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Responding to Probationers with Mental Illness [1]

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FUNDAMENTAL CHANGES IN mental health laws and policies have brought criminal justice professionals into contact with people with mental illnesses (PMI) at every stage of the criminal justice process (Council of State Governments, 2002). Often, police arrest PMI because few other options are readily available to manage their disruptive public behavior or to facilitate much-needed treatment or housing (Teplin, 2000). Jail and prison administrators repeatedly struggle to treat and protect PMI, judges grapple with limited sentencing alternatives for PMI who fall outside of specific forensic categories (e.g., guilty but mentally ill), and probation officers (POs) scramble to obtain scarce community services and treatments for PMI, attempting to fit them into existing correctional programs or to monitor them using traditional case management strategies (Lurigio & Swartz, 2000).

An estimated one million PMI enter or re-enter the criminal justice system every year in the United States (Morrissey, Meyer, & Cuddeback, 2007). The presence of PMI in the criminal justice system demands adjustments in routine case management practices, especially in the supervision of probationers—the largest and fastest-growing segment of the correctional population (Glaze & Bonczar, 2007; Pew Charitable Trust, 2009). Probationers' mental health problems are likely to be neglected unless mandated psychiatric services are a special condition of probation supervision (Lurigio & Swartz, 2000). Even in such instances, mental illness makes it difficult for afflicted probationers to comply with court orders. Moreover, their POs must overcome many obstacles to access services to treat their symptoms and criminogenic needs and thus reduce the risk of recidivism (Prins & Draper, 2009).

A recent study of jail detainees found that 15 percent of men and 31 percent of women met the diagnostic criteria for a serious mental illness (Steadman, Osher, Robbins, Case, & Samuels, 2009). Mental illness among probationers is estimated to be at least as high as it is among jail detainees (Skeem & Louden, 2006). Nonetheless, only a few investigations have measured the prevalence of mental illness among probationers. All have found that PMI constitute a noteworthy percentage of the probation population. For example, at the end of 1998, a national survey conducted by the Bureau of Justice Statistics found that 16 percent (or 547,800) of adult probationers reported a mental illness (Ditton, 1999). Another study estimated that nearly 21 percent of probationers in Illinois met the diagnostic criteria for a psychotic disorder or a mood disorder with psychotic features, and nearly 20 percent were identified as at risk of suicide (Lurigio, Cho, Swartz, Johnson, Graf, & Pickup, 2003). The 2001 National Household Survey on Drug Abuse found that 27 percent of probationers reported symptoms of a mental disorder. These data suggest that more than a half million adult probationers in the United States struggle with serious mental illnesses and require a wide

range of interventions to alleviate their complicated medical and behavioral problems (Prins & Draper, 2009; Skeem, Emke-Francis, & Eno Louden, 2006).

Mental disorders are also prevalent in the general population of the United States. The primary burden of mental illness is borne by those afflicted with serious mental illness (6 percent, or 1 in 17). People with such disorders are concentrated in poorer communities as are people with criminal involvement (Kessler, Chiu, Demler, & Walters, 2005; Lurigio, 2011). In response to the overrepresentation of PMI in the criminal justice system and the difficulties associated with managing this population, criminal justice agencies have collaborated with mental health and drug treatment providers in the adoption of strategies to serve the needs of criminally involved PMI (Council of State Governments, 2002). The growth of specialized police and diversionary programs that address low-level criminal behavior by diverting PMI from the criminal justice system and into the mental health system has likely reduced the actual criminalization of PMI (Lurigio, Smith, & Harris, 2008). Nevertheless, the lack of accessible and affordable mental health care, among other factors, has contributed to the trans-institutionalization of PMI, who are often more likely to receive psychiatric treatment in a jail or prison than in a hospital or mental health facility (Lamberti, 2007).

Advocates, researchers, and legal scholars have called for the creation of specialized programs that are able to respond justly, fairly, and humanely to PMI at every stage of the criminal justice process (Lurigio & Swartz, 2000; Morrissey, Fagan, & Cocozza, 2009). During the late 1980s, traditional probation agencies began to recognize that they were ill-equipped to monitor PMI using standard caseload management techniques. Hence, several jurisdictions have developed specialized caseloads for probationers with mental illnesses (PROMI) (Skeem et al., 2006). In traditional probation practices, PROMI are typically assigned to a generalized caseload. Supporting the notion of specialized probation units, the Criminal Justice/Mental Health Consensus project recommended that probation departments place PROMI in reduced caseloads under the supervision of POs who have mental health training—an option that encourages tailored case management plans and linkages with treatment services. Although such initiatives were first launched more than 20 years ago and are now expanding, the implementation and effects of specialized probation programs have yet to be thoroughly explored (Council of State Governments, 2002).

This article examines the operations and impact of specialized probation services for PROMI. PROMI are defined as people who suffer from severe, debilitating, and chronic psychiatric disorders, such as schizophrenia, schizoaffective disorder, bipolar disorder, and major depression, which are defined on Axis I of the Diagnostic and Statistical Manual of the American Psychiatric Association (American Psychiatric Association, 2000). The article is divided into four sections. The first discusses differences between PROMI and standard probationers and describes a classic typology of the supervisory styles of POs, which can help explain their approaches to monitoring PROMI. The second section enumerates the key components of specialized probation for PROMI as well as the importance of positive PO-client relationships in achieving successful probation outcomes. The third presents the results of studies of the effectiveness of specialized probation programs for PROMI. Although the data are limited because of flawed research designs and sampling techniques, such programs appear to be somewhat useful strategies for monitoring this problematic group of probationers. The fourth suggests directions for future research and practices in the area of specialized programming for PROMI.

