Probationers and parolees with mental illness: What works!
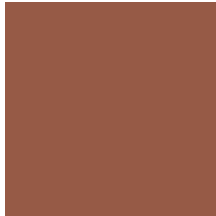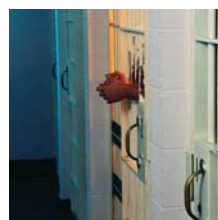
Jennifer Skeem, Ph.D.
skeem@uci.edu

Overview

What is the problem?

How can we improve supervision success for offenders with mental illness?
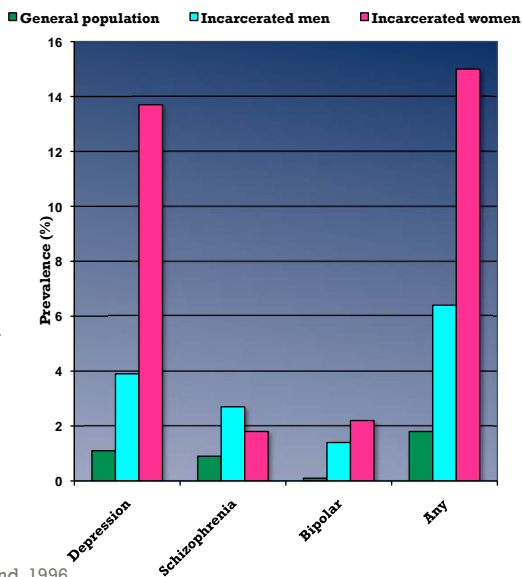
An existing package: Specialty caseloads

Implications for practice…now
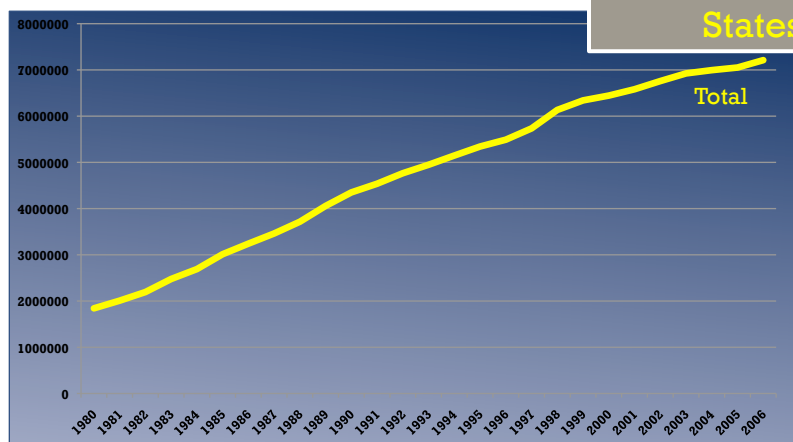
Statement of the problem

- **Persons with mental disorder grossly overrepresented in the criminal justice system**

- 55-75% have co-occurring substance abuse disorder

- CJS essential component of *de facto* mental health system
  - Los Angeles County Jail
  - Riker's Island Jail

Legend: ■ General population □ Incarcerated men ■ Incarcerated women

Prevalence (%) — y-axis (0 to 16)

Categories: Depression, Schizophrenia, Bipolar, Any

Source: Teplin, 1990; Teplin, Abram, & McClelland, 1996

+

Corrections population now over 7.2 million

3.2% of all adults in the United States

Total

y-axis: 0 to 8000000

x-axis: 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006

Source: Bureau of Justice Statistics (2007)

+ Most are supervised in the community

- 4500000
- 4000000
- 3500000
- 3000000
- 2500000
- 2000000
- 1500000
- 1000000
- 500000
- 0

Probation
Prison
Parole
Jail

1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006
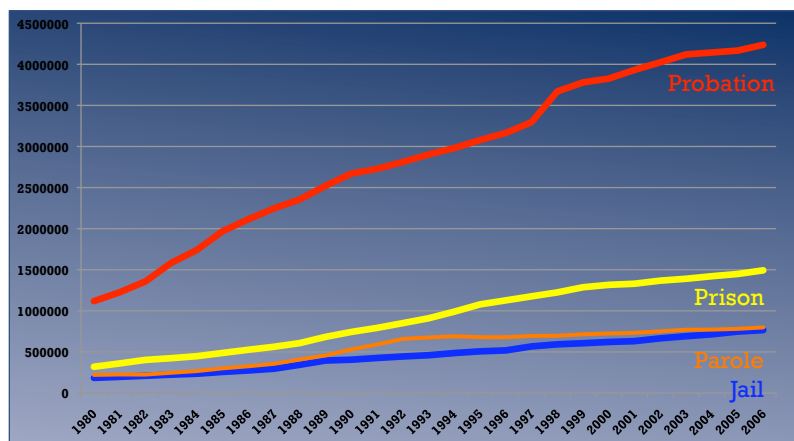
Source: Bureau of Justice Statistics (2007)

+ Statement of the problem

- Probationers and parolees with mental illnesses (PMIs) are at double the risk of failing supervision

- …and are more likely than their counterparts to fail because of technical violation

- N= 105,430 CA parolees followed one year (Eno Louden, Dickinger, & Skeem, 2008)

Ps PMIs

40
35
30
25
20
15
10
5
0

RTC   W/New Offense
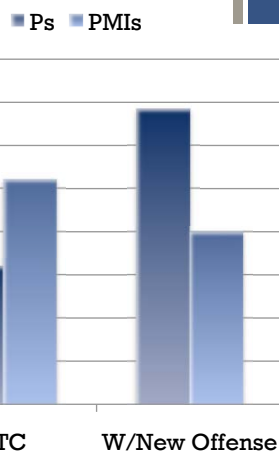
See also: Dauphinot, 1999; Porporino & Motiuk, 1995

3

"The current situation not only exacts a significant toll on the lives of people with mental illness, their families, and the community in general, it also threatens to overwhelm the criminal justice system."

-Council of State Governments Criminal Justice/Mental Health Consensus Project (2002)

Statement of the problem

- A staggering number of individuals with serious mental illness are placed on probation and parole each year. Many fail.

- Probation and parole represent unrealized opportunities 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

- How do we get there?

+

Overview

What is the problem?

