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# Federal PROBATION

*a journal of correctional  
philosophy and practice*

Do Office Reviews in the Federal Probation and Pretrial Services System Do What They Were Intended to Do? Not Yet

*By Christopher T. Lowenkamp, Travis C. Pratt, Alexander M. Holsinger*

Supervising Officers in an Evidence-Based Environment: The Role of the Supervisor as a Coach and Officers as Change Agents

*By Gabriela Grajeda, Guy Bourgon, Mark A. Sherman, Carla Soybel*

Federal Post-Conviction Supervision Outcomes: Rearrests and Revocations

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The Vexing Dilemma of Character-Based Units (CBUs) in Prison

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Peer Recovery Support Specialists in Adult Drug Treatment Courts: A National Survey

*By Jacqueline van Wormer, Faith E. Lutze, Kristen E. DeVall, Christina Lanier*

A Pretest-Posttest Evaluation of Academy Training and Fear of Beginning a Correctional Officer Career

*By Alexander L. Burton, Cheryl Lero Jonson, Paige A. Adkins, Celine Zidar, William T. Miller*

In Memoriam: Ralph Charles Serin

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# THIS ISSUE IN BRIEF

## **Do Office Reviews in the Federal Probation and Pretrial Services System Do What They Were Intended to Do? Not Yet**

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The Probation and Pretrial Services Office (PPSO) within the Administrative Office of the U.S. Courts (AO) has long been charged with the task of providing oversight for the work of the probation officers in each of the United States district courts. The authors analyze data from 70 office reviews conducted between 2017 and 2019, examining the nature of the relationship between district-level outcomes (post-conviction revocation, post-conviction rearrests, pretrial release recommendations, pretrial release rates, pretrial failure to appear, pretrial rearrest, pretrial violation, and pretrial revocation rates) and the office review items and overall office review compliance scores.

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Many organizations have invested in the training of frontline officers in evidence-based practice (EBP). Unfortunately, supervisors of these officers have often been neglected in these initiatives. Recognizing this gap in supervisor training, the Federal Judicial Center developed a year-long training program for supervisors called Supervising Officers in an Evidence-Based Environment (SOEBE). This article describes SOEBE and presents data on its evaluation of the quality of recorded discussions between supervisors and officers about clients under their supervision.

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## **Federal Post-Conviction Supervision Outcomes: Rearrests and Revocations**

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Using a study cohort of 527,081 individuals serving either a term of probation or a term of supervised release (TSR), and excluding those who were deported, whose supervision terms began and ended on the same day, who had pending charges, and who otherwise were unavailable for supervision, the author examines criminal recidivism of persons under supervision for terms up to 60 months, as well as up to three years for individuals who have completed a term of supervision.

*James L. Johnson*

## **The Vexing Dilemma of Character-Based Units (CBUs) in Prison**

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Character-based Units (CBUs) can be defined as prison units, dorms, or in some cases entire facilities that provide enhanced programming in a more residential environment. While community corrections officers may inquire about the increased risks and needs that come with residence in a mental health unit or restrictive housing, it is also valuable to understand the experiences of being housed in a more stable, prosocial environment like a character-based unit. Validation of recidivism reduction from their use has yet to occur, and validation issues are confounded by problems such as widely disparate variants and requirements and issues with establishing proper companion groups. However, there is evidence that incarcerated populations in CBUs experience more access to programs, staffing, volunteers, and other resources that could serve as an entry point to building up existing strength and assets.

*Hayden Smith*

## **Peer Recovery Support Specialists in Adult Drug Treatment Courts: A National Survey**

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Treatment courts are designed to provide a continuum of care intended to support participants as they experience the structure of the criminal justice system, the opportunities for change provided by treatment programs, and the support available through social services. Despite the growing use of Peer Recovery Support Specialists (PRSSs) in treatment courts, little is known about their qualifications, roles, or effectiveness. To address this knowledge gap, a national survey of adult drug treatment court coordinators was conducted to understand how these programs are using PRSSs and whether common structures of implementation are emerging.

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<b>A Pretest-Posttest Evaluation of Academy Training and Fear of Beginning a Correctional Officer Career</b>	<b>47</b>
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The articles and reviews that appear in *Federal Probation* express the points of view of the persons who wrote them and not necessarily the points of view of the agencies and organizations with which these persons are affiliated. Moreover, *Federal Probation's* publication of the articles and reviews is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the federal Probation and Pretrial Services System.

# Do Office Reviews in the Federal Probation and Pretrial Services System Do What They Were Intended to Do? Not Yet

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**COMMUNITY SUPERVISION**—including the challenging tasks of managing, supervising, and treating justice-involved people—is hard (May & Pratt, 2022; Smith et al., 2018). Adding to the difficulty is the fact that such challenges are met with widely different degrees of effectiveness from one jurisdiction to the next (Jalbert et al., 2010; Lowenkamp, Latessa, & Smith, 2006). Indeed, community corrections agencies—even those that operate under the same state system of laws and policies—vary considerably with respect to how well they deliver correctional services to the justice-involved populations they serve (Pratt & Turanovic, 2019; Van Deirse et al., 2020; Viglione, 2019).

The federal probation system—which encompasses 94 federal districts—is no different (Sloas et al., 2019; see also Hughes & Henkel, 2015). And due in part to variation in the quality of outcomes from district to district, the Probation and Pretrial Services Office (PPSO) within the Administrative Office of the U.S. Courts (AO) has long been charged with the task of providing oversight regarding the work of the probation officers in each of the United States district courts

(Chandler, 2015; Sheil, Doyle, & Lowenkamp, 2016) in the form of federal district “office reviews” (Whetzel & Sheil, 2015). Currently, these reviews are intended to support the federal system’s efforts to reduce the risk of recidivism among correctional clients. It is, however, unclear whether this has been the case historically. It should also be noted that office reviews are, and will continue to be, statutorily required to measure certain activities regardless of their relationship to recidivism and public safety. Regardless, such reviews typically entail the analysis of a sample of processed cases, the use of performance metrics (e.g., client risk profiles, rearrest and recidivism rates), site observations, and interviews. The review process was revised in 2014 to include additional staff training, new performance metrics (including a new policy/program questionnaire), and a district self-assessment (Whetzel & Sheil, 2015).

Recent evidence suggests that PPSO has indeed been supportive of federal probation district offices (U.S. Government Accounting Office, 2023). To be sure, PPSO has helped offices to develop strategic plans, to draw up policies and evaluation tools, to train and educate staff, and to assist with budgeting and resource allocation. Such support has

certainly resulted in a more consistent—and arguably more effective—integration of evidence-based practices (EBP) into the federal probation system (Goldstein, 2020), including the development of the pretrial risk assessment (PTRA; see Cohen, Lowenkamp, & Hicks, 2018), the post-conviction risk assessment (PCRA, see Lowenkamp, Holsinger, & Cohen, 2015), and EBP-based training and support efforts such as Staff Training Aimed at Reducing Rearrest (STARR; see Robinson et al., 2011, and Lowenkamp et al., 2014) and the Criminogenic Needs and Violence Curriculum (CNVC; see Goldstein, 2020).

Yet what we know about the impact of office reviews is confined exclusively to these issues of “process” (e.g., implementation of best practices, staff training, risk instrument development). The problem is that we know nothing about the office reviews’ actual relationship to the original “outcome” goal(s) of federal supervision, whose advancement the office reviews were created to evaluate and encourage: that is, reducing recidivism and enhancing public safety. To address this issue, we analyze data from 70 office reviews conducted between 2017 and 2019. In particular, we examine the nature of the relationship between district-level outcomes

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(post-conviction revocation, post-conviction rearrests, pretrial release recommendations, pretrial release rates, pretrial failure to appear, pretrial rearrest, pretrial violation, and pretrial revocation rates) and the office review items and overall office review compliance scores. Our broader purpose is to shed light on the degree to which federal probation's system oversight is linked to fulfilling its goals of fair administration of justice and public safety.

## Method

### Sample

The sample for this study involves all office reviews conducted between 2017 and 2019, which are the first years for which data on the office review findings are consistently available. This sampling process led to a sample of 70 office reviews, of which 12 are on pretrial-only offices. Due to incomplete data, the total number of office reviews was reduced to 69. The sample of offenders and defendants for this study includes all offenders or defendants activated within two years prior to the date that the office review was conducted. This led to a total sample of 60,521 post-conviction observations and 108,369 pretrial observations.

### Office Review and Office Configuration

The office review process involves a site visit by a team of probation administrators and practitioners from the field. The team reviews district practices and measures those practices against nearly 200 benchmarks included in the office review instrument.<sup>2</sup> While the office review instrument has changed over the years, during the research time frame the office review instrument included some combination of the following areas: firearms and safety; location monitoring; post-conviction supervision; procurement; pretrial services investigations; pretrial supervision; substance use disorder and mental health; and post-conviction low-risk policy. Each area listed above receives a compliance score representing the percentage of items adhered to by the district. The office review instrument is not publicly available, yet the items are relatively pedestrian and audit-based in that they measure the mere presence of—rather than the

quality of—activities. In the U.S. Probation and Pretrial System, some districts are “combined” in that both probation and pretrial services functions are carried out by one office with one chief. In other districts the probation and pretrial offices are “separate” in that separate offices operate each service, and each is overseen by a chief dedicated to that office. In regression models a measure capturing whether a district is a solely pretrial district or a combined district was also included.

### Offender and Defendant-based Measures

Data from the Probation/Pretrial Services Automated Case Tracking System (PACTS) were used to identify cases activated during the time periods of interest and to develop district-level measures of case composition and certain outcome measures; namely, revocation, detention recommendations, actual release, failure to appear, and violations. Rearrest measures were based on data from the FBI's computerized criminal history database. For each district, individual-level data were aggregated to create measures that captured the percentage of defendants or offenders that were male, White, U.S. citizen, charged with or convicted of a violent offense, a drug offense, a firearm offense, average risk scores, and average age. Outcomes for the pretrial analyses were created by calculating the percentage of cases that were recommended for pretrial release, the percentage of cases released, the percentage of cases with a violation, the percentage of cases revoked, the percentage of cases with a failure to appear, and the percentage of cases with a rearrest. The outcomes created for the post-conviction analysis are the percentage of cases with a revocation and the percentage of cases with a rearrest.

### Analysis

To analyze these data, we estimated proportions and standard errors for each of the six outcomes of interest. Because we have proportions only for outcome measures, rather than for treatment effects with a comparison or control group, it is important to control for differences in the composition of cases across districts (e.g., some districts have, on average, higher or lower risk cases, which could be related both to how a district scores on the office review and how that district performs in terms of outcomes). As such, we ran regression models using Stata meta regress.<sup>3</sup>

<sup>3</sup> While the results should be identical to models using WLS in Stata, we chose meta regress because meta regress presents the results in a format that is easier to manipulate and export to additional files

When we ran models predicting pretrial outcomes, the control variables included percentage male, White, charged with a violent offense, charged with a drug offense, charged with a firearm offense, average age, average risk level, and whether the district was a combined district or not. Models estimating the relationships between the office review instruments and post-conviction outcomes included percentage male, White, charged with a violent offense, charged with a drug offense, charged with a firearm offense, average age, and average risk level. We estimated 750 regression models for pretrial (6 outcomes and 125 office review measures and 334 regression models for post-conviction (2 outcomes and 167 office review measures).

## Results

The results of the pretrial regression models indicate that the office review-related measures are statistically significant ( $p \leq .05$ ) in 37, or about 5 percent, of the models. These statistically significant findings are distributed across the six outcomes, with about half of the relationships being negative and about half being positive. Given the pattern of results, the sheer number of statistical tests, and the small number of statistically significant relationships, we conclude that these findings are likely due to chance alone. For instance, Figure 1 (next page) provides a visual display of the coefficients plotted against the p-value. A dashed reference line has been added to the chart at a p-value of 0.05. As can be seen from the chart, the overwhelming majority of coefficients—roughly 95 percent—are not significant at  $p \leq .05$ ; similarly, most of the coefficients deviate only slightly from a value of zero.

Regression models predicting the post-conviction outcomes reveal a nearly identical trend. One hundred and sixty-seven models were run for each of the two post-conviction outcomes (rearrest and revocation). This process generated 334 regression coefficients of interest. Of those 334 regression coefficients, only 19 (again roughly 5 percent) were significant at the  $p \leq .05$  level. Further, of those 19 coefficients, 5 are positively related to a post-conviction outcome and 14 are negatively related. Most (12) are related to revocation. And similar to the results seen in Figure 1, those in Figure 2 indicate that almost 95 percent of the coefficients are not statistically significant at the  $p \leq .05$ , and the coefficients values rarely deviate statistically from zero.

for subsequent analysis.

<sup>2</sup> There are 167 benchmarks that relate to post-conviction operations and 125 benchmarks that relate to pretrial operations. These figures include the individual items, domain scores, and overall scores. There is some overlap between these two sets of benchmarks (e.g., risk domains like antisocial attitudes, alcohol/substance use problems, and employment).

### Discussion

When it comes to the criminal justice system, making sure that policies and practices are doing what they were intended to do is both important and difficult (Pickett, 2019). To be sure, it is important to determine whether agencies are living up to their charge and to hold them accountable—and to make the necessary changes—when they are not. And that is certainly the case with federal probation

district office reviews, where such reviews were intended to identify potential threats to public safety and to help probation offices reduce recidivism and other key probation outcomes. But did these reviews actually do that? Based on our analyses of data from 69 district office reviews and over 160,000 offenders under their supervision, three conclusions are warranted.

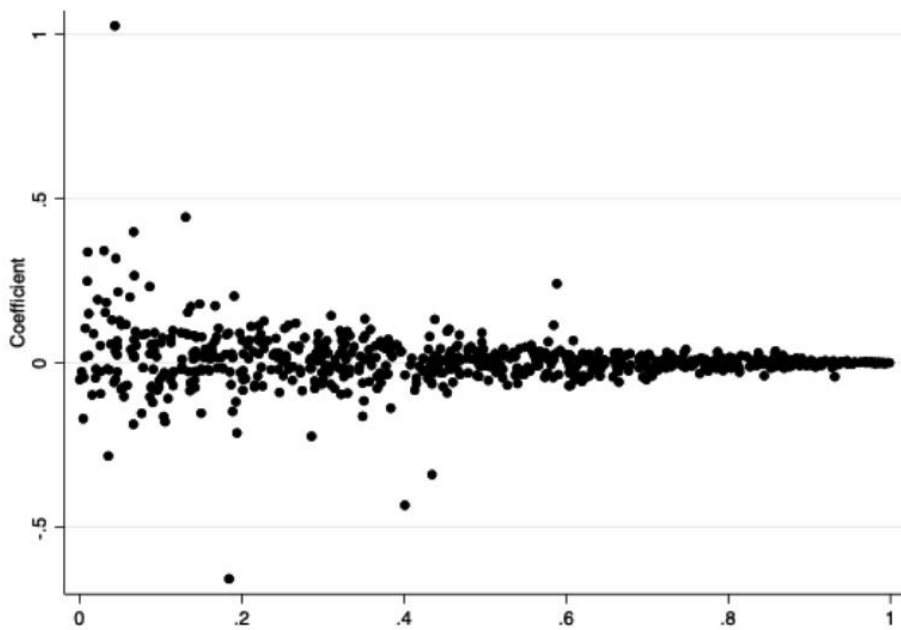
First, the scores on the office reviews failed

to consistently predict any of the outcomes we assessed. Indeed, from rates of revocation to rearrest, the office review instrument scores were unrelated to district outcomes. So for these key outcomes, office reviews fell well short of what they were intended to do. Now granted, this is the first attempt at linking office reviews to outcomes in the federal system, so we assume that a learning curve is likely in place and that it is possible that such reviews have improved over time. Nevertheless, the results we have presented here do not paint much of a positive picture of the effectiveness of such reviews when it comes to the kinds of outcomes—like recidivism rates—that the public tends to be most concerned about (Petrich et al., 2021). Two obvious potential explanations prevail whenever any instrument or system does not predict the intended outcome(s): either the instrument measures “the right” things but is being done incorrectly, or the instrument is measuring “the wrong” things, in which case how well it is being done does not matter. In the current instance, under the assumption the results presented above have validity, a re-examination of the office review content and process is in order, if the objective is to differentiate sufficiently effective districts from less effective districts and aid the improvement of the less effective ones. Ideally, the office review process would produce a quantitative measure of a district’s effectiveness and would in turn identify improvements that can be made and benchmarks to work toward.

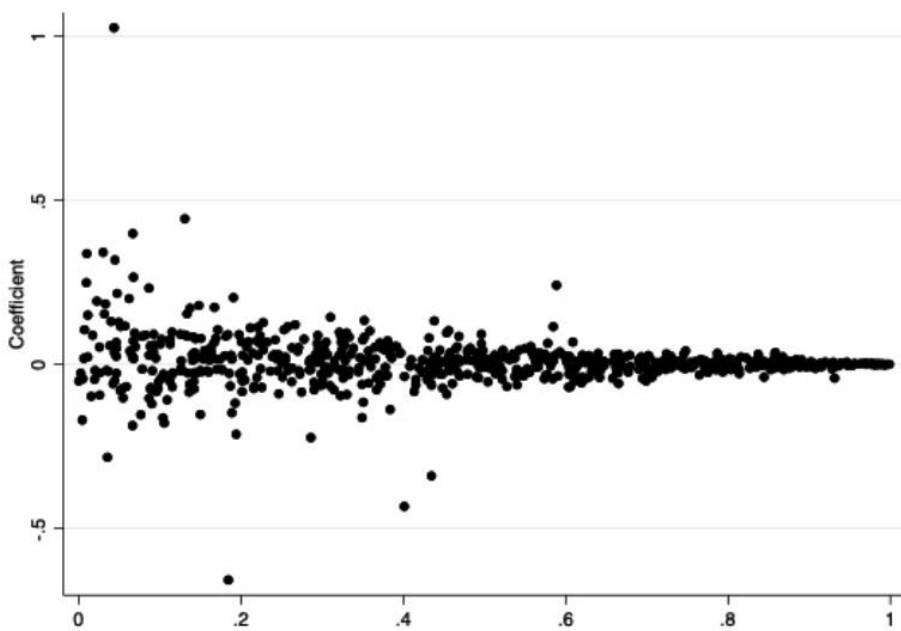
Nevertheless, our second conclusion is that it is important to note that systems of accountability—like these office reviews—serve other administrative purposes beyond their potential to influence things like revocation and recidivism rates. For instance, it is often necessary politically to have a system of accountability in place when it comes to law enforcement to preserve a sense of “legitimacy”—that is, the belief that the exercise of power is right and proper (Zelditch, 2006)—with respect to the justice system in general (McLean, Wolfe, & Pratt, 2019). Further, there is administrative value in measuring process, procedure, and output/activity. Even if the office reviews were ineffective when it came to the outcomes we examined here, there is a structure in place that, if changes are made, could perhaps enhance the effectiveness of these reviews. In their current state, however, effectiveness (measured in terms of accountability and public safety) is nonexistent.

And to that end, our third conclusion is that concrete changes can and should be made

**FIGURE 1.** Scatter plot coefficients and p-values for pretrial measures and outcomes.



**FIGURE 2.** Scatter plot coefficients and p-values for post-conviction measures and outcomes.



in the future to the office review process to make them more effective. For example, we should quickly note that there are no known psychometric properties of the office review instrument, and the instrument itself fails to adequately capture the known correlates of program effectiveness (see, e.g., Lowenkamp, Latessa, & Holsinger, 2006; Wright et al., 2012). A solid next step, then, would be to develop (or adopt) an office review instrument that adheres to what is currently known regarding effective behavioral interventions within a community supervision environment. A number of options already exist that could serve as models, such as the Canadian Risk-Need-Responsivity (RNR) model of corrections (Andrews & Dowden, 2007), the Community Corrections Score Card (Serin, Lowenkamp, & Bourgon, 2021), or even the other instruments that the office reviews have had a hand in creating already (e.g., PCRA, STARR, CNVC).

The bottom line is that precedents exist for doing better, and there is nothing stopping the federal probation system from making improvements. The process could be straightforward: determine what the most important outcomes for pretrial are (e.g., are they maximizing release rates, and/or ensuring appearance in court, and/or minimizing rearrest during pretrial release?) and then identify and test measures that could be associated with obtaining those outcomes in pretrial settings. Special attention can and should be devoted to the psychometric properties of the new office review process and instrument, including indicators of internal consistency, interrater reliability, and validity. And it will be critical to make sure that districts are able to access the office review instrument in order to self-assess their progress.

This study was instrumental in helping to inform the AO of the performance of national oversight activities in relation to system outcomes. Additionally, system-wide feedback pertaining to office reviews further persuaded the AO to reconsider the long-held and institutionalized processes and procedures governing office reviews. Within the AO, efforts to redesign a national oversight model are underway and will be guided by research and data. The AO is committed to ensuring that national oversight of the federal probation and pretrial services system is guided by the use of evidence-based practices and related research that aims to improve system outcomes. When considering the very question that prompted this study—“whether office reviews in the federal probation and pretrial services system do

what they were intended to do”—perhaps “not yet,” but the AO is on a journey to get there.

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# Supervising Officers in an Evidence-Based Environment: The Role of the Supervisor as a Coach and Officers as Change Agents<sup>1</sup>

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**IN FEDERAL PROBATION** and pretrial services, evidence-based practices (EBPs) are being implemented at a rapid rate. Most EBPs are based on the widely researched and empirically grounded Risk-Need-Responsivity model (see Bonta & Andrews, 2017). From risk-needs assessments to training probation and pretrial services officers in core correctional practices, these RNR evidence-based practices continue to be invested in by community corrections agencies throughout the world (Bonta, 2023). These implementation

efforts have largely focused on frontline probation and pretrial services officers who deal directly with the clients under their supervision; less is known of the role and impact of the supervisors of these front-line officers.

In the past decade, much effort has been invested in training probation officers (and, in the federal system, pretrial services officers) in core correctional practices through programs such as STICS (Strategic Training Initiative in Community Supervision), STARR (Staff Training Aimed at Reducing Rearrest, used as part of federal probation's commitment to core correctional practices), and EPICS (Effective Practices in Community Supervision) (Toronjo, 2020). The research evidence around these efforts shows that these training programs can be effective in improving officer skills surrounding adherence to core correctional practices and risk-need-responsivity principles and suggests that they can, if implemented correctly and used with fidelity, reduce recidivism rates (see Bonta, 2023, for a review). These training programs provide intensive initial training and ongoing coaching to officers. They employ a peer-based

coaching model for officers, as supervisors generally don't engage in change work directly with clients and often do not provide coaching and feedback to their officers on the use of EBPs. In the federal system, much of the implementation efforts for STARR have involved training frontline officers, providing them with empirical information on the purpose and reasoning behind EBPs and opportunities to practice and develop their skills in using EBPs. Officers are responsible for capturing EBPs in information management systems by documenting risk assessment results, developing case plans, detailing interventions, and describing supervision strategies targeting criminogenic needs.

Supervisors have acquired some knowledge of EBPs through other training; however, when the Administrative Office of the U.S. Courts (AO) rolled out the STARR program to officers, supervisors were not factored in as participants. Typically, supervisors were expected to support and encourage officers to use and develop their skills and incorporate these EBPs into their everyday work, facilitating the implementation of the EBPs

<sup>1</sup> We wish to express our gratitude to all participants, faculty members, and others who have been involved with the FJC's SOEBE program over the years. Their input and feedback have helped shape the program into what it is today. We want to acknowledge, especially, the work of FJC Senior Education Specialist Susana Merchant, who led the design, development, and implementation of SOEBE until her retirement in 2020. The views expressed herein are those of the authors and are not the views of the Federal Judicial Center or its Board. Correspondence concerning this article should be addressed to Gabriela Grajeda, Thurgood Marshall Federal Judiciary Building, One Columbus Circle NE, Washington, DC 20002-8003. Email: ggrajeda@fjc.gov.

into the organization. Often the supervisors were assigned to track officers' use of STARR skills, but their lack of training in the "what," "why," and "how" of these skills put them at a disadvantage to support officer learning and development and potentially hindered effective implementation of and integration of these EBPs in their daily work. This created a disconnect between what frontline officers were learning in terms of evidence-based client supervision practices and supervisors' knowledge base.

Others in the field have started to recognize the important role supervisory officers play in the implementation of EBPs. Taxman and colleagues have developed an evidence-based model of community supervision practices that focuses on supervisors. The pilot program they developed is Skills for Offender Assessment and Responsivity in New Goals (SOARING2) (Toronjo & Taxman, 2017). Since the pilot, SOARING2 has been revised and is now conducted as Staff Undertaking Skills to Advance Innovation (SUSTAIN) (Toronjo, 2020). In this program, supervisors learn about evidence-based practices and the program material through e-learning modules. Supervisors then attend an in-person training that covers core coaching competencies, interrater reliability in scoring, feedback skills, officer EBP skills, and advanced e-learning module quizzes. Supervisors are trained to become in-house coaches and are responsible for the program's rollout via a "kick-off" meeting where the program process is explained to officers. Following supervisor training, frontline probation officers are expected to complete accompanying e-learning modules focused on evidence-based practices and pass advanced quizzes to progress through the e-learning program. After officers complete the e-learning course, supervisors conduct live observations of officer-client meetings, score the officer on the use of program skills, and provide instant feedback to the officer about the score and the officer-client interaction. The supervisor (coach) and officer then discuss creating goals for ongoing client contacts (Toronjo & Taxman, 2017). Results from offices that piloted SUSTAIN indicate a small but statistically significant improvement in overall officer skill use during their time in the program. However, this statistically significant improvement was not detected for all skill categories, nor was improvement detected for all officers.