The Challenge of Monitoring Probationers with Mental Illness

PROMI present considerable caseload management challenges (Skeem, Encandela, & Eno Louden, 2003; Petrila & Skeem, 2004; Skeem, Emke-Rancis, & Eno Louden, 2006). For example, the service needs of PROMI differ from those of probationers with no mental illness and include psychiatric and substance abuse treatment, disability-based entitlements, housing, and a variety of other behavioral healthcare and social services. Furthermore, PROMI are at higher risk for recidivism and technical violations than are standard probationers (Skeem, & Eno Louden, 2006). The non-completion rate of all probationers is 35 percent throughout the United States (felony and misdemeanor), for all reasons (rearrests, technical violations, unsuccessful discharges, revocations, etc.) (Glaze & Bonczar, 2010).

PROMI can find it demanding to abide by the conditions of probation and to comprehend their legal status or obligations, owing to their psychiatric symptoms and related cognitive deficits. PROMI who have co-occurring substance use disorders are at especially high risk for continued involvement in criminal activities and future police contact (Lurigio, 2009). In the supervision of PROMI, POs are required to monitor and enforce the general conditions of probation as well as psychiatric treatment and other mandated services,

which complicate the monitoring process (Skeem et al., 2006). In addition, it is difficult to access and obtain services for PROMI without memoranda of understanding among probation agencies, POs, and providers (Lurigio & Swartz, 2000).

PROMI on Standard Supervision

Before the creation of specialty probation programs, standard caseload POs were responsible for supervising PROMI; this is still the case for many jurisdictions with no specialized probation programs. Officers had little guidance, training, or understanding of the complicated nature of psychiatric disorders and multiple morbidities, which resulted in poor outcomes for PROMI. For example, one study tracked 613 probationers for three years and found that the rearrest rate was 54 percent for PROMI as opposed to 30 percent for probationers without mental illness (Dauphinot, 1996). A factor that contributes to high recidivism rates among PROMI is the mismatch between their needs and the capacities of traditional probation agencies to meet those needs (Skeem et al., 2006). Probation protocols were simply never designed for supervising and case managing PROMI. Thus, the shortcomings of standard caseload protocols for monitoring PROMI prompted the development of specialized probation programs.

PO Supervision Styles

Traditional and specialized POs utilize different skills and approaches to supervision. Klockars' (1972) classic work identified four types of officer supervisory styles. The "law enforcers" emphasize the exertion of authority, rule enforcement, and surveillance. The "time servers" are the functional equivalent of law enforcers; however, they tend to satisfy only the minimal requirements of their jobs and exhibit no interest in improving their own skills or the system itself. The "therapeutic agents" endeavor to treat probationers by providing or brokering services and encouraging positive behavioral changes. These officers attend to individual probationers' specific needs by considering the psychological, familial, and social factors that adversely affect probationers' lives and hence their adjustment to probation. The "synthetic officers" adopt a hybrid approach that integrates the goals of both the law enforcement and the treatment roles. These types of officers attempt to balance the demands of both roles in a manner that optimally benefits probationers. However, the competing nature of these seemingly dual roles forces officers to face the dilemmas inherent in the pursuit of frequently conflicting goals: treatment and control.

Klockars' framework of styles suggests two key features of POs' approaches to monitoring that can be important in the supervision of PROMI (Skeem & Manchak, 2008). One feature is the integration of dual roles, allowing officers to achieve both surveillance and therapeutic goals. The second feature is the cultivation of positive relationships between POs and probationers in order to maximize the potential for rehabilitation and successful probation outcomes. An evaluation of probation programs found that a hybrid (synthetic) approach to supervision was more effective than either a sole surveillance or a sole treatment approach for PROMI and probationers without mental illness (Skeem & Manchak, 2008). In addition, probationers respond positively to a hybrid approach that encourages open communication, honesty, and problem-solving techniques (Petrila & Skeem, 2004). This approach is related to the theory of interpersonal procedural justice, which asserts that people feel less coerced when they are treated respectfully and understand the rationale for criminal justice professionals' decisions (Lidz et al., 1995; Taxman & Thanner, 2003/2004).

Specialized Probation

Specialized probation programs for PROMI differ across jurisdictions in terms of their supervisory approaches, policies, and day-to-day operations. For example, specialized POs can work within specialized probation programs or assist traditional POs with PROMI on their caseloads. Specialized programs can consist of exclusive PROMI caseloads or mixed caseloads that include both PROMI and non-PROMI (Skeem et al., 2006). In large jurisdictions with large populations, specialized POs can operate as a specialized probation "unit," whereas in small jurisdictions specialized POs can operate independently within a standard probation unit.

As noted below, specialized POs typically monitor reduced caseloads, which is crucial because PROMI require considerable PO time and attention. In general, this population has numerous problems (such as comorbidity with substance use disorders and developmental disabilities, poor physical health, housing and financial difficulties, homelessness, joblessness, and a lack of social support) (Veysey, 1996). These clients need habilitation as much as rehabilitation: "For probation services to be successful in the supervision of persons with mental illness, they must address the broad range of offender needs. This does not mean that

probation departments must provide all of these services. They must, however, collaborate closely with the community services agencies that provide mental health, substance abuse, health care, and other human services" (Veysey, 1996, p. 156).

Key Components of Specialized Probation
A national survey of probation agencies found that, despite their heterogeneity, specialized probation programs for PROMI share common features (Skeem et al., 2006). In general, specialty POs' roles combine two important functions (Petrila & Skeem, 2004; Skeem & Manchak, 2008): the protection of public safety and the rehabilitation/recovery of offenders. The national survey defined specialty programs as those staffed by more than one PO who was responsible for supervising PROMI. The investigators identified 73 programs that met this criterion; 66 (90 percent) of them participated in the study. The sample also included 25 traditional probation programs, which served all offenders on probation, regardless of their behavioral healthcare needs. The researchers examined three general areas: structural characteristics, case management style, and implementation of treatment mandates. The investigators reported that prototypic specialized probation programs had five key features (Skeem et al., 2006): exclusive caseloads, reduced case-loads, officer training in mental health issues, resource integration, and problem-solving strategies to address probation violations.

