoid punishing</li> <li>• A belief that facing conflict head-on is the best thing for both sides</li> </ul> <p>Candidate required no probing to answer the question</p>

Technical competencies can be assessed using questions that correspond to applicants' levels of prior experience. For example, an entry-level applicant may be asked about prior use of computer systems and development of organizational skills, both of which are foundational technical competencies for the work.

*Question: Indiana probation officers must be proficient with the use of computer systems and demonstrate organizational skills at a high level. Give an example of a time when you used software as an organizational tool.*

More experienced applicants can be asked about working with people in criminal justice or a related field.

*Question: Probationers face barriers on their path toward rehabilitation and successful completion of probation. Give an example from a work or volunteer experience when you helped a probationer or someone in a similar position overcome challenges.*

Follow up questions might include: *What obstacles did the person or family that you assisted face? What steps did you take to help them overcome them?*

By prioritizing the competency areas and levels of experience, interviewers are able to remain focused on the end goal of hiring new staff members who would be the best candidates to succeed in the role of probation officer.

## **SUPPORTING THE USE OF EVIDENCE-BASED PRACTICES**

In addition to adhering to the newly implemented hiring guidelines, courts in Indiana have additional tools they can use to ensure both newly hired probation officers and current officers have the necessary support system to stay current on best practices in their field. The state of Indiana provides ongoing, annual training opportunities for officers to increase their technical knowledge and skills.

Utilizing best practices in human resources management, such as those featured in the *Indiana Probation Officer Professional Development Project's Interview Guide*, can help probation departments achieve the larger goal of relying on evidence-based practices in the probation field and other divisions of the justice system.

When employers have an evidence-based framework as a foundation on which to build their hiring process, they will be better equipped to select future probation officers with the necessary competencies to build a firm and fair relationship with offenders as opposed to focusing on enforcement alone. These probation officers can strive to become a partner in the process to reduce recidivism by rewarding and encouraging positive behaviors that will lead to safer communities and good lives for former offenders.

## SUGGESTED RESOURCES AND READINGS

Fitzwater, Terry L.

**Behavior-Based Interviewing: Selecting the Right Person for the Job**

This book describes the critical skills to find the right person for the right job every time, develop clear and accurate job descriptions and requirements, establish a fair and defensible hiring process, and construct unbiased, objective interview questions.

Green, Paul C., Ph.D.

**Actions Speak!**

This is a short, practical book for new interviewers. It deals with the importance of using a job-related, structured interview with past-event questions to gain behavioral predictors and predict job performance. It also explains how to use the two-step process for evaluating a candidate's answers to interview questions.

Turner, Tom S.

**Behavioral Interviewing Guide: A Practical, Structured Approach for Conducting Effective Selection Interviews**

This book provides a practical step-by-step approach for planning, conducting and evaluating a structured, behavioral interview.

U.S. Merit Systems Protection Board (2003). *The federal selection interview: Unrealized potential*. Washington, DC: Office of Policy and Evaluation.

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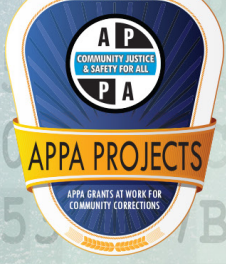
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# Applying Best Practices

**to Address Workforce Issues  
in Community Corrections**

BY MEGAN FOSTER AND TRAVIS JOHNSON



The roles, responsibilities, and characterization of probation supervision have been profoundly variable over the last 50 years. They have been shaped by practitioner philosophies (Dembo, 1972; Klaus, 1998; Schwalbe & Maschi, 2009), the size and character of caseloads (Clear & Latessa, 1993; Grattet, Lin, & Petersilia, 2011; Skeem & Manchak, 2008), and variations in probation agency policies (Burrell, 2005; Farrell, Young, & Taxman, 2011; Kerbs, Jones, & Jolley, 2009; Skeem and Manchak, 2008). This has resulted in sometimes dichotomous perspectives on the characterization of probation officers—specifically, whether community supervision officers should be viewed as an extension of law enforcement or of social services.

Prior to the 1970s the role of a community corrections officer centered around efforts to obtain community resources for offenders (Taxman, 2008). Probation was seen as a period of grace to allow rehabilitation and take advantage of an opportunity for reformation, given the possibility that a positive outcome would be made less probable through jail time (*Burns v. United States*, 1932, p. 220). In the mid-1970s this style of supervision was challenged through a surge of criticism over the failure to reduce recidivism (Martinson, 1974). This period saw the reparative approach to probation replaced by a more enforcement-oriented perspective. This law-enforcement-heavy ideology would embrace retribution, incapacitation, deterrence, intensive surveillance, and increased monitoring including drug testing and increased visitation.

While the “tough on crime” ideology was perceived as necessary to prevent future crimes, Petersilia & Turner (1993) found this approach had little to no impact on the success of probationers across multiple sites. By the early 2000s, the public and legislators began to question its effectiveness. Various studies found that retributive strategies and intensive supervision probation were not achieving reductions in recidivism (Gendreau, Goggin, Cullen, & Anders, 2000). Rehabilitation programming began to experience a resurgence as researchers discovered that treatment approaches and protocols, when combined with risk assessment and case management, are related to reduced rates of recidivism (Andrews & Bonta, 2010).

Taxman (2008) made the case that a hybrid approach, with officers who combined law enforcement and social service methods into their routine practices (referred to as synthetic officers), was beginning to characterize contemporary community corrections models. She found that most models of probation theory resulted in a policy that combined surveillance and control tactics alongside rehabilitation. Miller (2015) supported these findings, stating that social-worker-style probation officers do not rely primarily on rehabilitation tactics nor do law-enforcement-style probation officers rely strictly on surveillance and control.

