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EXECUTIVE DIRECTOR/CEO, APPA

Executive Director/CEO's message

66 One size fits all" has never been true, and anyone who has supervised a probation or parole caseload is acutely aware of how different people can be. It is in part because of such individual differences that most of the authors in this issue state or imply that the responsivity component of the risk-need-responsivity (RNR) model has been given short shrift. The authors have tried to fill this gap. They do an excellent job of sharing insights and knowledge in specific areas. Reading these will broaden your perspective on the barriers we face and what is important in meeting responsivity goals. Many authors have touched on the need to consider personal identity in designing supervision strategies. Indeed, developing the best interventions requires insight into those under community supervision—culture and identity, personal characteristics, abilities, motivation (or lack thereof), learning styles, and so forth.

When reading the articles, you, too, might be intrigued by the various perspectives of the authors. Simera and Bonfine discuss responsivity for those with mental illness, while Sperber helps increase our awareness on how to interact with those who have endured trauma. Magnusun and Menefee give us grounding on how understanding—and adapting to—individual differences in information processing capacity during supervision planning can be the difference between success and failure. Day and Woldegabreal share their expertise on the complex factors brought into play by racial and cultural identity, and Roig-Palmer and Lutz provide an excellent outline of issues about justice-involved LGBTG+ youth and adults. Finally, Batastini and her colleagues explain why focusing on

the multi-layered experiences of discrimination (termed "intersectionality") is vital in community supervision regarding improved responsivity and program effectiveness.

or those who commence community supervision with considerable personal "baggage" and barriers, a sense of feeling understood and validated can be crucial. How can we, as corrections professionals, break down barriers and speak to these individuals instead of at them so that we can help them move forward? Attempting to understand what they have experienced can be the key.

his edition should force all of us to reflect on our shared goal – positive outcomes – an increasingly achievable goal as we acquire more empirical information and become more adept at effective interventions. These authors recognize the merits of the RNR model of offender rehabilitation, but we must still work together to continue assessing, finetuning, and sometimes reconstructing our rehabilitation models. There is always more to be learned. With that in mind, reading articles like these that challenge our assumptions is always a plus. Being asked to ponder difficult questions, such as whether the potency of discrimination is matched by the potency of our work, is always a plus. And being presented with concrete and well-considered recommendations is always a definite plus.

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president's message

hank you to everyone who was able to attend the summer institute, whether in person or virtually. Without your attendance, support, and participation we could have not achieved such a great event. Also, special thanks to Veronica Cunningham and other dedicated APPA staff for all of their hard work to ensure that the institute was successful and provided an excellent learning opportunity for all those who attended. From our Ukrainian friends to Joe Roberts, the CEO of Skid Row, the institute was jam packed with great speakers covering the gamut of relevant topics. However, what stuck out the most to me was the overwhelming interest of attendees in continuing to learn, grow, and develop skills that will ensure they are maximally equipped to help people on supervision find their pathways forward.

What we do is difficult. We are often working with people who've been repeatedly failed by social service systems, leaving just one system left to respond, the criminal justice system. You and I know that what community supervision officers do across this country is vital to the success of our nation. Despite this, our efforts all too often flies under the radar. We sidestep opportunities to talk about the positive contributions we make. We go about our jobs quietly as we help people transition their lives and find successful paths forward.

The time has come to speak out! We need to start sharing the great work we do to help people improve. We need to enlighten criminal justice stakeholders and the general public regarding our significant impact, sharing stories about the people we have helped. Every day, community supervision officers make a difference

in people's lives—helping them overcome significant barriers to be successful. We should not wait until Pretrial, Probation, and Parole week to celebrate such successes. We should be celebrating them now.



BRIAN LOVINS, Ph.D PRINCIPAL, JUSTICE SYSTEM PARTNERS **BOARD PRESIDENT, APPA**

To help us get the word out, APPA has set up an email account where you can send success stories in any form, whether letters, emails, newspaper/online articles, or publications, so that we can start to share the great work that we do across the country. The email address appasuccessstory@csg.org is live and ready to receive your stories!

I look forward to hearing from you about your great work, and please enjoy the great lineup of articles Kim and Jason have put together to help us better understand the responsivity principle.

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editor's notes

Assessment is a fundamental piece of the Evidence-based Practices puzzle. The Perspectives audience would be hard-pressed to find any version of correctional principles that does not include the actuarial assessment of risk and needs as a cornerstone. Without accurate determinations of risk and needs, corrections agency staff are unable to use their limited resources effectively. When agencies are unable to use their resources effectively, they are unable to reduce recidivism and address client needs to the degree that corrections science promises. Indeed, assessment is an essential starting point of identifying effective interventions. We devote this issue of Perspectives to examining recent advances in this topic.

The National Institute of Corrections recently commissioned a paper on best practices in risk and need assessment. Two articles feature components of this paper. In the first, titled "The Future is Now: Establishing State of the Art Standards in Risk Needs Assessments (RNA)", the authors (Dr. Bret Bucklen, PA Department of Corrections; Dr. Grant Duwe, Minnesota Department of Corrections; and former Perspectives Co-Editor Dr. Faye Taxman, George Mason University) of the paper provide us with a summary version. The second, "Talking about the Way We Talk: Understanding Assessment Tool Communications to Improve Core Correctional Practices" by current Perspectives Co-Editor Dr. Kim Kras (University of San Diego), Dr. Shannon Magnuson (Justice System Partners), and Dr. Faye Taxman hones in on an often-overlooked aspect of assessment best practice—communicating assessment processes and results to clients. We feel this focus will help practitioners use assessments in ways that to go beyond mere resource allocation to support better understanding by clients.

The superiority of assessments over clinical judgment alone with regard to accuracy is well-established in the literature. Intuitively, it seems much more likely that structured decision-making will produce less-biased results than unstructured decision-making. Even so, the focus on bias in assessment is a topic of contemporary concern. Janis Bane examines problematic policies in this regard related to risk-assessment with a focus on the pre-sentence intercept in a piece called "Observations on Risk Assessment and Racial Equity." She concludes by imploring the corrections industry to do better in regard to developing, adopting, and



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implementing risk and need tools. We agree, and we take comfort in knowing that there are promising practices that can help us to do just that.

To this end, we are pleased to present an article, "Modernizing Needs Assessments," by Baylee Allen, Addison Kobie, and Dr. Zachary Hamilton. In addition to exploring the relationship between dynamic needs and static risk, the authors provide a discussion of the statistical methods used to identify bias in assessment and consequently how to mitigate it.

We thank Perspectives editorial board members Katie Meyer, David Sattler, and Mark Stodola for their efforts in assembling this issue. Katie led the effort of this team, and they did a notable job of attaining excellent content. Additionally, Mark led an initiative to survey how agencies use assessments. Albeit informal, the findings of this effort are intriguing. We think that our audience will be interested in seeing where they and their respective agencies stand in relation to their peers.

Despite their flaws, the evolution of risk and need assessments suggests promise for the future. As risk and need assessments are essential in our endeavors to create safer communities through reduced recidivism and addressing individual's areas of need, the future of these tools is in progress toward resolving the critiques about them. As we continue to improve, we hope that you fully utilize the assessments available to you in ways that optimize their utility and offer the most accurate and least biased results.

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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.

Articles must be emailed to <u>perspectives@csg.org</u> 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.
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Magnusun & Menafree: TOO LITTLE, TOO MUCH, JUST RIGHT: CONSIDERING AN INDIVIDUAL'S INFORMATION CAPACITY AND EXPERIENCE SENSITIVITY AS A RESPONSIVITY FACTOR

Introduction

Probation agencies across the country use the Risk-Need-Responsivity framework to inform supervision conditions and practices. Yet, in practice, agencies focus on "risk" and "needs" and rarely consider "responsivity." In fact, while it is a central tenet of the framework, responsivity is often treated as the framework's third-wheel. Responsivity refers to uniquely responding to individuals as people who have complex needs and varied experiences and identities. When probation agencies are responsive to individuals on community supervision, they show that they recognize and consider the individual's gender and sexual identity, trauma and mental health history, racial and cultural identity, and

treatment and modality preferences when working with the person throughout the probation experience.

By acknowledging the importance of these domains, probation officers (POs) affirm that these components are central to the identity of the individuals on their caseloads and will be taken into consideration as they work together. POs must take into account that individuals on probation likely have previous experiences with racism, sexism, cis-sexism, ableism, heterosexism, stigma, and other structural barriers. These experiences in various community settings (e.g., health care, work settings, DMV, public housing, treatment, shelters) will impact how motivated these individuals are to navigate probation, perceived as another institution where they may anticipate similar experiences. Infusing the concept

of responsivity into probation practice means seeing people as complex individuals who are navigating a complex system and providing reassurance that they do not need to navigate it alone.

When the PO and the person on probation build a plan to navigate probation together, they must consider several factors that make the person unique. This includes factors typically mentioned in the responsivity literature (e.g., individual's gender and sexual identity, trauma and mental health, racial and cultural identity, and treatment and modality preferences). However, we suggest another responsivity factor is an individual's information capacity and experience sensitivity. This term refers to how much information someone needs to feel prepared to navigate institutions, which in the context of probation means to meet probation conditions and complete probation successfully. This might include how someone prefers to receive the information and how much information they need to complete tasks. It also refers to acknowledging how previous negative experiences with bureaucratic systems might impact how much emotional support they need to navigate such a system again. This includes emotional fatigue from the consistent anxiety of navigating the legal system, including the experience of dealing with the system with little help while experiencing overt discrimination. Broadly, the responsivity concept of information capacity and experience sensitivity taps into various factors that may impact a person's ability to accept, process, and use information to complete probation successfully.

This paper will discuss three domains that POs must consider when responding to someone's information capacity and experience sensitivity: (a) cognitive bandwidth; (b) level of preparedness, and (c) institutional cynicism. Understanding these domains will better equip POs to structure and format meetings as well as determine how best to provide the support that will enable individuals to successfully complete probation.

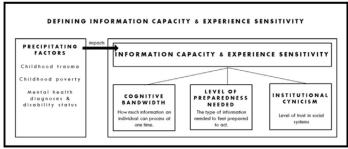
Defining Information Capacity and Experience Sensitivity

When probation agencies respond to an individual's information capacity and experience sensitivity, it means they are considering how a person processes information and experiences (Rozendall et al., 2003). One's lived experience, including socioeconomic background, exposure to trauma, mental health diagnoses and

disability status, can greatly affect how people process information, because these experiences influence cognitive and social-emotional development (Brooks-Gunn & Duncan, 1997; Evan & Kim, 2013). Previous research has found that children who experienced chronic stressors (e.g., poverty, trauma) are significantly more likely to have cognitive and social-emotional deficits that persist into adulthood (Evans & Kim, 2013). This finding is especially important for individuals on probation, because they are disproportionately impacted by factors influencing cognitive and social-emotional development at an early age and throughout adulthood (Bradner, K. et al, 2020; Levenson et al., 2021). Therefore, assessing how individuals on probation process information is a critical step to centering them in their own probation experience and building an effective working relationship.

