Supervising Probationers With Mental Disorder : How Do Agencies Respond to Violations?

Jennifer Eno Louden, Jennifer L. Skeem, Jacqueline Camp and Elizabeth Christensen

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SUPERVISING PROBATIONERS WITH MENTAL DISORDER

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How Do Agencies Respond to Violations?

JENNIFER ENO LOUDEN
JENNIFER L. SKEEM
University of California, Irvine

JACQUELINE CAMP
University of Nevada, Las Vegas

ELIZABETH CHRISTENSEN
University of California, Irvine

Although many probation agencies have instituted specialty mental health caseloads, little is known about the policies and practices of these caseloads. The authors surveyed supervisors of 54 specialty and 20 traditional probation agencies. The survey yielded three key findings. First, most agencies lack formal policies on officers' supervision of probationers with mental illness (PMIs). Second, relative to traditional officers, specialty officers are more involved in supervising PMIs, meeting with PMIs more often, functioning as part of a treatment team, and using problem solving strategies. Third, although both agency types use graduated sanctions, traditional officers generally respond to PMIs' noncompliance with more punitive strategies than specialty officers. Implications for developing and evaluating these caseloads are discussed.

Keywords: probationers; probationers with mental illness; specialized probation caseloads; mentally disordered offenders

The number of adults under correctional supervision in the United States has increased substantially over recent years to reach a current, all-time high. The most common form of supervision is probation. Of the 6.9 million adults under correctional supervision in 2004, 60% were on probation, 20% were in prison, 11% were in jail, and 10% were on parole (James & Glaze, 2006; see also Glaze, 2003). The burgeoning probation population includes a substantial proportion of probationers with such serious mental disorders as schizophrenia, bipolar disorder, and major depression. These disorders are more than three times as prevalent in correctional populations as in the general population (Teplin, 1994; Teplin, Abram, & McClelland, 1996). Probationers with mental illness (PMIs) present

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unique challenges to supervising officers. PMIs often have difficulty adhering to such standard conditions of probation as maintaining employment (Orlando-Morningstar, Skoler, & Holliday, 1999) and often are required to take medication or participate in treatment as an additional or "special" condition of probation (Skeem, Emke-Francis, & Eno Louden, 2006). Perhaps for these reasons, probationers with mental disorder are twice as likely to fail on supervision as their relatively healthy counterparts (Dauphinot, 1996).

The enormity of this problem has come to the attention of key national agencies. The American Probation and Parole Association (APPA, 2003) has urged its members "to improve the response to people with mental illness who come into contact with the criminal or juvenile justice systems by developing and promoting programs, policies, and legislation" that target this issue. In its report on the Criminal Justice/Mental Health Consensus Project, the Council of State Governments (CSG, 2002) recommended that PMIs receive assistance in complying with the conditions of probation. The council specifically recommended that probation agencies implement specialty mental health caseloads for PMIs. Relative to traditional caseloads, specialty caseloads comprising PMIs (rather than general offenders) are reduced in size (to permit officers more time to supervise high need cases) and are supervised by officers with specific interests and training in mental health (diagnosis, treatment, and supervision strategies; CSG, 2002; Skeem et al., 2006). Although several jurisdictions have enacted specialty mental health probation programs, little was known about their nature or effectiveness until recently. More broadly, despite officers' central role in implementing mental health treatment mandates, little was known about policies and procedures for monitoring and enforcing PMIs' compliance with the standard and special conditions of probation. Recognizing this, both the APPA (2003) and CSG (2002) recommended that the quantity and quality of research on process and outcomes for PMIs be improved.

WHAT IS KNOWN ABOUT SPECIALTY PROBATION AGENCIES

To explore the range of factors that may influence outcomes for PMIs, Skeem, Encandela, and Eno Louden (2003) conducted a series of focus groups in three states with PMIs and officers from traditional and specialty agencies. Participants generally perceived specialty agencies as more effective than traditional agencies. Traditional agencies were viewed as relatively limited in their goals, resources, and supervision strategies. First, in supervising PMIs, traditional officers focused quite exclusively on protecting community safety (control), whereas specialty officers also focused on accessing community services and promoting (re)habilitation (control and care). Second, unlike specialty officers, traditional officers were provided with no resources for supervising PMIs any differently than other probationers. Traditional officers have long "struggled with unreasonable caseload numbers and expanding workload expectations" (Kinsella & Fuller, 2003, p. 17). PMIs had pronounced needs for treatment and other social services that were difficult to access and fell outside the range of traditional officers' ordinary duties. Third, specialty and traditional officers differed in their strategies for monitoring and enforcing PMIs' treatment compliance. Traditional officers relied heavily on threats of incarceration to enforce compliance, whereas specialty officers applied a broader range of techniques. These included collaborative problem-solving strategies where the officer and PMI identify a problem and work together to come to a mutually acceptable plan of action. Use of traditional "negative pressures" was perceived

as relatively ineffective. As observed by one officer, "what happens is you create more anxiety when you're threatening to send them to jail. They don't want to go to jail—they're not stupid—they're a little bit crazy. And then they'll stop coming in because they're afraid" (Skeem et al., 2003, p. 26).

