

The Role of Stigma Toward Mental Illness in Probation Officers' Perceptions of Risk and Case

Management Decisions

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Abstract

Recommendations for supervising offenders with mental illness have evolved from a narrow focus on treating psychopathology to an integration of mental health treatment and correctional interventions. Probation officers likely have inflated perceptions of risk for offenders with mental illness, which may result in improper risk assessment and misinformed risk management practices. In a sample of 89 probation officers, we examined perceptions of risk for probationers with and without mental illness and explored whether stigmatizing attitudes towards mental illness affect perceptions of risk and risk management strategies. Officers did not over-estimate risk for offenders with mental illness, and stigma toward mental illness bore little influence on risk ratings and case management decisions. However, officers did rate the offender with mental illness as higher risk than the non-disordered offender and chose more punitive responses to a violation he committed—despite being informed that the offenders were of the same risk classification.

Keywords: probation officers, community corrections, risk assessment, offenders with mental illness

The Role of Stigma Toward Mental Illness in Probation Officers' Perceptions of Risk and Case Management Decisions

The past two decades have brought about both a substantial amount of attention to offenders with mental illness and a noticeable shift in recommendations of best practices for managing this group in the criminal justice system (McCormick, Peterson-Badali, & Skilling, 2015; Morgan et al., 2012; Skeem, Manchak, & Peterson, 2011). Early policy statements reflected the concerns of those who work on the front lines with these offenders: A disproportionate number of individuals with serious mental illness are involved with the criminal justice system, the system struggles to meet their clinical needs, and untreated mental illness leads this group to recidivate to a high degree (see Council of State Governments, 2002; Munetz & Griffin, 2006). Recently, a more nuanced understanding of offending among people with mental illness has emerged based on a growing body of research (see Skeem et al., 2011, for a review). Specifically, mental illness is not a strong predictor of re-offense (Andrews, Bonta, & Hoge, 1990; Andrews, Bonta, & Wormith, 2006), and symptoms do not directly cause most offenses committed by offenders with serious mental illness (Junginger, Claypoole, Laygo, & Cristiani, 2006; Peterson, Skeem, Hart, Vidal, & Keith, 2010; Peterson, Skeem, Kennealy, Bray, & Zvonkovic, 2014). Instead, offenders with mental illness have more general risk factors for offending (e.g., criminogenic personality patterns) compared to non-disordered offenders (Skeem, Winter, Kennealy, Eno Loudon, & Tatar, 2014). As explained in a recent review by McCormick and colleagues (2015), mental illness appears to be an indicator of risk—because it is correlated with factors related to offending—rather than a causal mechanism itself.

Contemporary recommendations for supervising offenders with mental illness focus on the application of practices already known to reduce recidivism among offenders in general.

Included in these recommendations are those outlined by the Risk Need Responsivity (RNR) model (Andrews & Bonta, 2010), where high quality mental health treatment is used to improve functioning and increase offenders' responsivity to correctional interventions targeting specific risk factors for crime (Council of State Governments, 2009; Skeem et al., 2011). However, top-level policy may be merely symbolic and have little effect on what line officers actually do (Grattet, Lin, & Petersilia, 2011). It is unclear the extent to which this knowledge has trickled down to the officers who are tasked with implementing these policies in their work with offenders. This is particularly important in probation agencies, which supervise the majority (56.4%) of offenders in the U.S. criminal justice system (U.S. Department of Justice, 2016).

Within these agencies, probation officers have considerable discretion and thus can make a number of significant decisions about their assessment and supervision of offenders (Abadinsky, 2014; Eno Loudon, Skeem, Camp, & Christensen, 2008). Misperceptions about the risks of offenders with mental illness may adversely affect officers' decisions. As a result, fidelity to the RNR model may be compromised, reducing the ability of agencies to reduce recidivism for offenders with mental illness. Indeed, recent research studies suggest that officers' perceptions are out of alignment with empirically established reality, particularly when it comes to understanding risk for offenders with mental illness.

Officers' Perceptions of Risk for Offenders with Mental Illness: A Disconnect From the Evidence

Although there is variance in risk level among offenders with mental illness, just as among offenders without mental illness (see Skeem et al., 2014), officers appear to perceive offenders with mental illness as a uniformly high-risk group (Eno Loudon & Skeem, 2013; Epperson, Canada, Thompson, & Lurigio, 2014; Skeem, Encandela, & Eno Loudon, 2003). For

example, an experiment in which probation officers were randomly assigned to vignettes depicting offenders with and without mental illness and substance abuse found that officers rated a hypothetical probationer with schizophrenia as higher risk than one who had cocaine dependence but no mental health problem. Officers also rated a different hypothetical probationer—one with mental illness and substance abuse—as virtually guaranteed (90% likely) to commit a technical violation, and very likely to commit a new offense (81% likely; Eno Louden & Skeem, 2013).