Assessing how individuals process information requires evaluating three specific domains, as shown below in Figure 1. As mentioned earlier, these consist of cognitive bandwidth, level of preparedness, and institutional cynicism. Understanding these three domains helps to give insight about how much information to provide an individual about what they need to do to complete probation, the type of information to provide an individual to feel prepared to accomplish what they need to do to complete probation, and how much emotional support they need to complete probation.

Figure 1. Defining Information Capacity and Experience Sensitivity



The first domain considers an individual's cognitive bandwidth, which refers to an individual's planning, attention, and decision-making abilities (Mullainathan & Shafir, 2014). Scholars may also refer to this as "attentional resources" or "conscious processing resources." An individual's bandwidth can impact that individual's ability to change behaviors and dictates the information load and format they need to make any changes at all. The size of a person's cognitive bandwidth can vary based upon various precipitating factors, including factors that may be chronic (e.g.,

poverty, trauma, disability) or situational stressors (e.g., financial stress, health problems). For example, if someone's cognitive bandwidth is wide, they might be able to digest a lot of information during one session with their PO, while for those with narrower bandwidths the same amount of information might both overwhelm and confuse them. Individuals with narrow cognitive bandwidths may need to have information-sharing spread out over several PO contact visits, known in other legal settings as "slow engagement" (Myers et al., 2022). Slow engagement or micro-engagements include "gradual, gentle, and persistent micro-interactions" with the goal of nudging individuals towards stability using a format they can handle, building rapport and alleviating concerns based on previous legal system experiences (Myers et al., 2022, p.2).

The second domain pertains to an individual's level of preparedness and refers to the amount of information someone needs in order to feel prepared to act or navigate complex processes. For example, some individuals on probation may need very little information to feel prepared to apply for a job or complete onerous housing paperwork. Other individuals may need a great deal of information to feel prepared to do the same tasks. Level of preparedness may also incorporate more nuanced concepts of individuals' uncertainty, fear, personal agency, competence, and confidence. POs should assess the amount of information individuals on probation need to complete tasks and navigate social systems on their own.

The third domain is institutional cynicism, which captures how past experiences with social systems and institutions impact an individual's level of trust in those institutions (Tyler & Huo, 2002). Institutional cynicism is important to consider because it can greatly affect a person's willingness to engage with institutions due to sense of vulnerability and lack of trust. For people on probation, navigating affordable housing, receiving food subsidies, securing employment and health insurance, and participating in programming are all pertinent examples of institutional contexts where legal cynicism can matter. An individual's personal experiences and vicarious experiences (based on what has happened to, say, family members or peers) with these systems are important determinants of their beliefs (Brunson, 2010; Desmon et al., 2016; Williamson, 2021). When individuals have past negative experiences navigating bureaucratic institutions, either directly or vicariously, this can contribute to greater institutional cynicism. Moreover, prior stigmatizing or discriminatory experiences can further contribute to institutional cynicism. The effect of such negative encounters, some of which tend to recur, will compound over time (Small and Pager 2020, p. 61). How individuals process these experiences matters for the experiential sensitivity they carry with them into their current probation sentence. POs who understand individuals' past experiences navigating these institutions will be better equipped to validate the frustration of these past events, provide emotional support to allay concerns, and more effectively tailor strategies to help an individual avoid past barriers.

Applying Information Capacity and Experience Sensitivity in Practice

Responding to an individual's information capacity and experience sensitivity requires measuring each of these three domains and then using this information to inform the frequency, format, and content of probation meetings. Figure 2 below offers how to use these concepts to structure meetings within probation settings.

When measuring cognitive bandwidth, individuals can range from "processing very little information at a time" to "processing a lot of information at a time." This spectrum can inform the number of probation meetings and how much information the PO should provide during each meeting. Specifically, an individual who processes very little information at a time may need many meetings, being provided a limited amount of information during each separate encounter. In contrast, an individual with a higher level of cognitive bandwidth may require one meeting and receive all the same information at a time. Thus, POs must acknowledge that the amount of information an individual can receive in any one meeting may change from meeting to meeting. Importantly, this changing dynamic is not an indictment of an individual's commitment to their probation process, but rather a reflection of what they can handle in the moment. Therefore, adhering to strict contact standards policies that prescribe a set number of contacts for individuals on probation lacks responsivity to an individual's cognitive bandwidth. Agency policies that affirm individuals as complex people with complex situations will provide considerable flexibility to POs with regard to how they structure the frequency of meetings.

Figure 2. Applying Information Capacity and Experience Sensitivity

APPLYING INFORMATION CAPACITY & EXPERIENCE SENSITIVITY				
COGNITIVE BANDWIDTH	PRACTICAL QUESTION How many contacts are needed to provide the same	PRACTICAL APPLICATION FOR FREQUENCY AND STRUCTURE OF PROBATION CONTACTS		
		MICRO-ENGAGEMENTS OVER MANY CONTACTS	Range of cognitive bandwidth	ALL INFORMATION IN ONE CONTACT
How much information an individual can process at one time.	information across people?	Individual can process very little information at a time		Individual can process a lot information at a time
LEVEL OF PREPAREDNESS	How much detail is needed within the	A LOT OF DETAILED &		MINIMAL DETAILED & VISUALIZE
NEEDED The type and amount of	contact to help an individual feel	VISUALIZED INSTRUCTIONS Ronge	Range of level of preparedness needed	INSTRUCTIONS
information needed to feel prepared to act or navigate a process.	prepared to navigate a process on their own?	Need a lot information to feel prepared		Little information to feel prepared
INSTITUTUIONAL CYNICISM	How much assistance			
The level of trust in social systems and	or support does an individual need to navigate social systems and a	VALIDATION OF PAST EXPERIENCES & TASKS COMPLETED TOGETHER	Range of institutional symicism	MINIMAL VALIDATION & COMPLETES TASKS INDEPENDENTLY
institutions	process?	No trust		A lot of trust

The level of preparedness an individual needs can range from "a lot of information to feel prepared" to "minimal information to feel prepared." When individuals need a lot of information to feel prepared to accomplish a task or navigate a process, this will require POs to provide, in both written and spoken form, incredibly detailed instructions. It may also prove useful to include guided visualizations or practice examples to increase an individual's perceived competence and confidence. Maximizing this approach requires POs to acknowledge that even simple tasks are not simple for everyone. The ease with which a PO personally navigates highly bureaucratic agencies is not necessarily the experience of others and should certainly not be taken for granted for individuals on probation – regardless of that their frequency on probation. When the content of contacts responds more effectively to what people need in order to act or navigate a process, this can enhance motivation and personal agency.

Lastly, when measuring institutional cynicism, individuals can range from "high institutional cynicism or no trust in institutions" to "low institutional cynicism or a lot of trust in institutions." An individual who reports a significant amount of trust in institutions may feel emotionally prepared to navigate tasks or processes independently. However, when an individual reports "no" or "nearly no" trust in institutions, to be responsive the PO will be need to acknowledge the frustrations and barriers individuals previously experienced. POs will also need to ask the individuals on probation how much guidance or support they feel they need to handle the process—and the question regarding such guidance and support needs should be considered as distinctly different from how much information an individual needs to feel confident to navigate the process. Specifically, this may include filling out paperwork together, going to an event together, and actively assisting with barriers for individuals

(e.g., transportation, calling treatment centers or other bureaucratic agencies on their behalf). Maximizing this approach requires POs to understand and believe that individuals, while attempting to navigate these processes/ systems previously, experienced racism, sexism or cissexism, ablism, homophobia, and/or stigma and that these experiences have shaped how motivated the individual is to navigate the process Importantly, any decrease in motivation must not come with judgement, but rather with empathy, acknowledgment, and validation of these experiences. Taking into consideration and responding to a client's level of institutional cynicism simply means the PO needs to give credence to individuals and their experiences, acknowledging that such experiences will likely happen again, and assuring such individuals that they do not have to do it alone.

Conclusion

As probation agencies move toward coaching models (Lovins et al., 2018), many agencies are reconsidering the use of risk scores to drive contact standards. However, agencies have often been amiss in how they inform the structure (both format and frequency) of probation meetings. Awareness of information capacity and experience sensitivity can provide very helpful guidance in this regard. As discussed in this paper, opening our eyes to this responsivity factor and the importance of cognitive bandwidth, level of preparedness, and institutional cynicism is key. When probation agencies measure these domains, POs can more appropriately structure the frequency, format, and content of probation contacts to provide the support that will enable individuals to successfully complete probation. Responding to individuals' information capacity and experience sensitivity, along with other personal identity factors, elevates "responsivity" from being the framework's third-wheel to its rightful place as a central tenet of the RNR model. As agencies increase their own capacities to thoughtfully consider responsivity, the tenet may likely become the most important feature in the framework because it most directly centers individuals as complex people in their own probation process.

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16 PERSPECTIVES



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Sperber: CONSIDERING THE ROLE OF TRAUMA IN CORRECTIONAL RESPONSIVITY AND OUTCOMES

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CONSIDERING THE ROLE OF TRAUMA IN CORRECTIONAL RESPONSIVITY AND OUTCOMES

Trauma Matters in Correctional Interventions

The Risk-Need-Responsivity (RNR) model is the foundation of evidence-based correctional treatment and supervision for many correctional agencies. This model presents a framework for assessing and triaging supervision and treatment based on an individual's risk of reoffending while using cognitive behavioral and social learning approaches to target those individual needs for change that are most closely associated with criminal behavior. Taken together, these approaches are reflective of the risk principle, the need principle, and the general responsivity principle (i.e., use of behavior change approaches that work best for justice-involved individuals in the aggregate). To maximize effectiveness, however, the model also posits that correctional agencies should match interventions to each individual's circumstances and personal attributes, known as specific responsivity (Ward et al., 2007).

The list of characteristics and attributes that may serve as specific responsivity factors is long and varied in complexity, often presenting a challenge to correctional agencies in the choice of responsivity factors to integration in their supervision and intervention models. There is a continually growing body of empirical evidence, however, that supports the premise that tailoring criminal justice responses to address the impact of trauma for justice-involved individuals is warranted to create a more effective and humane approach to recidivism reduction. This evidence demonstrates the disproportionate prevalence of trauma exposure among justice-involved individuals (Gibson, 2011), the interconnected relationships between trauma and criminogenic risk factors (Fritzon et al., 2020), and the impact of traumatic stress on treatment and supervision engagement and outcomes (Jaycox et al., 2004).

