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Diagnostic tasks of a probation officer – theory and practice

Abstract: The paper presents the theoretical contexts of contemporary approaches to social rehabilitation diagnosis, from the nosological diagnosis to approaches emphasizing the activity of the examined person, inspired by humanistic concepts. The current diagnostic tasks of a probation officer in the area of expectations, implementation possibilities and the workshop have been characterized. A critical review of crime risk assessment techniques has also been carried out, highlighting the extent of their use and methodological limitations. The directions of further research on economic and reliable diagnostic techniques useful in the practice of a probation officer have also been proposed.

Key words: social rehabilitation diagnosis, court probation, probation officer, risk assessment

Social rehabilitation diagnosis – theoretical contexts

Diagnosis in social rehabilitation pedagogy is an essential basis for planning not only psycho-pedagogical, but also legal effects. M. Sztuka (2016, p. 86) states that diagnosis is “a foundation for undertaking rational and methodically justified corrective work, which allows to identify the actual addressees of social rehabilitation impacts and those areas of their psychosocial functioning that should focus attention as a target for modification”.

The theoretical contexts for social rehabilitation diagnosis are interdisciplinary and metadisciplinary and include biological (ecological), medical-psychiatric,

psychological, interactive, statistical, social, pedagogical and legal theories (Wysocka 2008). Therefore, we can observe the evolution of models of diagnosing social maladjustment from those in which the main goal was to classify a social functioning problem into a specific category and the examined person was treated in a standard/objective way without the ecological background (nosological, behavioral, psychometric, quantitative diagnosis) through models that selectively take into account social contexts (interactive, functional diagnosis) to comprehensive models in which the examined person is an active partner of interaction in a specific environment and situation (interdisciplinary, clinical, qualitative, humanistic, personological diagnosis) (Kowalik, Brzeziński 1998; Pytka 2000, Zaręba 1998; Paluchowski 2001; Wysocka 2015, 2018). Such a multiplicity of models resulted from the clash of two concepts: one based on empiricism and assuming objectivity of research (e.g. behaviorism), and the other assuming the primacy of human dignity (humanistic approach). The consequence of the adopted theoretical assumptions was the use of other diagnostic techniques, a different range of formulated diagnostic conclusions and a varied relationship with interventional impacts (Wojnarska 2011).

Within the framework of the humanistic approach, the concept of positive diagnosis in rehabilitation is located, which assumes, in the first place, the recognition of the personal resources of a maladjusted individual in order to trigger them in the process of positive and creative transformation. Most of the potentials analyzed have the character of personality traits (self-assessment, sense of control and effectiveness, social competence, vision of the world and people), but risk factors are also taken into account as a supporting element in complementary diagnosis. Based on the assumptions of positive and transgressional psychology and the concepts of salutogenesis and *resilience*, it has been assumed that only an internally motivated person is able to give up destructive behavior on his/her own. Positive rehabilitation assumes a close relationship between the diagnosis process and corrective effects and appreciates the value of the educational relationship between the educator and the pupil (Wysocka 2018, 2019).

The aim of this study is to analyze the contemporary diagnostic workshop of a probation officer in terms of the theoretical context and the current situation in this area in Poland (opportunities and expectations). The above analyses also allow us to propose further directions of exploration.

Diagnostic aspect in the work of a probation officer

The Act on Probation Officers (2001, art. 1) indicates that the duties of a probation officer include activities of an educational and resocialization, diagnostic, preventive and control nature. Such a sequence of probation activities indicates the model of court probation (Gromek 2005, p. 44), however, there are

no guidelines that would facilitate the process of diagnosis and allow to unify the way the diagnosis is conducted. In the commentary to the Act they were not sufficiently explained, either. They also do not appear in the draft of the amended act, which maintains the existing catalog of activities, enriching them with readaptation activities (Bill on Court Probation Service 2019).

Probation officers take action with regard to a wide range of pupils, and each of these proceedings requires a different diagnosis. The article presents selected contexts of the work of a probation officer, limiting to guardianship cases, the issue of demoralization of minors and supervisions.

In the English literature, the topic of diagnosis is addressed mainly in the field of social work (Ostrihanska 2018, pp. 278–279), and the term *diagnose* has been replaced by the term *assessment*, meaning assessment or estimation, mainly in relation to the risk of crime. It assumes referring to standards whose introduction to social work is not justified (Parker, Bradley 2006). The situation is similar in the court probation, where the emphasis is on case-by-case perception and the assessment of information remains within the competence of the court (Kemshall 2002).