Exclusive Caseloads. The first key feature of specialty probation programs for PROMI is staffing them with POs who exclusively handle mental health caseloads. The survey found that 84 percent of the sample of specialized programs handled only mental health cases; the others handled both PROMI and non-PROMI (i.e., mixed caseloads). The client eligibility requirements for specialty probation programs varied across jurisdictions. (See Petrila & Skeem, 2004, for specific examples.) An advantage of managing an exclusive mental health caseload is administrative efficiency (Petrila & Skeem, 2004). Unlike POs who supervise general probation case-loads, specialty POs have the opportunity to develop effective strategies and routines for supervising PROMIs when they are able to focus on attending exclusively to this needy population. Traditional probation programs typically have no supervisory protocols designed expressly for responding to the specific problems of PROMI.

Reduced Caseloads. The second key feature of specialized probation units is a reduced caseload. The average caseload of specialty programs was 48 (SD = 22.4), whereas the average caseload of traditional probation programs was 130 (SD = 64.3). The average caseload size among all the surveyed programs was 43 (SD = 16.4). Although most specialty programs had caseloads ranging from 30 to 50 PROMI, some programs exceeded the recommended maximum number. Of the total programs surveyed, 23 percent had caseloads that exceeded the number of cases prescribed by the program's policies, with 10 cases as the median number exceeding the caseload limit. Among this group of programs, 21 percent had caseloads exceeding the recommended maximum by 30 or more cases. Specialty programs with larger caseloads were more similar to traditional programs in their approach to monitoring probationers than were specialty programs with smaller caseloads (Skeem et al., 2006). Nonetheless, "maintaining smaller specialized and exclusive mental health caseloads in the face of pressing demand for probation services is one of the most significant challenges facing the legal system today" (Petrila & Skeem, 2004, p. 11).

Officer Training. The third feature of specialized probation programs is officer training in mental health issues. Nearly 59 percent of specialty programs reported having officers with "substantial" training (for example, every few months), compared with the 5 percent of officers in traditional probation programs (Skeem et al., 2006). Approximately 41 percent of specialty programs and 43 percent of traditional programs reported that their officers had "some" training (for example, a few workshops). None of the specialty programs reported that their officers had received "little" training; in contrast, 54 percent of traditional programs reported that officers received "minimal" training in mental health issues. The majority of officers (56 percent) hired by specialized programs were formerly traditional officers who had interest and experience in the mental health arena. However, 17 percent of specialty programs for PROMI hired officers with master's degrees in the field of mental health or a related area of education and practice (Skeem et al., 2006).

Although specialized probation programs vary in the content and frequency of PO training, programs that align with the prototypic specialized probation model provide 20 to 40 hours of initial and continued mental health training annually (Skeem et al., 2006). Others have suggested that cross-training for mental health and correctional staff in specialized probation programs can increase their mutual understanding and respect

for each other. In addition, cross-training greatly improves the working relationships between the two groups, which encourages a team approach to managing clients (Lurigio, 1996).

Resource Integration. A fourth key feature of specialized probation programs is a case management style that attempts to integrate internal and external resources to meet the needs of PROMI. Mental health treatment can be mandated by the court as a condition of probation; thus, external resources (such as treatment providers and social service agencies) are integral to the operations of special ized probation programs. Specialty POs are responsible for coordinating care with community treatment providers and social service agencies. A team approach is frequently used, encouraging POs and providers to collaborate in addressing the needs of PROMI. Specialized POs are also expected to attend team meetings, coordinate resources, and create and maintain positive relationships with community treatment providers.

Among the POs in specialty programs for PROMI in the national study, 82 percent were required to participate in meetings with external providers, and 68 percent of specialty programs paired their officers with a case manager (Skeem et al., 2006). Specialty POs also played an active role in officer-provider relationships. POs in specialty programs took a “very active role” with external treatment providers and funders to coordinate treatment for PROMI in 65 percent of the programs surveyed. Additionally, 32 percent were “somewhat active” and 3 percent were “minimally active.” Furthermore, 56 percent of specialized programs had POs who reported playing a “very active” role in organizing other types of external resources (e.g., Social Security Income, housing, transportation). The survey also found that 29 percent of the specialty POs were “somewhat active” in these activities and 15 percent were “minimally active.”

Compliance Management. The fifth key feature of specialized probation programs is the utilization of problem-solving strategies for addressing PROMIs’ failure to comply with treatment and other special conditions (Skeem et al., 2006), which is a challenge for most POs who supervise PROMI. Among those surveyed, traditional POs were more likely to respond to PROMIs’ noncompliance with treatment and other violations of probation by imposing sanctions (such as reports to the judge, verbal warnings, or incarceration) (Skeem et al., 2006). In contrast, specialty POs were more likely to respond to treatment noncompliance and other violations by using a variety of problem-solving strategies, including identifying obstacles to compliance and developing strategies to overcome those obstacles (Petrila & Skeem, 2004). The use of incarceration was employed more sparingly by specialty officers. Almost all (90 percent) of the specialty POs surveyed reported that jail was a last resort; however, only about half (56 percent) of POs in traditional programs shared this view.

