Supervision Practices in Specialty Mental Health Probation: What Happens in Officer–Probationer Meetings?

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As the correctional population continues to increase, probation agencies struggle to adequately supervise offenders with unique needs, including those with mental disorder. Although more than 100 U.S. probation agencies have implemented specialty mental health case-loads, little is known about their practices. Based on detailed observations of 83 audio-taped meetings, we examined interactions between probationers and officers in a prototypic specialty agency, focusing on the extent to which practices comport with evidence-based risk reduction principles. We found that specialty officers (a) more frequently discussed probationers' general mental health than any individual criminogenic need, (b) chiefly questioned, directed, affirmed, and supported (rather than confronted) probationers, and (c) relied more heavily on neutral strategies and positive pressures (e.g., inducements) rather than negative pressures (e.g., threats of incarceration) to monitor and enforce compliance. Implications for "what works" to promote community integration for probationers with mental disorder are discussed.

Keywords: probation, community corrections, officers, offenders with mental disorder

As the number of persons in the criminal justice system continues to rise, so does the number of persons in the system who have a mental disorder (Bonczar & Glaze, 2009). The prevalence of serious mental disorder in the criminal justice system is approxi-

mately 14.5% (Steadman, Osher, Robbins, Case, & Samuels, 2009; see also Fazel & Danesh, 2002). As probation is the most common mechanism for supervising offenders (Bonczar & Glaze, 2009), probation agencies are tasked with supervising the majority of offenders with mental disorder. Offenders with mental disorder are more likely to "fail" community supervision either by violating the conditions of supervision or by committing a new offense (Eno Louden & Skeem, in press; Porporino & Motiuk, 1995). In order to help agencies more effectively supervise these offenders, the Council of State Governments (CSG; 2002) recommended that probation agencies develop specialty mental health caseloads that are reduced in size and supervised by officers with experience or training in mental health issues.

At the time the CSG guidelines were released, little was known about the nature and effectiveness of specialty caseloads. This lack of knowledge was problematic, given that (a) agencies wishing to adopt specialty caseloads must understand the structure, case management philosophy, and supervision practices of those caseloads; and (b) policy-makers are unlikely to allocate funds for unproven supervision strategies. The latter point is particularly salient now given the current emphasis on evidence-based corrections—a movement toward the use of empirically supported correctional practices (see Eskridge, 2005).

What is Known About Specialty Probation Agencies

Over the past decade, we have been studying the structure of specialty mental health caseloads and their effects on recidivism for probationers with mental disorder (Skeem, Encandela, & Eno Louden, 2003). In a national survey, Skeem, Emke-Francism, and Eno Louden (2006) located all 66 multi-caseload specialty agen-

cies in the U.S., matched them with 25 traditional agencies, and interviewed supervisors about practices with probationers with mental disorder in those agencies. The prototypic specialty agency was distinguished from the traditional agencies by case-loads comprised *only* of probationers with mental disorder, meaningfully reduced caseload size ($M = 48$, compared to over 100 for traditional agencies), ongoing training of officers in mental health-relevant issues, integration of internal and external resources (e.g., officers participated in treatment teams), and reliance on problem-solving as a supervision strategy (two-way discussions to identify and troubleshoot obstacles to compliance; see also Eno Louden, Skeem, Camp, & Christensen, 2008).

The results of this national survey were used to select one prototypic specialty agency and one traditional (non-specialty) agency as sites for a study of the effectiveness of specialty case-loads. In this ongoing study, 182 probationers with mental disorder in the specialty agency were matched with 176 probationers with mental disorder in the traditional agency on demographic, criminal justice, and other relevant features. Researchers interviewed probationers and their supervising officers three times during the first year of probation to characterize their treatment and supervision experiences, and are following probationers an additional 2 years to track recidivism. Preliminary results indicate that probationers in the specialty agency have significantly lower rates of arrest than probationers in the traditional agency (Skeem & Manchak, 2010; see also Skeem, Manchak, Johnson, & Eno Louden, 2008). However, the *reason* for reduced recidivism has less to do with symptom change than with specialty officers' greater use of core correctional practices compared to traditional officers (Skeem, Manchak, Vidal, & Hart, 2009). Most notably, specialty officers tend to establish "firm, fair, and caring" relationships with probationers and avoid using negative pressures (such as threats of incarceration) to maintain compliance (Skeem, Manchak, et al., 2008).

What is Unknown About Specialty Agencies

Although previous research has identified key features of specialty caseloads, determined that these caseloads reduce recidivism, and has begun to illuminate the mechanisms for recidivism reduction, in some domains, specialty supervision is a "black box." More detailed analyses of how specialty officers supervise probationers within meetings are needed to increase understanding of how these agencies are effective. In part, this is because probation is a practitioner-led enterprise (Klaus, 1998). Most specialty agencies have no written policies for handling common forms of non-compliance (Eno Louden et al., 2008), so individual officers have considerable discretion in determining what should be done, when, and how. To date, there has been only one "live" observation of specialty officer–probationer interactions (Skeem, Eno Louden, Polaschek, & Camp, 2007).

Such live observations of officer–probationer meetings have begun to open the black box of general community supervision. For example, Bonta, Rugge, Scott, Bourgon, and Yessine (2008) coded meetings between 62 Canadian general probation officers and their supervisees. The officers had been trained in evidence-based correctional principles of the Risk-Need Responsivity (RNR) model (Andrews, Zinger, et al., 1990; Bonta & Andrews, 2007). This model involves (a) targeting high intensity supervision and services toward offenders at high risk of re-offense ("Risk"), (b) focusing supervision on reducing offenders' criminogenic needs, or changeable risk factors for recidivism like antisocial peers ("Need"), and (c) applying elements of cognitive behavioral treatment to effect behavior change in the offender ("Responsivity;" Bonta & Andrews, 2007).