In contrast, Skeem and Manchak (2008, p. 221) argued that a dominant law enforcement orientation continued to persist in probation practice, while the effective synthetic model only gained ground in select agencies. They suggested that a national trend towards a more synthetic model would be gradual and would not occur until a “significant cadre of law enforcement officers develop into or are replaced by synthetic officers.”

## **THE CURRENT STUDY**

Some light was shed on the above issues when the American Probation and Parole Association partnered with the Council of State Governments-Justice Center to examine pressing workforce issues currently facing the community corrections field and, at the same time, to identify strategies and best practices for effectively addressing such issues. APPA conducted interviews with community corrections leaders to identify best practices on recruitment, training, evaluations, and retention. Community corrections leaders were identified by APPA using their membership database. They were selected based on administrative position and geography. Potential interviewees were contacted by APPA research staff and scheduled for a one-hour interview. The interviews, which lasted 30-60 minutes, were structured using an interview protocol in which questions were asked related to predetermined workforce focus areas. Interviews were transcribed by the interviewer upon completion. Twenty-two

interviews were completed for this study and randomly assigned an identification number between 1 and 36 so that respondents would remain anonymous.

APPA expanded its data collection during its 2018 Annual training institute in Philadelphia by convening a roundtable discussion with numerous community corrections leaders. Leaders were selected to be invited to the roundtable by a survey of the Training Institute’s registration list by title. The roundtable discussion lasted two hours and provided additional data on recruitment, training, and evaluation. The topic of retention was not covered at the discussion due to time constraints and the findings from previous telephone interviews. The roundtable discussion was transcribed.

## **FINDINGS**

Interviewees were asked several questions about what they look for when recruiting new front-line staff officers. For the current study, answers were pulled from 21 of the 22 interviews as one respondent worked for a state agency that did not directly oversee or participate in the hiring process of front-line staff. The answers in many ways confirmed the research provided by Klockars (1972), Taxman (2008), and Miller (2015). Interviewees indicated that they focused on three key areas during the recruitment process: applicant character, skills/previous experience, and educational preferences. Of the 22 interviewees, however, six indicated



that their recruitment criteria had changed considerably in recent years to applicants who are less focused on law enforcement and criminal justice and have a greater diversity of soft skills. One interviewee described the shift as trying to have officers who are “coaches instead of referees.” Another, referring to a traditional criminal justice education, stated that “it’s not that we have anything against the criminal justice degree, but I think it’s very narrow... so much of what is going on with our clientele is related to social dynamics, mental health issues, that our clients face, and the trauma that they are dealing with.... [J]ust looking at them from a criminal point of view [isn’t helpful].” For some agencies this shift in recruitment qualities is related to a larger shift in their agency’s policies to adhere to justice reinvestment laws, implementing a risk-needs model, or meeting core competencies for officers. In general, agencies indicated that these shifts often affect all areas of hiring criteria.

The changes of perspective in the field were evidenced by what interviewees described as their educational and skill preferences for front-line job candidates. Interviewees were asked, “What educational backgrounds are preferred for new front-line staff recruits?” An analysis of the interviews found that 16 jurisdictions required community corrections officers to have acquired at least a four-year bachelor’s degree. Of the 22 interviews conducted, 15 provided specific information regarding the types

of majors they preferred. Applicants could hold a degree across a variety of majors, not just criminology or criminal justice. One respondent stated that “there is a social justice bent that is resonating with folks when they think about probation. It has become more than just criminology and thinking about how we get someone to change their behavior.” Another respondent echoed this new perspective on educational backgrounds, saying, “We used to prefer law enforcement [or] corrections backgrounds but have been shifting to the social work and social sciences because of the shift in how we...do probation.” Most community corrections leaders that we interviewed preferred recruits who had obtained a degree in a social science major like psychology, sociology, or social work. However, one interviewee stated, “Frankly if you have a degree in art or economics, you are welcome to come work with us if you have the skillset.”

For many interviewees, experience and skills were often more important than a formal degree, although respondents largely indicated that a four-year degree was required for applicants. While three interviewees mentioned a preference for applicants with knowledge and skills related to criminal justice or evidence-based practice, the majority (11 of the 12 who answered “What are the top 3 key skill sets that a successful member of your agency would need?”) stated that they were looking for a variety of soft skills. The most prominent of these mentioned were

**This need for well-rounded employees is a direct result of the diversity of both officers' roles and of the population with which they work.**

case management experience, communication, relationship-building, and decision-making or judgment.

Additionally, nine of the interviewees spoke at length not just of skills and education of recruits but of their character and vision. Three interviewees even described how they designed questions intended to obtain this type of information in interviews; "We frame a lot of our questions to get at one's ability to be empathetic, to be understanding that significant behavioral change among offenders is not easy." The ability to relate to others and be empathetic came up often as an important quality for applicants. One respondent stated, "The old paradigm was you were looking for people who would hold people accountable and surveil them...I think the qualities we're looking for now are for people who can build rapport, who also have positive regard for the clientele we work with." More than empathy, interviewees said they were looking for recruits with integrity and compassion. Interviewee 22 sums up this perspective as "[We want] a humanistic approach towards criminal justice... [W]e are looking for folks that really understand the pathways, that understand what brings them here, coupled with courage and empathy and the ability to correct behavior, resiliency, compassion, integrity, desire to grow within the agency and organization; folks that understand paths to success, connections to the community."