The survey identified two notable instances in which specialized probation units clearly differed from the general prototype (Skeem et al., 2006). First, 15 percent of specialty programs were affiliated with mental health courts, and these programs were more likely to advocate court appearances in response to PROMI noncompliance. Second, 15 percent of specialty programs also reported that a brief jail stay was an appropriate response to PROMIs’ noncompliance. Officers viewed this tactic as a way to stabilize PROMIs’ medication or to serve as an incentive to encourage future compliance. The National Coalition for Mental and Substance Abuse Health Care in the Justice System recommended that a comprehensive vision of care for PROMI should accomplish the following tasks (Lurigio, 1996, p. 168):

- Build lasting bridges between the mental health and criminal justice systems, leading to coordinated and continual health care for clients of both systems.
- Involve clients in treatment decisions.
- Ensure public safety and the safety of offenders.
- Facilitate the successful integration of offenders into the community.
- Promote offender responsibility and self-sufficiency.
- Permit equal access to all healthcare services, including medical, psychiatric, substance abuse, and psychological interventions.
- Avoid discriminating against or stigmatizing PROMI.
- Accommodate clients with multiple needs and problems.
- Be sensitive and responsive to the special needs of women and people of color with mental illnesses by developing diverse, culturally sensitive programs.
- Require involvement of families in treatment and supervision plans of PROMI.
- Match services and treatments to each client’s specific problems and needs.
- Raise public awareness about PMI in the criminal justice system.

PROMIs' Relationships with Specialized POs

Research is starting to explore the relationship between specialized POs and PROMI. The officer-probationer relationship is different for traditional probation and specialty programs for PROMI (Petrila & Skeem, 2004). As mentioned earlier, specialty POs generally focus on the dual needs of working with PROMI; that is, public safety (control) and rehabilitation (care). Traditional POs tend to emphasize public safety and crime control over treatment. However, "these two roles are not completely at odds" (Petrila & Skeem, 2004, p. 12).

Three basic differences between traditional and specialized probation programs have been identified in terms of the relationship between POs and PROMI (Skeem et al., 2003). First, compared with traditional probation practices, POs in specialty programs for PROMI are perceived to be more relational, caring, supportive, and flexible. One study reported that PROMI scored specialized POs higher in relational characteristics of "caring/fairness" and "trust" compared with their rating of traditional POs (Skeem et al., 2007). Specialty POs address issues typically regarded as being beyond the purview of traditional POs, such as being a strong advocate for PROMIs and providing practical support (such as locating housing and arranging transportation) (Skeem et al., 2003; Skeem et al., 2007). The boundary-spanning role of specialized POs can favorably affect their relationships with clients. Second, positive officer-probationer relationships were perceived to be less contingent on compliance with the conditions of probation among PROMI in specialized probation programs than among those on standard probation supervision. Third, specialty POs emphasized establishing appropriate boundaries with probationers. They were especially concerned with maintaining the distinction between a supportive professional relationship and a personal friendship. Specialty officers reported difficulties in managing the conflicts that arose from their competing roles as rule enforcers and therapeutic agents (Skeem et al., 2003). These results beg the crucial question of whether and how these conflicts affect the outcomes of PROMI in specialty probation programs.

Effectiveness of Specialty Probation

Although research has described the structures and operations of specialized probation for PROMI, little is known about the effectiveness of such programs. Research is beginning to shed light on the outcomes of specialized probation supervision for PROMI. Described below are studies of stakeholders' perceptions and preliminary evidence of program effectiveness, including a discussion of the factors contributing to positive outcomes in these specialized probation programs.

Perceptions of Effectiveness

Research has examined the perceived effectiveness of specialized probation (Skeem et al., 2006). In one study, specialty and non-assessments regarding the utility of specialty caseloads, reduced caseloads, and mental health-related specialized training for officers. Both groups strongly agreed that these features were valuable; most officers surveyed believed that these three features were "very useful." When asked about the utility of specialty caseloads, 72 percent of traditional officers and 94 percent of specialty officers reported that specialty caseloads were "very useful." A total of 8 out of 10 traditional officers and 97 percent of specialty officers found reduced caseloads to be "very useful." Finally, 80 percent of traditional officers and 97 percent of specialty officers thought that training officers to work with PROMI was "very useful."

Traditional and specialty POs' opinions diverged regarding the practicality of these three features, with significantly fewer traditional officers reporting that these three features were "very practical." When asked about the practicality of specialty caseloads, only 12 percent of traditional officers but 80 percent of specialty officers viewed this feature as "very practical." Similarly, only 12 percent of traditional officers but 61 percent of specialty officers felt that having a reduced caseload was "very practical." Finally, only 16 percent of traditional officers but 89 percent of specialty officers reported that having trained officers was "very practical" (Skeem et al., 2006). Although most POs agreed about the utility of specialized caseloads, reduced caseloads, and officer training, traditional and specialty officers expressed different opinions about the practicality of these features. This finding suggests that traditional and specialized POs have different views on probation practices for PROMI.

POs' perceptions of the effectiveness of traditional supervision and specialized probation programs were also examined on three domains (Skeem et al., 2006): short-term risk of probation violation, long-term risk of reoffending, and PROMIs' well-being. Specialty officers were significantly more likely than traditional officers to report that their programs were "very effective" at reducing short-term risk of probation

violations among PROMI. Additionally, specialty officers were significantly more likely than traditional officers to report that their programs were "very effective" at improving the well-being of PROMI. Both traditional officers and specialty officers reported that their program was "somewhat effective" among PROMI at reducing the long-term risk of reoffending.

Outcome Studies

As stated above, research on the effectiveness of specialized probation programs is limited. To date, only one study has used a quasi-experimental design, comparing 183 PROMIs in specialty programs to 176 on traditional caseload supervision (Skeem et al., 2009). The researchers reported moderate reductions in recidivism and revocation rates among PROMI in both supervisory structures. The researchers also reported no significant difference in mental health symptoms when comparing PROMI in specialty programs with PROMI in traditional probation programs. Thus, these results suggest that lower recidivism rates among PROMI in specialty units are only partially attributable to the alleviation of mental health symptoms or improvements in functioning.