Bonta, Rugge, et al. (2008) found that officers' practice in meetings only partially comported with the RNR model. First, officers spent little time discussing the criminogenic needs that had been identified for each probationer; instead, they spent most of their time simply monitoring offenders' compliance with the conditions of supervision. Second, when they discussed criminogenic needs, rather than focus on highly predictive risk factors such as antisocial peers, they focused on comparatively weaker predictors recidivism, such as family problems. Third, the more time officers spent discussing criminogenic needs, the less likely the offender was to recidivate. Although there was no control group to allow for causal conclusions, of offenders whose officers spent 19 min or less discussing criminogenic needs, half (49%) recidivated, compared to only 3% of offenders whose officers spent more than 40 min discussing these needs.

Probationers with mental disorder may benefit even more from evidence-based correctional practices than their non-disordered counterparts. Not only are offenders with mental disorder at disproportionate risk of supervision failure (Eno Louden & Skeem, in press), they obtain higher risk scores as measured by the most robust risk factors than those without mental disorder, particularly antisocial personality pattern (Girard & Wormith, 2004; Skeem, Nicholson, & Kregg, 2008). As noted above, these risk factors are often described as criminogenic needs. Although some of these criminogenic needs, such as history of antisocial behavior, are often viewed as static (unchangeable) risk factors, these can change over time (i.e., more antisocial behaviors can be committed), and speak to underlying needs (e.g., learning to seek prosocial alternative behaviors; Andrews, Bonta, & Wormith, 2006; Bonta & Andrews, 2007). In terms of relative predictive utility of these criminogenic needs, antisocial attitudes, antisocial cognitions, antisocial peers, and a history of antisocial behavior have been deemed the "big four" in that they are the most robust predictors of recidivism (Andrews et al., 2006). Substance abuse, family problems, problems with employment, and low levels of involvement in anticriminal recreational activities, when added to the big four, round out the "central eight" risk factors (Andrews et al., 2006). Thus, offenders with mental disorder are riskier, especially in terms of the more robust criminogenic needs (Skeem, Nicholson, et al., 2008). They also obtain scores on measures of criminal thinking that are as high as offenders without mental disorder (Morgan, Fisher, Duan, Mandracchia, & Murray, 2010).

These findings speak to the need to focus on evidence-based correctional practices in supervision with probationers with mental disorder. This raises a question: To what extent do specialty officers use evidence-based correctional practices when supervising probationers with mental disorder?

On one hand, one may argue "not much." Like most contemporary programs for offenders with mental disorder, specialty probation is built upon an implicit unidimensional model that views mental disorder as the chief source of criminal justice involvement and mental health treatment as the solution to this despite evidence that this model is likely to be ineffective. Spe-

cifically, (a) mental health treatment rarely reduces recidivism (see Skeem, Manchak, & Peterson, 2010) and (b) the strongest predictors of offending (i.e., the central eight risk factors) are shared by those with- and without-mental disorder (Bonta, Law, & Hanson, 1998; Phillips et al., 2005). Further, although some clinical factors such as anger and impulsivity are related to offense for offenders in general and may be indicative of an antisocial personality pattern (Andrews et al., 2006; Peterson, Skeem, Hart, Vidal, & Keith, 2010), symptoms such as psychosis lead directly lead to arrest for only a small minority of offenders with mental disorder (see Junginger, Claypoole, Laygo, & Cristiani, 2006; Peterson et al., 2010). Thus, major mental disorder (i.e., schizophrenia, major depression, and bipolar disorder) is best characterized as a noncriminogenic need for most offenders with mental disorder, and singular focus on it is not likely to reduce recidivism.

On the other hand, it is possible that specialty officers do employ some evidence-based correctional strategies. Skeem et al. (2010) speculate that when specialty probation, mental health courts, and similar programs reduce recidivism, they do so mainly because savvy staff members stray from the unidimensional model and engage in evidence-based correctional practices. For example, these officers may be more likely to develop higher quality dual role relationships—those that involve caring and fairness, trust, and an authoritative (not authoritarian) supervision style—which have been shown to predict better compliance with the rules and lower recidivism among probationers with mental disorder (Skeem et al., 2007; Skeem, Manchak, et al., 2008) and non-disordered offenders (Kennealy, Eno Louden, Nicholson, & Skeem, 2009). Further, probationers in the specialty agency mentioned earlier described their officers as using fewer negative pressures as supervision strategies. However, the extent to which these practices are used in live supervision meetings by specialty officers is unknown.

Study Aims

In the current study, we analyze specialty officers' in vivo interactions with probationers to describe the content, strategies, and process of supervision. First, we examine the content of meetings to determine the extent to which specialty officers target criminogenic needs, such as substance abuse, compared to mental health (a noncriminogenic need). Targeting criminogenic needs reduces recidivism in general offenders (Dowden & Andrews, 2004), and could be responsible for much of the recidivism reduction achieved by specialty caseloads.

Second, we examine the *strategies* specialty officers use to maintain compliance. In particular, specialty officers likely avoid sanction threats and other negative pressures (which are associated with increased recidivism; Skeem, Manchak, et al., 2008) in favor of applying problem-solving and positive pressures. Problem-solving strategies, a feature of prototypic specialty agencies (Skeem et al., 2006), are part of the Responsivity principle of RNR (Andrews, Zinger, et al., 1990; Lowenkamp, Pealer, Smith, & Latessa, 2006), where officers collaborate with probationers to develop a viable solution to non-compliance (see Andrews & Kiessling, 1980; Trotter, 1996). It is possible that other RNR strategies, such as pro-social modeling (demonstrating how to handle problematic situations in a pro-social manner) and relapse prevention (helping probationers identify risky situations and de-velop strategies for dealing with them) are also used in specialty supervision.