This focus group study indicated that officers and probationers viewed three levels of factors as important to PMIs' outcomes: individual factors (e.g., officers' supervision strategies), relationship factors (e.g., the quality of the relationship between PMIs and their officers), and systemic factors (traditional vs. specialty mental health probation). These researchers next sought to obtain a "lay of the land" for probation and mental health. Although there were systematic differences between the several specialty and traditional agencies included in our focus group study, it was also clear that there were differences within agency type. Thus, Skeem et al. (2006) conducted a national survey to (a) characterize supervision practices for PMIs in traditional and specialty agencies and (b) assess the degree of heterogeneity among specialty agencies in their structure, philosophy, and practices. Of interest was whether specialty agencies shared enough in common to define a single, prototypic model. The study involved three stages: (a) identifying all 66 specialty agencies in the nation with more than one specialty caseload, (b) drawing a comparison sample of 25 traditional agencies matched by geographic region and population size, and (c) interviewing probation supervisors at both the specialty and traditional agencies by telephone and asking them to complete a mail survey regarding their policies and practices.

Cluster analysis of supervisors' responses about their agency's characteristics (i.e., mean caseload size, makeup of caseloads, amount and nature of officers' training, and strategies for addressing probationer noncompliance) indicated that the specialty probation agencies were homogeneous enough to be evaluated based on the extent to which they share features with a single, prototypic specialty agency. This prototypic specialty agency has five key features that distinguish it from the traditional model. First, specialty agencies have exclusive mental health caseloads, with officers supervising only PMIs rather than a mixture of PMIs and other types of offenders. Second, officers' caseloads are meaningfully reduced in size (case $M = 43$ specialty vs. more than 100 for traditional agencies). Third, these agencies offered and required sustained officer training, often in topics related to working with PMIs. Fourth, officers actively integrated internal (probation agency) and external community resources to meet probationers' needs. Fifth, these specialty agencies reported using collaborative problem-solving strategies as the chief means for addressing PMIs' treatment noncompliance. Furthermore, probation supervisors from both specialty and traditional agencies perceive these specialty features as "very useful," and specialty supervisors perceive their agencies as more effective in supervising PMIs than do traditional supervisors (Skeem et al., 2006).

This study indicated that reduced caseload size is a particularly essential ingredient of specialty agencies. In a sizeable minority of agencies that described themselves as specialty agencies, officers carried large caseloads (more than 70 PMIs per officer). These agencies were equally likely to be classified as "traditional" or "specialty" agencies in the cluster analysis described earlier. Moreover, these agencies were significantly more likely than "true" specialty agencies with reduced caseloads to endorse using such traditional supervision strategies as threats of incarceration (Skeem et al., 2006). This finding speaks to the importance of looking beyond labels to examine the extent to which correctional agencies actually implement and adhere to the programs and philosophies that they endorse (see Lowenkamp, Latessa, & Smith, 2006; McGuire, 2001).

THE CURRENT RESEARCH

The national survey characterized the specialty mental health model of probation supervision, focusing on its key structural and philosophic differences from the traditional model. The current study is a follow-up to this national survey. This follow-up is designed to compare traditional and specialty agencies' specific policies and practices in supervising PMIs. We wished to determine whether the core structural and philosophic differences identified in our original survey translated into differences in daily operations. Thus, we compared specialty and traditional agencies' (a) allocation of officers' time to particular activities (e.g., field work); (b) contacts with PMIs, mental health providers, and other collateral sources; and (c) strategies for addressing specific types of probation violations with PMIs, including use of graduated sanctions (moving from minor sanctions like reminders to progressively more serious sanctions as noncompliance continues). With respect to the latter point, we went beyond the single vignette used in the original survey to assess how officers might handle a range of violations. We also assessed the extent to which officers matched the severity of sanctions to the intensity of the offense (Griffin, 1999), given suggestions that the use of incentives and sanctions less severe than incarceration may reduce recidivism (Harrell & Roman, 2001; Taxman, Soule, & Gelb, 1999).

By characterizing the "nuts and bolts" of supervision, this study may inform the development and refinement of specialty mental health probation programs. Specifically, agencies wishing to develop specialty caseloads may be interested in how typical specialty agencies' officers allot their time—for example, how much time do officers spend in direct contact with probationers versus other activities? In addition, agencies may be interested in how many contacts per month are ideal for a mentally disordered probationer and each probationer's collateral contacts. Finally, agencies may be particularly interested in how these specialty agencies respond to probationers' misbehavior; that is, what type of strategies are specialty officers likely to use when responding to types of violations that are common for PMIs? This study seeks to provide agencies with this type of information on the typical practices of existing specialty agencies.

METHOD

To address these aims, we conducted a mail and interview-based survey of probation supervisors. Supervisors were asked about probation officers' allocation of time, number and type of case contacts per month, and specific strategies for addressing various forms of probation violation. The study sample was the same as that identified for a national survey of probation and mental health (Skeem et al., 2006), which was designed to characterize the essential features of specialty agencies.