In the process of diagnosing, particularly important is the substantive preparation of the probation officer, which the Act defines alternatively. When performing the tasks of a probation officer, one should have completed a master's degree in pedagogical-psychological, sociological or legal sciences, or other completed post-graduate studies in this field (Act on Probation Officers 2001, art. 5). In the case of a social worker, at least secondary education and experience in carrying out rehabilitation, care or educational activities are sufficient (Act on Probation Officers 2001, art. 84). Doubts about professional requirements arise because of the varied subject of influence and additional problems of the pupils, such as disability or care for a disabled person (Korona 2015). In addition to substantive competences, E. Wysocka (2018) points out the need for probation officers to have developed social and personal competences and life experience. There are ideas for central training of probation officers to respond to the differences in the content of their training, but for the moment they are only suggestions. The changes proposed in the bill (Bill on Court Probation Service 2019) seem to deepen this gap, including in the preparation of professional probation officers also studies in the field of administrative sciences (art. 5.1 of the Bill on Court Probation Service 2019), or experience in therapeutic work in the case of social workers (art. 47.1).

The probation officers are expected to cooperate with the pupils in preparing the diagnosis of needs (Gromek 2005, p. 12), develop an individual plan of action and implement it. The need to recognize and diagnose the personal, family and community situation of a minor was also highlighted in the Regulation of the Minister of Justice on the supervision of minors (2014). In most cases, the concept of diagnosis includes recognizing the current situation, recognizing the

needs and evaluating the actions taken, while the neglected element is sometimes to take into account the variability of the diagnosed phenomenon (Ostrihanska 2018, p. 271), i.e. inclusion of a prognosis. The aspect raised is the legitimacy for probation officers to formulate conclusions instead of making hypotheses (Ostrihanska 2018, p. 272). This argument indicates the need to act cautiously and responsibly, taking into account the fact that the diagnosis is prepared for the court, which will decide on issues important for the pupil and his/her family.

Z. Ostrihanska (2018, pp. 272–273) points to a number of doubts in the implementation of the probation officer's diagnostic tasks, as it is the court that determines its scope and method of use. The abandonment of a comprehensive diagnosis in the utilitarian aspect proves to be sufficient, as taking into account the complexity of the diagnostic situation in some cases could require unnecessary diagnostic work, so in order to avoid chaos and save time, some information is abandoned. Due to the time needed to prepare the diagnosis, few probation officers allow the pupils to speak freely, which could give them additional insight into the situation and the range of their problems (e.g. assigning an excessive role to past events and fixation on the past or avoiding responsibility for decisions taken). At the same time, due to the narrow or insufficient preparation of the probation officers themselves, they cannot make use of all the information. It is worth noting the ethical context of the diagnosis in the probation officer's practice. In many Teams of the Court Probation Service, after the introduction of regulations on the protection of personal data, there were also doubts about the scope of functioning of an individual, which the probation officer has the right to ask about, e.g. the criminal record of persons living in a common household and not being the subject of the proceedings.

Among the diagnostic difficulties (Ostrihanska 2018, pp. 273–278), one can also mention the degree of involvement of the diagnosed, manifested by communication deficits or refusal to cooperate. Limiting oneself to obtaining information from the most informed person is justified by the economics of diagnosis, but e.g. omitting fathers in family matters can often make it impossible to know the full picture of family functioning. Direct, but often one-time contact with the diagnosed person, who often wants to present the probation officer a subjective vision of the family does not make the officer's work easier. Finally, the competence of the diagnostician himself, who, deprived of factual knowledge or life experience, may have difficulty in properly interpreting the facts, or even over-interpret them. In the probation officer's practice, the negative aspects of the pupil's functioning are overestimated, while the positive aspects, on which further work can be set, are underestimated. A positive prognosis may have certain practical consequences, such as: conditional suspension of the custodial sentence (Article 60 § 5 of the Penal Code), conditional early release (Article 77 § 1 of the Penal Code) or conditional suspension of placement in a correctional institution (Article 11 § 1 of the Act on Juvenile Delinquency Proceedings).

The pressure associated with the responsibility for the diagnosis is accompanied by frustration resulting from a number of problems that make it difficult to make an accurate diagnosis, which include (Wysocka 2018, p. 222): excessive burden by the number of supervisions / custodial services and the requirements for their documentation, insufficient qualifications of the officer to make a specialist personal background and environmental diagnosis or the lack of prognostic evaluation criteria resulting from the tasks of the probation officer.

