All Rise
Treatment
Court Institute

Community Supervision Within the Treatment Court Model

Practice Guidelines for the Field

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Treatment courts perform their duties without manifestation, by word or conduct, of bias or prejudice, including, but not limited to, bias or prejudice based on race, gender, national origin, disability, age, sexual orientation, language, or socioeconomic status.

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PURPOSE AND SCOPE OF THE COMMUNITY SUPERVISION GUIDELINES

The goal of these guidelines is to provide treatment court teams, community supervision officers (CSOs), and the home community supervision agency with a deep understanding of the role and function of the CSO within the treatment court team. These guidelines are informed by the All Rise *Adult Treatment Court Best Practice Standards* (2024) and the American Probation and Parole Association (APPA) *National Standards for Community Supervision* (2024), and reflect best practices in the field.

The practice guidelines address three areas: research findings related to each guideline, implementation tips and action steps to ensure effective practices, and examples from the field.

GLOSSARY

Continuum of care

A *continuum of care* links individuals with timely services, treatment, resources, and support as they transition within and/or between systems of care. Continuums of care are structured to remove barriers, address service gaps, and support the smooth transition of individuals between the justice system, mental health services, substance use disorder treatment, housing, employment, and other critical services related to achieving short- and long-term stability.

Core correctional practices (CCP)

Core correctional practices refer to a set of practices designed to enhance the integrity of how supervision and correctional programs are delivered. These include using authority constructively and effectively, modeling and reinforcing anticriminal behaviors and attitudes, teaching problem-solving skills, using community resources effectively, and building a positive rapport characterized by respectful, enthusiastic, and open communication with justice-involved individuals (Dowden & Andrews, 2004; Viglione & Labrecque, 2021).

Diversity, equity, and inclusion (DEI)

Diversity, equity, and inclusion are critical to the responsivity principle (one of the risk-need-responsivity [RNR] principles discussed below) and the success of supervision and treatment courts. DEI is a framework that centers professional attention on the fair treatment and full participation of populations that have historically been underrepresented as well as those that may experience marginalization and discrimination within the community served (American Psychological Association, 2024). Evidence-based supervision places an increased emphasis on responsivity and the potential to equitably serve participants across diverse identities and build greater opportunities for inclusion.

Evidence-based practices (EBPs)

Evidence-based practices are those supported by scientific research to produce intended outcomes for the target population (Viglione & Labrecque, 2021). At times, scientific research may lag behind the pace of change in the field. In these situations, the term "evidence-informed practice" may be used to indicate that the practice incorporates the best available evidence but has not yet been evaluated (see APPA, 2024). Adult treatment courts, as an intervention, are considered to be an evidence-based practice (see All Rise, 2024). Many practices in community supervision are considered to be evidence based, while others are still emerging. Community supervision agencies are encouraged to pursue programs and practices that are empirically tested when it is not possible to pursue evidence-informed practices (APPA, 2024).

Motivational interviewing (MI)

Motivational interviewing is a person-centered counseling method used to address an individual's ambivalence about change (see Tafrate et al., 2023; Viglione et al., 2017, p. 38).

Principles of effective intervention (PEI)

Embedded within CCP are the *principles of effective intervention*. Effective interventions implement actuarial RNR assessments, motivational techniques to enhance intrinsic motivation, targeted interventions (RNR, appropriate dosage, integrated treatment throughout the full sentence), delivery of evidence-based programming by well-trained staff, delivery of positive reinforcements, active engagement of prosocial support in the community, measurement of outcomes, and measurable feedback provided to staff to improve outcomes (National Institute of Corrections, 2004).

Recovery capital

Recovery capital is "the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation" (Cloud & Granfield, 2008, p. 1972; Zschau et al., 2016).

Risk-need-responsivity (RNR)

The *risk-need-responsivity* principles are the foundation of contemporary correctional practice. These three principles are known as the RNR model (Andrews & Bonta, 2015).

The **risk principle** states that criminal behavior can be predicted with validated risk assessment tools and that levels of treatment services should be matched to the level of risk, with the greatest treatment intensity (dosage) dedicated to the individuals at highest risk.

The **need principle** states that high-risk individuals often present with multiple criminogenic needs that directly influence their likelihood to recidivate. Targeting dynamic criminogenic needs, those that are susceptible to change, produces the most effective outcomes.

The **responsivity principle** states that programs and services should be delivered to individuals in a way that is consistent with their ability and learning style. General responsivity proposes the use of evidence-based practices steeped in cognitive behavioral programs and cognitive social-learning strategies. Specific responsivity advocates delivering interventions, services, and treatment strategies that correspond to the temperament, motivations, cultural context, and cognitive learning styles of individuals.

INTRODUCTION

What Is Community Supervision?

Community supervision, often referred to as probation, has been a central function of the American criminal justice system since the mid-1800s. It is the most widely used option at sentencing. Community supervision has taken many forms over the years, from the early philosophy of rehabilitation to a period of strict compliance, accountability, and monitoring of court-ordered conditions. Current methods of risk/needs assessment, service provision, and behavior modification are central to our understanding of how best to ensure community safety. This work is carried out by specially trained community supervision officers, also referred to as probation officers or probation counselors.

The inclusion of community supervision in the treatment court model is a natural extension of the role and skills of probation staff. The treatment court team relies heavily on the information provided by the CSO as it relates to compliance with program requirements and progress made toward reducing risk and criminogenic needs. Without probation present, there is no way to accurately apply incentives, sanctions, or service adjustments, or to properly administer phases (All Rise, 2024, Standard 8: Multidisciplinary Team, pp. 192–193).

What Do CSOs Do?