How can we improve supervision success for offenders with mental illness?
1. The unvalidated model
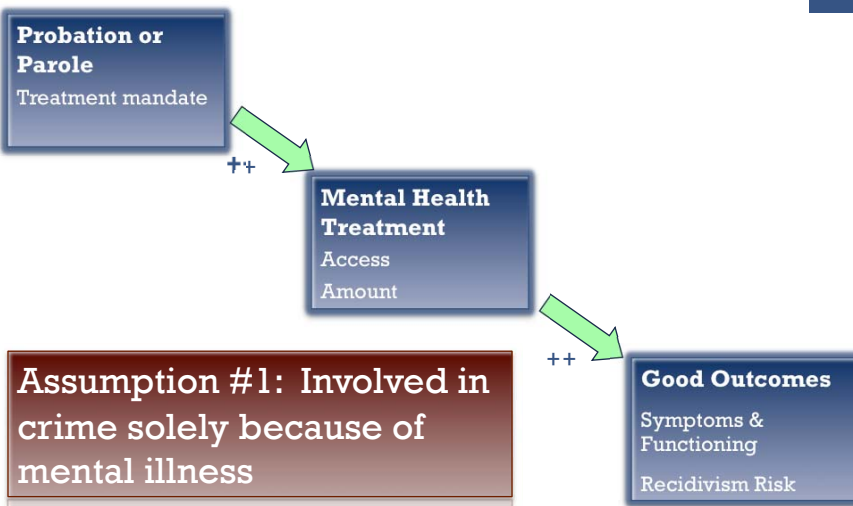2. A more promising model

An existing program: Specialty caseloads

Implications for practice…now

+
Is the cause mental illness itself?

The unvalidated model of "what works"

Probation or Parole
Treatment mandate

+₊

Mental Health Treatment
Access
Amount

++

Good Outcomes
Symptoms & Functioning
Recidivism Risk

Assumption #1: Involved in crime solely because of mental illness

+ Arrest rarely is a direct product of mental illness; even for mentally ill

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[a] 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

[a] 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)

+ Mental illness is a modest risk factor for recidivism

- Leading risk factors (e.g., criminal history, young age, substance abuse, personality traits) for violence and other crime are shared by those with and without mental illness

Table 5
Predictors of Violent Recidivism Within Domains

Domain	Zr	95% confidence interval Lower	Upper	z	Q	N	No. of studies
Personal demographic	.12	.08	.16	5.36***	7.65	2,140	8
Criminal history	.15	.12	.18	8.42***	9.63	3,230	13
Deviant lifestyle	.08	.05	.11	4.46***	13.62	3,289	9
Clinical	−.03	−.05	−.01	2.69**	88.29***	7,532	22

Note. Zr = mean effect size; z = significance of Zr; Q = test of homogeneity.
** p < .01. *** p < .001.

Bonta, Law, & Hanson (1998)

+

Offenders with mental illness have significantly *more* of "The Big 8" risk factors for recidivism

LS/CMI Total Scores	MD	Non-MD
General risk/need (Section 1)***	27.5 (5)	24.8 (5)
Specific risk/need (Section 2)***	6.5 (3)	4.7 (3)

…and these predict recidivism more strongly than risk factors unique to mental illness (i.e., HCR-20 total scores)

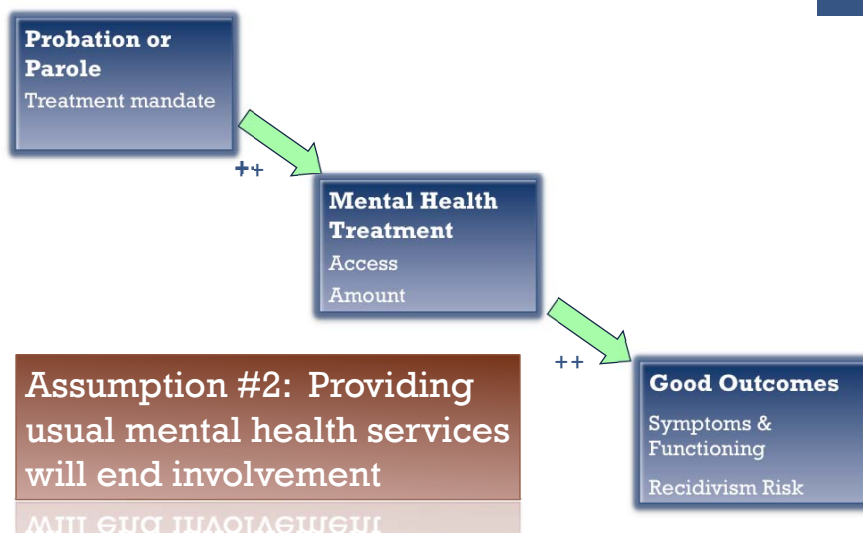Source: Skeem, Nicholson, & Kregg (2008)

+

The "Big Eight" Risk Factors

A Closer Look: …particularly *antisocial pattern*

General Risk/Need Factor Scores	MD	Non-MD
Criminal History	17.3 (7)	15.8 (7)
Education/Employment	4.1 (2)	3.7 (2)
Family/Marital**	4.2 (2)	5.0 (2)
Leisure/Recreation	1.7 (1)	1.9 (1)
Procriminal Attitudes	3.1 (1)	3.3 (1)
Antisocial Pattern***	2.5 (1)	1.8 (1)
Alcohol/Drug Problems	5.6 (1)	5.5 (1)
Criminogenic Companions	3.2 (1)	3.1 (1)

	B	S.E.	Wald	df	Sig.	Exp(B)
Antisocial Pattern	.72	.16	21.15	1	.000	2.05
Constant	-1.53	.37	17.25	1	.000	.22

+
Is the cause mental illness itself?
The unvalidated model of "what works"