In reality, however, offenders with mental illness have much lower rates of recidivism than officers' estimates. For example, in the State of California, notorious for its high recidivism rates before recent reforms were enacted to improve outcomes for parolees (Bird & Grattet, 2016), 53% of parolees with mental illness returned to prison within 1 year of release (Eno Louden & Skeem, 2011; see also Feder, 1991; Lovell, Gagliardi, & Peterson, 2002; McShane, Williams, Pelz, & Quarles, 2005)—far less than the 90% rate estimated by officers in Eno Louden and Skeem's (2013) study. Further, there is both inter-individual variability (Skeem et al., 2014) and intra-individual variability in risk factors for crime (Peterson et al., 2014) among offenders with mental illness. In other words, even when mental illness influences criminality among offenders, it (a) does so for only a small group of offenders (Junginger et al., 2006; Peterson et al., 2010), and (b) does not consistently lead to criminality for this group (Peterson et al., 2014). Thus, the treatment of this group as homogenous, with a primary focus on the "master status" of mental illness while ignoring other factors, is misinformed.

There is a problematic disconnect between risk assessment research and practice on offenders with mental illness. Although many agencies employ standardized approaches to assess risk using a validated risk assessment tool, officers' misperceptions about offenders with

mental illness can influence the risk assessment process—and ultimately, case management decisions that flow from the risk assessment. Specifically, officers often have the ability to override risk scores if they perceive an offender to be higher or lower risk than the risk score indicates (e.g., Viglione, Rudes, & Taxman, 2015). If officers routinely perceive offenders with mental illness to be riskier, they may also be routinely overclassified. When this occurs, resources are not allocated to those who need them most, compromising cost efficiency and public safety.

Beyond initial risk assessment, officers' risk perceptions adversely affect how they seek to manage risk for offenders with mental illness throughout the course of routine supervision. For example, if offenders with mental illness receive more supervision than needed, surveillance becomes iatrogenic (Andrews & Bonta, 2010; Lowenkamp, Latessa, & Holsinger, 2006; Petersilia & Turner, 1993). Relatedly, officers must respond to instances of noncompliance with the rules of probation (“technical violations”) on a routine basis, and they typically have a large amount of discretion in this domain (Eno Louden et al., 2008; Grattet et al., 2011).

Officers can choose to address noncompliance in a number of ways, and some are more effective than others. Use of threats and violations has been observed among surveillance or punitive-oriented officers (Ricks & Eno Louden, 2015; Skeem, Eno Louden, Polaschek, & Camp, 2007), leading to adverse offender outcomes (Manchak, Skeem, Kennealy, & Eno Louden, 2014). On the other hand, reinforcement of pro-social behavior and problem-solving discussions to identify and resolve barriers to compliance are evidence-based practices for managing indiscretions committed by offenders with *and* without mental illness (see Andrews & Bonta, 2010; Dowden & Andrews, 2004; Manchak et al., 2014; Robinson et al., 2012). If officers perceive offenders with mental illness as higher risk than they actually are, there are genuine

concerns that this will also lead them to choose to monitor the offenders more frequently and/or handle them more punitively (see Eno Louden et al., 2008; Eno Louden, Skeem, Camp, Vidal, & Peterson, 2012; Skeem et al., 2003), which can artificially inflate their recidivism rates and deepen their involvement in the criminal justice system (Munetz & Griffin, 2006).

Getting to the Root of Risk Perceptions: Does Stigma toward Mental Illness Affect Risk Assessment and Management?

Both (a) the perceptions of offenders with mental illness as higher risk and (b) the differential treatment of offenders with mental illness may be influenced by officers' negative attitudes, or stigma, about mental illness. Individuals with mental illness are a highly stigmatized group (Link, Phelan, Bresnahan, Steuve, & Pescosolido, 1999), and prior research has shown that even professionals who routinely work with this population—and who ostensibly understand them better than the average person—hold negative attitudes about them. For instance, mental health professionals (Rao et al., 2009) and probation officers (Eno Louden & Skeem, 2013) have similarly reported negative attitudes towards offenders with mental illness.

It is possible that stigmatizing attitudes affect how offenders with mental illness are assessed and managed on probation. To date, one study suggests this may be the case. Eno Louden (2009) found that probation officers' desire for social distance from offenders with mental illness (a proxy for stigmatizing attitudes) was related to their perceptions of how likely a hypothetical probationer was to commit a new offense or a technical violation (but not to their perception of his violence risk). However, this study was unable to disentangle officers' attitudes towards people with mental illness from their attitudes regarding the offenders' status as a criminal. As such, no study to date has yet explored whether stigma toward mental illness, specifically, impacts officers' risk perceptions and case management decisions.

The Present Study

The present study furthers our understanding of probation officers' perceptions of risk for offenders with mental illness in three ways. First, rather than testing whether officers perceive offenders with mental illness as higher risk than non-disordered offenders, as has been done in prior research (Eno Louden & Skeem, 2013), we address perhaps a more policy relevant question: "Are offenders with mental illness being improperly classified as higher risk than they actually are, by nature of their mental health status?" In other words, we examine whether officers perceive an offender with mental illness to be higher risk than that suggested by his risk classification (e.g., low, medium, high). We do so by asking officers to rate the likelihood of recidivism for two hypothetical probationers—one with mental illness and one without—who have been given the same risk classification by a structured risk assessment tool. This approach, in this context, is particularly insightful, because officers had access to recidivism base rates that corresponded with the risk classifications as part of information provided to them in a recent training on the risk assessment tool. As such, officers should logically conclude that the base rates for recidivism apply equally to people classified in each risk group, regardless of individual characteristics like mental illness. Thus, by comparing risk ratings of two offenders who differed on mental health status but shared the same risk classification, we could examine the extent to which officers treat the two offenders differently when rendering a risk rating by under- or over-classifying one versus the other.