The mission of community supervision varies by state or locality but is always centered around ensuring public safety. The role and function of the CSO has evolved significantly over the past few decades. Historically, the role of the CSO has been presented in either/or terms. The CSO either was an enforcer (emphasizing control) or embraced a rehabilitation approach focused on service connection (Lovins et al., 2018). Research related to the principles of effective intervention and the risk-need-responsivity model has changed the field of community supervision. While the CSO is still concerned with enforcing probation requirements, there is a growing body of evidence that highlights strong client outcomes when the CSO matches clients to services based on a validated risk/needs assessment tool and uses core correctional practices to support behavior change in those they supervise. These evidence-based practices are embedded in community supervision and show the dynamic roles performed by the CSO to support the process of change for justice-involved individuals.

Using a compliance-only model of community supervision can be harmful and ineffective. Research has shown that embracing a compliance model, and failing to match individuals to services, engage in skill building, and use evidence-based responses, leads to poor outcomes. Compliance-focused practices can lead to higher rates of technical violations, probation revocations, and reincarceration (e.g., Gendreau, 1996; Harberts, 2007, 2017; Lovins et al., 2018; Petersilia & Turner, 1993). Outcomes are consistently better when CSOs are carefully trained to assess risk and

needs, create tailored case plans, deliver evidence-based interventions, and provide service matching, skill building, and accountability (Bonta 2023; Chadwick et al., 2015; Dowden & Andrews, 2004; C. T. Lowenkamp et al., 2010; Robinson et al., 2012).

The CSO provides a critical function in the treatment court team and has the potential to directly impact participant outcomes. Outside of the clinical provider, no other position holds as much capacity to directly impact the behavior and growth of the participant than the CSO. When a CSO steps into the treatment court team, it is imperative that they use the RNR model to guide their work and not revert to simple enforcement of court orders. CSOs' professional expertise closely aligns with the treatment court mission and best practices. For example, within the treatment court, CSOs conduct assessments, develop case plans, enhance the intrinsic motivation of participants, increase the use of positive reinforcement, effectively respond to violations, coach individuals through the process of change, implement cognitive behavioral approaches, build the skills of individuals on supervision, translate core correctional practices into supervision, and conduct field visits (APPA, 2024).

What Does Training for CSOs Entail?

Training practices vary across states and localities and include both academy-based training and agency-based training. Traditional probation training includes report writing, investigations, legal system/statutes, self-defense tactics, communication skills, crisis and conflict management, and interview techniques. More recent training has seen the addition of RNR assessments, case planning, core correctional practices, and specialized topics, such as understanding substance use disorders and mental health needs among probationers. According to the APPA *National Standards for Community Supervision* (2024, Standard 1.5), agencies should have "written policies and procedures for comprehensive training and skill development of new staff" (p. 15). Many states have shifted in their training approach over the past decade to align with APPA recommendations. In fact, research by the Council of State Governments Justice Center (n.d.) found that 45 states provide training in the use of RNR assessment tools and 38 states incorporate core correctional practices into their CSO training.

This training provides specific skill building in order for CSOs to effectively use the RNR model in their daily work. The RNR model has become the most prominent practice for effective supervision and case management of justice-involved individuals (Bonta & Andrews, 2024). The **risk principle** states that criminal behavior can be predicted with validated risk assessment tools and that levels of treatment services should be matched to the level of risk, with the greatest treatment intensity (dosage) dedicated to the individuals at highest risk. The **need principle** states that high-risk individuals often present with multiple criminogenic needs that directly influence their likelihood to recidivate. Targeting dynamic criminogenic needs, those that are susceptible to change, produces the most effective

outcomes. The **responsivity principle** states that programs and services should be delivered to individuals in a way consistent with an individual's ability and learning style. *General responsivity* proposes the use of evidence-based practices steeped in cognitive behavioral programs and cognitive social-learning strategies. *Specific responsivity* advocates delivering interventions, services, and treatment strategies that correspond to the temperament, motivations, cultural context, and cognitive learning styles of individuals. Treatment courts should serve high-risk, high-need individuals and place a special focus on addressing the responsivity needs of participants in order to maximize opportunities for success.

In addition, specific responsivity within the RNR model explicitly establishes the importance of incorporating cultural context into the delivery of interventions. CSOs are uniquely positioned to direct participants to programs that are responsive to their social and cultural needs within justice, treatment, and support contexts. An equity focus brings attention to the fair treatment and full participation of those who are historically underrepresented and who experience marginalization and/or discrimination in the community.

Core correctional practices (CCP) is another model of practice that CSOs receive training for in many jurisdictions. This set of practices is designed to enhance the integrity of how supervision and correctional programs are delivered. These include using authority constructively and effectively, modeling and reinforcing anticriminal behaviors and attitudes, teaching problem-solving skills, using community resources effectively, and building a positive rapport characterized by respectful, enthusiastic, and open communication with justice-involved individuals (Dowden & Andrews, 2004; Viglione & Labrecque, 2021).

When programs soundly adhere to the RNR and CCP models, including the creation and use of case plans that address high-risk domains or criminogenic needs, participants experience better outcomes. This includes decreases in recidivism ranging from 10% to 50%, depending on the study. Stronger adherence to the RNR model results in greater decreases in high-risk behaviors, such as substance use and crime (nonviolent, violent, gang related) (Bourgon et al., 2010; Di Placido et al., 2006; Dyck et al., 2018; Prendergast et al., 2013).

In addition to agency-based training, the *Adult Treatment Court Best Practice Standards* (All Rise, 2024) and the *National Standards for Community Supervision* (APPA, 2024) align to inform best practices and training opportunities for community supervision within the treatment court model. Together these national standards provide a guide for treatment court teams and community supervision professionals to implement the principles and best practices of community supervision into the treatment court model.

GUIDELINES

The following guidelines represent evidence-based practices for community supervision and should be used in the treatment court model. All Rise has carefully reviewed the correctional and treatment court literature, the APPA *National Best Practices in Community Supervision* (APPA, 2024), and current practices to create the following guidelines for the treatment court field.

GUIDELINE ONE: Treatment court staff receive training about evidence-based practices in community supervision and the dynamic role of CSOs on the treatment court team.