Probation or Parole
Treatment mandate

++

Mental Health Treatment
Access
Amount

++

Assumption #2: Providing usual mental health services will end involvement

Good Outcomes
Symptoms & Functioning
Recidivism Risk

+
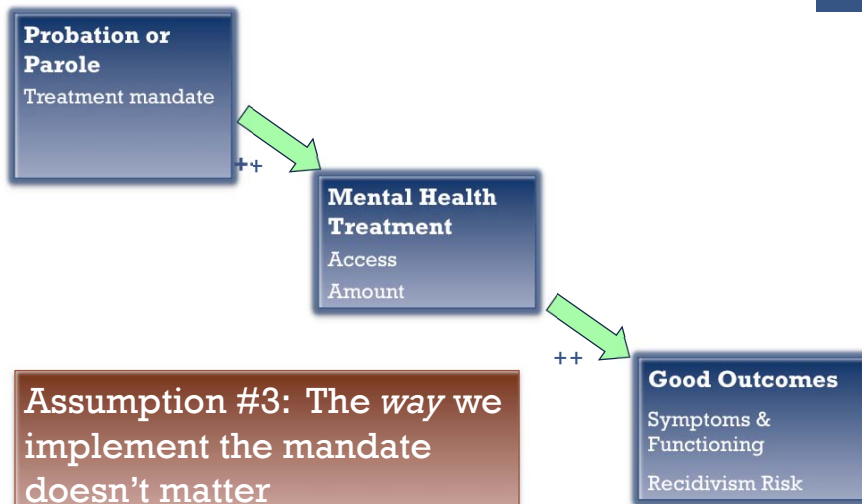# Increased services often do not translate into reduced recidivism

Even for those "enrolled in state of the art treatment programs, arrests and other encounters with the legal system are regular occurrences for persons with dual disorders"
Clark, Ricketts, & McHugo (1999, p. 546).

Clark, Ricketts, & McHugo, 1999; Skeem & Eno Louden, 2006; Steadman & Naples, 2005

+ Is the cause mental illness itself?

The unvalidated model of "what works"

Probation or Parole
Treatment mandate

++

Mental Health Treatment
Access
Amount

++

Good Outcomes
Symptoms & Functioning
Recidivism Risk

Assumption #3: The *way* we implement the mandate doesn't matter

---

+ Supervision style matters

- Offic... ...ly ill
  - Me...
  inc...
  - Sti...
- Beware the "treater turned monitor" phenomenon

"If there's a nutso on my caseload and he's just taking up too much of my time, when there's an opportunity to transfer him to another officer, I'll transfer him."

- Mental illness → sensitivity to bad practices
  - *"…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…it seems like it would make sense for him…to be very decent in his treatment of me"

Skeem, Encandela, & Eno Louden (2003)

+ Compliance strategies
Consider "Mike"

| Traditional	Not Traditional
■ *Bark at him…chew him up one side and down the other…you basically lie to them, "You're looking at prison"*	■ *…talk with him to identify any obstacles to compliance (like transportation problems), remove those obstacles, and agree on a compliance plan.*
■ The "big bluff"- threats and reminders	■ Problem-solving strategies

---

+ Compliance Strategies

	Non-traditional	Traditional
	Prob Solv /+	Sanction /-
Talked with you to figure out the reasons for any problems...listened	.77	
Tried to convince you that you would feel better if you stayed out of trouble…	.76	
Talked with you to help find a solution to a problem that you agreed on...	.75	
Reminded you of the conditions of probation or…	.54	.34
Praised or rewarded you when you've followed the rules	.52	
Told you that if you followed the rules, you wouldn't have to meet…	.41	
Met with you and your therapist or case manager to try to solve…	.32	

+ Negative pressure predicting failure at 6 months

…bad is stronger than good
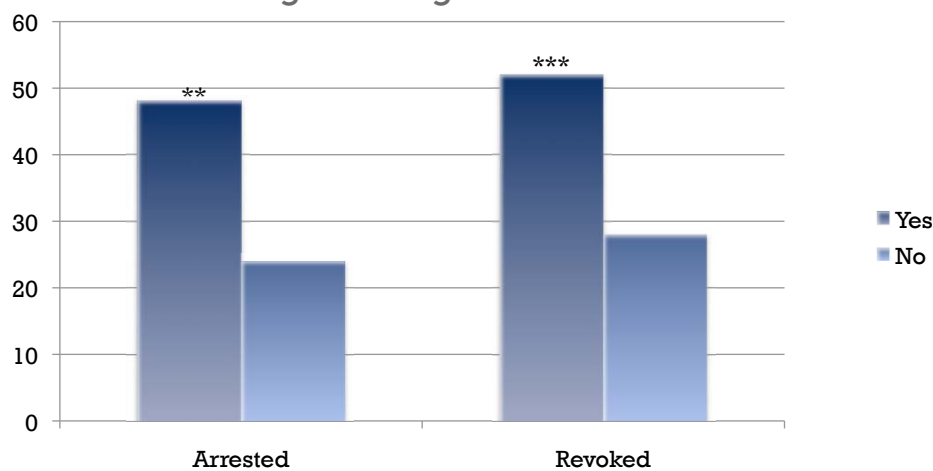
**$p<.01$, ***$p<.001$. Source: Manchak, Skeem, et al., 2008

