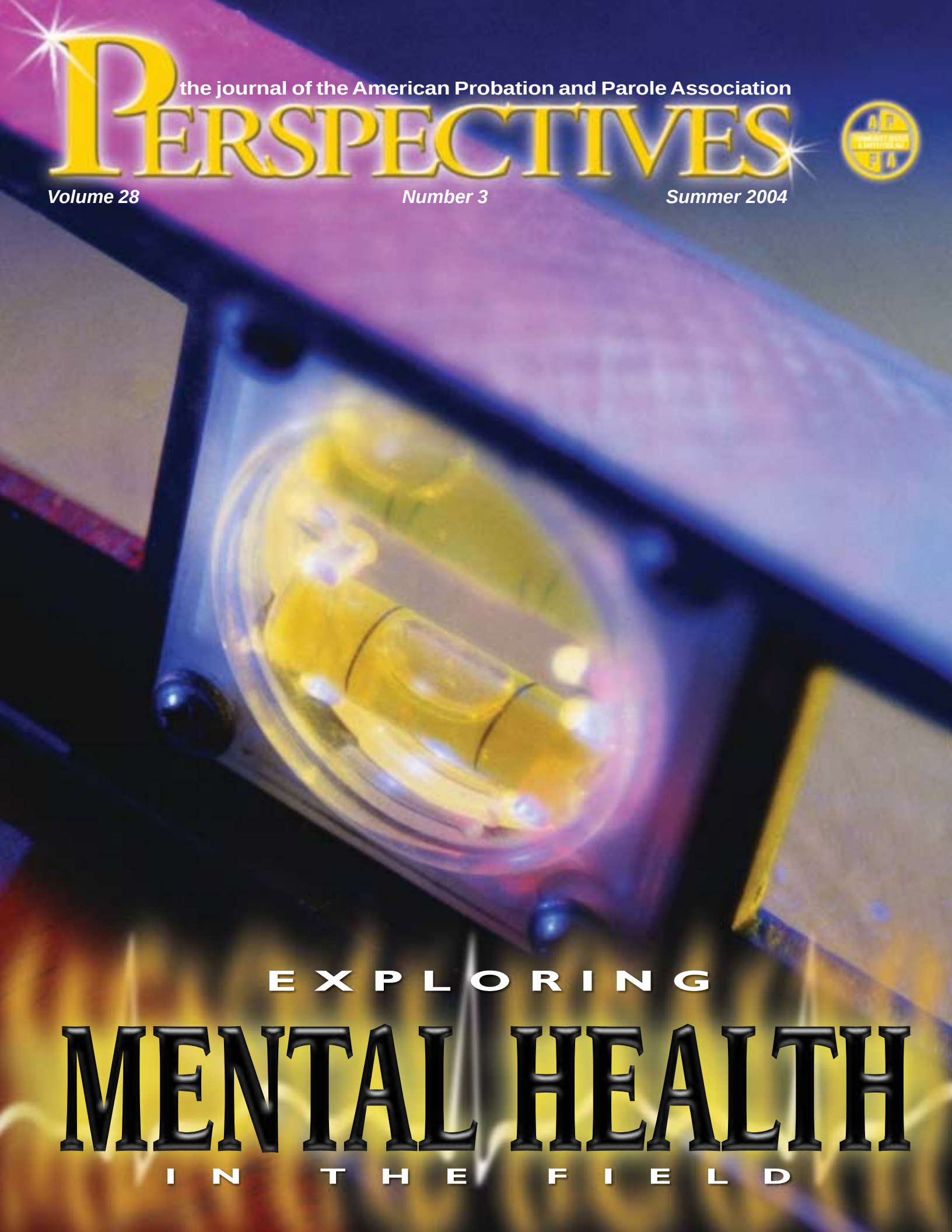
the journal of the American Probation and Parole Association

PERSPECTIVES

Volume 28 *Number 3* *Summer 2004*



EXPLORING

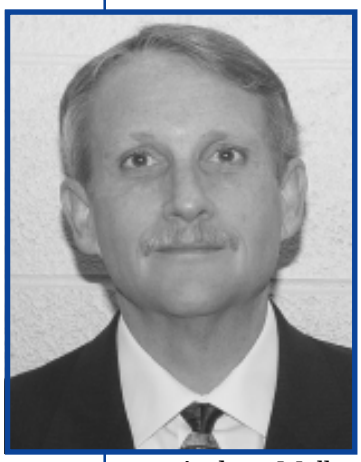
MENTAL HEALTH

IN THE FIELD

President's Message

By the time you receive this message, many of you will be making plans for the 29th Annual Institute in Orlando, Florida on July 25-28, 2004. Hopefully you had the chance to attend the Reno institute and will be able to join us in Orlando.

The Winter Institute in Reno was a successful event, with very good attendance in the workshops and the opening, closing and plenary sessions. I want to thank Rhonda Grant of South Carolina for serving as the Program Chair for Reno. She and her program committee put together a great program. This was not easy for Rhonda to do as her agency in South Carolina was undergoing changes, yet she put forth a tremendous effort for APPA and its members.



Andrew Molloy

Orlando promises to be a very successful institute with excellent workshops and other sessions planned by the program committee. Carmen Rodriguez of Cook County (Chicago) Probation and her program committee have been working non-stop to ensure that APPA has an excellent program in Orlando.

I am going to address a few items in this message. The first item is the APPA budget. As many of you know, APPA has not had the best budget situation. However, I am happy to report that we have cut the budget deficit in half since the 2003 Annual Institute and we continue to move forward in bringing about a balanced budget. The Executive Committee has regularly reviewed budget benchmarks, made adjustments as needed, and worked with APPA staff to ensure that the association remains financially solid. I would be remiss if I did not mention the APPA staff, who have made sacrifices regarding the budget and have developed ideas to both save money and increase revenue for the association. It is important that all members do the same. We must all seek ways to save money and increase revenue for the association. So, when you see revenue enhancement projects come across your email, in your mailbox, or via *Perspectives* and the web site; please consider participating. We need everyone's support.

Needless to say, membership is one of our biggest revenue sources. Thus, it is imperative that we all seek out new members, keep current members in the fold, and extol the benefits of APPA membership whenever we have the chance.

