

# **Supervision: Complex Skills to Assess the Recovery Environment**

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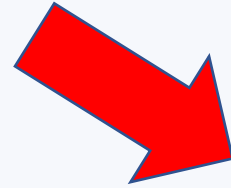
# This is all about....

- Public safety
- Treatment
- Recovery- helping them succeed and learn
- Proximal and distal behaviors
- Detecting desired and undesired behaviors
- Addressing critical issues consistently and swiftly, but NOT severely
- Applying incentives and sanctions as close to real time as possible.



FOCUS here for public safety

# QUADRANT MODEL



High Risk

Low Risk

High Needs

Low Needs

<ul style="list-style-type: none"><li>• Accountability</li><li>• Treatment</li><li>• Pro-social habilitation</li><li>• Adaptive habilitation</li><li>• 350 hours of tx (combo)</li></ul>	<ul style="list-style-type: none"><li>• Treatment</li><li>• (Pro-social habilitation)</li><li>• Adaptive habilitation</li><li>• 200 hours of tx (combo)</li></ul>
<ul style="list-style-type: none"><li>• Accountability</li><li>• <b><u>NO/ minimal TREATMENT!</u></b></li><li>• Pro-social habilitation</li><li>• (Adaptive habilitation)</li><li>• 150 hours of criminal thinking</li></ul>	<ul style="list-style-type: none"><li>• Secondary prevention</li><li>• Diversion</li><li>• 12-20 hours of Ed</li></ul>

# Supervision is the eyes and ears of the team

- We see what others do not. We can learn what is going on when the participant is not in treatment or court.
- We see things which may be undermining the efforts of the participant and team but seem "normal" to the participant.
- We monitor the recovery environment, identify and address threats including:
  - Basic hierarchy of needs issues-
  - Persons in the environment who undercut recovery
  - Family violence that is hidden
  - Compliance issues, supporting refusal skills
  - Complementary services issues

# Assessments guide us, but actual visits enhance assessments.

- Assess often, follow those assessments. Add screens for other issues as needed. Always watch for trauma, criminal thinking, and physical health issues.
- Repeated assessments provide accuracy, and signs of change.
- Assessments drive the case plan, which is created WITH the participant.
- Focus on small bites of the plan, early wins, lots of hope, and revisiting success often. Instill hope at every opportunity.
- Check carefully for clarity and get “repeat backs”. Recall: a brain in early recovery (up to 5 years) has problems with memory and organization. Repeat, reward, look for success and reinforce it.

# Know and refine the diagnosis

- Work closely with treatment to understand the diagnosis and what responses, changes occur.
- Work with treatment to identify threats, strengths, etc.
- The more you know, the safer you are, and the better the outcomes because your interventions are more accurate.

# Do NOT overwhelm people in the beginning months.

- K.I.S.S. Keep it simple silly!
- Focus on proximal goals, know they are HARD for our folks, and reward mightily.
- Use a simple tool: SMILE
- Always use the sandwich technique.
- Instill hope, and look for any form of success (even if everything was wrong...they showed up)



