

Karen Cowgill: All right. Good afternoon.

Karen Cowgill: Thanks everyone for joining us. I appreciate you coming this afternoon hopefully. You're here for our webinar on community supervision. My name is Karen Calgill. I'm a project director with the Treatment Court Institute, and we are happy to have you here today. I'm very excited to talk to you about community supervision. It is a topic near and dear to my heart before becoming a project director at All Rise. I was a felony probation officer for over 20 years, and so I'm excited to talk to you today about supervision.

Just to give you a little housekeeping stuff. If you have questions, there's a Q&A down at the bottom, and you'll need to type your question in. I will save most of the I'm going to save those till the end. Hopefully, we'll have time. I do have a fellow project director on here brandy, who will be answering some of the questions, if possible, in writing. And then we'll get to those questions near the end of the presentation. And so we're going to go ahead and get started. And again I welcome you, and I'm excited to be here and talk to you about this topic.

Oh, before we get started, I do wanna make sure that I give credit to the Bureau of Justice Assistance. They funded this and made it possible for us to be here through our grant. But I do want to point out that points of views or opinions in this document are those of the author, and they don't necessarily represent the official position or policies of the U.S. Department of Justice. But we are grateful to them to make this webinar possible.

So as we get started, I really want to start out and talk about the resources that we have about community supervision. I'm very excited that we have our newest standard. And it's on community supervision. And so we have not had a standard specifically to supervision. Prior to this, all the other standards have been updated, but there's not been a new one. And now we have this new one that's going to help address supervision and the things that we should be doing, and what supervision should look like as a part of a treatment court team. And so @allrides.org, you can download this. It's a free resource, and I really encourage you to read it. It has 6 provisions. We're going to cover them during this presentation, in and out. It's not specifically about the standard. It's about supervision overall. But I will address the different provisions that are in the new updated standard. But be sure and download it. Another great resource is that the American Probation and Parole Association.

Karen Cowgill: They came out with standards in June of 2024 for supervision in general, so you can download those. Those are also free, and I'm happy to report there are no conflicts between the 2. It's complementary. We know what is best practice, and we want to make sure that you are using best practices with supervision as a part of your treatment. Court team. Supervision can do a lot of great things.

Karen Cowgill: and when they bring that to the team, we want to make sure they actually bring it as a part of the treatment court, and that we're not just leaving that back in the probation office, and the treatment court team doesn't understand about that. So these are great resources for you to look at and use once you're off the webinar, and you're not here when you're doing your day to day stuff.

Karen Cowgill: and then some other great resources at allrise.org is, we have a practical guideline publication about supervision within the treatment court model, and then we also have a fact sheet. So please make sure that you download those and are aware of those and those free resources that you can make yourself familiar with.

Karen Cowgill: And we're talking about supervision. And I want to talk kind about what it does. And we're going to cover all this over this next little bit. I want to stop and make a point here that I think is really important, and I hope that you all here I'll probably repeat it a couple of times, but for our population. Supervision carries equal weight as treatment.

Karen Cowgill: Okay? So supervision carries equal weight as treatment for the high risk/high need population. When we look at high need, that's talking about their treatment needs when we're looking at high risk, that's their risk to reoffend.

Karen Cowgill: And so if we don't address both, then we're letting our participants graduate with a likelihood to still reoffend. So we have to address both, and we can't pretend that they both don't exist. And so we want to make sure that we're doing good supervision practices.

Karen Cowgill: and that we're bringing that to the field. And so what we're looking at about supervision and monitoring, and why it's so important is, 1st of all right. We want to protect public safety. That's kind of like I don't know any supervision or probation office, and I will say probation a lot during this presentation, because that was my role. It may be that your parole you may be pretrial. There may be different law enforcement. But let's just. I'm talking about supervision in general when I say probation.

Karen Cowgill: But when we're thinking about community supervision, every department I know has public safety as one that they have to do. So. We have to have supervision for this high risk, high need. We cannot be doing a good job if we don't have supervision to hold them accountable

Karen Cowgill: and really making sure that they're doing what they're supposed to be doing, and that we're providing them the services they need to be able to do that right. And then it also something I think we forget, is it?

Karen Cowgill: When we're doing good supervision and monitoring, we're providing internal and external program integrity. So what does that mean? We want to make sure that when we tell our participants to do something, we actually know whether they're doing it or not. Right. And so a good example of this is, I'll see programs that

Karen Cowgill: put out curfews right. And so you have a curfew. But then no one ever goes by to check it, or you don't have any way to use technology to check it. And so then the participants start telling the other participants they don't really mean a curfew. You don't have to do that. So your integrity is that question because you don't really know whether they're doing something that you're telling them is a requirement. So we want to make sure anything that we tell our participants that we have a way to verify that right?