Let me point out that we have a wonderfully diverse, enthusiastic and dedicated Executive Committee. However, it is the diversity of this Executive Committee that excites me, and should excite you also. The diversity of the Executive Committee is reflective of the communities we serve, the victims we advocate for, the staff we work with each day, and the offenders we supervise. We should be proud of APPA in having such a diverse Executive Committee. And that is a strong reason why all community corrections professionals should be members of APPA – we are you and you are us.

APPA, through its Board of Directors, Committee Chairs, and Affiliate Representatives are addressing issues of concern to field staff everyday. We have strong representation on national committees and workgroups, working with many federal agencies, and other associations and groups in the criminal justice and juvenile justice areas. You, as a member, may not always hear about the work we are doing and may not see the results firsthand. But, trust me, the work is being done on behalf of the membership. Please do not hesitate to let us know if there is an issue or matter you think the association needs to address. Contact us directly or through your Board representative, a committee chair, your affiliate representative, or through an Executive Committee member. We need to hear from you when you have a concern or issue that you feel needs addressing. And, consider joining one of our many committees or running for an elected Board position. Always consider how you can more actively participate in APPA. Needless to say, we are always looking for new leaders within the association.

Continued on page 4

Continued from page 3

As we move forward to goals of a balanced budget, increased visibility on the national and international level(s), supporting research and evidenced based practices for our profession, addressing matters of concern to our field staff, increased membership, improved and diverse training, informative and exciting institutes, improved communication with our members, new and informative publications, developing new leaders for APPA, and enhancing and pushing our vision and mission we need you to assist us and be active within the association. Do not hesitate to become involved in a national and international association that is dedicated solely to the probation, parole and community corrections profession(s).

As always, thank you for your membership in APPA and your support of the association.

Drew Molloy

American Probation and Parole Association

Associate Members

Corporations with an interest in the field of probation, parole and community corrections are invited to become APPA associate members. Like corporate membership, the goal of associate membership is to engage our corporate friends in association activities and to share information with each other.

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the journal of the American Probation and Parole Association

PERSPECTIVES

Volume 28 Number 3 Summer 2004

FEATURES

DEPARTMENTS

PLUS!

Instructions to Authors

PERSPECTIVES disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole and community corrections agencies throughout the United States and Canada. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation, or research methodology. *PERSPECTIVES* does not reflect unsupported personal opinions. Submissions are encouraged following these procedures:

Articles should be submitted in MS Word or WordPerfect format on an IBM-compatible computer disk, along with a hard copy, to Production Coordinator, *PERSPECTIVES* Magazine, P.O. Box 11910, Lexington, KY, 40578-1910, or can be emailed to smeeks@csg.org in accordance with the following deadlines:

Winter 2005 Issue – August 21, 2004 ● Spring 2005 Issue – November 11, 2004 ● Summer 2005 Issue – February 19, 2005 ● Fall 2005 Issue – May 20, 2005

Unless previously discussed with the editors, submissions should not exceed 10 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., (Jackson, 1985: 162-165). Alphabetize each reference at the end of the text using the following format:

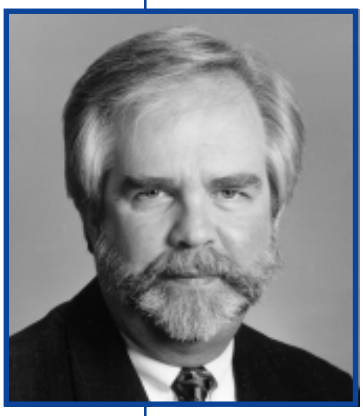
Anderson, Paul J. "Salary Survey of Juvenile Probation Officers." Criminal Justice Center, University of Michigan (1982).

Jackson, D.J. "Electronic Monitoring Devices." *Probation Quarterly* (Spring, 1985): 86-101.

While the editors of *PERSPECTIVES* reserve the right to suggest modifications to any contribution, all authors will be responsible for, and given credit for, final versions of articles selected for publication. Submissions will not be returned to contributors.

Editor's Notes

In this issue of *Perspectives*, we focus on one of the most difficult challenges that faces the officers and agencies of community corrections. Offenders with mental illness are found in the caseloads of agencies large and small, urban and rural, adult and juvenile, probation and parole. Some of the sources this problem can be traced back to the 1970s, when large mental hospitals were closed down. The residents of those facilities were to have been placed in community-based residential facilities for care and treatment. Unfortunately, community resistence in the form of the NIMBY (Not In My Back Yard) syndrome prevented many of these facilities from being established. As a result, many of the mentally ill ended up homeless or in transitional living arrangements that provided to no care or supervision. The funding for treatment has also never been adequate to meet the needs of this population.



William Burrell

The result for community corrections was increasing numbers of offenders with mental illness ending up in the criminal and juvenile justice systems. The impact of this on the workload of probation and parole officers is substantial. POs are responsible for investigating cases and advising the courts on dispositions, screening offenders to identify mental health problems, identifying and linking offenders to treatment services, and supervising the mentally ill offender. Where treatment services exist, the PO works in collaboration with the mental health provider, and where there is no treatment service to collaborate with, the PO's have to figure it out themselves.

The articles in this issue address a number of aspects of this challenge, and suggest directions for the future. In their article, Skeem and Emke-Francis describe the challenges of supervising the mentally ill offender. They highlight the "pronounced service needs" of the offenders. Officers face difficulty in communicating the conditions of supervision, making it hard to ensure that the offender understands what is required. Traditional responses to non-compliance are not likely to produce the desired response. The authors point out the importance of establishing good relationships between officer and offender, and of taking a problem-solving approach to supervision. Skeem and Emke-Francis also have advice for administrators. Specialization of staff to provide supervision to the mentally ill offenders seems to be the more effective way to go.

In their article, Vilhauer, McReynolds, Wasserman and Wahl describe their research into the knowledge and practices of juvenile probation officers in the mental health arena. Their survey documents how significant this aspect of the juvenile PO's work is. The officers play a critical role, both in advising the judges and carrying out the supervision. The respondents to the survey indicated a desire to learn more and to get additional training in the areas of mental disorders, assessment techniques and appropriate treatments. Of particular note is the finding that the officers were not as comfortable with the newer evidence-based practice (EBP) models of treatment. This is a critical need, given the documented effectiveness of these models.