The importance of supervisors in EBP implementation has been noted by a number

of implementation scientists (Birken et al., 2018; Bunger et al., 2019; Fixsen et al., 2005). All too often, supervisors' focus is on administrative aspects (paperwork, compliance with policies and procedures) rather than on officers' competency with EBPs, hindering implementation (Fixsen et al., 2007). Indeed, supervisors play different roles during EBP implementation, and it is critical for them to assist officers in integrating EBPs into daily work practices, supporting EBP and their officers, in addition to holding officers accountable and coaching them (Birken, Lee, & Weiner, 2012).

The importance of the role supervisors can play in the development and daily practices of probation officers is highlighted in a qualitative study conducted by Kras et al. (2017). Employing focus group interviews of probation supervisors and probation officers to obtain a better understanding of power dynamics and relationships in a probation setting, Kras et al. (2017) found that probation supervisors are not able to exert their authority on a macro level (e.g., policy changes, agency processes, organizational changes, etc.); rather, they exert their influence at the micro level. One critical influence noted was that the supervisors of probation officers exerted influence through informal methods of case staffing; that is, supervisors have significant influence on officer supervision practices by coaching officers on what they believed to be effective in client supervision and interactions.

Because supervisory officers can play a key role in the development of frontline officers and make or break implementation efforts (Fixsen et al., 2005; Bunger et al., 2019; Birken et al., 2018), the Probation and Pretrial Services Education (PPSE) team within the Federal Judicial Center's (FJC)<sup>2</sup> Education Division saw an opportunity to support the system's integration and implementation of EBPs through its training programs for supervisors.

The PPSE team's then-existing competency-based leadership training programs for supervisors were infused with discussions

<sup>2</sup> The FJC is the research and education agency of the federal courts established by Congress in 1967 as an independent agency within the judicial branch. The FJC's statutory purpose is to further the development and adoption of improved judicial administration in the courts of the United States. The FJC has no policy making or enforcement authority; its role is simply to provide accurate, objective research and education to judicial officers and staff.

about how to lead in an EBP environment in order to better understand how to support supervisors in this endeavor. From December 2012 to January 2014, 650 supervisors participating in the competency-based leadership programs were surveyed on the following questions: (1) What is the role of the supervisor in implementing EBP? (2) What knowledge, skills, and abilities does a supervisor need to be effective? (3) What data do you use to drive decisions? (4) Do supervisors need to have the same level of expertise of STARR techniques as the line staff who engage in these activities, and if not, what do they need to know?

The survey results indicated that supervisors believed their role was to educate themselves about EBP, promote its implementation, and support this new environment by educating staff and obtaining buy-in. To do this, they believed they needed knowledge of EBP and good communication skills to create a more supportive environment for their officers in learning and adopting EBP in their everyday work. The supervisors indicated that the data used to make decisions comes from Probation and Pretrial Services Automated Case Tracking System (PACTS) and Decision Support System (DSS). Supervisors were split on whether they needed the same level of expertise as officers regarding the use of specific evidence-based interventions, such as the ones used in STARR. Overall, it was clear that a gap in supervisor training existed, and the FJC recognized a need for additional supervisor training focusing on supervisors gaining a better understanding of their role and that of the officer in an organization focused on EBP. To address this gap in supervisor training, the FJC's PPSE team and colleagues in the field developed the Supervising Officers in an Evidence-Based Environment (SOEBE) program for supervisory officers in U.S. probation and pretrial services.<sup>3</sup>

<sup>3</sup> The development of the SOEBE program was originally led by FJC Education Specialist Susana Merchant, with the assistance of FJC Education Attorney Jim Chance, FJC program coordinator Olivia Pennock, Dr. Guy Bourgon, and executives, supervisors, and officers in the system: Melissa Alexander, Sean Quintal, Lisa Lenart, Blayne Olson, Michael McGrath, Matthew Kakabeeke, Andrea Neumann, Gina Enriquez, Edward Cameron, Bradley Whitley, Sarah Kirk, Fred Crawford, Anna Pakiela, Christopher Bersch, Scott Kiefer, Kalia Batts, Edwin Rodriguez, Jr., Timothy Genyk, Jessica Hoene, Amy Belland, Jeannette Gonzalez, Alma Lopez, Sharon Reinheimer, and Brett Wingard.

## SOEBE Framework

SOEBE is a 16-month program designed to train supervisors in evidence-based case staffing skills that reinforce officers' use of evidence-based practices in the management of individuals under supervision. SOEBE uses the case staffing process as a space for reinforcement of officers' practices, broadening their knowledge base, and enhancing expertise in applying evidence-based practices and principles into their everyday work with clients. SOEBE teaches supervisors how to engage in discussions with officers on client risk drivers and supervision interventions and strategies to reduce risks. In federal probation and pretrial services, case staffing is a process where a supervisor and an officer meet to discuss the particulars of a case—typically related to administrative management or issues the officer is facing with the case. The SOEBE program is designed to improve this process in a way that facilitates EBP knowledge, integration, and application in everyday work.

The program uses a combination of interactive presentations, discussions, role-plays and in-vivo practice (similar to elements of STARR training) to teach supervisors the knowledge and skills needed to facilitate EBP implementation in the organization and enhance officer development of their own EBP knowledge and application. In addition, SOEBE employs ongoing clinical supervision, feedback, and reinforcement of skills. Such ongoing clinical supervision and development is considered essential for enhanced skill development, fidelity, and effective implementation (Bogue, 2012; Bonta et al., 2011, 2021; Burrell & Rhine, 2013; Labrecque & Smith, 2017; Miller et al., 2004). In essence, SOEBE is designed to work in tandem with STARR in a way that equips the supervisor to develop and reinforce the officer's application of EBP skills (see Figure 1). The SOEBE program facilitators, learning objectives, competencies, and program structure are described below.

### SOEBE Team

The SOEBE program team is responsible for

its administration, and delivery comprises several members. Leading the SOEBE program is the FJC's PPSE Education Specialist Carla Soybel, Program Coordinator Gabriela Grajeda, and Dr. Guy Bourgon, SOEBE's senior consultant. SOEBE also has a faculty, a small group of 15-25 volunteers comprising probation and pretrial services officers, supervisory probation and pretrial services officers, assistant deputy chiefs, and deputy chiefs from various federal districts across the country. Some of the faculty members have been on the SOEBE team since its initial development, while other faculty members have been recruited over the years. All SOEBE team members are provided with continuous training, mentorship, and support.

### Learning Objectives

SOEBE is designed to achieve specific learning objectives. At the conclusion of the program, supervisors should be able to a) listen actively, provide effective feedback, and reinforce officers' efforts; b) apply evidence-based (risk-need-responsivity) principles and help officers connect risk/needs assessment results, case plans, and supervision strategies; c) demonstrate focused discussions on risk drivers and strategies to reduce risk during case staffing and interactions with officers; and d) review case plans to ensure that they reflect evidence-based supervision strategies and that officers are actively seeking to address criminogenic needs and risk drivers.

### Competencies

The FJC's educational programming is competency-based. Competencies are the knowledge, skills, and attributes needed to be successful in a particular position or role. The competency model assumes a developmental approach, recognizing that individuals' learning needs change over the course of their careers. As supervisors are the primary audience for SOEBE, the competencies targeted for them are Continuous Learning, Decision Quality, Employee Development, and Managerial Courage. Continuous Learning

refers to the supervisor pursuing activities to enhance knowledge, build new skills, and hone existing skills. Decision Quality refers to the supervisor using analysis, experience, and judgment to solve problems and make effective decisions. Employee Development refers to the supervisor providing informal and formal opportunities for direct reports to develop their capacity to perform their jobs. Managerial Courage refers to the supervisor speaking honestly and directly and taking action even when the situation is challenging.

Frontline probation and pretrial services officers are the secondary audience benefiting from SOEBE-trained supervisors, and the FJC competencies targeted for them are Supervision for Success, Confidence in Decision Making, Critical Analysis, and Everyday Leadership. Supervision for Success refers to the practice of guiding supervisees toward successful pretrial and post-conviction outcomes. Confidence in Decision Making refers to the ability to make and execute well-reasoned case-related decisions, even when those decisions are difficult or unpopular. Critical Analysis refers to the process of examining information to determine its accuracy, veracity, quality, and value to the court. It requires assessment of motivations, assumptions, and beliefs and the ability to organize and combine information to draw conclusions and form new ideas. Everyday Leadership refers to the ability to motivate and influence others to contribute to achieving the goals of the system and the district.

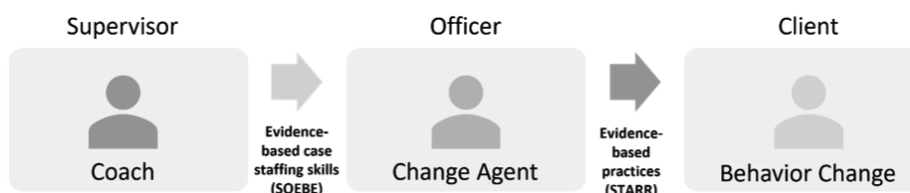
### SOEBE Program Structure

The SOEBE program structure consists of the following components: an application process, a pre-program assessment and report, pre-work, seminar, SOEBE clinical training year, and capstone (see Figure 2 next page).

### Application

Interested U.S. probation and pretrial services offices apply to be selected for the program through a competitive application process. Applicants are required to complete a formal application and include required documentation. In reviewing applications, the SOEBE lead (PPSE education specialist) considers various factors believed to be an ideal environment for supervisors to participate in the SOEBE training. This includes an office's current base knowledge of EBPs, adherence to the risk principle reflected in caseloads, progress in STARR training, the executive team's motivation to establish an evidence-based culture,

**FIGURE 1.**  
The Supervisor-Officer-Client Connection



and a track record of using data to drive decisions. The SOEBE lead and supporting FJC staff make the final selection of the district(s) that will participate in SOEBE. SOEBE is fully funded by the FJC and comes at no cost to the participating office.

*Assessment and Report (“Pre-visit”)*

Once selected, an on-site pre-visit takes place over two days. A SOEBE team consisting of the lead PPSE education specialist, program coordinator, consultant, and peer faculty conduct an in-district assessment of the office and supervisors’ needs. This includes observation of the office’s use of evidence-based practices, one-on-one discussions with office leaders and staff, separate focus groups for officers and supervisors, as well as direct observations of present case staffing practices. This assessment provides the SOEBE team with additional information needed to prepare and customize the SOEBE seminar to best meet the needs of the district.

*Pre-work*

Office leadership and supervisors are assigned customized pre-work to complete before the FJC returns to deliver the SOEBE seminar and are designed to prime leadership and supervisors for what they will be learning during the seminar. The pre-work typically consists of short written assignments related to EBP literature, implementation, program objectives, competencies, and assessment results. For the leadership group, completed assignments are discussed prior to the seminar; for the supervisors, completed assignments are discussed during a session at the seminar.

*SOEBE Seminar (“Full Visit”)*

The SOEBE Seminar marks the beginning of the one-year training period. The SOEBE team, consisting of the lead PPSE education specialist, program coordinator, consultant, and

program faculty, conduct a three-and-a-half day in-district training for all staff (executive leadership, supervisors, and officers). The seminar is designed to engage all levels of the organization as well as ensure that all staff understand the part each plays in implementing and supporting the SOEBE program.

General training themes consist of the risk-need-responsivity (RNR) model, connecting risk and needs assessment to case planning and officer supervision strategies. In addition, all staff are introduced to and trained in a SOEBE case staffing structure and its elements. This structure and elements were first developed by Susana Merchant (retired FJC Education Specialist), Edward Cameron (Supervisory U.S. Probation Officer), and Bradley Whitley (Deputy Chief U.S. Probation Officer) and have undergone revisions over the years under the guidance of Dr. Guy Bourgon and the SOEBE team.<sup>4</sup> Supervisors are trained in a specific set of coaching skills (i.e., active listening, feedback, reinforcement, and use of different types of questions). At this point, supervisors are introduced to their individual SOEBE coaching team, each composed of a line officer and supervisor from the program’s peer faculty. The final day of the seminar consists of clinical practice of the SOEBE case staffing structure with officers under the guidance of their SOEBE coaches who provide immediate feedback.

<sup>4</sup> The Elements of an Evidence-Based Case Staffing and The Elements of a Professional Development Conversation are the principal guiding documents used in the SOEBE program. These documents describe the structure of the supervisor-officer interaction and the evidence-based elements used in the case staffing and professional development conversation (PDC). The structure is made up of three stages, and within each stage, there are evidence-based elements to ensure the goals of continuous professional development, empirically supported decisions, and supervision work driven by evidence to reduce risk and reoffending are met.

*SOEBE Year*

Supervisors and peer faculty engage in a 12-month clinical coaching period. Supervisors submit a minimum of one audio-recorded case staffing each month. Peer faculty listen to the recordings, code them using a specifically designed rating form based on the elements, and provide coaching and feedback to the supervisor. During this period, virtual quarterly booster sessions take place with supervisors and leadership, and virtual bi-annual boosters take place with all staff. It is during this 12-month period that the SOEBE team works to continuously improve supervisors’ evidence-based case staffing skills that reinforce officers’ community supervision practices and assist the district in its implementation and integration of SOEBE into daily work.

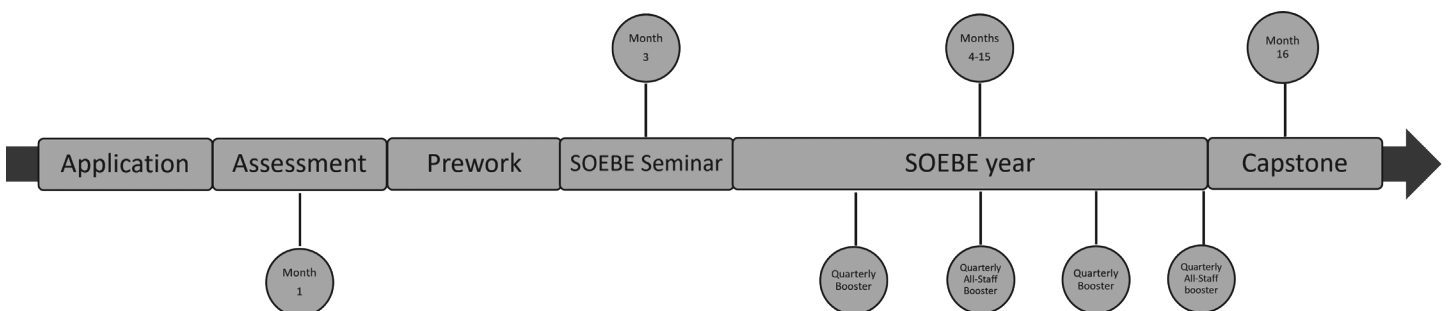
*Capstone*

At the end of the training year, the SOEBE team conducts a three-day out-of-district capstone seminar for the participating district’s leadership and supervisors. The primary purpose of the capstone is to discuss progress over the year and to finalize plans for sustaining SOEBE and the supervisors’ new skills going forward. While the FJC’s SOEBE team members are available to districts after they complete the program, this capstone formally marks the end of the SOEBE team’s work with the district and the beginning of the district’s journey in sustaining supervisor skills.

**SOEBE Implementation Results to Date**

Since the program was introduced in 2014, SOEBE has been implemented in 10 of 113 U.S. probation and pretrial services offices, training a total of 67 supervisors. The COVID-19 pandemic halted the FJC’s in-person programming and interrupted SOEBE’s regular schedule in fiscal year (FY) 2021. The 11th district began its participation

**FIGURE 2.**  
**SOEBE Components and Timeline**



in FY 2022, and the 12th district in FY 2023.

SOEBE collects various data (e.g., surveys, ratings of quality of case staffing, and participant feedback) throughout the course of a district’s involvement; however, due to SOEBE’s continual adjustments, data collection has been somewhat inconsistent. One key data source has been the Coding Form for Case Staffing Recordings specifically tailored to post-conviction supervision and pretrial supervision (see Appendix 1). This data collection rating form consists of 10 items that require raters, usually the two coaches assigned to coach that supervisor, to code the quality of discussions during the case staffing. Four items cover the context of the case staffing, with items evaluating adherence to the (1) risk principle, (2) need principle, (3) responsivity principle, and (4) sentence administration considerations. Three items evaluate the quality of discussions regarding change work/client responsiveness, including (5) external activities such as treatment programs and controlling strategies (e.g., urine testing), (6) the officer’s change-agent work during face-to-face interactions with the client (e.g., STARR techniques such as the Cog Model, reinforcement, disapproval, skill building, homework), and (7) client progress to reduce risk and address needs. Two items evaluate the professional development environment, including (8) collaboration, respectfulness, and professionalism of the interpersonal environment and (9) the professional development learning. The final item (10) evaluates the overall quality of the case staffing that values an EBP change-agent approach to supervision.

SOEBE was initially piloted with two districts in 2014 and implemented with three more districts from 2015 to 2017. Substantial revisions to the program and coding documents were completed in 2017 to improve accuracy and reliability. Three quarterly faculty training sessions on coding the form were conducted in 2017. These training sessions required faculty members to independently listen to and code the same case staffing recording followed by group discussion of their ratings. By the final faculty training, ratings on this form had become consistent in that all faculty members were rating every item within a half-point of each other. To maintain consistency, each year during annual faculty boosters, three or four recordings are coded independently and discussed with the group to ensure reliability.<sup>5</sup>

<sup>5</sup> During the faculty training sessions on inter-rater reliability, faculty blindly rated the case

Data from the five districts that participated in SOEBE from 2018 to 2020 that were rated on the revised 2017 version of the Coding Form for Case Staffing Recordings were selected to evaluate the changes in quality of case staffing following training. This included a total of 556 coded recordings from 37 supervisors. Each supervisor had multiple recordings across varying time periods, but not every supervisor had submitted the same number of recordings at set time periods. The following method was used to provide a stable measure for each supervisor across three separate time periods. Pre-SOEBE scores were based on average ratings for each of the items on case staffing recordings done at the Assessment and Report period (the “Pre-Visit”) prior to the SOEBE seminar. Post-SOEBE scores were based on the average ratings for each item on the first three case staffing recordings completed within five months of the seminar. Final SOEBE scores were based on the average ratings for each item on the last three case staffing recordings completed at least eight months after the seminar.

To be included in the analysis, the supervisor needed to have at least one pre-SOEBE staffing recordings. During the coaching year, faculty receive and code tapes in the order they are submitted. The authors acknowledge it’s possible that there is an unconscious bias in ratings in the predicted direction; however, this training was done to counteract that bias and ensure that faculty are rating consistently across all recordings.

**Table 1.**  
**Means and Standard Deviations of Case Staffing Recordings at Pre-SOEBE, Post-SOEBE1, and Final SOEBE2 for 26 Supervisors**

Rated item description of the quality of SOEBE Case Staffing	Pre-SOEBE M (SD)	Post-SOEBE M (SD)	Final SOEBE M (SD)
1. Risk principle considered?	2.31 (1.04)	3.39 (0.68)	3.87 (0.60)
2. Need Principle considered?	2.44 (0.84)	3.45 (0.73)	4.06 (0.67)
3. Responsivity considered?	1.81 (0.91)	2.89 (0.87)	3.54 (0.77)
4. Sentence administration issues?	2.71 (1.02)	3.45 (0.66)	4.08 (0.50)
5. External supervision strategies?	2.71 (0.98)	3.35 (0.68)	4.02 (0.59)
6. Officer’s change work?	2.31 (1.11)	3.11 (0.98)	3.79 (0.65)
7. Client engagement and progress?	2.02 (0.89)	3.04 (0.70)	3.80 (0.59)
8. Case staffing environment?	2.77 (0.91)	3.69 (0.76)	4.26 (0.55)
9. Professional development work?	2.42 (0.82)	3.28 (0.72)	4.04 (0.56)
10. Quality of SOEBE case staffing?	2.29 (0.71)	3.21 (0.73)	3.97 (0.56)

NOTE: Post-SOEBE recordings were the first three recordings following SOEBE seminar. Final SOEBE recordings were the last 3 recordings at least eight months or longer following the SOEBE seminar. MANOVA revealed significant differences across all three time periods with follow up analysis of variance (ANOVA) indicating significant differences for all 10 items (p < .001). Post-hoc comparisons with Bonferroni correction (p < .05) found the three time periods were significantly different on all 10 items (i.e., Pre-SOEBE < Post-SOEBE < Final SOEBE).

recording, three post-SOEBE recordings all within five months of the seminar, and three final SOEBE recordings all at least eight months post-seminar. As a result, 26 supervisors from four districts with a total of 182 recordings were collapsed for analysis. All 182 recordings were averaged as described above to create Pre-SOEBE, Post-SOEBE and Final SOEBE scores for each of the 26 supervisors. Table 1 presents the mean and standard deviations (N = 26) of the average scores of all 10 items for the three periods. A repeated measures multivariate analysis of variance (MANOVA) revealed significant (p < .001) differences between the three time periods and on all 10 items. Post-hoc comparisons with Bonferroni correction found significant differences (p < .05) between all time periods on all 10 items. These results show that supervisors significantly increased the quality of case staffing across all items from Pre-SOEBE to Post-SOEBE and from Post-SOEBE to Final SOEBE, illustrating the efficacy of SOEBE to improve case staffing quality and supervisor coaching skills.

### SOEBE Updates

Since its inception, SOEBE has continuously evolved, incorporating feedback received from faculty and participants and lessons learned from the work conducted with each district. Perhaps the most glaring omission in the original program was a lack of a holistic organizational approach that facilitated

sustainability following the SOEBE involvement. Those districts that participated in SOEBE during the early years noted that sustaining the program and its approach was difficult and challenging with staff turnover; they experienced difficulty mentoring and training new supervisors in the SOEBE methods. Supervisors noted that policy and mandated practices as well as the demands of program audit requirements often conflict with SOEBE methods. In addition, chiefs were requesting that presentence investigation supervisors also be included in SOEBE. Considering this feedback, SOEBE continues to evolve and explore how the SOEBE program can accommodate and address these concerns. The following components have been piloted recently.

#### *Presentence Investigation*

Originally SOEBE was only offered to post-conviction and pretrial services supervisors. In 2021, FJC staff and program faculty discussed how to best incorporate presentence investigation supervisory probation officers into the program. By mid-2022, a plan was in place to integrate presentence investigation supervisors into the program, and this approach is being piloted with the 11th and 12th SOEBE districts. Feedback from those working in presentence units indicated that, unlike pretrial and post-conviction supervision, it is uncommon to conduct a traditional face-to-face case staffing; rather, supervisor feedback is provided in written communication and focuses almost exclusively on the content, sentencing recommendations, and writing style within the completed presentence report. To develop a SOEBE-type supervisor-officer face-to-face interaction with a focus on professional development of the officer's knowledge, skills, and application of EBPs, the SOEBE team developed a "professional development conversation" or PDC structure and corresponding Coding Form for PDC Recordings (available from the authors). Initially, PDCs were recommended to occur after a presentence investigation report had been submitted to court, due to the time constraints typical of a presentence report request. This allows the supervisor and officer to engage in discussions about a client-focused approach on the application of RNR principles, EBP, and the development of a holistic correctional plan without the distraction of deadlines and other issues requiring immediate attention in the report. The reasoning was that enhanced knowledge and appreciation of the application

of RNR principles, EBP, and the integration of this into a holistic correctional plan would influence presentence reports in the future.

#### *The Involvement of Leadership with a Focus on Post-Program Sustainability*

In 2022, during the faculty development program that finalized plans to integrate presentence supervisors into the SOEBE program, the SOEBE team dedicated time and attention to SOEBE's approach to sustainability and its efforts with the district's leadership (i.e., chief, deputy chief, and assistant deputy chief). Up until then, discussions with leadership had been generally informal regarding the progress of the supervisors and organizational culture. More focused discussions about ongoing implementation and sustainability were reserved for the SOEBE capstone. Based on feedback received from districts that participated in SOEBE in the years prior, it was evident that sustainability planning was addressed far too late in the process. Drawing from literature on organizational change (Tapia & Walker, 2020), SOEBE developed a more structured and tailored set of activities for leadership. During the year of SOEBE training within a district, leaders participate in virtual coaching sessions on their role and responsibilities in successful implementation and sustainability, learning about implementation principles, and practically applying these principles to their own organization. These learning activities are currently being piloted in two districts.

#### *SOEBE Learning Cohort*

One of the challenges districts have faced in sustaining SOEBE principles is turnover among supervisors. Supervisors have retired or left a district during the SOEBE year or after its completion. In working with the 11th district beginning in 2022, the FJC team and leadership of the district decided to design a specific track for training senior officers in SOEBE as a means of succession planning, referred to as a SOEBE learning cohort. This group-based learning provides officers with an opportunity to be exposed to and receive coaching in SOEBE's supervisory evidence-based case staffing skills as a professional development opportunity. The participants work in pairs, one acting as a supervisor and the other as an officer, and they record the case staffing on an actual present case. They then reverse roles and complete a recording on a different case. Each month, one pair of participants completes these recordings, and

the rest of the learning cohort participants listen to the recordings. During the virtual class, facilitated by two SOEBE team members, everyone provides feedback and coaching to the pair. This learning cohort continues monthly for the SOEBE year. The intention is for SOEBE to provide the district with some "bench strength," that is, SOEBE-trained officers who are not supervisors now, and further infuse SOEBE into the culture of the organization.