# So, what should we look for/do in the office?

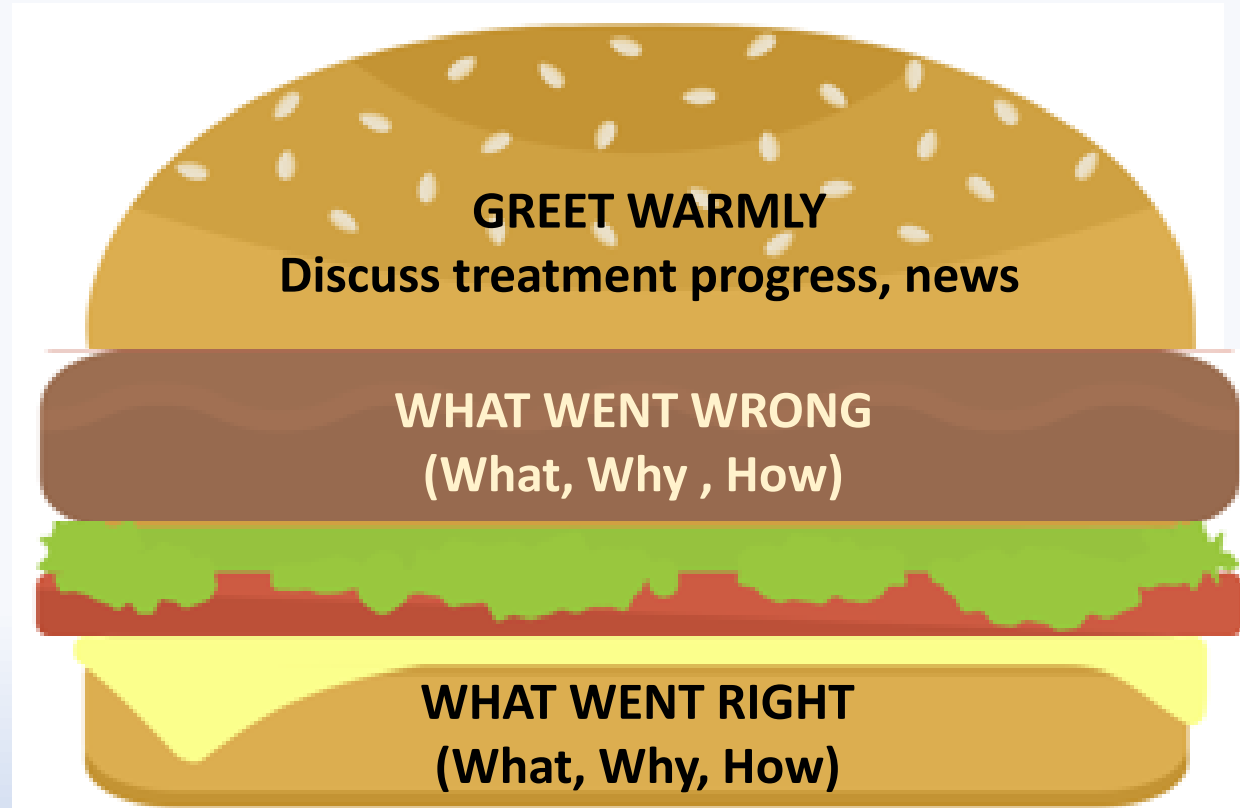
- Visual assessments of how they appear-hungry? Health? Harmed?
- Screen for challenges (learning, literacy, recovery, memory, responsivity)
- Monitor and update the criminogenic needs assessment, pair with treatment plan.
- Refer and adjust plans as indicated by progress/challenges

# More: What should we look for in the office?

- Look to reward and build competency
- Check for skills and practice them
- Incentivize every baby step, encourage, reflect back on progress
- Smile and engage, coach.
- USE the SANDWICH to engage, deliver sanctions/news, then reaffirm what they did right!

# Use the Sandwich Technique to Deliver Responses Avoid Confusion!

1. **WHAT**  
behavior we did not like
2. **WHY** we did not like it.
3. **HOW**  
continuing this behavior will cause problems