In order for the CSO to be most effective in their role, a thorough training and coaching process must be provided, not only for the CSO through their home agency, but also for treatment court team members. Training needs exist at multiple levels, including upon hire into the agency, upon assignment to the treatment court (consisting of a formal orientation to fully understand their role), and ongoing education for all team members. Research has been conducted at these various levels and highlights the critical importance of initial and ongoing training. A 2012 study of 69 drug courts found that programs were over 50% more effective at reducing recidivism when they provided a formal orientation for new team members (Carey et al., 2012). As the work of community supervision relies on the development of specific skills, annual continuing education is important. Studies have determined that knowledge retention and delivery of evidence-based practices declines significantly within 6 to 12 months of an initial training (M. S. Lowenkamp et al., 2012; Robinson et al., 2012). Programs that employ annual booster training experience greater cost-effectiveness and stronger outcomes (e.g., Bourgon et al., 2010; Chadwick et al., 2015; Edmunds et al., 2013; Robinson et al., 2011; Schoenwald et al., 2013). In a multisite study of over 60 drug courts, annual team training was found to be the greatest predictor of program effectiveness (Shaffer, 2006, 2011). In a large-scale study of treatment courts across the United States, van Wormer (2010) found that continuing education was correlated to greater adherence to the treatment court model, greater collaboration among team members, higher job satisfaction and higher perceived benefits of treatment court among team members, greater optimism about the benefits of substance use treatment among team members, and improved coordination between criminal justice, social services, and treatment agencies.

CSOs should be afforded initial and ongoing training on the RNR model, and quality assurance practices should be in place to monitor for drift, overrides, and lack of follow-through. Standard 1.6 of the APPA *National Standards for Community Supervision* (2024) states that "agencies should develop and implement policies, procedures, and practices for monitoring and coaching of community supervision officers and for providing performance feedback" (p. 17). Research has found

that when CSOs receive coaching and booster sessions after being trained in evidence-based practices, they demonstrate increased use of trained skills with clients (Bourgon et al., 2012).

Much like the training offered the CSO at their home agency, training for the team describes evidence-based practices in probation and how the skills and information that the CSO holds will be incorporated into case planning, staffing, and court. Training should cover the following:

- What is an RNR assessment?
- Case plans and skill building with treatment court participants
- Core correctional practices
- Scope and function of field work

The training of all treatment court team members on CSO practices should lead to the creation of necessary memorandums of understanding (MOUs) that outline the role, function, and use of the CSO within the treatment court team.

Voices From the Field

As a supervisor in community corrections, I knew the importance of working with criminogenic factors and the RNR model. However, like many courts, we used the probation tools in the office and often found ourselves leaving those ideas at the doorstep when we entered treatment court. We accepted the RNR model as just something "probation does" rather than as a part of the treatment court behavior-change focus. The reality that this was a problem hit home after receiving training from All Rise, in which we were reminded to "dust off" our cognitive thinking reports and skills and to bring them into treatment court.

We started by having conversations with the team about how we could strengthen probation's role in the court and shift the compliance focus to be more around case management while utilizing probation tools. We scheduled team meetings to build engagement on this issue. We introduced the CCP model and worked to develop an understanding of core concepts across our team members. In staffing, probation staff would give more detailed explanations to the team about what skills they were using each week with clients. This created inquiries within the team as to why and what that meant. We also added more details to our updates to alert the team to what clients worked on with probation. These small steps started creating that change. Eventually, the full team took advantage of training from All Rise on core correctional practices (the full 10 modules), which allowed us to center our staffing discussions on proximal and distal goals (via SMART goals) and behavior modification, while also ensuring compliance with court requirements.

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Checklist for Implementing Guideline One

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Team agrees to all training and technical assistance and creates training schedule.	Create training topics as a standing agenda item for policy meetings. Training plan includes onboarding, booster, and specialized and annual training.	Probation department leadership and CSO assigned to treatment court Coordinator		
Develop and/or secure training materials.	Review potential training resources at: Bureau of Justice Assistance Public Safety Risk Assessment Clearinghouse: https://bja.ojp.gov/program/psrac All Rise e-learning center: https://allrise.org/trainings/e-learning/ Contact All Rise via "Ask the Expert."	Coordinator Probation department leadership and CSO assigned to treatment court		
Deliver training.	Training topics: Roles and responsibilities of team members within treatment court, including probation (see Standard 8 of the *Adult Treatment Court Best Practice Standards* [All Rise. 2024]). What is an RNR assessment? Case plans and skill building with treatment court participants. Core correctional practices. Scope and function of field work.	Probation department leadership and CSO assigned to treatment court		
Create MOU.	Draft MOU for CSO role and expectation.	Probation department leadership, coordinator, judge		

GUIDELINE TWO: Use empirically developed and validated risk-need-responsivity assessment tools to inform community supervision practices within the treatment court model.

CSOs commonly assess each person on supervision with a standardized risk/needs assessment tool approved by their agency or the court system. Additional assessments are often requested to gauge an individual's overall mental health, substance use disorder, education literacy, or other conditions that may affect their success while on supervision. These assessments are used to determine supervision intensity based on identified levels of risk and need, to align treatments with clinical diagnosis, and to match services to stabilize individuals in the community as they complete supervision (Hamilton, et al., 2019, 2022; Picard-Fritsche et al., 2017).

The results of the risk/needs assessments are critical to guiding both CSOs' engagement with program participants and their collaboration with other professionals who can provide specialized interventions. The RNR model indicates that those assessed at higher levels of risk and/or needs should receive greater levels of supervision (contacts) and treatment intensity (dosage) (Andrews & Bonta, 2015; Bonta, 2023). As dynamic needs are addressed through evidence-based supervision, treatment, and support services, individuals should be reassessed to determine their progress and to adjust the supervision and treatment intensity accordingly. Reassessment of individuals is an important component of effective RNR practices. Treatment court participants should be reassessed according to agency policies, participants' behavioral changes, and the guidelines set forth by the APPA *National Standards for Community Supervision* (2024, see Standard 11.2).

