

# Probation, mental health, and mandated treatment

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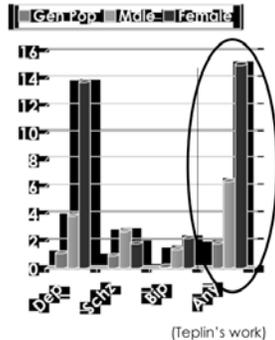
# Overview

- Statement of the problem
- What we know (research to date)
- What remains to be done

## Statement of the problem

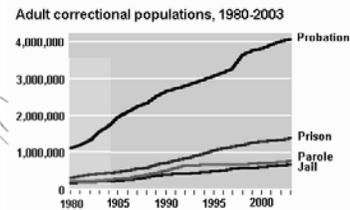
People with dual diagnoses are grossly over-represented in the criminal justice system

But there is little evidence that this is because of "criminalization" of mental illness



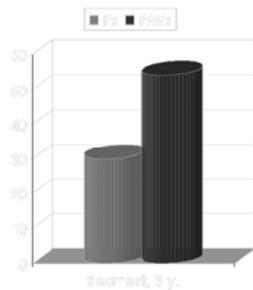
## Statement of the problem

- Criminal justice population recently reached 6.9 million. Probation is by far the most common disposition



## Statement of the problem

- Probationers with mental illness (PMIs) are highly likely to fail on supervision
- Atypical cases
  - Needs
  - Treatment mandate



## Statement of the problem

- A staggering number of individuals with serious mental illness are placed on probation each year. Most fail.
- Probation represents an unrealized opportunity to:
  - engage and work with high risk individuals who otherwise might be inaccessible;
  - facilitate these individuals' exit from the criminal justice system and re-entry to the community

## Statement of the problem

- Why focus on probation?
  - Need: Prevalence & challenges
  - Innovation: Specialty caseloads (CSG, 2002)
  - Understanding: PO-probationer relationship
- Research program
  - *What individual, relational, and systemic factors influence probationers' response to mandated community treatment?*

## Overview

Statement of the problem

What we know (work to date)

What remains to be done

Studies 1-3 funded by the MacArthur Research Network on Mandated Community Treatment; Study 4 funded by the NIMH Center for Criminal Justice and Mental Health Services Research

## Study 1: Focus Groups

What factors are perceived as important in supervising PMIs?

Skeem, J.L., Encandela, J., & Eno-Louden, J. (2004). Experiences of mandated mental health treatment in traditional and specialty probation programs. *Behavioral Sciences & the Law*, 21, 429-458.

## Study 1: Method

- 5 focus groups with POs and probationers: Philadelphia, Phoenix, Las Vegas
- Data coding using N5 + raters' consensus processes

POs N=32 86% particip.	Probationers N=20 74% particip.
Age = 38 yrs Exper. = 7 yrs White=72%	Age = 26 yrs Hosp = 70% White= 75%

## Study 1: Results

Three Key influences

- Probation system
  - Care/casework vs. control/safety
- Officers' strategies
  - Nature, timing, and range of "tools" for monitoring and enforcing compliance
- PO-probationer relationship\*
  - Alliance and fairness

## PO-probationer relationship

- Relational
  - *They want to know why you're not going...I mean, "Was there a problem? Transportation? Can we help you?"*
- Authoritarian
  - *Bark at him...chew him up one side and down the other...you basically lie to them, "You're looking at prison"*
  - *The first time I met this particular probation officer, he let me know that he owns me...*

## Relationship effects

- “For me, we all need encouragement sometimes to do the right thing – and it’s okay with me as long as it’s done in the right way...talk to me first of all...if you think that I’m going in a direction that you feel is going to be harmful to me”
- “...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”
- “...anything...additionally bad in my life, contributes to the strain of a situation that is already teetering on the brink of suicide...[I]t seems like it would make sense for my probation officer...to be very decent in his treatment of me”

## Study 2: National Survey

What are the essential (unique) ingredients of the prototypic specialty mental health agency?