On that very theme, Darin Carver describes efforts to provide services that are based on clinically sound, instrument-driven assessments and treatment based on evidence-based models of intervention. Another key feature of this program is intensive collaboration between the probation officer and mental health provider. This type of partnership across traditional agencies boundaries is critical. To further emphasize the importance of understanding and applying the EBP approach, Carver describes the outcomes of this program, demonstrating positive results with this challenging juvenile probation population.

One of the all too common and tragic results of mental illness left unidentified or untreated is suicide. Several of our authors in this issue have identified suicide as a critical problem for the mentally ill offender. In his article on suicide, Mark Maggio comes from the perspective of officer safety. Reflecting on his article in the context of this issue, several points came to mind. The first deals with the risk to officer safety. The incredible challenges that face probation and parole officers every day can easily become overwhelming. Without good coping strategies, officers place their own mental health at risk. Maggio provides excellent information on identifying symptoms and responding. We all need colleagues and friends to look out for us, and we need to do the same for each other. The second point that Maggio's article raises is being aware of the risk of suicide within our caseloads. Mush of his information can be directly applied to offenders under our supervision. In either case, staff or offender, the failure to recognize the signs of suicide is truly a lost opportunity to possibly save a life. We can all benefit from this article.

We trust that you will find this issue informative and challenging. As always, we welcome your feedback on *Perspectives*.

Bill Burrell

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APPA *We see a fair, just and safe society*

vision

where community partnerships are restoring hope by embracing a balance of prevention, intervention and advocacy.

We seek to create a system of Community Justice where:

A full range of sanctions and services provides public safety by insuring humane, effective, and individualized sentences for offenders, and support and protection for victims;
Primary prevention initiatives are cultivated through our leadership and guidance;
Our communities are empowered to own and participate in solutions;
Results are measured and direct our service delivery;
Dignity and respect describe how each person is treated;
Staff are empowered and supported in an environment of honesty, inclusion, and respect for differences; and
Partnerships with stakeholders lead to shared ownership of our vision.

APPA is an affiliate of and receives its secretariat services from the Council of State Governments (CSG). CSG, the multibranch association of the states and U.S. territories, works with state leaders across the nation and through its regions to put the best ideas and solutions into practice.

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American Probation and Parole Association

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Corporations with an interest in the field of probation, parole and community corrections are invited to become APPA corporate members. Corporate members receive benefits such as enhanced visibility among APPA's nationwide network of community corrections professionals, as well as shared information on the latest trends and issues that specifically affect community corrections.

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Technology Update

The Technology Committee Needs YOU!

Since Andrew Molloy began his term as president of APPA he has placed great emphasis on the role of the APPA's committees in the organization. Drew has expressed that much of the important work done by the association is generated by the committees and many of the future leaders of the association become engaged through participation in the committees. I would like to use this opportunity to discuss the work of the technology committee and to invite your participation.

Committee Membership

The technology committee is always looking for new members who share an interest in the ways in which technology can be utilized to enhance mission performance. Participation in the committee is open to all APPA members and meetings are usually held on the Sunday morning of each Institute. Obviously, it would be best if members were able to attend the Institutes so they could attend the meetings but, for those who cannot attend the Institutes, there is still much that you can offer by sharing ideas and thoughts, providing input and experiences on technology issues. E-mail is a great way of communicating and a distribution list has been established for this purpose. Please consider becoming involved with our committee. There have been a number of important technological advances in community corrections in recent years. Participating on the technology committee will help ensure that you are well positioned to learn and share information about how technology can help us perform our missions more effectively and efficiently.

Committee Work

So, what does the committee do? In the past couple of years the committee has examined a variety of ways to share technology information with the membership. One key way to approach this was to develop and maintain a technology track of workshops at each APPA Institute. By establishing a presence on each Institute program committee and by developing or soliciting workshops that demonstrate successful implementation of innovative technology we are accomplishing that goal.

At a previous committee meeting in Salt Lake City, a representative from Triant Psychometrics was invited to provide a brief presentation on a new risk/needs assessment instrument in development. After the presentation, the committee determined that one key ongoing function would be to review emerging technologies. The committee will serve as a focus group to evaluate new technology based on the operational requirements of the field and provide this valuable feedback to the vendor. Committee members will get an early look at some new technologies and perhaps be able to participate in pilots where they can test the products in their agency. It will be the goal of the committee to have at least one presentation on an emerging technology at each meeting.

In the coming year the technology committee will be working to develop issue papers, resolutions and position statements for the association relative to technology issues. The technology committee will be working on identifying and prioritizing the topic areas that are particularly important and/or timely and will then begin development of the appropriate document.

Finally, the committee will work on developing surveys on the use of new technology for two key purposes. The first purpose is to attempt to establish the extent to which the technology is in use. The second purpose is to begin to populate a database of contacts and resources that can be accessed by other agencies as they consider adopting the technology.

Hopefully this column has sparked some additional interest in the technology committee. If you would like to join us in service to the APPA membership, please contact Joe Russo, Program Manager, National Law Enforcement and Corrections Technology Center, 2050 East Iliff Avenue, Denver, CO 80208, Phone (800) 416-8086, email: jrusso@du.edu. ❐

Joe Russo is Corrections Program Manager for the National Law Enforcement and Corrections Technology Center in Denver, Colorado and is the chair of the APPA Technology Committee.

BY JOE RUSSO

Spotlight on Safety

BREATHE!

In a stressful situation, such as an arrest, search or any contact with an offender that starts to escalate, our adrenaline increases and we focus on the perceived threat. With this focusing comes tunnel vision, an auditory shutdown and even a cognitive shutdown. Our fine and complex motor skills diminish and we can revert to emotional instincts to deal with the situation. While this "old brain" reaction is designed for system survival, it can have a negative impact on our ability to effectively resolve conflicts.

While training gives us techniques to slow this process and stay in our "thinking brain," how do we make sure that we use these trained techniques instead of reverting to whatever our instinctive response may be? Studies of police officers involved in pursuits and other high stress activities show that the officers experience adrenaline levels that exceed those of soldiers engaged in combat, affecting their ability to make decisions relating to the use of force and when to disengage in a pursuit.