To assess the impact of trauma on correctional operations and outcomes, one must first understand what trauma is and how it impacts survivors. Trauma results from experiences, events, or circumstances that cause intense physical and psychological stress reactions in individuals. Trauma can "result from a single event, multiple events, or a set of circumstances that is experienced by an

individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual wellbeing" (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014a, p.7). Examples of traumatic events include, but are not limited to, physical and sexual assault, childhood neglect, natural disasters, major accidents, deaths of loved ones, and witnessed violence. Some traumatic events overwhelm the human neurobiological stress response and can result in long-term adverse outcomes such as emotional dysregulation, hypervigilance, disassociation, flashbacks, altered cognition, self-injurious behavior, substance use/abuse, and physical health complaints, among other symptoms (SAMHSA, 2014b).

Prevalence of Trauma

Both justice-involved youth and adults are more likely to have victimization histories compared to the general population and are more likely to experience the entire range of less serious traumatic life event stressors to the most serious traumatic events (Gibson, 2011). While prevalence rates vary by study, research has shown estimates of up to 78% of justice-involved youth experience childhood maltreatment (Miller et al., 2011) and upwards of 95% experience childhood adversity (Wilson et al., 2013). These rates are significantly higher than rates for youth in the general population (Dierkhising et al., 2013), and rates for justice-involved girls are especially elevated at two to three times the rates for justice-involved boys (Coleman & Stewart, 2010; Foy et al., 2012; Moore et al., 2013). Similarly, both justiceinvolved men and women report significantly higher rates of physical and sexual abuse than the general population, although the justice-involved women and girls report significantly higher rates of both past physical and sexual abuse than justice-involved men and boys (Wanamaker et al., 2021, as cited in Covington, 2022). Finally, justice-involved men are more likely to have experienced childhood abuse, while justice-involved women are more likely to experience both childhood and adult abuse (Komarovskaya et al., 2011).

Incarceration poses risk for additional traumatic experiences for those involved in the justice system. Wolff and colleagues (2007) found that incarcerated individuals with a history of sexual victimization prior to prison were three to five times more likely to experience sexual victimization while incarcerated compared to their incarcerated counterparts with no such prior victimization experience. Research also demonstrates elevated risk of trauma exposure during incarceration for marginalized groups within the justice-involved population, to include transgender individuals, nonheterosexual individuals, and mentally ill individuals. For example, sexual victimization surveys administered by the Bureau of Justice Statistics to self-identified transgender respondents in federal prisons and jails found that 34.6% of transgender individuals in prison reported sexual victimization within the preceding 12 months or since being incarcerated if they had been in prison less than one year (Beck, 2014). Similarly, the 2008 National Former Prisoner Survey found that more than one-third of non-heterosexual males reported being sexually victimized by another inmate during their most recent period of incarceration compared to 3.5% of heterosexual males (Beck & Johnson, 2012), while the 2011-2012 National Inmate Survey found that staff-oninmate victimization rates were at least double for nonheterosexual inmates compared to heterosexual inmates. Finally, prison inmates with serious psychological distress (SPD) experienced rates of victimization that were nine times higher than prison inmates without mental health problems, while jail inmates with SPD experienced rates of victimization that were five times higher than jail inmates without mental health problems (Beck et al., 2013).

Association with Criminogenic Risk Factors and Responsivity to Correctional Interventions

Discussions regarding whether trauma should be identified as a criminogenic risk factor or a responsivity factor within the RNR model continue among researchers and practitioners, with proponents of including trauma as a risk factor pointing to studies showing an association between trauma and offending and opponents of including trauma as a responsivity factor suggesting that the relationship to offending is indirect via its impact on criminogenic risk factors (Vitopoulos et al., 2018). The primary criminogenic risk factors outlined

within the RNR model have been labeled the Central Eight and include: prior history of antisocial behavior, associations with antisocial peers, endorsement of antisocial attitudes, presence of antisocial personality pattern, school and work performance difficulties, substance abuse, family and/or marital difficulties, and lack of prosocial leisure and recreation (Bonta & Wormith, 2013). Trauma exposure has been empirically associated with many of these factors. For example, there is empirical evidence of an association of childhood trauma and the development of antisocial personality disorder (Bruce & Laporte, 2015; Krastins et al., 2014), and the association of trauma exposure and consequent substance abuse is well established (Mergler et al., 2018). Childhood maltreatment has been associated with peer rejection, which can lead to reduced participation in prosocial leisure activities and may also result in seeking out associations with antisocial peers (Yoon, 2020). Research has also shown that childhood maltreatment is associated with poor school and work performance, disruptive behaviors at school, school dropout, reduced workforce participation, and employment termination (Bellis et al., 2013; Kim & Cicchetti, 2010; Porche et al., 2011; Sansone et al., 2012; Tam et al., 2003; Zielinski, 2009).

Trauma's impact on the brain can interfere with the ability to fully participate in and benefit from correctional interventions. Difficulty concentrating, memory problems, racing thoughts, difficulty making decisions, magical thinking, irritability or hostility, and mood swings are all examples of the brain's reaction to trauma (SAMHSA, 2014b). Each of these reactions can negatively impact program compliance, adherence to supervision conditions, participation in treatment groups, interactions with other program participants, and interactions with correctional staff. Trauma exposure and associated symptoms are also associated with premature treatment dropout for both adults and adolescents (Jaycox et al., 2004).

Evidence of Trauma- Informed Approaches

Before discussing the evidence in support of traumainformed approaches, it is important to note the distinction between trauma-informed care and traumaspecific services or treatment. Most notably, traumainformed care is not specifically designed to address consequences of trauma or to provide relief from trauma symptoms. Rather, the focus is to prevent or decrease revictimization or triggering of previous traumas for individuals served or supervised by correctional and/ or treatment agencies (often referred to as correctional clients or clients). To that end, trauma-informed care is the responsibility of all staff within the organization who interact with correctional clients as well as of administrators who design policies and procedures even if they do not have direct interaction with clients. Traumaspecific treatment, on the other hand, uses evidencebased techniques to address traumatic stress and any associated co-occurring disorders (e.g., substance use disorder or mental illness) to improve symptomology and to mitigate adverse consequences associated with unresolved traumatic stress. Unlike trauma-informed care, trauma-specific treatment requires specific clinical training and competence to deliver.

To date, fewer studies have been conducted assessing the impact of trauma-informed care compared to traumaspecific treatment; however, there is some research demonstrating that trauma-informed care is associated with increases in successful treatment completion, staff and client satisfaction, positive staff perceptions of organizational climate, and reductions in client misconduct and use of physical restraints (e.g., Elwyn et al., 2015; Hales et al., 2019). Studies of trauma-specific treatment are greater in number, have largely focused on youth and women, and have found that such treatment can effectively treat traumatic stress symptomology (DeCandia et al., 2014). Examples of evidence-based treatment approaches include, but are not limited to, Trauma-Focused Cognitive Behavioral Therapy (Cohen et al., 2006), Seeking Safety (Najavits, 2002), Prolonged Exposure Therapy, Cognitive Processing Therapy (Monson et al., 2006), Trauma Affect Regulation: Guide for Education and Therapy (TARGET) (Ford & Hawke, 2012), Eye Movement Desensitization and Processing (EMDR) (Shapiro, 1995), Helping Women Recover (Covington, 2012, rev. 2019), Beyond Trauma (Covington, 2016), Beyond Violence (Covington, 2015), Healing Trauma: A Brief Intervention for Women (Covington & Russo, 2011, rev. 2016), and Exploring Trauma: A Brief Intervention for Men (Covington & Rodriguez, 2016).

Addressing Trauma in Practice

While trauma may be a past event, its impact often continues into the present and manifests in ways that work against justice-involved individuals' success in programs. Consequently, agencies whose missions include long-term behavior change (i.e., recidivism reduction) and not just mere compliance with organizational or supervision rules have a vested interest in mitigating the detrimental impact of trauma. Consequently, this section will outline some practical strategies for consideration by professionals working with justice-involved individuals. These strategies will be categorized as either trauma-informed care or trauma-specific services/treatment, the categories already described in the previous sections.

Given the prevalence of trauma exposure and PTSD among justice-involved individuals, it is likely that practitioners are routinely interacting with individuals who have been negatively impacted by exposure to trauma (McAnallen & McGinnis, 2021), making universal precautions approach necessary. A universal precautions approach simply means that staff should interact with each individual as if that person has experienced trauma. To that end, we will start with strategies that all staff can and should deploy with all individuals on supervision and will first focus on strategies pertinent to trauma-informed care. We focus here first as all staff are capable of using trauma-informed care strategies with appropriate training.

Physical Environment

Trauma-informed design of physical spaces can promote a sense of safety and de-escalation. While agencies may not have complete control over the layout of facilities, aspects of the physical environment that can impact a sense of safety and trust should be assessed and adjusted as needed and to the extent possible. One example that is typically within full control of an agency is internal signage used to communicate rules and policies to correctional clients. Signs that rely on bolded words printed in all capital letters can be overstimulating and give the impression that the agency is yelling at individuals via its signs. Similarly, posted rules that rely primarily on negative command statements beginning with the words "do not" may be perceived as paternalistic and failing to acknowledge the autonomy of correctional clients. In addition, homemade signs posted on staff doors or office walls with sarcastic quotes such as "a lack of planning on your part does not constitute an emergency on my part" convey a message that staff are not fully accessible and may present a barrier to individuals seeking help. (As an incidental note on this "lack of planning" issue, alternative cognitive-behavioral approaches can be used to teach skills related to problem-solving, time management, and recognizing and respecting time boundaries for individuals who exhibit patterns of unscheduled visits requiring assistance.) In addition to agency signage, the basic decor of the space should also be evaluated for its impact. For example, stark white walls and bright white lights produce an institutional look that may activate unpleasant emotions and reduce feelings of safety. Efforts to make office spaces more welcoming for justice-involved individuals include: (a) limiting the number of instructional signs to only those that are necessary, so as to minimize overwhelming individuals, and limit use of bold and/ or capital letters; (b) reframing instructions and rules in positive language, such as revising "do not turn payments in late" to "please turn all payments in on time" to emphasize autonomy; (c) eliminating any signage that signals a lack of empathy and a punitive response to individuals in need of assistance; (d) using light, calming wall colors, and natural or dimmable lights to promote a sense of less crowding and more openness; and (e) including plants or landscape art in the office décor, as spaces with such décor have been associated with lower levels of stress (Largo-Wight, 2011).