While all of these areas individually were shown to be important, six respondents also indicated that having balance or being well-rounded was potentially more important. This balance generally meant individuals who have skills and perspectives balancing criminal justice

and social work. As one interviewee stated, “We’re looking for someone who ... came from out of a balance of law enforcement background but not looking for a police officer. They can come out of the treatment programmatic side, but we’re not looking for someone ... [whose] only skillset is merely counseling.” This respondent went on to say that they want someone who “has the ability to... both hold individuals accountable but also develop relationships and motivation.” At times interviewees also referred to applicants who had a broad perspective of the work they would be doing: “What we’re looking for is somebody that has that balance of understanding what a probation officer does, that understands the accountability and the helping aspect and that is looking to engage with clients and has cultural awareness and we [also] look for some technical skills like writing: a balanced employee.” This need for well-rounded employees is a direct result of the diversity both of officers’ roles and of the population with which they work.

## **DISCUSSION**

The research performed was not without limitations. The sample size for those interviewed was relatively small and thus cannot be presumed to show the range of beliefs across all jurisdictions in the United States. However, the interviewees were selected to represent a diverse sampling of geographic locations. The sample data was obtained from interviews with probation administrators in the Northeast, South, Midwest, West

Coast, and the Pacific Northwest. In addition, interviews were held with directors based in rural areas as well as major metropolitan cities.

APPA hopes to conduct further research regarding workforce issues in community corrections. In part, this will include regular roundtable discussions of leadership at the twice yearly APPA training institutes. These leadership discussions will allow for an ongoing discussion and collaboration with leaders in the field regarding how they are tackling both ongoing and new workforce challenges.

The interviews conducted indicated that community corrections supervision is experiencing a shift in the vision of departments and roles of officers. This shift has affected how departments recruit front-line officers and who they target to recruit. The focus is trending away from the school of surveillance and control while moving towards an ideology of rehabilitation and collaboration. This has led to an increase in the number of officers represented in departments who have a social work or case management background. Skeem and Manchak (2008) made the case that the evolution from primarily law-enforcement-oriented corrections officers to more hybridized officers was likely to be slow and gradual. The findings in this study, however, seem to indicate that this shift is already well underway and is significantly reflected in current agency recruitment practices.



## ENDNOTES

- <sup>1</sup> The Recruitment portion of the Interview Protocol is attached as Appendix A
- <sup>2</sup> Interviewee 17
- <sup>3</sup> Interviewee 2
- <sup>4</sup> Interviewee 24
- <sup>5</sup> Interviewee 4
- <sup>6</sup> Interviewee 2 & 9
- <sup>7</sup> Interviewee 2
- <sup>8</sup> Interviewee 36
- <sup>9</sup> Interviewee 9
- <sup>10</sup> 10 of the 15 relevant interviews
- <sup>11</sup> Interviewee 22
- <sup>12</sup> Interviewees 4, 13, 30
- <sup>13</sup> Interviewees 4, 11, 12, 13, 16, 27, & 29
- <sup>14</sup> Interviewees 16 & 29
- <sup>15</sup> Interviewees 4, 13, 27, & 30
- <sup>16</sup> Interviewee 27
- <sup>17</sup> Interviewee 24
- <sup>18</sup> Interviewees 13, 19, 22, & 29
- <sup>19</sup> Interviewees 13, 22, 24, & 26
- <sup>20</sup> Interviewee 30
- <sup>21</sup> Interviewee 12
- <sup>22</sup> Interviewees 4, 11, & 22
- <sup>23</sup> Highlighted questions were prioritized for time limitations during interviews

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## ABOUT THE AUTHORS

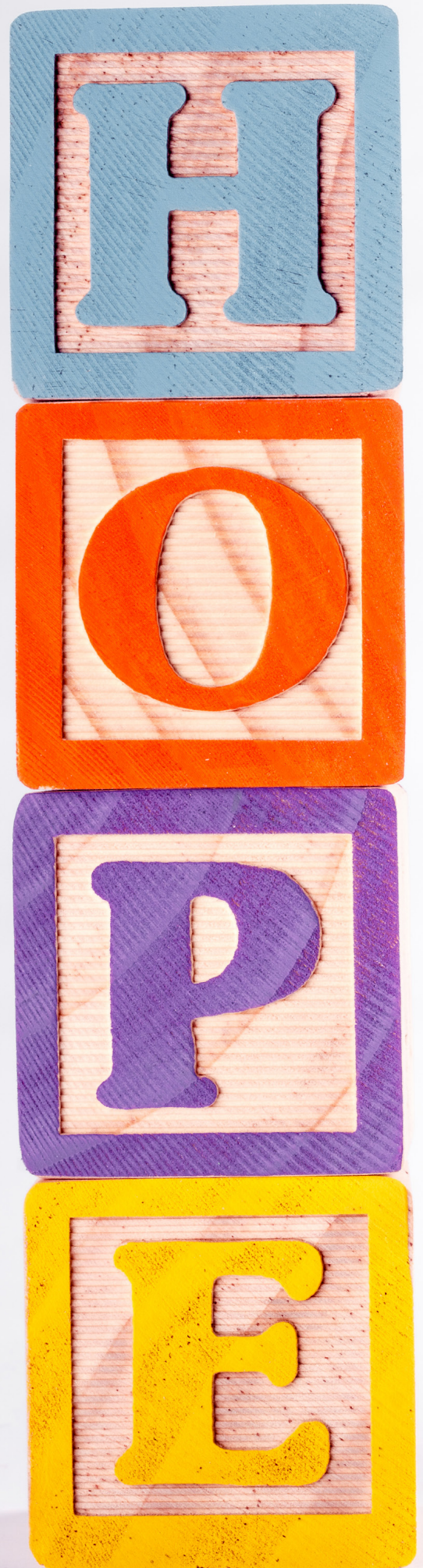
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## APPENDIX A: RECRUITMENT INTERVIEW PROTOCOL RECRUITMENT