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

## Study 2: Method

- Sampling frame
  - Participation rate = 93%
  - 91 supervisors (66 specialty, 25 traditional)
  - Location
- Telephone/mail survey
  - Total design method (Dillman, 1978, 2000)
- Vignette of noncompliant PMI



## Study 2: Vignette results

- Problem-solving strategies as hallmark of specialty agencies
  - ...talk with Mike to identify any obstacles to compliance (like medication side effects or transportation problems), resolve these problems, and agree on a compliance plan.
- Threats of incarceration & rule reminders as hallmark of traditional agencies

## Study 2: Vignette results

- Qualitative support
  - Do a field visit with the case manager to figure out what the problem is. Is it as simple as transportation? Or has he decompensated to the point that he can't make it? Then the proper treatment/intervention would be taken.
  - Contact him by letter or phone and remind him of his treatment requirements, send violation report to the court copied to the offender. If he were to regain compliance we would send an addendum to the letter stating that.
- Strategy association with caseload size
  - Problem solving,  $r = -.20^*$
  - Revocation/jail,  $r = .26^*$

## Study 2: Overall results

### Prototypic specialty agency

- Exclusive mental health caseload
- Substantially reduced caseload size ( $M = 48$ )
- Sustained officer training
- Active integration of internal *and* external resources
- Problem-solving strategies to prevent or address noncompliance

Perceived as significantly more effective than traditional agencies (+ Project IMPACT)



## Study 3: Measure development

How can we capture the quality of the PO-probationer relationship and explore its effects?

Skeem, J., Eno Louden, J., Polaschek, D., & Camp, J. (2007). Relationship quality in mandated treatment: Blending care with control. Manuscript under review.

## A closer look at relationships

- Relationship quality in mandated treatment
  - Therapeutic role
  - Surveillance role
- Aim
  - To develop and begin validating a measure of relationship quality in mandated treatment contexts

## Method

- Design: Multiple measures & informants
- Procedure
- Measures
  - Relationship quality and satisfaction (DRI, WAI, satisfaction)
  - Within-session behavior (process codes)
  - Brief Symptom Inventory (BSI)
  - Situational motivation scale (SMI)
  - Future probation violations (Record)
- Participants
  - 9 specialty POs
  - 90 PMIs (80% DD)

## DRI-Revised

Original (58)	Revised (35)
<b>Alliance</b> <ul style="list-style-type: none"> <li>• Bond</li> <li>• Partnership</li> <li>• Confident Commitment</li> </ul>	<b>Caring &amp; Fairness</b> <ul style="list-style-type: none"> <li>• Caring</li> <li>• Fairness</li> </ul>
<b>Fairness</b> <ul style="list-style-type: none"> <li>• Clarity/Voice</li> <li>• Considerate Respect</li> <li>• Flexible Consistency</li> </ul>	
	<b>Trust</b>
	<b>Toughness</b>

## DRI-R Scales

### Caring & Fairness

- Caring (n=9,  $\alpha = .95$ )
  - *My PO cares about me as a person.*
- Fairness (n=13,  $\alpha = .93$ )
  - *My PO doesn't treat me very fairly. (Reverse)*
  - *If I'm going in a bad direction, my PO will talk with me before doing anything drastic.*

### Trust (n=5, $\alpha = .88$ )

- *I feel safe enough to be open and honest with my PO about my problems.*

### Toughness (n=9, $\alpha = .86$ )

- *My PO puts me down and punishes me when I've done something wrong.*
- *My PO makes unreasonable demands of me.*

### Dual-role relationship quality ≠ therapeutic alliance

	Probationer		PO	
	WAI	DRI-R	WAI	DRI-R
<b>Probationer</b>				
WAI				
PPR-R	.54**			
<b>PO</b>				
WAI	.13	.12		
PPR-R	.13	.07	.34**	
<b>Observer</b>				
PPR-R	.17	.10	.15	.29*

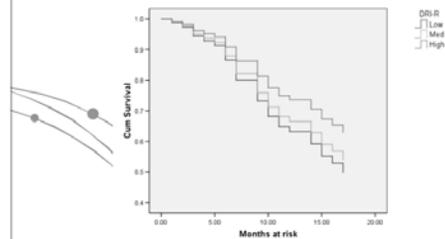
### Dual-role relationship quality is more relevant than the therapeutic alliance

	Probationer Satisfaction		PO Satisfaction
	WAI	DRI-R	
<b>Probationer</b>			
WAI		.27*	.01
DRI-R	.49**		.03
<b>PO</b>			
WAI	.13	.19	.18
DRI-R			.36**
<b>Observer</b>			
DRI-R	.12		.17