+ Relationship quality

Colors every interaction and affects outcomes

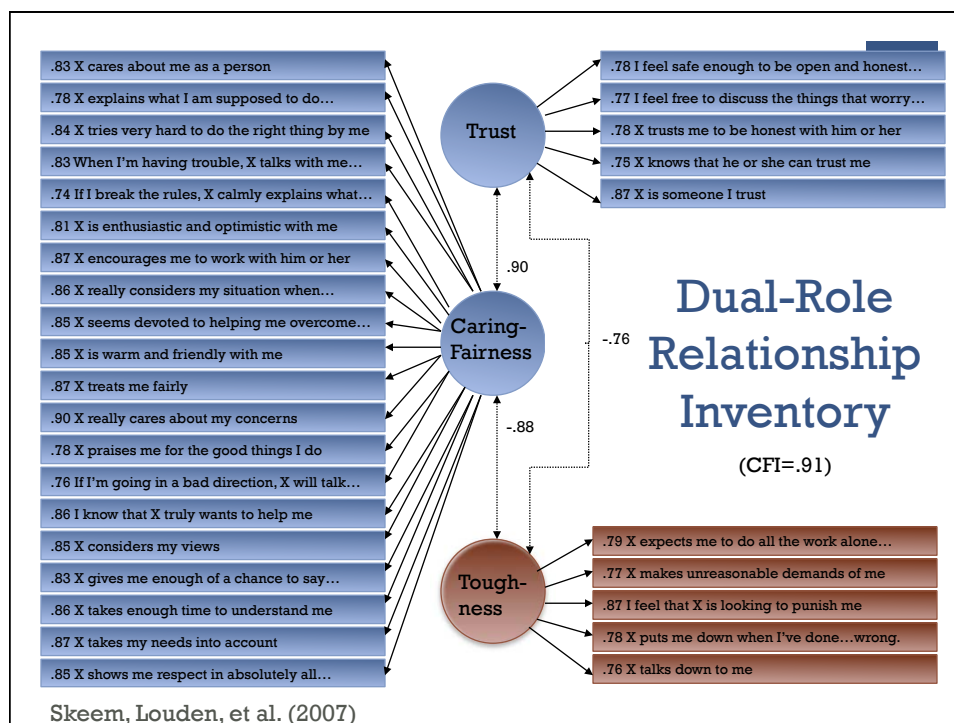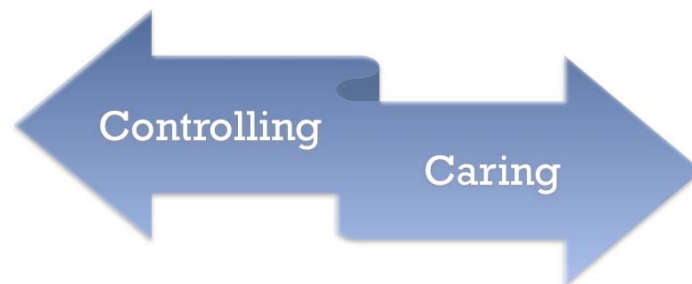| Authoritarian	Relational
■ *"The first time I met this particular probation officer, he let me know that he owns me…"* ■ *"The first time I met him, he threatened to put me in prison…I got so damned scared, okay? And I didn't do anything"* ■ *"He is chuckling to the other one…and nods his head over towards me and says, 'You can tell when he's lying cause his lips are moving.'"*	■ *"Actually the first question he asks when I step into his office is, 'How are you doing?' And he really wants to know…"* ■ *"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"* ■ *"She talks to me the right way"*

+

A closer look at dual role relationship quality

- Relationship quality in mandated treatment
  - Therapeutic role
  - Surveillance role

Controlling ⟷ Caring

.83 X cares about me as a person
.78 X explains what I am supposed to do…
.84 X tries very hard to do the right thing by me
.83 When I'm having trouble, X talks with me…
.74 If I break the rules, X calmly explains what…
.81 X is enthusiastic and optimistic with me
.87 X encourages me to work with him or her
.86 X really considers my situation when…
.85 X seems devoted to helping me overcome…
.85 X is warm and friendly with me
.87 X treats me fairly
.90 X really cares about my concerns
.78 X praises me for the good things I do
.76 If I'm going in a bad direction, X will talk…
.86 I know that X truly wants to help me
.85 X considers my views
.83 X gives me enough of a chance to say…
.86 X takes enough time to understand me
.87 X takes my needs into account
.85 X shows me respect in absolutely all…

Trust
.78 I feel safe enough to be open and honest…
.77 I feel free to discuss the things that worry…
.78 X trusts me to be honest with him or her
.75 X knows that he or she can trust me
.87 X is someone I trust

Caring-Fairness

.90

-.76

-.88

Tough-ness
.79 X expects me to do all the work alone…
.77 X makes unreasonable demands of me
.87 I feel that X is looking to punish me
.78 X puts me down when I've done…wrong.
.76 X talks down to me

Dual-Role Relationship Inventory

(CFI=.91)

Skeem, Louden, et al. (2007)

DRI-R correspond to what happens in meetings

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

+ DRI-R predicts failure at 6 months (better relationships, less failure)
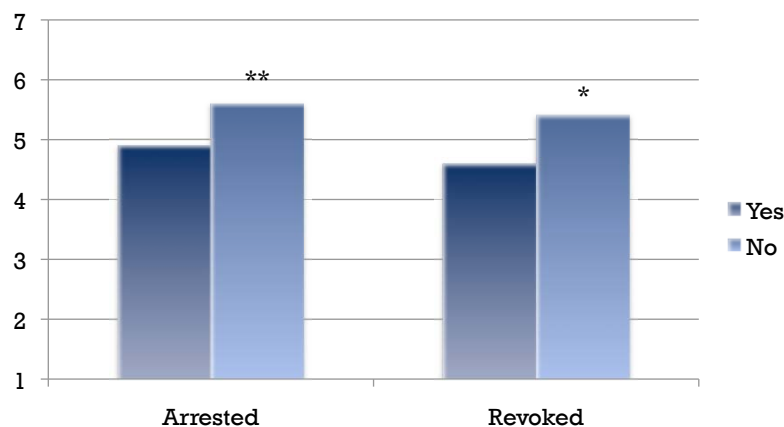
*p<.05; **p<.01

+ Consistency with other work:
Hybrid models work better than
surveillance or treatment alone

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

+ Consistency with other research:
officers as the focus

- Dowden & Andrews
  (2004): How an officer
  applies a model
  determines its
  effectiveness

- Paparozzi & Gendreau
  (2005): Within ISP
  parole

■ Surveillance □ Treatment ■ Hybrid

Revoked
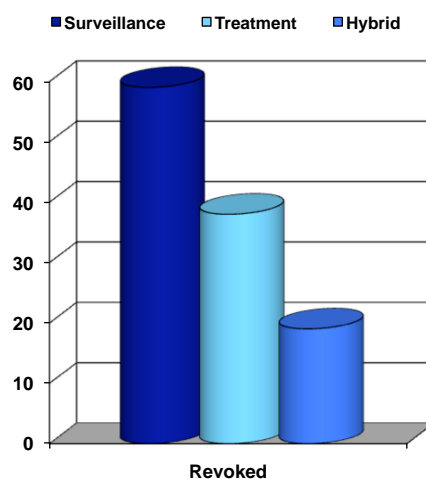
+ Consistency with other research: programs as the focus

- Aos, Miller, & Drake (2006): meta-analysis of Intensive Supervision Programs (ISPs)

- Paparozzi & Gendreau (2005): ISP vs. traditional
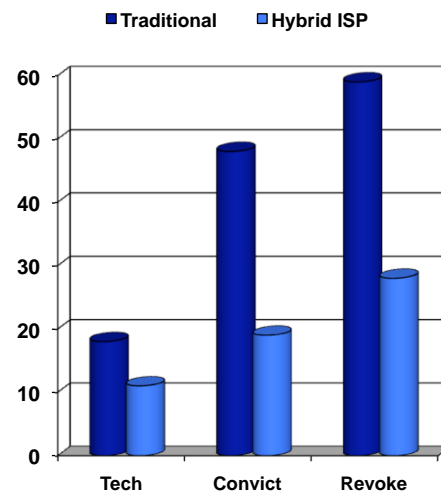
+ Assumptions of the unvalidated model for "what works"

Assumption	Consider
Involved in crime solely because of mental illness	Strongest risk factors are shared with non-mentally ill
Providing usual mental health services will end involvement in crime	Mental health services (meds. & case management) often do not prevent recidivism
The way we implement the mandate doesn't matter	Thresholds for revocation matter. Process of supervision matters.
One size fits all	Offenders with mental illness have diverse features

+

Overview

What is the problem?