Controlled breathing techniques, long used in martial arts training, can be used by all of us to reduce our stress reaction, keep us in the thinking brain, and improve our reaction choices to threat cues. A simple technique is to breathe in through your nose for a count of three; hold your breath for a count of three; exhale for a count of three, and then repeat the cycle. Some authorities suggest a count of four, but remember you are going to already be excited and breathing rapidly – three seems to work well for me.

The technique sounds simple in a classroom, or as you sit in your office or home reading this article. The question now is how are we going to remember to do this under stress? We already know that we are probably going to start shutting down our thinking process as the stress increases.

In the APPA training program, "Dealing with Aggressive Behavior" we have participants take a "Self Awareness Test" designed to have them look at their personal reactions to stress and signs of danger. The first question asks, "What happens to your body (physiologically) when you feel anxious or threatened? For instance, does your face get hot, do your palms get sweaty?" Whatever the answer is for you, you have identified an early warning sign that you can incorporate into a conditioned response that signals you to start your deep breathing.

To make this a conditioned response, and not something you are going to have to think to do, you must practice this exercise until it truly becomes a conditioned, or as it is referred to in many training situations, a stimulus response. Start now, before you get into a true high stress situation. Each time you feel anxious think about the breathing exercise. You can use cues such as someone cutting you off in traffic, someone raising their voice to you, anything that starts the physiological stress or threat response you identified. For me, clinching my teeth is a cue for me to start the breathing response.

Alexis Artwohl, Ph.D., a respected psychologist that has done research on stress responses of law enforcement officers, suggests that an individual's ability to control physiological and emotional arousal levels when faced with high stress situations is one of the most important factors affecting the individual's ability to perform well in life-threatening situations. In a stress situation you will not have time to think about how to react; thus, it is important that we practice our stress responses repeatedly, over time, so that they become a stimulus response which increases our ability to effectively react and control a threat situation when it occurs. Think of this breathing technique as one more tool to add to your toolbox of threat response skills. ❐

Robert L. Thornton is the Director of the Community Corrections Institute in Eatonville, WA and chair of the APPA Health and Safety Committee.

Job Opening

Deputy Director

Harris County Community Supervision and Corrections Dept., Houston, Texas

Harris County Community Supervision and Corrections Department, the largest such department in Texas and one of the largest in the nation, is seeking a Deputy Director to assist the Director in providing leadership and management direction to our Department and its units. Houston/Harris County is a multicultural community benefiting from large African-American, Hispanic and Asian communities.

The Department, with its staff of 750 employees, serves 37 Criminal District and County Criminal Court Judges and oversees the supervision of approximately 44,000 probationers through several residential programs and numerous contracts with community providers. The Department is moving aggressively towards an Outcomes Based Reinventing Probation Model.

The proactive individual we are seeking must be an excellent communicator, bilingual in Spanish preferred, with strong budget, finance, leadership, management and human relations skills. The candidate should be a high energy, self-directed and self-actualized executive who can help move the Department to the forefront in Community Supervision and Corrections by applying innovative approaches and proven methods of criminal justice management. He/she must possess a Bachelors degree from an accredited college/university in criminology, corrections, counseling, law, social work, sociology or other related field. Successful candidates must meet the state mandated qualifications for a Supervision (Probation) Officer with a minimum of five (5) years progressively responsible administrative and managerial experience in Adult Probation or a related field. Candidates must also pass a criminal background check. Salary will be commensurate with background and experience. We are an Equal Employment Opportunity Employer. Open until filled.

To apply, submit a letter of application along with a complete resume, including specific information regarding education, positions held, leadership roles, management philosophy and salary history to:

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BY ROBERT THORTON

Research Update...

Drunk Driving Interventions

Maruschak, Laura. 1999. *DWI Offenders Under Correctional Supervision.* Washington, D.C.: Bureau of Justice Statistics./www.ojp.usdoj.gov/bjs/pub/pdf/dwiocs.pdf

This study, conducted by the Bureau of Justice Statistics, provides an overview of DWI offenders in 1997. Key findings include the following: In 1997, 1.5 million people were arrested for driving under the influence, and 513,200 were under correctional supervision. Of these, most (89 percent) were sentenced to probation. These offenders constituted 14 percent of the total probation population. While most (69 percent) of these probationers were sentenced to probation only, 31 percent were given a split sentence serving part of the sentence in jail or prison. Table 1 shows the conditions of their probationary sentences.

DWI offenders differ from other probationers in several ways. They tend to be older, better educated, and more likely to be white. The study estimates that one third of the probationers had a history of alcohol abuse or dependence. Seventy- one percent of the probationers reported having participated in alcohol or drug treatment prior to their arrest. One third of the probationers also reported a prior DWI offense.

DeYoung, David J. 1997. "An Evaluation of the Effectiveness of Alcohol Treatment, Driver License Actions, and Jail Terms in Reducing Drunk Driving Recidivism in California." *Addiction* 92:989-997

DeYoung examines a sample of 148,632 drunk driving offenders in California, dividing them into groups of first time offenders, second time offenders, and third or more time offenders. Specifically, he examined the independent effects of alcohol treatment, driver's license action (including restrictions, suspensions and revocations), and jail terms on recidivism. For all offenders, the lowest rate of recidivism was found for those who received treatment in combination with a license action. The highest rate was found among those who went to jail. Although this difference was substantial, it is possible that the difference may be because the offenders sent to jail were higher risk offenders, and therefore more likely to reoffend.

Breckenridge, James , L. Thomas Winfree, James Maupin, and Dennis Clason. 2000. "Drunk Drivers, DWI "Drug Court" Treatment, and Recidivism: Who Fails?" *Justice Research and Policy* 2:87-105

This study focuses on the Las Cruces Municipal DWI Drug Court in New Mexico. Applying the drug court model to DWI offenders, this court applies a treatment model to address offenders while they serve their time in the community. Working with police and court personnel, the researchers were able to apply an experimental design, randomly assigning alcoholic offenders to the DWI court or to normal court processing. Normal court processing included sanctions such as probation, fines and jail. Outcomes for these groups were compared to each other as well as to a third control group of non-alcoholic DWI offenders that also received normal court processing. One year after sentencing, the non-alcoholics and the alcoholics had similar rates of reoffending, but the alcoholics were more likely to have committed serious and alcohol-related offenses. More importantly, though higher than the non-alcoholics, reoffending rates were lower for the alcoholic offenders in the DWI court than for the alcoholic offenders who received normal court processing. Though these findings are promising, the small sample size and application to only one court program require that they be replicated elsewhere before we can be confident about the effectiveness of DWI courts.