#### **Summary**

SOEBE initially started out as a training program for supervisors. To facilitate the use of evidence-based principles and practices, SOEBE was designed to provide the knowledge and coaching skills needed for supervisors to improve the implementation of EBPs within the organization as well as enhance EBP fidelity in practice for the federal probation and pretrial services system. Over the last eight years, SOEBE has evolved as a response to feedback from participants who have highlighted the common challenges associated with implementing EBP in community corrections (Bonta, 2023; Bourgon, 2013, Bourgon et al., 2010, Leal & Walker, 2022). As a result, SOEBE's involvement with a district now incorporates structured learning activities to assist leadership with its roles and responsibilities in implementation and sustainability of evidence-based practices and invest resources in developing non-supervisory individuals in the organization to facilitate succession planning; in addition, it has expanded its training to supervisors whose primary focus is conducting and preparing presentence reports. The results of quality ratings of recordings of case staffing showed that supervisors, in their discussions with officers about the clients under their supervision, significantly enhanced discussions about the application of evidence-based principles and practices. Notwithstanding these promising results, SOEBE is a resource-rich program requiring considerable human and financial resources to conduct lengthy involvement with a district. Although supervisors, officers, and leadership have provided positive feedback regarding SOEBE, further research will be required to determine whether the changes noted during supervisor-officer case discussions translate into other key outcomes, such as enhanced evidence-based supervision practices of the officer, improved office culture and climate, and reduced reoffending.

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## Appendix

### FEDERAL JUDICIAL CENTER

#### SUPERVISING OFFICERS IN AN EVIDENCE-BASED ENVIRONMENT



## CODING FORM FOR CASE STAFFING RECORDINGS Post-Conviction/Pretrial

SUSPO NAME	
DISTRICT	
DATE OF RECORDING	
FACULTY COMPLETING CODING	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>

### **INSTRUCTIONS:**

This form is to be completed only after you have listened to the case staffing, prepared the notes/ feedback for your SUSPO. Once that is done, rate the case staffing by circling a coding from 1 (low quality) to 5 (high quality) and adding comments on the following items. Based on prepared feedback, please submit the coding form to Teams.

Note: If two faculty members have listened to and provided feedback on the case staffing, complete these codings as a team (use a consensus coding of the two) if possible and submit the completed form to Teams.



**CONTEXT OF CASE STAFFING**

1. Do the supervisor and the officer demonstrate they are adequately and appropriately considering the risk to reoffend as a primary guiding principle throughout the case staffing?

1	2	3	4	5
Apparent that risk is not considered and/or only given lip service as a guiding principle in the supervision of the client.		Some consideration of risk in EITHER controlling OR change strategies, improvement needed in depth and/or integration.		Clearly apparent that risk level is considered and understood (dosage appropriate) for BOTH controlling strategies AND change strategies.
<u>Comments:</u>				

2. Do the supervisor and the officer demonstrate they are adequately and appropriately considering the criminogenic needs (aka dynamic risk factors) as a primary guiding principle throughout the case staffing?

1	2	3	4	5
Apparent that dynamic risk factors are not considered and/or only given 'lip service' as a guiding principle in the supervision of the client (evident that priority is enforcement/control).		Consideration of dynamic risk factors in EITHER controlling OR change strategies. Inadequate consideration of drivers – how all dynamic factors are inter-related to cause behavior.		Clearly apparent that dynamic risk factors are considered AND drivers are used as guide to both controlling and change strategies.
<u>Comments:</u>				

3. Quality of the discussions regarding the officer's assessment and efforts to increase engagement with the client and help them learn. (Responsivity).

1	2	3	4	5
Apparent that case staffing fails to assess or consider the client's engagement or learning needs.		Some discussion regarding the client's engagement and/or learning needs but no clear strategies in place to address them <u>OR</u> there are strategies in place but they do not match the client's engagement or learning needs.		Clearly apparent that case staffing considers and discusses the client's engagement and/or learning needs and has clear rationale for appropriate strategies in place to address them.
<u>Comments:</u>				

4. Are the consideration and discussion regarding sentence administration issues (e.g., conditions, compliance, UAs, etc.) appropriate and adequate?

1	2	3	4	5
Focuses almost exclusively on sentence administration issues.		Adequate balance of sentence administration and change issues but could have more in-depth discussion and/or exploration of how the two are inter-related, working for and/or against each other.		Clearly apparent that sentence administration issues are emphasized appropriately in staffing based on complexity/severity and balanced with change emphasis (just right).
<u>Comments:</u>				

**CHANGE WORK/CLIENT RESPONSIVENESS**

5. The quality of the discussions and considerations of external activities (e.g., controlling strategies and treatment resources).

1	2	3	4	5
Little understanding demonstrated how external activities are facilitating client's change in criminogenic needs.		Some consideration how external activities contribute to stepwise change in client behavior and/or thinking.		Clear understanding how external activities support and facilitate stepwise change in client behavior and thinking.
<p><u>Comments:</u></p>				

6. The quality of discussions and understanding of and rationale for the officer's change efforts (e.g., basic process of facilitating change from relationships, building foundations, and personal application of what has been learned) during supervision events (i.e., office/home/virtual visits).

1	2	3	4	5
Few, if any or superficial discussion of rationale for officer's face-to-face behaviors with client (e.g., STARR) that promote change.		Some discussions of rationale for officer's face-to-face behaviors with client (e.g., STARR) that promote change.		In depth discussions of rationale for officer's face-to-face behaviors with client (e.g., STARR) that promote change.
<p><u>Comments:</u></p>				

7. Quality of discussions regarding person under supervision’s progress in reducing risk and/or addressing dynamic risk factors. (May include client’s perspective of assessment, collaborative relationship building, client goals, client learning, and/or client application of what is being learned from small baby steps accomplished and/or officer-client work plans in the short term.)

1	2	3	4	5
Few, if any or superficial discussion of client’s response to change efforts (e.g., engagement, learning, and personal application).		Some discussions of client’s response to change efforts (e.g., engagement, learning, and personal application).		In depth discussions of client’s response to change efforts with clear links to engagement, learning, and personal application.
<u>Comments:</u>				

**CREATING OPTIMAL PROFESSIONAL DEVELOPMENT ENVIRONMENT**

8. Quality of the collaborative, respectful, and professional environment established by the supervisor throughout the case staffing via verbal and nonverbal communication, asking open-ended questions, demonstrating curiosity, etc.

1	2	3	4	5
Not very collaborative, with it being primarily a one-sided conversation with little exploration, reinforcement, or feedback.		About average for collaboration, contributions for officer and supervisor but could have done more.		Very collaborative, respectful, and professional discussion with supervisor and officer significantly contributing.
<u>Comments:</u>				

9. The quality of the professional development demonstrated throughout the course of the case staffing in terms of effective reinforcement, utilizing teachable/ coachable moments, collaborative problem solving, providing time and space for officer reflection and awareness.

1	2	3	4	5
Primarily a review of existing case, more a case audit than professional development of "change agent" work.		Some degree of professional development of "change agent" but could have done more. Reinforcement apparent, but did not observe a "teachable/ coachable moment.		High degree of professional development demonstrated, collaborative, reinforcement, and at least one identifiable "teachable/ coachable moment."
<u>Comments:</u>				

**OVERALL ASSESSMENT**

10. The overall quality of the Case Staffing to assist, support, teach, reinforce, and/or facilitate the officer taking on an active "Change Agent Role" with this client.

1	2	3	4	5
A poor example of EBP case staffing. More emphasis on completing forms, timelines, and other administrative tasks. "Old" way of doing case staffing.		A moderate or average EBP case staffing with room for improvement. Some elements are good and others are missing.		An excellent example of EBP case staffing. Emphasis on EBP principles and their application to supervision of client, and the officer and SUSPO growing in EBP knowledge.
<u>Comments:</u>				
<u>Feedback provided to SUSPO:</u>				

# Federal Post-Conviction Supervision Outcomes: Rearrests and Revocations

James L. Johnson  
Probation and Pretrial Services Office  
Administrative Office of the U.S. Courts

**THE MISSION OF** the federal probation and pretrial services system is twofold: (1) protect the community and (2) assist in the fair administration of justice. To protect the community, post-conviction supervision aims to reduce the risk of persons under supervision committing new crimes and to maximize the success of persons under supervision both during and after a period of supervision.<sup>1</sup> Because long-term protection of the community entails individuals' continued desistance from crime beyond the completion of a supervision term, developing long-term behavior change is a key component of effective community supervision.<sup>2</sup>

In 2004, the Administrative Office of the U.S. Courts (AO), Probation and Pretrial Services Office (PPSO), undertook a strategic effort to become a results-based system. Since then, we have developed a framework that allows apples-to-apples comparisons of observed outcomes over time and across the 94 federal probation and pretrial services districts. This framework allows us to pursue the

system's stated commitment to measure indicators that speak directly and precisely to its goals and to communicate the results. In addition, PPSO provides annual reports to chief and deputy chief probation officers of arrest and revocation rates, and those statistics are placed in the context of national and circuit statistics.

Data presented in this article are based on federal community supervision terms that commenced between October 1, 2011, and September 30, 2022, and outcomes were observed through September 30, 2022.<sup>3</sup> A term of supervision refers to a *continuous period* in which an individual is actively supervised<sup>4</sup> in the federal probation and pretrial services system. Data were assembled from PPSO's internal case management database system (Probation and Pretrial Services Automated Case Tracking System or PACTS)

<sup>3</sup> Arrest data were acquired through ATLAS (Access to Law Enforcement Systems) a web-based application used by the probation and pretrial services system to access criminal history information for individuals under supervision. Criminal history records were run through ATLAS from November 18, 2022, through December 22, 2022.

<sup>4</sup> When an individual is physically or legally unavailable for supervision, the case is categorized as inactive in PACTS. An inactive status can also apply to concurrent terms of supervision when a primary active supervision already exists.

and other extant data sources (e.g., BOP, FBI criminal history, ATLAS, and OPERA). The study cohort comprises 527,081 individuals serving either a term of probation or a term of supervised release (TSR)<sup>5</sup> and excludes those who were deported, those whose supervision terms began and ended on the same day, those with pending charges, and those otherwise unavailable for supervision. This article examines criminal recidivism of persons under supervision for terms up to 60 months, as well as up to three years for individuals who have completed a term of supervision.

## Defining Criminal Recidivism

Criminal recidivism is defined as the *first* arrest for a *serious* criminal offense during supervision and post-supervision. Although individuals may have had multiple arrests during the study time period, only the first arrest was counted as a recidivism event. In addition, individuals may have had multiple arrests on the same day; in that case, the most serious charge was selected, using the National Crime Information Center (NCIC) codes. The NCIC codes are in order of seriousness, and this ordering was used to

<sup>5</sup> There are other types of supervision cases (e.g., parole, military parole), but these cases represent a small percentage of supervision cases and were therefore excluded from the analysis.

<sup>1</sup> *Guide to Judiciary Policy*, Volume 8, Part E, The Supervision of Federal Individuals (Monograph 109).

<sup>2</sup> Baber, Laura. "Results-based Framework for Post-Conviction Supervision Recidivism Analysis." *Federal Probation* 74(3), 5-10, December 2010. Washington, DC: Administrative Office of the U.S. Courts.

select the most serious offense when there were multiple arrests on the same day.

All crimes are considered serious for the probation and pretrial services system, especially those that are committed by persons under community supervision. Nevertheless, the criminal justice system typically classifies a crime as either a felony or misdemeanor based on the level of seriousness. When it comes to identifying the level of seriousness for a crime, states tend to vary in how they report arrests for relatively minor offenses. Such variation has the potential to bias state-by-state comparisons of rearrest rates. Moreover, including these minor offenses in recidivism statistics can inflate arrest rates. Given the variation across states in reporting arrests for minor crimes and the impact of these arrests on arrest rates, only non-minor offenses were counted as recidivistic events. The following offenses were classified as less serious and thus are excluded from the analysis: traffic violations, obstruction of justice, liquor law violations, offenses against public peace, invasion of privacy, and prostitution. Exclusion of minor offenses does not materially understate arrest rates.

*Measuring Criminal Recidivism*

Three measures of criminal recidivism are examined in this article: overall rearrests, rearrests during supervision, and rearrests post-supervision. Results are presented by PCRA (Post-Conviction Risk Assessment) risk level for each measure.

**Overall rearrest rates** are measured by the first rearrest for a non-minor criminal offense within five years of starting a term of supervision. This first rearrest could have occurred either during or after supervision. To be included in the analysis, individuals had to have started supervision five years before September 30, 2022.<sup>6</sup> A total of 242,825 individuals met this criterion. The distribution of time until rearrest is reported across the following observation periods: 3, 6, 12, 18, 24, 36, 48, and 60 months. The sample for these analyses is individuals who were rearrested within five years of starting supervision (N=64,597).

**During supervision, rearrest rates** are measured by the first rearrest for a non-minor criminal offense during the first three years of a federal term of supervision. Rearrest rates are provided for individuals within 3 months, 6 months, 12 months, 18 months, 24 months, 36 months, 48 months, and 60 months of

commencing a term of supervision. To be included in the tabulations for each observational period, individuals had to be sentenced to a supervision term for at least that observation period before September 30, 2022. For example, 12-month rearrest rates include 436,994 individuals who were sentenced to at least 12 months of supervision before September 30, 2022, but may have been on supervision for less than 12 months due to an arrest or revocation (see Table 1).<sup>7</sup> Similarly, to be included in the 24-months rates, individuals had to be sentenced to at least 24 months of supervision before September 30, 2022, and so on. Arrests are cumulative over each observation period, so if Person A was sentenced to 12 months of federal supervision and was arrested after six months, Person A's arrest would be included in the 3-month, 6-month, and 12-month arrest statistics. In comparison, if Person B was sentenced to three months of supervision and was arrested after one month, then Person B's arrest would be included in

<sup>7</sup> Individuals' supervision terms ended for a number of reasons other than a rearrest, including successful completion of their supervision term, a technical revocation of their supervision, death, transfer to another district, or some other reason.

the 3-month arrest statistics but not in the 6-month arrest statistics.

**Post-supervision rearrest rates** are measured by the first rearrest for a non-minor criminal offense within three years after successful completion of a supervision term. The distribution of time until rearrest is provided across the following observation periods: within 3 months, 6 months, 12 months, 18 months, 24 months, and 36 months. In order for individuals to be included in the tabulations for each of these observation periods, they had to be released from supervision for at least that observation period before September 30, 2022. For example, the 12-month rearrest rate includes 222,708 individuals who could be observed for 12 months post-supervision release: in other words, those who successfully completed supervision before September 30, 2021 (see Table 2). Arrests are cumulative over each observation period.

**Defining Revocations**

Individuals may be revoked during their supervision for new criminal activity or for a technical violation of the conditions of supervision. Revocation rates are examined using

**TABLE 1.**  
**Individuals Included in Analysis of Rearrests During Supervision**

Time to Rearrest	All*	PCRA Risk-Level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	475,528	138,230	169,153	113,487	45,467
6 mos.	471,051	136,758	167,905	112,533	44,990
12 mos.	436,994	122,482	158,043	106,755	42,214
18 mos.	372,840	103,724	137,018	90,895	35,606
24 mos.	349,730	95,913	128,898	86,179	33,560
36 mos.	235,287	63,881	89,764	57,796	21,160

\* Includes cases with a missing PCRA score.

**TABLE 2.**  
**Individuals in Analysis of Rearrests Post-Supervision**

Time to Rearrest	All*	PCRA Risk-Level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	243,931	103,586	92,071	38,216	8,226
6 mos.	236,994	101,149	89,319	36,808	7,944
12 mos.	222,708	96,043	83,660	34,034	7,302
18 mos.	208,529	91,060	77,952	31,265	6,723
24 mos.	193,290	85,508	71,868	28,365	6,134
36 mos.	162,290	73,147	59,748	23,242	5,059

\* Includes cases with a missing PCRA score.

<sup>6</sup> September 30 marks the end of the federal fiscal year, which begins on October 1.

the following three measures:

- **Overall revocation rate:** revocations for both new criminal activity and technical violations.
- **Revocation for new crimes:** revocations for any new criminal offense, regardless of seriousness.
- **Revocation for technical violations:** revocations for failure to comply with conditions of supervision mandated by the courts. These violations are not criminal offenses in and of themselves (e.g., failure to complete substance use treatment) and therefore do not result in a new arrest.

Similar to tabulations on rearrests during supervision, revocation rates are provided for individuals for the following observation periods: within 3 months, 6 months, 12 months, 18 months, 24 months, and 36 months. In order for individuals to be included in the tabulations for each of these observation periods, they had to be sentenced to supervision for at least that length of time before the last date they were observed in the data while on supervision (i.e., September 30, 2022).<sup>8</sup> For example, 12-month revocation rates include 437,163 individuals who would have completed at least 12 months of supervision before the last date they were observed in the data according to their supervision sentences imposed by the courts, although they may have been on supervision for less than 12 months because of a new arrest or revocation. Revocations are cumulative over each observation period; therefore, the within-12-month rate includes individuals who were revoked during the “within 3 months” and “within 6 months” observaion periods.

### Defining Failure for Any Reason

Because a rearrest and a revocation can overlap during a term of supervision, measures in Tables 1 and 3 are not additive and cannot be summed together as is. Therefore, these events are combined into a single measure that describes a separate supervision outcome (Table 4):

- **Supervision failure for any reason:** the first rearrest or revocation that occurs within the first three years of starting a federal supervision term, regardless of whether both events eventually occur, i.e., where a rearrest leads to a revocation, whichever is observed first. Both events may occur during a supervision

<sup>8</sup> For each of these observation periods, the length of time individuals had to recidivate during the period varied, ranging from one day to the full observation period.

term, i.e., a rearrest may lead to a revocation for a new crime, but it is the first event that is counted as a supervision failure. Any rearrest, regardless of seriousness, constitutes a failure.

As with the rearrest measures, rates for time until supervision failure for any reason are provided over various observation periods: within 3 months, 6 months, 12 months, 18 months, 24 months, and 36 months.

### Unadjusted and Adjusted Rates

Individuals under supervision are clustered in 94 federal districts, each of which has its own rearrest, revocation, and supervision failure rates. Simple tabulations of these rates may vary for each district for many reasons, including compositional differences of the population of individuals being supervised (such as differences in age or risk level) as well as structural differences in supervision (such as treatment programs or policies). This article includes both “unadjusted” and “adjusted” rearrest and revocation rates. The rearrest and revocation rates reported thus far are

unadjusted and refer to the rates of observed events (i.e., rearrest or revocation) that occur within a specified time period.

Unadjusted rates are appropriate for describing overall patterns of change over time. However, policymakers often seek to understand how outcomes change due to policy and practice, holding constant the influence of external factors that the district cannot necessarily control. For example, the proportion of individuals in the supervised population who are categorized as high risk according to the PCRA varies across districts. Because these individuals, when all things are equal, have a higher likelihood of being rearrested, rearrest rates should vary accordingly across districts. Even if supervision practices help to improve outcomes, such differences in the composition of individuals under supervision from district to district may give the appearance of worse outcomes.

Adjusted rates account for differences in the composition of individuals being supervised across districts. Specifically, the adjusted rate accounts for the following fixed factors:

**TABLE 3.**  
**Individuals in Analysis of Revocations<sup>1</sup>**

Time to Revocation	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	475,561	138,237	169,157	113,491	45,474
6 mos.	471,146	136,778	167,921	112,555	45,010
12 mos.	437,163	122,498	158,088	106,816	42,247
18 mos.	373,105	103,750	137,104	90,992	35,650
24 mos.	350,189	95,967	129,072	86,329	33,626
36 mos.	236,086	63,994	90,134	58,023	21,231

\* Includes cases with a missing PCRA score.

<sup>1</sup> The numbers presented in Table 3 are slightly different from the number of individuals included in the rearrest tabulations and reflect slight differences in the selection rules for including individuals in each of the respective analyses. The selection rules are documented in our memo to PPSO on September 6, 2012, titled “Illustration of CDAM Arrest Rate Calculation.”

**TABLE 4.**  
**Individuals in Analysis of Supervision Failure for Any Reason**

Time to Failure	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	475,561	138,237	169,157	113,491	45,474
6 mos.	471,146	136,778	167,921	112,555	45,010
12 mos.	437,163	122,498	158,088	106,816	42,247
18 mos.	373,105	103,750	137,104	90,992	35,650
24 mos.	350,189	95,967	129,072	86,329	33,626
36 mos.	236,086	63,994	90,134	58,023	21,231

\* Includes cases with a missing PCRA score.



age, sex, race/ethnicity, risk level, and offense mix. The statistical model that generates adjusted rates also includes random effects at the district level, which capture any other variation in outcomes that is constant within district and not due to the fixed factors. Estimates of those random effects provide insight into variation in outcomes between districts that is not due to the fixed factors.<sup>9</sup>

### Outcomes

The majority of individuals in the analysis were white (58 percent) and male (83 percent) and had not completed high school (35 percent). On average, individuals were 40.1 years of age at the start of supervision, with ages ranging from less than 21 (1.3 percent)

<sup>9</sup> This approach to estimating adjusted rates was modified from prior years in FY 2021. Therefore, adjusted rates for FY 2021 are not comparable to adjusted rates from prior fiscal years.

to 60 years and older (7 percent). Most individuals were on supervision for drug (41 percent), firearms (17 percent), and white collar (12 percent) offenses. Roughly 87 percent of individuals in the analysis were sentenced to TSR, while the remaining 14 percent were sentenced to probation.

### Overall Rearrest Rates

Figure 1 shows that of the 242,825 individuals who could be observed for at least five years, nearly 27 percent were rearrested within five years of the start of their supervision term. Individuals classified as high risk by PCRA had a rearrest rate more than five times greater than individuals in the low-risk category (61 percent versus 11 percent, respectively).

The most common rearrests were for drug offenses (32 percent) and assault (25 percent). The median age at rearrest was 37.1 years old. The trend in overall rearrest rates has declined

over time. As the Appendix shows, the overall rearrest rate declined by 6 percentage points from fiscal year 2012 (30.5 percent) to fiscal year 2016 (24.4 percent) before experiencing a slight increase of 0.5 percentage point in fiscal year 2017 (24.9 percent).

### Overall Time to Rearrest

Among individuals who were rearrested within five years of starting a supervision term, the median time until rearrest was 24.2 months. Overall, 28 percent of all individuals were rearrested during the first 12 months of their supervision term; nearly 22 percent were rearrested between 13 and 24 months; almost 19 percent were rearrested between 25 and 36 months after starting their supervision term; and roughly 32 percent were rearrested between 37 and 60 months after starting their supervision term (Table 5).

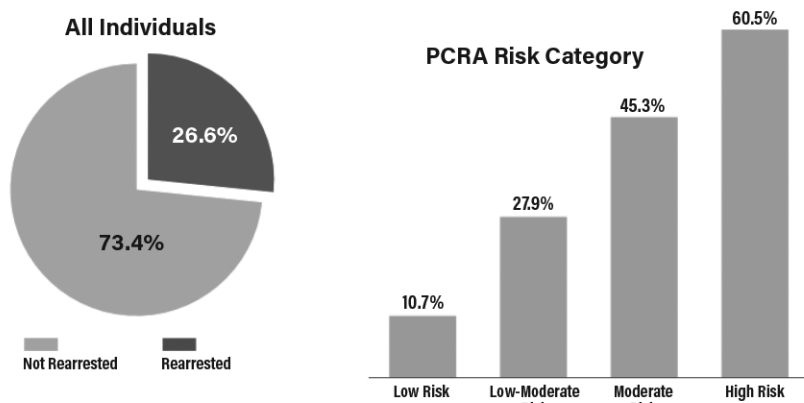
The distribution of time to rearrest is generally consistent across PCRA risk categories, but with some notable variation. Between 3 and 24 months, the proportion of individuals who were rearrested generally increased as the PCRA risk category increased. It is notable that within the first three months, the difference between the high- and low-risk categories was roughly one percentage point (11 percent vs. 10 percent, respectively). As expected, the high-risk PCRA category had the highest proportion of individuals rearrested within 24 months (23 percent) of starting supervision. However, the general trend reverses for those arrested between 25 and 60 months, as rearrest rates for the low PCRA risk category are greater than they are for the high PCRA risk category at the three-year (18 percent vs. 17 percent), four-year (19 percent vs. 13 percent), and five-year marks (17 percent vs. 10 percent) respectively (see Table 5).

**TABLE 5.**  
Overall Rearrests by Time Until Rearrest and PCRA Risk-Level

Time to Rearrest	PCRA Risk-level				
	All*	Low	Low-Moderate	Moderate	High
Within 5 years**	26.6%	10.7%	27.9%	45.3%	60.5%
Within 3 mos.	8.8%	10.2%	7.2%	8.1%	11.1%
3-6 mos.	6.8%	5.6%	5.5%	7.4%	10.0%
6-12 mos.	12.4%	10.4%	11.2%	13.6%	15.5%
12-18 mos.	11.4%	10.3%	11.2%	11.6%	12.4%
18-24 mos.	10.3%	9.6%	10.4%	10.4%	10.8%
24-36 mos.	18.6%	18.0%	19.3%	19.1%	17.0%
36-48 mos.	17.5%	18.9%	19.0%	17.0%	13.3%
48-60 mos.	14.2%	16.9%	16.1%	12.7%	9.9%

\* Includes cases with a missing PCRA score.  
\*\* Rearrest rates are not cumulative.