Third, we examine the process of these meetings. Specialty officers tend to establish effective, firm, fair, and caring relationships with probationers and that relationship quality predicts *how* officers and probationers interact in a meeting (e.g., Skeem et al., 2007; Skeem, Manchak, et al., 2008). Key elements of the RNR model include officers' ability to interact with offenders with warmth, respect, and empathy while still providing structure and direction (Dowden & Andrews, 2004). We examine the interactions of specialty officer–probationer meetings as a first step toward isolating the active ingredients of specialty case-loads and perhaps facilitating their protection during trying economic times. Understanding the mechanisms for recidivism reduction is crucial for maximizing the efficiency, cost effectiveness, and dissemination of specialty supervision.

Method

Data were collected by Skeem et al. (2007), who describe the basic study method in detail. The present study focuses on characterizing audio-taped meetings between probationers and their specialty officers. Raters were trained to reliability on a comprehensive coding manual, which they then applied by listening to audiotapes and reading transcripts of the meetings. Raters focused on (a) topics discussed, (b) strategies employed by officers to elicit compliance, and (c) officers' process within the meetings. Specific procedures are described next.

Participants

Recruitment. We recruited probation officers who supervised mental health caseloads within a prototypic specialty agency during the fall of 2003. The agency was selected based on its match to the five features of specialty agencies outlined by Skeem et al. (2006). At a monthly staff meeting, the second author presented the purpose and nature of the study to 11 officers. Given agency policies, officers could be offered no incentive for participation; nevertheless, seven (63%) officers agreed to participate. Participating officers did not differ significantly from those who declined to participate in gender or years of experience as an officer.

Next, probationers assigned to the caseloads of participating officers were recruited. All probationers were diagnosed with an Axis I major mental disorder, were English-speaking, and competent to provide informed consent. Prospective participants were selected randomly from the current caseloads of participating officers. As recruitment progressed, probationers were sampled to match the agency's specialty probation population in gender, ethnicity, and whether they had a working home telephone number (a rough index of financial status and housing stability). Of the 109 probationers invited to participate, 12% refused and 5% could not be located. The vast majority (83%, $n = 90$) agreed to participate. All participants were treated in accordance with the ethical guidelines of the American Psychological Association (2002), and a Certificate of Confidentiality was obtained from the National Institutes of Health (NIH) to protect the confidentiality of participants' data.

Probation officers. Probation officers all identified themselves as White, although one was also of Hispanic ethnicity. The

majority were female (71%) with at least a bachelor's degree (master's degrees, 29%). Officers' average age was 40.8 years ($SD = 9.9$) and they had an average of 6.3 ($SD = 3.1$) years experience as a probation officer. The majority (57%) had prior experience in mental health settings that involved working as a case manager (75%) or psychologist (25%). Each officer supervised 11–14 probationers enrolled in the study.

Probationers. In total, 90 probationers participated in the study; however, technical difficulties rendered seven audio-taped sessions unusable, leaving a sample of 83 probationers for the present study. Of these probationers, the majority were White (64%; Black, 20%; Other, 15%) males (61%) with an average age of 37.5 years ($SD = 9.1$). Some 16.9% were of Hispanic ethnicity. Although most (73.4%) had attained at least a high school diploma or equivalent, the vast majority (80%) were unemployed, typically because of disability (68%). Probationers' most common primary diagnoses were bipolar disorder (34.4%); schizophrenia, schizoaffective, and other psychotic disorders (29.2%); major depression (24.7%); or other Axis I (12.7%) disorders; 76.7% had one or more cooccurring alcohol- or drug-related disorder(s). Probationers had an average of 3.9 ($SD = 4.6$) prior psychiatric hospitalizations. The vast majority (85.6%) were prescribed psychotropic medication, and most (77.5%) were also required to complete substance abuse treatment.

Based on their records, probationers had an average of 3.9 ($SD = 3.8$) prior convictions before the index term of probation. Their most serious charge for the current term of probation was for a drug (40%), property (24%), person (22%), or minor (13%) offense. At the time of the study, probationers had spent an average of 28.1 ($SD = 30.0$; $Mdn = 24.0$) months on probation, about 9.5 ($SD = 8.7$; $Mdn = 6.0$) months of which was spent with the officer they met with in the meeting recorded for this study.

Procedure

Audio-taped meetings were an average of 22-min long ($SD = 14.3$; range $= 4–60$). All meetings were with officer–probationer pairs who had met at least once before— we excluded first meetings between officer–probationer pairs to obtain a sense of usual supervision with a reasonably familiar officer. All participants (officers and probationers alike) were aware of and consented to the audio-taping of the meeting, but we placed the recorders out of sight on the officers' desks before probationers entered the office for the meeting to reduce the likelihood that participants would behave differently than they would if they were not being audio-taped.

Data Coding

Coding manual and process. To prepare the data for coding, the audio-taped interviews were first transcribed and broken into segments, using the same procedure as Bonta and colleagues (Bonta, 2001; Bonta, Bourgon, et al., 2008). A segment was defined as a count of 50 on a tape recorder counter, which represented roughly 4 min of interaction. A coding manual was developed for the study, based in part on those used in past research (Bonta, 2001; Bonta, Bourgon, et al., 2008; Miller, Moyers, Ernst, & Amrhein, 2003), to characterize each segment with respect to the topics discussed in the meeting (see Table 1),