Karen Cowgill: And then, importantly, is our external program integrity. And that is to the community we're outsourcing our program. We're trying to get landlords to rent to our participants. We may ask people to employ our participants, and we're telling them, Hey, we know what they're doing or supervising them or drug testing them. But if you don't have effective drug testing, or you're not actually monitoring them and know what they're doing outside of the courtroom and our offices.

Karen Cowgill: then you're actually not. And you're setting yourself up for something to happen. And you're not going to be able to back up what you've been telling people. So we have to have supervision for this high risk population. And that really adds to that integrity for the program. Because we can tell our community. This is what we're doing. And we're actually know what's happening with our participants.

Karen Cowgill: A really big thing is that we're going to be supporting the participant. I want to hear clearly, we're going to talk all about the best practices, but we do not want the old school probation, where all your job is is to catch them doing things wrong, and you try to make them comply by the rule of your

Karen Cowgill: having your thumb on them. That is not supervision. So we want to support the progress of the participant. Right? We're going to act as an adjunct to treatment, treatment, and supervision should be working hand in hand. You should be communicating in real time you should know what others doing, you know, when I do this

Karen Cowgill: presentation in person, I always ask for a raise of hands to treatment. Our participants ever tell us things that maybe aren't completely honest about what's happening in their life. So they're in treatment, saying, Hey, me and my spouse are doing great. And then probation's like, well, I was there last night, and all his belongings were on the front lawn. They're not together anymore. We want that information real time. So we can intervene, offer support and solutions.

Karen Cowgill: And we're talking. So we're going to be that adjunct to treatment. And most importantly, we're extending the team into the community. So we know what they're doing outside of the courtroom.

Karen Cowgill: I always like to say they can, not always. But most of the time. They can do what they need. They can say what we want to hear from them when they're in court before the judge for 3 min, or when they're in our office, and we're not taking the time. How many of you always like to tell the story? When I was growing up we went to church every Sunday, and my dad wanted to be on time, and my sister couldn't be on time if her life depended on it. And so the whole way to church. My dad would be yelling at us all because we were late. He was mad, it was unfriendly. We were. No one was happy, but as soon as we walked out of the car and we walked in the building we were all happy. For the next hour everyone that saw us. We were great family, and we got back in the car, and everyone's grumpy again, because my dad's mad that we were late. So you can.

Karen Cowgill: They can put on a front for us. But if we're doing good supervision and going out into the community where they live, and we're seeing what's happening, then we're going to have the ability to offer support. But we're also going to most importantly know what's really happening with our participants, so that we're doing that balanced approach of supervision. So as I move forward and talk about what they do, I just want to remind you that that super good supervision carries that equal weight as treatment for our high risk and high need population.

Karen Cowgill: So some things we're going to talk about over this next little bit is kind of what is supervision. Do? What does that look like? And I will stop here and talk about? We have a wide variety of people here in this audience. Right? So I have people that are supervision officers. Some of you are going to say I already knew all this. You know what kudos to you that means you're doing a great job, and it should be reinforcement that you're doing a great job. If you're supervision here and you're not doing some of this, then you need to figure out resources and figure out how you can improve upon your skills and become a better probation officer. And you can do a better job than what you were already doing, and for those of you team members that are not supervision. It's important for you to understand all the great things that supervision can do for your participants, and the additions and things and resources they can bring to your team,

and that it's a thing that's necessary for your participants to be able to have that life of recovery. It's addressing those high needs and those high risk areas. And so we're going to do that through things like doing validated assessments, case planning. And we'll talk more about case planning. But I'm talking about living, breathing document case plans, not ones that are done as a job requirement and stuck in a drawer and never looked at again. We're going to talk about that, making them living and breathing. And we're actually, it's kind of our roadmap on what we should be doing with our participants. Right?

Karen Cowgill: We're going to learn some of those core correctional practices and how to really help them get intrinsic motivation. We want our participants to be making live changes because they want to, not because we're just ordering them to, or they'll get in trouble if they don't. That's not what our role is right. We want to be able to offer positive reinforcement and also effective disapproval. And then we're also going to be using a lot of those cognitive behavioral approaches. And we're going to be conducting field visits. And we're going to talk about all of this over this next part, you know, over the next hour of the presentation.

Karen Cowgill: So some things I really like to start out with is talking about. How is supervision different when you're a part of a treatment court team.