Probation officer's diagnostic workshop – current status

Diagnosis in court probation is mainly a diagnosis of individuals (personal background diagnosis), aimed at making one-off decisions about them or designing the direction and shape of work with an individual case (Ostrihanska 2018, pp. 269–270). The current form of work – *casework* – more and more often takes the form of *case management*, which, apart from working with the pupils, assumes the coordination of services, taking into account as many spheres of their functioning as possible. The diagnostic aspect focuses on identifying problems and needs and proposing possible solutions, which is not possible without a diagnosis of the family environment (Wysocka 2018). So far, two categories of social rehabilitation education systems in court probation have been distinguished: probation based on the control system and probation referring to *casework* procedures (Gromek 2005, pp. 31–32). They are mainly distinguished by the type and extent of the probation officer's intervention in the supervision / custodial service. The control, criticism and threatening with consequences were contrasted with the help and support of the pupil, characteristic of the casework method.

Both the *casework-based* model of probation as well as the application of case management principles in the work of probation officers provide opportunities to make a professional diagnosis. However, the direction of the proposed changes, which in a way imposes an “invigilating” style of work on probation officers instead of an educative one, is questionable (Węgliński, Kuziora 2016). The work of a probation officer is less and less a social rehabilitation education (Muskala, Kuształ 2018).

Diagnoses are prepared by probation officers on a one-person basis, and team diagnosis in the court probation only concerns the work of the Court Specialist Opinion Teams (OZSS), which at the beginning of 2016 replaced the previous Family Diagnostic and Consultation Centers (RODK) (Journal of Laws 2015, item 1418). The unquestionable advantage of team diagnosis is its comprehensiveness, but the issues of blurring the responsibility for the final shape of the diagnosis and the formulated conclusions raise doubts (Ostrihanska 2018, p. 275). The model of diagnosis conducted for practical purposes seems to exclude independent work because, as E. Wysocka (2018, 2016) points out, it should be based on:

diagnoses of specialists, the probation officer's personal knowledge, knowledge – personal and comprehensive – of the examined person, good knowledge of the basic educational environments of the pupil (also the peer group or workplace) and good knowledge of the methodological workshop. Despite the theoretical possibilities, time constraints and statutory requirements for probation officers are significant obstacles (Wysocka 2011). The probation system in Poland is currently not prepared to undertake diagnostic activities in a professional manner (Wysocka 2018, p. 218). There are also no announcements that something in this matter would change in the coming years.

In the process of developing a diagnosis by the probation officer, three stages were distinguished (Ostrihanska 2018, p. 282): collecting information, processing it and preparing conclusions. It is advisable to gather as much information as possible, not forgetting the purpose of the diagnosis and introducing some criteria to keep it in order. One of the sources are the documents, i.e. the court case files, which allow us to get an idea of the situation of the pupil and to plan further proceedings, but, especially in new cases, the probation officer may not have access to them. The information obtained in the local community can be extremely valuable, but it is a sensitive matter which can contribute to stigmatization of the pupil. Community interview is an important source of information, and, if properly prepared, is treated as a kind of diagnosis (Ostrihanska 2018, p. 284). The collected material is complemented by observations made by the probation officer during each visit and information obtained during the interview.

In community interviews in family and care matters, the following problems are proposed to be addressed (Ostrihanska 2018, pp. 293–301): family environment, the development of the subject and his/her health, the course of schooling, the way of spending free time and peer environment, the process of social maladjustment and the degree of demoralization (also previous crimes, measures applied so far and their effectiveness). A similar scope of content applies to interviews in criminal cases of adults (Article 214 of the Code of Criminal Procedure), often juvenile. In the case of older people, it is advisable to pay more attention to the question of committing an offense (Article 53(1) and (2) of the Penal Code), the attitude towards the offender and the follow-up measures taken, e.g. readiness to compensate the victim. The role of the probation officer as a representative of the broadly understood society cannot be overestimated, as well as his help for the pupils in building their ex-deviant's identity (Kieszkowska 2011).

In working with minors, one of the world's most proven ideas is to direct a specialized group of probation officers to work with them (Schwartz et al. 2017). In their work, they use elements of dialog or motivational interview, effectively contributing to a change in behavior. These methods can also be a way to combine the acquisition of diagnostic information with the work with the pupil. This opportunity has also been recognized in Poland and more and

more often elements of this approach can be found both in working at large and in isolation. In the case of minors, risk assessment is also used (Perrault et al. 2012) in deciding on further proceedings with them. In the initial stage, in the procedure of the manager and educators performing the educational measure in the form of referral of a minor to a probation center, it is also envisaged to formulate a diagnosis and a plan of corrective and educational measures (Kwadrans 2018a, pp. 857–858).