Table 1
Topics and Criminogenic Needs Discussed in Meetings

Type	Topic or need	Description	Mean % of segments	% Of meetings
Criminogenic needs: big four	Criminogenic attitudes	Probationer expresses attitudes supportive of criminal conduct		
		Coded in three levels: Level 1: officer ignores or does not react	3.5	10.8
		Level 2: officer briefly expresses disapproval of the attitude	3.2	15.7
		Level 3: officer engages probationer in a discussion of the appropriateness of the attitude	8.2	20.5
		Any manner of addressing the attitude (level 2 or 3):	10.9	30.1
	Antisocial personality pattern	Problems of self-regulation, e.g., impulsivity, anger management, and problem-solving skills	3.5	12.0
	Companions: negative influence	Associations with peers or family members who hinder pro-social behavior or increase likelihood of criminal associations with peers or family members who actions	3.5	12.0
		Any big four need:	15.1	33.7
Criminogenic needs: minor	Financial	Probationer's financial situation, not including public assistance	18.5	42.2
	Employment/school	Problems or satisfactions associated with the probationer's job or school	11.8	32.5
	Family/marital	Probationer's relationship with his or her spouse and family	16.2	41.0
	Substance abuse	Anything related to probationer's substance abuse, dependency, or recovery	7.8	22.9
		Any "minor" criminogenic need	39.5	75.9
		Any central eight criminogenic need	46.9	79.5
Mental health	Emotional stability	Mood and negative emotions, e.g., fear, anxiety, depression	6.6	21.7
	Psychosis	Matters of thought disorder or hallucinations	1.4	4.8
	General mental health	Other mental health issues not coded elsewhere, such as medication side effects	24.5	61.4
		Any mental health	30.8	66.3

Table 2
Officers' Supervision Strategies: Pressures

Type of pressure	Strategy	Description	% Of segments	% Of meetings
Neutral	Information gathering	Officer asks open-ended questions and requests details and/or explanations about problems in probationer's life	36.5	75.9
	Monitoring	Officer determines whether the probationer is following the rules of probation		
		Types:		
		Mental health treatment attendance	24.2	61.5
		Mental health medications	13.3	37.4
		Substance abuse	11.3	31.3
		Drug testing	4.5	18.1
		Fines/probation fees	15.7	41.0
		Residence	6.3	19.3
		Employment/school	4.1	12.1
		Reporting	1.5	6.0
		Other	8.4	26.5
	Remind	Officer reviews the rules of probation, including the special condition that the probationer participate in treatment	44.5	80.7
		Any neutral pressure	80.1	100
Positive	Inducement	Officer tells the probationer that if he took his prescribed medication, attended his appointments, or obeyed other conditions of probation, s/he would not have to meet with him or her as often and might even get off probation early	11.5	25.6
	Persuasion	Trying to persuade probationer that complying with the rules will help him/her feel better and stay out of trouble	9.2	24.1
		Any positive pressure	19.8	42.2
Negative	Increase supervision	Officer increases the intensity of supervision by making the probationer meet with him or her more often and checking the probationer's treatment compliance more closely	2.6	9.6
	Contact MHP	Officer contacts the probationer's mental health provider to assist him or her in monitoring or enforcing the probationer's conditions of probation	3.5	13.3
	Threaten	Officer tells probationer that if he does not comply with the conditions of probation, he or she is going to end up back in jail	5.9	19.3
		Any negative pressure	11.8	28.9

officers' supervision strategies (see Tables 2 and 3), and the process of officers' interactions with probationers (see Table 4). To code each meeting, a rater would first listen to the entire meeting while reading the transcript, then listen a second time to code strategies and process. A third coding pass was made to code for criminogenic and non-criminogenic needs.

Criminogenic needs were based on those found to be most predictive of criminal re-offense (Andrews & Bonta, 1998; Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, et al., 1990).

However, we only focused on needs that could be changed—we did not code for static (i.e., largely unchangeable) risk factors, such as history of criminal offenses. Most mental health topics were included in these non-criminogenic needs since clinical variables in general weakly predict recidivism (Bonta et al., 1998; Phillips et al., 2005). The one exception to this was antisocial personality pattern, which is one of the big four criminogenic needs (Andrews et al., 2006). Further, we coded specific mental health topics separately to isolate topics such as medication side effects from

Table 3
Officer Strategies: Core Correctional Practices

Strategy	Description	% Of segments	% Of meetings
Pro-social modeling and reinforcement	Officer demonstrating how to handle a particular situation and providing feedback on problem behaviors	2.6	7.2
Relapse prevention	Identifying high-risk situations, discussing strategies for coping with them, and practicing coping skills	2.0	7.2
Using community resources	Providing information about community resources that might provide support to the probationer	7.4	19.3
Problem-solving	Collaborating and contracting to overcome obstacles and achieve goals.	9.2	25.3
	Problem-solving consists of the following identifiable components: identifying the problem, adopting strategies and tasks, and collaboration		
	Any core correctional practice strategy	32.2	43.4

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Table 4
Officers' Process in Meetings

Type	Process	Description	Mean % of segments (centered by officer)	% Of meetings	Range % of meetings by officer
Caring	Affirm	Officer says something positive about probationer or compliments probationer	48.0	63.9	41.7–100
	Reflect	Officer makes a statement that reflects content or meaning previously offered by probationer, usually something the probationer just said	8.3	31.3	8.0–60.0
	Support-reassure	Officer makes an understanding, supportive, reassuring, or even compassionate comment toward the probationer that cannot be coded as "Affirm" or "Reflect"	22.6	40.1	15.4–75.0
	Question	Officer asks question to gather information or understand	74.5	98.8	92.3–100
Controlling	Advise	Officer gives advice or makes a suggestion	17.5	42.2	30.7–58.3
	Direct	Officer gives an order or command or directs the probationer to do something	50.3	75.9	57.1–91.7
	Confront	Officer directly disagrees, argues, correct, shames, blames, tries to persuade, labels, or questions the probationer's honesty	9.7	26.5	7.9–41.7

symptoms that relate directly to offending for a small group of probationers (Junginger et al., 2006). We coded other topics that were frequently discussed in the meetings, but do not discuss them here for brevity's sake.

