

What to Share vs. What to Protect

A Quick Reference for Documentation Boundaries with Probation

Working with justice-involved clients means navigating what probation needs to know versus what should stay in the clinical record. This guide helps you draw that line clearly and consistently.

The Quick Reference

SHARE with Probation	PROTECT in Clinical Record
Attendance rates and dates	Detailed trauma narratives
UA results (when you collect them)	Direct client quotes
General compliance status	Sexual history / activity
Overall progress rating	Specific abuse descriptions
Treatment recommendations	Family conflict details
Discharge status and date	Internal relationship dynamics
Safety concerns (if applicable)	Sensitive personal disclosures
Next steps / aftercare plan	Content from specific sessions

Written vs. Verbal Communication

Put in Writing:

- Attendance records (dates, percentages)
- UA results when you're the one collecting
- General progress statements ('Client is engaged in treatment')
- Discharge status (successful, unsuccessful, referred out)
- Recommendations for continued care

Discuss Verbally Only:

- Nuanced clinical concerns that need context
- Situations where written words could be misinterpreted
- Client disclosures that don't affect safety or compliance
- Your clinical reasoning for treatment decisions

- Anything you'd want to explain before it's read

■ **Rule of Thumb:** If you wouldn't want a judge to read it without you there to explain, say it verbally or in a joint session instead of writing it down.

What About Treatment Plans and Assessments?

You don't need to provide treatment plans or assessments to probation unless specifically asked. They already have a lot of information, and most of what's in those documents isn't necessary for their purposes.

If probation requests your treatment plan:

1. Ask what specific information they need (they may just need a summary)
2. Offer your standardized progress report template instead
3. Offer to discuss verbally or in a joint session with the client
4. If you must provide it, ensure it was written appropriately from the start

■ **Remember:** Treatment plans may contain direct quotes, trauma histories, sexual activity details, and other sensitive information. That's why you write them carefully from the start—and why templates help you stay consistent.

The Lapse Question: When Does Probation Need to Know?

This is where clinical judgment matters most. Not every lapse needs to be reported—especially in harm reduction treatment where the goal isn't immediate abstinence.

Probation needs to know:

- UA results you collect (they know this is coming)
- Safety concerns (danger to self or others)
- New legal incidents
- Significant treatment non-compliance

Clinical judgment zone:

- Self-reported lapses not captured by UA
- Slips that don't affect safety or overall progress
- Disclosures made in therapeutic context

■ **Pro Tip:** If you're collecting UAs, clients should know those results go to probation. That means they need to discuss relapses with you **BEFORE** giving a sample if they're going to test positive. This allows you to plan together, document appropriately, and frame the situation clinically rather than punitively.

When POs Ask for More Information

Sometimes probation officers want more detail than your standard reports provide. Here's how to handle those requests:

Sample Language:

'I'm happy to discuss that with you. Can we set up a call—or would it be helpful to have the client present so we can all be on the same page?'

'That information is in the clinical record, but I can tell you what's relevant to their compliance status...'

'I'd rather not put that in writing, but I can give you the context verbally.'

You're not being difficult—you're protecting your client AND your therapeutic relationship. Most POs understand this once you've built trust with them.

Building PO Relationships

Your documentation boundaries work better when you have a relationship with probation:

- Introduce yourself early (before you need something from them)
- Ask what information they find most useful
- Be consistent with your templates and reporting schedule
- Reach out BEFORE sending advocacy letters
- Offer to meet to review your documentation approach

■ **The 30-Minute Meeting:** Consider asking for a brief meeting with probation to review your reporting templates. Make sure they meet their needs. This takes 30 minutes and saves you years of friction.