In the Polish penal probation there is a qualification of pupils to three risk groups (art. 169b § 1 of the Executive Penal Code): reduced risk group (A), primary group (B), higher risk group (C). The assignment of an individual to a selected group is preceded by the diagnosis of certain static eligibility criteria. Group A includes persons who have not been penalized so far and those who have been subject to conditional dismissal of proceedings. Group C was created for, among others, recidivists, perpetrators of violence, addicts (alcohol and drugs) or members of organized groups. The remaining convicts are assigned to Group B. As in many probation systems, the concept of dynamic risk assessment has proved its worth (Rzepniewski, Liszke, Stasiak 2018, p. 399), but the Polish solution is a simplified version due to the omission of criteria for effective social rehabilitation work, detachment from theory and lack of risk assessment methods. Practitioners (cf. Osińska 2019, p. 32) accuse this solution of incompleteness, rigidity, disregard for the current and changing situation of the pupil, detachment from the theory and ignoring the methodological assumptions, which translates into low effectiveness of the impacts.

A neglected area is the previously mentioned positive approach to social rehabilitation impacts and the process of diagnosis (Wysocka 2018), which focuses on the positive areas of functioning of an individual and quality of his/her life. Nowadays it is postulated to make the positive diagnosis that discovers and strengthens potentials the dominant one (Konopczyński 2009), and the negative diagnosis focused on the elimination of risk factors the supportive one.

A family assistant could be some kind of support for the probation officer's activities; the assistant should also carry out an in-depth diagnosis of the functioning of the family (Kwadrans 2018b, p. 305). Due to the generally longer daily working hours with the pupil, his insights could be valuable in finding the strengths of the persons concerned. The model of cooperation between the probation officer, social worker and family assistant has also not been regulated, which boils down to the domination of the mixed model, which results from locally and personally developed cooperation. The topic of cooperation of the probation officer with other specialists, although it seems to be necessary, nowadays also raises many doubts, especially in the context of stigmatization of the pupil in the community. This leaves the probation officer to choose between obtaining or verifying the information or respecting the privacy of the diagnosed person.

Perspectives for the development of the probation officer's diagnostic workshop – risk assessment

In diagnostic models developed in England, Wales, Canada, the United States, the Netherlands, Denmark and Switzerland since the beginning of the present century, the role of the probation officer has been to manage the case (*case management*), i.e. to estimate static and dynamic risk factors, and to a lesser extent protective factors, and to match the diagnosis with the social rehabilitation plan that is carried out by other professionals (therapists, social workers, vocational advisers). It is worth noting that this methodology is fundamentally different from the clinical approach based on individual case studies, which has been preferred so far in the Polish practice. The superiority of the promoted case management approach is its actuarial character and higher predictive accuracy than in the clinical approach. However, it is worth noting that the proposed solutions were developed in different socio-legal contexts than the Polish ones, and therefore their implementation should be subject to cultural adaptation. These issues have been extensively described in the literature on the subject, therefore their deeper characteristics have been abandoned.

Case management is a method which, in general terms, resembles those underlying casework. It is defined as a dynamic process consisting in the implementation of a social rehabilitation plan agreed with the pupil (Wójcik 2012). The main goal of the justice system, including probation officers in the concept of case management, is to ensure the safety of society, while to a lesser extent individual diagnosis and prognosis (Wójcik 2012, p.4). The assignment of the perpetrator to a specific risk category is a form of a typological (nosological) diagnosis, which to some extent represents a return to those diagnostic concepts which have been criticized in Polish psychology and pedagogy due to the objectification of the client (Kowalik, Brzeziński 1998). The task of the probation officer in this approach is to arrange, coordinate, monitor and evaluate the social rehabilitation of the pupil and to motivate him/her to get involved in the tasks assigned. Of lesser importance is the quality of personal contacts with the pupil and educational tasks based on a humanistic approach to the client (Węgliński 2016).

A number of lists of risk factors have been created to assess the degree of socialization disorders, the possibility of social rehabilitation of the maladjusted persons, as well as to take preventive actions concerning the occurrence or recidivism of manifestations of maladjustment (Gierowski 2005, Hołyst 2013; Jędrzejko, Janusz, Walancik 2013). The diversity of variables taken into account results from different theoretical approaches of researchers: psychological, biological, sociological and legal. M. Sztuka (2016) indicates that in the evolution

of risk assessment tools, four generations can be distinguished: the first one is based on clinical diagnosis, the second one is actuarial tools based on the assessment of static risk factors, the third generation is enriched with dynamic risk factors, while the fourth one takes into account the requirements of corrective work. The following considerations apply mainly to third generation tools.