In terms of strategies, we followed the approach of Eno Louden et al. (2008), by grouping the supervision strategies listed in Table 2 into positive pressures (pressures where the probationer gains something, such as getting off probation early, for complying), negative pressures (where the probationer loses something, such as freedom, for not complying), and neutral pressures (where the probationer neither gains nor loses anything for complying). We added one additional category of strategies: core correctional practices, which are presented in Table 3 and relate to the Responsivity component of the RNR model (Bonta & Andrews, 2007). Finally, we selected process codes most relevant to probation supervision from the Manual for Motivational Interviewing Skill Code (MISC; Miller et al., 2003). We categorized these processes into care-oriented or control-oriented, where control-oriented processes are those that focus on changing the offender's behavior, whereas care-oriented processes focus primarily on building a relationship with the offender or showing empathy (see also Bonta, 2001). The coding manual is available from the first author upon request.

After coding all meetings in this manner, raters isolated a subset of meetings in which officers were discussing a probationers' recent violation of the rules (i.e., the probationer and/or officer referenced a violation). A variable was created to identify these "non-compliance event" meetings for separate analysis. This was done because it is reasonable to believe that officers use different strategies when responding to non-compliance than they do in general supervision. A total of 39 meetings were found to have a violation being discussed.

Training and inter-rater reliability. Raters attended 2-day workshops where the coding manual and procedure were explained and training cases were coded. All training cases were real cases that were selected by the first and second authors to represent a variety of situations that would arise in the meetings to ensure that raters had training in coding a range of interactions between officers and probationers. Raters then independently coded at least four cases, and any discrepancies were discussed to ensure that raters had a thorough understanding of the coding manual. Intraclass correlation coefficients (ICCs) were computed to evaluate interrater agreement using the four most recent training cases. We set a goal of ICC = .75 for the raters' reliability following the suggestion of LeBreton and Senter (2007); the team's average reliability was ICC = .76 (SD = .13), which indicates excellent reliability and met our a priori goal for the team's reliability.

Results

Data Preparation

As each officer supervised multiple probationers, it was important to determine whether there were "officer effects," or systematic differences among officers in focus, strategy, or process. To do so, we applied strategies offered by Kenny and colleagues (Kenny & La Voie, 1985; Kenny, Mannetti, Pierro, Livi, & Kashy, 2002) to assess for data dependencies. There were no officer effects for the content of meetings or for strategies, but officers did differ systematically in process in terms of the percent of meeting segments devoted to each process (specifically, support and reflect). To address this issue, we centered per segment process codes around officers by subtracting the average process code for an officer (e.g., the average profile elevation for an officer on "advise") from the process code for a particular meeting (e.g., a particular "advise" score) then adding the mean for the officers as a group. This effectively removed systematic officer differences from per segment process codes. For ease of interpretation, we present the range of frequencies for each type of process per meeting by officer.

Strategy for Descriptive Analyses

To characterize specialty probation meetings, we computed descriptive statistics based on observers' codes in two ways. First, we simply calculated the percentage of individual meetings in which each focus, strategy, or process was present. We did so both for specific codes (individual needs, strategies, and types of process) and codes that were grouped into types of needs (criminogenic vs. non-criminogenic) and types of strategies (positive, neutral, and negative pressures). The grouped statistics indicate the percentage of meetings where codes of a given type were present (i.e., any criminogenic need was discussed; see Tables 1, 2, 3, and 4). Second, we computed the mean percent of segments per meeting where each code was present. We did so because meetings varied considerably in length and we wanted to estimate the amount of actual time spent discussing a particular topic, using a particular strategy, or doing so with a particular type of process.

These two methods of presenting descriptive statistics present a fuller picture of the meeting than either method alone. For example, although 10.8% of *meetings* involved a discussion of criminogenic attitudes (level 1), only 3.5% of *segments*, on average, involved such a discussion (see Table 1). This indicates that although criminogenic needs were discussed in one in 10 meetings, very little time was spent discussing them.

We used these two indices of meeting content to draw comparisons between meetings where a violation was being discussed and meetings where no violation was discussed. We did this using χ^2 analyses and t tests to compare the proportion of meetings and mean percent of segments (respectively) devoted to each topic, strategy, and process by meeting type.

Focus or Content of Meetings

Meetings overall. As the data in Table 1 suggest, the most commonly discussed topic both across all meetings and within individual meetings was probationers' general mental health, which includes discussion of satisfaction with mental health treatment. Specific mental health symptoms, including those of psychosis, were discussed relatively infrequently. This is notable, given that specific symptoms of psychosis are risk factors for a small subgroup of offenders with mental disorder (see Junginger et al., 2006), whereas satisfaction with treatment is not a criminogenic need. Core big four criminogenic needs, including antisocial attitudes and antisocial peers, were discussed in a significant minority of these specialty meetings. The criminogenic needs most often discussed were the "minor" risk factors making up the rest of the central eight (Andrews et al., 2006), including probationers' financial situation and, to a lesser extent, substance abuse.

Overall, both the central eight criminogenic needs and general mental health were discussed in the majority of meetings (79.5 and 66.3% of meetings, respectively). However, significantly more time was spent discussing mental health ($M = 30.8\%$ of segments) than the combined big four criminogenic needs we coded ($M = 15.1\%$ of segments, $t(82) = -5.77$, $p < .001$, $d = 0.54$, 95% CIs [9.4%, 20.1%]). Further, more time was spent discussing the minor criminogenic needs (the remaining four of the central eight) than the big four criminogenic needs ($M = 15.1\%$ vs. $M = 39.5\%$ of segments, $t(82) = -8.95$, $p < .001$, $d = .84$, 95% CIs [16.7%, 30.2%]). Taking the central eight criminogenic needs together, these were discussed on average in 46.9% of segments.