Karen Cowgill: And so it's really important that you understand the difference, because there is a difference. And if you're not going to be okay with that, then maybe you need to not be a part of the treatment court team. But I'm going to encourage you that it could be the best move of your career if you do this. So the one thing I will say, and I don't want to offend anyone. But I was a probation officer like, I said, for 20 years, and I supervised many, many different pos for 17 of those 20 years, and we have a lot of different personalities.

Karen Cowgill: but and sometimes as probation officers, we like to be the boss of the world, because we're used to being in charge, and when you become a part of the treatment court team you are no longer a sole decision maker. So you need to be able to give up that you're not the sole decision maker. You're not in charge of the whole world, and you have the ability to and learn to appreciate that there's a shared responsibility with the team.

Karen Cowgill: and I always say that was fantastic because I never had to make all the decisions on my own. I had a whole team of experts to help me decide. So when the participant would say, What's going to happen, I would say, I'm not sure we're going to talk to the team about the things you did. Well, but we're also going to talk about this little hiccup that you've had, and then the team will decide what's gonna be best for you, and then the judge will make that final determination. So I never had to say what was going to happen. But I'm going to tell you that over the years there's sometimes probation officers who do not do well with this.

Karen Cowgill: and I would encourage you to take a look internally as to why you can't give up some of that power and control, but know that you have to do that. And so because you have to be able to do that. So I want to give an example of where I see that some things happen that we really suggest. You stop and look at what your procedures are. A lot of this is just an example, but a lot of places I go. I go all over and visit courts.

Karen Cowgill: Probation has the ability to do flash incarceration. I've heard it called quick dips. I've heard it called the different things, and they can put a participant in jail without doing a violation, and they can put them in jail for one to 3 days, usually typically a short time, a weekend or something.

Karen Cowgill: So what I tell probation officers is that should not be happening on your decision. Only we have all kinds of procedures in place for incentives and sanctions and a perception of fairness. And so we should not be doing that we should be notifying the whole team, and the whole team has way in so like what I tell probation officers is just because you can. Does that mean you should when you become a part of a treatment court team member.

Karen Cowgill: You want to provide the team with that information. The whole team makes sure that they understand what's happening, and everyone helps determine the response that's most appropriate for that participant. We want everyone's input in that.

Karen Cowgill: And so again, I can tell you that it's really nice to not have all those responsibilities, but not everyone loves that ability to give up that power or that sole decision making. So you have to decide that and learn how to do that. The most important thing that you can do as a part of the treatment core team is not just sharing the information.

Karen Cowgill: We're not just talking about compliance. We're really talking about progress or regress on that case plan? Are they making ways to learning how to be lower risk to reoffend? We do not graduate people high risk. So we want to make sure that we're sharing and working as a part of a team now. And we're not just working solo. And so that is really.

Karen Cowgill: actually makes your job a lot easier when you're able to work as a part of a team. And you don't have to be solely responsible, because sometimes we make decisions that aren't the best. And it's so much easier when we have a team of experts helping us decide what needs to happen right

Karen Cowgill: before I move on to and talk about some more of the court duties. I do just want to make a special note that we have all kinds of treatment court teams represented here today. Right? So we may have misdemeanor courts. We may have pretrial. We may have different.

Karen Cowgill: of course, that don't have supervision as a part of your team, and if you don't, then you need to figure out how you can bring these services in, because for the high risk, high need they have to have these services, or you're going to be graduating people that you haven't addressed some of those risk areas in. And we have to address that. So you may have to look at case managers being able to do some of it. But understand, the team needs to understand where they're coming from, who they're employed, and what their roles are like for me and our and many probation officers were sworn peace officers.

Karen Cowgill: Case manager's not going to have any of the same abilities or authority that a sworn peace officer would. So you have to make sure that team understands that, and the limitations are what each person has in their own role. And then also, if you're a misdemeanor court, a lower court jurisdiction oftentimes caseloads are ridiculously high and they cannot begin to do all the things that we're going to talk about, of the responsibilities of probation. So make sure that you look at all that when you're thinking about that and make sure that all the team members understand the differences when we're doing that.

Karen Cowgill: So now let's move into some of the core stuff that we want to talk about here. Right? We want to talk about assessing risk and looking at risk need responsivity. This is a core understanding. If we don't understand this, then we're not going to get things right. And we're going to kind of be operating blindly. So we want to make sure that you're doing validated risk assessments. Here's a list of some we don't say one's better than other. What you need to do is make sure that you have a validated risk assessment for your program.