Specialty probation programs can be more effective when they incorporate correctional supervision practices that address criminogenic thinking and needs (Andrews & Bonta, 1998). These core correctional practices also include "establishing firm, but fair and caring, relationships with offenders, and using problem-solving strategies rather than threats of incarceration" (Skeem et al., 2011, p. 121). However, research suggests that enhancing program fidelity (the alignment between program models and program practices) improves program effectiveness only slightly, which is counter to prevailing notions about the proper implementation of correctional programs. In addition, the success of specialized probation programs (and standard program supervision) depends on the ability of POs to link PROMI with evidence-based services that treat their co-occurring substance use disorders and help meet their practical needs, such as housing (Skeem et al., 2011).

Other studies have examined the relationship between specific components of specialized probation units and probation outcomes. Research indicates that the quality of the relationship between PROMI and POs is related to compliance with probation conditions and overall probation outcomes (Skeem et al., 2003). The Dual-Role Relationships Inventory (DRI-R) is an instrument developed to examine officer-probationer relationships (Skeem et al., 2007). It measures three factors: "Caring and Fairness" (e.g., "X cares about me as a person"), "Trust" (e.g., "X trusts me to be honest with him or her"), and "Toughness" (e.g., "X makes unreasonable demands of me"). The higher the quality of dual-role relationships, as assessed by the DRI-R, the lower the rates of probation violations, probation revocations, and new arrests. In order to improve outcomes for PROMIs, proponents of specialized programs argue that POs should be trained to adopt the positive, dual-role relationship qualities that are reflected in the inventory's factors (Skeem et al., 2007).

Other research suggests that the quality and strength of PO-PROMI relationships promote successful probation outcomes (Eno Louden, Skeem, Camp, & Christensen, 2008; Skeem et al., 2007). Relationships between PROMI and POs are weakened by the use of overt coercion and the exertion of "negative pressures" on clients (Eno Louden et al., 2008; as cited in Skeem & Eno Louden, 2006). Relationships are strengthened by services that meet probationers' needs (such as housing) (Watts & Priebe, 2002) and by the attainment of procedural justice (that is, fairness and transparency in decisions that affect probationers' lives) and shared decision-making in treatment planning (Skeem et al., 2007). Problem-solving strategies encourage a care-oriented working relationship between POs and PROMI (Skeem et al., 2003). Although the mere provision of mental health services has some impact on recidivism and positive outcomes, the association between services and outcomes is much more complex and bidirectional (Solomon, Draine, & Marcus, 2002; Skeem & Eno Louden, 2006). Mental illness itself usually is not the cause of criminal behavior and therefore the treatment of mental illness alone is unlikely to reduce continued criminal behaviors (Epperson et al., 2011; Lurigio, 2011).

Specialty POs' relationships with PROMI are important, but so, too, are relationships between POs and community-based service providers. Officer-provider relationships are critical in ensuring the level of communication necessary to properly monitor PROMIs' adherence to the conditions of probation. A positive officer-provider relationship contributes to lower rates of probation violation. Service providers should not function as law enforcement agents or ancillary probation officers (Roskes & Feldman, 1999). In previous studies, providers who acted as extensions of the probation authority (i.e., as rule enforcers) increased the risk of technical violations and sanctions (Draine & Solomon, 2001).

Research Limitations

Research on specialized probation programs has shortcomings (Epperson, 2010). Specifically, studies have involved selection bias, which resulted in the overestimation of the benefits of specialized probation. Using single-group, pretest/posttest, or quasi-experimental designs and excluding from analyses of outcomes those PROMI who failed to complete their sentence (mortality threats) have constrained the validity of findings in evaluations of specialized probation units. The comparisons used in many studies have also been flawed. For example, in some studies, specialized probation was compared with traditional probation supervision; ideally, specialized probation should be compared with other specialized programs. Moreover, studies have been unable to adequately assess the proportion of PROMI in the probation population who actually participate in specialty mental health probation. As a whole, previous evaluations of specialized probation programs for PROMI have been methodologically weak, failing to minimize potential selection bias or to address the issue of program fidelity (Epperson, 2010). The generalizability or external validity of the results is also limited due to shortcomings in sampling and measurement.

Future Directions

Research

Research should advance knowledge regarding the implementation of specialized probation programs for PROMI by examining the case selection process, core program components, program fidelity, and penetration effects (Epperson, 2010; Wolff, Epperson, & Fay, 2010). Specifically, studies of case selection should enumerate the steps of the intake and supervisory process. Case targeting, selection criteria, recruitment, and enrollment also should be examined. Although research describes the key features of specialized probation (e.g., Skeem et al., 2006), it has not yet assessed how these features independently affect the implementation and effectiveness of such programs.

Research should explore the impact of core components, including reduced caseloads, on program implementation, effectiveness, and sustainability. Indeed, the success of specialty probation programs might be contingent on maintaining a reduced caseload, which allows POs to concentrate on the multifarious individual needs of PROMI (Petrila & Skeem, 2004). Research also should focus on program fidelity and assess specialty probation programs' adherence to the established core components. Knowing which core components are most critical to producing positive outcomes is crucial in building an evidence base for program expansion and improvement. Furthermore, research should explore whether specialty probation units improve outcomes in the overall PROMI population by raising awareness of the mental health needs of probationers in a department. In addition to the directions noted above, research should elucidate the effectiveness of specialized probation, which can be operationalized in a number of ways (Wolff et al., 2010). Assessing effectiveness in terms of criminal justice criteria could include measuring violations, arrests, convictions, revocations, and jail days. Additionally, effectiveness should be assessed with respect to mental health outcomes and could include measuring treatment compliance, symptom reduction, and alcohol or drug use.