PARTICIPANTS

Original sample. The method of the national survey is described in detail elsewhere (Skeem et al., 2006). Briefly, the sampling strategy for that survey was designed to (a) identify and represent most specialty agencies across the nation and (b) contrast them with a relatively small sample of traditional agencies in similar locations. Probation supervisors

were chosen as respondents. Based on pretesting, supervisors were deemed better suited for characterizing agency structure, policy, and practices than line officers (who differ substantially from one another) or regional/district managers (who may be unfamiliar with specific agencies). Most often, agencies had only one supervisor who was responsible for the mental health unit, and this was the person we recruited for participation in the survey. Specialty agencies were excluded when they consisted of (a) only one probation officer (where "agency practices" are those of a single officer) or (b) "mixed" caseloads divided among mental health and other types of cases like general offenders or sex offenders (such caseloads dilute "mental health" resources and endorse practices similar to those of traditional agencies; Skeem et al., 2006). All specialty agencies in the United States meeting these criteria were deemed eligible and invited to participate.

Of the 73 eligible specialty agencies identified, 90% ($n = 66$) participated. A sample of traditional agencies was then identified to match the specialty agencies. Here, we located traditional agencies that best matched the specialty agencies in the population size of their city and county and in their region of jurisdiction (i.e., local government or state oversight). Of the 26 eligible traditional agencies identified, 96% ($n = 25$) participated. These traditional agencies did not differ from the specialty agencies with regard to their regional location (as defined by Glaze, 2003) or the population size in their city, county, or region of jurisdiction.

Present sample. Of the 91 supervisors who took part in the original survey, 4 no longer met criteria for participation (1 specialty agency was defunct and 3 traditional agencies had developed some form of specialization). Of the remaining 87 supervisors, 84 (97%) completed the study materials. Given that the participation rate was nearly 100%, the characteristics of these supervisors were consistent with those of the original sample. Participants in specialty (male = 42%) and traditional (male = 57%) agencies had about 7 years of experience as supervisors ($M = 10.3$, $SD = 7.5$, and $M = 6.87$, $SD = 6.39$, respectively). Many specialty agencies were well established, having been created an average of 10 years ago.

For the purposes of these comparisons, we omitted 10 specialty agencies with atypically large caseload sizes (i.e., $M > 70$ probationers) because, as noted earlier, we found that these agencies function more like traditional than specialty agencies (Skeem et al., 2006). For example, officers in specialty agencies with large caseloads are significantly more likely to use threats of incarceration and significantly less likely to use problem solving than officers in prototypic specialty agencies with meaningfully reduced caseloads. The resulting sample of 74 agencies (54 specialty, 20 traditional) better represents the differences between prototypic specialty and traditional agencies.

MEASURES

The follow-up survey was a self-report measure that was developed based on our prior research (Skeem et al., 2003; Skeem et al., 2006). The measure was piloted with five probation executives (three specialty, two traditional) and refined based on their feedback prior to implementation. The measure assessed formal policy and actual practice in three areas: (a) allocation of officers' time to particular activities; (b) officers' monthly contacts with PMIs, mental health providers, and other collaterals; and (c) officers' strategies for addressing specific forms of probationer noncompliance and violations. Supervisors provided two ratings for each question about time allocation, monthly contacts, and strategies for

addressing probationer noncompliance: one to describe formal guidelines on the issue (if they existed) and one to describe officers' actual practice.

Time allocation. Specifically, the first section asked supervisors to rate on a 5-point Likert-type scale (where 1 = *0%*, 2 = *up to 25%*, 3 = *25% to 50%*, 4 = *50% to 75%*, and 5 = *75% to 100%*) the percentage of officers' time that was allocated to office work, field work, attending meetings and contact with probationers, collateral informants, and case managers or treatment providers.

Case contacts. The second section asked supervisors to estimate on a 5-point Likert-type scale (where 1 = *none*, 2 = *one*, 3 = *two or three*, 4 = *four or five*, and 5 = *6 or more*) the number and type of contacts officers completed each month with the average probationer, collateral informant, and case manager or treatment provider both in person and by telephone.

Strategies for addressing noncompliance and violations. The third section asked supervisors to indicate the strategies their officers typically used to address the following forms of probation noncompliance and violations for the average probationer: missing a probation appointment; failing to actively pursue work or school as directed; failing to pay probation fines or fees; traveling outside of the community or doing something else without required permission; possessing weapons or firearms; drinking alcohol to excess; possessing, using, or selling drugs or refusing to comply with drug testing; hitting someone or becoming involved in a physical fight; and committing a new crime. We also assessed violations that referenced treatment compliance given their relevance to PMIs and the value agencies place on such compliance (see Skeem et al., 2003; Skeem et al., 2006). These included missing a mental health or substance abuse treatment appointment and failing to take prescribed medications or comply with blood level checks.

To address one of the study aims, these violation categories were coded into four levels of intensity, following Burke (1997): low (missing a probation appointment, failing to actively pursue work or school as directed, and failing to pay probation fines or fees), medium (traveling outside of the community or doing something else without the required permission, drinking alcohol to "excess," missing a mental health or substance abuse treatment appointment, failing to take prescribed medications or comply with blood level checks), moderate (possessing, using, or selling drugs or refusing to comply with drug testing; possessing weapons or firearms), and high (hitting someone or being involved in a physical fight; committing a new crime, such as burglary or theft).