Karen Cowgill: Now, I want to stop here and just make a note that many programs we see throughout use a rant to determine eligibility or to do a screening. But I want to remind you that the rant is a fantastic screening tool, but it is not an assessment tool. It does not do a full assessment. So you were not talking about that we're talking about to get into your program just like clinicians may do a brief screen, but they do a full, validated assessment biopsychosocial to come up with a treatment plan. We want to do a full validated assessment, and you want to use one of these, or one that's been validated for your program, I know, like in Texas, I think they call it the TRAS. So whatever it is that you have that's been validated. We want to make sure that you've done a validated risk assessment for supervision. Not knowing their risk score. Then you are operating blindly, and you may be over supervising some and under supervising others. So we want to make sure that everyone's doing a validated, you know recommendation, and

that you've done that validated full assessment so that you know what you're doing. And the only note I'll make is if you have impaired driving courses.

Karen Cowgill: Traditional risk scores are not going to. So oftentimes our Dui offenders will come out as low risk on these tools, because it's not measuring their likelihood to reoffend for a new dui. So you're going to use a tool that's specific to that something like the Ida. We you can go to allrise.org and look at our impaired driving section, and there's articles on that. But you want to make sure you have a specific tool for that impaired driver offender, so that you're looking at their risk to reoffend with a new Gui. So, making sure that we have a validated risk, assessment is one of the most important keys. We that's gonna be our roadmap of how we help work with this person. So you can't really do supervision without having this assessment done, because it's gonna tell us what areas we need to look at. What are we going to address that's going to make this person less likely to reoffend by addressing, and we have what's called the Central 8. And so some things won't change. Their criminal. History is the 1st age they got arrested. That's always going to be the age they got arrested their 1st arrest. But most of these are things that we can impact. We can address, and we have to address it for our high risk/high need population. We have to address these. If we're going to have people graduating and being successful and not coming back, we want to reduce recidivism. We want them to have lives of recovery and not coming back into the system.

Karen Cowgill: We actually have an assessment tool and a roadmap that tells us here's all the things that you need to work on. So oftentimes we do these, and I see supervision does a case plan, and then they put it in a drawer and no one looks at it again. The treatment team isn't aware of it. Business has to change. If that's what you're doing.

Karen Cowgill: We want these areas identified. We want to know what we're working on. And the treatment team should be actively aware of those areas. And the judge should be having discussions with them about their progress or lack of progress on their case plans. So be aware of these 8. But I always want to point out to probation officers what is this family marital school work, leisure, recreation, guys that's recovery capital. These are the things that are telling us, the areas that they may have strengths in, but the areas that we need to help them in. And so we want to look at that. And we've identified that by using those validated risk assessments, it literally tells us what we need to work on so that they're gonna we're going to increase their likelihood of success.

Karen Cowgill: So then we look at that risk need responsivity, or we call it RNR, right? So that risk is you've identified who they are, and for that high risk person. You have to deliver higher dosages. You cannot have less supervision for those people. And then the needs is what. So

it's 1 of those 8 areas? Right? What are those 8 areas? Do we need to address? What do we need to look at? And we want to make sure that we're looking at all the issues.

Karen Cowgill: And then we're going to look at responsivity factors. So there's kind of we break this out into 2 things. 1st of all is how we want to make sure we're using evidence-based responses, cognitive behavioral based programs, manualized. And I'm not talking about treatment. I'm talking about specific interventions that impact their risk needs that we need to address right? So the how is we're looking at those validated sessions. And then we're going to look at specific responsivity. So we've gotten this validated. We're using an evidence-based program. But how is it going to work for that person? Everyone learns different. Everyone has different barriers. And we need to look at is this the one that's for this person? Or how do we need to accommodate this person? There can be simple things. I have a colleague who, when she's learning something new, even though she may have it in a written instruction, she wants to write notes on all of it. That's how she learns best is by writing everything down. That's not me. I just need to get in and practice and do it with my hands in. That's how I'm going to learn. So we want to make sure that we're looking at that person's specific needs. Or maybe trauma issues. There may be learning issues. There may be, you know, different things that we need to consider. And so that's that responsibility that we're addressing what they need. And we're developing it. We know what areas we need. We know we have best practices. But how are we going to best deliver that to that person what are their specific needs? And so that's that responsibility that we want to make sure we're looking at.

Karen Cowgill: Next, we want to make sure that we're developing case plans and goals based on those needs and responsivity factors. So a lot of our clients to come out as high risk are going to have a lot of similar risk areas. Right? They're going to all, maybe have 4 or 6 more that are high risk. But they're going to have different levels of need in that. So we're going to respond differently according to each person. And we also want to get their buy-in right. What we don't want is a Po doing an assessment, developing a case plan and saying, sign here. How many of you love to be told what to do? Right? I don't know about you, but as soon as you start bossing me around I'm going to try to figure out a way to not do what you told me to do, because I don't like to be bossed around.