- How are open positions for front-line staff advertised?
- What specific qualities are sought after when recruiting front-line staff?
- What educational backgrounds are preferred for new front-line staff recruits?
- What are the top 3 key skill sets that a successful member of your agency would need?
- What previous work experience, if any, is expected or desired for new probation, parole or pretrial officer recruits to your agency?
- What sort of social media and/or background checks are done for job candidates?
- What is an example of something revealed by a background check that would disqualify a candidate?
- What members of your agency are involved in the hiring process for front-line staff?
- How is this decided?

# Restoring Hope in Project HOPE

BY STEVEN S. ALM AND WILLIAM D. BURRELL





In 2004, a new strategy was implemented to supervise felony probationers in Honolulu, Hawaii. The strategy was called “Hawaii’s Opportunity Probation with Enforcement” (HOPE). HOPE was shown to reduce victimization and crime, help people to succeed on probation and avoid going to prison, and save taxpayers millions of dollars. Based on significant positive results, replication of the HOPE strategy has been attempted in more than 30 states across the US. Misconceptions about HOPE, however, have led to challenges in implementation and difficulty in replicating its success. The result has been a mixed bag of outcomes and some serious challenges to the efficacy of the HOPE model. This article will describe the origins of the HOPE project, explore some ways the original model was misunderstood, discuss the challenges of implementation, and provide guidance for those seeking to successfully replicate HOPE.

## **THE BEGINNINGS OF HOPE**

In mid-June of 2004, the first author of this article was assigned to a typical felony trial calendar in Honolulu and observed first-hand that the court sanctions component for responding to probation violations was troublesome and ineffective. If a probation officer (PO) wanted to bring a non-compliant probationer back to court for judicial action, it could only be for a probation revocation, which was a time-consuming process, both in terms of preparation of the needed documentation and the substantial amount of time that passed between date of the violation and the date when the case was heard in court. In practice, this policy resulted in many instances of non-compliance never receiving official judicial notice.

The issue was not that “technical” violations were ignored, as supervisory staff did take due note of such violations, with subsequent PO responses such as increased frequency of appointments and drug tests, counseling sessions using techniques like relapse prevention or motivational interviewing (MI), referrals to treatment, and other interventions. Unfortunately, in making these efforts the POs often lacked the necessary leverage to secure probationer compliance. The lack of concrete court-imposed consequences seemed to be sending the message to probationers that they could continue to violate probation conditions with relative impunity. The sanctions component as it existed at the time was definitely not producing the desired results. The threat of a multi-year prison sentence at some distant point in the future was not effective in changing probationer behavior.

## **PROBATION PRACTICES IN HONOLULU**

Early in the new millennium, POs in Honolulu, along with their fellow pre-trial officers, corrections case managers, and parole officers, launched a state-wide effort

to implement evidence-based practices (EBP) using the National Institute of Corrections' Eight Evidence-Based Principles for Effective Interventions (Bogue et al., 2004). They adopted a validated assessment tool, the Level of Service Inventory-Revised, to assess risk and needs, used MI to enhance intrinsic motivation, and were targeting interventions with the risk-need-responsivity (RNR) strategy.

## **THE CHALLENGE OF SANCTIONS**

How to make sanctions for probationers work better is a challenge. On a personal level, I thought about how my wife and I had raised our then 15-year-old son, and how we were raised. Our son knew we loved him, but misbehavior was met with an immediate response--one that was swift, certain, consistent, and proportionate to the misbehavior, so he could learn from it, as we did from our parents. I thought if we could bring that good parenting idea to probation and impose an appropriate (usually short) jail sanction for each targeted probation violation, it might make the system work better and help the probationers to succeed.

Despite these efforts, some probationers still failed to comply, and it was believed that official sanctions from the court were needed to hold the probationers accountable. If the traditional approach of only presenting a case to court for a revocation hearing was not working, what else might work?

This obviously was not a problem only in Honolulu. Many jurisdictions were struggling to design systems that could provide timely, proportional, and effective sanctions. Some agencies developed guidelines which empowered POs to impose low-level sanctions without involving the court. Rather than take that approach, the solution attempted in Honolulu was to design a new process that still relied on the authority of the courts but got probationers before judges quickly. Coupled with the swift return to court was a shift to having judges impose sanctions that were proportional to the behavior being sanctioned.

The probation leadership embraced the new sanctions strategy, noting that it would bring needed accountability and provide the necessary leverage to make all of their other efforts with their probationers more effective. This new approach was piloted with the probation department's high-risk section, which supervised sex offenders and the most intractable drug- and alcohol-abusing probationers. From the very start, therefore, HOPE targeted higher-risk, higher-need probationers as well as those the judiciary wanted to watch the closest.