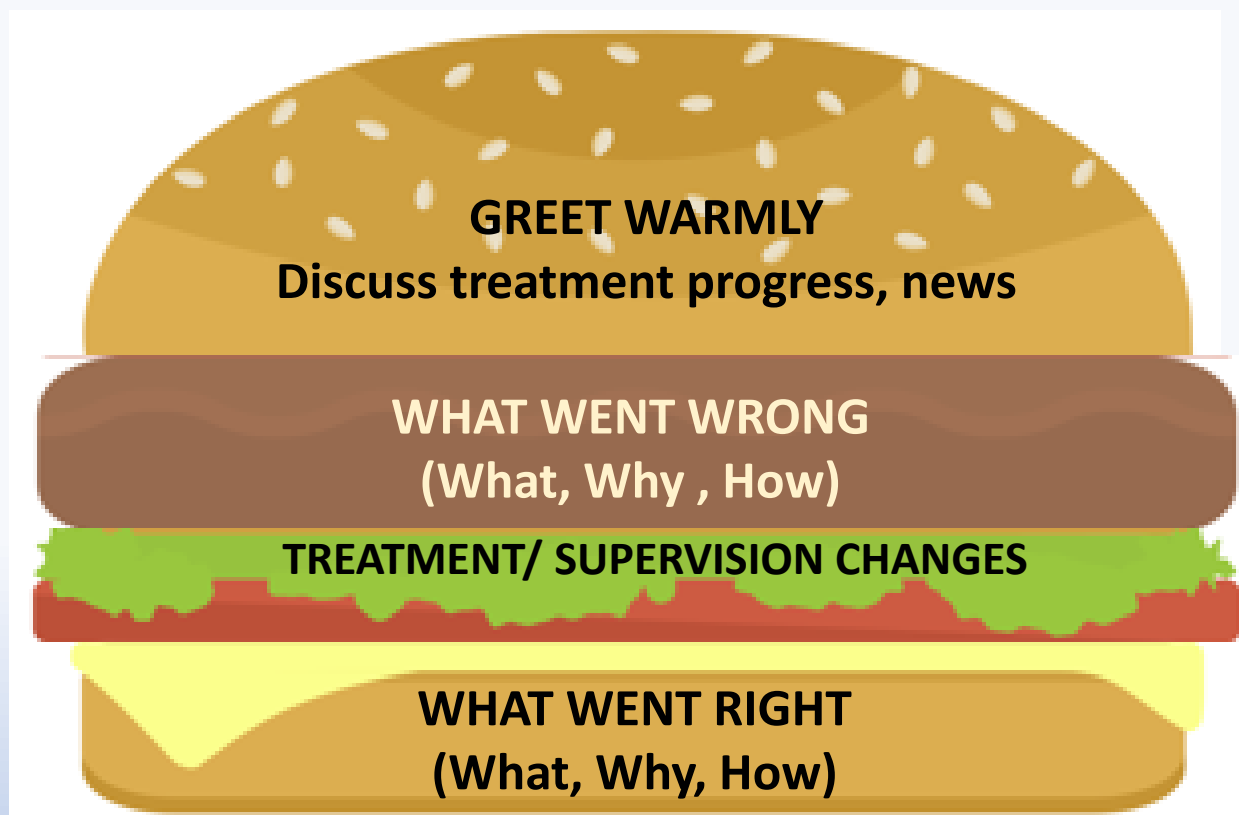


1. **WHAT**  
behavior we liked
2. **WHY** we like it.
3. **HOW**  
continuing this behavior helps them

**Note:** Our specific response choices will depend on what person is capable of right NOW and where he is in the program. (Proximal & Distal Behaviors)

# Where do therapeutic responses fit in the sandwich? Explain:

1. Increases in treatment and supervision are **NOT** sanctions!
2. They're help & solely based on clinical/ criminogenic needs.



1. Decreases in treatment and supervision are **NOT** incentives.
2. They're evidence you're getting better!

## **Note: the term “therapeutic responses”.**

- Treatment adjustments and supervision adjustments are NEVER sanctions or punishment.
- They are designed to adjust/address/support people. Moving forward with success, supporting through rough times.
- These adjustments are “HELP YOU”
- They should be presented and discussed in that way.

# Get out of your office

- Informal and formal assessments of the recovery environment per ASAM
- Monitoring for threats to recovery environment and taking action
- Detecting desired behavior and IMMEDIATELY incentivizing it!
- Model good behavior and problem solving
- Focus on goals identified as part of criminogenic and treatment issues. Only three at a time! Don't overwhelm!

# What should we look for outside the office?

- **Non-governmental hours**-strongly support recovery skill development
- **Where to go?** Work, home, hangouts, etc. Community events
- **What should we do?** Assess informally, incentivize, praise, redirect as needed. Monitor for changes (good and bad)

# Engagement and incentives are essential. *Information is essential.*

- Engagement! Needed supplies, connections for food, medicine, assistance, and help with problem solving
- Education about how these courts work and how to work with you.
- Assistance-food? Scheduling? Laundry detergent? Basics?
- Incentives
- Engagement, engagement...engagement! MET.
- Recognize depression and trauma
- Engagement, instill hope- address isolation.