It is important to note that the decisions based on RNR assessments have powerful consequences for justice-involved individuals, affecting treatment access, monitoring behavior, and level of control that individuals are subjected to over time (Picard-Fritsche et al., 2017; Roig-Palmer & Lutze, 2022). Thus, assessments must be implemented with integrity to assure the fair treatment of all participants and to achieve intended outcomes.

Checklist for Implementing Guideline Two

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Ensure that the treatment court and probation agency are using a validated assessment tool.	Review tool information (provider, validation studies, usage data).	Probation department leadership Treatment court coordinator		
Verify that the risk/needs assessment tool is being administered to treatment court participants to assess eligibility and to drive case planning.	Monitor data to ensure the timely administration of risk/needs assessments to inform participants' eligibility for treatment court and for long-term case planning. Develop a tracking process (e.g., an Excel spreadsheet) if no system is currently available.	Treatment court coordinator CSO assigned to treatment court Judge		
Identify the existing tools used by treatment providers to assess substance use disorder, mental illness, and co-occurring disorders.	Review the list of validated clinical screeners and assessments (see Standards 1 and 5 of the *Adult Treatment Court Best Practice Standards* [All Rise, 2024]). Meet with clinical/treatment staff to assess their use of validated tools.	Coordinator Treatment providers		
Regularly review the results of risk/needs assessments to assure that they do not produce unintentional disparate results.	Work with an outside evaluator or agency responsible for tool oversight and management to determine if the tool is accurately reflecting the population. Review the *National Standards for Community Supervision*, Standard 11.2 (APPA, 2024), for process measures to track and ensure fidelity. Use the All Rise Equity and Inclusion Toolkit to monitor for disparate practices related to program access (https://allrise.org/publications/equity-and-inclusion-toolkit/).	Coordinator State agencies		

Wait! We don't have an RNR tool! What do we do?

While there is strong use of RNR tools across many probation departments, there may be occasions, especially at the misdemeanor level, where a tool has not been adopted.

In addition, in the treatment court setting, the use of a screener (e.g., RANT) to determine eligibility is important but is not sufficient for case planning and management.

Teams should review the All Rise *Adult Treatment Court Best Practice Standards* (2024, Standard 1: Target Population, Section D) or the Bureau of Justice Assistance Public Safety Risk Assessment Clearinghouse to explore tools for adoption (https://bja.ojp.gov/program/psrac).

The coordinator and team need to consider the following:

- Costs of the assessment tool and resources needed
- Training plan for the RNR tool
- Who will administer the tool?
- Who will develop the case plan?

GUIDELINE THREE: Align CSO supervision strategies with core correctional practices, the principles of effective intervention, and the RNR model.

Several models of community supervision have been developed to incorporate core correctional practices (CCP), the principles of effective intervention, and the RNR model. The most studied of these evidence-based models are the Effective Practices in Community Supervision (EPICS), Staff Training Aimed at Reducing Re-Arrest (STARR), and Strategic Training Initiative in Community Supervision (STICS) (see Bonta, 2023; Mitchell et al., 2024).

These approaches emphasize targeting criminogenic needs, enhancing individuals' motivation to engage in treatment, and building collaborative relationships using effective communication to develop cooperation and engagement beyond persuasion and compliance. CCP practical skills are enhanced by modeling role expectations, the constructive and effective use of authority, positive reinforcement, disapproval of problem behaviors, and the use of graduated sanctions and punishment when negative behaviors persist (Viglione & Labrecque, 2021). In addition, CSOs practice problem-solving skills as well as teaching, applying, and reviewing the cognitive behavioral model of treatment and learning interventions.

These CCP- and RNR-based approaches to supervision are shown to significantly improve CSO skills and reduce recidivism when properly implemented (Bonta, 2023). They are most effective when CSOs are supported by the agency and are properly trained, coached, and reinforced with positive feedback about successful outcomes (Alexander et al., 2013; C. T. Lowenkamp et al., 2013, 2014; M. S. Lowenkamp et al., 2012). Without ongoing support and quality assurance, model adherence begins to erode and many CSOs revert to spending more time on compliance, apply fewer effective skills, and spend less time on evidence-based practices, resulting in poorer outcomes (Viglione & Labrecque, 2021).

Given these findings, it is imperative that the CSO and agency supervisor agree on how RNR and CCP will be applied and used with the treatment court caseload. The quality assurance system that exists at the home agency should be extended to the treatment court system to control drift and mission creep away from effective practices. This quality assurance system can include support for ongoing training or "coaching" for CSOs and other treatment court staff to reinforce evidence-based practices and to strengthen supervision and treatment court outcomes. Once these systems are in place, treatment court policies and procedures should be updated to reflect the use of RNR, CCP, and evidence-based practices by the CSO and throughout the staff and court process.

Teams should focus on building a staffing procedure that centers participants' weekly progress on clinical and probation case plans, rather than simple compliance reviews. This requires that the CSO collaborate with the clinical team

to work toward client-informed specific, measurable, achievable, relevant, and time-bound (SMART) goals (see Guideline Four for further details), which then inform the team on how to respond to client behavior and progress via incentives, sanctions, service adjustments, and phase transitions.

Voices From the Field

Officers' knowledge and supervision responsibilities do not change or lessen when assigned to a treatment court. It is important to understand that additional duties are expected, such as increased time in court (often weekly) and collaboration with an entire team of multidisciplinary professionals. Probation officers go from being the primary decision maker on a case to being a collaborative decision maker. This transition and workload can be challenging. It is not unusual to see that the first skills to go or be put aside are the commitment to and practice of utilizing core correctional practices and RNR. I saw that three things often caused this to occur: (1) the PO assigned to a treatment court often fell into a siloed position within the probation department, not having the same connection to peers and training due to the demands of being a treatment court team member; (2) the identity shift of being a part of an outside team, and (3) the treatment court team's lack of understanding of the skills and expertise in CCP and RNR that the probation field brings to the table, in other words, the team needing to understand that the work is more than compliance monitoring.