For each type of probationer noncompliance, supervisors were asked to indicate the minimum (least intense/severe) and maximum (most intense/severe) strategy their officers typically would use to address such a violation. The response choices for strategies were: do nothing, offer incentives for compliance, persuade the probationer that complying is in his or her interest, engage in a problem-solving discussion (identify and remove obstacles to compliance, agree on compliance plan), remind the probationer of the rules and conditions, threaten incarceration for continued noncompliance, seek mental health court appearance (if available), seek hospitalization of probationer, file violation and get a court appearance, file violation and seek short-term incarceration (a week or less), and file violation and seek probation revocation. Supervisors were also permitted to list strategies not included in the list ("Other/specify").

These strategies were coded in three ways to support analyses that met the study aims. First, we counted the frequency with which each strategy was endorsed across violation types ("strategy count"; e.g., how often threats of incarceration were endorsed across violations). These strategy counts were computed separately for minimum and maximum strategies. Second, we grouped the strategies into four categories that described the form of pressure involved ("strategy type"): (a) do nothing, (b) apply positive pressure (persuade or offer incentives), (c) apply negative pressure (increase supervision, threaten incarceration, seek revocation, jail time or court appearance), and (d) apply neutral pressure (remind or problem solving). Strategies with low frequency of endorsement (e.g., referrals) were coded as missing in this scheme. Third, we assigned a score ("strategy score") to indicate the extent to which the strategy restricted the probationer's freedom, from the least severe (1, do nothing) to most severe (4, apply negative pressure). The first and third authors assigned a strategy score to each violation, and the agreement here was an intraclass correlation of .88. Next, the authors met to arrive at a consensus for each strategy's score.

PROCEDURE

First, we mailed participants a letter of invitation describing the purpose of the study and informing them that a research assistant would be calling within the next 2 to 3 weeks to answer any questions and determine whether they were willing to participate. Approximately 2 weeks later, we mailed the informed consent form and survey measure to all participants. Participants were asked to complete the materials within 2 weeks and return them in a postage paid envelope. To ensure data integrity, we telephoned virtually all (85%) respondents to obtain details about potentially unclear responses. Specifically, we called respondents to ensure that (a) we accurately characterized the nature and significance of strategies they freely listed for addressing probationer noncompliance and violations and (b) the basis for incomplete responses regarding formal policies was that no such policies existed. All participants were mailed a letter and certificate of appreciation (signed by the second author and the executive director of APPA) and a check or gift certificate of $20, if permitted by the agency.

RESULTS

The aims of this study were to compare the policies and practices of specialty and traditional probation agencies across three domains: (a) allocation of officers' time to particular activities (e.g., field work); (b) case contacts with probationers, providers, and other collateral sources; and (c) strategies for addressing PMIs' noncompliance and violations. In this section, we present the analyses that were completed to address these aims, after detailing the results of our preliminary analyses.

POLICIES VS. PRACTICE

Our initial analyses indicated that there were relatively few formal policies (as opposed to practices) to describe. Although most agencies (specialty = 87.3%, traditional = 85.7%) explicitly mandated officers to make a minimum number of monthly face-to-face probationer

contacts, relatively few had such guidelines for telephone contacts with probationers. Fewer still had policies for monthly contacts with treatment providers (specialty = 29.6%, traditional = 20.1%). Most agencies had formal guidelines for addressing probationers' commission of new crimes (specialty = 61.1%, traditional = 60.0%), but most did not have formal guidelines for addressing any other types of probationer violations (range = 15.0% [traditional agencies, for failure to take prescribed medications] to 48.2% [specialty agencies, for paying fines and fees]). For these reasons, we focus in the remainder of this article on comparing the practices (rather than policies) of specialty and traditional probation agencies.

AIM 1: ALLOCATION OF OFFICERS' TIME

To address the first aim, we applied the Kolmogorov-Smirnov (K-S) statistic (Chakravarti, Laha, & Roy, 1967) to test the significance of differences between specialty and traditional agencies in their allocation of officers' time to particular activities. The K-S test allows for comparisons between two groups using ordinal variables, and unlike the *t* test, it is based on the maximum distance between the determined cumulative distribution functions of the two samples across ordinal variables. The test determines whether there is any cutoff value for each measure that would lead to significant group differences.

The results indicate that traditional and prototypic specialty agencies allocate officers' time similarly, with the exception of attendance at treatment team meetings. Specifically, there were no significant differences between traditional and specialty agencies in the proportion of officers' time devoted to working in the field versus office; meeting in person or by phone with probationers, collateral contacts, and individual case managers or treatment providers; attending officer meetings; completing paperwork; or completing "other major work." However, specialty agencies allocated more officer time to attending treatment team meetings to discuss probationers' needs with case managers, treatment providers, and others involved in treatment (about 25% to 50% of officers' time; $M = 2.70$, $SD = .98$) than traditional agencies (up to 25% of officers' time; $M = 1.85$, $SD = .88$; $z = 1.44$, $p < .05$). Mean time allocation for both agency types as well as z values for all comparisons are presented in Table 1.