**FIGURE 1.**  
Overall Rearrest Rate Within Five Years by PCRA Risk Category



### Rearrest Rate by Time on Supervision

The rate of rearrest varied by the length of time that had elapsed since the start of an individual's supervision term. In general, the rate was highest within the first year of starting a supervision term and then decreased in subsequent years. Among all individuals rearrested within five years of starting a term of supervision (n=64,597), a little more than 7 percent were rearrested within the first year, 6 percent in Year 2, 5 percent in Year 3, nearly 5 percent in Year 4, and 4 percent in the fifth year (Table 6). This pattern of rearrest rates declining over time is consistent across PCRA risk categories; however, it is more pronounced for individuals in the high-risk PCRA category. Within

the first year, 22 percent of individuals in the high-risk PCRA category were rearrested, followed by 14 percent in Year 2, 10 percent in Year 3, 8 percent in Year 4, and 6 percent in the fifth year. Table 6 also shows that cumulatively, by Year 3 (the average supervision term), individuals in the high-risk PCRA category have recidivism rates of nearly 47 percent, whereas individuals in the low-risk PCRA category have rates of 7 percent.

### Rearrest Rates During Supervision

Among individuals who started probation or a term of supervised release between October 1, 2011, and September 30, 2019, roughly one in five (21 percent) were rearrested within three years of starting their term of supervision (Table 7). The median age at rearrest during supervision was 36.1. As shown in Table 6, overall, 3 percent of individuals were rearrested for a serious offense within three months of starting supervision, 6 percent were rearrested for a serious offense within the first six months; 10 percent were rearrested within 12 months; 13 percent were rearrested within 18 months; 16 percent were rearrested within 24 months; and 21 percent were rearrested within 36 months. At each time point, individuals within higher PCRA risk categories had higher rearrest rates than individuals in the lower risk categories (Table 7). For individuals in the high PCRA risk category, rearrest rates ranged from 7 percent within 3 months to 39 percent within 36 months; for individuals in the low PCRA risk category, rearrest rates ranged from 1 percent within three months to 7 percent within 36 months.

Table 8 (next page) shows that most rearrests during supervision were for drug, violent, and property offenses. For example, of the 3 percent of individuals arrested within three months of beginning their supervision terms (see Table 7), nearly 25 percent were rearrested for a drug offense, 23 percent were rearrested for a violent crime, and approximately 23 percent were rearrested for a property offense. The relative proportion of drug offenses increased with a longer observation period (e.g., from 25 percent for individuals rearrested for a drug offense within 3 months to 31 percent for individuals rearrested for a drug offense within 36 months), as did the relative proportion of violent offenses (from 23 percent for individuals rearrested for a violent offense within 3 months to 28 percent for individuals rearrested for a violent offense

within 36 months). Conversely, the relative proportion of immigration and other offenses declined with a longer observation period (for immigration, from 8 percent for individuals rearrested within 3 months to 4 percent for individuals rearrested within 36 months; and for other offenses, from 14 percent for individuals rearrested within 3 months to 9 percent for individuals rearrested within 36 months). The relative proportion of property offenses (roughly 22 percent), firearms offenses (roughly 5 percent), and escape/obstruction offenses (roughly 3 percent) was constant across observation periods.

#### *During Supervision Rearrest Rates Over Time*

The trend in rearrest rates during supervision was relatively constant until fiscal year 2016 but has been increasing since (Appendix). The three-year rearrest rate remained steady around 20 percent between fiscal years 2012 and 2016 and then increased steadily to 23.2 percent by fiscal year 2019.

### Post-Supervision Rearrest Rates

Roughly one in eight individuals (13 percent) were rearrested within three years after successfully completing a term of supervision (Table 9, next page). The median age at rearrest post-supervision was 38.7. Among all individuals arrested within three years of successfully completing their term of supervision, 5 percent were rearrested within the first 12 months, 9 percent were rearrested within 24 months, and 13 percent were rearrested within 36 months (Table 9). As was the case with rearrest during supervision, individuals in the higher PCRA risk categories had higher rearrest rates post-supervision in each observation period.

Most post-supervision rearrests were for drug, violent, and property offenses (Table 10). As shown in Table 10, of the more than 1 percent of individuals who were rearrested within three months of completing their term of supervision (see Table 9), 30 percent were rearrested for a drug offense, 29 percent were rearrested for a violent crime, and 24 percent were rearrested for a property offense.

**TABLE 6.**  
**Cumulative Rearrest Rates Over Time by PCRA Risk-Level**

Time to Rearrest*	All**	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	2.3%	1.1%	2.0%	3.7%	6.7%
6 mos.	4.1%	1.7%	3.6%	7.0%	12.8%
12 mos.	7.4%	2.8%	6.7%	13.2%	22.1%
18 mos.	10.5%	3.9%	9.8%	18.5%	29.6%
24 mos.	13.2%	4.9%	12.7%	23.2%	36.2%
36 mos.	18.2%	6.9%	18.1%	31.8%	46.5%
48 mos.	22.8%	8.9%	23.4%	39.5%	54.6%
60 mos.	26.6%	10.7%	27.9%	45.3%	60.5%

\* Rearrest statistics include individuals who could potentially be observed for 5 years (i.e., their supervision start date was at least five years prior to September 30, 2022).

\*\* Includes cases with a missing PCRA score.

**TABLE 7.**  
**Overall Rearrests by Time Until Rearrest and PCRA Risk-Level**

Time to Rearrest	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	3.1%	1.1%	2.2%	4.1%	7.3%
6 mos.	5.7%	1.7%	4.2%	8.2%	14.3%
12 mos.	10.0%	2.7%	7.8%	15.0%	23.6%
18 mos.	13.2%	3.8%	11.0%	20.2%	29.0%
24 mos.	16.2%	4.9%	14.1%	24.4%	33.0%
36 mos.	20.9%	7.2%	19.8%	31.0%	38.6%

\* Includes cases with a missing PCRA score.

Unlike the rearrest offenses during supervision, the post-supervision rearrest rates for each offense type were consistent across each observation period (Table 10, next page).

### Rearrest Rates Post-Supervision Over Time

The trend in post-supervision rearrest rates slightly declined between fiscal years 2012 and 2017 but increased among cases received in fiscal years 2018 and 2019 (Appendix). The three-year post-supervision rearrest rate declined from 14 percent in fiscal year 2012 to more than 11 percent in fiscal year 2017. It then increased to 12 percent by fiscal year 2019.

### Overall Revocation Rates

Nearly one quarter of individuals (23 percent) were revoked for either a technical violation or new crime within three years (Table 11, next page). This rate is a slight increase from the overall revocation rate reported in fiscal year 2021 (22.5 percent). The median time to revocation was 15.3 months, and the median age at revocation was 35.2. Within six months, 4 percent of individuals were revoked; within

another six months, the overall revocation rates more than doubled to 9 percent. Annual revocation rates were highest in Years 1 and 2 (9.1 percent and 8.8 percent, respectively). Only an additional 5 percent of individuals were revoked in Year 3 (for a 36-month rate of 23 percent). This pattern was consistent for individuals in all PCRA risk categories and was most pronounced for individuals in the higher risk categories (Table 11, next page).

As shown in Tables 12 and 13 (next page), overall revocation rates for technical violations and new crimes<sup>10</sup> were comparable (11.8 percent and 11.3 percent, respectively). The tables show that, overall, individuals had comparable revocation rates for technical violations and for new crimes for all observation periods and by risk level. The median time to technical violation was 13.2 months, and the median age at technical violation was 35.6. The median time to new crime was 19.2 months, and the median age at new crime was 34.8.

<sup>10</sup> Revocations for new crimes included arrests for minor and non-minor offenses.

### Revocation Rates Over Time

Revocation rates were steady for cases received in fiscal years 2017 through 2019, after a period in which they had been increasing (Appendix). The three-year revocation rate remained steady around 21 percent between fiscal years 2012 and 2014, then began to steadily increase to around 25 percent in fiscal year 2017, and remained constant around 25 percent through fiscal year 2019.

### Supervision Failure Rates

As shown in Table 14, one in three individuals (35 percent) failed (i.e., was rearrested or revoked) within three years of starting a term of supervision. This rate is an increase from the supervision failure rate reported in fiscal year 2021 (34 percent). Failure rates are highest within the first 12 months of supervision (17 percent) and decline within each following year (11 percent in 24 months and 7 percent in 36 months for failure rates of 28 percent and 35 percent, respectively). Individuals in the high-risk PCRA category failed at a higher rate than individuals in the lower risk PCRA categories across all observation periods.

As shown in the Appendix, failure rates have increased in recent years. The failure rate was constant at roughly 32 percent from fiscal years 2012 to 2014, at which point it began to increase by an average of 0.9 percentage points each year. By fiscal year 2019 the failure rate was 37.4 percent.

### Variation Across Federal Districts

As shown in Figure 2, adjusted overall rearrest rates varied from a minimum of 6.2 percent to a maximum of 45.1 percent. Two districts had adjusted rearrest rates below 10 percent, and three had adjusted rearrest rates above 40 percent. The 25th percentile of adjusted rearrest rates was 24.0 percent and the 75th percentile was 30.8 percent.

As shown in Figure 3, adjusted three-year rearrest rates during supervision varied from a minimum of 4 percent to a maximum of 40 percent. Four districts had adjusted rearrest rates below 10 percent, and another seven had adjusted rearrest rates above 30 percent. The 25th percentile of adjusted rearrest rates was 17 percent, and the 75th percentile was 26 percent.

As shown in Figure 4, adjusted revocation rates varied from a minimum of 7 percent to a maximum of 55 percent. Three districts had adjusted revocation rates below 10 percent, and another seven had adjusted revocation

**TABLE 8.**  
Rearrests During Supervision by Offense and Time Until Rearrest

Offense	Time Until Rearrest					
	Within 3 mos.	6 mos.	12 mos.	18 mos.	24 mos.	36 mos.
Drugs	24.5%	26.9%	28.9%	29.9%	30.4%	31.4%
Violence	23.0%	25.0%	26.5%	27.0%	27.3%	27.9%
Property	22.6%	22.6%	21.8%	21.8%	21.5%	21.0%
Immigration	8.2%	6.3%	5.0%	4.4%	4.1%	3.6%
Firearms	4.8%	5.2%	5.4%	5.2%	5.2%	4.9%
Unknown	9.5%	6.5%	5.1%	4.6%	4.4%	4.2%
Escape/Obstruction	3.4%	3.4%	3.2%	3.1%	3.0%	2.7%
Other	2.0%	2.2%	2.3%	2.3%	2.3%	2.4%
Sex Offense	2.1%	1.8%	1.8%	1.8%	1.8%	1.9%

**TABLE 9.**  
Post-Supervision Rearrests by Time Until Rearrest and PCRA Risk-Level

Time to Rearrest	PCRA Risk-level				
	All*	Low	Low-Moderate	Moderate	High
Within 3 mos.	1.3%	0.5%	1.4%	2.7%	3.8%
6 mos.	2.7%	1.0%	2.9%	5.5%	7.5%
12 mos.	5.2%	1.9%	6.0%	10.6%	14.1%
18 mos.	7.4%	2.8%	8.6%	15.1%	19.7%
24 mos.	9.3%	3.6%	11.1%	18.9%	24.5%
36 mos.	12.7%	5.1%	15.6%	25.3%	31.4%

\* Includes cases with a missing PCRA score.

rates above 40 percent. The 25th percentile of adjusted revocation rates was 17 percent and the 75th percentile was 30 percent.

As shown in Figure 5, adjusted failure rates varied from a minimum of 12 percent to a maximum of 64 percent. Three districts had adjusted failure rates below 20 percent, and another six had adjusted failure rates above 50 percent. The 25th percentile of adjusted failure rates was 31 percent, and the 75th percentile was 41 percent.

## Conclusions

One goal of federal supervision is to protect the public by minimizing individuals' involvement in criminal activities during and after supervision. This article provides tabulations for criminal recidivism (defined as the first arrest for a non-minor offense) during federal supervision and after the successful completion of supervision. The tabulations show that about 10 percent of individuals on supervision are rearrested after the first year, and on average about 5 percent are rearrested per year after the first year—a little more than 16 percent within the second year and almost 21 percent within three years of commencing supervision. Almost 5 percent of individuals who completed supervision are rearrested within one year, 9 percent are rearrested within two years, and nearly 13 percent are rearrested within three years of completing supervision. For rearrests both during and after supervision, the recidivistic events are most often drug, violent, and property offenses.

Another goal of federal supervision is to maximize successful supervision. Accordingly, this article provides data on revocations for new criminal activity and technical violations of conditions of supervision. Very few individuals (roughly 4 percent) have a revocation within the first six months of supervision, but at one year, revocation rates more than doubled to 9 percent, and within two years about 18 percent were revoked. Within three years, revocation rates reached 23 percent. Not surprisingly, as with the rearrest tabulations, most revocations for new crimes are for drug, property, and violent offenses.

Finally, this article shows evidence that both rearrest rates and revocation rates have been falling over time, conditional on changes in the composition of supervision populations. Conversely, unadjusted statistics that do not control for this changing mix show that rearrest and revocation rates have remained relatively steady.

**TABLE 10.**

### Post-Supervision Rearrests by Offense and Time Until Rearrest

Offense	Time Until Rearrest					
	Within 3 mos.	6 mos.	12 mos.	18 mos.	24 mos.	36 mos.
Drugs	30.3%	30.7%	31.7%	32.2%	32.1%	32.3%
Violence	29.0%	29.5%	29.5%	29.1%	29.0%	28.5%
Property	24.4%	24.0%	23.4%	23.5%	23.7%	24.1%
Escape/Obstruction	3.2%	3.3%	3.1%	3.0%	2.9%	3.0%
Other	2.6%	2.6%	2.7%	2.7%	2.9%	2.9%
Immigration	3.1%	3.0%	2.8%	2.6%	2.7%	2.5%
Unknown	3.1%	2.8%	2.5%	2.5%	2.5%	2.5%
Firearms	3.1%	2.9%	2.9%	3.1%	2.9%	2.8%
Sex Offense	1.2%	1.2%	1.3%	1.3%	1.3%	1.3%

**TABLE 11.**

### Overall Revocations by Time Until Revocation and PCRA Risk-Level

Time to Revocation	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	0.9%	0.2%	0.3%	0.8%	2.5%
6 mos.	3.6%	0.6%	1.6%	4.4%	11.3%
12 mos.	9.1%	1.4%	5.1%	13.3%	28.1%
18 mos.	13.8%	2.2%	8.8%	21.1%	40.4%
24 mos.	17.9%	3.1%	12.5%	27.7%	48.5%
36 mos.	23.1%	5.0%	18.7%	35.9%	56.3%

\* Includes cases with a missing PCRA score.

**TABLE 12.**

### Revocations for New Crimes by Time Until Revocation and PCRA Risk-Level

Time to Revocation	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	0.2%	0.0%	0.0%	0.1%	0.4%
6 mos.	0.8%	0.1%	0.4%	1.1%	2.7%
12 mos.	3.0%	0.3%	1.7%	4.5%	9.5%
18 mos.	5.3%	0.7%	3.4%	8.4%	16.0%
24 mos.	7.6%	1.1%	5.3%	12.1%	21.0%
36 mos.	11.3%	2.1%	9.1%	18.0%	28.1%

\* Includes cases with a missing PCRA score.

**TABLE 13.**

### Revocations for Technical Violations by Time Until Revocation and PCRA Risk-Level

Time to Revocation	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	0.8%	0.2%	0.3%	0.7%	2.1%
6 mos.	2.7%	0.5%	1.3%	3.3%	8.6%
12 mos.	6.1%	1.0%	3.5%	8.8%	18.6%
18 mos.	8.5%	1.5%	5.4%	12.7%	24.5%
24 mos.	10.3%	2.0%	7.2%	15.5%	27.5%
36 mos.	11.8%	2.9%	9.5%	17.9%	28.2%

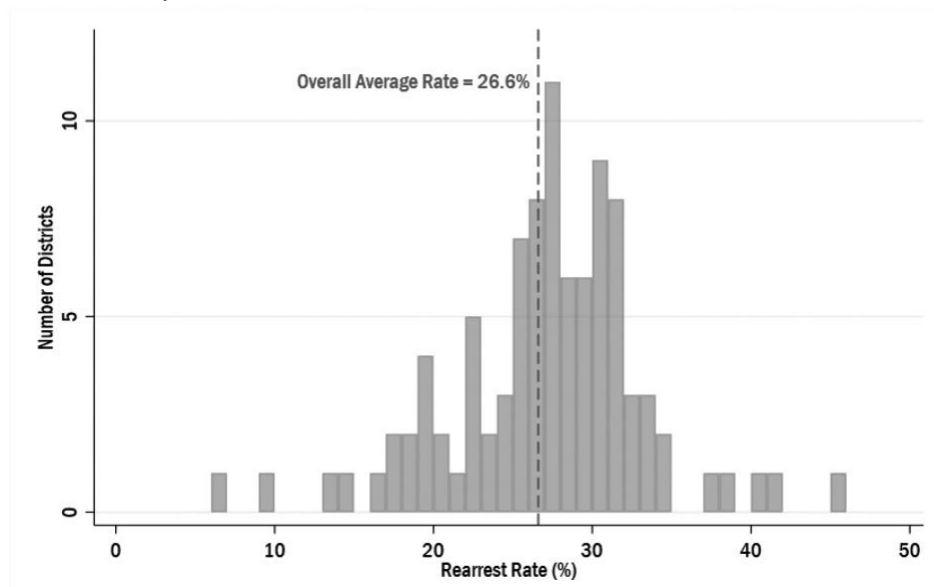
\* Includes cases with a missing PCRA score.

**TABLE 14.**  
**Supervision Failure Rates During Supervision by Time Until Failure and PCRA Risk-Level**

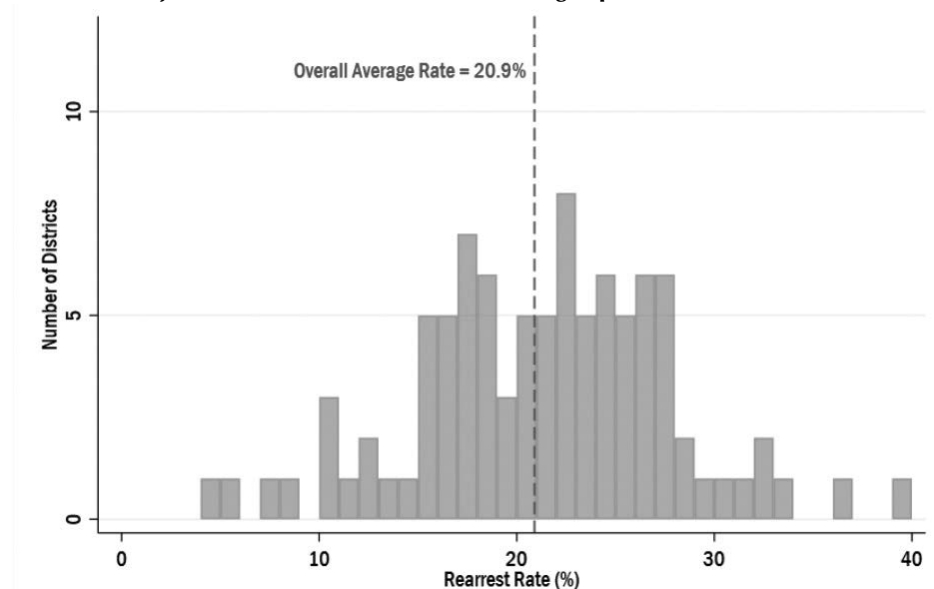
Time to Failure	All*	PCRA Risk-level			
		Low	Low-Moderate	Moderate	High
Within 3 mos.	3.9%	1.2%	2.5%	4.8%	9.5%
6 mos.	8.6%	2.2%	5.5%	11.8%	23.5%
12 mos.	16.7%	3.8%	11.6%	24.7%	44.1%
18 mos.	22.7%	5.5%	17.1%	34.5%	56.3%
24 mos.	27.8%	7.2%	22.2%	42.0%	64.1%
36 mos.	34.6%	10.5%	30.8%	51.8%	71.3%

\* Includes cases with a missing PCRA score.

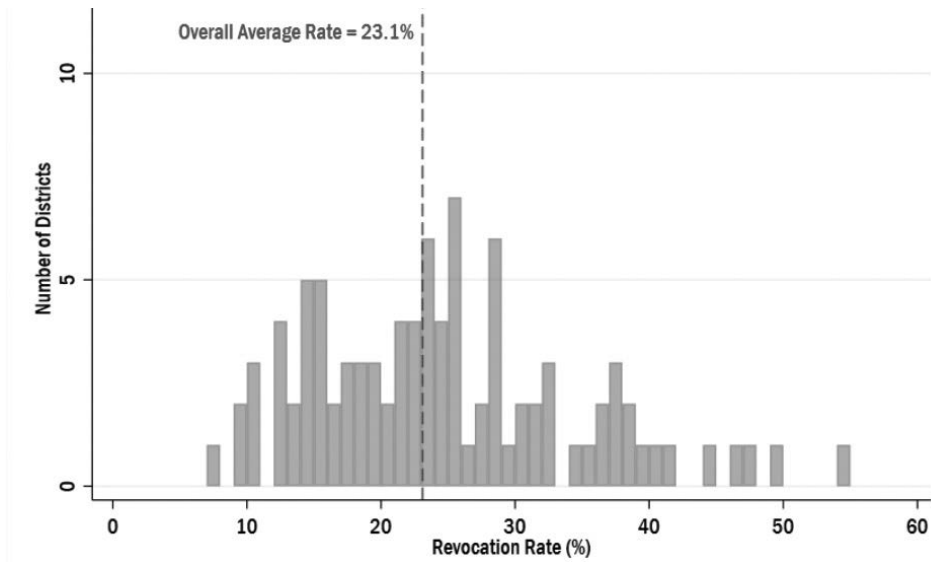
**FIGURE 2.**  
**Variation in Adjusted Overall Rearrest Rates Across Federal Districts**



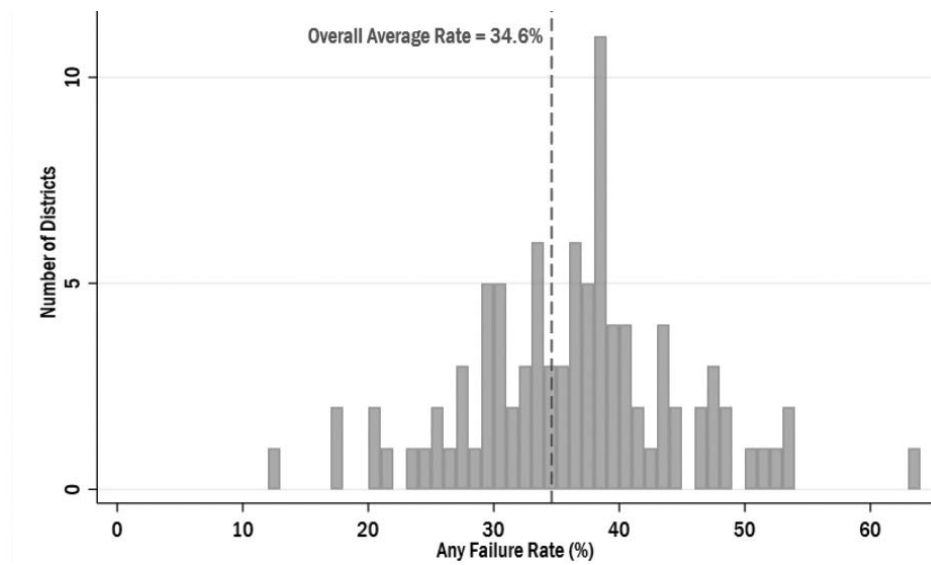
**FIGURE 3.**  
**Variation in Adjusted Three-Year Rearrest Rate During Supervision Across Federal Districts**



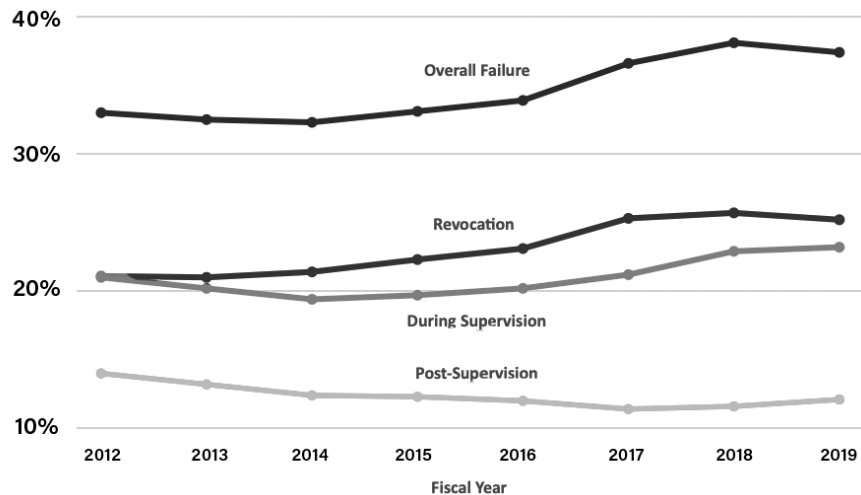
**FIGURE 4.**  
Variation in Adjusted Revocation Rates Across Federal Districts



**FIGURE 5.**  
Variation in Adjusted Failure Rates Across Federal Districts



**Appendix. Outcome Rates Over Time**



# The Vexing Dilemma of Character-Based Units (CBUs) in Prison

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**THERE IS AN** ADAGE in corrections that not all prisons are created equal. Indeed, units within a single prison can be quite diverse in terms of environmental elements, the availability and quality of programs, staffing levels, and the characteristics of the incarcerated populations that they house. To date, prison units that display increased institutional pathologies such as violence, ill-health, or antisocial cultures disproportionately consume the attention of administrators and academics. This includes, though it is not limited to, units for people with mental illness or experiencing a mental health crisis (Dyer et al., 2021), restrictive housing and solitary confinement (Beck, 2015), protective custody (Casey, Day, & Reynolds, 2016), and geriatric or hospice units (Williams & Abraldes, 2007). In contrast to these settings, far less work has been devoted to understanding the role that more prosocial living conditions within prison may offer. One prime example is character-based units (CBUs), which can be defined as prison units, dorms, or in some cases entire facilities that provide enhanced programming in a more residential environment. CBUs are reinforced by behavioral contracts, peer-to-peer accountability, and higher expectations of inmate engagement and responsibilities.