The risk assessment tools are contained in the R (*risk*) – N (*need*) – R (*responsivity*) model. This concept was presented by D. A. Andrews, J. Bonta and A. Hodge in 1990, and slightly changed in the following years (Polashek 2012). The theoretical bases of this model are extensively presented by A. Barczykowska (2015a, pp. 244–246), indicating that the risk concerns predispositions of the perpetrator and situations with documented research related to criminal behavior, the analyzed unsatisfied needs are of criminogenic and non-criminogenic nature (and these should be one of the basic elements in the construction of a social rehabilitation program) and reactivity concerning susceptibility to intervention activities (detailed reactivity) by the probation officer's selection of the most appropriate program for the pupil (general reactivity). Among the risk factors were those which are dynamic, i.e. subject to modifications, and therefore should be at the center of the probation officer's interests, and static, i.e. historical, which usually cannot be changed. D. A. Andrews and J. Bonta (1990, after: Barczykowska 2015b; Chojecka 2014) have identified the so-called "big four", i.e. the factors responsible for return crime, and the "moderate four", which together form the "central eight" – the factors responsible for future crime of an individual. In the course of the development of the RNR concept, the number of factors has even increased to 18 (Polashek 2012).

Within each factor, specific variables have been identified to assess their importance in the deviation process. The research procedure consists in answering a standard set of questions in the questionnaire and determining, on the basis of the outcome, of the conclusion concerning the likelihood of the examined person committing another crime (Stańdo-Kawecka 2014, p. 21). The RNR model takes into account the perspective of *General Personality and Cognitive Social Learning* (GPCSL) and assumes that social rehabilitation should be based on a relationship of cooperation, compassion and respect for the dignity of the pupil and take into account the requirements of the local community and the state (Polashek 2012).

In the area of these searches, tools are located to identify individuals at risk of crime and recidivism, both among minors and adults. It is worth highlighting the great dynamics of development of these techniques, which is revealed in their improvement, creation of new, better, more diagnostic versions or versions intended for specific groups (sex offenders, violent crimes). These techniques are intended for young people and adults, and some of them have two independent versions or are completely different, constructed specifically for the diagnosis of other areas. In the case of minors, the most popular are ASSET, ASEBA (*Achenbach System of Empirically Based Assessment*), SAVRY (*Structured Assessment of Violence*

Risk in Youth), while in the case of adults there are OASys (*Offender Assessment System*), LSI-R (*Level of Service Inventory – Revised*), for potential and actual perpetrators of sexual violence: PRASOR (*Rapid Risk Assessment for Sex Offense Recidivism*) (Barczykowska 2015b; D. Wójcik 2012).

For children and adolescents, they cover a wide age range (3–17 years: *Behavioral and Emotional Screening System*, 5–18: *School Social Behavior Scales*, 2–21: *Behavior Assessment System for Children*). It is worth emphasizing that the creation of such techniques makes it possible to verify changes and follow the dynamics of conditions for social development of minors. B. Urban (2000) stressed the need for *screening* when children enter formal kindergarten and/or school groups and when puberty begins. The results of such studies would enable early identification of the group of minors at risk of deviation, application of appropriate prevention and social rehabilitation methods, as well as verification of changes in their functioning under the influence of education and therapy. Such objectives were to be fulfilled by the Diagnostic Sheet by Th. Achenbach, which diagnoses behavioral disorders in children and adolescents aged 5–18 years, in terms of internalization, externalization and ADHD-related disorders. This technique is present in research on cultural adaptation of ASEBA (Zasępa, Wolańczyk 2011), but has not entered the diagnostic practice of psychologists and educators.

Another characteristic of risk assessment techniques is the purpose of the research, which may concern screening, i.e. pertain to a group which does not violate legal norms or the likelihood of a repeat offense, i.e. recidivism. The first group of techniques focuses more on the analysis of social competences, aggressive, depressive, suicidal tendencies, coping with stress in school and family environments, and experiencing traumatic situations. Deviations in health and development manifested by a reduced level of cognitive and perceptual-motor functions are also taken into account. More emphasis is placed on personality variables and emotional and social characteristics important from the point of view of developmental psychology. On the other hand, in techniques of assessing the risk of recidivism, areas from the “central eight” are more widely studied, although personality variables also appear there. It can be considered that with regard to minors, a tool partially fulfilling the task of risk assessment based on personality predisposition is a multidimensional KNIIS tool (Questionnaire of Intrapersonal, Interpersonal and Attitudes to the World), consisting of a pack of tests developed by B. Gołek and E. Wysocka (2011) in the version for middle school students.