Understanding all the above, it was important for me, as a supervisor and someone in management, to understand these dynamics and ensure that POs assigned to treatment courts had the internal support needed to maintain training and fidelity to CCP and RNR. This was done through smaller caseload sizes, assistance from support staff to alleviate clerical duties where possible, and ensuring that training sessions, boosters, and other activities aimed at reinforcing or supporting evidence-based supervision practices were provided on days other than staffing and court days. Lastly, because these essential practices were valued within the department overall, the use and proficiency of the skills and practices were incorporated into performance evaluations, but with a focus on coaching rather than strictly on accountability.

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Checklist for Implementing Guideline Three

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Determine what type of supervision model is being used by the CSO.	Review the existing supervision model to determine how it aligns with treatment court mission and practices. If there is no existing model, coordinate to establish a model for the CSO assigned.	Probation department leadership CSO Treatment court leadership Other_____		
Develop a quality assurance process to reinforce evidence-based practices over time.	Develop a coaching plan for CSOs and treatment court staff. Support education and training for the translation of CCP and principles for effective intervention into supervision within the treatment court model. Measure evidence-based practice outcomes.	Coordinator Probation officer External trainer Other_____		
Integrate CSO expertise and practice into team reviews and decisions.	Set reporting standards for the CSO to include compliance as well as progress made in attitudinal and behavioral changes. Set reporting standards for the CSO to report progress in achieving goals outlined in case plans.	Treatment court judge/team CSO Coordinator Other_____		
Refine MOU.	Incorporate reporting and case management standards that include RNR, case plans, and cognitive behavioral intervention standards into the MOU.	Probation department leadership Coordinator Judge		

GUIDELINE FOUR: Case planning should be strength based and oriented toward specific, achievable, and measurable goals.

Treatment courts and contemporary models of supervision incorporate a strength-based approach that emphasizes participants' assets (i.e., protective factors such as prosocial peers, family support, employment, secure housing, education, etc.) as a foundation to build upon when addressing long-term behavioral change. Knowing an individual's strengths and weaknesses can assist in strategically developing the case plan, designing meaningful incentives, and helping participants to launch from a position of strength versus what may feel like an overwhelming set of deficits that cannot easily be changed. For example, a potential scenario may be a participant who has a criminal record and a history of substance use, but who is also a skilled tradesperson. The CSO might use a strength-based approach by focusing on this individual's vocational skills rather than just their criminal history or substance use challenges (A. Pruen, personal communication, December 10, 2024).

Case planning is a method to translate the RNR model (i.e., assessed risk, needs, clinical assessments, life skills development, etc.) into tangible objectives for individuals to complete supervision and achieve treatment goals. One approach is setting SMART goals to structure achievable and measurable progress toward short- and longer-term goals (see Cobb, 2016). For example, providing **specific** instructions and action steps that are **measurable** when completed. Making sure the goals and actions are **attainable** (possible to complete) and **relevant** in that individuals have what they need to complete the goal within a reasonable **time-bound** period.

In the treatment court setting, case planning that incorporates measurable short-term goals (proximal goals) that may lead to the achievement of long-term goals (distal goals) is important for the awarding of incentives, sanctions, and service adjustments; these goals also serve as tangible criteria to inform phase advancement (All Rise, 2024, Standard 4: Incentives, Sanctions, and Service Adjustments, Section A). Phase advancement should not be based on the dosage or modality of treatment or other subjective criteria. By working with participants to build proximal goals tied to high-risk domains (criminogenic needs), CSOs assist participants with building adequate skills and internal resources to reach longer, more distal goals such as abstinence and attitudinal change.

Teams should ensure that policies and practices allow for a strong integration of CSO case plans into treatment court team discussions and decision making. Weekly staffing discussions should center on progress made toward addressing proximal and distal goals both in the clinical setting and with the CSO or case manager. This allows teams to coordinate incentives, sanctions, and service adjustments in response to the proximal goals set and to acknowledge behavior-based change or setbacks. The CSO is responsible for coordinating with the clinical team and other service providers (who likely have case plans of their own) to avoid overburdening the participant and to ensure that sequencing of services is appropriate and manageable.

Checklist for Implementing Guideline Four

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Review existing case plan model or select a newmodel.	Identify existing case plan models used by different treatment court team members and service providers for purposes of developing coordinated care planning.	CSO Community providers Coordinator		
Integrate case plans into team decision making about participant progress.	Review the APPA *National Standards for Community Supervision* (2024, Section 11: Performance Measurement). Standardize measures of treatment court and supervision compliance. Standardize measures of progress toward change and achieving short- and long-term goals based on case plans. Revisit the phase structure to reflect progress based on individualized goal attainment.	Coordinator CSO and agency supervisor Treatment court team		
Update policies and procedures and MOUs to reflect case plan integration.	Review all related policies and MOUs.	Coordinator CSO supervisor		

GUIDELINE FIVE: Use CSOs as "coaches" to guide participants toward achieving supervision and treatment goals.

Central to contemporary supervision is the reframing of CSOs from court officers who monitor compliance to recognizing them as professionals who "coach" individuals through the process of change (Bourgon et al., 2012). Monitoring compliance is important, but it is analogous to being a "referee" who is limited to rule enforcement versus a "coach" responsible for inspiring and developing individuals to be successful in achieving their goals (Lovins et al., 2018). **Coaching** involves assessing individuals' strengths and weaknesses, assisting with cognitive behaviorally informed skill development, knowing how to use reinforcement that acknowledges positive progress, and developing case plans that align with the supervision and treatment goals of participants (Bourgon et al., 2012; Lovins et al., 2018). These skills are all embedded in contemporary models of supervision (see Guideline Three) and are inherent in SMART case planning (see Guideline Four). Motivational interviewing provides a valuable skill set to guide participants toward individualizing their efforts to achieve supervision and treatment goals.