CBUs display commonality in their origins, dating back to the early 2000s when President Bush proposed a four-year \$300 million initiative to fund the work of faith-based community organizations. CBUs emerged as a derivative or partnering form of these original faith-based

activities. In a resource-poor prison milieu, faith-based groups are dependable sources of support, as they offer incarcerated people the opportunity to interact with external organizations that are consistent and enthusiastic. For prison administrators, faith-based groups are attractive because they are often free or require minimal financial investment, and for some staff they offer a moralistic or religious ethos that dates to earlier correctional philosophies that complement their own personal beliefs. While it is certainly true that some faith-based groups working in prison grow to become large corporation enterprises, in many prisons these approaches are inevitably restrained by scalability. These limitations are often linked to struggles in providing adequate training to faith-based volunteers, a lack of evidence-based programming, and real-world complexities, which increase the need to extend the parameters of participation beyond the theme of faith. For example, within Southern prisons in the United States, these faith-based groups are often predominately white and Christian, which creates a challenge when incarcerated African Americans who are Muslim seek to join the community.

To address this concern, faith-based activities or groups may alter their mission to invoke the term “character” in lieu of a strict religious or faith-based approach. In some settings, the term “Character-Based Units” becomes an entirely new title and direction, with the introduction of more evidence-based programming and other external support

mechanisms. In other settings, there remains a hybrid model with the terms “Faith- and Character-Based Units” being favored. Faith-based groups remain a core component of both these models of CBUs, though when compared to purely faith-based units, these CBUs require greater involvement from correctional staff and other external organizations and the use of more secular resources. A final development of a character unit occurs when faith-based activities are minimized or completely separated and evidence-based programs are maximized, leading to the establishment of “Prison-Based Therapeutic Communities” (Adbel-Salam et al., 2023). It is important to note that in all these settings, that is, faith-, character-, or therapy-based units, the units operate as both programs and living communities.

## **The Principles of Character-Based Units (CBUs)**

The creation of CBUs represents a politically appealing movement in corrections, and they are often codified at the state level. For example, in 2005 state legislators in Indiana enacted House Bill 1429 Transitional Dormitories to develop faith- and character-based units, which by 2007 housed 1,263 incarcerated people (Hall, 2008). Currently, Indiana has 15 prison facilities with “Faith and Character Based Initiatives,” though there is no reliable data on the number of participants. Titled the “Purposeful Living Units Serve (PLUS) program,” their goal is “strengthening

spiritual, moral, and character development as well as life-skills” (Indiana Department of Corrections, 2023). Similarly, the Alabama Department of Corrections has 12 prison institutions that each have a “faith and character” dorm (author correspondence with the agency). Florida has 34 Faith and Character Programs “that provide for the spiritual needs of inmates and offenders” and operate under the Bureau of Chaplaincy Services within the state prison agency (Florida Department of Corrections, 2023). The only state with purely character-based units is South Carolina, which has 12 prison institutions with 29 CBU units (i.e., two units can constitute one prison dorm) that house a total of 2,537 incarcerated participants (author correspondence with the South Carolina Department of Corrections).

Incarcerated populations self-select access to these CBUs through an extensive screening and admission process. Hall (2008) found that eligibility for Indiana CBUs required at least an eighth-grade reading level, a conduct history free of rule infractions for the previous year, not in segregation for disciplinary reasons, a willingness to participate in self-help faith- and character-based programs, and the signing of a covenant agreeing to abide by the rules. Likewise, the South Carolina application requires a minimum of one year with no minor disciplinary charges, six months with no major disciplinary charges, agreement to pursue a GED, and consent to sign a Social Contract. CBUs also require that the screening process coordinate the viewpoints of classifications, prison staff and administrators, the prison chaplain, and the incarcerated people within the CBU dorm itself.

Within a CBU dorm, two factors can be distinguished: an abundance of programs and zero tolerance for infractions. While there is little information on the quality, duration, or logic of the programs, there certainly is evidence that substantial resources, volunteers, and services are placed in CBUs. At Allendale prison in South Carolina, the site of the only example of an entire character-based prison, there are over 60 classes listed. Examples include authentic manhood, self-worth, soul-detox, animal grooming, the art of public speaking, crocheting, bible study, video workout, world culture, and bee keeping. In Florida, Schneider (2019) reports that “to graduate from the program that covers 50 religions, inmates complete 1,220 credit hours in seven areas: Attitude domain, community functioning, marital/family, healthy choices, mentoring, reentry and faith formation”;

Schneider profiled one incarcerated participant who completed 2,307 CBU hours.

Residence in a CBU also includes zero tolerance for behavioral infractions, which can even include self-reporting or reporting by other incarcerated people. Instant removal from a CBU program can occur due to violent, threatening, and disrespectful behavior, contraband (alcohol, drugs, tobacco, cell phones, etc.), public masturbation charges, stealing, and tattooing or having tattoo paraphernalia. Behavioral infractions can also extend to countless violations of community rules such as the appropriate use of the microwave, loitering, avoidance of contraband, gambling, being in a cell during count, and grooming compliance (i.e., “clean shaven, ID visible on left collar of outermost garment, pants pulled up and shirts tucked in, walking single file inside the white line”) (South Carolina Department of Corrections, 2015). General rules also advise where to sit in the dorm, avoidance of littering, showering procedures, and certain grievances being internally addressed by CBU inmate coordinators rather than staff. Depending on the location of the CBU, there is an additional review of participant behaviors through annual reviews, quizzes on the social contract or covenant, committee meetings, personal statements, and peer-to-peer accountability protocols.

It is hardly surprising that correctional agencies cite CBUs as successes to the media. For example, at the Hernando Correctional Institution in Florida, a media story highlights the “life changing results” that the CBU brings, with the warden of the facility expressing a desire to expand the program (ABC News, 2021). With such optimism, CBUs are portrayed as an avenue towards meeting the gold standard of correctional programming, that is, a reduction in recidivism. Indiana CBUs boast that participants will become “more productive members of society upon-reentry.” The Alabama CBU operating manual highlights the following two main goals: “managing inmates with greater control to help minimize the potential for prison violence, prison escape, and institutional misconduct; and to reduce recidivism.” South Carolina (2015) CBUs provide “programming that will assist inmates to become more successful members of society and help to reduce the recidivism rates of these inmates.” These are weighty claims for the effectiveness of CBUs, and they require empirical assessment to validate outcomes.

## The Promise of Character-Based Units: No Evidence of Results

Examining the legislative and administrative efforts made towards CBUs and the concomitant claims of its proponents discloses a current dearth of evidence. In 2007, La Vigne, Brazzell, and Small reported on six- and twelve-month recidivism rates of participants in two Florida “faith- and character-based institutions” (FCBI)—one male (Lawtey) and one female (Hillsborough). La Vigne and colleagues matched participants with a control group by sex, age, race, offense, prior incarcerations, time of current incarceration, time to expected release, and disciplinary history. There were no statistically significant differences in recidivism for either male or female participants when compared to the control group. A follow-up study by Brazzell and La Vigne (2008) using new data also found no statistically significant differences for a 26-month period of release from prison.

A 2009 report by the Office of Program Policy Analysis and Government Accountability (OPPAGA) provides insight into 11 Florida prisons. At the institutional level, the OPPAGA (2009) compared 1,293 inmates released from a faith- and character-based institution with 2,283 inmates who had requested transfer to such an institution but weren’t placed there before their release; finding the risk of CBU reoffending ranged from 0.85 to 0.95 relative to the comparison group. At the dorm level, OPPAGA (2009) compared 1,311 inmates released from a faith- and character-based dorm with 9,988 inmates who had requested transfer to such a dorm but weren’t placed there before their release; finding a relative risk of reoffending for inmates released from CBU dorms was 1.03 relative to the comparison group (OPPAGA, 2009). These three studies represent the totality of published research on CBUs and recidivism. Despite being outdated, studying only Florida CBUs, and having other serious methodological issues, this research indicates that CBUs have zero to minimal impact on recidivism rates.

## Conclusion

Character-based units (CBUs) in prison represent a common issue in modern-day programming. They are popular, generate considerable praise and investment from legislators, administrators, and volunteers, and contain mission statements suggestive of highly desirable outcomes in recidivism; yet they remain largely untested, and in those



cases where empirical evidence exists, there is a failure to document any impact on stated goals. A contributory factor to this limitation is that the operating definition of CBUs and similar programs may be faulty. While there is no standard definition of faith-based programs (Mears et al., 2006), there is even less clarity when assessing CBUs. Faith- and character-based units are based on the assertion (devoid of evidence) that criminal behavior is the result of a lack of spiritual, moral, and character development within the individual; therefore, personal transformation can only be achieved through “faith (whatever one’s faith is) or character education” (Hall, 2008, p. 2). This is problematic for several related reasons; first, it identifies faith (or religiosity) as being a central theme of crime, while also arguing that the choice or expression of faith in promoting prosocial behavior is largely irrelevant. If faith serves as an intervention, then it must vary by the exposure to a particular religion, creed, or text. Faith is either a central concept or it is not.

This observation becomes more salient when moving towards character-based units, where morality and religiosity become less pronounced. As character-based units broaden to maximize secular resources, the continued role of prison chaplains, religiously affiliated volunteers, and church doctrines may also be questioned. For example, the Allendale Correctional Facility, South Carolina, CBU mission statement is devoid of any religious, faith-based, or spiritual language. It reads:

This institution, partnered with community volunteers, will provide the programs, instruction, and training necessary to allow the willing inmate participant to improve his character, advance his education and gain vocational skills which will give the participant a real and viable alternative to reoffending.

This raises the matter of CBU programs requiring the endorsement of a particular faith; as any incarcerated people who are non-believers are subsequently excluded from a theoretical pathway towards success, and they may be blocked from the benefits that residence in a resource-enhanced prison unit or dorm may bring. Prison policies dictate that incarcerated people cannot be excluded from a character-based unit based on their having a different religious belief system, while taking for granted that a religious belief

system of some kind must automatically exist, reinforcing the inherent definitional problem of CBUs. This definition quandary can be linked to a challenge in measurement, as, in contrast to terms in faith-based units that record behaviors like regular attendance of services, character-based units employ more vague terms such as “faith,” higher power, and spirituality.

The problems of operational definitions for CBUs impact programming efforts. Here, a reliance on the role of character and morality as a criminogenic risk and need is also highly problematic, mainly because it ignores a wealth of research that points toward sociological, economic, and environmental causes of crime. The major risks and needs that drive the modern-day Risk-Need-Responsivity (RNR) model include antisocial personality patterns, procriminal attitudes, social supports for crime, substance abuse, family/marital relationships, school/work, and prosocial recreational activities (Andrews & Bonta, 2006; Andrews & Dowden, 2006). Such models do not include terms like character or morality, as they are vague, speculative, and difficult to link to evidence-based interventions. Morality frameworks also assume that incarceration automatically denotes a lack of character, which can be easily negated by historical examples as recent as the civil rights movement where social unrest, protests, conscientious objection, civil disobedience, and sit-ins resulted in periods of incarceration that were in fact based on moral reasoning.

Without a clear operational definition of CBUs, particularly with little linkage to the documented risks and needs of incarcerated populations, there is a tendency for prison administrators to disproportionately house “good inmates” in these units and provide a plethora of programs, services, and resources. Not only can measurement of so many disparate programs all occurring at the same time be unfeasible, but the evaluation of CBUs can be stymied by a severe form of self-selection bias. This bias is reinforced through the entire CBU model, from applicants with few to no behavioral infractions volunteering for access to a highly supervised and structured milieu, an intense and comprehensive screening process, a rigorous orientation period, continued total supervision and monitoring, and rigorous behavioral and academic performance reviews by peers, staff, and volunteers. Self-selection occurs at every level of the CBU process, including the removal of any participants for a host of behavioral infractions,

which jeopardizes any attempt at creating a control group. The OPPAGA (2009) study attempted to remedy some aspects of this bias by using a control group of people who applied for admittance to a CBU but who were not accepted, though it found no effects in terms of outcomes. This self-selection may also create practical problems, as the clustering of “good inmates” into good dorms may inadvertently move more disruptive inmates into concentrated groups where few programs, services, or opportunities are available.

Measurability may require a reconsideration of outcomes beyond recidivism. This is where community corrections and other systems become relevant. Currently, there are no documented instances in the academic or practitioner literature suggesting that graduation from CBU provides participants with official transcripts or reports that can be shared with court and/or parole services. Incarcerated people in these programs may enjoy an improved living environment, though over time they can become cynical and frustrated when a printed “Certificate of Completion” by the state is not even reviewed by the parole board or similar authority. Additionally, as mentioned earlier, not all prison dorms are the same, and it is important that probation or parole officers understand their clients’ lived experiences in a prison unit. While community corrections officers may inquire about the increased risks and needs that come with residence in a mental health unit or restrictive housing, it is also valuable to understand the experiences of being housed in a more stable, prosocial environment like a character-based unit. Although validation of a reduction in recidivism has yet to occur, there is evidence that incarcerated populations in CBUs experience more access to programs, staffing, volunteers, and other resources that could serve as an entry point to building up existing strength and assets.

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# Peer Recovery Support Specialists in Adult Drug Treatment Courts: A National Survey

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**MUCH OF THE** success of treatment courts is attributed to the formal coordination of professionals from across systems and disciplines to address the needs of justice-involved individuals with substance use disorders. Treatment courts were purposefully designed to holistically address the multiple needs of participants in real time and to coordinate access to the fragmented systems of care necessary to improve justice and treatment outcomes (Lutze & van Wormer, 2014, 2007; National Association of Drug Court Professionals, 1997). Even with these coordinated efforts, it can be difficult for treatment court professionals to fully understand, from the participants' perspectives, what it is like dealing with the National Association of Drug Court Professionals (NADCP) emotional, psychological, and practical demands of participating in these programs.

In response, treatment courts have started to include peer support within the court and staffing processes. The peers have lived experience with treatment and recovery and may have been graduates of a treatment court program. Peer support services are intended to be oriented to recovery by supporting participants in achieving meaningful purpose, personalizing services within a voluntary relationship based on respect, trust, empathy, and

collaboration steeped in trauma-informed care (see National Association of Peer Supporters, 2019; SAMHSA, 2020). Although peer support services appear to be aligned with much of the treatment court model, little is known about how peer support is being implemented by treatment courts across the United States.

The purpose of the current study is to (1) determine the extent to which peer support is being implemented in adult drug treatment courts (ADTC), (2) describe how peer support workers are being used by adult drug treatment courts, and (3) determine if there are common models of peer support emerging in adult drug treatment courts across the nation. We begin by defining peer support and how it may align with the treatment court model. Second, we review prior research on the implementation and effectiveness of peer support in general and in treatment courts specifically. Finally, we build upon existing research by presenting the results of a national survey of adult treatment courts and the use of peer recovery support specialists (PRSSs).

## **Defining Peer Recovery Support Services**

Peer support originated as a movement by those in recovery to resist the justice and mental health systems' narrow conceptualization

of mental illness as a lifelong deficit of being a "mental patient" or an "addict" with perpetual illness and disability (Mead et al., 2001; Ostrow & Adams, 2012; White & Evans, 2013). Peers, formally and informally, were demonstrating that they can and do get well when allowed to inform the process about their care. The peer recovery movement initiated a shift from the inflexible and oppressive nature of a deficit-based philosophy in the justice and mental health systems to a strength-based approach in which clients are empowered to participate in decisions about their treatment and given hope about their future (du Plessis et al., 2020; Mead et al., 2001; White, 2007; White & Evans, 2013). Thus, the commonly used definition of peer support is built upon trusting relationships and mutual agreement in pursuing care. Thus, *peer support* is often defined as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. ... It is about understanding another's situation empathically through the shared experience of emotional and psychological pain" (Mead et al., 2001, p. 4; also see SAMHSA, 2015).

Peer-based support for individuals with substance use disorder (SUD) is often associated with self-help initiatives such as

Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other types of recovery communities (such as therapeutic communities and Oxford Houses), where relationships are reciprocal in exchanging support and guiding each other through the process of recovery based on shared lived experiences (see Bassuk et al., 2016; Taylor, 2014; White & Evans, 2013).

Recognizing peer support as important to recovery was instrumental in the evolution and development of peer-based recovery services for those with SUD (White & Evans, 2013). Peer-based recovery support services<sup>1</sup> are defined as “the process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery from substance use disorder” (Bassuk et al., 2016, p. 1; also see White & Evans, 2013). Thus, peer support services remain true to the origins of the peer support movement by acknowledging a degree of separation and independence from formal systems of care, emphasizing “non-professional, nonclinical assistance” based on mutual benefit between those initiating and participating in recovery (White & Evans, 2013).

Yet, more recent conceptualizations of peer support have evolved into a hybrid of the informal and nonclinical and the formal professional specialization including through educating, training, and certifying people to become Peer Recovery Specialists (PRS) (SAMHSA, 2020). Thus, the relationship is no longer reciprocal in providing mutual aid, because the peer provider is not at the same skill level or degree of recovery to mutually benefit (Chinman et al., 2014, p. 3). *Peer recovery specialists* are defined as “...individuals trained to utilize their lived experience of recovery from mental health disorder or SUD to help others succeed in their recovery” (Belenko et al., 2021, p. 2).

White and Evans (2013, p. 4) suggest that peer recovery support services represent “a

<sup>1</sup> Peer recovery support workers are often referred to by different titles depending on the discipline in which they serve. Titles often include peer mentor, certified peer specialist, peer recovery specialists, peer support specialists, and other similar variations of these. Certified and specialist generally refer to those with formal training. When reviewing the research, we use the term used by the study's authors reflecting those being studied. For consistency in the current study, we use “Peer Recovery Support Specialist” (PRSS) to capture adult drug treatment courts' focus on SUD “recovery” and “support specialist” to reflect the general structure of drug courts and the importance of formal training to an evidence-based service delivery model.

new category of specialized resources—not treatment and not purely mutual aid—that link and supplement traditional recovery mutual aid and addiction treatment” (also see Eddie et al., 2019, p. 2). The incorporation of peer recovery specialists into the recovery support model commonly mirrors implementation models of recovery support services (Chinman et al., 2014; White & Evans, 2013). For example, recovery support services are often delivered through a “sequential model” (professional care followed by recovery support services), “parallel models” (simultaneous delivery of professional and recovery support services), and “integrated models” (treatment services and recovery support services delivered by the same organization or highly coordinated multiagency teams) (White & Evans, 2013, p. 4).

Interestingly, it is unknown how treatment court professionals are envisioning or incorporating peer recovery support within the treatment court model. Given that treatment courts are informed by research and sustained through evidence-based practices, it is important to know whether peer support remains an informal practice of mutual aid informally exchanged between participants or whether it is formally constructed, clearly defined, and qualifies as a new category of promising or evidence-based practice.

### Peer Support and the Treatment Court Model

Treatment courts are uniquely positioned to elevate recovery by engaging participants in strength-based approaches that build supportive relationships, create opportunities for change, and promote the stability necessary to sustain recovery over time (Taylor, 2014; Zschau et al., 2016). The movement to integrate peer support into the treatment court model appears to be a natural evolution, as several of the key components and best practices guiding adult treatment courts encourage opportunities for participants to inform their care and for professionals to be flexible in their decision making (Lutze & van Wormer, 2014; National Association of Drug Court Professionals, 1997, 2018b, 2018a). For example, participants' ability to communicate directly with the case manager each week and with the judge during weekly court hearings allows participants to share responsibility for creating an individualized treatment plan while building mutual trust, respect, and understanding with the treatment court team (Key Component 7; see NADCP 1997, 2018a,

2018b). Relatedly, treatment court participants are required to regularly attend court hearings, especially during phases one and two, to witness and to share in the experience with others involved in the same process, and they are likely to have similar lived experiences.

In addition, interdisciplinary treatment court teams are purposefully designed to coordinate and streamline the process for participant engagement with the traditional justice system, the SUD/mental health treatment systems of care, as well as access to support services necessary to improve participants' quality of life and to build recovery capital (Key Components 1 and 4) (National Association of Drug Court Professionals, 1997; Taylor, 2014; Zschau et al., 2016). Similarly, the non-adversarial approach between defense and prosecution is made easier by the professional expertise and collaboration between team members (i.e., probation, police, treatment, case manager) in presenting the pros and cons about what evidence-based interventions are most likely to work in motivating or changing behaviors (Key Components 2, 6, & 9) (Lutze & van Wormer, 2014, 2007; Mei et al., 2019; National Association of Drug Court Professionals, 1997). Each of these elements of treatment courts provides an opportunity for staff and clients to engage in humanistic, informed contexts that are often missing from the traditional justice system.

Although treatment courts provide many opportunities for professionals to understand another's situation and to serve with empathy and compassion, the original design does not purposefully include those with lived experience who may fully understand “another's situation empathically through the shared experience of emotional and psychological pain” (Mead et al., 2001, p. 4). Process evaluations, however, suggest that treatment courts have attempted to create spaces for informal peer support to exist. It is common for treatment courts to encourage successful participants and graduates to remain involved by creating voluntary participant support groups, mentoring programs, and alumni groups to provide support for each other based on a foundation of shared lived experience (McLean, 2012; Taylor, 2014). Thus, the most recent trend in treatment courts to integrate peer recovery support specialists (PRSSs) into the model appears to be a natural progression building on existing practices.

Yet, there may also be challenges to incorporating peer support into the treatment court model. Peer support is grounded in

voluntary, mutual relationships based on trust and respect within the process of giving and receiving nonprofessional, nonclinical assistance (White & Evans, 2013). A key feature of treatment court is the leveraging of sanctions to motivate compliance with program rules, treatment attendance, and participation in prosocial behaviors such as work and education. Noncompliance can result in curfews, loss of privileges, extended time in the program, jail time, and ultimately a return to traditional systems for processing (such as criminal justice, child protective services, and mental health) (Lutze & van Wormer, 2014, 2007). A return to use may also result in treatment program changes, increased treatment intensity (i.e., intensive outpatient to residential), a return to earlier program phases, increased drug testing and surveillance, and in some courts, additional sanctions. The coercive leverage that treatment courts hold may cause tension between peer support as envisioned by the movement's reformers in opposition to institutional control over individuals' care and an all-encompassing surveillance by the criminal justice system within a therapeutic model managed by the drug court team (Hucklesby & Wincup, 2014; Lutze & van Wormer, 2007). This tension may be resolved, however, if peer support is defined and implemented as a new category of specialized services that is neither clinical or mutual aid and is responsive to participants' individual circumstances and needs.

## Peer Recovery Support Specialists and Program Outcomes

Most studies of peer support have been conducted in programs serving clients with SUD, serious mental illness, or co-occurring disorders. Few studies have assessed peer support within the treatment court context. Thus, a brief overview of the existing research on peer support in service to populations similar to treatment court participants is relevant to understanding existing variations in peer support implementation nationally. Reviews of PRSS tend to focus on the hiring criteria and education for PRSS, PRSS's experiences working with the agency and with clients, the client's perspectives in relationship to PRSS services, and evaluations of client's engagement in the process, programs, and future outcomes.

### *Peer Support in Mental Health and Substance Use Disorder Settings*

**Hiring criteria and education.** As peer support has become formally recognized as a meaningful service to support justice and treatment-involved individuals, hiring criteria, education, and certifications have developed to guide the field and create a baseline for understanding the role of peer support workers (Foglesong, Knowles, et al., 2022; National Association of Peer Supporters, 2019). Nationally, there is variation across states in the requirements to serve as a peer support advocate, mentor, or specialist (SAMHSA, 2020). In general, the minimum requirements are to be at least 18 years old, possess a high school diploma or GED, have recovery experience,<sup>2</sup> and be a resident of the state where the program is located (SAMHSA, 2020). Advanced requirements include state or national certification, which often includes an average of 58 hours of training, annual requirements for continuing education, and an average of 500 hours of work experience and/or service related to recovery (SAMHSA, 2020). PRSSs may also serve as volunteers or be paid employees with wages ranging from \$8.00 to 30.00 per hour (mean = \$13.75 per hour).

To become certified, peer recovery support specialists are trained to understand the role of peer support in recovery, the dimensions of recovery, how to build relationships and develop communication skills, how to set boundaries and deal with ethical issues, how to connect peers to community resources and supports, and how to support recovery and wellness through cultural competency and trauma-informed care (Foglesong, Knowles, et al., 2022; JSI Research & Training Institute, 2016; Money et al., 2011; National Association of Peer Supporters, 2019; SAMHSA, 2015, 2020). In addition to certification procedures, many states have established codes of ethics that peer recovery support specialists must follow. The codes of ethics vary across states, but generally address issues related to confidentiality and privacy of client information, informed consent, the release of information and mandatory disclosure (see National Association for Addiction Professionals,

2021). Although these areas of core values, competencies, and ethical codes are presented as critical to successfully becoming and performing as a PRSS, there is little to no understanding about how these attributes are directly related to program outcomes.