AIM 2: NUMBER OF CONTACTS

K-S tests also were performed to compare specialty and traditional agencies' practices in making contacts of particular types (e.g., telephone, face to face) with specific persons (e.g., probationers, providers, family members). The results indicate that although the two types of agencies do not differ in their contacts with collaterals (face to face and by phone), officers in specialty agencies make more contacts with both probationers and treatment providers than those in traditional agencies. Relative to traditional officers, specialty officers made significantly more monthly face-to-face contacts with probationers (about 2 or 3, $M = 3.20$, $SD = .68$, versus around 1 for traditional agencies, $M = 2.50$, $SD = .69$; $z = 1.80$, $p < .01$), telephone contacts with probationers (about 2 or 3, $M = 3.09$, $SD = 1.06$, versus around 1 for traditional agencies, $M = 2.25$, $SD = .79$; $z = 1.40$, $p < .05$), more face-to-face contacts with case managers and treatment providers (more than 1, $M = 2.70$, $SD = .94$, versus less than 1 for traditional agencies, $M = 1.56$, $SD = .61$; $z = 1.79$, $p < .01$), and telephone contacts with case managers and treatment providers (about 2 or 3, $M = 2.78$, $SD = .90$, versus slightly less for traditional agencies, $M = 2.20$, $SD = .52$; $z = 1.76$, $p < .01$). Mean frequencies of contact and z values for all comparisons are presented in Table 2.

TABLE 1: Differences in Agencies' Mean Time Allocation for Officer Tasks

	Specialty		*Traditional*		
Task	*M*	*SD*	*M*	*SD*	*z*
Working in the field	3.2	0.8	2.7	1.1	.76
Working in the office	3.6	0.8	4.0	0.9	.91
Meeting face to face with probationers	4.0	0.8	3.9	0.9	.44
Meeting face to face or by telephone with collaterals	2.4	0.7	2.3	0.6	.25
Meeting face to face or by telephone with case managers or treatment providers	3.1	1.0	2.4	0.8	1.28
Attending treatment team meetings	2.7	1.0	1.9	0.9	1.44*
Attending probation meetings	2.6	1.0	1.9	0.8	1.19
Attending court	2.5	0.9	2.8	0.8	.83
Completing paperwork	3.4	0.9	3.7	0.7	.83
Completing other major work	2.7	0.8	3.0	0.7	.70

Note. Amount of time per task rated in terms of officers' time where 1 = *0%*, 2 = *up to 25%*, 3 = *25% to 50%*, 4 = *50% to 75%*, and 5 = *75% to 100%*.
*$p < .05$.

TABLE 2: Frequency of Various Types of Officer Contacts for Each Type of Agency

	Specialty		*Traditional*		
Task	*M*	*SD*	*M*	*SD*	*z*
Face to face contact with probationer	3.2	0.7	2.5	0.7	1.80*
Face to face contact with collaterals	2.2	0.6	1.6	0.6	1.22
Face to face contact with case manager or treatment provider	2.7	0.9	1.6	0.6	1.79*
Telephone contact with probationer	3.1	1.1	2.3	0.8	1.40*
Telephone contact with collateral informant	2.4	0.8	1.9	0.9	1.05
Telephone contact with case manager or treatment provider	2.8	0.9	2.2	0.5	1.76*

Note. Frequency of contacts rated on scale where 1 = *none*; 2 = *one*; 3 = *two or three*, 4 = *four or five*, and 5 = *six or more*.
*$p < .05$.

AIM 3: STRATEGIES FOR ADDRESSING PROBATIONER NONCOMPLIANCE AND VIOLATIONS

Next, we conducted three sets of analyses to compare specialty and traditional agencies in the minimum and maximum strategies their officers typically would use to respond to probationer noncompliance or violations. The first set of analyses examined differences in agencies' strategies across all of the violations, regardless of type; the second set compared agencies' responses to the individual types of noncompliance; and the third set assessed agencies' use of graduated sanctions. Each set is presented here in turn.

Strategies for addressing general noncompliance. The first set of analyses compared specialty and traditional agencies' responses to violations, regardless of type. To this end, we computed a stepwise discriminant function analysis to identify the minimum and