# Additional fun stuff you can do in treatment courts!

- Probation officers are mailing incentive packages to drug court participants for their proximal and distal achievements. Mail packages include activity books, printed sheets for outdoor exercises and indoor meditation, simple recipes, motivational messages from the staff, and more. Send certificates, cards and “goodies”.

**Create a “High 5” via electronics with team, treatment and PO. Or, just PO and sent a copy to the team as well!**

- Send a text saying the home visit was great, and why it showed progress.
- Send a video or text congratulating on a good decision.
- Ditto, with homework assignments.

**BONUS:** field services via Zoom, Facetime, Duo on phones or Corrisoft- after you have gone, you can check back in and verify things-or say “well done”.

# Officer safety first!

Job one

# Proper entry into homes

- Officer and public safety first. Wear identifiers.
- Obey the law and Constitutional rights of everyone.
- Train on this regularly, know what the limits are to your search authority if not based on consent.
- Be safe, and when there is a question-leave and come back.
- Do not do field services alone, and do not let persons with you be disrespectful during field services.
- ALWAYS be professional, and careful.

# What to look for and assess?

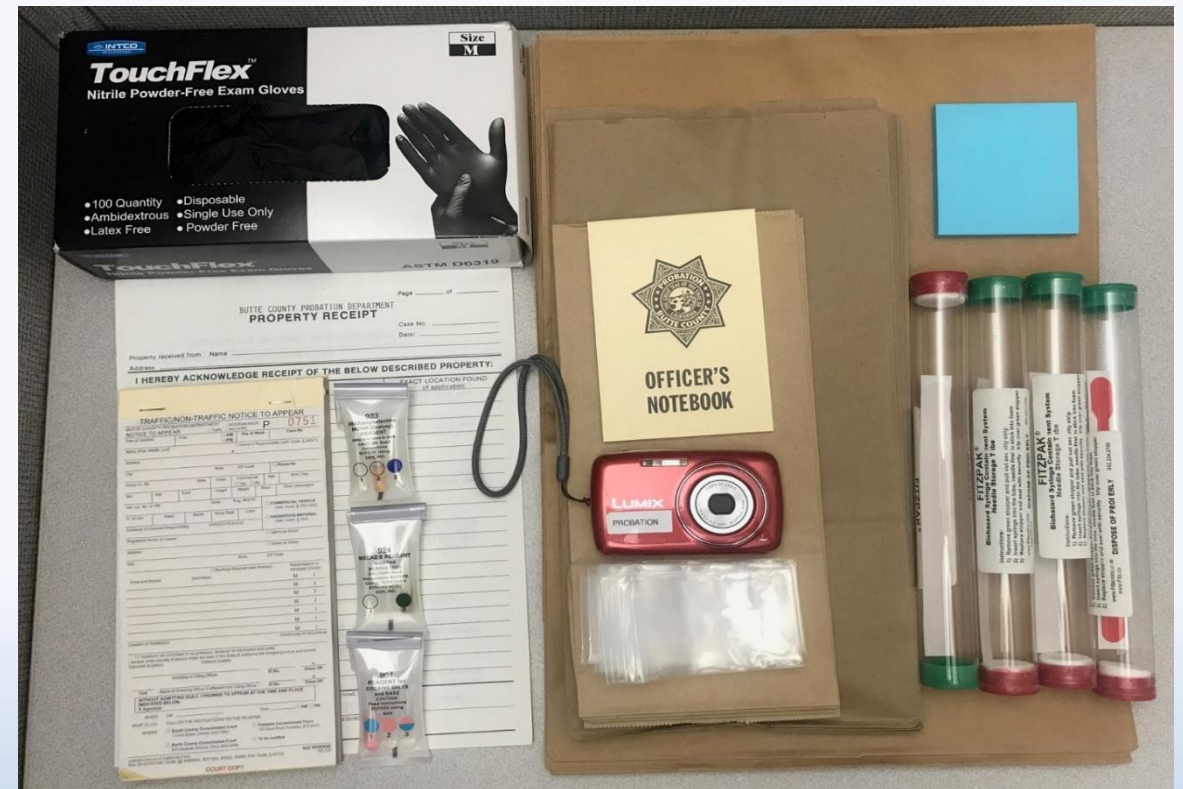
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- ASAM (American Society of Addiction Medicine) recovery environment
- Residence Verification
- Compliance visits
- Supportive visits
- Incentive visits
- Suspected violation visits based on information.
- Service of warrants

# Field service tools:

## Mental

- Situational awareness
- Training
  - Verbal skills
  - Physical safety
  - Arrest techniques
  - Transportation
  - Weaponless defense
- Read the environment
- Stay focused
- Communication practice.
- Command presence.