A major limitation of research on specialized probation is the lack of internal validity and generalizability of the results of evaluation of such programs. Researchers can rectify the selection bias problem discussed earlier by adopting high-order research designs that include random assignment and comparison of probationers monitored in other specialty programs, not simply on standard probation supervision (Wolff et al., 2010). Cost-effectiveness research for specialized probation programs also must be undertaken to investigate the costs associated with intensive supervision, arrests, court processing, and jail days (Wolff et al., 2010).

Practice

The training of POs on mental health issues has been variable (Petrila & Skeem, 2004). Implementing standard training guidelines for POs working with PROMI would help POs in both specialty units and standard caseload assignments. Training curricula should include modules on the signs and symptoms of mental illnesses, the effects and side-effects of psychiatric medications, and the establishment and maintenance of a positive relationship between PROMI and POs. Specialty program officers also should be trained in evidence-based programming in corrections, which could benefit both PROMI and non-PROMI (Petrila & Skeem, 2004).

Maintaining the confidentiality of clients' clinical information is paramount (Petrila & Skeem, 2004). POs, treatment professionals, social service providers, and court personnel are all involved in the monitoring of

clients in specialty probation programs. The professionals in these various entities must collaborate to efficiently and effectively coordinate activities and resources to assist and supervise PROMIs. The Health Insurance Portability and Accountability Act (HIPAA) guidelines dictate the confidentiality of healthcare information. Specialty probation programs would benefit from standard agreements consistent with healthcare regulations, which PROMIs would then sign. The consent to release and exchange information would allow advocates, service providers, and POs to share important client information. Establishing a standard agreement would also protect clients and help formalize the relationship between specialty officers and PROMIs. The level of confidentiality is notably diminished between PROMI and specialty POs who work on standard case management units or in specialty probation programs, and therefore privacy expectations must be shifted and safeguards must be instituted to protect the confidentiality of clients' clinical histories and current mental health conditions and treatments (Skeem et al., 2003).

An increased emphasis on monitoring PROMI without greater access to treatment can be detrimental to client success. The delicate balance of the two primary roles of a PO—protection of public safety and the rehabilitation of PROMIs—can be precarious. However, with the continued growth of specialty probation programs, the preservation of this balance must remain a priority. In the words of Petrila and Skeem (2004), "As the opportunities to join these problem-solving agencies arise, communities must strive to maximize the administrative efficiencies and unique therapeutic potential of both [criminal justice and mental health] systems while avoiding the possibility of merely increasing surveillance of probationers" (p. 15).

TABLE 1.
Elements of Specialized Programs for PMI

Elements of Specialized Programs for PMI
Collaborative Planning and Administration
Defining, Identifying, and Assessing Target Population
Matching Individuals to Supervision and Treatment Options
Setting Conditions of Community Supervision
Developing an Individualized Case Plan
Providing/Linking to Treatment and Services
Adherence to Conditions of Supervision and Care Plans
Specialized Training and Cross-Training
Sharing Information and Maintaining Confidentiality

As shown in Table 1, in terms of logistical strategies, specialized probation units should incorporate several essential elements that are instrumental in ensuring their successful design and implementation (Prins & Draper, 2009). For example, the planning of such programs requires the input and commitment of stakeholders from several areas of practice, including criminal justice, mental health, and substance abuse. Recognizing the heterogeneous nature of PROMI and the reality of limited budgets and treatment resources, the priority targets for specialized units must be carefully defined. This will ensure that PROMI with the greatest needs and highest risk are selected for services.

To avoid net-widening, a special program's target population of PMIs and its criteria for client eligibility must be clearly defined and communicated to the regular probation staff that transfer or refer probationers to specialized mental health units and to the judges who sentence them to such programs. Without this

communication, inappropriate clients (e.g., persons with substance use disorders only or recalcitrant clients with no mental illnesses or psychiatric histories) could be “dumped” into the program, increasing the difficulty of keeping caseloads down to a manageable size. Moreover, repeated rejection of inappropriate placements might make judges and probation staff less willing to refer appropriate candidates to the program. When everyone involved in referring clients to the program understands client eligibility requirements, such problems can be minimized from the outset.

Another essential feature involves the careful matching of services with the risk and criminogenic needs of clients, which include trauma, housing, and addiction (Epperson et al., 2011). The matching process also includes the proper categorization of PROMI for varying levels of monitoring and supervision and the referral of probationers to evidence-based service programs and treatments. In addition, more creative and less restrictive measures should be instituted to respond to technical violations. Violations often are a function of clients’ symptoms or difficulties in following directions. A failure to report, for example, might result from cognitive impairment, delusions, confusion, or side effects of medication.

As a rule, incarceration or other harsh penalties should be avoided when responding to technical violations. More effective options include relapse prevention techniques and progressive sanctions. POs can view technical violations as opportunities to build closer therapeutic alliances with PROMI and to assist them in avoiding future, and more serious, problems, including subsequent criminal activity. POs are well-advised to find alternative strategies for handling the technical violations of probationers with mental illnesses. According to Veysey (1996), “if community supervision staff adhere to rigid sanctions for technical violations with regard to treatment compliance, special-needs clients—particularly those with mental illness—are likely to fail” (p. 158).

Specialized probation programs demonstrate some promise in meeting the needs of PMI who are criminally involved. As the research and implementation of specialized probation programs evolve, we will gain a better understanding of the extent to which this type of specialized programming can reduce the overrepresentation of PMI in the criminal justice system. Developing probation strategies tailored to the complicated problems of PROMI is clearly a step in the right direction.

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References | Endnotes

The articles and reviews that appear in *Federal Probation* express the points of view of the persons who wrote them and not necessarily the points of view of the agencies and organizations with which these persons are affiliated. Moreover, *Federal Probation's* publication of the articles and review is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the Federal Probation and Pretrial Services System.