Some screening techniques have parallel versions for parents, teachers, children and probation officers, while when assessing the risk of recidivism, information is obtained by the probation officer from additional sources: police, court records, as well as those from medical and social services. Such solutions increase the objectivity of assessments, although at the same time there are

difficulties in obtaining reliable informers. L. Pytko (2000) drew attention to this in his guidelines to the Scale of Social Maladjustment, which can be considered the Polish version of the screening scale. As in English techniques, it takes into account the areas of maladjustment manifested in the performance of the role of a child, student, colleague and the probable causes of socialization disorders resulting from personal predispositions and/or unfavorable socio-cultural variables.

The results of the estimation in the techniques in question are presented in the form of scores which makes it possible to determine the levels (three or more) of risk and, on this basis, to take or abandon intervention. However, the use of an estimation scale may be affected by errors resulting from the design of the tool, the estimation procedure and the characteristics of the estimator (rigor or mild attitude) (Brzeziński 1998). These problems manifest themselves in the form of the so-called “positive falsehood” when recidivism was predicted but did not occur, and “negative falsehood” in the opposite situation. In the case of most techniques discussed by A. Barczykowska (2015a) and D. Wójcik (2012), there is no mention about the methodological and substantive preparation of the estimators, which may be of great importance for the accuracy and reliability of the individual diagnosis. Some of the techniques have manuals containing instructions on how to carry out the assessment and how to interpret the results, so it is a requirement for users to become familiar with them and follow the recommendations scrupulously. At the same time, the relatively clear construction of the techniques means that they can also be used by people without psychological and pedagogical preparation, e.g. social workers (Thomson, Pope 2005).

These techniques also usually have no established parameters of psychometric goodness, due to methodological difficulties. Due to the assumptions of the techniques, the time during which the stability of the results can be tested is usually quite short and in the case of YLS/CMI-AA adaptation it was about 5 months, from 0.61 to 0.85 (Thomson, Pope 2005). Attempts have been made to assess the predictive accuracy and magnitude of the effect using the ROC (AUC ROC) curve field analysis method in the case of several techniques estimating the risk of sexual crime (e.g. STATIC-99, SORAG, PRASOR, MNSOST-R), obtaining varying indicators in this range from 0.60 to 0.73 (Craig, Browne 2007) with correlations ranging from $r = 0.22$ to $r = 0.32$ (Takahashi, Mori and Kroner 2013); however, the evaluation results are mostly unsatisfactory (Wójcik 2012, p. 2), due to a measurement burden of 20% error (Szumski, Kasperek 2014, p. 177). Predictive accuracy indicators are highest for offenders who commit more serious crimes and those who are subject to social rehabilitation at large, while lower for beneficiaries of institutional rehabilitation (Takahashi et al. 2013). Longitudinal studies allowing to check the predictive power of such techniques are conducted on small groups of less than 50 people (Demuthova 2012). A.P. Thompson and Z. Pope (2005), in a group of 290 subjects, reached only 73 people with the repeated measurement. The problem in this type of research is

primarily the high fluidity of the subjects, which makes it difficult to obtain data about their possible repeated conflict with the law. The criterion for recidivism may be imprecise due to the fact that e.g. sex offenders commit other categories of crimes (Szumski, Kasperek 2014). Also, the selection of subjects in validation procedures cannot be considered representative, as these are most often groups recruited from social rehabilitation institutions or from very small communities. Furthermore, validation studies of the selected techniques have revealed that it is not possible to create a universal technique suitable for a wide range of potential or actual criminals. For this reason, in order to ensure the methodological reliability of the probation officer, it is desirable to select a technique which is designed to assess the subgroup of perpetrators represented by a given person (Craig, Browne 2007, p. 7).

A limitation in the use of risk assessment techniques in non-English-speaking cultural and legal conditions is the lack of research on their intercultural diagnostic ability. Results obtained by M. Takahashi, T. Mori and D. G. Kroner (2013) on the Japanese population using YLS/CMI (*Young Level of Service/ Case Management Inventory*) showed that the average result for minors is lower ($x = 10.75$) than in the American population ($x = 16.3$). This may be due to other local legal criteria regarding the eligibility to the group of juvenile offenders, the existence of culturally determined protection factors lowering the risk of recidivism, the exclusion of risk factors typical of the Japanese society, a different value threshold from which the results indicate a risk and the formulation of items. Due to such conclusions, it would be desirable to make cultural adaptations of tools from the English-speaking area and legislation, or to create original tools that reflect local conditions. The Australian adaptation of the Canadian YLS/CMI-AA technique, despite a similar cultural and linguistic context, required many changes. These consisted, among other things, in adapting the language wording, adding new items that take into account the specificities of local risk factors and adding their operational definition in the questionnaire rather than in a separate manual (Thomson, Pope 2005). It is worth noting the attempts to construct this type of tools in Polish conditions. B. Hołyst (2013) has developed the Predictive Scale for the Assessment of Risk of Undertaking Criminal Behavior, which covers five areas: general biography, criminal biography, character traits, addictions, traditions and environment of the diagnosed on the basis of a six-month observation.