Violation meetings. To account for the fact that officers may differentially supervise probationers who had recently committed a violation, we compared the topics discussed in meetings where a recent violation was being discussed to those where no violation was discussed. Only one topic was discussed to a different extent depending on whether the probationer had recently committed a violation: criminogenic attitudes (type 3). These attitudes were more likely to be discussed in meetings where a violation was discussed (30.8% vs. 11.4%, $\chi^2(1) = 4.78$, $p < .05$), and more time was spent discussing these attitudes in meetings where a violation was being discussed ($M = 12.9\%$ of segments vs. 4.0%, $t(81) = -2.23$, $p < .05$, $d = .49$, 95% CIs [0.9%, 16.7%]). Further, substance abuse was discussed in more meetings where a violation had recently occurred than when no violation was being discussed (33.3 vs. 13.6%, $\chi^2(1) = 4.54$, $p < .05$), although there was no difference in the mean percent of segments devoted to this topic by meeting type, indicating that although this topic came up more often in violation meetings, there was not significantly more time devoted to discussing it in these meetings. There were no differences in the rates of discussion of any other criminogenic needs or noncriminogenic needs (including mental health topics) across the two types of meetings.

Strategies Used

Meetings overall. As shown in Tables 2 and 3, officers' most commonly used strategies by far were neutral pressures, including reminding the probationer of the rules, information gathering, and monitoring probationers' compliance with the rules. The most common type of neutral pressure was monitoring compliance, especially compliance with mental health treatment and medications. As shown in Table 3, officers also employed strategies reflecting core correctional practices (e.g., problem-solving). Positive pressures, including inducement and persuasion, occurred in 9–11% of segments, and 42.2% of all meetings. Less frequently used were negative pressures like threats of incarceration. Encouragingly, officers rarely sought assistance from treatment providers in enforcing mental health treatment compliance.

When taken together, neutral pressures as a whole (meaning any kind of neutral pressure) were used more frequently than core correctional practices, positive pressures, or negative pressures both in terms of the percent of meetings where the type of pressure was used ($\chi^2(3) = 43.45$, $p < .001$) for core correctional practices, the next most common strategy) and the average percent of segments where the type of pressure was used ($t(82) = -7.98$, $p < .001$, $d = 1.39$, 95% CIs [55.7%, 80.0%] compared to core correctional practices).

Violation meetings. As with our analysis of topics discussed, we compared the use of strategies across meetings where there was and was not a recent violation being discussed. There were five specific strategies that officers used more frequently in meetings where a violation was being discussed. For all but one of these strategies, there were significant differences in both the percent of meetings where the strategy was used as well as the mean percent of segments devoted to the strategy.

However, three of the strategies used more often in violation meetings were types of monitoring—specifically monitoring compliance with substance abuse conditions (18.2 vs. 46.2% of meetings and 6.2 vs. 17.1% of segments ($d = .52$, 95% CIs [1.5%,

20.3%]), employment and school requirements (20.5 vs. 4.5% of meetings and 0.8 vs. 7.9% of segments ($d = .54$, 95% CIs [1.5%, 12.7%]), and reporting to the probation officer (0.0 vs. 12.8% of meetings, and 0.0 vs. 3.2% of segments ($d = .48$, 95% CIs [0.4%, 6.1%]). It is possible that increased monitoring of conditions led to the discovery of non-compliance, rather than officers responding to non-compliance with increased monitoring.

The fourth strategy that officers used more frequently in these "violation" meetings was threats of incarceration, which was used in 30.8% of violation meetings compared to 9.1% of non-violation meetings ($\chi^2(1) = 6.24$, $p < .05$). More time was spent using threats in violation meetings as well: On average, in 2.2% of segments in meetings where no violation was being discussed included this strategy compared to 10.0% of segments in meetings where a violation was discussed ($t(81) = -2.56$, $p < .05$, $d = .55$, 95% CIs [1.7%, 13.8%]). Finally, meetings where a violation was being discussed were more likely to include inducement (43.6 vs. 11.4% for meetings with no violation, $\chi^2(1) = 11.02$, $p < .001$), although there was no significant difference in the amount of time devoted to this strategy by meeting type.

Process

Meetings overall. As shown in Table 4, the most common process for officers in these meetings was affirmation, a care-oriented process. Reflection and support-reassurance were used less often. Officers also often related to probationers through questioning, in keeping with the common strategy of information gathering. Officers also frequently directed probationers, which is not surprising given their surveillance role. Officers rarely used confrontation—this only occurred in about a quarter of meetings.

Violation meetings. When comparing officers' process across meetings with and without a violation being discussed, officers used confrontation more frequently when a violation was being discussed, both in terms of percent of segments ($M = 16.2\%$ vs. $M = 3.9\%$ of segments, $t(81) = -2.96$, $p < .01$, $d = .64$, 95% CIs [4.0%, 20.4%]) and meetings where this process was used (41.9% of meetings with violations versus 4.2% of meetings without violations, $\chi^2(1) = 10.17$, $p < .01$).

Discussion

This study was the first to systematically examine in vivo meetings between specialty mental health probation officers and probationers with mental disorder. In general, we found that officers' practices were focused on mental health, but also included some evidence-based correctional practices. First, officers spent more time discussing probationers' general mental health (e.g., side effects of medication) than any individual criminogenic need. Second, although officers' primary supervision strategies involved reminding probationers of the rules and monitoring probationers' compliance with these rules, they applied core correctional practices like problem-solving in a sizeable minority of meetings. Third, officers' interpersonal style was largely care-oriented, with heavy reliance on affirmation of probationers' efforts. In general, threats of incarceration and control-oriented processes like confrontation were reserved for discussions of rule violations, and even there, appeared irregularly. Here, the study's limitations will be noted, followed by a discussion of these key findings and their implications for policy and practice.