Rojek, Dean G., James E. Coverdill, and Stuart W. Fors. 2003. "The Effect of Victim Impact Panels on DUI Rearrest Rates: A Five-Year Follow-Up." *Criminology* 41:1319-1340

Approximately 400,000 drunk drivers are sentenced to attend victim impact panels (VIP) each year. These panels, designed originally by Mothers Against Drunk Driving, include victims and covictims of drunk driving accidents. The emotional impact of their stories are intended to reduce drunk driver recidivism. In this study, 404 offenders who attended a VIP were compared with 430 offenders who did not attend over a five year period. The researchers found that by the end of the study period, 34 percent of the comparison group had been rearrested for a DUI, while only 16 percent of the VIP group was rearrested. This difference is strongest in the first two years, suggesting that the effect of the VIP may wear off over time, but is particularly strong during the initial time period when risk of rearrest is at its highest. Although the findings were supportive of this intervention, the researchers note significant variation in the implementation of VIPs

Table 1. Conditions of Sentences of DWI Offenders on Probation, 1997

Condition of Sentence	Total	Felony	Misdemeanor
	%	%	%
Fees/fines/courts costs	94	91	95
Confinement/monitoring	13	20	10
Community Service	24	35	22
Employment and training	41	50	41
Counseling	21	8	22
Driving restriction	13	21	11
Alcohol treatment	86	77	88
Drug treatment	27	31	27
Mandatory drug testing	28	35	28
Remain alcohol/drug free	10	15	9

BY DAVID KARP

nationwide and caution that the effective model they found in Clarke County, Georgia, may not generalize to all programs in operation.

Voas, Robert B., Kenneth O. Blackman, A. Scott Tippetts, and Paul R. Marques. 2002. "Evaluation of a program to motivate impaired driving offenders to install ignition interlocks." *Accident Analysis and Prevention* 34:449-455

Prior research has demonstrated that ignition interlocks are an effective strategy to reduce DWI recidivism. These devices use a breath test to measure BAC level (blood alcohol level) and prevent the driver to start the vehicle if the test is failed. Although thousands of interlocks are in use in the United States and recent legislation in many states provide for their use, participation rates for eligible DWI offenders has been very low. This study examines a court strategy for increasing participation, and whether such participation leads to lower DWI recidivism rates. Specifically, the study examines the introduction of stronger sanctioning alternatives for offenders that do not wish to participate in the interlock program, i.e., interlock or jail/house arrest. Focusing on Hancock County Court in Indiana, the study compares recidivism rates in Hancock County with six other nearby counties that did not have an interlock program. The study also compares effects for first time and for repeat DWI offenders. First, Hancock County was successful in increasing its interlock participation rate. Sixty -two percent of eligible offenders participated, which may be compared with the 10 percent or lower rate typically found in other interlock programs. Second, overall recidivism rates were found to be lower in Hancock County for both first time and repeat offenders, compared with the surrounding counties.

Wells-Parker, Elisabeth, Robert Bangert-Drowns, Robert McMillen, and Marsha Williams. 1995. "Final results of a meta-analysis of remedial interventions with drink/drive offenders." *Addiction* 90:907-926

A meta-analysis is a statistical procedure that summarizes the results of a number of research studies. In this meta-analysis, 215 independent studies are included. Though variations in the quality of individual studies is noted, and further limitations exist due to variations in both methods and data reporting, this (and other) meta-analysis may be the best overall assessment of current research knowledge. Because this study combines the results from many other studies, it necessarily must provide very general categories of interventions for DWI offenders. Specifically, the study considers the effect of educational programs, such as on the effects of alcohol, alcoholism, or traffic safety; counseling programs, which includes any kind of therapy, but excludes medical or drug treatments; antidipsotropic medication, anti-alcohol drugs; contact probation, involving in person contacts with probation officers; and self-help programs, such as Alcoholics Anonymous. Not included in the meta-analysis were some popular DWI programs such as ignition interlocks, victim impact panels, jail-based programs and home detention. These remedial interventions are compared to traditional court sanctions such as fines, license revocation and incarceration. The researchers found that remedial programs reduce both DWI recidivism and alcohol-related crashes 7-9 percent more than traditional sanctions. Which programs are most effective? The combination of education, counseling and contact probation had the largest impact. Contact probation alone was found to be less effective than education alone and less effective than when it is coupled with other programs. Also of note, both court-mandated counseling by itself and court-mandated self-help (AA) by itself had negative effects-that is, they produce higher recidivism rates than traditional sanctions. But in combination with other interventions, they produce positive effects. ❐

David R. Karp is an Assistant Professor of Sociology at Skidmore College in Saratoga Springs, NY.

Workforce Development Project: Community Corrections Division

The Workforce Development Project for the Community Corrections Division of the National Institute of Corrections (NIC) has a strategic initiative of defining the workforce issues and strategies for the 21st century.

The project proposes to define the critical needs and challenges of the community corrections field as it seeks to provide a skilled and professional workforce in the 21st century. The project will consist of, but not be limited to, looking at: expanded job roles, changing job roles and related job descriptions, the skills and experience(s) required to fill those jobs, the changing workforce entering the profession, recruitment and retention strategies, growing field staff into leaders within their organizations, and the changing role of first line supervisors as related to the changing roles of line staff and the changing workforce.

Probation, parole and community corrections staff have seen their roles change over the past several years, moving from simply supervising offenders to ensure compliance with conditions of supervision; to a role of being change agents with offenders and fostering partnerships and collaboration to deliver services. The new role may also include facilitating stakeholder meetings, riding with law enforcement officers, providing direct treatment services, working with neighborhood and faith-based activists, increasing work with victims and victims advocates, and being involved more with automation and other technological changes that impact the field. However, the officers continue to have the ultimate responsibility of offender supervision and effective caseload management. These changing roles and expectations, coupled with offender supervision and caseload management, often are overlooked when recruiting and training new staff, when retaining existing staff, and in growing staff into supervisory roles.