Second, we test whether officers' stigmatizing attitudes towards mental illness influence risk assessment and case management. As mentioned earlier, prior research has been unable to disentangle the relative importance of stigma toward mental illness versus stigma toward offenders (Eno Louden & Skeem, 2013). In the present study, we assess general attitudes toward

mental illness (as opposed to attitudes toward offenders with mental illness) and then examine its relationship to risk perceptions and case management decisions for the vignette depicting an offender with mental illness.

Third, we examine how risk ratings relate to supervision decisions for both offenders. We are interested in testing whether, for example, higher perceptions of risk are met with either (a) more supervision, as would be prescribed by the RNR model, or (b) supervision strategies that are more punitive, which would be contraindicated by the RNR model and other research specifically on offenders with mental illness (Eno Louden et al., 2008; Eno Louden et al., 2012; Manchak et al., 2014; Skeem et al., 2007; see also Andrews & Bonta, 2010; Bonta, Rugge, Scott, Bourgon, & Yessine, 2008). In doing so, we are also able to examine whether officers treat offenders with and without mental illness differently, based on their ratings of risk.

Method

To address the aims of the study, we utilized a within-participants, vignette-based design with officers in a probation agency located in the Southwestern U.S. As part of a larger study that involved an evaluation of a training program for a newly adopted risk assessment tool, surveys were administered pre-training and post-training; the variables for the present study came only from the post-training survey. The training included several topics: interviewing skills to elicit information from clients, administration and interpretation of the risk assessment tool, and how to incorporate the tool into case management. In addition, the training briefly covered general principles of risk assessment, including the domains assessed by the risk assessment tool, which overlap with the central eight risk factors from the RNR model. The training did not include any components that specifically focused on offenders with mental illness.

Because officers recently completed training on the risk assessment tool, this was an ideal time to assess the constructs of interest: information regarding base rates of recidivism for offenders in different risk categories were still fresh in officers' minds. All officers in the agency were invited to complete the study materials via an online survey engine 4-5 months after they attended the training. Officers interested in participating were directed to the survey website, where they read a study information page and agreed to participate. After completing a short demographic survey, the officers completed the study materials described below in addition to a knowledge test regarding the risk assessment training that is reported elsewhere (Ricks, Eno Louden, & Kennealy, 2016). The measures presented after the demographic survey and knowledge test were presented in random order to prevent ordering effects.

As described below, officers were presented with two vignettes for which they provided ratings of the constructs of interest. All officers received the same two vignettes, making this a within-subjects design. This design was selected to ensure adequate statistical power for the analyses with an anticipated response rate of about 50% (see Shadish, Cook, & Campbell, 2002).

Participants

Of the 152 officers invited to participate in the study, 99 (65%) completed the post-training survey in which the questions for the current study were embedded. Ten of these officers did not provide complete responses to the survey, leaving a final dataset of 89 (58.5% response rate). A majority of officers were women (65%), and about half were European American (51%; 38% Latino; 10% African American). On average, participants were 43 years old ($SD = 10$). The majority (85%) reported that their highest level of education was a bachelor's degree, though a small proportion (11%) reported having a master's degree. Most officers' degrees were in criminology or criminal justice (56%), followed by psychology (15%)

or social work (9%; 20% reported “other” fields). Participants reported an average of 16 years ($SD = 8$) working in the corrections field, including their current position.

The agency operates a number of specialized caseloads targeting specific subgroups of offenders, such as DWI offenders, domestic violence offenders, high-risk offenders, and offenders with mental illness or substance abuse problems. Many (37.1%) of the participants in this study reported supervising one of these specialty caseloads; 5 officers reported supervising a mental health caseload.

Measures

Vignettes. Officers read two separate vignettes portraying hypothetical probationers. The vignettes were crafted such that they both portrayed plausible examples of moderate-risk offenders, but the specific details of each were different so that officers would not guess the purpose of the study. The vignettes were both approximately 150 words and provided a narrative description of a male offender identified only by initials (J. T. and A. R.).

Although the specific case details differed across vignettes, attempts were made to describe the offenders as similar in terms of their global risk factors for recidivism. For example, both probationers were described as scoring “moderate” on the county’s risk assessment tool, but only one was described as having mental illness (e.g., diagnosed with schizophrenia and taking antipsychotic medication), while the other was not. Although the risk assessment tool used by the agency yields a numeric score as well as a categorical classification for offenders (i.e. low, moderate, and high), we provided only categorical classifications of the hypothetical probationers. Both offenders were depicted as having similar education, employment, financial and living situations. Finally, although the non-disordered offender had a violent index crime (misdemeanor assault) and problematic procriminal attitudes, he did not have a criminal history.

The disordered offender had a relatively minor criminal history (trespassing, loitering, and theft), an index property crime, but no issues with procriminal attitudes. In short, attempts were made to balance the risk factors of criminal history and procriminal attitudes across the two vignettes.

Risk ratings. After each vignette, officers were asked to rate on a scale from 0% to 100% how likely the probationer was to engage in specific activities during the probation term: commit a new offense, be violent towards other people, and have his probation revoked.

Case management ratings. Officers were asked to indicate how often they would meet with the offender presented in the vignette. Response options included “more than once a month,” “once a month,” “once every three months,” “once every six months,” and “other.” For both vignettes, the vast majority of officers selected either the “more than once a month” or “once a month” option; as such, we dichotomized responses into one of two categories: (1) once per month or less, or (2) more than once per month.