Motivational interviewing (MI) attempts to enhance intrinsic motivation by listening to clients' perspectives about why they want to change and what inhibitions they may be experiencing to change (Iarussi & Powers, 2018). CSOs and clients then build strategies collaboratively to pursue client-driven change. MI has been found to significantly improve treatment initiation (Spohr et al., 2016), reductions in substance use, criminal justice outcomes, HIV risk, and employment (Polcin et al., 2018). CSOs who use MI consistently view themselves as change agents and provide access to a greater number of evidence-based resources when compared to those who use confrontational styles of supervision aligned with enforcement, surveillance, and compliance (Tafrate et al., 2023, p. 13).

The technique of combining coaching and MI can be illustrated through a common scenario in which a participant is at risk of failing the program due to a lack of engagement in treatment. Rather than focusing solely on punitive measures, the CSO might take on the role of a coach by sitting down with the participant to collaboratively explore the barriers they are facing—such as transportation issues or childcare concerns—and develop a plan to address these challenges. This could include referring the participant to local resources for transportation or setting up a meeting with a treatment provider to discuss alternatives that accommodate the participant's life circumstances. This shift from "monitoring compliance" to "coaching for success" encourages the participant's active involvement and builds a partnership between the CSO and the participant (A. Pruen, personal communication, December 10, 2024).

Training in the principles and/or skills of MI benefits all treatment court team members. Treatment court teams and CSOs can gain access to MI training by consulting the Motivational Interviewing Network of Trainers (MINT) at https://motivationalinterviewing.org/. In addition, All Rise offers resources in MI, including materials specifically for the judiciary, which can be found at https://allrise.org/news/motivational-interviewing-toolkit-for-veterans-treatment-courts/.

As was referenced in Guideline One, teams and the CSO agency should provide annual training as well as booster sessions to counteract skill drift and erosion of skills over time. To enable team members to truly develop strong MI skills, ongoing training and booster sessions are encouraged. Updates to policies and procedures should include a schedule and practice for training, coaching, and booster support.

Checklist for Implementing Guideline Five

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Train staff in the use of MI.	Review materials available through All Rise (https://allrise.org). Consult local trainers to conduct MI training. Consult MINT for resources (https://motivationalinterviewing.org/).	Probation department leadership Treatment court leadership Coordinator		
Integrate MI into case planning with clients to set goals.	Receive initial or booster training. Practice MI skills with a MINT trainer. Pilot and then launch integration of MI skills into case planning and participant sessions.	Probation department leadership CSO Applicable treatment court team members		
Develop a quality assurance process to reinforce MI methods over time.	Develop a coaching plan for CSOs and treatment court staff to reinforce use of MI. Support education and training for translating MI methods into the treatment court model. Measure MI's impact on treatment initiation and program engagement.	Coordinator CSO External trainer		

GUIDELINE SIX: Use CSOs to build interdisciplinary collaboration to enhance a continuum of care and sustained recovery capital.

A strength of the treatment court model is the coordination of interagency efforts that creates a "continuum of care" to ensure continuity and proper sequencing of programs and services. Unlike any other professional role in the treatment court model, CSOs are uniquely positioned to respond to a participant's assessed risk and needs across the entire continuum of care. The power of CSOs rests in their boundary-spanning capacity to bridge multiple systems (i.e., criminal justice, mental health, social services, labor, etc.) and to translate the expertise of local providers (i.e., mental health, life skills, employers, faith-based organizations, etc.) into a unified strategy to advance a comprehensive set of interventions (Lutze, 2014). These boundary-spanning capabilities position CSOs to assist treatment court participants in building recovery capital that will persist beyond supervision or graduation from treatment court.

Helping participants to build recovery capital is a unique form of responsivity. CSOs work with individuals to identify the different types of capital they may draw upon to sustain sobriety, such as social capital, personal capital, financial capital, cultural capital, and community capital (Zschau et al., 2016). Developing sources of recovery capital assists participants in developing natural sources of support, both formal and informal, that will sustain their recovery beyond the professional support systems they rely upon while participating in the treatment court or on supervision. Stated differently, the CSO plays an important role in helping the participant build lasting natural and thorough recovery connections in the community that will help the individual sustain recovery long after they leave the program.

To assist with building recovery capital, it is important for the CSO and other providers to coordinate care plans so as not to overwhelm the participant, and to address needs in a logical order. Participant outcomes are significantly improved when programs address needs in a specific sequence. Case plans developed by the CSO, in partnership with the participant, should not only be reflective of the criminogenic need areas, but should also carefully consider sequencing of services as it relates to responsivity needs (e.g. housing, clothing, learning limitations) and maintenance needs (e.g. job skills training, literacy classes). For example, when a participant first enters the treatment court, the most pressing goal is to ensure that they complete their assessments (clinical and RNR) and begin (and engage in) treatment. If barriers exist to treatment attendance and engagement, these must be quickly addressed via case planning between organizations. Addressing housing, food, clothing, and other basic human needs can prevent someone from failing or dropping out of the program (Hubbard & Pealer, 2009; Karno & Longabaugh, 2007).

Checklist for Implementing Guideline Six

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Receive training on recovery capital.	Visit All Rise (https://allrise.org) to access on-demand webinars on this topic. Schedule training.	Probation department leadership and CSO Community providers Coordinator and full team		
Integrate coordinated care planning into the treatment court model.	Assess the full array of case plans being used across agencies. Schedule meetings to discuss coordination of care planning, with the CSO/coordinator as the central collection point.	Coordinator CSO and department leadership Treatment court team		
Develop a quality assurance (QA) process to ensure a continuum of care that carefully sequences services and interventions.	Revisit the phase structure to reflect progress based on individualized goal attainment. Schedule policy meetings to build the QA process.	Coordinator CSO and department leadership Treatment court team		

GUIDELINE SEVEN: Assess caseload size and the span of control necessary to implement evidence-based practices in community supervision and adult treatment courts.

Span of control refers to the number of individuals that can be effectively supervised by one officer or supervisor while maintaining supervision integrity (see Armstrong, 2010). Shifting from compliance-based supervision to a coaching and evidence-based practice model of supervision requires recalibrating how CSOs are evaluated by supervisors and adjusting the size of their caseloads to accommodate increased workload demands.