How can we improve supervision success for offenders with mental illness?

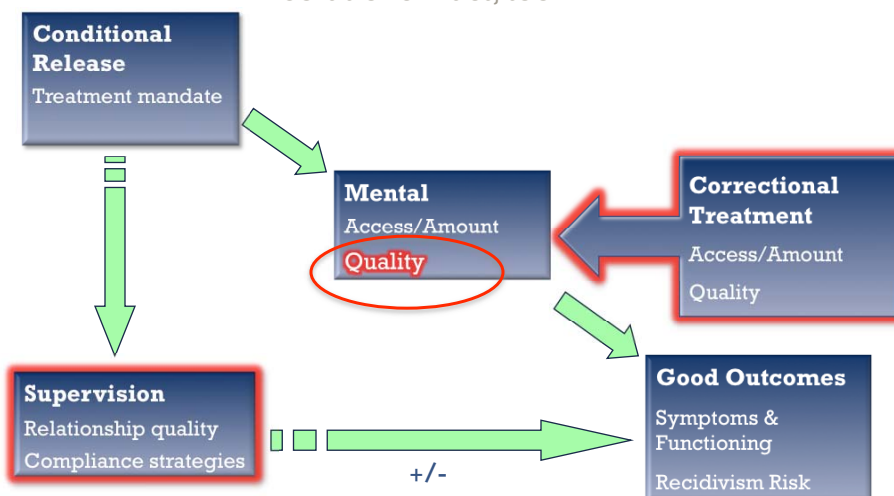1. The unvalidated model
2. A more promising model

An existing program: Specialty caseloads

Implications for practice…now

A less simplistic model of "what works"

Causes extend beyond mental illness;
Solutions must, too

Conditional Release
Treatment mandate

Mental
Access/Amount
Quality

Correctional Treatment
Access/Amount
Quality

Supervision
Relationship quality
Compliance strategies

+/-

Good Outcomes
Symptoms & Functioning
Recidivism Risk

+ Evidence-based practice in mental health

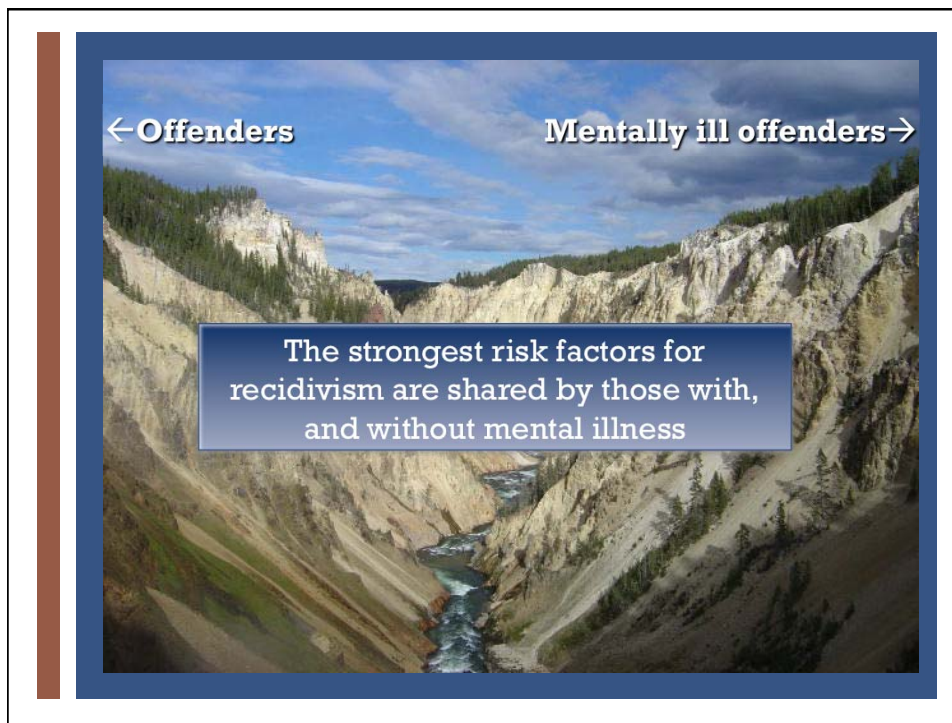| The Sacred Six	Plus Two
■ Integrated substance abuse and mental health services	■ Trauma Intervention
■ Supported employment	■ Pathways to housing
■ Psychopharmacology	
■ Illness self-management and recovery	
■ Family psychoeducation	
■ Assertive Community Treatment (BUT…Morrissey, 2005)	

http://consensusproject.org/updates/features/GAINS-EBP-factsheets

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A less simplistic model of "what works"

Conditional Release
Treatment mandate

Mental Health Treatment
Access/Amount
Quality

Correctional Treatment
Access/Amount
Quality

Supervision
Relationship quality
Compliance strategies

+/-

Good Outcomes
Symptoms & Functioning
Recidivism Risk

←**Offenders**   **Mentally ill offenders**→

The strongest risk factors for recidivism are shared by those with, and without mental illness