L.A. Craig and K.D. Browne (2007) emphasize that actuarial methods only allow to determine a certain probability of occurrence of undesirable behavior over a certain period of time for a specific group of people for whom the technique was designed. The moderating and mediating variables may be mental characteristics not included in the “central eight” model, which may change the level of risk. In addition, crime risk assessment was developed in order to make reliable predictions which, by definition, cannot be static, as the modifying variables may be such dynamic personality traits as: neuroticism, impulsiveness,

empathy, sense of control and others (Kaczor 2011; Gierowski 2005). These factors may be decisive in the process of making decisions about committing a crime, therefore the diagnosis should be complementary (Wysocka 2018, 2019) and interdisciplinary (Pytko 2000).

The approach allowing to take into account mediation variables derives from the clinical concepts underlying, among others, the individual case study. This method is currently used in various scientific disciplines and is appreciated as a reliable way of verifying hypotheses, as well as the source of their creation, and due to its focus on individual, exceptional and very complex phenomena, it is classified among idiographic methods. The case study focuses on understanding, not valuing, and for this reason it allows the intervention to be most accurately tailored to the client's problem. Moreover, thanks to long-term contact with the examined person and the use of various sources of information (observation, interview, documentation, analysis of products), it is possible to notice the dynamics of development and assess susceptibility to pedagogical influences. A certain disadvantage of this method is its labor- and time-consuming nature and subjectivity in data interpretation. Clinical assessments are also characterized by low reliability and accuracy, which is due to the fact that the diagnostician is a kind of a tool, mainly due to his/her substantive preparation, experience and social competence (Wojnarska 2000).

The compromise approach is to combine these two oppositional approaches in order to increase accuracy and reliability. With regard to the assessment of the risk of sexual offenses, the attempt to combine the nomothetic (actuarial) and idiographic (clinical) approaches is the *Multitaxial Risk Appraisal* – Mara. The model analyses risks from different perspectives, taking into account:

- data obtained from scales concerning the probability and timing of a given behavior;
- mediating role of personality variables, especially psychopathological ones;
- empirical clinical diagnosis including functional diagnosis (Craig and Browne 2007).

It should be noted, however, that the proposed model sets high demands on the diagnostician's competence, both professional and personal ("soft" social skills).

Nowadays, an attempt to reconcile the multiplicity of these concepts is the multifactorial, interactive approach, assuming that the emergence of a disorder is a function of simultaneous activation of many variables (Chojecka 2014). A dynamic approach is now preferable to determine the nature and degree of risk of certain behaviors in a person with certain characteristics under predictable conditions and contexts. E. Wysocka (2015, 2018) criticizes an approach based only on a model restrictively eliminating diagnoses due to excessive focus on deficits, which is revealed in the overestimation of static risk factors, too mechanistic, subjective approach to the client, underestimation of the role of interpersonal relations between the probation officer and the pupil in the change process.

Summary and conclusions for theory and practice

The expansion of the scope of diagnosis in court probation could contribute to the increase of effectiveness of measures conducted at large. Enriching the range of information about the pupils with psychological and social diagnosis would allow to look at the individual not only in the context of his/her individual predispositions and problems, but also to see the environmental context of his/her functioning. This information is particularly important for the further criminogenesis of the pupil (Węgliński, Kuziora 2016) and this aspect takes into account the methods of estimating the risk of crime and recidivism, which, in addition to their many advantages, also have many limitations and flaws. The advantages include: strictly defined areas (needs, risk, vulnerability to impacts) are subject to estimation, linking the results of the estimation to the scope of the planned intervention (Chojecka 2014), the evaluation is objectivized, the numerical results make it possible to measure the progress of social rehabilitation, the inventories are more universal, thus intended for a wider range of recipients (Thomson, Pope 2005). Despite these advantages, it is worth remembering the limitations of the proposed tools, which include: the lack of psychometric indicators – accuracy and reliability in the case of many tools, doubtful prognostic power (Kemshall 2003, after: Chojecka 2014), a static picture of risk factors which should be analyzed rather in an interactive way (Okulicz-Kozaryn, Bobrowski 2008, p. 184), subjective and unclear criteria for group eligibility (Węgliński 2019), superficiality, underestimation of protective resources, especially personal ones, insufficient individualization of the approach to the subject, lack of in-depth case diagnosis, lack of methodological preparation of practitioners using the tools, the need for cultural adaptation. However, global experience confirms the effectiveness of the risk management model and for example in the United States it has helped to reduce the prison population, providing a viable and effective alternative (Phelps 2018; Ricks et al. 2016).