## PUTTING IT INTO PRACTICE

While this sanctioning concept may seem conceptually simple and straightforward, operationalizing it in the criminal justice system was a major challenge. Implementing HOPE took real cooperation and coordination among the criminal justice partners and a willingness to try something new. Shared leadership by the judge and probation supervisor was at the core of successful implementation. It also demanded close teamwork on the part of all of the partners in the system to develop and implement the HOPE strategy, including the prosecution, defense, law enforcement, jail, and treatment providers. The Hawaii Attorney General's Office played its part as well, by agreeing to evaluate the effectiveness of this new strategy.

To facilitate the court process, a new, streamlined, fill-in-the-blanks form, the Motion to Modify or Revoke Probation, was developed for HOPE violations. The Public Defender also requested that his clients be informed in advance about the new procedures, and the United States Marshal agreed to use the Federal Fugitive Task Force to serve any needed arrest warrants.

On October 1, 2004, this new strategy was started with 34 felony probationers who were taken for a warning hearing, an outgrowth of the Public Defender's request for ensuring that clients were fully informed from the outset. In the group of

probationers were 18 sex offenders and 16 drug- and alcohol-involved offenders, all high risk. Also, in the courtroom were the probation officers, prosecutor, and defense counsel.

At this first hearing, the probationers were told from the bench that everyone in the courtroom, including the judge, wanted them to succeed on probation. At the same time, they were told that they were adults and were responsible for all of their own choices. It was made clear that all probation violations from that point on would be met with a swift, certain, and consistent jail sanction. The jail sanction would also be proportionate to the violation. For example:

- Test positive for drugs and be honest about it? Two days in jail.
- Test positive, deny it, and have the lab then confirm it? Fifteen days in jail.
- Abscond from probation and have the marshals, sheriffs, or police arrest you? Thirty days in jail.
- Time was allotted for the judge to answer all of the questions from the probationers and their attorneys.

This new strategy, later named HOPE, was successful from the start. It started without any extra funding or any press, but by the end of 2005, there were 93 probationers in HOPE. Research by the staff of the Attorney General's Office showed a 91% reduction in positive drug

tests and an 86% reduction in missed PO appointments. (Crime Prevention & Justice Assistance Division, 2009). In 2006, the Hawaii State Legislature allocated \$1.2 million to expand HOPE. The bulk of the funds (\$770,000) was used for drug treatment slots and the remainder for additional POs and drug testers.

The HOPE strategy then expanded to all ten felony judges and all three probation supervision sections. This was not easy. The expansion took a lot of hard work, discussions, and leadership with the other judges and POs for them to understand that HOPE was a holistic, rehabilitative strategy and how the new sanctions component worked together with the efforts of the POs using evidence-based practices and a patient and encouraging judge. It is interesting to note that the positive results of HOPE were also achieved when the concept was expanded to the other judges (Crime Prevention & Justice Assistance Division, 2007). This refutes the criticism of some that HOPE's success was solely the result of the efforts and charisma of the original HOPE judge.

Word of HOPE's success spread to Professor Mark Kleiman, then at UCLA, who had been writing about the theoretical logic of swift and certain sanctions for years. Professor Kleiman spoke to the Department of Justice and many others about HOPE's success, and in 2006 Marlene Beckman and Jake Horowitz from the National Institute of Justice (NIJ) visited the HOPE program.

## **GOLD STANDARD EVALUATION RESEARCH**

News about HOPE, and its success at reducing drug use and increasing attendance at office visits with POs, spread across the country. Dr. Angela Hawken of Pepperdine University and Professor Kleiman were then awarded a grant from NIJ and the Smith Richardson Foundation to do a randomized controlled trial (RCT) of HOPE in 2007-2008. In the world of research and evaluation, RCTs are the "gold standard," and findings from such research carry enormous weight in terms of demonstrating effectiveness.

Four hundred ninety-three high-risk, drug-using probationers (the majority having problems with crystal methamphetamine use) were randomly assigned to either the HOPE treatment group (n=330) or the control group (n=163). Both of the groups were three-quarters male, and the probationers in both groups averaged 16 to 17 prior arrests. All ten felony judges in Honolulu (who had been using the HOPE strategy for a year by then) did warning hearings for their probationers in the HOPE study group the following week.

One year later, Dr. Hawken and Dr. Kleiman reported the results. (Hawken & Kleiman, 2009). The outcomes were outstanding. The HOPE group, compared to a control group that received "probation as usual," tested positive for drugs 72% less often, missed



PO appointments 61% less often, were arrested for new crimes 55% less often, and had their probation revoked 53% less often. While the HOPE and control groups served the same number of jail bed days, the HOPE group served or were sentenced to 48% fewer days in state prison.

News of these outcomes, particularly given the gold standard RCT research design, spread quickly across the country. The success with probationers with the HOPE model became a frequent topic at conferences and meetings.

### **MISUNDERSTANDING THE HOPE STRATEGY**

As the years went by, there were several attempts to implement and evaluate HOPE in new jurisdictions. In many of the attempts, a common problem in replicating new criminal justice initiatives emerged: the lack of proper implementation. Many people misunderstood the HOPE strategy and its critical components as designed and implemented in Honolulu.

The HOPE strategy is, and always has been, composed of three parts: First, HOPE features probation officers and treatment providers developing a working alliance with their probationers and taking a rehabilitative approach based on the RNR principles and using EBPs, including MI, actuarial risk and need assessment, and cognitive behavioral interventions. Second, the strategy requires a committed and patient judge

who understands addiction, who treats the probationers with courtesy and respect while holding them accountable, and who establishes a caring and supportive environment to help them succeed. Third, the model has a swift, certain, consistent, and proportionate sanctions component to teach accountability and to provide the necessary leverage so the probationers stay sober and continue to see their PO and treatment provider. This last component is of critical importance, as it allows these professionals to use their training and education to help the probationers succeed.