+
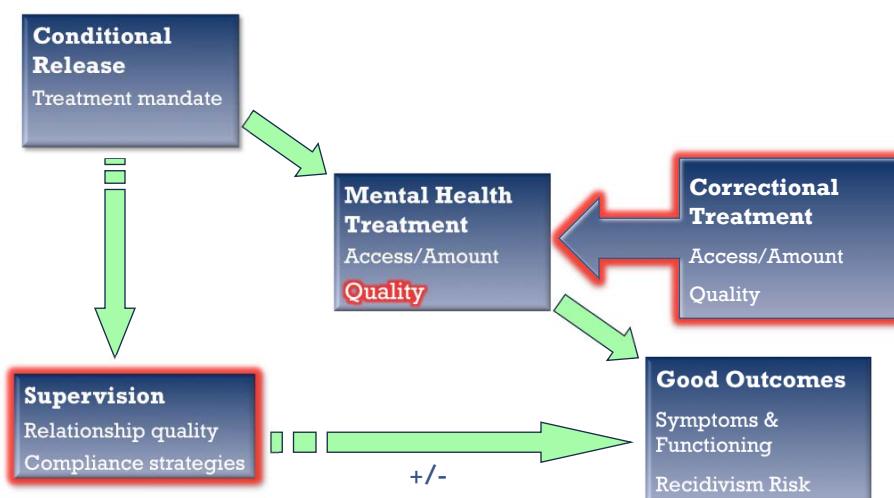
Evidence-based principles of correctional rehabilitation

- Target criminogenic needs like anger, substance abuse, antisocial attitudes, and criminogenic peers (Andrews et al., 1990)

- Use cognitive behavioral techniques like relapse prevention (Pearson, Lipton, Cleland, & Yee, 2002)

- Ensure implementation (Gendreau, Goggin, & Smith, 2001)

- Focus resources on high risk cases (Andrews & Dowden, 2006)
  - Including those with problematic traits
    - YES…even those with high PCL-R scores
    - Skeem, Polaschek & Manchak, in press

Fitting supervision to the offender to improve outcomes
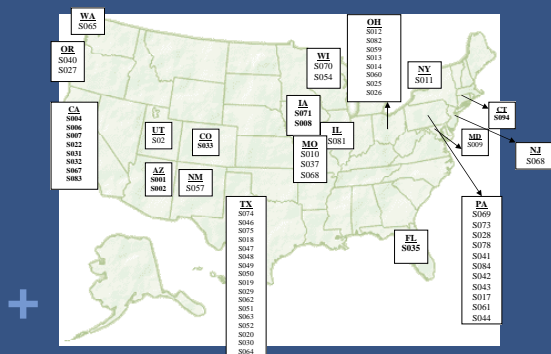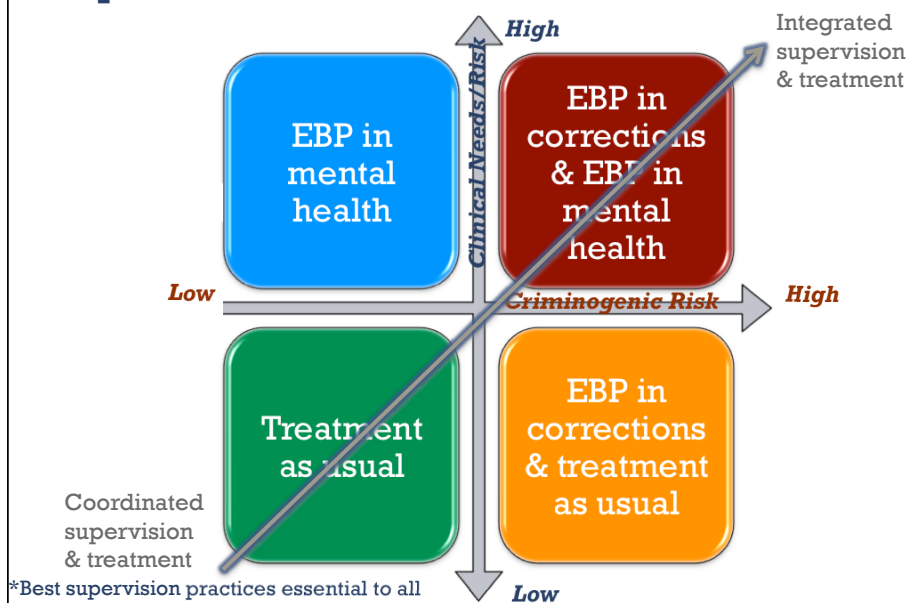
Specialty mental health caseloads

Best supervision practices + *integration* of supervision and treatment

+

National survey: The prototypic specialty mental health 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
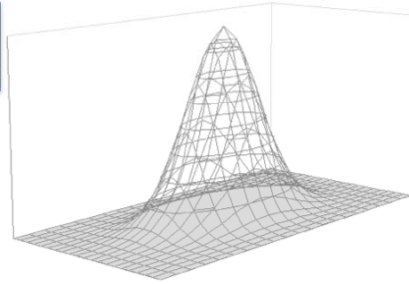
Skeem, Emke-Francis, & Louden, 2006; Louden et al., in press

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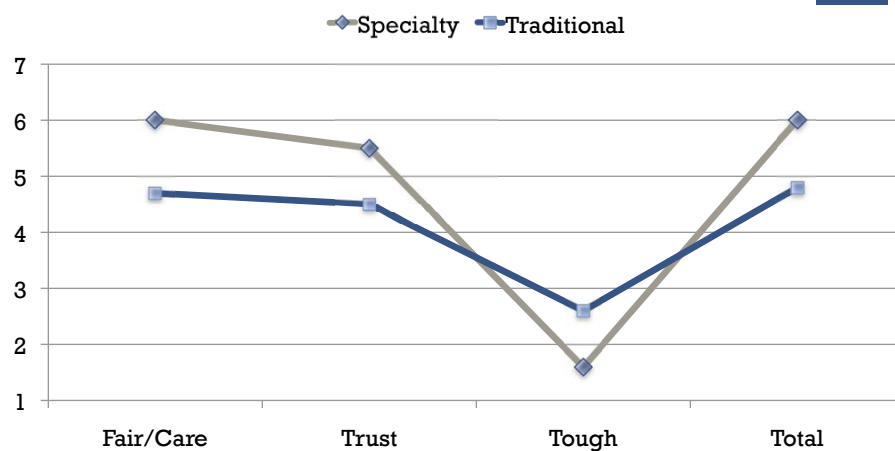# Outcome study: better practices and outcomes found in specialty than traditional agencies

Ongoing two-year prospective matched trial: 360 PMIs and officers in prototypic specialty and traditional agencies