Karen Cowgill: Participants are no different. So we want to sit down with them. I think it's appropriate to share the results. Let them understand that these are things that might lead to them reoffending and what areas we should work on. So timing matters.

Karen Cowgill: We want to make sure. We look at each person individually, and we address their needs according to the severity. And it's going to be different for those different areas. So we're going to address things in different, in different order, in different ways that we're doing

that right? So that comes to timing matters. So it's super important that we understand that we don't want to overwhelm them, and we have to address things in a specific order.

Karen Cowgill: And this is an area where I want to bring in one of our provisions in the new updated standard. So we talk about standard supervision conditions as one of our provisions. And I remember when I 1st read this I was kind of surprised. But we, for those of you who do not know probation has typically probation has standard conditions, and we're the 1st time we meet with them we start reading on to them, obey all laws, get a job, do this. It's all the rules of probation.

Karen Cowgill: Guess what research shows that most of those standard conditions of probation have not been researched have not been proven to be effective, and some of them can actually cause some harm or lead to a likelihood of increased technical violations, because we're focusing on things that they're not ready to do yet. And so an easy example, would be getting employment for our high risk. High need employment is going to be a need later on in the program. We're not going to be addressing that up front? We're looking at responsivity needs. Are they hungry? Do they have a place to live?

Karen Cowgill: Do they have basic abilities to follow a schedule? Do they have transportation? Sometimes we have to look at those basic needs in the beginning of our phases. Then we're going to move on and start really focusing more on those criminogenic needs bringing in that recovery capital. And then we're going to use those last phases for them to figure out their life of recovery. What's meaningful to them? We're going to address those areas. And they're going to be able to demonstrate to us that they have the skills to problem, solve and use those things, and they're going to be able to be successful without us in their life. So really caution yourself if you unless it's required by law. Standard conditions should only be imposed when necessary, to meet their assessed needs. So don't get focused in on that. I have to make you do all these when it's not the appropriate timing to do those. So really take a look at that in the in our updated standard. But always remember that timing matters. So we want to make sure that that we can't stress enough how that important that is.

Karen Cowgill: And then we want to make sure that when you're doing case planning, be sure to remember that individual case plans are your tools to help them become successful. Like, I said, it is actually your map of how this person can have a less likelihood to reoffend. So we want to be focused on that case plan and addressing those criminogenic needs. The phases are your court requirements. But the case plan is that individual plan for that client to meet what they need. So it's very imperative that policies of your court.

Karen Cowgill: Make sure that that case plan is a part, and there is an integration in staffing and court and the phases, so that we're looking at the case plan as the roadmap to how this person's going to get better. We're talking about it in staffing. The judge is interacting with them. And we've made that case plan a living, breathing document. So making sure that we're doing that is so important.

Karen Cowgill: And then just one of my last notes on risk need responsivity. Please be reassessing them. We should not be graduating people that are high risk if they're still high risk, and you have not done your job to help them identify those areas and address those risk need areas when we have met their needs. They've developed that recovery capital.

Karen Cowgill: And they're actually ready to move on without us. And that's important that we've measured that. So you need to do reassessments using those validated tools to demonstrate that they're no longer high risk. And you've been able to make an impact and lower their likelihood to reoffend and therefore leading to them being successful and moving on in the program. So we want to make sure that we're looking at that. And considering that there's no real guideline, you don't want to do reassessments very frequently you need it. Usually it's typically at least 6 months, because you have to give time for things to work. They're not going to be able to change all of these and get these skills in a 2 month time period. So you're looking at about every 6 months that you're going to do that reassessment. Some programs do it every year. But you want to be reassessing to make sure that you're staying on track.

Karen Cowgill: You're addressing their needs, and we're helping them learn how to live that life of recovery with a likelihood of less likelihood of reoffending. So then, when we're thinking about supervision strategies, it's very important that we're doing supervision in an appropriate manner. With best practices.

Karen Cowgill: APPA came out with their standards and APPA Standard 9 talks about effective interventions. You can download the APPA standards for free, too. But some of those there's kind of 2 types of interventions we want to look at. There's some that are skills the probation officer needs to have. So you may have those core correctional practices. You may use programs such as sticks or epic stars. Those are ways that the probation officers interacting with the participants or their person. On probation you may use carry guides which are excellent series of homework or assignments that are on specific topics that help the client learn new skills. But we want to make sure that your probation officers are using some of these things to be better trained in how to interact and have effective relationships with the participant. But then there's also group based cognitive behavioral intervention. So these are things. If you have high risk clients when they're kind of done with that 1st part of treatment. They're going to need to go into some of this group based cognitive so it could be aggression replacement, therapy,

decision points, reasoning and rehabilitation. A lot of you are going to know some of the older curriculum thinking for a change, MRT, but we want to make sure that we've addressed the criminal, thinking we have clients that are high risk to reoffend with a new offense. We cannot just address their substance, use disorder and not address this through some kind of group based cognitive behavioral intervention.

