

# Colorado Probation Research in Brief

## *How do Probation Officers Assess and Manage Recidivism and Violence Risk for Probationers With Mental Health Disorder? An Experimental Investigation*

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**Key Words:** Mental Health, Probation, Risk, Supervision, Substance abuse

### Summary/Conclusions

Prior research indicates that mental health diagnosis alone is not a factor leading to recidivism. The present study examined the effect of mental health and substance abuse diagnoses had on probation officers' (PO) perception of risk and the impact on their case management decisions. Researchers found that mental health disorders increased the officers' perception of risk. The only condition that was not associated with an increased perception of risk of violence was depression. POs were more likely to recommend higher levels of containment and mandate court ordered treatment to those with mental health disorders.

### Limitations of Information

The officers' perceptions are based from vignettes, which may provide a limited source of information and context than probation officers are accustomed (e.g. lack of criminal history information, assessment results). Each officer reviewed one vignette. It is unclear if officers reviewing several vignettes would result in similar findings. The probation officers in this study may not be representative of probation officers in Colorado.

**Caveat:** The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

### *The Importance of Actuarial Assessments*

In the present study, 234 POs were asked to assess risk and make a series of case management decisions based on vignettes. Each officer was assigned one vignette to evaluate. The vignettes contained similar information, but changed variables to control for mental health disorders and substance abuse. The variations were: control (a troubled individual), major depression, bipolar disorder, schizophrenia, cocaine dependence, major depression with cocaine dependence, bipolar depression with cocaine dependence, and schizophrenia with cocaine dependence.

Officers reviewed the vignette and were asked their perception of risk for technical violation, risk of new offense, and risk of violence. Officers were asked to provide recommendations for level of containment, frequency of contacts, and endorsement of forced mental health treatment. Finally officers were asked on a scale on of zero (do nothing) and six (seek revocation) how they would respond if the probationer technically violated, committed a serious offense, or did not comply with treatment and officer appointments.

Consistently POs rated mental health disorder vignettes at a much greater risk of technical violation and re-offense. The results for risk of violence, with the exception of two vignettes, were also viewed as an increased risk of violence. Depression and depression with cocaine dependence were the two vignettes that were rated at a lower risk of

violence than the control vignette. Officers recommended a high level of containment for those with a mental health diagnosis and were more likely to mandate mental health treatment. Schizophrenia had the greatest impact on frequency of contacts. Only the substance abuse vignette derived a significant response from officers when the client missed treatment/PO appointments. All other responses were generally the same sanction level regardless of the type of vignette.

### Practical Applications

- ✓ Use actuarial assessments (e.g. LSI, CJRA, JSOAP) to determine risk level and criminogenic needs.
- ✓ Supervise cases according to their assessed risk. Overriding cases due to mental health may result in over-supervision, which may lead to increased levels of probation failure.
- ✓ Be thoughtful about specific responsibility factors (e.g. mental health) when utilizing sanctions. Each incentive and sanction should be individualized to probationers.
- ✓ Use appropriate intermediate sanctions in lieu of filing complaints. Often mental health disorders can create added hurdles for individuals to function within societal norms.
- ✓ Be thoughtful when addressing mental health issues. Mental health can carry a stigma in society and even more so in different cultures, it is common for individuals to feel ambivalent about mental health treatment.