Staff Communication Practices

In addition to the prevalence of trauma exposure, correctional agencies typically work with a population of individuals with a high prevalence of prolonged substance use and lower literacy levels (Bronson et al., 2020; Mellow & Christian, 2008). Each of these impacts the ability of individuals to take in, process, and retain information. Consequently, correctional staff should be diligent in using simple techniques to maximize the likelihood that the individuals they serve adequately understand all of the rules and conditions of supervision and treatment. These techniques include: (1) avoidance of professional jargon and acronyms; (2) presenting information in smaller quantities by limiting the number of topics or rules covered at one time; and (3) using teachback methods in which individuals are asked to repeat what has been discussed in their own words so that staff can check for understanding. Given that respectful communications and interactions are foundational to evidence-based teaching approaches aimed at recidivism reduction (e.g., cognitive-behavioral and social learning approaches), staff use of person-first language should be a minimum standard with all justice-involved

individuals. This means using language that emphasizes the person rather than the behavior or status (e.g., the label of offender or criminal is based on the status of committing illegal behavior), as language that focuses on labels may serve to further marginalize individuals and convey a message that they cannot change (McCartan et al., 2019). Related is the elimination of derogatory terminology in favor of factual, objective terminology to describe individuals, processes, and outcomes. A notable example is the use of such pervasive phrases as "dirty urine" and "clean urine" rather than simply describing drug test results with factual language such as "positive test results" and "negative test results."

Core Correctional Practices and Motivational Interviewing

Consensus exists that trauma-informed correctional environments should include respectful, collaborative alliances with staff, a focus on skill building and building self-efficacy, consistency in rules and expectations, emphasis on choice and autonomy, and experiential learning (e.g., Levenson & Willis, 2018). Fortunately, a set of evidence-based practices already widely used in corrections to reduce recidivism aligns well with these trauma-informed practices; these practices are collectively known as Core Correctional Practices, or CCPs (Dowden & Andrews, 2004). Examples of CCPs that align with trauma-informed approaches include: (a) staff relationship qualities and skills that include warm, respectful, and empathic relationships with correctional clients that rely on nonjudgmental, solution-focused styles of communication; (b) effective use of authority involving a "firm but fair" approach that focuses on behavior rather than the person and provides choices and accompanying consequences; (c) staff modeling and reinforcement of prosocial skills and behaviors; (d) use of structured learning procedures to model and teach skills and to provide constructive feedback; (e) teaching problem-solving skills; (f) effective use of disapproval skills; and (g) brokerage of community services and resources on behalf of correctional clients (Dowden & Andrews, 2004). Use of these practices has been shown to produce lower recidivism rates in programs adhering to the RNR model (Dowden & Andrews, 2004).

Another evidence-based practice widely used in corrections that also aligns with trauma-informed approaches is motivational interviewing. Motivational interviewing is a "respectful counseling style that

focuses on helping clients resolve ambivalence about and enhance motivation to change" (SAMHSA, 2019, p.1). Motivational interviewing relies on use of openended questions, affirmations, reflective listening, and summaries of themes (OARS) and has been shown to improve treatment engagement and retention and to reduce substance use (Blasko et al., 2019).

Progressing to Trauma-Specific Screening, Assessment, and Treatment

Agencies with the appropriate infrastructure and resources may also opt to implement trauma-specific services for justice-involved individuals. Doing so requires development of an infrastructure to support screening, assessment, and access to evidence-based treatments for trauma symptoms. Decisions related to screening include choice of screening instrument, selection of staff to administer screening instruments, timing of screening, and use of screening results. The timing issue can be important, as clients have yet to establish rapport with staff and obtain a sense of safety when screening occurs at intake. Other considerations related to screening instruments include cost, time and method to administer, requirements to administer, and staff training required. Agencies should also provide procedures for the use of screening results to dictate when and how correctional clients are referred for a full trauma-informed assessment so that a determination can be made as to the need for a referral to trauma-specific treatment. It should be noted that all of this is dependent on the availability of evidencebased treatment options for trauma-specific treatment within the local community, as referring agencies have a responsibility to ensure quality treatment services prior to referral.

Conclusion

Trauma exposure and traumatic stress are pervasive among justice-involved individuals and at a minimum represent strong responsivity considerations that should be addressed by correctional agencies. It's also important to acknowledge that trauma-informed approaches are not incongruent with the public safety functions of correctional supervision, and many are aligned with existing evidence-based practices already established for recidivism reduction. While the strategies outlined in this paper do not constitute a comprehensive list of changes required for organizations to implement trauma-informed services and do not adequately convey the

organizational will and resources required to implement trauma-informed approaches in corrections, they do provide some concrete examples for consideration within the larger context of a formalized implementation plan for agencies seeking to become more trauma-informed.

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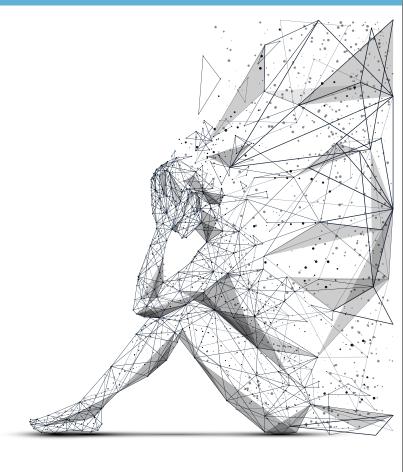
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Simera & Bonfine: MENTAL ILLNESS AS A RESPONSIVITY FACTOR IN THE RISK, NEEDS, AND RESPONSIVITY FRAMEWORK

People on community supervision with serious mental illness (SMI), such as major depression, bipolar disorder, and schizophrenia, have higher re-arrest rates than those without and are more likely to have probation revoked (Brooker et al., 2020; Skeem et al., 2006), often because of new convictions for minor crimes or failure to comply with probation (e.g., inability to pay fines, adhere to schedules, or gain employment). Probationers with SMI present with significant case management challenges, such as clinical treatment noncompliance, stigma and discrimination, housing insecurity, financial constraints, and vocational challenges. These concerns complicate efforts to access already difficult-to-obtain communitybased mental health care (National Alliance on Mental Illness, 2017). Traditional probation approaches such as enforcement, monitoring, and sanctions were not designed to address complex psychosocial needs (Brooker et al., 2020; Eno Louden et al., 2008).

Historically, policy responses to reduce the prevalence of SMI in the criminal justice system emphasized connections to mental health services (Skeem et al., 2011). Treating SMI improves health outcomes and reduces health disparities (Brooker et al., 2020). However, most people with SMI do not recidivate as a direct result of uncontrolled psychiatric symptoms, but rather because of traditional criminogenic risk factors, such as antisocial thinking, associates, and behavior (Bonta & Andrews, 2016; Bonta et al., 2014; Bonta et al., 1998; Junginger et al., 2006; Peterson et al., 2010). The link between SMI and criminal justice system involvement is typically indirect, making the provision of clinical treatment alone an insufficient response to improve criminal justice outcomes (Bonta et al., 1998; Callahan & Silver, 1998; Epperson et al., 2014; Skeem et al., 2011).



The leading model for recidivism reduction, the Risk-Need-Responsivity Model (Bonta & Andrews, 2016), views neurocognitive and social impairments associated with SMI as a specific responsivity factor impacting one's ability to engage in interventions that target criminogenic needs (e.g., substance use, antisocial thinking; Skeem et al., 2014). For probationers with SMI, mental health treatment should be paired with correctional interventions that use cognitive behavioral therapy and social learning techniques to mitigate criminal risk factors. Few programs address SMI and criminal risk factors simultaneously

(Morgan et al., 2018), although emerging evidence suggests such programs improve symptoms and reduce aspects of antisocial thinking (Gaspar et al., 2019). Understanding how to optimally adapt the delivery of correctional interventions to improve their effectiveness for probationers with SMI is an emerging area of interest in program and policy development (Wilson et al. 2018).

Recommendations to Support Probationers with Mental Illness

To meet the needs of probationers with SMI, we recommend the following:

Use evidence-based screening and assessment tools to identify mental health and/or substance use treatment needs and criminogenic risk factors. A comprehensive assessment can identify probationers' clinical and social service needs and guide treatment plan development (Substance Abuse and Mental Health Services Administration, 2015).

Implement specialty probation. Features of specialty probation include exclusive mental health caseloads, smaller caseloads (e.g., caseloads of 30 to 50 people, compared to general population caseloads of >100 probationers), ongoing officer training and supervision in mental health supervision, integration of resources to meet probationers' needs, and an individualized, problem-solving approach to address treatment noncompliance (Manchak et al., 2014; Skeem et al., 2006; Skeem et al., 2017). Specialty probation officers take on both a legal/surveillance role and a therapeutic approach. Smaller caseloads ensure sufficient time to build caring, trusting staff-client relationships and engage in case coordination. Successful implementation requires collaborative relationships between probation and behavioral health service providers to align clinical services with probation. Research suggests specialty probation is more effective than traditional probation for improving mental health (e.g., treatment engagement, well-being) and criminal justice outcomes (e.g., decreased likelihood of probation violations, reduced arrests, successful completion of community supervision) (Skeem et al., 2017; Wolff et al., 2014).

Create partnerships between probation and behavioral health providers. Probation officers are well positioned to be boundary spanners between criminal justice and other services (Skeem et al., 2006), enacting collaborative strategies such as information sharing agreements between participating organizations and helping remove barriers to treatment access. Boundary spanning between probation and behavioral health uses positive probation practices, such as problem solving, to promote service coordination, improve treatment involvement, and expand surveillance through joint monitoring (Manchak et al., 2014; Schwalbe & Maschi, 2012). To build effective cross-systems partnerships, consider holding regularly scheduled team meetings or check-ins with probation officers and behavioral health providers.

Provide cross-systems training sessions. Cross-systems training will ensure that probation officers with assigned caseloads of individuals with SMI have a greater understanding of mental illnesses, possess greater knowledge about local systems of care, and can effectively communicate with and advocate on behalf of their supervisees, thereby potentially improving relationships between probationers and officers (Manchak et al., 2014). Equally important is creating opportunities for cross-systems training for mental health professionals about principles and techniques of probation, criminal risk factors, and criminal justice system processes and policies.

Implementing the above recommendations may take some planning and motivation but is definitely achievable. For example, the Crisis Prevention and Intervention Outreach Team of the Adult Probation Department in Lorain County, Ohio, can be considered an exemplar of a program that incorporates cross-systems training and emphasizes collaborative partnerships. In this program, officers learn signs and symptoms of mental illness and well as de-escalation techniques, and they make connections with the mental health treatment system. Probation officers learn how to take a problemprevention and problem-solving approach in collaboration with their probationers, the mental health system, and law enforcement officers. While program evaluation is needed, promising strategies from this program include home and wellness visits during non-crisis periods and the offering of incentives (e.g., gas or food cards) for participation in mental health services. The program features policies co-designed with community partners, such as contacting probationers prior to visits and having three probation officers present, with at least two of these officers having completed the Crisis Intervention Team patrol officer training course.