Unfortunately, many practitioners, researchers, and critics have understood HOPE as a sanctions-only approach. Many also frequently confuse and conflate HOPE with the Swift Certain and Fair (SCF) model, which is solely a sanctions (and rewards) strategy. Some critics do not understand that HOPE involves the extensive use of EBPs like actuarial risk and need assessment, MI, CBT, and the RNR principles.

Critics have said such things as “HOPE is pernicious” (Tonry, 2014, p. 14), “In the end, Project HOPE is a series of threats and punishments” (Cullen, Manchak, & Duriez, 2014, p. 77), and:

If asked, we would not recommend that probation departments adopt Project HOPE. Instead, we believe there is far more evidence in favor of probation that is informed by core correctional practices

and the RNR model. This approach involves risk-needs assessment, building quality relationships with offenders, using cognitive-behavioral techniques, and motivational interviewing when meeting with offenders and focusing the most effort on the highest risk offenders.... (Cullen et al., 2014, p. 77)

What the authors and critics referenced above are saying is either inaccurate, or, as in the case of the last quotation, are describing precisely the elements that HOPE was built upon and continues to use to this day.

This misunderstanding has not been limited to academics. Since 2014, the Department of Justice has funded the Swift Certain Fair Resource Center in an attempt to spread the HOPE strategy. Unfortunately, as this Center's name implies, its focus is not on spreading the three-part HOPE strategy, but instead on working with sites or programs on delivering responses to probation violations, i.e., sanctions (and rewards) alone.

For an objective and comprehensive review of the HOPE model as it relates to the inclusion of behavior change strategies, see Professor Lorana Bartel's book (Bartels, 2017).

## **THE HOPE DEMONSTRATION FIELD EXPERIMENT**

In 2011, HOPE was selected by the U.S. Department of Justice to be

the subject of a demonstration field experiment (DFE) to further test the efficacy of the HOPE model by replicating it in four carefully selected sites. Technical assistance for implementation in the four sites was provided by the SCF Resource Center, and an RCT was conducted at the four sites by the Research Triangle Institute (RTI) and Pennsylvania State University. The research results were released in 2016 and showed mediocre outcomes and few improvements over probation-as-usual (Lattimore et al., 2016).

The problem? A reading of the evaluation revealed that both the implementation and the evaluation misunderstood HOPE to be a sanctions-only strategy. Indeed, the terms HOPE and SCF were repeatedly used interchangeably, and the concepts were conflated with one another. During the summer of 2017, in both a speech in Prague and in her abstract describing it, the DFE principal investigator, Dr. Pamela Lattimore, said that the HOPE model has now been subsumed into a broader category of "Swift, Certain, and Fair" supervision approaches. She indicated that the most recent thinking is to combine HOPE and RNR (Lattimore, 2017). Dr. Lattimore also stated that if you have "surveillance and treatment, you might get something there" (L. Bartels, personal communication to S. Alm, September 14, 2017).

In the DFE evaluation, there was no discussion of any rehabilitative efforts by

probation officers or treatment providers and which EBP they were using, if they were using any at all. While the researchers did look at whether the sanctions were swift and certain, they did not determine whether they were consistent or proportionate. Additionally, there was no discussion of the role or behavior of the judge, apart from whether or not a swift and certain sanction was imposed. There was no evaluation of whether the judges at the DFE sites were encouraging and patient with the probationers or how many chances these judges gave the probationers in response to violations before revoking their probation and sending them to prison, a decision that is typically totally within a judge's discretion. In addition, graduated sanctions (sanctions which increase in severity as violations continue) were used for typical probation violations, a practice that had been discontinued in Honolulu HOPE years before the start of the DFE. As a result, the DFE was an implementation and evaluation not of HOPE, but instead, of a sanctions-only strategy, i.e., of SCF.

## **LESSONS LEARNED**

Fortunately, it is often possible to learn as much, if not more, from failure than from success. What can be gleaned from the poor DFE results? Clearly, these results confirm what research has consistently shown: punishment alone is unlikely to be successful at achieving lasting behavior change with many probationers, even if it does work for some. For most, something

more than punishment is needed to help them succeed on probation. That circles back to the core question: what more is needed?

The Hawaii experience suggests that jurisdictions should incorporate the other two critical components of HOPE: (a) probation officers and treatment providers who emphasize rehabilitation and use EBP and, (b) a patient judge who understands addiction and who will work with the probationers to help them succeed.

## **ARE HOPE GAINS SUSTAINABLE?**

While HOPE in Honolulu achieved significant results from the start, as demonstrated both by the Hawaii Attorney General's Office and Drs. Hawken and Kleiman, the question was often asked, "Sure, the probationers do better under HOPE supervision, but how well do they do after supervision ends? Is the HOPE effect sustainable?"

In 2014, Dr. Hawken returned to Honolulu to do a follow-up study aimed at answering that question. The answer is a resounding yes! The follow-up study, HOPE II, was released in 2016 and showed very good outcomes when it compared those who had been in the HOPE study group with those in the control group for the RCT in 2007-2008 (Hawken et al., 2016). By that time, of course, the vast majority of both groups were no longer under court supervision.