Next, officers were instructed to imagine that they had been supervising the offender for the past 2 months, and last month the offender’s employer reported that he had stopped reporting for work and was in danger of being fired. In addition, the probationer tested positive for alcohol on his latest urinalysis. Officers were also asked to determine what their response would be to the offender’s non-compliance. Response options were ordinal: remind the probationer of the rules, offer an incentive for compliance, have a problem-solving discussion, threaten incarceration, or file a violation report. Notably, the pattern of responses across category options was skewed, with the majority of officers indicating that they would have a problem-solving discussion with the probationer depicted in the vignette ($n = 76$ for the vignette portraying a probationer with mental illness, $n = 74$ for the non-disordered probationer), and no officer indicating they would threaten incarceration.

Attitudes towards mental illness. Officers' attitudes towards mental illness were assessed using a revised version of the Community Attitudes toward the Mentally Ill Scale (CAMI; Taylor & Dear, 1981). The CAMI contains 40 items measuring attitudes toward people with mental illness across four domains: Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. We made minor edits to several of the CAMI items to reflect modern terminology used to refer to individuals with mental illness; for example, we reworded the item "The mentally ill have for too long been the subject of ridicule" to "People with mental illness have for too long been the subject of ridicule." Officers responded to the CAMI items using a 5-point Likert-type scale, where 1 = "strongly disagree," 2 = "disagree," 3 = "neutral," 4 = "agree," and 5 = "strongly agree." Consistent with the scale developers' recommendations, we reverse coded half of the items on each scale then summed item scores to produce four subscale scores for each participant (the CAMI is not intended to yield a single total score). Cronbach alpha values for the CAMI scales ranged from .69 (Authoritarianism) to .88 (Community Mental Health Ideology).

Results

Before we addressed the study aims, we first examined whether officers with specialty caseloads responded differently than other officers, which could occur due to their specialized knowledge and training. To determine this, we ran tests in all the analyses performed below to examine whether (a) officers who supervised specialty mental health caseloads or (b) officers who supervised any type of specialty caseload (e.g., high-risk offenders, DWI cases) differed significantly in their responses to the study materials compared to other officers. They did not differ, and as such, all responses were combined in the analyses reported below.

For the first aim of the study, we sought to examine whether officers perceived the hypothetical probationer with mental illness as being higher risk for several negative outcomes than his risk classification provided in the vignette would dictate. The probationer with mental illness was described as scoring “moderate risk” on the county’s risk assessment tool, and officers judged him to have a 43.0% ($SD = 19.4$) chance of having his probation revoked, a 43.7% ($SD = 19.2$) chance of committing a new offense, and a 20.9% ($SD = 18.6$) chance of being violent. Notably, this is generally in line with the one outcome for which base rates were presented in the training; officers were informed that 43% of offenders in the moderate risk category are rearrested.

Although the two study vignettes were not identical, comparisons to the risk ratings officers made for the non-disordered offender are also informative, because he was similarly described as being moderate risk. Here, officers judged the offender to have a 26.0% ($SD = 16.9$) chance of being violent and a 26.2% or 27.7% (respectively; $SD = 14.9$ for both) likelihood of committing a new offense and having his probation revoked—risk estimates substantially lower than the moderate risk classification would dictate. Further, despite being told the two offenders were of the same risk category and therefore should ostensibly have similar base rates for recidivism—officers rated the offender with schizophrenia to have a significantly higher likelihood of having his probation revoked, $t(88) = 7.84, p < .001, d = 0.88$, 95% CI for mean difference [11.34, 19.04], and committing a new offense, $t(82) = 8.79, p < .001, d = 1.02$, 95% CI for mean difference [14.22, 22.55], but less likely to be violent, $t(81) = -2.57, p = .012, d = 0.29$, 95% CI [-11.11, -1.40], than the vignette depicting the non-disordered offender (comparisons used dependent samples t tests).

Next, we sought to examine the extent to which general stigmatizing attitudes toward mental illness are related to officers' risk ratings and case management decisions for the probationer depicted with mental illness. As shown in Table 1, officers' attitudes towards mental illness, as operationalized by the CAMI scales, were largely unrelated to their risk perceptions for the probationer with mental illness, $r_s = -.02$ to $-.17$.

[Insert Table 1 here]

As shown in Table 2, officers' CAMI scores also largely did not show a significant relationship with either supervision frequency or case management decisions. Officers who endorsed supervising the hypothetical probationer with mental illness once per month or less and officers who would supervise more than once per month did not differ significantly from one another on CAMI scales. Further, there were no significant differences in mean CAMI scales for each of the three different approaches for handling a violation.

[Insert Table 2 here]

Finally, we examined the influence of risk perceptions on officers' risk management decisions for both case vignettes. Although the focus is primarily on the offender with mental illness, ratings for the vignette of the offender without mental illness offer a convenient point of comparison. In both conditions, officers who endorsed supervising the offender more frequently than once a month gave higher risk ratings than officers who endorsed supervising the offender once per month or less. However, as shown in Table 3, the differences between these groups (based on frequency of supervision) were not significantly different from one another for the offender with schizophrenia, whereas they were significantly different for the non-disordered offender, for both new offense and probation revocation risk. The findings are somewhat reversed for the results concerning strategies for handling non-compliance. As shown in Table 4,

there were no significant differences in average risk rating across the three strategies for the non-disordered offenders, whereas there were significantly different average risk ratings across the supervision strategies for the offender with mental illness. Most notably, officers choosing to file violation reports for the offender with mental illness also gave the offender significantly higher risk ratings than did officers choosing to use an alternative strategy.