Karen Cowgill: We want to make sure that we're addressing those. So really look at what those effective interventions are, and make sure you're offering them to your high risk clients so that we can help them learn how to problem-solve, think differently and stop the course of them, maybe reoffending because they don't have the correct thinking. We're actually addressing that as far as core correctional practices, we have free curriculum on this, on our website, you can go to our e-learning@allrise.org and sign up for this core correctional practice. It's free. And if you have this training brought to your jurisdiction, it can cost a lot of money. It's several. It's I always forget exactly how many modules, 10 or more, and you can take them at your own pace, and then you can get a certificate of completion.

Karen Cowgill: I'm going to encourage people that even are not supervision officers. I've had judges. Take this. It can help you learn to interact in a much better way. It's going to teach you some skills like doing some anti-criminal modeling, helping them learn how to do cognitive, restructuring, structured skill building role clarification and problem solving. I really think it's important for us to remember oftentimes as programs what we've done in treatment course, we solve all their problems for them, and we don't teach them how to solve their problems. What we want in phase 5 of the program is them demonstrating that they know what to do when problems come up in their life. Not that we need to solve it for them. We're there. But we want to see that they've incorporated the skills. They have lots of recovery capital. They have connections to community. And when something happens, they're able to demonstrate that they know what to do. And they can problem solve because we've taught them problem solving skills. We didn't solve all their problems for them. So really, I encourage you to take those courses, because that's effective interventions that everyone on the team can use. But for sure supervision should be doing that.

Karen Cowgill: And so one thing I want to talk about is relationship matters. Sometimes with probation officers. I get some eye rolls. We're not used to. Some of the those have been around a long time aren't used to this. But I want to suggest to you, research shows that the quality of the client officer relationship predicted rule, compliance. And so you're going to have less probation, violations, less new arrests, less revocations.

Karen Cowgill: When you work on developing that relationship. And that relationship is talking about being caring. You have fairness. You've developed trust.

Karen Cowgill: you have effective authoritativeness, not something where we're trying to rule over them. But we've demonstrated effective disapproval. We're able to offer that support. That is the most likely to influence reductions in offender recidivism. So relationships actually do really matter. And so if you learn some of those core correctional or practices, and some of those effective interventions that apple is, you're going to be much better at doing your job, and so I encourage you to look at doing that.

Karen Cowgill: So next, I want to talk about office visits right? And so when we're looking at office visits. That's when we're going to do a lot of this stuff right? So when they come into the office, we're going to be talking about risk need responsivity. We're going to use those core correctional practices to go beyond compliance monitoring. So here's another big, important thing that I want to point out research shows that probation officers that spend at least 16 min with your supervisees

Karen Cowgill: employing behavioral techniques, focusing on those criminogenic needs. The case plan. You're looking at that map and seeing what they're doing. Recidivism rates drop significantly. So if we want to do our job good, we need to do 16 min. So what does that mean? You need to make sure that they have caseload sizes where they can spend 16 min, and that we do have a couple of minutes looking at compliance. Because we need to know. Is there information for the court that we have to know? Where's your paycheck stub? Did you make your attendance things. But that's just the 1st 2 or 3 min, and then we're going to pull out that case plan. We're going to do problem solving. Maybe we're going to work on a carry guide. But we're going to spend time with the participant actually developing those skills and making our relationship meaningful and teaching them things. And so it's not 16 min of us lecturing to them. It's 16 min of skill development. It's 16 min of developing that relationship. So make sure that you understand that we have to have time. And we have to be meaningful in our interactions with them. So that we actually impact. And we actually drop recidivism rates significantly when we do this.

Karen Cowgill: So let's talk about home visits and field visits. I've been as I said. I go out all over, and I've seen some places that don't do field visits for the high risk, high need population. This is not something that can be missed. You have to do field visits. You have to see what's happening outside of the courtroom. You have to see what's happening outside of the office for the high risk population. We must go out into the community. So when we do, home visits, it provides us such insight right into what's happening in their house. It tells us if there's things that we need to be concerned about. It tells us if there's safety concerns. And so we really want to make sure that we're doing those home visits in able to get out there and see what's happening. So when we're thinking about doing home visits, we're going to be doing those announced and

unannounced visits. So if I had you in person, I would say, well, what's the difference? Why do we do them? Well, we want to make that 1st visit and announced visit, because we want to meet everyone at home. and I would love to ask you all. But when you know someone's coming by to visit, what do you do?