Many issues will be looked at in this project, not just the ones listed above. The project will also look at defining roles, what range of job roles may be required for an agency, what backgrounds should be considered for new staff, how can field staff work with prison staff regarding transition planning, what skills and attributes should be considered when promoting line staff into a first line supervisory position, what training issues should be addressed and stressed, how can executives improve staff morale and move forward with a changing work force, and what roles do universities/colleges, organized labor, research, and the changing offender population (mentally ill , younger/violent, elderly and women offenders) have in the process.

The project will work within the framework of evidence based practices (EBP) and the principles of EBP. However, it will also take into consideration that not every agency will be involved in EBP and will still be seeking answers to deal with the changing work force in the 21st century and the changing roles of probation, parole, and community corrections workers.

It is anticipated that the project will be a twofold initiative. One part will consist of bringing together a group of community corrections professionals and individuals from the private sector, university setting and human resources field. The community corrections professionals will include at a minimum a state director, chief probation officer, deputy chief, first line supervisors and line officers. Plans call for this workgroup to meet on at least two occasions, over a two day period each time. The first meeting would be to begin gathering information, planning the project, agreeing on assignments, discussing what they see as the needs of a changing workforce and a changing profession. The second meeting will be to review the work of a cooperative agreement (see below), as well as continue work that was initiated in the first meeting. It is also expected that this meeting will review any research done following the first meeting.

The second part of the initiative will result in a cooperative agreement being awarded to a person, group of persons, or organization to develop a guidebook to address issues and suggested processes related to recruitment, hiring, pre-employment assessment, performance evaluation, job descriptions and retention of staff. It is anticipated that the guidebook would be a tool for agencies to use at all levels, from the executive staff to the field staff in a district/local office. A possible side result of the work of the workgroup and the guidebook could be the development of a curriculum on the hiring, training, retaining and evaluating of a skilled workforce for community corrections in the 21st century.

In addition to the above activities, focus groups will be held at annual meetings of the American Probation and Parole Association (APPA) in July 2004 and the Middle Atlantic States Correctional Association (MASCA) in June 2004. The purpose of the focus groups will be to gather information related to the project, from staff at all levels within probation, parole and community corrections. It may be possible to hold focus groups at other conferences/meetings depending on available finances and time constraints.

Further information visit NIC's web site at www.nicic.org. ❐

Andrew Molloy is a Correctional Program Specialist with the National Institute of Corrections in Washington, DC. He is also the President of the American Probation and Parole Association.

BY ANDREW MOLLOY

Probation, Parole and Community Supervision Week – July 18-24, 2004

As we celebrate Probation, Parole and Community Supervision Week, let us keep in mind the many professionals who are employed in the community corrections field with the ultimate task of making our communities a better place to live.

This observance has been set aside to recognize the accomplishments of the thousands of community corrections professionals working on the front lines with adult and juvenile offenders each and every day in our communities. Thousands of these professionals work with over 4.7 million adults on probation and parole and over 600,000 juveniles placed on community supervision. They are at the heart of community supervision and are America's invaluable public servants.

They serve the needs of their clients and the community by promoting public safety and law-abiding behavior. They make use of many programs to help individuals become productive members of society. Overseeing the rehabilitation of offenders, supporting and protecting crime victims, overseeing reparation of the harm done to the community and to victims, being accountable to the public, conducting home visits, administering drug test, and being on call 24 hours a day are just a few examples of the challenges these community corrections professionals face each day.

APPA continues to provide a free online media kit with a variety of materials that will assist in planning your community and statewide activities to commemorate Probation, Parole and Community Supervision Week. The media kit consists of public service announcements, tips for community outreach, recognition ideas, news releases, brochures, banners for your department or agencies website, history articles on probation and parole, and posters. Two brochures titled "Probation 101" and "Parole 101" can be given out to civic groups, the media, at community events, businesses, schools, and libraries. These brochures are an excellent way to educate and increase your community's awareness of community corrections in your community. You can access the media kit from APPA's website at www.appa-net.org in the 'What's New' section. For further information, please contact Karen Fuller at (859) 244-8196 or by e-mail at kfuller@csg.org.

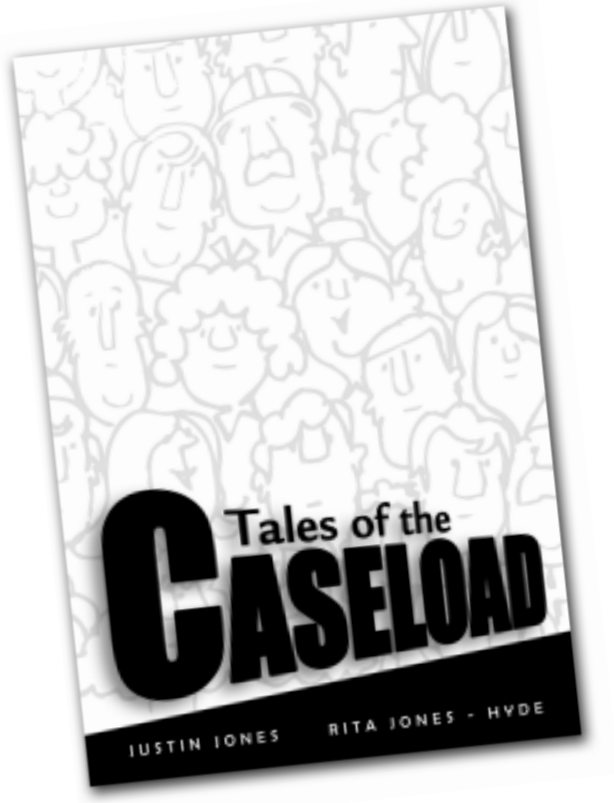
For those working with offenders, literally on the front lines for the public safety of our communities, this recognition is long overdue. APPA commends you for your dedication and hard work. We are grateful for everything you do! ❐

Karen Fuller is the Public Information Coordinator for the American Probation and Parole Association in Lexington, KY.