Limitations

As with any research, this study had some limitations. First, we captured only one meeting per officer–probationer pair, so it is possible that these snapshots did not reliably represent the pairs' behavior across time. Second, although we captured meetings with 83 probationers, only seven officers participated in this research. Nevertheless, this sample comprised most of the specialty officers in this agency, and we did not find officer effects for most of the topics coded. By the same token, we observed officers in only one agency. However, the agency was selected because of its match to the prototypical specialty agency, meaning that our results should generalize to other typical specialty agencies (but not atypical agencies, such as those with large caseloads; see Skeem et al., 2006). Third, participants' behavior could have been affected by the knowledge that they were being audio-taped (e.g., officers may have been more or less punitive with probationers than usual, depending on the image they wanted to portray). Although it is not dispositive of the issue, our research team was often struck by how little the taping seemed to affect the content of the meetings. Officers sometimes expressed considerable upset at probationers, particularly when the probationer had recently committed a violation. In one meeting, the officer steadily confronted the probationer (and accused him of lying) regarding a recent failed urinalysis. Further, there were several instances where interviewers had to remind officers to return tape recorders that had been forgotten on their desks. Still, these limitations should be bourn in mind when interpreting the study's findings.

Key Findings

Focus on probationer mental health and criminogenic needs. Our first key finding was that officers spent a considerable amount of time focusing on probationers' general mental health, such as side effects of medications. Specific mental health symptoms like psychosis—which are criminogenic needs for a small subset of offenders (Junginger et al., 2006; Peterson et al., 2010)—were discussed surprisingly rarely, particularly given these officers' backgrounds and training in mental health issues. This focus on side effects and satisfaction with treatment seems disproportionate, given that these are not predictive of recidivism. This suggests that practices in these meetings are informed at least in part by the unidimensional model where symptoms and treatment of mental disorder take priority over all else (Skeem et al., 2010).

More time was spent discussing general mental health than any one criminogenic need. Although criminogenic needs were discussed in most meetings, the time spent discussing general mental health far surpassed the amount of time spent on any one of these criminogenic needs. Only when we group criminogenic needs into the central eight or the lesser four needs does the time spent discussing these categories of needs exceed the amount of time spent discussing general mental health. Further, needs that most strongly predict recidivism (i.e., the big four) were discussed in fewer than one in five meetings, and significantly less time was devoted to these four highly predictive risk factors *as a group* than was to general mental health. More commonly discussed were weaker, though significant, predictors of recidivism, including problems with family relationships and finances. Recent research suggests that parolees with mental disorder are especially "risky"

when it comes to criminogenic needs such as antisocial personality patterns (Skeem, Nicholson, et al., 2008), so these are likely an area of need with probationers with mental disorder. Further, substance abuse was discussed in less than one in four meetings, even though most offenders with mental disorder have co-occurring substance abuse problems (Abram & Teplin, 1991; Hartwell, 2004) and substance abuse predicts recidivism (Andrews et al., 2006). More focus on these core needs is in order, given that officers tend to reduce recidivism when they target criminogenic needs in supervision (Dowden & Andrews, 2004).

It is helpful to consider instances where specialty officers clearly could have targeted criminogenic needs, but did not. In one meeting, the probationer (a sex offender) hinted that he was planning to travel overseas to visit sex workers when his probation term was complete (an expression of a pro-criminal attitude). The specialty mental health officer did not discourage him:

[Probationer]	So uh, I after I get off probation, I'm going to get on a plane and go . . .
[Officer]	Where are you going?
[Probationer]	Asia
[Officer]	You're going to Asia! What are you going to do in Asia?
[Probationer]	I'm going to spend time with a bunch of women
[Officer]	With who?
[Probationer]	With a bunch of women
[Officer]	Spend time with a bunch of women! You like Asian women?
[Probationer]	I just like women
[Officer]	(Big laugh) I like women too . . . Uh, alright, well you know what, when you get off probation you are more than welcome to go wherever you want to go. Uh you know, hopefully, you'll, you'll continue to get treatment in Asia

This example is a clear case of a missed opportunity to engage the probationer in a discussion of a criminogenic need. The probationer hinted that he planned to engage in an antisocial act (visiting sex workers), and rather than discourage the probationer or question him to elicit more information, the officer's focus immediately goes back to mental health treatment. This exemplifies the influence of the unidimensional model on specialty supervision.

It is useful to compare our findings to those of Bonta, Rugge, et al. (2008) observations of general community supervision. However, it is important to note methodological differences that limit direct comparison between the two studies. For example, we simply coded the probability that a criminogenic need had been addressed in a meeting, whereas Bonta, Rugge, et al. (2008) focused on whether a criminogenic need had been addressed in a meeting only if that need had been identified as an issue for that particular offender. Nonetheless, examining our findings in light of theirs is informative. In terms of the big four criminogenic needs, Bonta, Rugge, et al. (2008) similarly found that more time focusing on the minor four criminogenic needs—for example, family problems and substance abuse were discussed in most meetings with offenders with this need. In general, it seems that the officers in the agency we surveyed were similar to the officers surveyed by Bonta, Rugge, et al. (2008) in that their discussions of crimino-

genic needs focused primarily on these less robust predictors of recidivism.

However, we found that in the specialty agency we surveyed, discussion of general mental health issues eclipsed discussion of criminogenic needs. Fisher, Silver, and Wolff (2006) argue that the practice of focusing on an offender's diagnosis "reinforces the label of 'person with mental illness' as a 'master status'—that status which above all others defines the individual's position with the mental health system, the criminal justice system and society in general" (p. 549). Focusing primarily on mental health symptoms and side effects of psychiatric medications during probation meetings maintains mental health diagnoses as a master status. Bigger "dents" in recidivism might be made if officers focused on general criminogenic risk factors that seem to drive criminal behavior for the vast majority of offenders with mental disorder.

