

Drug Matrix cell B5: Practitioners; Safeguarding the community

S Seminal studies | **K** Key studies | **R** Reviews | **G** Guidance | **MORE** Search for more studies

K [Judicial support motivates offenders](#) (2001). Completion of the court-ordered programme, urine tests for drugs, and comments from offenders, all indicate the positive influence of supportive judicial comments. Same US study also reported in a [freely available source](#) which focused on urine test results.

K [Thumbs up from judges motivates UK offenders](#) ([UK] Ministry of Justice Research, 2011). Documents the encouraging effect on offenders of the unusual experience of being praised by judges in pilot drug courts in England and Wales.

K [Good relationship with counsellor deepens engagement in prison treatment](#) (2008). Degree to which residents in a prison-based therapeutic community for problem drug users actively 'worked the programme' depended most on their perceptions of their counsellor's competence, their relationship with them, and support from other participants.

K [Getting along with therapist important for offenders treatment completion](#) (2008). More so than for other patients at a Canadian drug rehabilitation centre, seeing their therapist as understanding and involved was related to whether patients under criminal justice supervision/pressure completed treatment.

K [Client-centred supervision motivates offenders](#) ([UK] Ministry of Justice, 2014). Survey of offenders who started community orders in 2009 to 2010 in England and Wales finds they generally have a good relationship with their probation officers and especially find discussions on substance use helpful in avoiding re-offending. Officers who addressed offenders' multiple needs motivated them to make positive changes in their lives.

R [Supervising offenders](#) (2002). How to plan and implement crime-reduction programmes for substance using and other offenders including desired offender supervision skills and attributes. See also associated [supervision manual](#).

R [Best practice in working with substance users in the criminal justice system](#) (Australian Government, 2005). Covers desired/required working styles, attitudes and understandings of treatment and criminal justice staff.

R [Can motivational interviewing work in criminal justice settings?](#) (2005). Asks whether the contradictions of at the same time helping and punishing, controlling and being client-centred ('motivational arm-twisting'), undermine motivational interviewing's ethos and effectiveness.

G [Manual for research-based offender supervision](#) (2005). Led by the author of our [starting point review](#), a manual on how probation and other supervision staff can motivate behaviour change and *manage* offenders' behaviour instead of merely monitoring it.

MORE This search retrieves all relevant analyses.

For subtopics go to the [subject search](#) page and hot topic on [treatment staff](#).

 **Matrix Bite** a commentary on this cell from the cell-by-cell Matrix Bites course funded by the 

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What is this cell about? As described in [cell A2's](#) bite, whether medical or psychosocial, chosen positively or under pressure, among the 'common factors' affecting treatment's success is the patient's relationships with treatment staff. This cell explores research on the client-worker relationship and on the attributes of the worker which affect their clients' progress in criminal justice and allied settings, where treatment is offered or imposed not because it has been sought by the client, but because it is thought that treating their substance use could reduce offending or otherwise benefit the community. Though across psychotherapy now seen as of at least as much importance, the interpersonal style and other features of staff are much less commonly researched than the intervention they are delivering. From the small number of documents in this cell, you will see this lack is particularly apparent in criminal justice and allied settings. In the expectation that the influences exerted by practitioners in these settings may not differ too much from those elsewhere, for more studies we can refer you back to the other cells dealing with practitioner influences: [cell B1](#) for harm reduction, [cell B2](#) for treatment studies in general, [cell B3](#) for medical treatments, and [cell B4](#) for psychosocial therapies.

Where should I start? With this excellent and freely available [review](#) from a leading US researcher on the supervision and treatment of substance-using offenders. From her we get a clue to why research is lacking on the quality of the relationship between practitioner and offender. Despite being able to cite **25 studies** of offender supervision, she notes that "Very few ... discussed the ... *qualitative* nature of the contacts that occur in the supervision setting ... The relationship ... between the offender and the agent is presumed to be the basis for the offender to change due to the *controls* that the agent places on the offender and the attention to *supervision objectives*" (emphasis added). In this vision, whether the probation or parole officer forms a good relationship with the offender is irrelevant; what matters is how consistently they adhere to supervision objectives and pull legal levers underpinned by sanctions. Research has followed these lines, focusing on the number and frequency of contacts and caseload size as proxies for the ability to exert control – yet these 'hard' statistics have generally been found unrelated to re-offending. For a more enlightened vision, see this [supervision manual](#) drafted by a team led by the review's author.