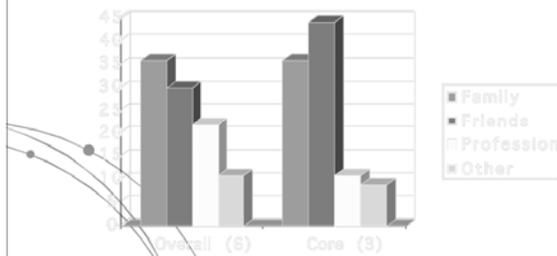
### DRI-R Ratings Correspond to Within-Session Behavior

	PMI	PO	Observer
	DRI-R	DRI-R	DRI-R
Reflect	-.04	-.04	.24*
Affirm	.03	.09	.42**
Support	.16	.12	.36**
Advise	-.02	.00	.21
Direct	.02	-.25*	-.26*
Confront	-.25**	-.32**	-.56**
Change talk	-.07	-.04	.10
Resist	-.29**	-.28*	.38**

### Dual role relationship quality predicts violations and revocation

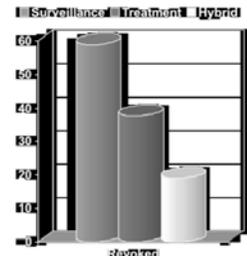


### Officers are a significant component of PDDs' social networks



### Mapping relationship quality onto supervision approaches

- At the officer level
  - Paparozzi & Gendreau (2005)
- At the program level
  - Solomon & Draine (1995)
  - Aas, Miller, & Drake (2006)
- Authoritative or "firm but fair" > authoritarian or permissive

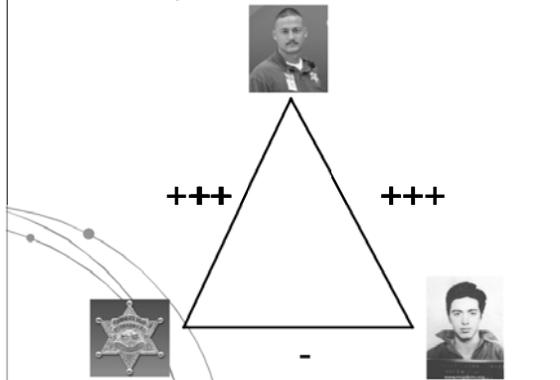


How does the hybrid approach work better than surveillance or treatment alone?

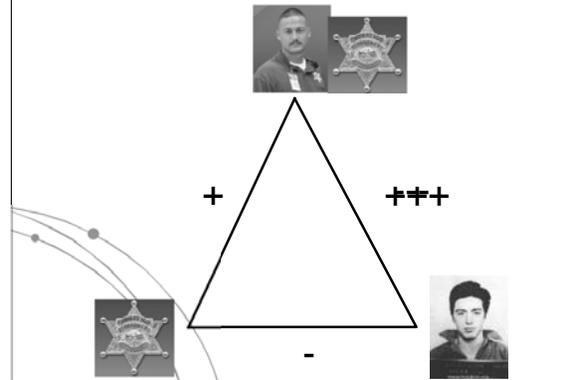
## Klockars (1972)

- Ethnography of 100 officers, 7,000 supervisees
- Backdrop: typology
  - Law enforcer and time server
  - Therapeutic agent
  - Synthetic officer
- Process

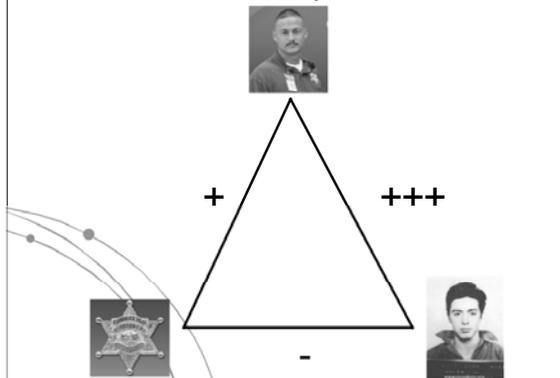
### Reconciling Dual Roles: Hybrid Approach