**Peer support and client engagement.** The potential benefits of peer support, broadly defined, are well supported in the literature (see Cohen et al., 2000; Cullen et al., 1999; Lin et al., 1986; White & Evans, 2013). Peer recovery support services and PRSSs are expected to improve program engagement by mentoring people through the process of recovery, sharing personal experience and knowledge to enhance engagement in treatment and other programs, and guiding the development of a recovery-based lifestyle in the community that is beneficial to oneself, friends, and family (White & Evans, 2013). Success is often measured by individual satisfaction, program engagement, alcohol/drug use, hospitalizations, jail time, housing, employment, and recidivism.

Peer support is linked to providing social and emotional supports that validate the client's feelings and experiences, reduce anxiety, provide comfort during times of crisis, inspire hope, and help facilitate recovery management (MacNeil & Mead, 2005; Pantridge et al., 2016; Reingle Gonzalez et al., 2019; Satinsky et al., 2020). Peer recovery support specialists have been effective in providing information and assisting others in navigating processes important to initiating recovery, promoting personal well-being, and monitoring and supervision (Pantridge et al., 2016). Relationships developed through peer support may also facilitate ongoing contact post-program and be used as a resource to sustain recovery (MacNeil & Mead, 2005; Nixon, 2020; Pantridge et al., 2016; Satinsky et al., 2020).

**Peer recovery support specialists' experiences.** PRSSs also report professional and personal benefits due to their role of working with peers. In general, providing peer support helped to build confidence, created a sense of belonging, improved personal skills, and shifted the identity of a PRSS from addict to a person in recovery (du Plessis et al., 2020; Tracy et al., 2011). In addition, being peer support specialists reinforced abstinence, kept them engaged in the recovery process and in work, and improved their ability to build better social support networks (du Plessis et al., 2020; Tracy et al., 2011).

There are also challenges to participating in peer recovery work. PRSSs often report a lack

<sup>2</sup> Recovery Experience: 81 percent of states require recovery experience; 20.7 percent no time reported; 36.2 percent required at least 1 month; 41.3 percent required 12-24 months in recovery (SAMHSA, 2015). Research shows that those in recovery for 3-5 years are significantly less likely to return to use and be considered "recovered" (see White, 2007).

of clarity about their role and to whom they should report, resulting in confusion about responsibilities when interacting with staff and setting boundaries for clients (du Plessis et al., 2020; Gates & Akabas, 2007; Jones et al., 2019; Kuhn et al., 2015; Nixon, 2020). Lack of training and support also contributed to problems, especially when dealing with clients with more severe problems than they had personally experienced or felt comfortable managing without clinical staff's expertise and support (du Plessis et al., 2020). PRSSs may also experience emotional and psychological stress related to their role due to internalizing responsibility for clients who return to use, experience declining behavioral health issues, or deteriorate into crisis (du Plessis et al., 2020; Nixon, 2020). PRSSs also reported experiencing stigmatization, disenfranchisement, low pay, and the inability to move beyond the peer support role and into other professional positions (du Plessis et al., 2020; Foglesong, Knowles, et al., 2022; Jones et al., 2019; Nixon, 2020). Some traditional treatment models and work environments were not prepared to accept a shift to a recovery-oriented model, making it difficult for PRSSs to collaborate with clinicians or integrate into the traditional service environment (du Plessis et al., 2020).

**Peer support program outcomes.** Systematic reviews of peer support's influence on participant engagement and program outcomes suggest an overall positive effect appearing to be small to moderate in magnitude (Bassuk et al., 2016; Chinman et al., 2014; Eddie et al., 2019). In general, peer support appears to increase participant satisfaction and the likelihood that participants will engage in treatment and complete the process (Bassuk et al., 2016; Chinman et al., 2014). Peer support also appears to have positive effects on program outcomes by decreasing substance use-related hospitalizations, reducing recidivism, and reducing time spent in jail (Bassuk et al., 2016).

Few studies have been able to isolate the effects of peer support from the overall effect of the program in which it is embedded. However, Chinman and colleagues (2014) conducted a systematic review of peer support programs serving those with serious mental illness and co-occurring disorders and reported the outcomes for three types of program implementation: "peers added to traditional services (peers added), peers assuming a regular provider position (peers in existing roles), or peers delivering structured curricula (peers delivering curricula)"

(Chinman et al., 2014, p. 4). Although there were moderate levels of evidence that all three delivery types had a positive effect on outcomes, Chinman et al. report that the "peers added" to traditional services and the "peers delivering curricula" models had the strongest effect on outcomes (see also Ramchand et al., 2017; White & Evans, 2013).

Unfortunately, systematic reviews in related fields such as mental health, substance use, and co-occurring disorders show that most studies of peer support are weakened by small sample size, short follow-up periods, mixed intervention types, poorly defined peer support roles, unknown or weak dosages, and the inability to isolate the effects of peer support from other treatment elements of the program (Bassuk et al., 2016; Eddie et al., 2019). Some studies also show treatment-as-usual performed as well as treatment with peer support. Therefore, it does not appear that peer support induces harmful effects, but it remains unclear what constitutes evidence-based practice in delivering peer support services and which peer support services strengthen program efficacy to improve participant engagement and program outcomes (Bassuk et al., 2016; Belenko et al., 2021; Eddie et al., 2019; Gesser et al., 2022). Similar findings are emerging in treatment courts that use peer recovery support specialists.

#### *Peer Recovery Support Specialists in Adult Drug Treatment Courts*

Peer recovery support is being implemented in treatment courts across multiple systems (veterans administration, child welfare, mental health, and adult drug courts), yet there are few studies evaluating the process of implementation or outcomes of this approach in adult drug treatment courts (ADTC). Existing studies show how treatment courts structure the implementation of PRSSs into the model, describe the potential benefits of and challenges to using PRSSs, and show peer support to be a promising practice. A review of the extant literature suggests that treatment courts appear to use a parallel or integrated peer support service model, with some variation depending on the type of court.

**Adult drug treatment courts and PRSSs.** Only a small number of studies have attempted to evaluate the direct effects of peer support services and/or peer recovery support specialists on adult drug treatment court outcomes (Belenko et al., 2021; Pinals et al., 2019; Shaffer et al., 2022; Smelson et al., 2019). Overall, these studies show that peer support

services tend to enhance outcomes when integrated into the treatment court model and are combined with other wrap-around services (Pinals et al., 2019; Shaffer et al., 2022; Smelson et al., 2019). However, a weak to no effect was revealed in a randomized control trial isolating the effects of peer recovery specialists on outcomes (Belenko et al., 2021).

**MISSION-CJ, wraparound service model.** Massachusetts has operationalized peer support through the MISSION-CJ framework structured to provide wraparound services within adult drug treatment courts (Smelson et al., 2019), an urban mental health court (Pinals et al., 2019), and a rural drug court (Shaffer et al., 2022). **Maintaining Independence and Sobriety through Systems of Integration, Outreach, and Networking-Criminal Justice (MISSION-CJ)** is a 12-month program delivered jointly by a case manager (CM) and a peer support specialist (PSS).<sup>3</sup> The program consists of several core components including Critical Time Intervention (CTI), Dual Recovery Therapy (DRT), peer support, vocational and educational supports, trauma-informed care, and Risk-Need-Responsivity (RNR) assessment (see Pinals et al., 2019; Shaffer et al., 2022; Smelson et al., 2019).

The CM-PSS teams are supervised by a licensed psychologist (adult and mental health court) or social worker (rural court) and the CM-PSS teams are purposefully designed to "provide case management that spans across the traditionally siloed behavioral health and criminal justice systems and act as 'boundary spanners' to bridge communication" (Pinals et al., 2019, p. 1045). The pairs are responsible for a caseload of 15 clients (Shaffer et al., 2022; Smelson et al., 2019). PSSs served as role models and delivered 11 recovery-oriented sessions from the perspective of individuals with lived experience in the areas of substance use, mental health and co-occurring disorders (mental health court), treatment experience, and criminal justice involvement (Pinals et al., 2019; Shaffer et al., 2022; Smelson et al., 2019). PSSs were also expected to aid participants in adjusting to new routines, avoiding triggers related to criminal behavior or substance use, stressing the importance of engaging with needed treatment (Smelson et al., 2019, p. 224), assisting with transportation, and accompanying participants to "positive

<sup>3</sup> The MISSION-CJ studies use Peer Support Specialist (PSS) compared to much of the literature that uses Peer Recovery Specialists (PRS), and Peer Recovery Support Specialists (PRSS) as used in the current study.

recovery-oriented events” in the community such as AA/NA (Shaffer et al., 2022).

Interestingly, Shaffer and colleagues (2022, p. 1051) reported additional information about the time spent (dosage) in the MISSION-CJ curriculum, noting that “programming and treatment referrals were titrated depending on the criminogenic risk level of the client.” They also reported that the program “offered more intensive individual and group sessions per week for the first 4 months (approximately 2.5 hours weekly), which were reduced in frequency in months 5–9 (approximately 1 hour) and even further to twice per month during months 10 and 12” (Shaffer et al., 2022, p. 1051).

Each of the MISSION-CJ studies reported results based on a pre-post design, without a comparison group, and with a six-month follow-up. The outcomes were positive, showing significant reductions in nights spent in jail and decreases in illicit drug and/or alcohol use. Additional findings included reductions in the number of arrests (Shaffer et al., 2022), trauma symptoms (Pinals et al., 2019), and behavioral health symptoms (Pinals et al., 2019; Shaffer et al., 2022), as well as increases in employment (Shaffer et al., 2022; Smelson et al., 2019) and stable housing (Shaffer et al., 2022).

The findings produced by the MISSION-CJ framework across different types of adult treatment courts are promising. MISSION-CJ provided examples of how peer recovery support is being incorporated in an integrated model that specifically teams PRSSs with a CM while sharing the same caseload. MISSION-CJ also demonstrated the implementation of PRSSs independently delivering structured curricula. The integration of PRSSs into the overall program structure and the peer-delivered curricula approaches have been shown to enhance positive outcomes in peer support programs outside of the treatment court contexts (see Chinman et al., 2014). Thus, the MISSION-CJ approach to peer recovery support provides evidence that using PRSSs in treatment courts shows promise. Yet, due to the pre-post research design, the effects of peer recovery specialists on outcomes cannot be isolated from the overall effects of the programs. A recent randomized control trial, pilot study, attempts to fill this gap in existing research.

**Randomized control trial (RTC) with follow-up interviews.** Recently, Belenko and colleagues (2021) conducted a pilot study using a randomized control design of Peer

Recovery Specialists (PRS) paired with Case Managers (CM) in the Philadelphia Treatment Court (PTC). Peer Recovery Specialists were specifically hired and trained for the study, required to be PTC graduates, be in recovery, and to be abstinent for at least one year (Belenko et al., 2021). The PTC is structured as a traditional, four-phase, 12-month post-adjudication (no contest plea) program, serving approximately 700 adult participants each year. Eight-to-ten case managers carry caseloads of approximately 50 clients each and are responsible for “facilitating access to social, behavioral, and legal services; meeting monthly or more if necessary; and regularly meeting with treatment facilities and recovery houses,” as well as presenting monthly to the judge and completing administrative tasks (Belenko et al., 2021, p. 3). PRS held similar responsibilities as the CM with the additional responsibility of using their lived experience to “inform services, including sharing their personal story; providing additional support to clients who found court and/or treatment compliance challenging; and assisting clients with self-esteem enhancement, conflict resolution, assertiveness and other recovery skills” (Belenko et al., 2021, p. 3). PRS were also tasked with reporting to case management about clients’ behavioral or health issues.<sup>4</sup> The study reported that PRS averaged 11.5 phone or in-person contacts (range 1-25) with their PTC clients and provided access to, on average, 5.1 different types of services (range 0-9).

Participants receiving Case Management with PRS services were compared to CM as usual to determine whether PRS services improve drug treatment court outcomes (Belenko et al., 2021). The findings showed that the CM-PRS model had no significant effects on any indicators of substance use recurrence measured by positive drug or missed screens and no significant differences for treatment

engagement measured by the number of treatment sessions attended across all programs and the percent of missed sessions. The findings were mixed regarding effects on the drug court process and engagement. The CM-PRS group received significantly more incentives than the comparison group, but once other covariates were controlled, the PRS model did not significantly increase receiving an incentive or achieving the next phase level. The Case Manager-PRS model did have a significant but medium effect on reducing rearrests over a 9-month follow-up period and no significant effect on having a bench warrant issued (see Belenko et al., 2021, pp. 5–6).

A follow-up study to the Philadelphia Treatment Court randomized control trial included interviews of Peer Recovery Specialists (PRS), case managers, drug court team members, and participants (Gesser et al., 2022). Overall, drug court staff, PRS, and participants view PRS as making a positive difference for both clients and other staff members. Case managers reported benefits “including sharing their emotional stress with respect to high-risk clients, providing them with feedback about the program, and suggesting ways to interact with their clients” (Gesser et al., 2022, p. 32). Once again, the drawbacks identified by case managers, other team members, and participants were related to being unclear about how the role of PRS differed from case managers due to perceived overlap in their responsibilities. An additional point of tension was between PRS and the legal team about understanding how the PRSs’ role in maintaining confidentiality and advocating for clients may be violated by attending court hearings and reporting private information to the team. Other team members expressed a counter-narrative suggesting that PRS, having experience with the drug court and treatment program participation, may be better positioned to communicate the needs and perspective of the client to the team (Gesser et al., 2022). The authors were unable to determine if the Case Management with PRS services model or traditional CM model was better regarding whether the PRS should or should not report to the team (Gesser et al., 2022).

In summary, prior research shows that peer support is promising, but more research is needed to determine whether Peer Recovery Support Specialists working within the adult drug treatment court model rises to the level of being an evidence-based practice. A consistent observation across interdisciplinary

<sup>4</sup> Belenko et al. (2021, p. 3) reported that PRS were “also responsible for alerting the case management unit to any of their clients’ current or potential behavioral or health related problems.” Gesser et al. (2022, pp. 28–29) reported in a study based on the same court, that “The PRSs collaborated with case managers about mutual clients; however, they did not report recurrence of substance use to case managers to avoid mandatory reporting by case managers to the court, in order not to risk the trust established between PRSs and their clients.” It may be that PRS reported to supervisors instead of case managers to avoid the mandatory reporting to the court required of case managers. Thus, between the two studies, the responsibility of PRS to report to case managers, supervisors, or the treatment court team is unclear.

studies, as well as treatment court-specific studies, is that there is great variation in how peer support is implemented across programs, thus making it difficult to establish how peer support *should* be formulated in ADTCs and “what works” to inform future evidence-based practice. Given that the examination of peer support in treatment courts is emerging as a focus of study, it is important to establish how often peer support is being used in treatment court settings, whether there are formal criteria used to establish the role and responsibilities of PRSSs, and how peer recovery support is being integrated by professionals in the field into the treatment court model. Thus, the current study attempts to fill this gap in the literature by answering the following questions:

**Q1.** How common is the use of peer recovery support specialists in adult drug treatment courts in the United States?

**Q2.** What criteria guide the hiring, training, and certification of peer recovery support specialists in adult drug treatment courts?

**Q3.** How is the peer recovery support specialist position being implemented within the adult drug treatment court model?

## Methodology

To address the research questions presented above, a survey instrument was developed by the authors to gather descriptive, baseline information regarding the use of peer recovery support specialists within adult drug treatment court programs in the United States and in United States Territories. The University of North Carolina Wilmington (UNCW) Institutional Review Board approved the study protocol.

The Qualtrics survey instrument was first emailed to 54 statewide/territory<sup>5</sup> drug court coordinators in November 2021, with a request that they forward the survey to all ADTC program coordinators in their respective jurisdictions. The survey included questions about the addition of PRSSs within the treatment court, rates of pay, hours worked, employer, level of involvement in the actual treatment court and staffing procedure, and state certification processes. Data collection began in November 2021 and initially ended on February 28, 2022. This wave of survey data collection resulted in 712 usable surveys. In August 2022 a second wave of survey requests was sent to states that did not respond to the

first request. This targeted survey collection produced an additional 72 ADTCs. The final sample included 784 usable surveys received from 45 states/territories. As of December 31, 2021, a total of 1,728 ADTCs were operational within the U.S. Therefore, 45.3 percent of ADTC programs are represented in the study.

## Findings

These findings are organized to show (1) the prevalence of PRSSs in ADTCs, (2) the requirements and qualifications of PRSSs in ADTCs, and (3) how PRSSs are positioned to provide support services within the ADTC model.

### *Prevalence of PRSSs in ADTCs*

The use of PRSSs in adult drug treatment courts appears to be a fairly recent and growing practice. Of the 784 ADTCs represented in this study, 46.4 percent (n=364) reported having one or more peer recovery support specialists within their program. An additional 10 percent (n=78) reported that they did not currently have a PRSS but planned to add this role in the future. Finally, 43.6 percent (n=342) of respondents said they did not have and were not planning to add a PRSS to their ADTC. For those reporting having a PRSS (range was 1-28), 39.4 percent indicated having one PRSS, 41.4 percent reported having two to three, and 11 percent reported having four to five PRSSs involved with their program (see Figure 1, next page).

The survey results also show PRSS is a recent program feature within ADTCs. The earliest implementation occurring in the sample is reported as early as 2000. The practice slowly builds between 2006 to 2015, and then gains momentum beginning in 2016, with 80 percent of ADTCs with a PRSS formalizing this role between 2016 and 2022 (see Figure 2, next page).

### *Qualifications for PRSSs in Adult Drug Treatment Courts*

Respondents were asked about the required qualifications for PRSSs (see Figure 3, next page). Not surprisingly, over 70 percent indicated that the individual must have “lived experience.”<sup>6</sup> Additionally, 82.7 percent reported that state certification was required. Far fewer respondents (13.3 percent) reported that the PRSS must be a graduate of the adult drug court, with the required amount of time

separated from the ADTC program ranging from one month (33.3 percent) to 24 months (11.1 percent). The most common response among those selecting the “other” qualification category was that the qualifications were unknown because the PRSS was employed by an agency other than the ADTC.

### *Implementation of PRSS in Adult Drug Treatment Courts*

In addition to the PRSS qualifications, respondents were asked about features of the PRSS position such as employer, hourly pay, and hours worked each week. As shown in Figure 4, the majority (54.2 percent) of respondents reported that the PRSS was employed by a treatment provider organization, while only 15.4 percent reported that the PRSS was employed by the ADTC program. The remaining 30.4 percent of respondents indicated that their PRSS was employed by entities such as a non-profit, a recovery center, or a health department, among others.

The vast majority (79.3 percent) of respondents reported that the PRSS was a paid position. Hourly rates ranged from \$10 to \$90, with a mean of \$17.71 and a median of \$16.00. Over one-third (37.7 percent) of respondents reported an hourly rate between \$13.00 and \$15.99, while just over one-quarter (27.7 percent) indicated the PRSS positions are paid between \$16.00 and \$18.99. The hours worked per week ranged from 0 to 80.0 hours, with a mean of 19.6 and a median of 20.0 hours. The position was voluntary among 18.9 percent of respondents and was reported as both paid and voluntary by 1.8 percent of respondents.

The survey also explored questions related to the training, inclusion, and operational role of the PRSS within the treatment court program. As shown in Figure 5, around two-thirds (65.7 percent) of respondents reported that their PRSS received treatment court training before joining the program. However, only 36.6 percent of respondents indicated that the role and function of the PRSS is outlined in their drug treatment court team policies and procedures (operations) manual. Last, 65.2 percent indicated that the PRSS is an official member of the treatment court team.

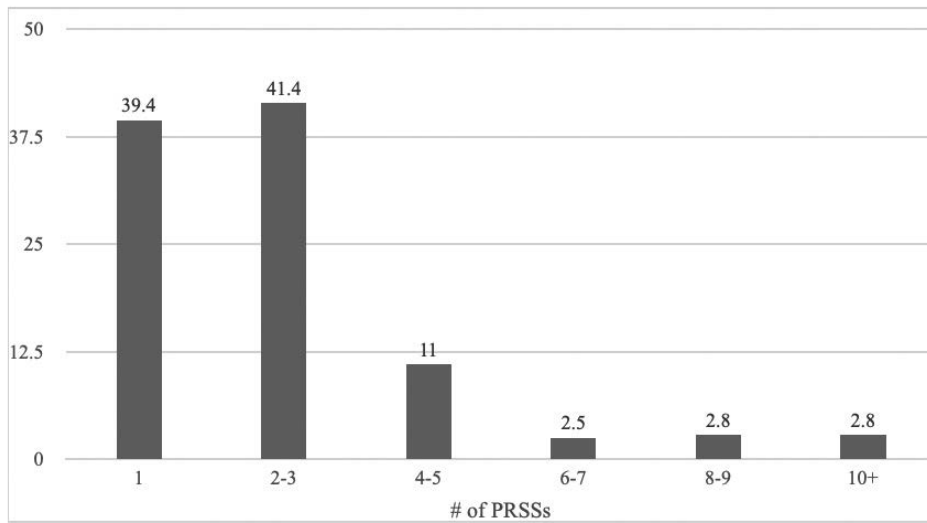
Given the high rate of membership of PRSSs among the functioning treatment court team, it is interesting to further understand the duties assigned to the PRSS (see Figure 6). Among those courts indicating the PRSS was a member of the ADTC team, 97.7 percent indicated that the PRSS meets with participants, while 77.5 percent of programs reported that

<sup>5</sup> This includes all 50 states, the District of Columbia, Guam, Northern Mariana Islands, and Puerto Rico.

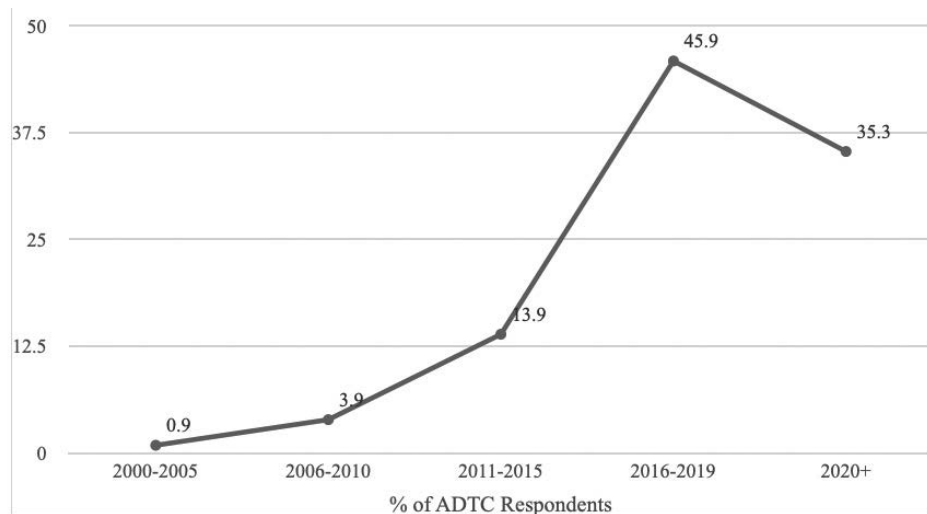
<sup>6</sup> “Lived experience” was not defined within the survey.



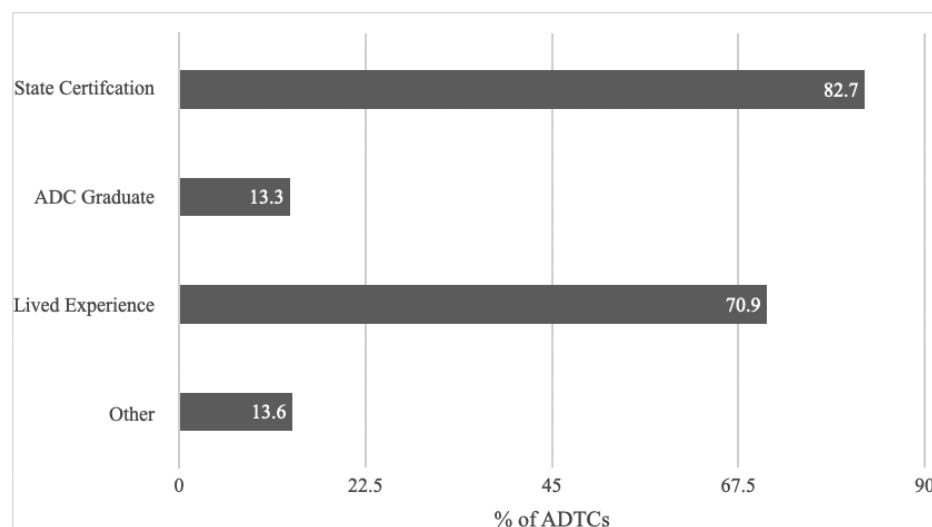
**FIGURE 1.**  
Number of PRSSs Involved with ADTCs (n=355)



**FIGURE 2.**  
Year When ADTC Added PRSS Role (n=331)



**FIGURE 3.**  
Qualifications for PRSS Involved with ADTCs (n=330)



the PRSS coordinates programming. Just over two-thirds of respondents indicated that the PRSS provides transportation, and a similar percentage (68.4 percent) have a PRSS who attends drug treatment court team staffing meetings.