In conclusion, agencies can improve outcomes of correctional intervention if they take steps to identify—and address—the symptoms associated with SMI and the related functional and social impairments. Following through on the four recommendations listed above will be beneficial. Taking steps such as increasing agency and staff understanding of areas of need, providing specialty probation, and creating community partnerships to facilitate coordinated, client-centric programming will improve health and criminal justice outcomes for probationers with SMI and, importantly, support probation officers and benefit their agencies and the community.

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Day & Woldgabreal: RACIAL AND CULTURAL IDENTITY MATTERS IN CORRECTIONAL INTERVENTION

OBSERVATIONS ON RISK ASSESSMENTS AND RACIAL EQUITY

For some years now, the trend in correctional practices has been to rely on a psychology of criminal conduct framework that, as described by Bonta and Andrews (2017), focuses on the need to apply the core principles of risk, need, and responsivity. The risk principle distinguishes between static factors (personal characteristics that cannot be changed, such as criminal history, age and gender) and dynamic factors (characteristics amenable to change through intervention, such as pro-criminal attitudes and association with procriminal peers). The need principle is primarily concerned with what Andrews and Bonta (2010) call the "central eight" dynamic risk factors: anti-social personality, procriminal attitudes, pro-criminal associates, substance abuse, relationship problems, criminal history, and disengagement from employment and education. However, it is the third component, the responsivity principle, that is our focus here.

The responsivity principle refers to the need to tailor interventions that target dynamic risk factors according to the motivation, learning styles, abilities, strengths, personality, and personal characteristics of individuals. Andrews (1995) and others further distinguish between what they call "general" and "specific" responsivity. General responsivity calls for the use of cognitivebehavioral methods, prosocial modeling, and the adoption of a warm and empathic interpersonal styleideas that have subsequently come to be known as "core correctional practice" (see Dowden & Andrews, 2004). The idea of "specific" responsivity, however, encourages the correctional practitioner to think beyond the influence of program design and delivery style to also consider ways in which a range of personal characteristics influence rehabilitation outcomes (including the success of community-based supervision orders), such as age, gender, cognitive and intellectual ability, and racial and cultural identity (Blanchette & Brown, 2006). This, in turn, requires practitioners to think about the information that is most relevant to working effectively with different cohorts, including those from minoritized cultural backgrounds.

It is in this context that having basic knowledge about the representation of different racial and cultural groups in correctional settings and how they typically experience supervision becomes critical. The case can be made that only then will more culturally safe—and ultimately more effective—rehabilitation programs be provided. It

will therefore be worthwhile to consider the cross-cultural context of specific responsivity. In addition to providing an overview of the issue, we will highlight recent concerns that correctional systems are too often limited in their capacity to work cross-culturally and, importantly, that culturally responsive and inclusive practices are required to reduce recidivism among minoritized groups.

The Scope of the Issue

Statistics showing the overrepresentation of racially and ethnically minoritized individuals in criminal justice systems across most Western countries have led to a general recognition that factors such as ethnicity and culture too often play a role in regard to criminal justice involvement. For example, African Americans make up only12% of the overall population in the United States, but approximately 39% of the national prison population (Carson, 2020). Black, Asian, and Minority Ethnic (BAME) in England and Wales make up 14% of the overall population but represent 27% of all prisoners (Ministry of Justice, 2020).

What is even more startling, though, is the overrepresentation of First Nations peoples in criminal justice systems around the world. For example, Māori people in Aotearoa/New Zealand, who make up 15% of the population, account for a staggering 52.7% of the national prison population (New Zealand Department of Corrections, 2021). Aboriginal and/or Torres Strait Islander peoples in Australia, who make up only 3% of the population, represent approximately 30% of the national prisoner population (Australian Bureau of Statistics, 2021). Indigenous peoples, who make up 4.9% of the overall population in Canada, represent 30% of the prison population (Government of Canada, Office of the Correctional Investigator, 2022). Moreover, indigenous peoples in the United States represent 2.9% of the overall population but are incarcerated at a rate that is 38% higher than the general population (U.S. Department of Justice, 2021).

Culture-Specific Correctional Intervention

These official statistics draw our attention to the need to consider race or ethnicity as a key responsivity issue. They prompt questions about the differential impacts of rehabilitation efforts for diverse cultural groups and whether they have been adequately tailored to actively engage participants and meet their needs. Unfortunately, cultural knowledge from, or about, minoritized communities is not well documented in the correctional literature, despite the diverse cultural profile of prison populations, especially in those countries that have a history of colonization (e.g., the United States, Canada, Australia, Aotearoa/New Zealand). For some, this absence of knowledge about the cultural needs of people in receipt of correctional services represents a form of discriminatory practice that places minoritized groups at an unfair disadvantage when it comes to efforts to make sense of their social experience. It homogenizes thinking and promotes the assumption that specific responsivity in relation to culture is unimportant (e.g., Day et al., 2021). Furthermore, Kerrison (2017), in her discussion of prison substance use treatment programs, concludes that "making a case for race neutrality, despite overwhelming evidence of unequivocal race-based prison services, is a calculated act of racial injustice" (p. 584). In short, it has been suggested that correctional rehabilitation modalities that are primarily based on the status, values, and experiences of dominant culture groups have largely failed to cater to the specific needs of minoritized groups.

Although justice-involved people clearly can benefit from standard correctional programs irrespective of ethnic background (Usher & Stewart, 2014), evidence shows a strong need for culturally tailored programs. For example, a study by Spiropoulos (2007) in Ohio examined the efficacy of a Reasoning and Rehabilitation program in a sample of 940 White and African Americans. The author reported that African Americans had higher recidivism rates than the White American parolees who participated in the same program, attributing the relative ineffectiveness of the program to a lack of adherence to the specific responsivity principle (in this case, to the absence of program content that recognized the specific experiences of African Americans).

A similar conclusion was reached by other researchers when they examined the role of specific responsivity in a sample of White and African Americans who had completed a standard cognitive behavioral intervention and found that the White participant groups evidenced lower recidivism rates compared to the African American ones (Van Voorhis et al., 2013). This suggests, perhaps, that a "one-size-fits-all" approach to treatment and

supervision that fails to acknowledge and validate the historical, social, political, and economic inequalities and disadvantages of minoritized groups will be less likely to engender the confidence and engagement required achieve optimal rehabilitation outcomes (Jeglic & Calkins, 2018).

Specific responsivity factors have also been cited as the most common reason behind high rate of program attrition among minoritized group cohorts, with attrition widely believed to contribute to risk of increased recidivism (e.g., Carl & Lösel, 2020; Wormith & Olver, 2002). It is not uncommon, for example, for minoritized groups to be expected to comply with conventional mainstream treatment programs that are built on white and middleclass values/norms and often delivered by clinicians who do not share their culture. The higher attrition rates should therefore come as no surprise. Participants may find programs unhelpful for a range of reasons, including a lack of trust because of their experience of racism, discrimination, feeling forced to participate in programs that seem inconsistent with their values and beliefs, and language barriers. Interventions that are culturally sensitive and delivered by culturally competent practitioners or those from similar backgrounds are thought more effective (e.g., Neller et al., 2016).

Addressing the Impacts of Racial and Cultural Identity in the Correctional Setting

Specific responsivity factors have also been cited as replacing generic or mainstream services with more culturally relevant programming appears to be one of the most obvious ways to improve specific responsivity in relation to cultural issues. Evidence for this comes from a 2018 meta-analytic study by Gutierrez et al. that examined traditional healing programs in Canada and New Zealand specifically designed to improve participants' knowledge related to their cultural history, skills, values, and beliefs. Studies included in the metaanalysis were also selected based on their language accessibility, format, and historical context; including a focus on addressing institutionalized trauma that is transmitted intergenerationally. The authors reported that justice-involved Indigenous Canadians and Maori people of New Zealand who completed a healing program had significantly lower odds of recidivism than those who completed conventional or mainstream programs. They specifically noted that programs that had been designed with justice-involved Indigenous people in mind (i.e., were consistent with specific responsivity) resulted in a 9% lower recidivism rate (as well as improved relationships and well-being) compared to those not categorized in this way.

Workforce Development

One of the most common ways in which correctional agencies have sought to improve cultural competence (a term generally used to refer to the ability to understand and interact effectively with people from other cultures) is through workforce development. It is often assumed that the competence of individual practitioners can be strengthened by participation in cultural awareness training that provides them with information about different cultural groups, their cultures, and their interactions with one another in the larger societal context. Cultural competence is also concerned with practitioners' ongoing commitment to consultations and collaborations with minoritized justice-involved people, their families, and their communities. The goal here is for practitioners to become more aware of the impact of their own cultural beliefs and attitudes on their relationships with others. It is anticipated that this will help them to avoid making assumptions about which type of program will work best and how it should be delivered, as well as help them to better understand and incorporate different perspectives (Farrow, Kelly, & Wilkinson, 2007).

It has also been argued, however, that this type of training, especially as is typically made available to correctional staff, falls short of what is needed. What makes it inadequate is the tendency to emphasize the need for the individual practitioner to be responsive rather than encouraging reflection on the more structural processes that also influence rehabilitative success—for example, how prisons represent a culmination of the effects of historical and social forces that lead to avoidable suffering and mortality for certain groups and constrain their life chances (see Day et al., 2021). We would argue that it is only through developing an understanding of the structural issues (e.g., experiences of disempowerment and oppression) facing minorized groups that practitioners can meaningfully build effective working relationships to support efforts to desist from crime. Strategies that can help to reduce this practice gap include the design and development of programs informed by cultural knowledge and worldviews of minoritized groups, their

historical contexts, consideration for language barriers, intergenerational trauma, and sustained cross-cultural competence of practitioners.

Conclusion

A concrete example of how progress can be achieved in this type of work might be progressed comes from Canada, where Gladue reports have now become commonplace in matters involving First Nations people who appear before the courts for sentencing. A Gladue report is a written document that weaves together the defendant's narrative with information from interviews with family, Elders, and community members, with similar models now developed in other countries (e.g., Australian Law Reform Commission, 2018). This type of specialist report aims to describe the person's unique experiences as an Indigenous person, as well as the broader cultural context in which the offence took place. Such reports provide a way of curating relevant cultural information for the courts and would appear to have great applicability to the correctional setting as well.

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As we have argued above, attending to issues of specific responsivity that relate to ethnicity and culture is key to the success of rehabilitative and community supervision efforts in correctional settings. Agencies and their staff must develop an awareness of the factors that lead minoritized groups to come into contact with the justice system. They must increase their cultural knowledge in order to engage with these individuals in a way that identifies their lived experience as relevant and important to their rehabilitative success. They also must implement applicable workforce development programs and make other organizational changes to improve performance this area. Unless active measures are taken to develop more responsive and inclusive practices, our correctional systems will continue to be unacceptably limited in their capacity to work cross-culturally.