### Surveillance Approach



### Treatment Approach



## What have we learned?

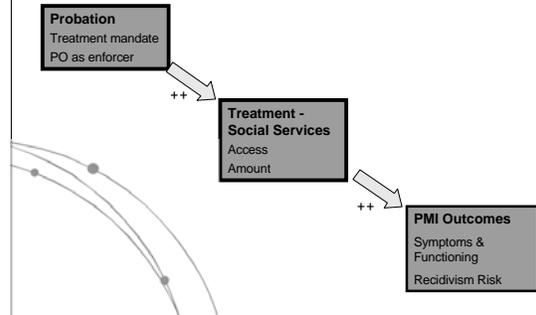
- General supervision principles
  - Hybrid models > surveillance or treatment models
  - Officers' *application* of models determines whether they are effective
- Strategies
  - Problem-solving strategies perceived as more effective than sanction threats
- Relationship quality colors "every interaction"
- Systems
  - Specialty caseloads are a "promising practice" (Skeem & Eno Loudon, 2006)
  - Reduced caseloads are essential



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# “What Works:” The Unvalidated Model



# Unvalidated assumptions

### Assumptions

- Mandates yield adherence
- Mental illness lies at the root of the problem
- Extant services address PMIs' needs

### Consider

- The implementation of mandates may mediate their effect
- Dynamic risk factors for CJS involvement go beyond mental illness
- Extant services (meds. & case management) may be insufficient

# Mental illness weakly influences involvement in crime

Table 3

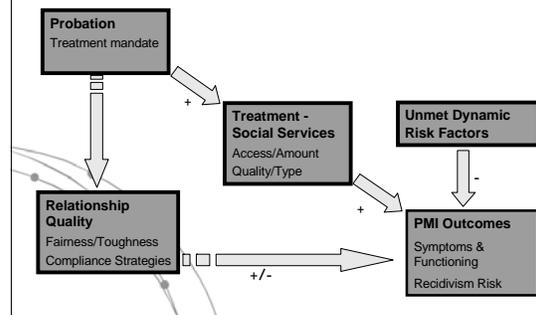
Mean of three raters' probability estimates of effects of serious mental illness and substance abuse on committing a criminal offense and number of criminal offenses assigned a mean estimate of 75 ("probably") or higher

Effect	Mean	CI	Rating ≥75*	
			N	%
Direct effect of serious mental illness	6.4	3.0-9.9	4	4
Indirect effect of serious mental illness	14.3	10.2-18.4	4	4
Direct effect of substance abuse	22.5	15.7-29.3	21	19
Indirect effect of substance abuse	8.6	4.0-13.2	8	7

\* The probability that offenses were the result of serious mental illness or substance abuse was rated as follows: 0, definitely not; 25, probably not; 50, possibly; 75, probably; and 100, definitely.

Junginger, Claypoole, Laygo, & Cristina (2006)

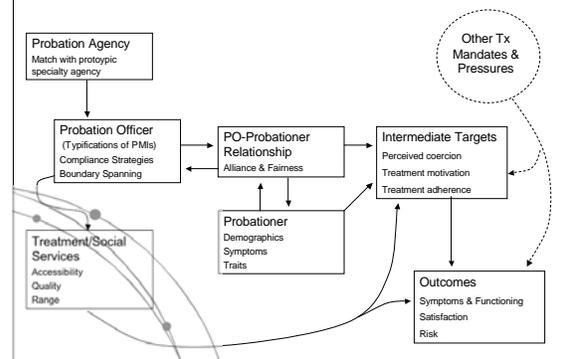
# A (somewhat) less simplistic view



## Ongoing Study 5: Outcomes

What individual, relational, and systemic factors influence adherence and outcomes?

## Conceptual Model



## Thanks

- National survey
  - Paula Emke-Francis (coordinator)
  - Jacqueline Camp & Jenny Tiemann (managers & interviewers)
- Relationships in mandated treatment
  - Paula Emke-Francis (coordinator)
  - Jennifer Eno Loudon & Jacqueline Camp (coding)
  - Interviewers: Jeffrey Grobe & Breanne Carmack
- Outcome study (specialty v. traditional)
  - Sarah Manchak (project coordinator & LA site coordinator)
  - Tracy Johnson (Dallas site coordinator)
  - Interviewers: Sara Bailey, Cindy Grasman, Maksim Krupnik, Nafisa Thomas, Sarah Vidal

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