## Equipment



C

# Your gear?

- ▶ TASER
- ▶ Knife
- ▶ Gloves
- ▶ Notepad
- ▶ Pen/ Sharpie
- ▶ Business Cards
- ▶ Important Phone Numbers
- ▶ Caseload List
- ▶ Miranda Warning
- ▶ Firearm/Magazines
- ▶ Narcan
- ▶ Badge
- ▶ Cell Phone
- ▶ Handheld Radio
- ▶ Flashlight
- ▶ Ballistic Vest
- ▶ Identifier
- ▶ Duty Belt
- ▶ Duty Belt Keepers
- ▶ OC Spray
- ▶ Handcuffs
- ▶ Handcuff Key
- ▶ TOURNIQUET
- ▶ Trauma Dressing
- ▶ Combat Gauze

# Your vehicle(s)

- ▶ First Aid Kit
- ▶ Extra Gloves
- ▶ Useful Forms
- ▶ Cite Book
- ▶ Evidence Kit
- ▶ Digital Camera
- ▶ Audio Recorder
- ▶ Radio
- ▶ Map Book
- ▶ Notepad
- ▶ Extra Pens/ Sharpies
- ▶ Hand Sanitizer
- ▶ Caseload list/ Face Sheets
- ▶ Door Knockers
- ▶ Fire Bags

# De-Escalation Skills-Integrated Responses

- It is not just words, it is an integrated response
- Saying the right thing is a critical component to de-escalation.
- Don't be a jerk.
- Be the person who diffuses a tense situation, not the person who causes trouble.
- We all want to be treated with respect.
- Communicate: Listen to responses, they may need to vent and then be happy to comply
- The individual's own actions and words will make it clear if force is required and you will document that in your report.
- De-escalation begins with good information and better intelligence, an understanding of proper tactics to deal with the specific situation, and training to prepare an officer to respond.
- Don't take it personally, don't make it personal
- Hold each other accountable for having a bad attitude, communicate with your partner if he/ she is out of line when dealing with probationers.
- De-escalation never means compromising officer safety.
- Respond rationally and professionally, you have to prevent yourself from losing mental control. Initiate 4 second tactical breathing.
- Reality based stress scenario training
- Focus on the outcome, not the cause. Understanding the cause of someone's mental illness is nice, but it becomes secondary when they are armed with a knife endangering themselves and others present.



# How can you bring your skills into the field?

- MRT
- Seeking Safety or trauma interventions
- Motivational Interviewing and motivational enhancement?
- Brief intervention skills into the field, and practice with them
- Incentives in the field!

# How do you apply RNR skills in the field?

- Based on the criminogenic and treatment case plans, work on three goals at a time, and sequence slowly and carefully.
- People get overwhelmed easily and will engage in catastrophic thinking.
- Be professional, be engaging, instill hope, demonstrate respect, but never be careless. You are a coach. You are demonstrating what a citizen looks like and behaves like. You are a role model. But you are also an officer. You must monitor that boundary because our participants cannot.

# We use evidence-based practices to improve outcomes.

## Risk-Needs-Responsivity. [RNR]

- **RISK:** who to target with increased time and services
  - Too much does harm. Too little does harm.
- **NEED:** What things to target with services and interventions. Allows change in dynamic factors that are proven to be associated with criminal behavior.
  - Focus on the dynamic factors SLOWLY and SEQUENTIALLY
  - MASTERY of skills before advancing.
- **RESPONSIVITY:** Matching services and needs to improve outcomes. How to best meet the varied needs of our participants.
  - Assess, screen, monitor, learn, encourage, incentivize.