[Insert Tables 3 and 4 here]

Discussion

Prior research has suggested that probation officers hold stigmatizing attitudes about mental illness (Eno Louden & Skeem, 2013), and, separately, seem to perceive offenders with mental illness as higher risk than offenders without mental illness (Epperson et al., 2014; Skeem et al., 2003). However, the extent to which these perceptions infiltrate routine supervision and affect the risk assessment and case management processes in probation supervision was not well understood. This study was a step toward this end by first examining in a controlled design how officers respond to hypothetical offenders with mental illness.

Key Findings

There are several key findings from this study. First and foremost, even though past research indicates that probation officers may have some misinformed beliefs and attitudes when it comes to offenders with mental illness (Eno Louden & Skeem, 2013; Epperson et al., 2014; Skeem et al., 2003), officers do not appear to over-classify offenders with mental illness because of these attitudes and beliefs. In the present study, officers were faced with a proxy of a potential risk assessment override situation. Officers were asked to give a risk likelihood (0 - 100%) in the presence of an offender's risk classification (low, moderate, high) that resulted from scoring of a validated risk assessment tool. Given that officers were recently trained in the risk

assessment tool of focus, and that they had access to recidivism base rates that corresponded to the risk classifications, the decision to rate the case vignettes as having a higher or lower likelihood than the risk classification dictates would constitute a proxy override. Our results promisingly suggest that officers' perceptions of risk for the offender with mental illness depicted in the study vignette were in line with the base rates presented to officers in training.

This finding is encouraging, but when it is examined in context alongside ratings of risk for the vignette depicting an offender without mental illness, there is some call for pause. For the non-disordered offender vignette, officers predicted that there was a lower likelihood of recidivism than his moderate risk classification would dictate (i.e., the non-disordered offender was under-classified). Further, informal comparisons of the two case vignettes suggest that officers rated the offender with mental illness as significantly higher risk for revocation and new offense than they rated the offender without mental illness.

Although it is possible that differences in case details across the two vignettes—other than the mental health status—may have influenced ratings to some extent, they cannot fully explain the discrepancies observed. Although both cases offered only a brief snapshot of information that would ordinarily be available with a full risk assessment, both cases were classified as moderate risk and were depicted as similar on several global indices of risk. Thus, officers had to rely on the details and classification given to them, as well as their own opinions. Given the evidence, officers either (a) inconsistently used the moderate classification to inform their risk ratings across vignettes, or (b) perceived the non-disordered offender as lower risk, relative to the offender with mental illness. In either case, there is a signal that officers may not only perceive offenders with mental illness as higher risk than their non-disordered counterparts (which is consistent with past findings; e.g., Eno Loudon & Skeem, 2013), but they also may

render different risk assessment decisions for offenders with mental illness from those without. Officers who disagree with the results of a risk assessment often circumvent the risk assessment process by using a professional override to change an offender's classification, or by manipulating the information included in the assessment to produce a different result (Miller & Maloney, 2013). Excessive use of professional override has been criticized because it can lower the predictive utility of risk assessments (Andrews & Bonta, 2010; Cafferty, 2017). Although our findings do not suggest that officers necessarily over-classify offenders with mental illness as higher risk than they actually are, officers do, in comparison, under-classify the non-disordered offender when the two cases are presented together. This finding is notable, because discrepancies in risk ratings can, in turn, lead to biased case management decisions (Andrews et al., 2006; Viglione et al., 2015; Vincent, Guy, & Grisso, 2012).

The second key finding of the present study is that officers' general attitudes about mental illness, for the most part, do not seem to affect either risk assessment ratings (0 – 100% likelihood) or case management decisions in the present sample. Officers' CAMI scores were unrelated to supervision frequency or supervision strategies for managing non-compliance. Although small effects were detected (Cohen, 1992) for risk ratings and CAMI scores, and scores on the Social Restrictiveness Scale approached significance for differentiating supervision strategies, our sample size did not yield enough statistical power for small effects to be statistically significant. However, it is debatable whether effects of this magnitude would have practical significance. We see this as a promising “non-finding”—that is, although we did not detect the hypothesized relationship between these variables, this suggests that stigmatizing attitudes towards mental illness are not driving officers' risk ratings for offenders with mental illness.

The third and final important finding from the present study is that risk ratings affect risk management decisions. This conclusion may seem intuitive, or even obvious, because risk ratings are supposed to impact case management decisions. Specifically, for example, the Risk Need Responsivity Model (Andrews & Bonta, 2010) would dictate that higher risk cases would receive more intensive supervision and programming. Some implementation studies, however, have revealed that risk assessments may have virtually no impact on case management (e.g., Viglione et al., 2015). Our findings paint a more positive picture in that most officers' case management decisions were consistent with risk ratings. However, some officers made inappropriate decisions based on their risk ratings. Specifically, officers who chose to file a violation report for the probationer with mental illness rated the offender as higher risk than did officers who used neutral or positive compliance strategies. Interestingly, however, they did not choose to supervise him more frequently. In other words, officers in the present study who tended to perceive the offender with mental illness as higher risk not only failed to adhere to the evidence-based Risk Principle (Andrews & Bonta, 2010), they also engaged in case management strategies that are contra-indicated for all offenders, whether they have mental illness or not (Andrews & Dowden, 2006).