Supervision: Reminding and monitoring. These specialty officers tended to rely upon neutral pressures to monitor and enforce the conditions of probation, including information gathering, reminding probationers of the rules, and monitoring compliance with mental health treatment, psychiatric medication, and substance abstinence. They used positive pressures (e.g., inducement) more often than negative pressures (e.g., threats of incarceration), although on the whole, both positive and negative pressures were used relatively infrequently. A notable exception to this pattern was in meetings, where a recent probation violation was being discussed. Here, threats of incarceration more than three times as frequently than when no violation was being discussed. It is possible that officers simply use threats more often with problematic probationers, either out of frustration or when they feel as though they have exhausted all other supervision options.

Problem-solving, which has been reported to be the key supervision tool used by specialty agencies (Skeem et al., 2006; Skeem, Manchak, et al., 2008), was used in roughly a quarter of meetings. It is possible that specialty agencies believe they use problem-solving to a greater extent than what is suggested by our findings—this may partly be due to the stringent definition of problem-solving that we used. While we defined this as a two-way discussion of the problem and potential solutions for it, officers may streamline such discussions and instead suggest potential solutions to probationers' problems to save time. Our finding of the high frequency of the "direct" and "advise" processes supports this notion.

When core correctional practices (including problem-solving) are taken together, they were used in about a third of segments and more than 40% of meetings. Although officers in the agency we studied used such strategies less frequently than those in Bonta, Rugge, et al. (2008) sample (up to 72% of meetings they observed per officer–probationer pair), these specialty officers were not specifically trained to use such strategies, so the fact that they applied them as much as they did is promising.

These core correctional practices—central to the Responsivity component of RNR—have demonstrated effectiveness at reducing recidivism (Dowden & Andrews, 2004). In fact, use of such core correctional practices may be a primary mechanism driving the effectiveness of specialty agencies. As noted earlier, specialty agencies are more effective at reducing recidivism than probation supervision as usual, but this recidivism reduction does not occur due to reductions in symptoms (Skeem, Manchak, et al., 2008; Skeem et al., 2009). Although mental health treatment is the

explicit focus of these agencies, officers may intuitively employ evidence-based correctional practices as a means to enforcing compliance (Skeem et al., 2010).

Surveillance and therapeutic process. Relative to other types of process, officers were most likely to use questioning in these meetings, in keeping with their surveillance role and duty to monitor compliance. This is consistent with their frequent use of monitoring as a supervision strategy. However, officers also used such psychotherapeutic techniques as affirmation and support, which is consistent with what Bonta, Rugge, et al. (2008) found— they coded empathy, warmth, and firmness in roughly the same proportion in the meetings they surveyed (about 45% each in the first of three meetings taped). Such use of blended surveillance and psychotherapeutic methods can reduce recidivism. For example, Andrews and Kiessling (1980) found that probation officers who integrated empathy, expression of warmth, and active listening with direction had the best ratings of relationship quality with their probationers, and had probationers with the lowest rates of new offense. This is consistent with what we found in the present study—officers integrated surveillance (questioning and monitoring) with empathy (affirmation and support).

Again, a notable exception to this balance of empathy and surveillance occurred in meetings where a violation was discussed. Here, confrontation was used much more frequently, which reflects poor relationship quality (Skeem et al., 2007). Effective use of authority involves the officer being direct and specific with his or her expectations while still being encouraging (Dowden & Andrews, 2004). It is likely that the confrontation we captured at least in part reflected officers' frustration with non-compliant probationers.

The integration of monitoring and empathy that we witnessed across the majority of meetings is mirrored in the firm, fair, and caring approach that defines the ideal type of officer–probationer relationship (Skeem et al., 2007). Probationers who have relationships with their officers consisting of trust, caring, and fairness rather than toughness, are less likely to reoffend than probationers who have lower quality relationships with their officers (Skeem et al., 2007; see also Kennealy et al., 2009). Further, this blending of care (empathy) and control (direction) mirrors Klockars' (1972) description of the synthetic officer—one who reconciles the seemingly competing roles of surveillance and treatment (see Skeem & Manchak, 2008, for a discussion). Apart from increased reliance on confrontation when working with non-compliant probationers, it appears that the specialty officers we observed were doing well at emulating this synthetic approach.

In sum, we found that practices in specialty mental health probation overlapped with those observed in an agency trying to implement evidence-based correctional practices with general offenders (Bonta, Rugge, et al., 2008). First, officers in both agencies targeted probationers' criminogenic needs, but most of the time spent discussing these needs was not devoted to the big four needs, but rather to those less predictive of recidivism. Second, officers in both agencies balanced surveillance and core correctional practices in their supervision. Finally, meetings in both agencies were marked by a combination of empathetic and directive process—an emulation of the style of the synthetic officer (Klockars, 1972). Naturally, the key difference between practices in these two agencies revolved around mental health—the general officers studied by Bonta, Rugge, et al. (2008) had little need to focus on this,

while the officers we studied focused on it perhaps to an overwhelming extent—a practice reflecting the uni-dimensional mental disorder-focused model (Skeem et al., 2010).

Implications

This research provides insight into specialty probation meetings that we hope will be useful to researchers and practitioners. This study was the first to characterize in vivo supervision practices in a specialty mental health agency. A next step for researchers should be to examine the effectiveness of core correctional practices and officer focus on criminogenic needs versus mental health treatment for probationers with mental disorder regardless of agency type. The effects of these practices on outcomes for probationers with mental disorder need to be systematically evaluated to inform practice in probation agencies. We recommend that agencies, whether they have specialty mental health caseloads or not, train officers in the use of the evidence-based correctional strategies we reviewed here. Given the wealth of research support for such strategies for general offenders (e.g., Dowden & Andrews, 2004), it is crucial that we implement these practices (rather than continue to focus heavily on clinical factors) in offenders with mental disorder to address recidivism in this population.

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