maximum strategy counts (described above) that best differentiated the two types of agencies. Here, the minimum and maximum frequencies of the 14 types of strategies described earlier across violation type served as the independent variables, with the type of probation agency (specialty or traditional) serving as the dependent variable. The overall model was significant at $p < .001$, $\chi^2(4) = 22.99$, indicating that specialty and traditional agencies differed in their strategies for addressing noncompliance, regardless of the type of violation. Three minimum strategies and one maximum strategy did so. First, specialty agencies were more likely to use problem solving as a minimum strategy, where specialty agencies' mean count was 2.52 ($SD = 2.20$), versus a mean count of 1.10 ($SD = 1.52$) for traditional agencies, $F(1, 72) = 7.07$, $p < .01$. Second, specialty agencies were less likely to endorse a minimum strategy of seeking a court appearance and filing a violation ($M = 0.37$, $SD = 0.65$, versus $M = 0.60$, $SD = 1.04$, for traditional agencies), $F(1, 71) = 7.06$, $p < .01$. Third, traditional agencies were more likely to endorse persuasion as a minimum strategy ($M = 2.60$, $SD = 3.00$, versus $M = 1.28$, $SD = 1.60$, for specialty agencies), $F(1, 70) = 6.71$, $p < .01$. Finally, specialty agencies were more likely to use problem solving as a maximum strategy ($M = 0.78$, $SD = 1.04$, versus $M = 0.25$, $SD = 0.72$, for traditional agencies), $F(1, 69) = 6.70$, $p < .01$. These results indicate that specialty agencies are more likely to use problem solving as a strategy overall, whereas traditional agencies are more likely to use such techniques as persuasion and filing a violation as minimum strategies.

Strategies for addressing specific types of noncompliance common among PMIs. The previous analyses provide a picture of strategies used generally in probation agencies, regardless of the type of noncompliance or violation. Next, we compared specialty and traditional agencies in their response to specific probation violations that are common among PMIs—that is, violations committed in a previous study by at least 20% of PMIs followed for 1 year (Skeem, Eno Louden, Polaschek, & Camp, 2007). These included missing a probation appointment; missing a treatment appointment; failing to take medications; drinking alcohol to excess; possessing, using, or selling drugs; hitting someone or fighting; and committing a new offense.

To reduce the number of statistical tests completed and the likelihood of finding significant results by chance, we compared agencies in their use of four strategy types (do nothing, apply positive pressure, apply neutral pressure, and apply negative pressure) rather than each individual strategy. We treated these four strategy types as ordinal variables and used K-S tests. There were no significant differences between specialty and traditional agencies in the types of strategies they used for these common PMI violations. However, as shown in Figure 1, specialty agencies reported less intense strategies than traditional agencies did across all of the violations, and this pattern held true for both minimum and maximum strategies.

Use of graduated sanctions. Within-subjects ANOVAs were completed to determine whether agencies used strategies for addressing noncompliance in a graduated manner. Specifically, the four ranked-ordered groups of violation severity ("low" to "high") were compared to determine whether they differed in their average strategy severity score. Four ANOVAs were performed that crossed minimum and maximum strategies with specialty and traditional agencies (e.g., an ANOVA was completed for specialty agencies' minimum strategies to determine whether the four violation groups differed in their average strategy severity score).

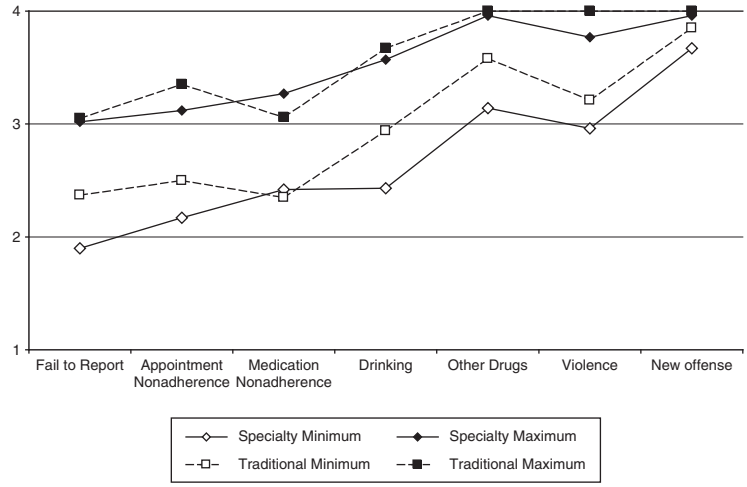

Figure 1: Agencies' Minimum and Maximum Strategy Intensities Across Seven Types of Probationer Violations

Note. For strategy severity scores, 1 = *do nothing*, 2 = *apply positive pressure*, 3 = *apply neutral pressure*, and 4 = *apply negative pressure*. Violations were defined as follows: "fail to report" = probationer missed a probation appointment; "appointment nonadherence" = probationer did not take prescribed medication or did not cooperate with blood level checks; "medication nonadherence" = probationer did not take prescribed medication or did not cooperate with blood level checks; "drinking" = probationer drank alcohol to excess; "other drugs" = probationer possessed, used, or sold drugs, or refused to cooperate with drug testing; "violence" = probationer hit someone or was involved in a physical fight; and "new offense" = probationer committed a new offense (like burglary or theft).