# What tasks are better left to a controlled environment, or addressed later?

- If there is an unclear safety situation, come back later when possible.
- If someone is decompensating and needs medical attention.
- Interventions requiring time and skill development.
- When there are distractions in the environment (family, associates, etc)

# A brief reminder about officer safety:

- Gear
- Where are you and who knows where you are
- What to do with surprises
- What your training says about trauma responses, and avoiding a fight?
- It is easy to “misread” signals from participants.

A reminder of things you don't  
see in the office, court, or group

# No matter what the pill, powder, or item: assume fentanyl

- Heavy gloves
- Reduce field testing
- Get test strips if you can.
- Minimize movement of items to avoid transmission
- Where is the Narcan, and your partner's Narcan?

# What is going on at home?

**Is it safe for them to live there?**

**Physically safe?**

**Recovery safe?**



# Recovery environment issues:

- Triggers
- Others in home who are using or negative influences
- Violence
- Basic hierarchy of needs issues
  - Heat
  - Water
  - Food
  - Safety
  - Etc.



# Search –Full 4<sup>th</sup> A. waiver!

- Social media
- Cell phones
- Computers
- Internet caches
- Texts
- Phone photos

**It is AMAZING what you will find!**

**Get on those cell phones!**



AM Nov 18 6:34pm Im in the bathroom in the basement plz hurry im trippin out

S Nov 18 6:35pm Leavin hollies rite now

AM Nov 18 6:36pm Shit whats ur eta from there

S Nov 18 6:37pm 15

S Nov 18 6:38pm Shuld I wait in basement bathroom

AM Nov 18 6:38pm Plz tell me u gotta vial to pissi in

S Nov 18 6:38pm Ya

AM Nov 18 6:42pm Put the vial of piss in bathrroom trashcan

AM Nov 18 6:42pm I gotta go bak to geoup9 hit me up when its dun

S Nov 18 6:54pm Its in the trash

AM Nov 18 6:54pm thanks

S Nov 18 6:56pm Careful the top doesn't seal good

S Nov 18 6:58pm Hit me up when u can dawg

AM Nov 18 6:58pm Thanx

S Nov 18 6:59pm No worries

## AM and ?????

?? Nov 18 6:47pm If you need a source for tina Hit up 714-647-0410 Tell them dan sent ya..Good stuff...

AM Nov 18 6:48pm How lomng doles xaanax stay in system

??? Nov 18 6:48pm 72hrs to a week ☹

AM Nov 18 6:49pm anyway to clear em out

???? Nov 18 6:49pm Do you ever get swabbed!!!!???????

AM Nov 18 6:50pm Occasionally ans I no it doesn't test for that

???? Nov 18 6:50pm Well if ur dirty dirty.. Always check urself into the ER for a panic attack or something.. do that day of probation..Walk outta there with a hospital/dr ltr

AM Nov 18 6:54 Forget it

# **AM and K Mo Bd**

Nov 19 8:25am Need barz

Nov 19 11:27am Il pay 6 bux a bar i  
just want em

# Ordering drugs in drug court

- AM ( My probationer ) and SF B Chic (Katy)
- 
- 
- SF B Chic Nov 18 3:29pm R u getting anything in la?
- 
- SF B Chic Nov 18 3:35pm Can we go in on the deal.  
If I got 4 would u get 2 so we could do the 540
- 
- SF B Chich Nov 18 3:45pm Toats



# Focus: what are they doing?

- How many hours per week are there?
- How many hours per week are participants in services, or under your visual supervision?
- What hours does the government work?
- What hours does addiction work?
- What are the hardest times for clients to remain sober?

# Focus on building recovery capital

- Stabilization, support, and encouragement
- Skill building and practicing the skills
- Changing/lowering criminogenic needs as assessed
- Cover the Complementary Services needed by participants – unaddressed these items undercut gains made in treatment.
- Focus on building muscle memory of new skills and recovery capital.
- Assess, and address.
- **Supervision is all about balance and building competency.**