In the Polish conditions, even those imperfect third generation tools are missing, not to mention the fourth generation. For this reason, it should be postulated that Polish tools for estimating the level of crime risk be created, taking into account the local specificity of static factors and the criteria for adjudicating criminal acts. So far, the most common practice of cultural adaptation of these techniques has been translation involving the maximization of conformity with the original or paraphrase, i.e. building a new test referring to the theoretical assumptions of the original (Drwal 1995; Brzeziński 1998). However, it would make more sense to reconstruct the idea of building a new tool based only on global solutions, all the more so since the inclusion of a set of risk factors should be based on research-based evidence. Obviously, such techniques, provided with

up-to-date and useful methodological manuals, would provide real help in making diagnoses by probation officers. However, it also seems justified to take into account the achievements and experiences of this professional group and not to omit the aspect of qualitative diagnosis based on clinical solutions but present in the casework methodology. The more so, as this approach compensates for the problem of individualization in the treatment of pupils by building a positive and inspiring educational relationship. It could also be useful to use the assumptions of “creative social rehabilitation” (Konopczyński 2019), which allows for a more open approach to the pupils and to notice the potential in it.

It is postulated that the issue of preparing probation officers and unifying their education profile should be resolved (Konopczyński 2019), as the way of perceiving and interpreting certain issues may be different for an educator and a lawyer, not to mention extending the catalog of possibilities of education profile, e.g. with administrative sciences.

Before this happens, it would be desirable to conduct workshops for adult and family probation officers within the framework of the training system conducted in courts, which would introduce them to the methodology of correct diagnosis of pupils based on a coherent diagnosis model, using the contemporary achievements of Polish social rehabilitation and the experiences of domestic probation officers. A continuous training system would thus replace intuitive actions. The argument of actual and non-incidental cooperation between the scientific community, politics and practice regularly appears in the literature (Wysocka 2018, p. 220). Due to the difficulties in formulating an accurate diagnosis, the report on supervision/custodial service should be limited to the identification of the pupil's environment and problems, and the proper diagnosis should be presented in a deferred period of time, e.g. 3 months, when the probation officer manages to establish a fuller relationship with the pupil and motivates him and his environment to cooperate through multiple contacts. However, these solutions are limited by the real burden on probation officers, who without government support and an increase in the number of jobs do not have time to implement even the best theoretical constructs. Unfortunately, according to the Supreme Audit Office (Information on the results of the audit by the Supreme Audit Office 2018, pp. 6–10), the number of probation officers is drastically decreasing (about 23 thousand in 2017). With the need for multi-competence of the probation officer, the recurring argument is also the system of motivating and rewarding the officers, which is not satisfactory at the moment.

Among the relatively new concepts of probation, putting the probation officer in the role of a coach appears (Lovins et al. 2018), which requires new professional competences. Four key skills are identified: diagnosing, skills building, effective use of tools and participation in supervision. The approach is based on a thorough diagnosis, which allows to determine whether the pupil has the resources to work with the probation officer in a coaching approach. However,

this solution is accompanied by a number of uncertainties, ranging from the qualifications of the probation officer-coach, determining his place in the system (whether he is still a court employee) to indicating the area of competence and the scope of responsibilities.

The scope of therapy in social rehabilitation is developed through a system of probation therapy (Bałandynowicz 2015, pp. 17–19), which assumes cognitive pluralism in the formulation of diagnosis and prognosis of deviant phenomena, as well as oppressive and conflict situations. Social diagnosis and prognosis are the first of its pillars. The other are: monitoring and solving local social problems, counseling and solving community problems and solving crisis situations within pathological phenomena. The effect of professional activities in this area will be the integration and social inclusion of the pupils.

The postulate of professionalization of court probation, understood as limitation to qualified staff of professional probation officers, has been appearing for several years (Gromek 2005, pp. 26–28). We can only wait for the amended Act on Probation Officers, which in its final form was to be discussed in 2019 or early 2020; unfortunately this has not yet happened. Only the Bill on Court Probation Service has appeared (end of May 2019). Currently, the Draft Regulation of the Council of Ministers amending the Regulation on the remuneration of professional probation officers and probation trainees has been included in the list of legislative and program work of the Council of Ministers. There is still a lack of uniform opinion and systemic solutions that would shed light on some of the issues raised in the paper, resolving the above mentioned dilemmas and creating a field for setting the direction of further search for improvement of the quality of the diagnosis prepared in court probation conditions.

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