All four omnibus tests were significant, indicating that both specialty and traditional agencies differed in their average strategy score across the four intensity-ranked groups of violation. For specialty agencies, the violation groups differed in both their minimum, $F(2.23, 120.16) = 99.70$, $\eta^2 = .65$, $p < .001$, and maximum, $F(1.32, 71.19) = 25.94$, $\eta^2 = .32$, $p < .001$, strategy intensity scores. This was also true of traditional agencies, for both minimum, $F(3, 69) = 67.73$, $\eta^2 = .75$, $p < .001$, and maximum, $F(2.11, 48.50) = 39.05$, $\eta^2 = .63$, $p < .001$, strategy intensity scores. Post hoc Bonferroni tests were conducted to help interpret the findings. For both types of agency, minimum strategies for low and medium violations were not significantly different from each other, and minimum strategies for med-high and high violation categories were not significantly different from each other. However, minimum strategies for med-high and high were significantly higher than for both low and medium violation categories. This pattern shows a general progression where agencies used harsher, more intense strategies for more serious violations, and the pattern held true for maximum strategies. The mean strategies are presented in Figure 2.

DISCUSSION

This study was designed to shed light on the policies and daily operations of specialty mental health probation agencies. The key findings may be organized into three points.

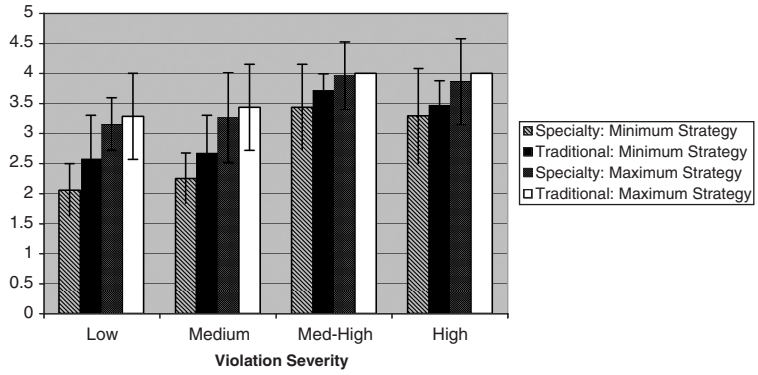

Figure 1: Specialty and Traditional Agencies' Minimum and Maximum Strategies for Four Categories of Violations

Note. For strategy intensity scores, 1 = do nothing, 2 = apply positive pressure, 3 = apply neutral pressure, and 4 = apply negative pressure.

First, most agencies lack formal policies on officers' supervision of PMIs. Second, relative to traditional officers, specialty officers are more involved in supervising PMIs, meeting with PMIs more often, functioning as part of a treatment team, and problem solving to foster compliance. Third, although both agency types use graduated sanctions, traditional officers generally respond to PMIs' noncompliance with more punitive sanctions than specialty officers. Here, these key findings will be elaborated, followed by a discussion of the limitations and implications for research and practice for this research.

LACK OF FORMAL POLICIES

Most agencies—specialty and traditional alike—had no formal policies governing officers' work with PMIs, including their frequency and type of case contacts, allocation of time to office and field work, or response to technical violations. The convergence among specialty and (to a lesser extent) traditional agencies on these issues, however, suggests that informal policies set at least a "loose" standard of practice for officers. Although some officer discretion is essential to supervise probationers effectively (Millard, 1982), we recommend that specialty agencies develop some written guidelines for supervising PMIs, particularly around frequency of contact with probationers and strategies for addressing serious forms of noncompliance, including new offenses. Such guidelines can be useful in training officers, ensuring some consistency of supervision within an agency, and evaluating adherence to the endorsed specialty model.

SPECIALTY AGENCIES "DO MORE" WITH PMIs

Specialty officers "do more" in supervising PMIs than traditional officers. First, at the most fundamental level, officers in specialty agencies meet with PMIs more often than officers in traditional agencies (i.e., "2 to 3" times vs. "around once" per month). In fact,

the average rate of traditional officers' contact with PMIs is consistent with that of probationers with no special needs or risks. Published guidelines for the states of Indiana (Bercovitz, Bemus, & Hendricks, 1993) and Oregon (Oregon Department of Corrections, 1990) require officers to meet with high-risk probationers twice per month, medium-risk probationers once per month, and low-risk probationers every other month. In a review of actual practices for traditional probation officers, Bonta, Rugge, Sedo, and Coles (2004) found that officers met with probationers an average of 4.3 times during the first 3 months of supervision. Thus, we found that specialty officers, on average, are meeting with PMIs more often than traditional officers meet with even high-risk probationers. This is as it should be, given that PMIs are, in fact, high-need cases with double the risk of failure on probation (Dauphinot, 1996; Skeem et al., 2006). Specialty agencies recognize this in establishing reduced caseloads ($M = 48$; Skeem et al., 2006) that permit officers to focus intensively on each PMI. This intensive focus is likely to be applied wisely, given that specialty agencies are relatively oriented toward rehabilitation. Although intensive supervision programs that focus on surveillance alone tend only to increase discovery of offenders' wrongdoing (Petersilia & Turner, 1990), those that focus on both surveillance and rehabilitation significantly reduce offenders' risk of recidivism (Paparozzi & Gendreau, 2005; for a review, see Skeem & Manchak, in press).