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[1] United States v. Salerno, 481 U.S. 739 at 755 (1987).

[2] Judicial Business of the United States Courts Annual Report of the Director – H Tables (2000 - 2009). http://www.uscourts.gov/Statistics/JudicialBusiness.aspx.

[3] It is important to note that FY 2009 data was not used because too many cases referred during this time remained open and the outcomes have yet to be determined.

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The Evolution of Community Supervision Practice: The Transformation from Case Manager to Change Agent

[1] This article was originally published in the Irish Probation Journal, Volume 8, October 2011, and is reprinted with permission.

[2]Guy Bourgon, Leticia Gutierrez and Jennifer Ashton are with Public Safety Canada. We would like to thank Jim Bonta and Tanya Rugge, who are integral to the Strategic Training Initiative in Community Supervision team. Our special gratitude is extended to the probation officers and their managers who have allowed us to look at what goes on behind closed doors and have begun their own transformation into change agents. The views expressed are those of the authors and do not necessarily represent the views of Public Safety Canada. Correspondence should be addressed to Guy Bourgon, Corrections Research, Public Safety Canada, 340 Laurier Ave. West, Ottawa, Ontario, Canada, K1A 0P8. Email: Guy.Bourgon@ps.gc.ca

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Responding to Probationers with Mental Illness

[1] The authors thank Dr. Faye Taxman for her very helpful and insightful comments on an earlier draft of this article.

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Contemporary Origins of Restorative Justice Programming: The Minnesota Restitution Center

[1] Many of the early documents from the MRC are archived at the University of Minnesota Social Welfare History Archives, Archives and Special Collections, Minneapolis, MN: University of Minnesota Libraries.

[2]One of whom is the author of this article.

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References

dissemination trial of three strategies of training clinicians in cognitive behavioral therapy. *The Journal of Consulting and Clinical Psychology 73*(1): 106-115.

Taxman, F. S. (2008). No illusions: offender and organizational change in Maryland's proactive community supervision efforts. *Criminology & Public Policy, 7,* 275-302.

Trotter, C. (1996). The impact of different supervision practices in community corrections. *Australian and New Zealand Journal of Criminology, 29,* 1-18.

Trotter, C. (1999). *Working with involuntary clients: A guide to practice*. Thousand Oaks, CA: Sage Publications.

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Responding to Probationers with Mental Illness

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* IV-TR. Washington, DC: Author.

Andrews, D., & Bonta, J. (1998). *The psychology of criminal conduct*. Cincinnati, OH: Anderson Publishing Company.

Council of State Governments (2002). *Criminal justice-mental health consensus project report*. New York: Council of State Governments.

Dauphinot, L. (1996). *The efficacy of community correctional supervision for offenders with severe mental illness*. Unpublished doctoral dissertation, University of Texas at Austin.

Ditton, P.M. (1999). *Mental health and treatment of inmates and probationers*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Draine, J., & Solomon, P. (2001). Threats of incarceration in a psychiatric probation and parole service. *American Journal of Orthopsychiatry, 71,* 262-267.

Eno Louden, J., Skeem, J., Camp, J., & Christensen, E. (2008). Supervising probationers with mental disorder: How do agencies respond to violations? *Criminal Justice and Behavior, 35,* 832-847.

Epperson, M. W. (2010). *Intervention fact sheet: Specialized probation services*. New Brunswick, NJ: Center for Behavioral Health Services and Criminal Justice Research.

Epperson, M. W., Wolff, N., Morgan, R. D., Fisher, W. H., Frueh, B. C., & Huening, J. (2011). *The next generation of behavioral health and criminal justice interventions: Improving outcomes by improving interventions*. New Brunswick, NJ: Center for Behavioral Health Services and Criminal Justice Research.

Glaze, L. E., & Bonczar, T. P. (2007). *Probation and parole in the United States, 2006*. U.S. Department of Justice, Office of Justice Programs.

Glaze, L. E., & Bonczar, T. P. (2010). *Probation and parole in the United States, 2010*. Washington, D.C.: Department of Justice, Bureau of Justice Statistics.

Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbodity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry, 62,* 617-27.

Klockars, C. (1972). A theory of probation supervision. *Journal of Criminal Law, Criminology, and Police Science, 64,* 549-557.

Lamberti, J. S. (2007). Understanding and preventing criminal recidivism among adults with psychotic disorders. *Psychiatric Services, 58,* 773.

Lidz, C., Hoge, S., Garder, W., Bennett, N., Monahan, J., …Roth, L.H. (1995). Perceived coercion in mental hospital admission: Pressures and process. *Archives of General Psychiatry, 52,* 1034-1039.

Lurigio, A. J. (2009). Comorbidity. In Nancy A. Piotrowski (Ed.), *Encyclopedia of psychology and mental health* (pp. 439-442). Pasadena, CA: Salem Press.

Lurigio, A. J. (2011). People with serious mental illness in the criminal justice system: Causes, consequences, and correctives. *Prison Journal, 91,* 66-86.

Lurigio, A. J. (1996). Responding to the mentally ill on probation and parole: Recommendations and action plans. In A. J. Lurigio (Ed.), *Community corrections in America: New directions and sounder investments for persons with mental illness and codisorders* (pp. 166-171). Seattle, WA: National Coalition for Mental and Substance Abuse Health Care in the Justice System.

Lurigio, A., Cho, Y., Swartz, J., Johnson, T., Graf, I., & Pickup, L. (2003). Standardized assessment of substance-related, other psychiatric, and comorbid disorders among probationers. *International Journal of Offender Therapy and Comparative Criminology, 47,* 630-652.

Lurigio, A.J., Smith, A., & Harris, A. (2008). The challenge of responding to people with mental illness: Police officer training and special programs. *The Police Journal, 81,* 295-322.