BY KAREN FULLER

Book Review

Tales of the Caseload



Authored by Justin Jones / Rita Hyde Jones

Tales of the Caseload is a colorful set of short stories about the trials and tribulations of probation and parole officers and their clients. The stories when read in their entirety, however, provide readers with an insider's view on the realities of probation and parole supervision from 1970 to the present.

While it is true that there is much variability in how probation and parole organizations are structured and how individual officers approach their jobs, there is indeed much more commonality than dissimilarity. From a professional perspective, Jones' attention to the similarities as common threads that bind the realities of probation and parole practice is the most valuable contribution of this book. On the other hand, the personal entertainment value of this book also receives high marks, especially for those familiar with probation and parole. The self-effacing and intimate thought processes of the probation and parole officers presented by Jones will undoubtedly strike a familiar chord with many, if not most, professionals charged with supervising offenders in community settings.

Each of the vignettes included in *Tales of the Caseload* affirms that in the world of probation and parole "the truth is stranger than fiction." Some of these strange truths can accurately be labeled as "skeletons in probation and parole's professional closet." Jones does not take an openly negative and deconstructionist view of the professional "warts" that have been part and parcel of organizational structure, policy and procedures, and daily practice. The author does, however, and only slightly between the lines of the narratives, call attention in an honest way to professional practices that must be acknowledged as obstacles to achieving the public safety and justice goals of probation and parole. In so doing, probation and parole professionals are challenged to call to mind those things that they do not want the public or the media to know about.

As I read this book, I was reminded of my 29 years as a parole practitioner. I could not help but think that I, along with virtually all of our brother and sister probation and parole officers, could play "can you top this" with personal stories about co-workers, supervisors, chief executive officers, elected officials, the media and probationers and parolees! Moreover, I was reminded of the critical need to once and for all bring sensibility to the profession by demanding solutions to 30 year old seemingly intractable professional problems that most of us know are fixable if only there was a will to do it.

The personal and professional will to bring about the much needed changes that underscore Jones' narrative, however, requires a new vision to strive for as well as the hope and belief that we as individuals can actually "pull it off" – the change that is. So, rather than read this book in a commiserative way, probation and parole practitioners can best use this as an opportunity to congeal around the issues and affirm which practices need to be abandoned and which ones adopted.

Through entertaining and seemingly light-hearted storytelling Jones is essentially calling for better and more realistic staff training, improved hiring practices that assure that staff possess values true to the philosophical roots of community supervision as embodied in the works of John Augustus. Jones is also calling for a shift in professional practice from a focus on contacts and activities to substantive results-oriented interactions between offenders and those who supervise them. Additionally, he calls for removing politics (with a capital and lower case "P") from the business of community supervision, attending to the very real dangers staff face through attention to staff safety, and properly funding community-based supervision in order to enhance public safety prospects in the near and long-term.

Jones is commended for his ability to discuss critical issues relevant to the practice of probation and parole without engaging in a frontal attack or long-winded justifications for that which he obviously views as problematic. Jones even avoids overt criticisms of absurd policies and procedures and automaton-like bureaucrats who have long ago lost touch with the primary mission to serve the public; instead he leaves it to his readers to draw their own conclusions. Jones knows what we all know, and he knows that we already know it. With this in mind, *The Tales of the Caseload* gently, yet persuasively, challenges everyone affected by community corrections to hold it accountable to be all that it can be in delivering public safety and justice to Americans everywhere. ❐

Mario A. Paparozzi, Ph.D. is an Associate Professor in the Department of Sociology, Social Work and Criminal Justice at the University of North Carolina - Pembroke.

BY MARIO PAPAROZZI, PH.D

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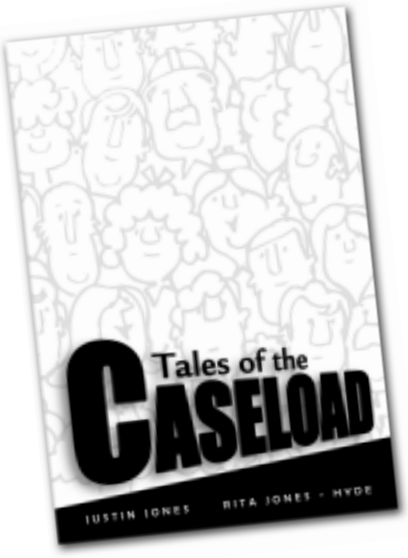

Tales of the Caseload
by Justin Jones / Rita Hyde-Jones

Tales of the Caseload is a colorful set of short stories about the trial and tribulations of probation and parole officers and their clients. The sometimes funny, often poignant and always thought-provoking vignettes that are encapsulated in this book provide a rare insight into the world of community corrections.

"From a professional perspective, Jones' attention to the similarities as common threads that bind the realities of probation and parole practice is the most valuable contribution of this book. On the other hand, the personal entertainment value of this book also receives high marks, especially for those familiar with probation and parole."

-Mario A. Paparozzi, Ph.D.
Associate Professor, Department of Sociology, Social Work and Criminal Justice
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Suicide

The Unspoken Threat to Officer Safety

BY MARK J. MAGGIO

It was a Sunday morning in April 1987. The phone rang. The voice on the other end was Frank, a friend and colleague with whom I had worked for several years in the criminal investigations bureau. I will never forget our conversation that morning.

(Frank) "Mark, this is Frank....listen....uh, Pat Hines shot himself last night. He's dead."

Frank then told me that Pat and his wife had an argument the night before. A gun had been fired during the argument. Alcohol was involved. No one was injured. Pat's wife called the police. Pat lived in the county where he worked. His supervisor arrived and drove Pat back to headquarters in Pat's personal vehicle. Pat knew the life he had known was crumbling before his very eyes. He used a ruse to convince his supervisor to pull the car off to the side of the road prior to arriving at headquarters. Pat exited the vehicle, ran into a nearby wooded area and, using his off-duty weapon hidden under the passenger's seat, shot and killed himself. He was 31 years old.

For most of us, the days and weeks following Pat's death were filled with confusion, grief, an overwhelming sense of sorrow, mountains of guilt – and a lot of anger. As law enforcement officers, we had been trained to handle many types of challenges and threats – all of which were external. We had received virtually no training on protecting ourselves from ourselves.