Second, specialty officers were more likely than traditional officers to meet with mental health professionals and case managers as part of a treatment team. This is likely a function of officers' smaller caseloads, as described earlier, and perhaps also due to the higher level of training that specialty officers have in issues related to mental health. As we found in our initial survey, officers in specialty caseloads are defined by their interest, experience, and/or training in issues related to mental disorders (Skeem et al., 2006). This training was part of the CSG's (2002) recommendation for the formulation of specialty caseloads. It is possible that these officers, in addition to having more time to devote to each probationer, also are more likely to see the merit of meeting with treatment professionals and may be more comfortable doing so than officers with no specialization in this area.

Third, specialty agencies report using more positive pressures, particularly problem solving, to address PMIs' noncompliance than traditional agencies. Problem solving engages PMIs in generating solutions and alternative behaviors to use when they face problems (see Bonta et al., 2004), which ostensibly increases their ability to independently behave in a prosocial manner. These strategies involve multiple steps, including gathering information about the problem, generating strategies to address it, and evaluating the success of the chosen strategy (see Bonta et al., 2004). It is infinitely easier to tell a PMI, "You will go to jail unless you comply." Problem-solving strategies may distinguish specialty from traditional agencies (Skeem et al., 2006) largely because specialty officers have the time and training to implement them. Without such resources, traditional officers may resort to the overpracticed strategy of threatening incarceration.

USE OF GRADUATED SANCTIONS

Both types of agencies reported a pattern of responding to violations that is consistent with graduated sanctions, which is a promising approach for reducing recidivism (Harrell & Roman, 2001; Taxman et al., 1999). Nevertheless, the "starting point" for graduated sanctions in traditional agencies was harsher than that in specialty agencies. This may

reflect philosophical differences between the agencies: Traditional officers tend to focus on community safety, whereas specialty officers focus both on community safety and offender rehabilitation. Thus, the threshold for using serious sanctions in traditional agencies may be lower than that in specialty agencies. The difference may also reflect differences in resources between the two types of agencies: Many of the "harsher" strategies require less time and effort to implement than those falling lower on the scale.

LIMITATIONS AND IMPLICATIONS

This study has two primary limitations. First, it relies on supervisors' reports, which may not capture officers' actual practices at the group level, nor the degree of heterogeneity in practice among officers within an agency. Our future research will help characterize the extent to which these results generalize to actual practices in a prototypic specialty and traditional agency. This research characterizes actual officer–probationer meetings in a specialty agency (Eno Louden, Camp, & Skeem, 2005) as well as probationers' and officers' accounts of practices in specialty and traditional agencies (Manchak & Skeem, 2007). Second, our small sample size limited our ability to detect statistically significant differences between agency types. Nevertheless, our sample is representative of specialty agencies in the United States and traditional agencies that match them in location and population size. The significant results and trends reported here are, in our opinion, likely to generalize to the populations of interest.

This is the first characterization of practice in specialty and traditional agencies. It is unclear whether these differences in daily practice translate into differences in PMIs' outcomes. Evaluative research is needed to determine whether specialty caseloads are more effective than traditional caseloads and, if so, why this is the case. Although the CSG (2002) clearly recommended specialty caseloads, they are not yet an evidence-based practice (see Skeem & Eno Louden, 2006). Budget-conscious agencies may be reluctant to develop these caseloads in the absence of solid research showing that they improve functioning and reduce recidivism rates. This research will be most useful if it isolates the features of specialty caseloads that are essential to their effectiveness.

Although this study is the first of its kind, probation agencies that wish to implement specialty caseloads or simply develop specific guidelines for working with PMIs are likely to find it informative. In combination with our primary survey (Skeem et al., 2006), the present study helps define a prototypic specialty model for other agencies to emulate. At the core of this model is meaningfully reduced caseload size. Agencies with mental health caseloads that substantially exceed those of the prototypic specialty agency are difficult to distinguish from traditional agencies in terms of their supervision practices. Generally, there is little evidence that agencies actually operate according to the best practices found in the literature (Skeem & Manchak, in press). There is a growing literature on what these best practices are, and the prototypic specialty mental health model appears to be on its way to becoming an evidence-based practice. However, once sufficient evidence has accumulated, we must carefully examine practices in an agency to determine whether the intended model is actually being implemented. In agencies that adhere to best practices, the evidence base will generalize, and PMIs' outcomes will improve.

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Jennifer Eno Louden is a doctoral candidate at the University of California, Irvine, in the Department of Psychology and Social Behavior. Her research focuses primarily on the experiences of persons with mental disorder in the criminal justice system and how community corrections agencies supervise persons with mental disorder.

Jennifer L. Skeem is an associate professor of psychology and social behavior at the University of California, Irvine. She is a member of the MacArthur Research Network on Mandated Community Treatment and the Centers for Psychology and Law and Evidence-Based Corrections at the University of California, Irvine. Her research focuses on assessing and managing violence risk, understanding the construct of psychopathic personality disorder, and identifying key influences on the outcomes of probationers and parolees who are required to accept psychiatric treatment.

Jacqueline Camp is a doctoral student in the clinical psychology program at the University of Nevada, Las Vegas. Her research interests involve psychopathy, violence, juvenile justice, and clinical training programs.

Elizabeth Christensen received her bachelor's degree in sociology from Kenyon College. She is currently working as a research assistant on a study examining the risk of violence for psychiatric patients.