Caseload sizes for CSOs need to reflect time spent maintaining traditional compliance standards while recognizing the additional time needed to build the relationships necessary to be effective coaches and experts in applying evidence-based practices. The APPA recommends cases-to-staff ratio standards for adult community supervision caseloads of 20:1 for intensive high risk, 50:1 for moderate to high risk, 200:1 for low risk, and no limit suggested for administrative caseloads (APPA, 2024, p. 77).

Implementing CCP and evidence-based practices also places additional demands on supervisors and affects the number of professionals they can effectively advise, train, coach, and evaluate (APPA, 2024; Armstrong, 2010). Consequently, the APPA recommends a ratio of six to eight CSOs to every supervisor (6–8:1) to effectively manage program fidelity.

Evaluations of CSOs' performance must shift from solely quantifying tasks completed to evaluating their dynamic roles as coaches and experts in evidence-based practice. CSOs may revert back to compliance-centered models of supervision if their expertise in evidence-based practice is not recognized and adequately measured by supervisors (Viglione et al., 2017). Outcomes significantly improve when supervisors are trained in evidence-based practices and actively coach CSOs to adhere to best practices (Alexander et al., 2013; Iarussi & Powers, 2018; M. S. Lowenkamp et al., 2012; Viglione & Labrecque, 2021; Viglione et al., 2017). To reinforce best practices through evaluations, supervisors may need to use a mix of metrics that capture the full breadth of a CSO's expertise. A potential scenario may include a CSO being evaluated based on the traditional metrics of compliance (e.g., drug tests, curfew adherence), but the supervisor is also interested in their ability to build rapport and encourage long-term change. The supervisor could evaluate the CSO using a mix of process-oriented and outcome-oriented metrics. For example, the evaluation could include feedback from participants about how engaged they feel in the supervision process, as well as an assessment of the CSO's use of motivational strategies like MI and the alignment of case plans with individualized needs. This would help shift the focus from simply enforcing compliance to evaluating the CSO's effectiveness in fostering lasting behavioral change (A. Pruen, personal communication, December 10, 2024).

The CSO home agency should align caseloads with APPA standards and meet with the treatment court coordinator to educate them on an accurate caseload size for the program. Both parties should reflect and account for the time and complexity of implementing evidence-based practices. CSOs should be evaluated for performance based on manageable caseload sizes, combined with the demonstration of their skills in evidence-based practice, RNR, and CCP. CSOs and their supervisors may need to be innovative in problem-solving issues related to large caseloads. For example, a potential scenario may be a CSO managing a caseload that exceeds the recommended ratio (e.g., 50:1), making it difficult to provide individualized support to each participant. In response, the CSO might prioritize high-risk individuals for more frequent check-ins and case plan updates, while using peer mentors or community-based workers for lower-risk participants (A. Pruen, personal communication, December 10, 2024).

Checklist for Implementing Guideline Seven

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Calibrate caseloads to align with APPA standards.	Coordinate with the CSO's home agency to assess caseload demands and set limits. Coordinate with the treatment court coordinator to assess caseload demands and set limits.	Probation department leadership CSO Coordinator		
Align the supervisor's evaluation of CSOs with CCP and evidence-based practice expectations.	Assure that the treatment court and CSO's home agency performance evaluations align with CCP roles and responsibilities beyond measures of compliance.	Coordinator CSO		
Establish guidelines for span of control for supervisors and CSOs.	Review the APPA *National Standards for Community Supervision* (2024) for metrics and tips on measurement.	Probation department leadership		

GUIDELINE EIGHT: Deliver a balanced approach to participant monitoring that includes community-based and collateral contacts as well as the measured use of technical violations.

Monitoring participants' behavior helps to ensure that participants are adhering to court-ordered conditions and engaging in prosocial behaviors conducive to short- and long-term success (APPA, 2024; see standards 5.6, 5.7, 5.8, and 5.9). Community supervision is inherently driven by interpersonal engagement between the CSO, the person being supervised, and the people closest to them (collateral contacts) such as family, friends, employers, and treatment/program providers. Community and collateral contacts should be developed based on the assessment of risk, need, and responsivity driven by the individual's case plan, support, and public safety. In the treatment court, the target population is a high-risk/high-need population, which requires a greater level of supervision outside of traditional office hours. This should include home visits, a collection of collateral contacts, and responding to public safety issues (e.g., serious violations or recidivism).

Home visits provide insight into what is actually happening in the home related to drug and alcohol use, humanitarian needs, safety concerns, and the progress individuals are making. They also provide an opportunity to be responsive to individualized needs, observe participants' strengths, and provide incentives for progress toward achieving proximal and distal goals. Further, these visits provide an opportunity to develop **collateral contacts** that can be used to build rapport and relationships with family members and to assess their ability to serve as a social support (social capital) for the participant. Home visits have been shown to significantly reduce risk and to have a cumulative effect on outcomes. For instance, a recent study shows that each home visit resulted in a 2.1% reduction in failure, with the cumulative effect, based on an average of 12 home visits, resulting in a 25% reduction in felony arrest or revocation (Meredith et al., 2020). In line with CCP and the RNR model, when home visits included conversations with a mix of rules (e.g. employment, fees, police contact, etc.) and needs topics (e.g., substance use recovery, physical health, housing, etc.), revocations were reduced by 11% and felony rearrest by 14% (Meredith et al., 2020).

Collateral contacts may also include employers. Employment plays an important role in reducing recidivism and substance use (Meredith et al., 2020; Zettler & Martin, 2020). Places of employment and employers may provide important insight into how a participant spends a significant portion of their time and whether the work environment provides prosocial relationships and skill development. To reduce stigma and the chance of disrupting a participant's working relationships with their boss and peers, it is important to coordinate with the participant before visiting with employers or arriving at the workplace.