Lurigio, A.J., & Swartz, J.A. (2000). Changing the contours of the criminal justice system to meet the needs of persons with serious mental illness. In J. Horney (Ed.), *NIJ 2000 Series: Politics, processes, and decisions of the criminal justice system* (45-108). Washington, DC: National Institute of Justice.

Morrissey, J.P., Fagan, J.A., & Cocozza, J.J. (2009). New models of collaboration between criminal justice and mental health systems. *American Journal of Psychiatry, 166,* 1211.

Morrissey, J., Meyer, P., & Cuddeback, G. (2007). Extending assertive community treatment to criminal justice settings: origins, current evidence, and future directions. *Community Mental Health Journal, 43,* 527-544.

Petrila, J., & Skeem, J.L. (2004). Problem-solving supervision: Specialty probation for individuals with mental illnesses. Court Review: *The Journal of the American Judges Association, 40*(3-4), 8-15.

Pew Charitable Trust. (2009). *One in 31: The long reach of American*

corrections. Washington, DC: The Pew Charitable Trusts.

Prins, S.J., & Draper, L. (2009). *Improving outcomes for people with mental illnesses under community corrections supervision: A guide to research-informed policy and practice*. New York: Council of State Governments Justice Center.

Roskes, E., & Feldman, R. (1999). A collaborative community-based treatment program for offenders with mental illness. *Psychiatric Services, 50,* 614-619.

Skeem, J. L., Emke-Francis, P., & Eno Louden, J. (2006). Probation, mental health, and mandated treatment: A national survey. *Criminal Justice and Behavior, 33,* 158-184.

Skeem, J. L., Encandela, J., & Eno Louden, J. (2003). Perspectives on probation and mandated mental health treatment in specialized and traditional probation departments. *Behavioral Sciences and the Law, 21,* 429-458.

Skeem, J., & Eno Louden, J. (2006). Toward evidence-based practice for probationers and parolees mandated to mental health treatment. *Psychiatric Services, 57,* 333-352.

Skeem, J., Eno Louden, J., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19,* 397-410.

Skeem, J. L., & Manchak, S. (2008). Back to the future: From Klockars' model of effective supervision to evidence-based practice in probation. *Journal of Offender Rehabilitation, 47,* 220-247.

Skeem, J., Manchak, S., Johnson, T., & Gillig, B. (2008, March). *Comparing specialty and traditional supervision for probationers with mental illness*. Paper presented at the American Psychology and Law Society (AP-LS) Annual Conference, Jacksonville, FL.

Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior, 35,* 110-126.

Skeem, J., Manchak, S., Vidal, S., & Hart, E. (2009, March). *Probationers with mental disorder: What (really) works?* Paper presented at the American Psychology and Law Society (AP-LS) Annual Conference, San Antonio, TX.

Solomon, P., Draine, J., & Marcus, S. (2002). Predicting incarceration of clients of a psychiatric probation and parole service. *Psychiatric Services, 53,* 50-56.

Steadman, H., & Naples, M. (2005). Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Science and the Law, 23,* 163-170.

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Service, 60,* 761-765.

Taxman, F. S., & Thanner, M. (2003/2004). Probation from a therapeutic perspective: Results from the field. *Contemporary Issues in Law, 7,* 39-63.

Teplin, L. A. (2000). Keeping the peace: Police discretion and mentally ill persons. *National Institute of Justice Journal, 244,* 8-15.

Veysey, B. M. (1996). Effective strategies to provide mental health services to probationers with mental illnesses, in Lurigio, A. J. (Ed.), *Responding to the mental and substance abuse health care needs for persons on probation* (pp. 146-159). Seattle, WA: National Coalition for Mental and Substance Abuse Health Care in the Justice System.

Watts, J., & Priebe, S. (2002). A phenomenological account of users' experiences of assertive community treatment. *Bioethics, 16,* 439-454.

Wolff, N., Epperson, M., & Fay, S. (2010). *Mental health probation officers: Stopping justice-involvement before incarceration*. New Brunswick, NJ: Center for Behavioral Health Services and Criminal Justice Research.

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Contemporary Origins of Restorative Justice Programming: The Minnesota Restitution Center

Bazemore, G., & Schiff, M. (2004). *Juvenile justice reform and restorative justice: Building theory and policy from practice*. Portland, OR: Willan Publishing.

Beck, S.E., Kropf, N.P., & Leonard, P.B. (Eds.). (2011). *Social work and restorative justice*. New York, NY: Oxford University Press.

Coates, R. (1990). Victim-offender reconciliation programs in North America: An assessment. In Burt Galaway and Joe Hudson, (Eds.), *Criminal justice, restitution and reconciliation* (pp. 125-134). Monsey, NY: Criminal Justice Press.

Cohen, I. (1944).The integration of restitution in the probation services. *Journal of Criminal Law, Criminology and Police Science, 34,* 315-321.

Eglash, A. (1958). Creative restitution—A broader meaning for an old term. *Journal of Criminal Law, Criminology and Police Science, 48,* 612-622.

Eglash, A. (1977). Beyond restitution: Creative restitution. In J. Hudson and B. Galaway (Eds.), *Restitution in criminal justice* (pp. 91-99). Lexington, MA: Lexington Books.

Fogel, D. (1979). *We are the living proof: The justice model for corrections*. Cincinnati, OH: Anderson Publishing Company.

Fogel, D., Galaway, B., Hudson, J. (1972). Restitution in criminal justice —A Minnesota experiment. *Criminal Law Bulletin, 8:8,* 681-691.

Fogel, D., Hudson, J. (Eds.). (1981). *Justice as fairness: Perspectives on the justice model*. Cincinnati, OH: Anderson Publishing Company.

Galaway, B., & Hudson, J. (1972). Restitution and rehabilitation: Some