Interestingly, when we examined officers' case management decisions as they related to risk ratings for the offender without mental illness, officers did adhere to the Risk Principle in terms of supervision frequency, and ratings of risk did not differentiate officers who used different supervision strategies for managing noncompliance. Thus, there appears to be evidence suggesting that officers treat offenders with and without mental illness differently. Somehow, officers' treatment of non-disordered offenders is more in line with evidence-based practices; cases rated as higher risk—whether they are or not—are responded to with increased supervision.

Further, the decisions to problem-solve, file a violation, or remind the probationer about the rules was not contingent upon the officers' perception of the offender's risk. In stark contrast, the offender with mental illness who is perceived as higher risk is not given increased supervision and is also treated more punitively.

Study Limitations and Future Directions

There are several limitations of the present study that must be considered. As previously argued, it is possible that there are likely stronger effects of attitudes toward mental illness on risk assessment and risk management that could be determined with a larger, more heterogeneous sample and experimental manipulation of case vignettes. Given the size of our sample, we were limited to a within-participants design, so it was necessary to create hypothetical probationers who differed in meaningful ways so that the aims of the study were not apparent to officers. This likely explains the finding that officers rated the non-disordered probationer (who had a history of violence) as higher risk of violence than the probationer with mental illness (who had no violent history) even though inflated violence perceptions are a fundamental component to mental illness stigma (Link et al., 1999). However, even with a small sample and non-experimental design, our findings signal that some bias about offenders with mental illness may influence the supervision process. These findings are consistent with the larger literature (Eno Louden & Skeem, 2013; Epperson et al., 2014; Skeem et al., 2011).

Another potential study limitation is the use of case vignettes to determine officers' behavior with respect to risk assessment and case management. This is an empirical approach that can be quite helpful in establishing relationships between variables, but is lacking in "real world" validity. Given the context for eliciting a response, officers have the ability to self-monitor and engage in impression management. This could also have occurred with the CAMI,

which has high face validity; officers may not have wanted to be perceived as intolerant of individuals with mental illnesses. Further, what officers endorse on paper may be different from how they would behave when supervising an offender about whom they have much more knowledge and with whom they have experience interacting. Future research could employ any number of approaches to examine the influence of attitudes about mental illness on probation supervision. Finally, it is possible that the recent training on risk assessment may have had some influence on officers' responses. The most plausible explanation is that officers had greater knowledge of base rates of recidivism for offenders in each of the risk assessment tool's risk categories. As such, the similarity between officers' risk ratings and actual base rates may reflect a best-case scenario. However, our finding of differences in risk perceptions for the disordered versus the non-disordered offender seems all the more striking given that officers had so recently received this training—the fact that two offenders in the same risk category theoretically have the same risk of recidivism should have been understood by officers.

Conclusions and Implications

Taken together, the findings render two important over-arching conclusions. First, there seems to be something influencing officers' decision-making around offender risk, as evidenced by differential ratings of risk of the offender with mental illness and the non-disordered offender—i.e., an “override” of lower risk for the non-disordered offender vignette, in this case—and the decision not to increase supervision frequency when perceiving the offender with mental illness as higher risk, but doing so with the offender without mental illness. Because there was no association between attitudes towards individuals with mental illness and risk ratings, but there was a discrepancy in the risk ratings of the mentally ill and non-disordered

offenders—despite both being given the same risk classification—it seems that general attitudes about mental illness are not the culprit.

It is likely, however, that more specific beliefs and attitudes are affecting officers' decision making concerning risk and case management for offenders with mental illness. Although officers' risk ratings were in line with the base rates suggested by the risk assessment tool, they were incorrect in their assessment of the non-disordered offender; despite their training, it is possible that they underestimate risk for offenders in general, and it is only coincidental that their assessments were accurate for the offender with mental illness. In comparison to the non-disordered offender, officers' assessments of the offender with mental illness may simply reflect misunderstandings about base rates for recidivism, which would mirror many early policy statements about this group (Council of State Governments, 2002). As suggested by other research, it is possible that officers simply believe that offenders with mental illness are difficult cases that have trouble staying out of the criminal justice system (see Skeem et al., 2003).

Second, the study findings suggest that officers may benefit from ongoing training to improve knowledge about evidence-based practices in handling non-compliance and in understanding how personal biases can adversely influence supervision decision-making. Notably, officers in this study had just taken part in training on the agency risk assessment tool. They also are part of an agency that is committed to evidence-based practices, providing opportunities for its staff in this regard. Even in this context, we see some hints in the data that there are still officers who over-estimate risk for some people and under-estimate risk for others—even when provided with risk classification information. These discrepancies in risk ratings can be an indicator of bias and can lead to improper case management approaches.

Certainly, a better understanding of officers' own attitudes and biases can help minimize unfair supervision practices.