Respondents reporting that their PRSS attends drug treatment court team staffing meetings (n=201) were asked whether or not the PRSS provided input on various decisions. Figure 7 reveals that an overwhelming majority of respondents (83.6 percent) reported that the PRSS provides input in team decisions, changes to case management plans (80.3 percent), changes to treatment plans (73.5 percent), graduation and termination (79.8 percent), and incentives and sanctions (82.7 percent). (See Figure 7.)

Two-thirds (65.2 percent) of adult drug treatment courts with PRSSs described the PRSS as an official member of the team. Given the level of involvement in the staffing procedure and input afforded to PRSSs, we analyzed the similarities and differences among programs that reported the PRSS to be an official team member and programs reporting that the PRSS was not an official team member. A higher percentage of PRSSs categorized as official team members were in a paid position (86.0 percent), whereas 71.3 percent of non-official team members were paid. With regard to qualifications, a similar percentage of official and non-official PRSSs (84.5 vs. 81.7 percent respectively) required state certification (see Figure 8). Being a graduate of the program was required by 14.0 percent of programs with the PRSS as an official team member, as compared to 9.6 percent of programs where the PRSS was not an official team member. Based on chi-square analysis, a significant difference between the two groups was revealed with regard to lived experience being a requirement. Three-quarters (75.6 percent) of the respondents with a PRSS as an official team member must meet the requirement of having lived experience, whereas only 62.5 percent of ADTCs where the PRSS is not an official team member had to meet this requirement.

Significant differences between those ADTCs with a PRSS as an official team member and those who are not official team members were found when examining the roles and responsibilities of the PRSS (see Table 1). Based on chi-square analysis, a significantly higher percentage of programs with PRSSs as official team members reported having the roles and responsibilities of the

PRSS outlined in their policies and procedures (operations) manual, providing treatment court training for the PRSS, and having the PRSS coordinate programming. Not surprisingly, no significant differences between the two groups were found with regard to the PRSS providing transportation and the PRSS meeting with participants as part of their role/responsibilities.

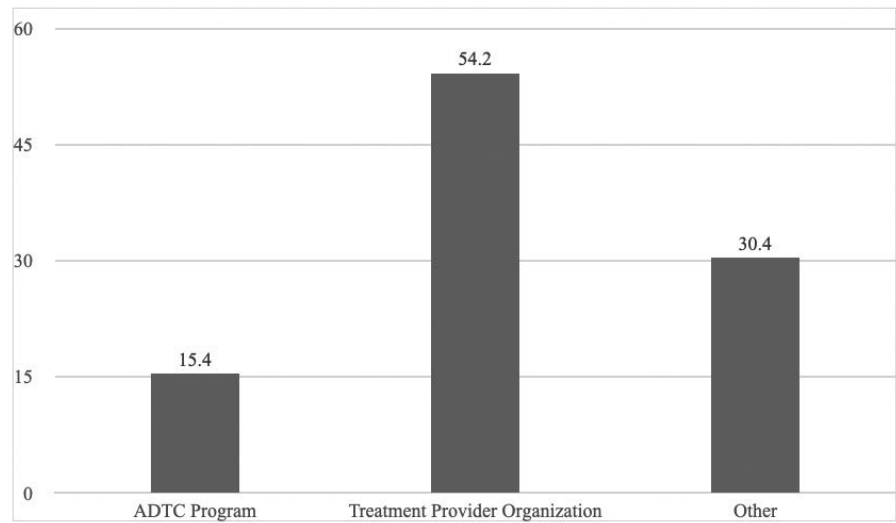
There were also significant differences between team membership and attendance at pre-court staffing meetings based on chi-square analysis. For programs with a PRSS serving as an official team member, 88.2 percent reported that the PRSS attends pre-court team staffing meetings, whereas in only 28.6 percent of programs where the PRSS was not an official team member did the PRSS attend pre-court team staffing meetings ( $p < .001$ ) (see Figure 9).

Interestingly, significant differences were found when examining the areas about which the PRSS provides input during the case staffing meetings. With the exception of input regarding changes to treatment plans, programs with a PRSS serving as an official team member were significantly more likely to report that their PRSS provided input on multiple areas based on chi-square analysis. For example, 85.4 percent of programs with an official team member reported PRSS input on issues related to incentives and sanctions, while only 65.4 percent of the other programs indicated that. Similarly, 87.7 percent of programs with an official team member allowed PRSS input into team decisions (e.g., voting), and only 57.5 percent of those programs without an official team member reported this type of input from the PRSS. (See Figure 10.)

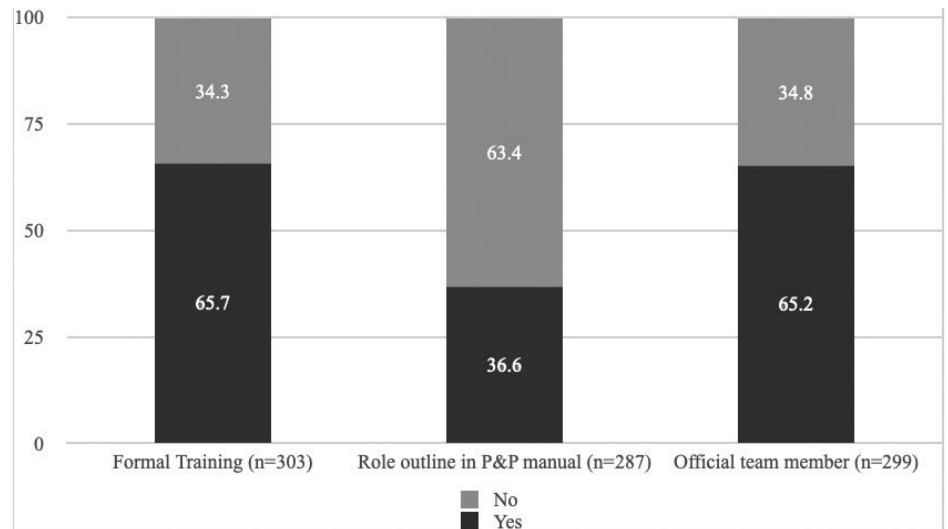
**Discussion**

This study is the first attempt to gather descriptive data about the extent of PRSS involvement across the ADTC model. The addition of PRSSs suggests that drug treatment court professionals remain innovative in exploring how to enhance the experiences of participants while simultaneously improving outcomes. It is important to know whether peer recovery support remains a practice of mutual aid informally exchanged between participants or whether it is formally constructed, clearly defined, and qualifies as a new category of promising practice. The results of this survey, combined with a careful review of the literature, yield four key findings that ADTCs should consider when exploring the development and addition of PRSS

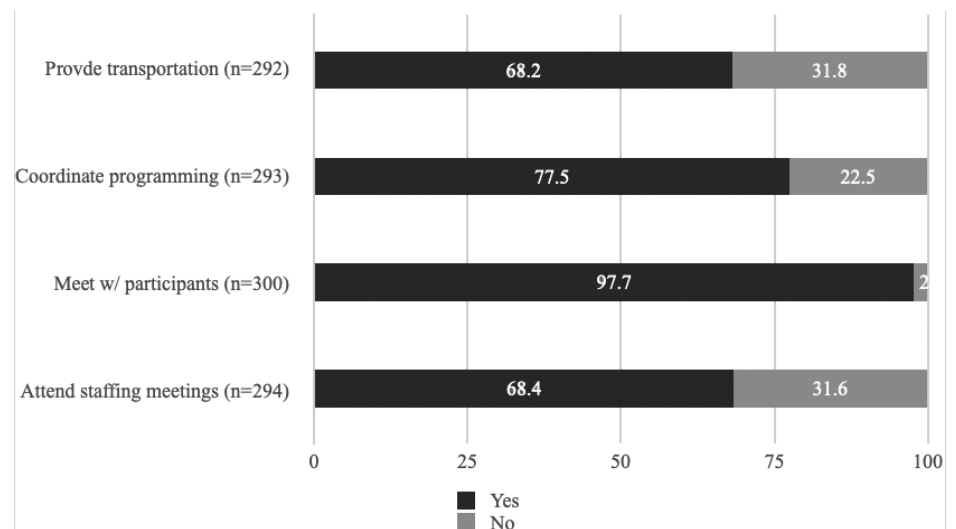
**FIGURE 4.**  
Agency Employing PRSSs Involved with ADTCs (n=299)



**FIGURE 5.**  
Integration of PRSS into ADTC Team (n=299)



**FIGURE 6.**  
Roles & Responsibilities of PRSS Involved with ADTCs



positions.

First, PRSS in the ADTC model is a rapidly expanding practice. Close to half (46 percent) of the survey respondents reported

having one or more PRSS positions within their treatment court, with the large majority of these programs (80 percent) operating with between one and three PRSS positions.

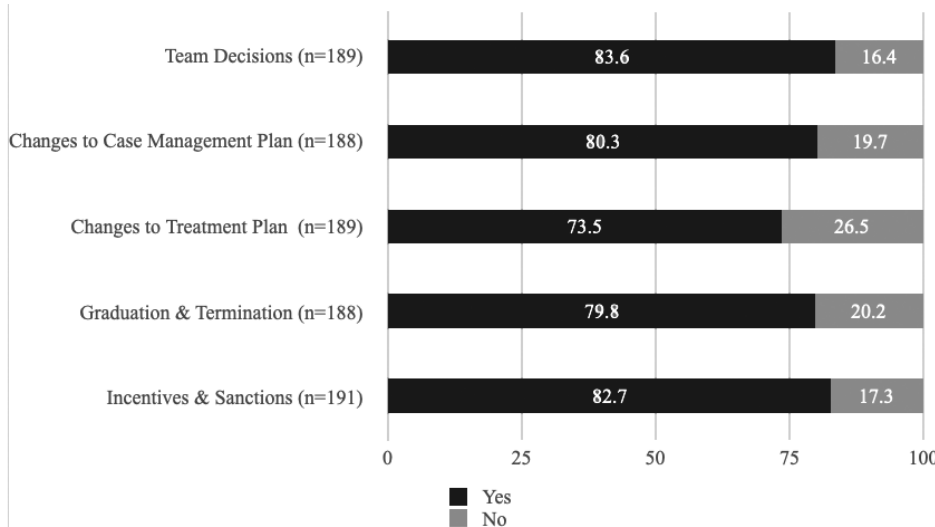
The addition of PRSS is a new phenomenon, with most positions added to the program between 2016 and 2019. It is unknown why the addition of PRSS to the ADTC model slowed after 2019, but it is likely due to the COVID-19 pandemic that began in 2020. The increased use of PRSSs may also be a reflection of increased evidence of effectiveness in other models (e.g., substance use, mental health, and co-occurring disorders), federal and state investment in the general field of peer recovery support, and professionalization of the field.

This practice, however, is not fully embraced by all ADTC programs, as 43.6 percent of respondents reported that they had no intention of adding this position to the team. While this survey did not explore this decision, prior research points to some unique challenges that could be influencing the addition of PRSSs, including role confusion, duplication of effort, and ensuring confidentiality (see du Plessis et al., 2020; Gates & Akabas, 2007; Gesser et al., 2022; Jones et al., 2019; Kuhn et al., 2015; Nixon, 2020). Classic challenges to the treatment court model, such as a lack of resources, insufficient training, or no PRSS program/certification process may also inhibit inclusion and operation.

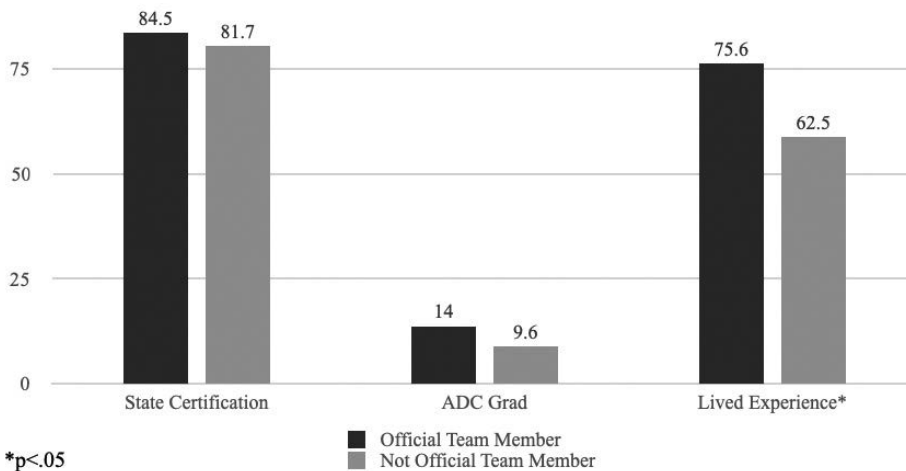
Second, formal certifications and a code of ethics are foundational to PRSS implementation within the ADTC model. With expansion comes a need to create standards to determine critical qualifications and to set professional expectations of PRSS implementation. The availability of a high level of training and certification, combined with ongoing clinical supervision, is a significant benefit for PRSSs. The code of ethics outlined by National Association for Addiction Professionals (NAADAC) provides a delineated set of duties and boundaries that must be adhered to in order to properly preserve the client-peer relationship (2021). However, the results of this survey, combined with the review of available literature, reveals a set of mixed practices that must be addressed within the treatment court process. A positive finding is that 82 percent of respondents in this study reported that PRSS state certification is a requirement to work within the adult drug treatment court program.

Certification of the field allows for PRSSs to learn valuable skills related to communication, resource connection, building a collaborative and caring relationship, setting boundaries, and addressing ethical dilemmas (Foglesong, Knowles, et al., 2022; JSI Research & Training

**FIGURE 7.**  
Topics for which PRSSs in ADTCs Provide Input During Pre-Court Staffing Meetings



**FIGURE 8.**  
Comparison of PRSS Qualifications Across ADTCs Classifying the PRSS Role as Official/Not Official Team Member (n=297)



**TABLE 1.**  
Comparison of PRSS Roles/Responsibilities Across ADTCs Classifying the PRSS Role as Official/Not Official Team Member

	Official Team Member	Not Official Team Member
Role outline in policy & procedures (operations) manual**	47.6	15.2
Formal training**	77.3	43.1
Provide transportation	70.2	64.0
Coordinate programming**	82.8	66.3
Meet with participants	97.9	97.1

\*\*p<.001

Institute, 2016; National Association of Peer Supporters, 2019; SAMHSA, 2015, 2020). Embedded within many state and national certification standards is a PRSS code of ethics. The NAADAC Code of Ethics for certified PRSS states (in summary) that the PRSS will work under supervision and complete sessions with a clinical supervisor, remain free from substances, and maintain their own outside supports for their recovery (2021).

The PRSS code of ethics also requires that they adhere to “federal confidentiality, HIPAA laws, local jurisdiction and state laws.” They must also disclose any “pre-existing professional, social or personal relationships with the person(s) served” (National Association for Addiction Professionals, 2021). This may be of particular concern for former ADTC participants becoming peer recovery support specialists in the program from which they just graduated. The intersection of peer recovery support specialist’s ethics, confidentiality requirements, and HIPAA regulations may create a professional conundrum for the PRSS when balancing working with individual participants and the ADTC team. For example, the PRSS may have had a prior relationship with clients, may have access to peers’ official files, and may be asked to provide input on such decisions as sanctions for individuals who until recently were peers seeking mutual benefit. Thus, it is disconcerting that 20 percent of ADTC programs with a PRSS do not require formal certification and adherence to a professional code of ethics. It is critical that PRSSs be required to become certified in order to protect the efficacy of the PRSS role and the integrity of the ADTC model.

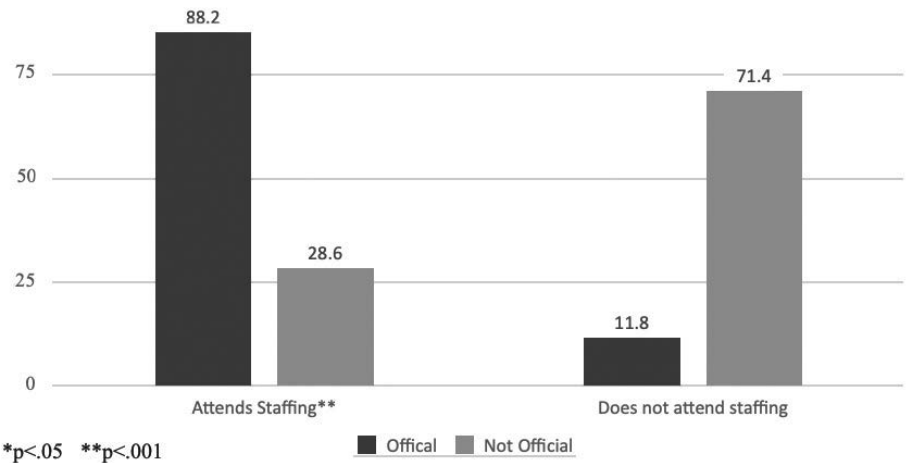
**Third, strengthening program efficacy through structural fidelity is important to the inclusion of PRSS positions in the ADTC model.** Prior research in related fields identified three structural models of peer support, including the sequential model, parallel models, and integrated models (see White & Evans, 2013). The current study suggests that ADTC programs are primarily implementing parallel models, with 54.2 percent of ADTC programs reporting that the PRSSs are employed by a treatment provider organization and another 30.4 percent reporting they are employed by non-profit organizations, recovery centers, health departments, etc. In addition, ADTCs that include the PRSS as an official team member are also adhering to an integrated model where treatment services and recovery support services are delivered by the same organization or highly coordinated

multiagency teams.

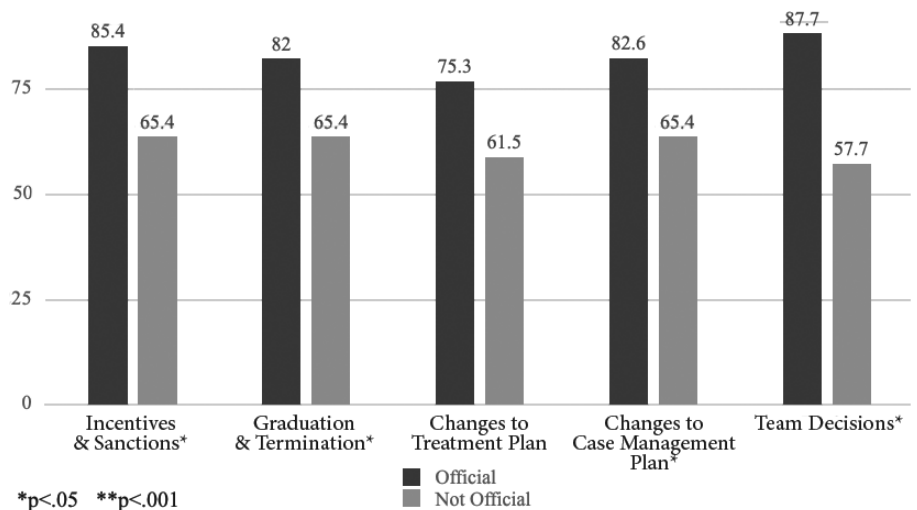
Confounded within these structural models just noted are the structured roles that PRSSs serve, such as being a peer added to existing roles, peers serving within existing roles, and peers delivering curriculum (see Chinman et al., 2014). Several studies suggest that “peer added” and “peer delivering curricula” may be most likely to significantly enhance participant engagement in the process and increase positive outcomes in mental health, substance use, and co-occurring disorder-focused

programs, as well as in treatment court settings (see Chinman et al., 2014; Pinals et al., 2019; Ramchand et al., 2017; Shaffer et al., 2022; Smelson et al., 2019; White & Evans, 2013). The current study shows that over half of ADTCs align with a “peer added” model, given that these peers are employed outside of the ADTC program. In addition, over three-quarters of ADTCs with PRSSs reported that they help to coordinate programming. While the current study did not ask about whether the PRSS directly delivered programming, the

**FIGURE 9.**  
Comparison of Whether PRSS Attends Pre-Court Staffing Meetings Across ADTCs Classifying the PRSS Role as Official/Not Official Team Member



**FIGURE 10.**  
Topics for which PRSSs in ADTCs Provide Input During Pre-Court Staffing Meetings Comparison Across ADTCs Classifying the PRSS Role as Official/Not Official Team Member



results show that PRSSs are at least affiliated with the programming and treatment process within the existing model. These results suggest that PRSS model structure and roles are in alignment with promising practices found in related fields.

Possibly the most concerning result of this study related to program efficacy is the nearly 30 percent of courts reporting that “lived experience” is not a stated requirement to serve as a PRSS. An important consideration to be made by ADTC professionals responsible for hiring PRSS workers is lived experience specific to recovery. Lived experience is critical to having unique knowledge about how to navigate the structural, emotional, and psychological recovery from substance use and co-occurring disorders, as well as experience with the drug treatment court process or the complex and fragmented systems of the criminal, health, and human service systems. One may argue that without lived experience there is no “peer” in peer support, as it is fundamentally based on personal experience and providing unique types of support based on mutual trust and understanding (Bassuk et al., 2016; Mead et al., 2001; SAMHSA, 2015; Taylor, 2014; White & Evans, 2013). Thus, it is surprising that only 70 percent of ADTCs in this study required lived experience to qualify as a PRSS.<sup>7</sup> Therefore, approximately one-third of ADTCs implementing PRSS are violating the basic premise of the peer recovery support model and what is theoretically and practically considered necessary to maintain program integrity.

**Finally, this study shows that operationalization and placement of the PRSS within the ADTC model is mixed and may be in conflict with the original tenets of peer support being located separate from clinical and professionalized relationships.** Although ADTCs are designed to provide access to treatment and recovery support services, they still retain the coercive leverage of the criminal justice system (see Lutze & van Wormer, 2007). Courts must decide whether PRSS services should be aligned with criminal justice practices or be aligned with navigating treatment practices as originally conceptualized by

the peer support movement. For example, in line with navigating treatment practices, over 50 percent of ADTC respondents reported that the PRSS was employed by the treatment provider, and another 30 percent were employed by some type of non-profit, public health department, or recovery center. This is an important finding as the NAADAC code of ethics requires clinical supervision of the PRSS, and this most likely cannot be afforded if the PRSS is working directly under the ADTC program or judge. Much like the duties outlined by NAADAC, the PRSS within the treatment court engaged in many standard PRSS duties. This included meeting with clients, coordinating services and programming efforts (resource connection), and providing transportation. Thus, the PRSS in these courts were mostly aligned with the support, programing, and treatment components of ADTCs.

Yet, mission creep becomes a legitimate concern, with 62.5 percent of ADTCs reporting that the PRSS has been added as an “official” member of the ADTC team and have direct input on team decisions around incentives and sanctions, changes to treatment plans, and even graduation and termination. This context provides opportunities for PRSSs to participate in coercive action that may directly conflict with support and violate the mutual trust, rapport, and client-driven pursuit of program goals ensconced in the PRSS-peer client relationship. Some research shows that PRSSs may drift away from the peer support mission and closer to the professional identities of those with whom they primarily work (Foglesong, Spagnolo, et al., 2022). Therefore, PRSSs directly working with the ADTC team may begin to view their professional role as geared toward observation and surveillance on behalf of the team. Given state certification processes and national and state codes of ethics, it is important that ADTC teams do not place the PRSS in a position of violating their stated ethical codes. As White and Evans (2013, p. 9) stated, “care must be taken in the integration process not to de-professionalize clinical services or professionalize peer support relationships.” The peer relationship is built on a foundation of trust, shared experience, care, and support (see Bassuk et al., 2016; du Plessis et al., 2020; Mead et al., 2001; White, 2007; White & Evans, 2013). Once the PRSS is expected to share confidential information or bring concerns (or even progress) directly to the team, it places the PRSS in a potential position of

ethical violation.

Of further concern about the PRSS possibly drifting toward alignment with the coercive leverage of the criminal justice system is that only 36 percent (n=103) of ADTCs reported that the roles and responsibilities of the PRSS were outlined in the program’s policies and procedures (operations) manual. This lack of clarity regarding the PRSS role creates opportunities for mission creep and confusion among ADTC team members as to the role of PRSSs. Thus, as White and Evans (2013) warn in relation to preventing any unintended harmful effects of peer recovery support, “Given the long record of harm in the name of help within the history of clinical and social interventions into AOD problems, it is incumbent on behavioral health leaders to ask whether any inadvertent injuries could flow from the implementation of PRSS” (p. 10).

#### *Limitations of the Study*

Although the current study accomplished its goal of describing how PRSSs have been implemented within existing ADTCs, there are some limitations that will need to be addressed through future research. First, prior research shows that direct supervision of PRSSs by a case manager or treatment professional is critical to maintaining the integrity of the PRSS role. The current study asked where existing PRSS positions were situated but did not ask who is responsible for supervising individuals in PRSS positions. Second, research focusing on peer recovery support delivery models in related fields revealed that peer curriculum delivery by PRSSs significantly strengthens peer support model outcomes. Unfortunately, the current study asked about program coordination, but did not ask about the delivery of direct program/curriculum by PRSSs in the ADTC model. Third, data regarding the amount of time and the quality of the interaction between ADTC participants and PRSSs are important to determining the overall impact of peer recovery support on specific outcomes (e.g., program retention). Although the current study asked about the number of hours PRSSs worked in a typical week, as well as specific roles and responsibilities, data were not collected regarding the amount of time PRSSs spent with participants nor the quality of this interaction. Thus, the optimal “dosage” of emotional, psychological, and functional support provided by PRSSs is unknown. Finally, it should be noted that ADTC participation in the current study was voluntary and, thus,

<sup>7</sup> Interestingly, in SAMHSA’s (2015) review of state requirements for peer recovery specialists, only 81 percent of states required recovery experience. SAMHSA also found that, when lived experience was required, it ranged from 36.2 percent of states requiring as little as one month to 41.3 percent of programs requiring 12-24 months in recovery. This finding is similar to the current study.

the findings are only representative of those ADTCs that elected to participate.