**There is also evidence that pursuing the HOPE strategy can help with large caseloads, which is one of the chronic problems in probation, without compromising public safety.**

When comparing individuals who had been in HOPE to those who had been on probation-as-usual, those in the HOPE group were found to have been charged with new crimes 23% less often (including 50% less often for drug crimes) and returned to prison 52% less often. Dr. Hawken also examined how Native Hawaiians had performed in HOPE as opposed to probation-as-usual. Members of this group, Hawaii's socioeconomically disadvantaged native people, have historically had problems in many areas that contribute to involvement in the criminal justice system. The study found that Native Hawaiians did significantly better in HOPE compared to probation-as-usual (a 15% revocation rate versus 26%).

There is also evidence that pursuing the HOPE strategy can help with large caseloads, which is one of the chronic problems in probation, without compromising public safety. In the HOPE model, probationers are rewarded with fewer PO appointments and drug tests as their risk level decreases. HOPE also allows for early termination of probation, since probationers who go two years with no violations can have their four-year probation terminated. By the time of the follow-up evaluation in 2014, 100 former HOPE probationers had been granted early termination of their probation. Dr. Hawken's research found that of that 100, not a single person had been arrested for a new charge.

## **CONCLUSION**

As the United States hopefully continues to get smarter about sentencing and to reduce reliance on incarceration, it is likely that more people will be placed on probation and released on parole. The need for effective community supervision strategies will be more important than ever. If jurisdictions want to obtain results like those achieved in Hawaii,



they need to implement a probationer-centered rehabilitative model like the one created and used in Honolulu. Accept no substitute!

Understanding why the program has had such a significant success rate is not a mystery. It stands to reason that an approach featuring effective POs using proven EBP strategies, a patient judge who understands addiction and is committed to developing a working alliance with the probationers, and a consistent and proportionate sanctions component that teaches accountability and provides needed leverage is the kind of multipronged strategy that will promote success—and the results have certainly been positive. That is HOPE probation.

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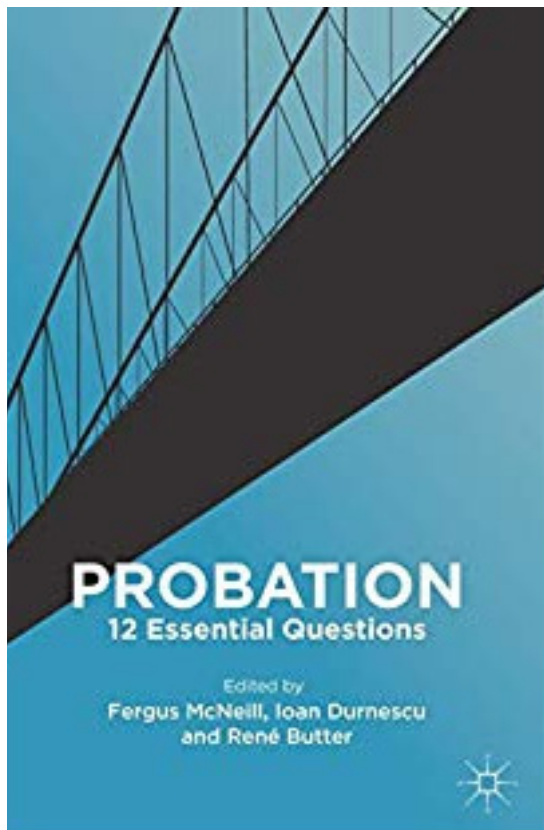
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**PROBATION: 12 ESSENTIAL QUESTIONS (2016)**

*Edited by Fergus McNeill, Ioan Durnescu and René Butter. London: Palgrave Macmillan.*

Whenever I come across an edited collection that contains the level of scholarship this book possesses, I am curious as to the origins of the project. Fortunately for me, in their introduction the editors discuss the interesting story of how the book came to be written—both in regard to the genesis of the idea and the subsequent expansion into a book-length discussion of essential questions regarding probation. Basically, the seeds for this book were planted during a conference held in France in 2009, at which time Leo Tigges, then the Secretary General of the Confederation of European Probation (CEP), directed a query to the academic delegates in attendance. He was curious to discover what was really known at that point about probation. Answering this challenge turned out to be far from simple.

After discussions among interested researchers and the CEP, a list of ten core questions was drawn up, and various well-known European and American scholars attempted to provide the answers to these questions in the form of short papers. The editors of this book served as curators for the papers submitted, and they soon realized that these initial efforts generated even more questions. It was, therefore, decided to develop the project into a book-length examination of these ten questions along with related areas of inquiry that came up after the initial iteration. The editors asked the contributors to expand their papers to

address the pertinent issues raised by readers of the earlier report.

In undertaking this endeavor and determining its scope, a definition for probation was needed. As the editors discuss, over the many decades since the inception of probation practices, probation agencies have proven to be relatively adaptive entities within criminal justice administration, and usefully comparing various probation systems has been difficult for a number of reasons, including language differences, varying systems of law, and diverse political structures. The editors opted to define probation loosely and to refer to it both as a set of practices and as organizations concerned with the implementation of community-based sanctions and measures.

The format of the book consists of an overview and introduction followed by chapters on each of the essential questions written by experts who have extensive experience in investigating and interrogating probation and community corrections practices. Two further questions were added, one dealing with technology and a final “what’s next?” question dealing with the future, a topic that merits—and receives—an interesting treatment along with a concluding note.

The first chapter, by Rob Canton, deals with criminology’s contributions to explanations of why people commit crime. This is an interesting exposition that also covers the impact of these various theories on probation policy and practice. Lila Kazemian in the next chapter turns our attention to developments in desistance theory by providing an overview of this emerging field of study and examining future research needs that may help us gain a fuller understanding of desistance. Why people commit crime is an important question, but equally important is an understanding

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of why people desist from criminal activity. Kazemian's contribution is useful for the probation practitioner and will serve as a starting point for those interested in applying what is known about desistance to probation practice.