A related concerning observation from the current data is that as someone with mental illness is perceived as higher risk, they also are more likely to be given a violation report when non-compliant with the rules of probation. A formal sanction without increasing supervision frequency or in the absence of problem-solving is contra-indicated (Andrews & Bonta, 2010; Petersilia & Turner, 1993). Although the present study did not allow participants to choose or rank multiple options, it is concerning that some officers would choose a sanction as the primary response. This finding underscores the ongoing disconnect between research and practice and the need to better train probation officers in effective case management techniques. Whether the offender has mental illness or not—but perhaps particularly when the offender has mental illness—the default response to non-compliance ought not to be a violation report, but instead a strategy that helps the offender to understand their misstep and develop strategies for preventing future instances of noncompliance (see Trotter, 2013, for a review of evidence-based probation strategies).

References

- Abadinsky, H. (2014). *Probation and parole: Theory and practice* (12th ed.). Upper Saddle River, NJ: Prentice Hall.
- Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law, 16*, 39-55. doi:10.1037/a0018362
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*, 19-52. doi:10.1177/0093854890017001004
- Andrews, D. A., Bonta, J. L., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency, 52*, 7-27. doi:10.1177/0011128705281756
- Andrews, D. A., & Dowden, C. (2006). Risk principle of case classification in correctional treatment: A meta-analytic investigation. *International Journal of Offender Therapy and Comparative Criminology, 50*, 88-100. doi:10.1177/0306624X05282556
- Bird, M., & Grattet, R. (2016). Realignment and recidivism. *The Annals of the American Academy of Political and Social Science, 664*, 176-195. doi:10.1177/000271621560331
- Bonta, J. L., Rugge, T., Scott, T.-L., Bourgon, G., & Yessine, A. K. (2008). Exploring the black box of community supervision. *Journal of Offender Rehabilitation, 47*, 248-270. doi:10.1080/10509670802134085
- Cafferty, J. (2017). Professional discretion and the predictive validity of a juvenile risk assessment instrument: Exploring the overlooked principle of effective correctional classification. *Youth Violence and Juvenile Justice, 15*, 103-118. doi:10.1177/1541204015622255

Cohen, J. (1992). A power primer. *Psychological Bulletin*, *112*, 155-159. doi:10.1037/0033-2909.112.1.155

Council of State Governments. (2009). Improving outcomes for people with mental illnesses under community corrections supervision: A guide to research informed policy and practice. Available at <https://csgjusticecenter.org/wp-content/uploads/2012/12/Community-Corrections-Research-Guide.pdf>

Council of State Governments. (2002). *Criminal Justice/ Mental Health Consensus Project*. Available at <https://csgjusticecenter.org/wp-content/uploads/2013/03/consensus-project-full-report.pdf>

Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, *48*, 203-214. doi:10.1177/0306624X03257765

Eno Louden, J. (2009). *Effect of mental disorder and substance abuse stigma on probation officers' case management decisions* (Doctoral dissertation). Retrieved from ProQuest Dissertations Publishing. (3355928).

Eno Louden, J., & Skeem, J. L. (2011). Parolees with mental disorder: Toward evidence-based practice. *University of California Irvine, Center for Evidence-Based Corrections*, *7*(1), 1-9. Available at http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/parolees_with_mental_disorder_-_toward_evidence-based_practice_2011.pdf

- Eno Louden, J., & Skeem, J. L. (2013). How do probation officers assess and manage recidivism and violence risk for probationers with mental disorder? An experimental investigation. *Law and Human Behavior, 37*, 22-34. doi:10.1037/h0093991
- Eno Louden, J., Skeem J., Camp, J., & Christensen, E. (2008). Supervising probationers with mental disorder: How do agencies respond to violations? *Criminal Justice and Behavior, 35*, 832-847. doi:10.1177/0093854808319042
- Eno Louden, J., Skeem J., Camp, J., Vidal, S., & Peterson, J. (2012). Supervision practices in specialty mental health probation: What happens in officer-probationer meetings? *Law and Human Behavior, 36*, 109-119. doi:10.1037/h0093961
- Epperson, M. W., Canada, K., Thompson, J., & Lurigio, A. (2014). Walking the line: Specialized and standard probation officer perspectives on supervising probationers with serious mental illnesses. *International Journal of Law & Psychiatry, 37*, 473-483. doi:10.1016/j.ijlp.2014.02.020
- Feder, L. (1991). A comparison of the community adjustment of mentally ill offenders with those from the general prison population: An 18-months followup. *Law and Human Behavior, 15*, 477-493. doi:10.1007/BF01650290
- Grattet, R., Lin, J., & Petersilia, J. (2011). Supervision regimes, risk, and official reactions to parolee deviance. *Criminology, 49*, 371-399. doi:10.1111/j.1745-9125.2011.00229.x
- Junginger, J., Claypoole, K., Laygo, R., & Cristani, A. (2006). Effects of serious mental illness and substance abuse on criminal offenses. *Psychiatric Services, 57*, 879-882. doi:10.1176/ps.2006.57.6.879

- Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89*, 1328-1333. doi: 10.2105/AJPH.89.9.1328
- Lovell, D., Gagliardi, G. J., & Peterson, P. S. (2002). Recidivism and use of services among persons with mental illness after release from prison. *Psychiatric Services, 53*, 1290-1296. doi:10.1176/appi.ps.53.10.1290
- Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime & Delinquency, 52*, 77-93. doi:10.1177/0011128705281747
- Manchak, S. M., Skeem, J. L., Kennealy, P. J., & Eno Loudon, J. (2014). High-fidelity specialty mental health probation improves officer practices, treatment access, and rule compliance. *Law and Human Behavior, 38*, 450-461. doi:10.1037/lhb0000076
- McCormick, S., Peterson-Badali, M., & Skilling, T. A. (2015). Mental health and justice system involvement: A conceptual analysis of the literature. *Psychology, Public Policy, and Law, 21*, 213-225. doi:10.1037/law0000033
- McShane, M. C., Williams, F. P., Pelz, B., & Quarles, T. (2005). The role of mental disorder in parolee success. *Southwest Journal of Criminal Justice, 2*(1), 3-22. Available at http://www.swacj.org/swjca/archives/2.1/McShane_et_al.pdf
- Miller, J., & Maloney, C. (2013). Practitioner compliance with risk/needs assessment tools: A theoretical and empirical assessment. *Criminal Justice and Behavior, 40*, 716-736. doi:10.1177/009385481246888

Morgan, R. D., Flora, D. B., Kroner, D. G., Mills, J. F., Varghese, F., & Steffan, J. S. (2012).

Treating offenders with mental illness: A research synthesis. *Law and Human Behavior*, *36*, 37-50. doi:10.1037/h0093964

Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to

decriminalization of people with serious mental illness. *Psychiatric Services*, *57*, 544-549.

Petersilia, J., & Turner, S. (1993). Intensive probation and parole. *Crime and Justice*, *17*, 281-

335. Available at <http://www.jstor.org/stable/1147553>

Peterson, J., Skeem, J. L., Hart, E., Vidal, S., & Keith, F. (2010). Analyzing offense patterns as a

function of mental illness to test the criminalization hypothesis. *Psychiatric Services*, *61*, 1217-1222. doi:10.1176/ps.2010.61.12.1217

Peterson, J. K., Skeem, J., Kennealy, P., Bray, B., & Zvonkovic, A. (2014, April 14). How often

and how consistently do symptoms directly precede criminal behavior among offenders with mental illness? *Law and Human Behavior*, *38*, 439-449. Advance online publication. doi:10.1037/lhb0000075

Ricks, E. P., & Eno Louden, J. (2015). The relationship between officer orientation and

supervision strategies in community corrections. *Law and Human Behavior*, *39*, 130-141. doi:10.1037/lhb0000098

Ricks, E., Eno Louden, J., & Kennealy, P. (2016). Probation officer role emphases and use of

risk assessment information before and after training. *Behavioral Sciences & the Law*, *34*, 337- 351. doi: 10.1002/bsl.2219

Rao, H., Mahadevappa, H., Pillay, P., Sessay, M., Abraham, A., & Luty, J. (2009). A study of

stigmatized attitudes towards people with mental health problems among health

- professionals. *Journal of Psychiatric and Mental Health Nursing*, *16*, 279-284.
doi:10.1111/j.1365-2850.2008.01369.x
- Robinson, C. R., Lowenkamp, C. T., Holsinger, A. M., VanBenschoten, S., Alexander, M., & Oleson, J. C. (2012). A random study of staff training aimed at reducing re-arrest (STARR): Using core correctional practices in probation interactions. *Journal of Crime and Justice*, *35*, 167-188. doi:10.1080/0735648X.2012.67482
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. New York: Houghton Mifflin.
- Skeem, J., Encandela, J., & Eno Louden, J. (2003). Experiences of mandated mental health treatment in traditional and specialty probation programs. *Behavioral Sciences & the Law*, *21*, 429-458. doi:10.1002/bsl.547
- Skeem, J. L., Eno Louden, J., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, *19*, 397-410. doi:10.1037/1040-3590.19.4.397
- Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior*, *35*, 110-126. doi:10.1007/s10979-010-9223-7
- Skeem, J. L., Winter, E., Kennealy, P. J., Eno Louden, J., & Tatar, J. R., II. (2014). Offenders with mental illness have criminogenic needs, too: Toward recidivism reduction. *Law and Human Behavior*, *38*, 212-224. doi:10.1037/lhb0000054
- Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, *7*, 225-240. doi:10.1093/schbul/7.2.225

Trotter, C. (2013). Reducing recidivism through probation supervision: What we know and don't know from four decades of research. *Federal Probation*, 77, 43-48.

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2016). *Correctional Populations in the United States, 2014* (NCJ Publication No. 249513). Retrieved from <http://www.bjs.gov/content/pub/pdf/cpus14.pdf>

Viglione, J., Rudes, D. S., & Taxman, F. S. (2015). Misalignment in supervision: Implementing risk/needs assessment instruments in probation. *Criminal Justice and Behavior*, 42, 263-285. doi:10.1177/0093854814548447

Vincent, G. M., Guy, L. S., & Grisso, T. (2012). Risk assessment in juvenile justice: A guidebook for implementation. *Systems and Psychosocial Advances Research Center Publications and Presentations*. Retrieved from http://escholarship.umassmed.edu/psych_cmhsr/573/

Table 1

Correlations Between CAMI Scales and Risk Ratings for Vignette of Offender With Mental Illness

Community Attitudes Toward the Mentally Ill Subscales				
How likely is the probationer to:	Authoritarianism	Social Restrictiveness	Benevolence	Community Mental Health Ideology
Be revoked?	.09	.05	-.12	-.11
Commit a new offense?	-.02	-.13	.05	.09
Be violent towards other people?	.13	.16	-.17	.05

Note. All correlations *ns*.