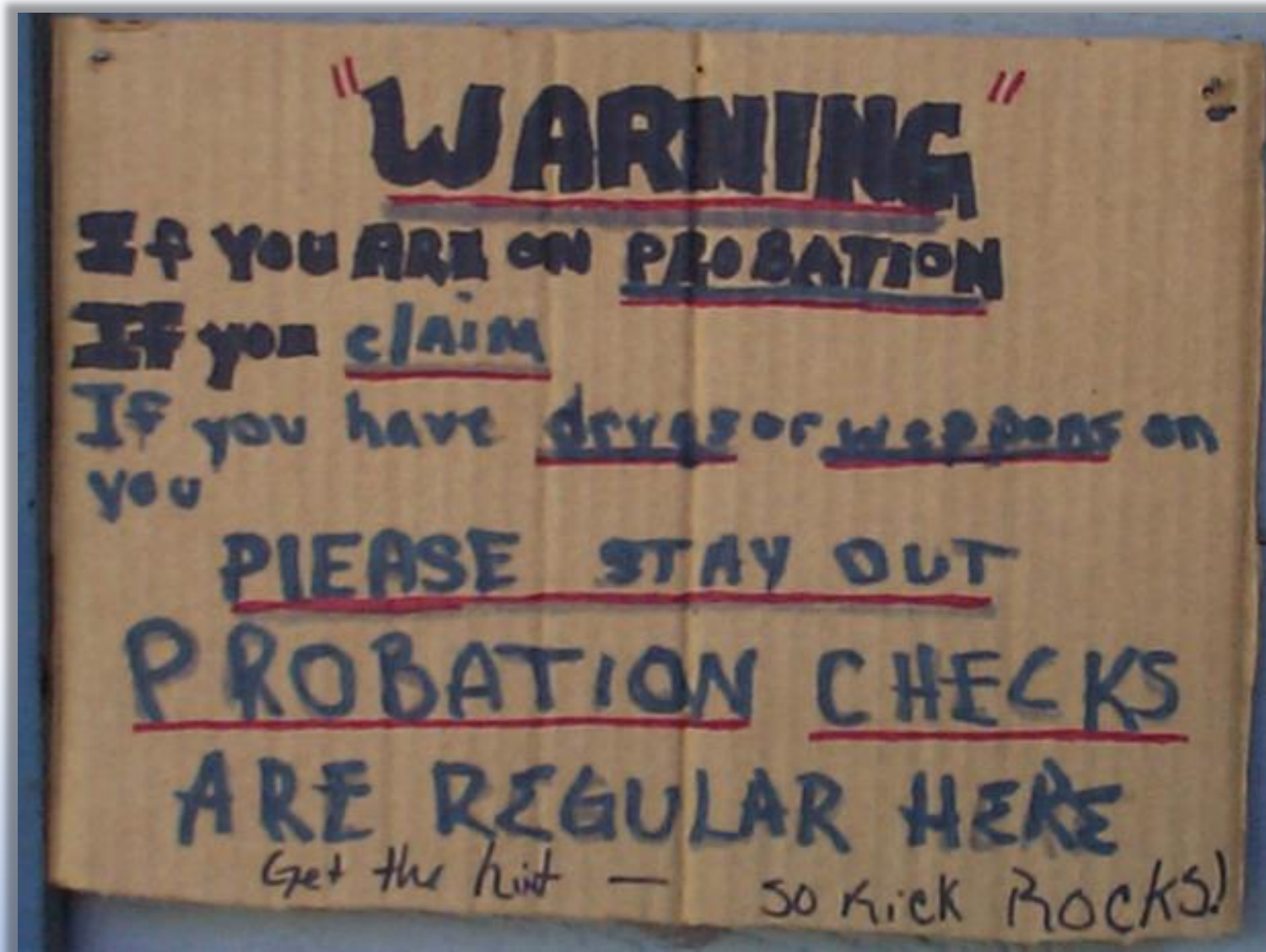
# It bears repeating- this is all about:

- Public safety
- Treatment
- Recovery- helping them succeed and learn
- Proximal and distal behaviors
- Detecting desired and undesired behaviors
- Addressing critical issues consistently
- Applying incentives and sanctions as close to real time as possible.

# Supervision:

- Gotcha is easy
  - Support ya...
  - Help ya...
  - Teach and mentor ya....
- 
- That's the hard work. The balance between public safety and building competency.

This warms my heart: using us as refusal skills



Questions?