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Roig-Palmer & Lutze: ADVANCING RESPONSIVITY FOR JUSTICE INVOLVED LGBTQ+ YOUTH AND ADULTS



IMPLEMENTATION OF THE IMPAIRED DRIVING ASSESSMENT: LESSONS LEARNED

The Risk-Need-Responsivity Model (RNR) is broadly supported by research to guide "what works" in correctional settings, with most effort placed on quantifying an individual's criminogenic risks (likelihood to re-offend) and categorizing an individual's needs (underlying causes for justice involvement). Less attention overall has been paid to responsivity and to finding answers to qualitative questions about what it means to deliver services to justice-involved individuals in the most effective manner. Responsivity is based on the relationship principle, "establishing warm, respectful and collaborative working alliances with the client," and the structuring principle, advancing change through "appropriate modeling, reinforcement, problemsolving" organized around strengthening prosocial behavior (Bonta & Andrews, 2007; Roig-Palmer & Lutze, 2021). Responsivity is critical to achieving successful outcomes for marginalized and vulnerable populations, such as justice-involved LGBTQ+ youth and adults.

Although it is unknown how many LGBTQ+ youth and adults are being supervised in the community, there is evidence to suggest that they are overrepresented in the juvenile and adult criminal justice systems. Scientifically rigorous studies estimate that 4% (13 million) of the United States population in the 13 and older age range identify as LGBT (Conron & Goldberg, 2020). Additionally, even though Gallup polls are not considered rigorous, the fact that Gallup Daily Tracking Survey data from 2022 revealed that 8% of U.S. adults identified with the LGBT community 1is considered noteworthy in the eyes of scholars.2 In comparison to the approximate 3% of all adults who have gone to prison or jail, 16% of Trans* adults report having been incarcerated during their lifetime, and approximately 13-20% of juveniles in detention centers report being LGBT (as cited in Kahle & Rosenbaum, 2021). Trimble (2019, p. 31) reports that, "LGBTQ people are sent to prison for a wide range of convictions, with most tracing their first incarceration to their juvenile years." Since gender identity and sexual orientation are generally established during earlier stages of life, it is important to fully understand the intersectional pathways that LGBTQ+ youth and adults confront throughout their life course that increase their chances of becoming justice-involved.

Being responsive to LGBTQ+ individuals requires an understanding of the evidence showing that LGBTQ+ individuals continually experience micro- and macrolevel aggressions that attempt to invalidate their core gender identity and sexual orientation and/or gender expressions through familial, social, educational, legal, medical, economic, religious, and political institutions (Foy et al., 2019; Moe et al., 2015; Roig-Palmer, 2022). These institutions, including prisons and community corrections, too often explicitly or implicitly define LGBTQ+ individuals and their core identity as deviant, abnormal, and illegal (Foy et al., 2019; Iacono, 2019; Moe et al., 2015). Thus, the person is defined as deviant in addition to being labeled for the behaviors or actions that brought them into the criminal justice system. Not surprisingly, it is emotionally, psychologically, and physically risky for LGBTQ+ individuals to openly engage with corrections professionals who are not knowledgeable or purposefully responsive to the entirety of LGBTQ+ clients' lives.

LGBTQ+ individuals, as members of an oppressed and marginalized group, often experience high levels of minority stress and have significantly higher rates of mental health disorders (depression, anxiety, etc.), suicide (ideation/attempts/completions), histories of interpersonal violence victimization (i.e., bullying, intimate partner violence, or sexual assault), homelessness, unemployment, and other life stressors (Knight & Wilson, 2016). Too often, LGBTQ+ justiceinvolved individuals' responses to minority stress and discrimination are misidentified as criminogenic risk instead of need. Thus, they remain underserved due to a failure to further develop specific responsivity when implementing the RNR model. Roig-Palmer and Lutze (2021, p. 4) recently observed that, like women and BIPOC, the "LGBTQ+ population has also received limited attention and therefore have not been attended to scientifically and are consequently disadvantaged in contemporary evidenced-based mandates to fund and implement 'what works."

Although the field has advanced the perspectives of evidence-based practice, trauma-informed care, and gender responsivity (especially for cisgendered3 girls/women), LGBTQ+ individuals have been severely neglected and narrowly stereotyped within each of

these approaches as currently implemented across many correctional contexts (Kahle & Rosenbaum, 2021; Roig-Palmer, 2022; Roig-Palmer et al., 2022; Roig-Palmer & Lutze, 2021). LGBTQ+ individuals often live at the intersections of marginalized identities related to race, ethnicity, 4cisgendered women, ablism, and other forms of marginalization (see lacono, 2019). The coexistence of these multiple types of marginalization is often referred to as intersectionality—the way in which various forms of oppression may occur simultaneously, creating multi-layered situational oppression within a person's life (Johnson, 2005; Kendall, 2020; Ritchie, 2012; Ward, 2008; Young, 1990, 2011). Failing to identify and understand the marginalization and complex situational oppression experienced by LGBTQ+ individuals undermines clients' potential for long-term success (see Canfield et al., 2020). This underscores the importance of understanding intersectionality in relation to services, programs, and interventions in order to achieve supervision outcomes beyond rule compliance.

For LGBTQ+ individuals, especially justice-involved clients, negative experiences with formal institutions (police, courts, prison, schools, healthcare, etc.) during childhood, adolescence, and into adulthood are likely to have a cumulative effect culminating in justifiable distrust of authority figures by the time they reach correctional settings (Jacmin-Park et al., 2022; Owen et al., 2018; Town et al., 2021). Fortunately, research across disciplines—including counseling, social work, education, and criminal justice—shows that agencies, professionals, and programs specifically designed to be responsive to LGBTQ+ lived experiences are appreciated by sexual and gender minority individuals, enhance engagement with staff and program participation, and are likely to improve program/ participant outcomes (Ansara, & Hegarty, 2014; Beam, 2018; Spade, 2015). Responsivity may be achieved through several tactics for justice-involved LGBTQ+ youth and young adults.

First, agencies and staff must eliminate stigma, marginalization, and exclusionary organizational cultures and practices that replicate the oppression and discrimination experienced by LGBTQ+ individuals in the broader society. Agencies that actively implement evidence-based practices are well

positioned to become responsive to LGBTQ+ clients. For example, staff who work in agencies that have a positive organizational climate, interagency networks, leadership support for evidence-based practices, and quality training and resources are more likely to implement evidence-based practices that adhere to best practices, have integrity, and enhance outcomes (Batastini et al., 2022; Blasko et al., 2022; Lutze, 2014). Within such agencies, creating public spaces (waiting rooms, classrooms, bathrooms, hallways) that are visually welcoming (posters, brochures, magazines, etc.), educating staff in the use of genderaffirming language (proper use of pronouns, etc.), and using written forms that replace heteronormative language with neutral or inclusive language representing gender diversity are often initial indicators signaling a safe environment (Kahle & Rosenbaum, 2021; Moe et al., 2015; Ward, 2008). As evident in the following quotation, inclusive environments create an opportunity for engagement and highlight the importance of being recognized by others for one's true identity in social and professional settings:

"I mean, this is the first time in twenty-two years of my life that I have ever been recognized by my chosen name, and by someone who cares about me and respects me for who I truly am, and how I truly identify." (Trans, Young Adult)

Second, the need for a safe environment for LGBTQ+ staff and justice-involved individuals alike must be fully recognized and addressed through meaningful policy and change. Although the focus of this article is on the justice-involved, it is important to acknowledge that LGBTQ+ staff—and their workplace and community allies—should also know their safety is not compromised as they work with sexual and gender minority youth and adults (Mennicke et al., 2018). Unfortunately, LGBTQ+ staff and allies are not inherently accepted within justice settings, which may result in negative judgments or various forms of abuse by colleagues and/or clients. The following narrative demonstrate such experiences:

"Nobody really knows the extent of my sister and her partner's relationship at work. She's a psychologist and her partner is a correctional officer so they rarely interact at work. It's not a place where she can just openly be herself" (Ally, Adult Advocate)

Thus, addressing safety requires that cisgendered, heteronormative staff assess and address their worldview and potential biases (see Owen et al., 2018). Safety also includes creating an emotional, psychological, and organizational climate of inclusivity free from sexism and homophobia—a climate that assures physical, economic, and professional security (Canfield et al., 2020; Mennicke et al., 2018). As the responsivity principle is advanced, reformers must be conscious of the emotional labor involved, for those who are asked to professionally engage beyond the narrow parameters of compliance and/or a list of available programs face secondary trauma, burnout, and compassion fatigue (Batastini et al., 2022; Kerig, 2019; Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). Rarely is this emotional labor necessary to fully engage the responsivity principle recognized in the RNR model. To achieve it requires situational and qualitatively different relationship building with staff and the justiceinvolved clients at all levels of implementation versus overreliance on data-driven summary risk/need scores solely focused on clients.

Third, it must be recognized that risk/need assessments based on the RNR model possess an inherent bias that preempts staff and oversimplifies gender and sexual orientation. For example, the RNR model recognizes "gender" as a static demographic that cannot change along the course of interventions. Moreover, this demographic is auto-populated via software programs that mark an individual upon intake to the system. The binary male or female gender categories are likely to mis-specify LGBTQ+ individuals into a heteronormative social/ cultural understanding that dictates heteronormative responses associated with traditional sex roles and behavioral expectations ascribed to cis women and men (Johnson, 2005; Mogul et al., 2011; Ritchie, 2017). In other words, LGBTQ+ clients are often placed into programs that are based on binary, heteronormative, cisgendered norms. Such programs are often the source of stress, stigmatization, discrimination, and victimization for those with more fluid sex and gender identities beyond the binary. Thus, LGBTQ+ clients are deprived of receiving support, treatment, or sanctions that promote positive outcomes when compared with clients who do not identify with the sexual and gender minority population.

Although we have focused primarily on LGBTQ+ individuals, it is also important to note how detrimental an exclusively binary approach can be to cisgendered, heterosexual individuals (Ford, 2019; Johnson, 2005). Most correctional programs, including the RNR model, were designed based on male samples and extrapolated to girls and women (Van Voorhis, 2012; Van Voorhis et al., 2010). Thus, embedded within these programs are many traditional, patriarchal sex role stereotypes that value masculinity and therefore interpret risk and needs as male identified (men as the norm), male centered (men as most important), and male dominated (controlled by men) (see Ford, 2019; Johnson, 2005). The feelings of normalcy within many traditional programs for staff and participants underestimate the effect of strict rules dictating appropriate behaviors that align with cisgender identity. This may limit cisgendered, heteronormative individuals from seeking broader experiences because they fear being ridiculed or stigmatized for breaking traditional gender rules when crossing socially constructed gender boundaries related to work, relationships, parenting, sports, the arts, and other activities often perceived as belonging primarily to only one gender. Gender-responsive approaches have begun to address these concerns for cis girls and women, are being extrapolated to LGBTQ+ populations, and can be extended to programs involving cis boys and men to address toxic masculinity (Covington & Bloom, 2007; Ford, 2019; Kahle & Rosenbaum, 2021; Soyer, 2018; Van Voorhis et al., 2010). Oversubscribing to gender and sex role stereotypes limits innovation and undermines full engagement in the process of change.