Also important to monitoring treatment court participants is the overall use of **technical violations** in response to individuals breaking the treatment court and/or probation rules. Tracking technical violations may inform treatment court teams about key areas of concern (risks) that increase the likelihood of revocation for participants. For example, tracking the average number of positive drug tests that occur before an individual will receive a jail sanction or be revoked from treatment court/supervision may provide an understanding of whether the team views return to use as a natural part of recovery requiring treatment or leans more toward sanctions and removal from the program. A recent study on the impact of technical violations on probation revocations in a drug treatment court showed that the most common violation leading to revocation was a positive drug test, with an average of 1.2 positive drug tests leading to revocation (Zettler & Martin, 2020).

CSOs should work with the treatment court team and their home agency to ensure that the team understands whether abstinence is a proximal or distal goal, whether the individual is psychosocially stable, and what appropriate responses should be used related to continued or new substance use or other types of technical violations. Although CSOs have the power to act independently, it is important for them to respect the integrity of the treatment court team and the collaborative decision-making process used to determine sanctions, especially those that may lead to termination from the treatment court and/or supervision. It is important for CSOs to have the latitude from their home agency to trust the process established within the treatment court for addressing behaviors and technical violations and for terminating participants when appropriate. Individual case plans and treatment strategies must be allowed to take effect (with all options exhausted) before moving to potentially premature revocation from the program.

Voices From the Field

I quickly learned how essential it was to see our participants outside the office, in their living environments, particularly during nights and weekends. Often they would tell me they had a place to live or that their living situation was safe. However, after conducting a home visit, I discovered that they weren't truly living there, or what they considered "safe" was not safe at all. In some cases, the neighborhood was dangerous, or there were individuals in the household using illegal substances or alcohol.

Through these visits, I realized that I could learn more about a participant in a single home visit than in five months of office visits. I gained valuable insight into their daily lives, personal stories, and the realities they were facing—much of which wasn't reflected in what they reported during office visits. Building relationships with the participants and their families and offering positive reinforcement was crucial to this process. Our participants are high-risk, high-need individuals, and we need to be out in the community, seeing them where they live, offering the appropriate support, and ensuring their well-being.

Karen Cowgill
Drug Court Supervisor, retired
Maricopa County Adult Probation (Arizona)

Checklist for Implementing Guideline Eight

Action Item	Steps to Take	People Needed	Estimated Timeframe	Completed
Establish guidelines to define the purpose of contacts in the community.	Align contacts with risk, need, and case plans.	CSO CSO supervisor		
Establish guidelines to define the purpose of home visits.	Align contacts with risk, need, and case plans	CSO CSO supervisor		
Assess the use of technical violations to inform treatment court practices related to revocations.	Refer to the APPA *National Standards for Community Supervision* (2024, Section 11) on performance measurement to identify data points to collect. Use the treatment court management information system to monitor the use of sanctions, track technical violations, and address disparate outcomes.	CSO CSO supervisor Coordinator Treatment court team		

APPENDIX: The Eight Guiding Principles of Community Supervision

This appendix contains an excerpt from the *National Standards for Community Supervision* (APPA, 2024, pp. 6–7) outlining the eight guiding principles that the standards are based on. These principles provide a clear illustration of the complex role CSOs play in community corrections that may be easily integrated into the adult treatment court model.

1. The Community Supervision Agency (the Agency) is committed to enhancing the health, well-being, and safety of individuals on supervision, staff, and the community, and works to create an environment of trust, mutual respect, and understanding where all staff act in the best interests of individuals on supervision and the community.

2. The Agency honors the belief that individuals on community supervision have the potential to change their thinking and behavior. It demonstrates respect, dignity, and fairness toward all people involved with its work. The Agency believes in the autonomy and agency of people on community supervision, giving them a voice in, and the opportunity to participate in, decisions about supervision. It also respects and incorporates relevant characteristics of people on community supervision in case planning and decision-making.
3. The Agency believes in neutrality—objective, transparent decision-making, where rules are applied fairly and consistently, not in a subjective, arbitrary, or prejudicial manner. Diversity, inclusion, and equity are considered in all community supervision decision-making, programming and outcomes.
4. The Agency works to honor the rights and voice of victims of crime.
5. The Agency works to build systems and a culture supportive of effective practices and incorporates a human service perspective in supervision, with the primary focus on behavior change, and incentives rather than sanctions, deterrence, or retribution.
6. The Agency is committed to implementing evidence-based and evidence-informed policies and practices. Assessments are based on structured and validated instruments supplemented by staff knowledge and experience. The Agency implements effective staff practices and revises and updates policies and practices to reflect new knowledge as it emerges.
7. The Agency takes a positive, success-oriented approach that is forward-looking. Community supervision should be goal-based and incentive-driven, giving individuals on supervision the ability to show compliance and earn their way off supervision. While community supervision addresses challenges the individual is facing, supervision agencies should incorporate strengths-based and asset-based strategies to build on positive attributes in the individual's life.
8. The Agency collaborates broadly with the community, support system for people on community supervision, and other public and private organizations and agencies.

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Treatment Court Institute

Impaired Driving Solutions

Justice for Vets

Center for Advancing Justice

All Rise is the leading training, membership, and advocacy organization for advancing justice system responses to individuals with substance use and mental health disorders. All Rise impacts every stage of the justice system, from first contact with law enforcement to corrections and reentry, and works with public health leaders to improve treatment outcomes for justice-involved individuals. Through its four divisions—the **Treatment Court Institute, Impaired Driving Solutions, Justice for Vets,** and the **Center for Advancing Justice**—All Rise provides training and technical assistance at the local and national level, advocates for federal and state funding, and collaborates with public and private entities. All Rise works in every U.S. state and territory and in countries throughout the world.

Founded as the National Association of Drug Court Professionals (NADCP) in 1994, All Rise has been at the forefront of justice system transformation for nearly three decades. As the leader of the treatment court movement, All Rise helps prove that a combination of evidence-based treatment and accountability is the most effective justice system response to individuals with substance use and mental health disorders. All Rise has trained over 800,000 public health and public safety professionals, and the number of treatment courts in the United States has grown to more than 4,000, helping more than 1.5 million people access treatment.

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