Karen Cowgill: Do you clean your house more than you normally would? Do? You look at the baseboards and say, should I clean those, or do you put stuff off the kitchen counter that you don't. You usually just stays out. But now you have visitors, so you clean up stuff and put it in the cabinet that you don't usually do so when we tell our participants we're coming by for an announced visit. It's an opportunity for us to see them put their best foot forward right?

Karen Cowgill: Sometimes. That gives us a lot of insight into that. They need a lot of help, because that it's sometimes not the best foot forward. And there's things to be concerned about. But also it's an opportunity to meet the family for them to understand the purpose of us coming by. It's a safety issue. So everyone knows our face, and we know everyone that lives there, and we want to do that time. But most of our visits should be unannounced.

Karen Cowgill: and I want to encourage those who are not supervision. If I can just let you know this adds a lot to to the time of a Po. So when I used to do field visits, let's say I would say I'm going to spend 4 h in the evening going out if I had a 50% rate of finding people that a fantastic day that I found 50% of my participants at home. So field visits unannounced field visits require time. Sometimes you have to go by 3 or 4 times before you find them at home.

Karen Cowgill: and so consider that in the workload issue of a Croatian officer. But those unannounced visits tell us what's really happening when we get to their house. We're seeing them. And we're like, Oh, okay. Now, I see what's really happening.

Karen Cowgill: Think about the difference. If someone comes by your house when you know they're coming, or when they just drop by your house at 7 o'clock at night. That's when we're going to see what's really happening. Who's hanging out what's happening in your home. And we can really get inside. And we learn so much more. I always like to say that I learned more in about 5 min of a of a home visit than I did in several months of office visits because I was able to see that client in their environment and see it just really helped me know who that client is. So we want to make sure that our home visits are mainly unannounced. There are different times and days of the week. We don't go by every Tuesday at 4 pm, because then they just that's an announced visit. They know you'll be by every Tuesday at 4 pm.

Karen Cowgill: It needs to be non-governmental hours. We're asking them to work, go to treatment, do all these things. So we need to go by in the evenings and weekends, so we can

see what's happening when they're actually at home, and that's in their relaxed time. Right? So we want to drop by. If you live in a smaller jurisdiction, you might be able to do event. Visits like Go to the county fair or something, and be able to see them spending time with their family, and actually doing something pro-social and not drinking at the fair or something, but we want to look at the condition of the home. We want to make sure it's safe.

Karen Cowgill: Do they have food in the refrigerator. What's happening at the home is a time we can engage with the family, and the family knows we're there to catch them doing something right.

Karen Cowgill: and we're not out to try to find them doing things wrong. Then the family is going to develop a trust with us and reach out to us when the participant might be struggling. So remember, our intent is not to go out there trying to find technical violations. Our purpose is to find out how we can offer support. give them kudos for the things they're doing. Well, help them learn the skills they need so that they can have a home life that is conducive to recovery. And we want to. You know, you may do drug and alcohol testing. So just considering that if you need to do your departmental policies if you do that, because sometimes it's not as safe when you're doing drug and alcohol testing at their home.

Karen Cowgill: So things we want to see right. What we want to see are things of recovery. So we want to be coming home, and seeing that they just went on a bike ride with their family. They're sitting down to a family dinner, or maybe they're taking their dog for a walk.

Karen Cowgill: Maybe we're seeing recovery oriented books, or maybe we're seeing them reading a book on a kindle. That's a hobby. I don't know how many of you that reading is a stress reliever for you. I love to read, so maybe they're learning how to sit and just enjoy and be in the moment and read a book. And so, whatever it is that we see this pro-social, they're helping them learn how to have leisure activities that are fun, that are restoring those family connections. We want to provide that positive feedback and actually give them a lot of kudos, for when they're doing those things and making sure that we reward and acknowledge the hard work that they're doing when we're making those connections, and we're seeing them in the field.

Karen Cowgill: Next, I want to talk about the ability to be able to look. So we need to be able to look. If we don't. If we can't look, then they're going to be able to hide things. It can be a threat to our program. It can be a threat to our participants. And we need to be able to look. So you need to be able to have the ability to do search and seizure.