Fourth, the RNR model must be implemented in a manner that ensures attention given to the responsivity principle is equal to or greater than the attention given to the risk and need principles. The responsivity principle, when implemented with integrity, will work to properly define the risks and the needs of sexual and gender minority individuals. LGBTQ+ individuals may be more likely to fully engage in counseling and treatment when the fear of stigmatization, discrimination, and/or hypervigilance about the negative outcomes of disclosure are eliminated (Foy et al., 2019). Thus, whether working within corrections or spanning across professional boundaries to use the services of other agencies (Lutze, 2014), programs must be designed for LGBTQ+ individuals to have the

opportunity to fully engage with culturally competent staff when complying with supervision through work, programs, and treatment.

Finally, specific responsivity in practice requires an affirmation of strength-based approaches to address gender and LGBTQ+ individuals' risks and needs by moving past a deficit-focused approach. This equates to staffing and interventions equipped with the knowledge in how physical and mental health concerns (hormone treatment, psychological care plans, anxiety, depression, suicide ideation, etc.) are interconnected in various ways to social stigmatizations (Goodman, 2015) while simultaneously creating space to affirm the diversity of gender identities and sexual orientations existing throughout the shared community. The following comment captures the essence of utilizing strength-based approaches:

"Having a space that lets you be yourself allows for self discovery and uncovering more aspects of your personality that give you strength to love yourself. You have to find your inner strength and who you are before you can rise up to make changes."

-(Gay, Adult Advocate)

Conclusion and Recommendations

Much progress has been made in advancing our understanding of how to deliver effective services to justice-involved individuals in a way that is responsive to gender identity and sexual orientation. While anticipating further research in this area, it is past time for agencies to take important first steps that will increase the likelihood of positive outcomes. Drawing on a variety of sources (Batastini et al., 2022; Foy et al., 2019; Iacono, 2019; Kahle & Rosenbaum, 2021; Moe et al., 2015; Roig-Palmer, 2022; Roig-Palmer & Lutze, 2021), here is a set of recommendations that can help correctional programs achieve their responsivity goals:

Reduce the anticipation and anxiety about experiencing prejudice or discrimination within the program by corrections professionals, providers, and participants.

Empower clients to navigate their own disclosure process (if desired) within a safe space created by providers across the criminal, social, and health systems of care.

Give appropriate attribution to LGBTQ+ experiences as they directly relate to current issues of risk and need without over-pathologizing sexual/gender identity when interpreting attitudes and behaviors.

Affirmatively allow LGBTQ+ participants to define through their experiential lens whether their gender identity and/or sexual orientation may or may not relate to their justice involvement.

Address the emotional, psychological, and physical trauma experienced by LGBTQ+ individuals without assuming a specific history or type of trauma.

Expand gender-responsive programs to address cisgender and LGBTQ+ comprehensive approaches.

Include LGBTQ+ materials in preexisting structured programs (T4C, etc.) and/or in designing specific therapies that allow for the exploration of minority stress experiences on mental health, criminogenic risk, and individualized needs based on the uniqueness of LGBTQ+ lived experience and pathways to crime.

In conclusion, being responsive to each individual's gender identity and sexual orientation is critical to achieving positive outcomes for staff and clients alike. The factors of intersectionality, minority stress, and specific responsivity need to be understood and fully integrated into the RNR model and practices if corrections professionals want to implement evidence-based practices relevant to the entirety of the justice-involved population. Most importantly, the authors are asking everyone to set aside political and personal opinions, as it is every person's obligation to be aware of "what works" and to take an authentic stride toward improving everyone's quality of life and reducing crime and victimization. proactively determining risk and need priorities.

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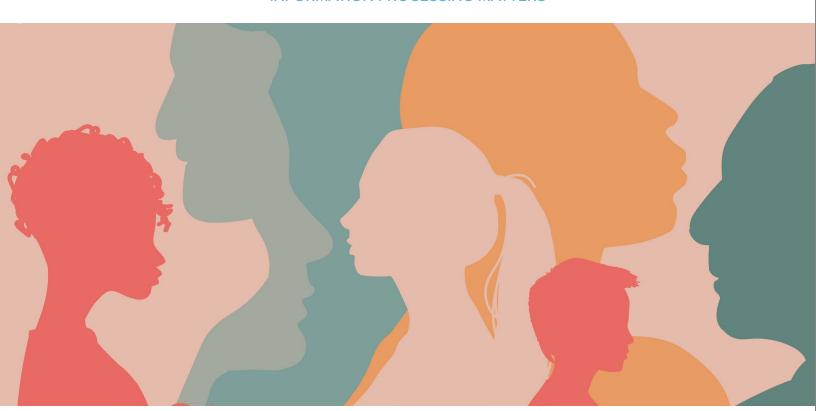
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BATASTINI, JONES, PRINGER, & PATEL:

INCORPORATING INTERSECTIONALITY IN COMMUNITY CORRECTION INTERVENTION

Incorporating Intersectionality in Community Corrections

In the late 1980s, activist and legal scholar Kimberlé Crenshaw introduced the construct of "intersectionality" to describe and begin addressing the ways in which racism and sexism interacted to create compounded experiences of marginalization and oppression for Black women in the United States (see Crenshaw, 1989). Today, the theory of intersectionality is applied more broadly in social justice advocacy and includes myriad non-majority biological, social, and/or cultural identity characteristics that combine to increase the potency of discrimination and create significant barriers to equitable treatment (Hester et al., 2020). Intersectionality is more than simply recognizing these multi-layered and multiplicative experiences of discrimination. It is about using this increased understanding to disrupt the status quo and improve the lives of the people who are most impacted (Masri, 2019). Intersectionality has been a topic of discussion within multiple disciplines and professions, including criminal justice (e.g., Paik, 2017; Steffensmeier et al., 2017; Varghese et al., 2019; Wesley & Dewey, 2018), and it has relevance for people on community supervision as well as for those working in that field.

This paper is intended to clarify the meaning of this term and the adjustment in perspective that it entails. The authors present the case that the intersectionality construct can be truly useful in terms of rethinking theoretical frameworks in the field of community corrections. At the same time, it is important to prevent intersectionality from being misconstrued, because, after all, consideration of the systems that create experiences of intersectionality for justiceinvolved people does not absolve responsibility for bad behavior-nor does promoting responsibilitytaking mean that people are to blame for being oppressed. Clearly, there is a need to explore the ways in which the intersectionality perspective can really matter in terms of improved responsivity and program effectiveness. After making the case that integrating intersectionality into community corrections is important, we go on to provide manageable strategies for staff to help reverse the consequences of intersectionality.

Why Intersectionality Matters in Community Corrections

Although conversations around intersectionality have emerged in criminal justice circles, justice system involvement per se has been given less attention in intersectionality theory and practice than other traits or circumstances such as gender identity, sexual orientation, race/ethnicity, age, and socioeconomic status. However, those who are involved in the criminal legal system exemplify the intention of intersectionality work more than almost any other population. Even without considering other individual characteristics, having current and historical experiences as a justice-involved person brings immeasurable challenges and stigmatization. Trouble obtaining employment is one of the clearest and most referenced examples of discriminatory treatment. A recent survey by the RAND Corporation (2022) found the overall employment rate for men in their mid-30s was 6%, and of these unemployed men, nearly two-thirds (64%) had an arrest record, although many had not been convicted of a crime (46% of the arrested men had been convicted, with 27% having served time in custody). While limited education or lack of job-related skills presumably account in part for this striking unemployment statistic, one study showed that merely checking off the criminal record box on an online application resulted in 60% fewer call-backs from employers than for applicants who did not check the box (Agan & Starr, 2017). This result occurred despite the relatively minor offense reported on the application in this study. Adding to the debilitating consequences of a criminal label are other marginalized identities and combinations thereof (e.g., being an unhoused veteran, a two-spirited Indigenous person, or Muslim-American man) that may provoke faulty assumptions and stereotypical judgments, making it exponentially more difficult for certain groups of people to disconnect from the system.

Highly publicized and horrifying instances of excessive brutality toward members of racial minorities, including murder, have amplified demands for law enforcement and correctional agencies to proactively dismantle the systems that perpetuate racism and strive for actual justice and rehabilitation within the communities they serve. For this reason, racial and ethnic disparities across stages of legal involvement (arrest, sentencing,

community release) have received the most attention (Barnes et al., 2015; Huebner & Bynum, 2008; Kim et al., 2015; Kutateladze et al., 2014; Wooldredge et al., 2015). Although more American adults on probation and parole are White compared to other racial or ethnic groups (Oudekerk & Kaeble, 2021), some research suggests people of color, particularly Black and Brown individuals, have differential experiences under community supervision. In Kimchi (2019), for example, Black people who were younger and/or had drug-related offenses received more restrictive and a wider range of probation conditions than their White counterparts. Another study found Black people on probation were nearly twice as likely to have anger management treatment mandated as White probationers even when controlling for offense type (Bailey et al., 2020).

For justice-involved people, however, race and ethnicity are just one cogwheel within a larger network of intersectional gears. Those on community supervision are also more likely to live in poverty (see Finkel, 2019), have less education (Harlow, 2003), and have a mental illness (Prins & Draper, 2009) than the general population. Unfortunately, courts and community supervision departments may perpetuate disparities, knowingly or not, through policy and punishment decisions such as criminalizing failure to pay fees or having behavioral manifestations of psychiatric symptoms. Perhaps unsurprisingly, probationers with more privileged backgrounds (e.g., those racialized as White, having higher socioeconomic status, and/or living in wealthier neighborhoods) and no history of mental illness typically have an easier time completing terms of their supervision (Phelps, 2018; Prins & Draper, 2009). Justice-involved women in general may have particular difficulty disengaging from the system compared to men due to intersectional vulnerabilities such as economic disadvantage, racism, and sexism (Wesley & Dewey, 2018). Avoidance of or desistance from the system is likely compounded for transgender or gender non-conforming individuals. A recent study of Black transwomen, for example, found a significant link between prior anti-trans school experiences (e.g., anti-trans victimization, denial of enrollment) and legal outcomes including police mistreatment and incarceration (Rosentel et al., 2020).