## Conclusion

A considerable body of empirical research over the past 30 years has demonstrated that treatment court programs (when implemented with fidelity to the model) are successful in reducing recidivism and facilitating recovery from substance use disorders among participants. Even though proven successful in their current configuration, treatment courts continue to build upon evidence-based practices and to evolve by testing promising new approaches that may improve the process and enhance targeted outcomes (see All Rise at <https://allrise.org/>; Treatment Court Institute [TCI] at <https://allrise.org/about/division/treatment-court-institute/>). The current study shows that peer recovery support is a recent innovation within the field that is quickly being integrated into the adult drug treatment court (ADTC) model. Peer recovery support specialists (PRSSs) are being used to collaborate with ADTC teams and serve a critical role by supporting the emotional, psychological, and functional needs of adult drug treatment court participants.

Common features of PRSS implementation across ADTC models is 1) requiring training and state- and national-level certification, 2) integrating the PRSS role into the drug court team, and 3) expecting PRSSs to meet with participants, attend pre-court staffing meetings, coordinate programming, and provide transportation. A majority of ADTCs with PRSSs allowed them to participate in team decisions related to incentives and sanctions, graduation and termination, and modifying treatment and case management plans. Thus, these ADTCs appear to have taken great strides toward fully integrating PRSSs into the team model.

This study also found that there are common models of peer support emerging in ADTCs nationally. PRSSs tend to be implemented in collaboration with organizations on which ADTCs rely to provide treatment and recovery support services. Similar to other related disciplines, to date, ADTCs have used a peer-added and peer-organized service delivery approach. Evidence from related fields such as substance use disorder, mental health, and co-occurring disorders reveals that there is value-added for the use of PRSSs within these systems. This also appears to be true in the few studies conducted on the effects of peer support used in the ADTC

model.

The addition of PRSSs within the treatment court model, however, must be cautiously approached and managed in relationship to certification requirements and codes of ethics. Based on existing literature and the results of the current study, there are essentially two models of operation aligned with state certification requirements and codes of ethics that ADTCs should consider when using PRSS positions. The “intermediary team advisor model” ensures a stronger barrier between the participant, peer, and ADTC team by requiring that PRSSs report directly to a clinical supervisor who serves as an intermediary between the PRSS and the ADTC team. Thus, any concerns that the PRSS might have about a participant are shared in a clinical setting, HIPAA compliance is ensured, and information is only shared at a “general” level with the ADTC team through standard treatment reports. In this model, the PRSS does not attend pre-court staffing meetings and is not asked direct questions about individual participants’ progress or concerns.

Within the “embedded team advisor model,” PRSSs attend pre-court staffing meetings, but do not divulge private or confidential information about participants. They also do not engage in decisions about incentives/sanctions, graduation/termination, treatment plans, nor case management plans. Pertinent case-specific information is shared with the team by the clinical supervisor. Attendance at pre-court staffing meetings may assist PRSSs in working with participants to prioritize issues with the greatest likelihood to sabotage success while protecting the PRSS from violating their ethical and professional responsibilities.

It should be noted that in both the “intermediary team advisor” and “embedded team advisor” models, PRSSs do not provide information regarding specific participants to members of the ADTC team. Rather, PRSSs can provide team members with information from the perspective of a peer with lived experience to inform team discussions. If PRSSs participate as “voting” members of an ADTC team, then they are not honoring the participant’s voice. Rather, they are injecting their own voice and thereby creating a power differential. The peer journey is one of participants defining the relationship and exercising self-determination. It is the role of the PRSS to support these efforts and to remain a neutral party. Until further research is conducted regarding this issue, ADTC

teams are encouraged to carefully review state and national standards, as well as codes of ethics, to ensure that they are not asking PRSSs to violate their ethical duty to protect, care for, and support ADTC participants in their work.

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# A Pretest-Posttest Evaluation of Academy Training and Fear of Beginning a Correctional Officer Career

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**PRISONS ARE UNIQUE** environments that have the potential to become dangerous at virtually any moment (Konda et al., 2013; Sykes, 1958). As such, their “awe-factor” is regularly used by pop culture in movies and television shows to increase viewership. One such example is *Inside the World’s Toughest Prisons*, a television show depicting life inside some of the most dangerous prisons around the world. Because what *actually* goes on inside American prisons is relatively unknown and hidden from public view, these types of shows have the potential to shape the way that people view prisons in general (Dolovich, 2022). Put simply, by most media accounts, prisons are depicted as scary places, full of violence, where the risk of becoming the victim of an attack is ever present (Burton, 2022).

Individuals deciding whether to work in corrections are not immune to the media’s depiction of dangerous prisons. Given that most people entering corrections work have little to no experience working in prisons or other types of corrections facilities (Burton, Jonson, Miller, & Cook, 2022), it is likely these

individuals bring some level of fear with them into their work as a correctional officer due to graphic and violent media depictions they have viewed countless times. This incoming fear is further compounded by the fact that, unlike the case in other occupations they may have held, correctional officers at work are outnumbered by people who have broken the law and may have a history of violent and anti-social behavior (Armstrong & Griffin, 2004; Feld, 2020). One rather shocking example of this reality came out of Georgia, where one correctional officer pleaded for help at a Georgia House of Representatives meeting by stating “On a ‘good day,’ he had maybe six or seven officers to supervise roughly 1,200 people” (Blakinger et al., 2021).

Additionally, demographic factors of correctional officers have been shown to impact their levels of fear. For example, non-White and female officers express a greater perceived danger and concerns about safety associated with working in prison (Garcia, 2008; Gordon & Moriarty, 2007; Gordon et al., 2003; Gordon et al., 2013). As a result, imported

characteristics are influencing the trepidation that officers feel concerning the job (Gordon et al., 2013). As fear is related to officers’ decision making, interactions with incarcerated people, increased job stress, lower work satisfaction, greater turnover intentions, and increased susceptibility to post-traumatic stress disorder (PTSD), understanding how to reduce and manage officers’ fear becomes of paramount importance for state departments of correction (Hartley et al., 2013; James & Today, 2018; Stichman & Gordon, 2015; Taxman & Gordon, 2009).

As some of the factors exacerbating correctional officer fear are imported into the job, correctional officer training academies may serve as an opportunity to mitigate and lessen the levels of fearfulness. Thus, the current study explores these issues by measuring the baseline levels of fear among newly hired correctional officers before assuming their posts in state prisons. The study then examines the impact of the training academy experience on officers’ levels of fear. Furthermore, as the prior research has consistently uncovered

differences in fear across demographic factors, separate analyses are conducted with male trainees, female trainees, White trainees, and non-White trainees to identify whether academy training differently affects the levels of fear for various demographic groups.

## Academy Training and Fear

When people are hired to work as correctional officers, they receive basic training in academies, similar to police officers. Academies' primary role is to teach officers the requisite skills of the job and ensure they are confident in using them before they take their posts within prisons (Burton et al., 2018; Burton, Jonson, Barnes, et al., 2022; Miller et al., 2022, 2023). Moreover, the academy is also responsible for socializing officers into the broader organization and conveying to them the roles and responsibilities of a correctional officer. These issues take on added salience given that many of those who come to the correctional officer occupation have little to no experience working within correctional environments (Burton, Jonson, Miller, & Cook, 2022; Kois et al., 2020).

In addition to these basic functions of academies, correctional officer training should also assuage job-related fears or uncertainties held by the trainees. There are at least two broad mechanisms of the training academy experience through which this could occur (Burton et al., 2018; Kois et al., 2020). First, training teaches officers various skills that should theoretically lead them to feel safer and less fearful while working inside prisons, such as self-defense, de-escalation techniques, and how to use firearms (Burton et al., 2018; Kois et al., 2020; Miller et al., 2022). Second, the officers learn the reality about the prison environment and about those serving time in prisons, which should serve to reduce their fear and apprehension toward this population (Gordon & Baker, 2017; Kois et al., 2020).

Though these relationships are theoretically expected, a gap in the research exists on the personal and psychological effects of training on newly hired officers that go through it. This omission is surprising given the recent realization that officers suffer from a range of negative mental health outcomes, for which fear could be both a precursor and result (Spinari et al., 2012). The current study is the first of its kind in that it examines newly hired officers' fear of working as correctional officers both prior to and after academy training. Further, the current study explores the differential impacts of academy training on fear for

distinct categories of officers by disaggregating the sample into 4 subgroups: (1) male trainees, (2) female trainees, (3) White trainees, and (4) non-White trainees. Because prior research reveals that correctional officers' fear is associated with a variety of negative outcomes, affecting not only the officers but the organization at large (Taxman & Gordon, 2009), this exploratory study provides a critical insight into an overlooked aspect of correctional officer academy training.

## Methods

The data were collected in the course of a larger evaluation project that sought to more comprehensively understand newly hired correctional officers and their academy training (e.g., Burton, Jonson, Miller, et al., 2022; Burton et al., 2023). The researchers received permission to collect data from one Southern and two Midwestern states' correctional officer training academies in 2017–2018. The data collection process relied on a staff member from each academy that served as a liaison between the researchers and the training academies. The individuals read scripted explanations of the study to all the newly hired correctional officers (i.e., trainees) before and after academy training. The questionnaires were completed using pencil/paper and, when finished, were mailed back to the researchers at their academic institution. In total, 764 officers were recruited across the three states to take part in the research study. Of those, 513 completed pretest (prior to academy training) and posttest (after academy training) questionnaires that included the items used in this study (67.2 percent response rate). Regarding the demographic makeup of the sample, slightly less than 3 in 10 officers are female (29.7 percent) and over two-thirds (68.2 percent) are White officers. The average age of the sample is 30.5 years old.

Though a variety of domains have been

used to measure correctional officer fear, such as cognitive and emotional fear (e.g., Gordon & Baker, 2017), the current study relies on a global measure of fear. Thus, officers were asked the following question: "How fearful are you to begin a career as a correctional officer?" Officers were asked to respond on a 10-point scale (ranging from 1 = *not fearful at all* to 10 = *extremely fearful*), with higher values corresponding to greater levels of fear.

## Results

Figure 1 shows the average level of fear held by the full sample and different demographic subgroups. The columns show the average levels of fear the trainees entered the academy with and their level of fear after the training, the difference between their pre- and post-academy fear, and the statistics generated by dependent samples *t*-tests that assessed whether academy training impacted the levels of fear associated with beginning their career as a correctional officer.

Starting with baseline levels of fear for the full sample, the data reveal that individuals entered training academies with an average of 3.26/10 on the fear scale. After training, the average score dropped to a 3.06/10 on the scale. A paired-sample *t*-test revealed the decrease in fear was not significant. Turning to the subgroup analyses, levels of fear differed for male and female trainees both before and after training. Female trainees began training with the highest level of fear of all the subgroups at 3.45/10. By contrast, males began training with a fear of 3.18/10. For both groups, academy training did not have a significant impact on their fear of beginning their work as a correctional officer. One thing to note, however, is that after training, female trainees still possess more fear than male trainees prior to training.

Examining the sample by racial subgroups disclosed a significant finding: White trainees

**FIGURE 1.**  
Fear of beginning a correctional officer career before and after academy training, by gender and race

	Pre-academy Fear	Post-academy Fear Mean (SD)	Difference Mean (SD)	<i>t</i>	p-value
Full sample (n = 513)	3.26 (2.04)	3.06 (2.05)	.19	1.69	.09
Male trainees (n = 361)	3.18 (2.02)	2.96 (2.05)	.22	1.60	.11
Female trainees (n = 152)	3.45 (2.02)	3.31 (2.03)	.14	0.65	.51
White trainees (n = 353)	3.37 (2.01)	3.06 (1.91)	.31	2.46*	.01
Non-White trainees (n = 160)	3.01 (2.08)	3.08 (2.33)	-.07	-0.29	.77

\* Denotes significant  $\alpha = .05$  (two-tailed)

experienced a significant reduction in their fear of beginning a correctional officer career after academy training. Their fear when they entered the academy was a 3.45/10; after completing academy training, it dropped to 3.06/10. For non-White trainees, the academy training actually led to an increase in fear (though the change was nonsignificant).

To summarize, the results indicate that all trainees, regardless of race or gender, enter training academies with a global level of fear between a 3.01 to 3.45 on a 10-point scale. When considering the standard deviations of these averages, approximately 70 percent of trainees possess a level of fear between 1 to 5 out of 10. Thus, although officers hold a low-to moderate-level of fear generally, variation does exist at the demographic level. Moreover, the only demographic subgroup experiencing a significant decline in fear are White trainees.

### *Supplemental Analyses*

Because the trainees in our sample participated in academies located in three different states, it is important to assess whether the effects observed were a result of training at the state level or the individual level. In other words, are changes (or non-changes) in fear a function of one state's training academy, or a function of individuals within academies being exposed to training and their fear changing (or not) as a result. To assess this possibility, three regression models were computed. First an ordinal regression was estimated whereby the pretest levels of fear were regressed on binary state variables. This allows an examination to determine whether incoming levels of fear (i.e., prior to training) differed at the state level. The coefficients from the model were nonsignificant; thus, officers' incoming levels of fear of working as correctional officers do not differ by state.

The same process was carried out again but this time with the posttest levels of fear regressed on the binary state variables. Again, the coefficients were nonsignificant. This result implies that upon completing academy training, the level of officers' fear is not associated with the state where they received the training. Finally, delta scores were calculated by subtracting posttest levels of fear from pretest levels of fear. Then, the delta variable was regressed on the binary state variables to assess whether the state where the officers were trained explains variation in the changes observed in the officers' level of fear from prior to and after their academy training. Again, the coefficients were not significant, which

conveys that the state in which the officer was trained did not impact whether the level of fear changed as a result of training. These supplementary findings thus lend stronger evidence that changes (or non-changes) in fear are related more to characteristics at the individual level (e.g., by demographic factors) rather than to characteristics of the training academy itself.

## **Discussion**

Our study represents the first examination of newly hired individuals' fear of beginning a correctional officer career before and after academy training. Given the many negative factors associated with officers' fear (e.g., PTSD, turnover), the failure of researchers and departments of correction to systematically examine this issue is alarming. Beyond this issue, another important aspect of our study is that it was able to examine whether academy training reduced the level of fear held by newly hired officers. After all, time in the academy presents an opportunity for state departments to dispel the negative myths regularly perpetuated by the media. Moreover, many topics focused on during training should, theoretically, decrease one's fear of working in a prison environment. These consist of defensive tactics, de-escalation skills, and firearms training, as well as effective ways of working with incarcerated persons (Burton et al., 2018; Kois et al., 2020).

Considering these issues, academy training did not significantly reduce everyone's fear of beginning a career as a correctional officer. Specifically, only White trainees' fear was significantly reduced after training. Conversely, no other demographic subgroups experienced a significant reduction in fear as a result of training. This finding is likely a function of corrections staff—including training academy officers—predominantly being White. Recent estimates indicate that White correctional officers outnumber Black officers at a ratio of more than two to one, with 56.9 percent of all correctional officers being White and 24.9 percent being Black (DATA USA, 2022). As such, it might be the case that White trainees resonate more with predominantly White training staff and thus experience a reduction in fear as a result. Below we make three recommendations based on the study's findings.

### *Recommendations for State Departments of Correction*

Due to the inherent danger associated with prison work, correctional officers often

grapple with feelings of fear. Although various factors (e.g., security level and type of institution) can exacerbate fearfulness, one chief influence extends beyond the walls of the facility: the media's portrayal of prisons (Bougadi, 2016; Burton & Jonson, 2023; Gordon & Baker, 2017). Regularly depicting maximum-security institutions, the media depicts prisons as violent, chaotic, and unpredictable entities housing dangerous individuals intent on harming those around them (Bougadi, 2016). Newly recruited correctional officers likely have been exposed to these graphic and sensationalized portrayals and are bound to come into the job with exaggerated trepidation concerning work in a prison. As a result, correctional officer training academies should *explicitly* assess these misconceptions and consciously dismantle these commonly held prison myths to alleviate some of the fear that officers bring with them into the job.

Relatedly, state departments of correction should engage in continual evaluations of officers' fear. As fear is related to a plethora of negative work and personal outcomes (e.g., higher feelings of stress, increased mental health challenges, reduced job satisfaction) (Hartley et al., 2013; James & Today, 2018; Stichman & Gordon, 2015; Taxman & Gordon, 2009), understanding fear in greater detail may allow for interventions to assist in officer well-being and retention (Spinaris, 2020). More specifically, baseline levels of fear should be measured at the start of, during, and after officer training as well as throughout an individual's career as an officer. The focus on assessing fearfulness could be subsumed under the larger and growing umbrella of correctional officer wellness, which seeks to address the multitude of factors that "erode the health of correctional employees" (Spinaris, 2020, p. 8).

Finally, as indicated in our research, as distinct groups, non-White, male, and female trainees did not experience significant reductions in their levels of fear as a result of academy training. With corrections work historically being a White-dominated profession (DATA USA, 2022), many training academy officers are likely White. Furthermore, many scenarios and training materials depict White officers in their examples. As a result, non-White officers (and those from other demographic subgroups) may not see themselves portrayed in examples during their training nor have their culturally related concerns addressed. To facilitate a more inclusive training, there should be a conscious effort

by state departments of correction to employ more diverse training officers and to be receptive to *all* individuals who enter their training academy.

### Limitations and Future Research

Despite its innovativeness, the current study is not without its limitations. As such, future research should use these findings as a launching point to more holistically understand the impact of fear among newly hired correctional officers and how academy training can mitigate feelings of trepidation. Three such avenues are discussed. First, the current study's data are drawn from three state departments of correction officer training academies in the Midwest and South. With 47 additional state departments of correction, a federal prison system, juvenile correctional settings, and numerous local jails, each having their own unique training requirements, replication efforts should be undertaken to verify these results across various correctional settings. Second, the current study revealed that training academy instruction has disparate effects on fear for White and non-White officers. However, it is beyond the scope of the current study to explain *why* these differences exist. As a result, future research should attempt to uncover what is occurring in the training academy that is differentially impacting newly hired officers of different racial and cultural backgrounds. This is a critical avenue for future research, as understanding the reasons for these differences could lead to more equitable training for all newly hired officers. Moreover, efforts are being made to hire more people of color into law enforcement positions (U.S. Equal Employment Opportunity Commission, 2016). With strong recruitment efforts targeting more diverse individuals, training must become more adaptive and follow suit. Third, the current study only examined global levels of fear before and after the training academy, and thus the enduring effects of fear on the job are not explored. Consequently, longitudinal research is needed to fully explore how incoming, post-training, and on-the-job levels of fear impact officers' work-related behaviors, wellness, and turnover intentions.

### Conclusion

Correctional officers are the foundation of any prison, interacting more than any other staff member or administrator with those incarcerated behind the institution's walls (Lombardo, 1981). Since officers face unique challenges

and stressors, effective training and resources must be provided to *all* officers to ensure their health and well-being, including addressing the fear associated with this type of work. The current study's results reveal that training departments are missing a critical opportunity to reduce the fear held by all officers as they leave their academy training and assume their posts in their assigned prisons. By following the recommendations above, it is possible that state departments of correction can reduce the number of newly hired individuals afraid to begin their careers as correctional officers.

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# In Memoriam: Ralph Charles Serin

*In November 2023, the field of corrections lost a highly influential and important friend. Ralph Serin passed away on Tuesday, November 7, 2023. Ralph is well known for his insight, depth of understanding, patience, sense of humor, passion for educating students and practitioners, and developing new (and pragmatic) technologies for use in correctional settings. He was a dear friend and mentor to many of us in the U.S. Probation and Pretrial Services System. He has contributed immensely to our collective knowledge and practices. While he will be missed by so many, his legacy will have impacts for decades to come. A full tribute, prepared by his family and friends, is reprinted below.*

## A Tribute to Ralph Charles Serin, March 6, 1953–November 7, 2023

**RALPH SERIN WAS** a devoted family man, caring friend, generous mentor, and researcher. He left us too soon on November 7, 2023, after a quiet battle with cancer during which he chose to focus on his family and the legacy of his work, rather than on his illness. Ralph was born in Lancashire, England to Hazel Jenkinson and Peter Serin, immigrating to Canada at the age of four. He was a loving brother to Chris and shared a special bond with his twin Roger (Janice), to whom he humbly came in second in provincial cross-country races for his entire high school career.

Ralph completed his undergraduate, master's and doctoral studies, all at Queen's University, where he met his loving wife, Carolan, who worked at the Queen's Pub. Together, they loved to travel anywhere with good food, but his favorite was France where he had fond memories of evenings in Paris and bike trips with their close friends John and Debbie. Ralph and Carolan raised their two daughters, Megan Ashlee (Brandon) and Avely in Kingston and later moved to Ottawa



to be close to their three grandsons, Talan, Jarrett, and Kyler. Ralph was a regular at hockey games, a master of crazy eights and chess, the fixer of any toy that broke and the solver of any problem that arose. He loved spending time with his brother-in-law Rob (Colleen) and some of his best memories were at the family cottage that was shared with his brother- and sister-in-law, Brian, and Catherine, and their two girls, Shannon (Matt) and Nevada (Ryan). For fifteen years he spent every summer weekend trying to keep snakes off the beach, playing board

games, watching lip sync performances, and enjoying early morning coffees and a good mystery novel by the water. As a father, Ralph was tremendously proud of his daughters – he loved watching Avely play basketball and discussing all things NBA, taught Megan Ashlee to tackle home improvement projects and was known to spend hours researching the safest snow tires. When at home, Ralph found joy in woodworking, customizing their house with enthusiasm, in travelling to auctions and restoring antiques, and in making jewelry for those he loved. Later in life, Ralph participated in annual family vacations with his children and grandchildren, to Prince Edward Island where he was happy to participate in daily stops for ice cream and the occasional afternoon on the beach under a big umbrella. He loved his Sunday morning Starbucks date with Carolan, was meticulous about car maintenance, and enjoyed watching cooking shows. Ralph believed in working hard and truly felt that we each have the potential to accomplish even the hardest of goals.

Confucius is quoted as having said that if you choose a job you love, you will never have to work a day in your life. Ralph dedicated his life to the field of corrections and parole, to the support of research and evidence-based practices, and to communities across the world through the safe release of justice-involved persons; he truly loved his

<sup>1</sup> This tribute was prepared by Ralph's cherished daughters, Megan Ashlee Bowes (Serin) and Avely Serin, his loving wife, Carolan Serin, and with a little bit of background help from Ralph's long-time mentee, colleague, and friend, Shelley Brown. May the soothing melodies of Kenny G accompany you always, Ralph. Canadian obituaries released an earlier version of this tribute on Monday, Nov. 13, 2023.

work. Those who worked with Ralph will remember his wry sense of humor, his unfailing candor, his humility, and his dedication. After graduating with an Arts degree, Ralph landed a position at the Kingston Penitentiary working as a psychologist, which inspired him to further his studies. He went on to work for the Correctional Service of Canada in various capacities from 1975 to 2003, including as Director of Operations and Programs Research.

In 2003, Ralph became a professor at Carleton University in Ottawa Canada where he was known to be a hard marker and a passionate doctoral supervisor. While there, Ralph served as the Director of the Criminal Justice Decision Making Laboratory, where he successfully brought millions of dollars in funding to the university for his research on parole/probation decision-making and supervision, dynamic risk assessment, client change, programming, and crime desistance. Collectively, Ralph published over 160 articles, reports, textbooks, book chapters, and books contributing to scholarly and applied audiences. Ralph also presented at over 200 conferences worldwide. He served as a

devoted mentor for over 80 graduate and undergraduate students, many of whom later became collaborators, colleagues, and close friends. For 30 years Ralph also worked as the resident and on-call psychologist at the Brockville Jail, assessing and counselling incarcerated individuals who were at risk of self-harm. Ralph devoted considerable time to providing consultative and training services to various correctional, community-based, and paroling agencies in North America, Asia, the United Kingdom, and New Zealand. One of his final projects, closer to home, with the Ontario Ministry of the Solicitor General, will transform the way justice-impacted people are supervised in the community. Through his work, Ralph had numerous close personal friends, including Shelley Brown, Kirk Luther, Christopher Lowenkamp, and Danielle Rieger, who brought him tremendous comfort in his final days. Ralph believed strongly in karma and second chances and dedicated himself to the rehabilitation of others to contribute to public safety.

Shortly before his death, Ralph was honored to have a lifetime achievement award established in his name by the Association

of Paroling Authorities International and National Institute of Corrections – an “Oscar” for his dedicated service and expertise. Not only will Ralph’s legacy live on in his students who will continue to advance his work, but also through his impactful professional achievements. Ralph was most proud of the DRAOR (Dynamic Risk Assessment for Offender Re-entry), now used in multiple jurisdictions worldwide, and the Structured Decision-Making Framework. This framework was developed with close friend and former student and colleague Caleb Lloyd, and has been recognized as a best practice for paroling authorities by the National Institute of Corrections. The Structured Decision-Making Framework is currently being implemented in several jurisdictions across the world.

Ralph will be dearly missed, but forever remembered. Those who knew and loved him can attest that the world is a better place for his having lived. Should you wish, the family asks that a donation be made in Ralph’s name to the Children’s Hospital of Eastern Ontario (CHEO) located in Ottawa, Canada or in support of a local youth hockey team.

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