Karen Cowgill: One note is, it's very important that whoever's doing searches is trained on doing those, and you follow your policy and procedure of your organization. So many probation departments, for, especially for felony, have the ability to do search and seizure. But we want to be able to look, because guess what opening the refrigerator is. A search opening up a cabinet door to see if there's food is a search.

Karen Cowgill: and if you need to be able to look, you need to be able to do that. So you want to make sure that you can look, I had a program I teach on supervision at the Rise Conferences, and one year I talked about home visits and someone wasn't doing home visits, and they if they did go by? They just stayed on the porch and didn't walk into the house and look.

Karen Cowgill: they started doing them, and they had someone that was about to graduate their program who was in their impaired driving program. They went into the house and they found a whole meth lab.

Karen Cowgill: No one had even looked, we'd been clapping the whole time about how great he was doing, and really he was selling drugs to his, the community. So if we can't look. Things can happen. But I do want to caution that this is not something we should just be running out and doing all the time. I supervise a very large program with 500 to 700 participants, and we maybe did one every 4 months.

Karen Cowgill: And it was when we got credible information to be concerned about. We had a client who said they were going to kill themselves with a gun over a weekend. Once we addressed that he was safe, and his suicidal ideations were being taken care of. We needed to look to see why he had access to a gun, so we had to go do a search. We had reports of someone selling drugs to people in drug Court treatment group. We had to go look for that. So you have to be able to look or you're not, or you're going to have some credible threats. And also you're not going to be able to offer help that your participants need. But it is important, if you do that, that you consider things. Are you pre or post plea? If not, you're going to need to develop 4th amendment waivers, and you need attorneys involved in that. Your defense attorney needs to do that. Your participants need to be clear about what the extent of search activities are involved because they need to understand that before they come into your program. But if we can't look, then things are going to be. We're not gonna be able to help. And we're gonna not have full access. So we may be rewarding someone for something. And they're actually doing things that they shouldn't be doing. And so we need to be able to look. Or they may have needs. And we're not able to meet those needs because we we don't even know about them, because we can't look and see that they have those needs.

Karen Cowgill: So as we move in. And I've talked about all kinds of activities and things that you need to be doing. You have to consider Caseload sizes. This is when I sometimes get raises of hands of what your Caseload is, and since I can't see all of you, we can't do that. But it's very important that you think about. We want them to. What have we talked about. They need to do validated risk assessments. They need to develop case plans.

Karen Cowgill: They need to spend 16 min or more every time they see them developing that quality relationship and practicing those skills, reviewing the case plan with them. They need to do unannounced home visits where half the time they go and see, they're only going to see 50% of the people on a lucky day.

Karen Cowgill: You have to have realistic caseloads, or they're not going to be able to do it. And so, when looking at APPA standards, this wasn't for treatment courts, but they recommended that typically for those high, intense caseloads where you have all those high risk people. You're going to do a caseload of about 20 to one. and if you have moderate to high risk, it would be 50 to one. If you have only low risk, it's 200 to one. And then there was no limit on administrative caseloads. What we've said in our standard is about 20 to 30, is going to be a realistic caseload for them to be able to do all these things in an effective manner. And remember, we're talking about treatment and supervision being equal, and they need to be able to do all those things, to be able to impact that risk score, to lower it and have people graduating that are at lower risk to reoffend. And they're not going to come back into your system. So we need to look at anything over 30. You need to start being cautious and never go over 50. It's hard to say exactly, because we all have different responsibilities. We're all in different size areas. Some of us have one mile square areas, and some of us have thousands of miles to supervise, so it could take 1 min to get to someone's home, or it could take an hour to get to one person's home for a home visit. You have to consider all those things.

Karen Cowgill: and then look, what is a realistic caseload size for yours, what we don't. And when we're talking about caseload sizes, we're not talking. Sometimes I'll have supervision. Say, well, I only have 10 on drug court, but then they had 70 on a regular caseload. We're talking about 20 to 30 total, that's it. They're not having other cases. They're not doing other things because these are our high risk people who are most likely not going to be successful on traditional probation. And we're offering them intense supervision so that they can get better. And we're going to have that less likelihood to reoffend. So it's important that you think about those caseload sizes.

Karen Cowgill: So as we think about all that, I encourage you to go to the standards. But now I'm gonna look and see at some of the questions. I do want to let you know that if you go on to allrise.org and say, ask the expert you can sign up and ask questions, and you can either get a

question or reply in writing, or you can sign up for a consultation with an expert, and we'll meet with you and talk to you about some of your questions specific. So if we don't get to all your questions today, or you have other questions. Feel free to do that and then make sure you're signed up for all rise email, blast so that you can get notification when these webinars and stuff come out.