+ Baseline Compliance Strategies
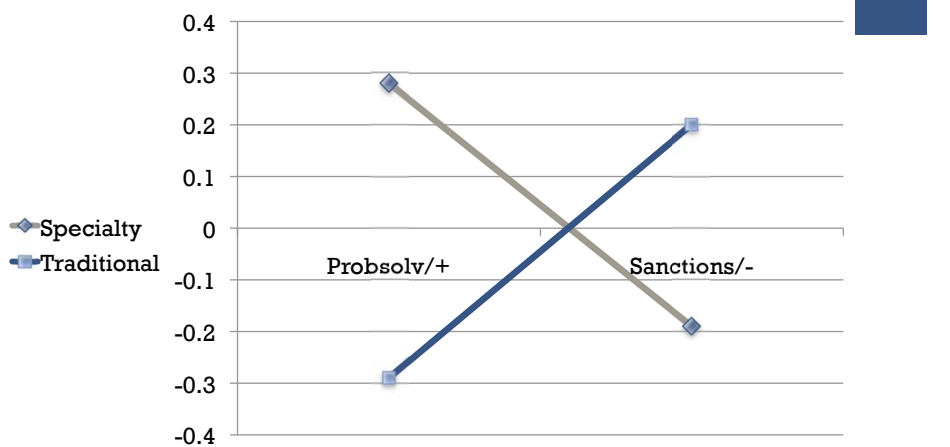
Differences, p <.001; remain so after controlling for propensity scores

+ Baseline Relationship Quality

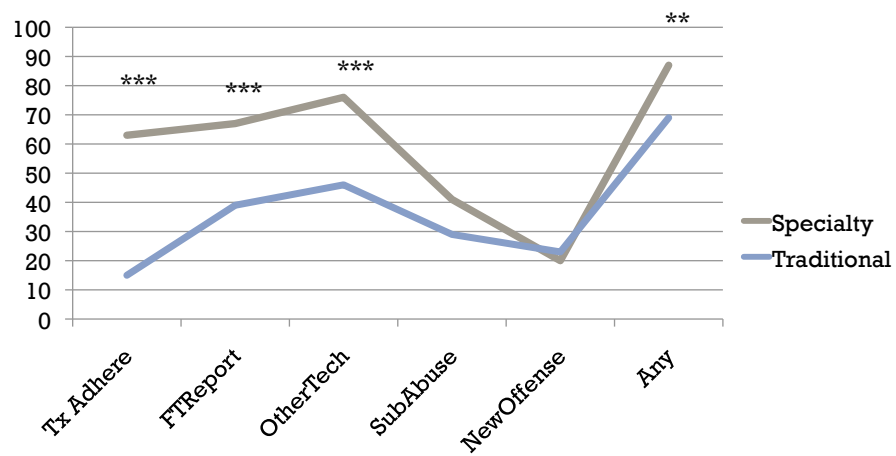All differences, p<.001, remain significant after controlling for propensity scores
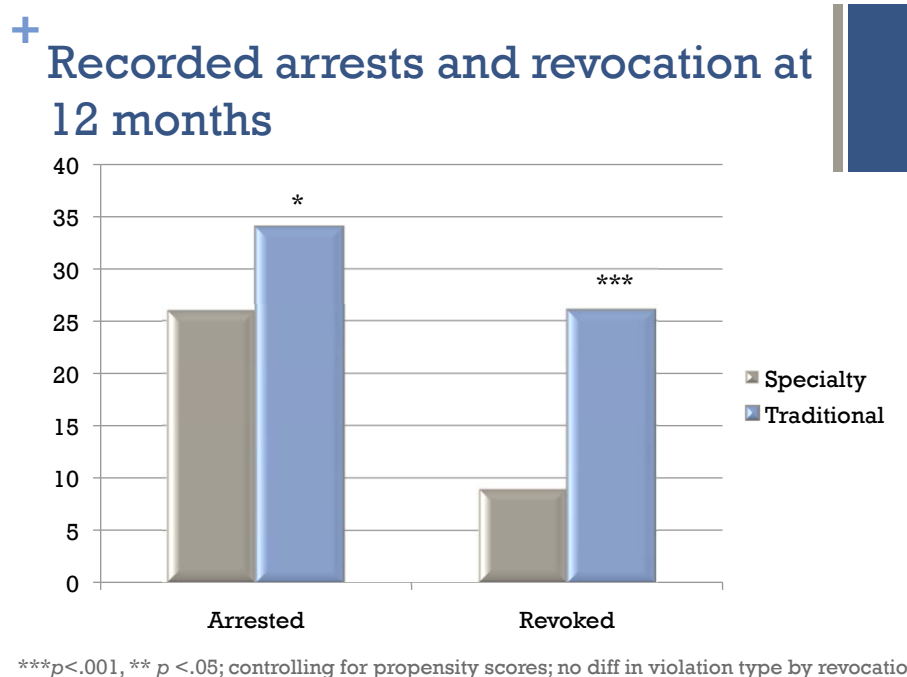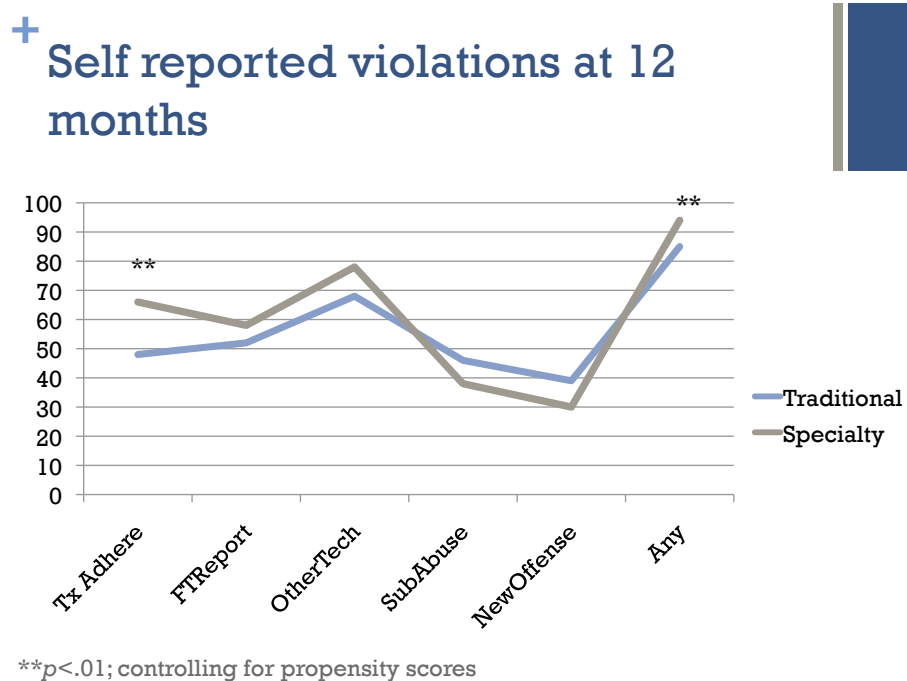
+

Relative to traditional supervision, specialty supervision predicts

- Better supervision practices
- Greater
  - Medication adherence
  - Mental health treatment sessions
- But not greater
  - Improvement in symptoms and functioning over time
- What about criminal justice outcomes?