Addressing Issues of Intersectionality in Practice

Risk Assessment and Management Services

The most widely researched and applied model for structuring correctional interventions is the Risk-Need-Responsivity model (RNR; see Bonta & Andrews, 2017). According to this model, interventions will be most effective when: (a) service intensity is based on the results of a validated re-offense risk instrument (e.g., Level of Service/Case Management Inventory; Andrews et al., 2004) so that people who are identified as higher risk receive higher dosages of treatment; (b) the changeable risk factors (i.e., criminogenic needs) identified through this assessment process become specific targets of treatment (e.g., reduce criminal cognitions, find employment, create prosocial support systems, achieve substance use sobriety); and (c) individual factors that may impact understanding of, engagement in, or access to treatment content (e.g., treatment readiness, learning disability, mental illness) are considered. These three components are respectively known as the risk, need, and responsivity principles. Notably, while probation departments often do a good job assessing risk, case management plans tend to reflect poor adherence to RNR (Campbell et al., 2015; Dyck et al., 2018). Thus, there appears to be a foundational need for departments to critically examine whether their current practices appropriately follow this model. In conducting such an internal investigation, we encourage community supervision departments to consider how intersectionality may be integrated into each of these principles. We provide a non-exhaustive discussion of considerations next.

Assessment of Risk and Needs

Assessing an individual's risk level and needs (translating into treatment dosage and target determinations) is one of the first points of contact where supervision providers can apply an intersectionality lens. Accounting for and exploring supervisees' experiences of discrimination at this stage can inform management recommendations. At a minimum, community corrections staff should be aware of what diversity factors are and are not relevant to reducing re-offense risk. Cultural bias in

risk assessment and interpretation tends to focus on race and ethnicity, neither of which is predictive of criminal behavior (Piquero & Brame, 2008). However, several factors included in risk tools may reflect systemic racial and ethnic disparities (Desmarais et al., 2020; Vincent & Viljoen, 2020). For example, Black men may be more likely to report prior contacts with the legal system and items related to unemployment, unstable housing, or limited educational opportunities than White men or Black women. Thus, Black men may score as higher risk for reoffending not because they are Black men but because of discriminatory policing, racist hiring practices, etc. It is incumbent on community corrections departments to select risk instruments with minimal predictive bias. Recent guidelines from the Bureau of Justice Assistance (Desmarais et al., 2022) may be useful.

Despite the possibility of predictive bias, the use of well-researched risk tools generally leads to less biased correctional decisions than not using them (Desmarais et al., 2020; Lowder et al., 2021; Vincent & Viljoen, 2020). Therefore, we do not support disregarding or even de-emphasizing these tools. What is needed, however, is to ensure that case planning is enriched by incorporating questions that explicitly ask about the impact of marginalization and oppression on each static or dynamic risk factor included on the tool. Example follow-up questions include: "Tell me what it was like for you as a trans woman dealing with mental health issues while living on the streets?" or "Have you ever felt disadvantaged in obtaining a job as a Black man with a criminal record?" To guide these questions and maintain rapport, supervising officers or other staff administering these assessments will need to use a sensitive and accepting tone to obtain information about individuals' identity composition and experiences.

While the answers to these questions may not change the importance of criminogenic risk or need factors, they could have implications for program responsivity and/or how correctional staff interact with individuals under their supervision. For example, a risk tool may identify a Hispanic woman who grew up in poverty as having a moderate risk of recidivism due to past criminal convictions of felony drug possession with intent to sell and poor academic achievement.

The risk tool is flagging important needs (e.g., a more prosocial means of earning money, more marketable educational or occupational skills) that would decrease her likelihood of continued criminal activity. Exploring the compounding intersectional challenges associated with her ethnicity, gender, or economic status is likely to improve trust between her and her supervising officer, better individualize case planning, and guide advocacy efforts to help break down systemic barriers to her successful completion of supervision. If intersectionality factors may be relevant to understanding a person's risk level and needs as indicated by an empirically validated tool, the extent to which these factors are relevant and the supporting rationale should be detailed in any reports or other documentation.

In addition to supplemental questions on specific re-offense risk tools, front-end assessments may include valid and reliable self-report measures of trauma (including racial trauma), adverse childhood experiences, identity development, and experiences of marginalization. Although community corrections staff should review any recommendations by measurement developers prior to use, many of the following scales are non-proprietary and easily accessible, and they do not require extensive clinical training: the Gender Minority Stress and Resilience Measure (GMSR; Testa et al., 2015), Ableist Microaggressions Scale (AMS; Conover et al., 2017), the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011), the Trauma Symptoms of Discrimination Scale (TSDS; Williams et al., 2018), and the PTSD Checklist for DSM-5 (PCL-5; Blevins et al., 2015). Conducting a more comprehensive assessment early in a supervisee's term and reviewing results therapeutically (Finn et al., 2012) may increase willingness to engage in services and provide insight into which factors are within their ability to change.

Treatment Delivery

As with assessment, community corrections staff should be cautious not to tip the intervention scale in favor of non-criminogenic targets, including intersectionality factors. Regardless of race, ethnicity, and socioeconomic status, cognitive-behavioral and social skills programs that primarily emphasize criminogenic needs are most efficacious for reducing future offending (Gannon et al., 2019; Mpofu et al.,

2018). Focusing on issues that are less directly predictive of re-offending (e.g., psychopathology, low intellectual functioning) without incorporating criminogenic needs is a common oversight by correctional service providers (Bewley & Morgan, 2011) that may be costly and counterproductive (Romani et al., 2012). Instead, we suggest addressing intersectionality and its consequences within RNRinformed treatments (e.g., Changing Lives, Changing Outcomes [CLCO]; Morgan et al., 2018; Thinking for a Change [T4C]; Bush et al., 1997). This could involve program facilitators initiating open discussions or developing exercises that help people explore the presence and internalization of justice involvement on their identity formation, clarifying what it is like for them to navigate the world as a justice-involved person with other marginalized identities. Individuals' attitudes and how they navigate community supervision likely depends on their previous experiences on supervision or while in treatment (including repeated/multiplied experiences of stigma and discrimination), how long they have been justice-involved, and various personal and situational factors. Creating space alongside criminogenic interventions for intersectionality-focused conversations and activities may disrupt correctional staff's preexisting expectations about the people under their supervision that would otherwise maintain systemic oppression while giving their supervisees an opportunity to process and learn from their experiences.

Agency staff who facilitate programs or who refer individuals to community service providers should also think about whether certain content areas or applications of content warrant modification. For example, a common intervention tool in cognitivebehavioral treatments (CBT) like T4C is cognitive restructuring, which teaches people to identify, evaluate, and alter inaccurate thought processes that lead to negative outcomes. However, some apparent distortions in thinking (e.g., "cops are racist") may, in fact, reflect an individual's reality or serve as a survival strategy. It may be invalidating and ineffective for the facilitator to try quashing such a thought, even if the thought was used to justify a poor behavioral response (e.g., fleeing the scene of a crime). Elements of Acceptance and Commitment Therapy (ACT; Hayes et al., 2012), a third-wave CBT approach, may be helpful in diffusing or distancing people from thoughts

that, while true for them, are ultimately not beneficial. The goal of ACT is not to eliminate these thoughts but to find ways to live with them, work around them, and/or channel them in more productive ways (e.g., by advocating for policy change, becoming a peer support specialist).

Broader Strategies to Reduce the Impact of Intersectionality

In this final section, we summarize other ways community supervision agencies can prevent the consequences of intersectionality and promote equitable treatment. Again, this is not an exhaustive list, and more details can be found in Batastini et al. (2022).

Promote and encourage person-oriented language. The field is changing its expectations for how people involved in the criminal legal system are described (Godvin & West, 2020; Jordan, 2021). With the understanding that accepted terminology is fluid, current alternatives may include: "justice-involved," "adult in-custody," "returning resident," or "persons with sexual offense histories." The goal of modifying how we talk about people is not to diminish harms they may have caused, but to emphasize they are multifaceted and capable of growth.

Data tracking and program evaluation. Community supervision departments are encouraged to expand the types of demographic variables collected and maintained in their case management databases (e.g., gender and sexual identity, income level, and disability status). These variables, in conjunction with systematic evaluation efforts such as objective measures of change and qualitative feedback, may give departments more insight into how individuals' experiences on supervision and ability to complete supervision requirements vary as a function of their identity composition. In keeping with the spirit of intersectionality, these outcomes should then be used to abolish and replace inequitable practices (Buchanan & Wiklund, 2020).

Recognizing and addressing staff burnout.

Correctional providers experience heightened levels of burnout compared to employees in other clinical settings (Isenhardt & Hostettler, 2020; Senter et al., 2010). Burnout can translate to increased irritability

with clients and less desire to be present with clients (Yang & Hayes, 2020). Reduced acuity and engagement may mean decreased ability to identify and attend to issues of intersectionality. Staff with intersecting identities may also be more vulnerable to burnout due to their own experiences of oppression, as in working with people who share one or more marginalized identities they may be continually witnessing discriminatory treatment of people who look like them.

Recruitment, Retention, and Training. We recommend that supervision departments develop specific equity and inclusion initiatives to recruit and retain staff with diverse and intersecting identities. Not only would these initiatives have the potential to reduce burnout among current staff with marginalized identities, but they would also increase representation in procedural, policy, and practice decisions. Training programs for supervision staff should include activities related to intersectionality—perhaps simply having discussions about how expectations of working with people on probation or parole can fuel oppressive treatment, or perhaps engaging in role-playing to practice the use of intersectionality dialogue in risk assessment, treatment exercises, and interactions with colleagues. A more informed and skilled staff is also likely to bolster workplace morale and reduce turnover. Although staff play a key role in dismantling oppressive structures that impact themselves, their colleagues, and the people they supervise, we acknowledge the need to also take a harder look at broader departmental policies and workplace culture that pose challenges for these efforts.

Conclusion

Taking a more holistic approach to assessing and treating individuals helps identify specific pathways to crime, including what choices (if any) were available across decision points or unavailable due to structural limitations. Balancing discussions about the role of unjust systems with those that address personal choice and accountability is likely to generate positive perceptions of treatment, inform clearer individualized goals, and increase motivation for change (PettyJohn et al., 2020). We hope this brief article has persuaded community supervision staff and departments to be more intentional about understanding and mitigating supervisees' compounded experiences

of discrimination. By doing so, we may move more steadily toward a system that is maximally humane, fair, and rehabilitative.

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Author Bio

Dr. Ashley Batastini is a first-generation college graduate, cisgender, White woman who earned her Ph.D. in counseling psychology in 2015 and is a tenure-track Assistant Professor. Ashley C. T. Jones is a first-generation college graduate, cisgender, White woman. Sarah M. Pringer is a first-generation college graduate, cisgender, mixed race/ethnicity (White and Filipino-American) woman. Meera Patel is a cisgender, second-generation Indian-American woman. Ms. Jones, Pringer, and Patel are counseling psychology doctoral students under the advisement and mentorship of Dr. Batastini. All authors are dedicated to efficacious, culturally informed, and humane care of people who are in contact with the criminal justice system.

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