ISSUES TO THINK ABOUT

► **Are the practitioner's therapeutic skills really unimportant?** Despite the lack of research in this cell and in the [corresponding cell](#) for the treatment of alcohol problems, what little research we do have indicates that the influence of the practitioner is not unimportant, just neglected by criminal justice research. According to [one study](#), feeling understood and that the therapist is actively involved in helping you are **more important** when the patient is under criminal justice supervision and/or pressure than for voluntary patients. Therapists in this case were treatment staff rather than supervising agents. But for these agents too, the expert who drafted our [starting point review](#) was convinced that "The glue of the [supervision] process is deportment or the manner of being between the offender and the agent. The contact is the key because it is the means to focus the purpose of supervision and it allows the offender and agent to develop a rapport ... an important component for the supervision process to achieve better outcomes."

The "deportment" she recommended is that systematised by motivational interviewing – empathy, avoiding arguments, rolling with resistance, highlighting where their undesired behaviour contradicts the offender's ambitions and self-image, bolstering confidence that they can change for the better. In criminal justice contexts, therapist skills might be even more important than usual, because genuinely adopting and communicating such qualities is much trickier when the 'client' is not there because they want to be, when for them you may represent an oppressive authority, and when in reality you and/or your employers do have a responsibility to at least collaborate in exerting control over the offender. As the reviewer pointed out, "agencies have tried to achieve two purposes – enforcer and social worker – and have found the polar nature of the two tasks often conflicting." This same conflict was highlighted by the title ("Motivational arm twisting: contradiction in terms?") of a [Findings review](#) of motivational interviewing with clients coerced in to treatment. Another reason why practitioners' skills might be particularly important is that (as argued in [cell A2](#) of the alcohol matrix)

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when the patient has sought treatment, already much of the work has been done. When they have not, treatment has to do more of the engaging and motivating, and treatment's frontline is the encounter between patient and supervisor or therapist.

► **'The judge was proud of me!'** The welcome shock of coming across someone who centres on you, wants to understand and help, and sees your potential, is a recurring theme when problem substance users are asked about what in treatment helped them get better. Accustomed to and/or anticipating negative judgements and rejection, for the patients these encounters sometimes take on revelatory quality. Precisely because it comes as such a surprise to the offender, the impact of a judge behaving this way should be no surprise. Transformation of the judicial role and stance to one of being therapeutic and supportive characterises drug courts, which specialise in drug-using offenders. In these the judge or magistrate negotiates a treatment process for the offender to follow instead of a more severe punishment and plays an active part in that process through regular face-to-face reviews of how the offender is doing, during which discussion, negotiation, praise and encouragement take the place of adversarial proceedings.

Observers of the process have repeatedly documented the positive reactions of offenders. A [study](#) of the first drug courts in England and Wales provides an example. The nature of the judiciary-offender interaction was seen as playing an important role in encouraging offenders to engage with the court, potentially helping reduce subsequent offending and drug use. Staff and offenders felt magistrates and judges who showed interest in and listened to offenders, and engaged with them genuinely and non-judgementally, thereby encouraged offenders to want to do well by changing their offending and drug use: "Some offenders were not used to being congratulated and valued the praise which the judiciary gave, as well as the way they made suggestions rather than telling them what to do."

Pinning down what if any effect such a stance has on offending and drug use is harder. A [US study](#) did find strong links between supportive comments by judges to offenders and their chances of avoiding illegal drug use and successfully completing their sentence. However, rather than those comments helping to generate positive progress, perhaps offenders who are doing well anyway elicit supportive comments from the judge. That there was more to it was suggested by the reactions of the offenders: "The extensive interview data collected from informal conversations with offenders overwhelmingly point in the direction of the positive impact of supportive court-monitoring comments. In sum, for this study, of the many reasons why an offender may successfully complete the program, one for consideration must be the supportive comments variable." What a drug court which thoroughly took on this message and adopted a therapeutic stance might look like [has been](#) comprehensively detailed.

But as on other issues, what may be a critical influence has proved resistant to research which can conclusively show it is indeed an active ingredient. In this case, the problem is the impossibility of deliberately and at random allocating offenders to judges to who take a supportive stance versus those who adopt the traditional judicial role (the latter will simply not become drug court judges), and even if one could, the impossibility then of ensuring everything else remains the same. For the difference in judicial stance to be 'real', it would have to have consequences, such as offenders being more/less often sent to prison or otherwise punished, or having their treatment changed rather than terminated. Even if the study found judicial stance related to outcomes, it could be that those events were critical, rather than the stance which led to them.

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