Four of the chapters cover various aspects—and impacts—of probation practice. George Mair examines the impact of probation agencies in providing advice to sentencing authorities and promoting the use of community sanctions and measures. He concludes that it is an important function of probation, because advising on sentencing is a mechanism by which probation directly or indirectly promotes the use of community sanctions.

Leo van Garsse explores how probation affects reparation to victims and communities. I found this chapter to be a very thoughtful approach to what is a core but also very complicated issue—namely, the role of probation in promoting public security. There are many aspects to this problem and, as van Garsse hints, it is another question that merits further research and analysis.

Gill McIvor provides a very useful overview of community service in regard to its development and objective as a penal measure. She examines the role of community service in diversion, reparation, and recidivism and in reducing the costs of the criminal justice system. Her discussion includes the issue of enhancing the re-integrative potential and

effectiveness of community service and considering the relatively high attrition rate of those placed on these orders. Her insights should provide a welcome directional signal to both policymakers and practitioners. Next, Rob Allen takes a look at the question of how well probation performs in satisfying the public's demand for justice or punishment. This is a chapter well worth reading, as the author perceptively explores a number of issues in relation to probation, punishment, and justice.

Two chapters deal with the key questions of reentry services and the costs and benefits of probation. Maurice Vanstone provides a good overview of the topic of social integration and resettlement of prisoners returning to the community, while Faye Taxman and Stephanie Maass explore the costs and benefits of probation in regard to the justice system, the individual under justice control, and the community as a whole.

The next three chapters focus on how probation supervision is experienced by those who are supervised, on issues related to the use of electronic monitoring in supervision, and on explaining how probation emerged and developed as a penal measure. Ioan Durnescu adeptly traces the experiences of those under supervision through three stages of probation's development, discussing experiential aspects from the earliest efforts to spare the offender to eras of focusing on punishment in the community

and of trying to repair harm. Mike Nellis succinctly covers the debates related to the use of electronic monitoring within the context of probation, and he also provides a thoughtful note about understanding the evidence base for electronic monitoring. Fergus McNeill and Gwen Robinson offer an informative chapter on how to explain and understand probation by looking at punishment and probation through the theories of social theorists such as Foucault, Durkheim, and Marxism.

Finally, as indicated above, the reader's attention is turned to the important 12<sup>th</sup> question regarding what is next for probation. This effort is a productive exercise that sheds light on what is currently known about this field of practice and on the need to look forward. The editors suggest that as we move forward we "edge towards a better understanding of if not what we know, then at least of the shape of our ignorance" (p. 272).


Overall, this collection contains diverse and high-quality essays on and about probation practice that allow us to benefit from the scholarship and thoughts of numerous experts in the field of community supervision. Moreover, each of the chapters has extensive references for anyone who desires to explore these issues in more depth. I am again reminded of the intriguing origins of this book, growing as it did out of a challenge made by an organization representing probation organizations and practitioners. This is a practice our association might

emulate. I recommend this book to probation administrators, practitioners, and—especially—policy makers.

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In this issue of *Perspectives*, I would like to update the readership on some of the important initiatives the technology committee has been working on over the past year. As you know, APPA represents a strong, unified voice for the field of community corrections. APPA takes a stand on a variety of topics through the development of issue papers, position statements and resolutions that provide information and guidance for professionals in the field, policy makers, news media, and the public.

Technology advances rapidly, with significant implications for the field. Therefore, the committee views these papers as an excellent opportunity to help educate stakeholders on how technology can be implemented to enhance community supervision. The committee has been active in drafting papers on relevant topics and we have several in the pipeline. Two are nearing the finish line, pending final approval from the Board of Directors. One paper examines issues related to the use of naloxone by community corrections staff to reverse the effects of opioid overdose: a timely topic considering the opioid epidemic and the potential hazards to staff created by exposure to dangerous



drugs, such as fentanyl and carfentanil. The other is a long overdue update of a position statement on electronic monitoring. The original paper was approved in 1996, before the emergence of Global Positioning System (GPS) as a community supervision tool. Look for these papers to be published on the APPA website soon.

Several others are in the process of development and review. Topics include social media monitoring, body-worn cameras (BWCs) and smartphone applications as a community supervision tool. Future work on issue papers, position statements and resolutions will be guided by input from the Board of Directors. The committee is also considering surveying the membership regularly to determine emerging topics that should be explored.

The committee has also been discussing emerging technologies, such as BWCs, smartphone applications and wearable sensors with respect to the types of information (e.g., audio, video, biological) that can be intentionally or inadvertently collected. Although much of this information can be extremely valuable for supervision purposes, the committee believes that agencies should be thinking about the inevitable ethical, privacy and data security implications associated with these advancements. Future work in this area may take the form of a workshop at an upcoming institute and/or development of an issue paper.

Over the past year, representatives of the technology committee have been working with APPA staff on the redesign of its website. APPA has done a wonderful job with the new site; it is both visually striking and content rich. Of particular note is the *APPA Connect* feature, a members-only, online community where you can network with your colleagues, engage in discussions, share your knowledge and browse the resource library. Readers are strongly encouraged to explore this new functionality and use it to its fullest.

Finally, the Technology Committee is always looking for new members. If you are excited about technology and how it can be applied to improve mission performance, please contact the committee chair and we will get you involved.

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