+
Recorded violations at 12 months

***$p<.001$; **$p<.01$, controlling for propensity scores

+ Self reported violations at 12 months

**p<.01; controlling for propensity scores

+ Recorded arrests and revocation at 12 months

***p<.001, ** p <.05; controlling for propensity scores; no diff in violation type by revocation

+ Active ingredients of specialty supervision?

- Risk reduction is not based on receiving more mental health services

- More a function of what officers do
  - Avoidance of negative pressures
  - Positive dual role relationship quality

+ Relationship quality partially mediates relation between specialty supervision and arrests and revocation (shown)
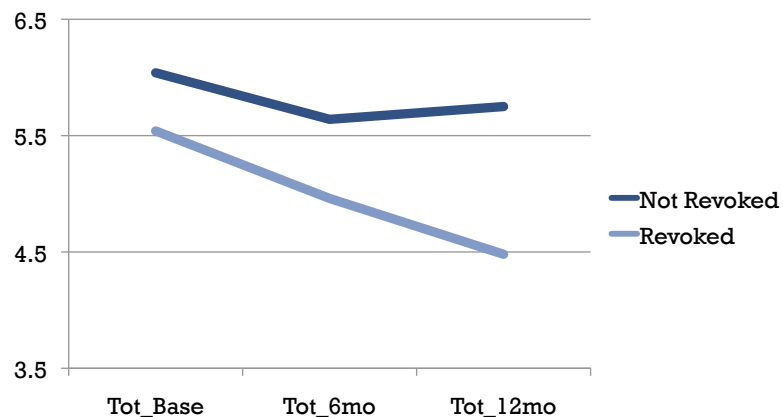
Repeated measures ANCOVA, with site and propensity controlled
BS relationship main effect, $p < .01$; WS relationship x revocation effect, $p < .05$

+ Overview

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How can we improve supervision success for offenders with mental illness?
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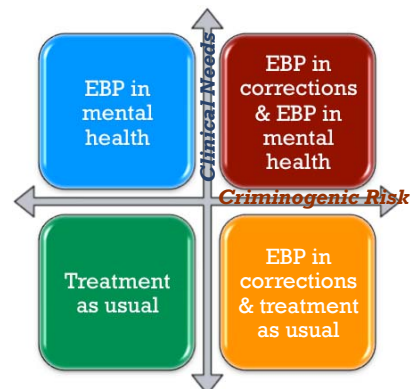An existing program: Specialty caseloads

Implications for practice…now

+ What to do…

Screen and assess

- Identify offenders with mental illnesses, using a validated tool like the K-6 or BJMHS
  - http://www.hcp.med.harvard.edu/ncs/k6_scales.php
  - http://gainscenter.samhsa.gov/HTML/resources/MHscreen.asp
  - Eno Louden, Skeem et al. (2008)

- Assess risk of recidivism, using a validated tool like the LSI-R or LS/CMI

Target criminogenic risk & clinical needs with EBPs

Clinical Needs

EBP in mental health

EBP in corrections & EBP in mental health

Criminogenic Risk

Treatment as usual

EBP in corrections & treatment as usual

+ What to do…

Coordinate or Integrate	Above all

Coordinate or Integrate

- Depending on risk and need

- For high risk, high need cases, consider specialty caseloads
    - But…target RISK

Above all

- Avoid bad supervision practices
    - Low thresholds for revocation
    - Threats
    - Authoritarian relationships

- Apply good practices
    - Same threshold for revocation
    - Problem solving
    - Firm but fair relationships

JUSTICE ★ CENTER
THE COUNCIL OF STATE GOVERNMENTS

Improving Outcomes for People + with Mental Illnesses under Community Corrections Supervision
A Guide to Research-Informed Policy and Practice

Forthcoming, 2008
http://consensusproject.org/issue-areas/corrections/

+

For slides: email me →

skeem@uci.edu

Thanks

MacArthur Research Network

Council of State Governments

Criminal Justice and Mental Health Lab
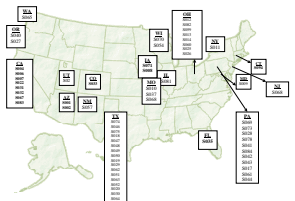
Probationers, officers, and supervisor participants

http://socialecology.uci.edu/faculty/skeem/

+

How do we know?

Research behind the principles

- Focus group study (Skeem, Encandela, & Louden, 2003)
  - Three states, 6 focus groups with officers and PMIs

- National survey (Skeem, Emke-Francis, & Louden, 2006; Louden et al., in press)
  - All multi-caseload specialty agencies (n=66) and matched traditional agencies (n=25); Participation =93% supervisors

- Relationship quality study (Skeem, Louden, Polaschek, & Camp, 2007)
  - 90 PMIs and their officers in a specialty agency; interviews, recorded meetings, and 1-year recidivism followup

+

How do we know?

Continued

- Ongoing outcome study
  - Prospective design (2 years)
    - Interviews: Baseline, 6 mo, 12 mo (retention $\geq$ 85%)
    - Record downloads: 12 mo (services) & 24 mo (c.justice)
  - Matched trial: 360 probationers and their officers
    - Specialty (Dallas) & Traditional (Los Angeles)
    - Matched probationers
      - Recruitment: age, gender, ethnicity, offense, and time on probation
      - Propensity scores: any remaining differences

- Consistency with other research
  - ISPs: Aos, Miller & Drake (2006)
  - PMIs: Solomon & Draine (1995)
  - Application: Dowden & Andrews (2004); Paparozzi & Gendreau (2005)