Over the years, safety training for officers in probation, pretrial services and parole has increased significantly, an appropriate response, given the rising concern for the safety of these officers. Officers are faced with an ever-increasing violent offender and defendant population, as well as the intensified supervision strategies designed to assure offender compliance and enhance public safety. Firearms and defensive tactics training, along with training in other topics along the use of force continuum, is routinely conducted in agencies around the country. Clearly, a system-wide commitment exists to ensure that officers are protected from the many external threats they face in the performance of their duties.

While attention and resources have been given to control the external threats to officer safety, similar attention and resources have not been devoted to another threat that every officer potentially faces. That threat lies within the officers themselves -- the threat of suicide. Is suicide a problem within law enforcement? A few statistics may help to put this issue into perspective. Among the general population, the suicide rate in the United States is approximately 12 per 100,000 (Maris, et. al. 2000). A 1997 report in USA Today showed suicide rates for several major law enforcement agencies. The agencies were New York City Police Department (15.5 per 100,000), Chicago Police Department (18.1 per 100,000), the FBI (26.1 per 100,000), Los Angeles Police Department (20.7 per 100,000), San Diego Police Department (35.7 per 100,000) and U.S. Customs (45.6 per 100,000). To add a more realistic feel for what these figures mean, the USA Today report also provided actual number of suicides in each of the aforementioned agencies and the period of time over which these occurred: New York City (87 suicides between 1987-1998); Chicago (22 suicides between 1990-1998); FBI (18 suicides between 1993-1998); Los Angeles (20 suicides between 1990-1998); San Diego (5 suicides between 1992-1998); U.S. Customs (7 suicides between 1998-1999).

Thus, suicide clearly represents a problem for law enforcement officers nationwide. Do, however, statistics such as these also translate

to officers in the probation, pretrial services and parole professions? Are these populations at similar risk? In the Federal Probation and Pretrial Services system eight officer suicides have been recorded during 1986-2003, as compared to one line of duty death during that same timeframe. As for state and local probation and parole offices, there seems to be no central repository for the recording of officer suicides nationwide. However, the reports I've reviewed and personal interviews I've conducted, suggest a very real concern about officer suicide within the state and local probation and parole populations. Indeed, various state and local offices have, unfortunately, had real-life experience with officer suicides.

In the following pages, I address what we have learned about suicide, including current research, predictive factors, intervention strategies, protective factors and prevention strategies.

Research

At first glance, suicide appears to be simply defined: People in great psychological, emotional and/or physical distress decide to end their own life. However, suicide includes, in fact, not only completed suicides, but also nonfatal suicide attempts, suicidal ideation, and indirect self-destructive behaviors (Maris et al., 2000). Completed suicides are those events in which people die at their own hands. Nonfatal suicide attempts are those in which individuals purposely injure themselves but do not die and thus are available for treatment (O'Carroll et al., 1996). Suicidal ideation involves individuals who think about suicide or form intent of suicide but do not attempt or complete the act (Maris et al., 2000).

A variety of other factors, such as age, gender, methodology, etc. have also been examined in relationship to suicide. For example, suicide rates tend to increase with age until around age 85, where there appears to be a slight drop-off (Maris et al., 2000). And while adolescent suicide sharply increased in the late 1970s, most people wrongly assume that suicide rates are normally higher among adolescents than among those in later ages. In terms of gender as a factor in suicides, males complete suicide more often while more females attempt suicide. The higher male suicide rate is often attributed to the more frequent use of lethal methods, although this aspect alone does not account for the entire reasoning behind the higher male rates. Historically, females have demonstrated a greater ability than males at establishing and maintaining a wide social support network. In times of crisis, females have shown a greater willingness to reach out to that network, where males have been more inclined to try and "tough it out" alone.

Research into the means by which individuals commit suicide shows that the method of choice for approximately 64 percent of males and 40 percent of females continues to be firearms (Maris et al., 2000). This last statistic highlights the fact that one of the continual predictive factors of suicide in law enforcement is the availability of the weapon (firearm). This fact is a point of discussion for those probation, pretrial services or parole agencies that are considering arming their officers. While certainly not a reason not to arm officers, it is my opinion that the problem of suicide in law enforcement should be taught within any agency's firearm program.

Predicting who is or is not at risk for suicide is, indeed, a shaky practice. Pokorny (1983, 1993) points out that especially in short time frames, efforts at predicting individual suicides often leads to errors such as identifying someone as a suicide when that is, in fact, not the case. This brings me to the next topic – predictive factors concerning suicide and suicidal behaviors.

Predictive Factors

In our desire to be able to predict who will or who won't be at risk for suicide, we have created assumptions about suicide that have turned out to be more akin to myth. The most common are that there is a suicide type, that suicide happens without warning and that we can suggest someone into committing suicide.

In truth there is no suicide type. Anyone can be at risk, given the right set of circumstances, (appropriate level of stress, anxiety, depression or feelings of hopelessness and helplessness) in which the resources necessary to carry out the act are available. So predicting suicidal behavior based on type is not a reliable path to take.

Another myth deals with the notion that suicide happens without warning. Simply because people do not openly talk about taking their life does not mean that they're not providing other warning signs. I'll talk about some of these warning signs later in the article. Often these people don't openly talk about their thoughts of suicide because those around them were hesitant to ask. This is another myth: Don't mention the word suicide because you might put the idea into their head. We have learned over time that we need to specifically ask a person whom we fear is thinking about suicide, "Are you thinking about killing yourself?" If the response is "yes" we can be assured that this person was thinking about suicide long before we ever asked the question.

Major predictive factors of suicidal behavior do exist to which we need to be alert. The first major predictor is whether the individual has a current plan. And, of course, we find this out by asking the person directly about the specificity of the plan. Have they thought about how they would kill themselves? A general rule to follow here is the more specific the plan, the greater the threat. How readily available is the means by which the person will commit suicide? How lethal is the means? Again, the greater the lethality of the means chosen, the greater the threat. However, even if the means is not readily available or does not carry with it a high degree of lethality we need to take the threat seriously. Every threat of suicide needs to be taken seriously.

Another factor that falls into the major predictive category is the individual's history of attempted suicide. If people have a history of nonfatal suicide attempts, this significantly increases the risk that they will attempt suicide again. Maris (1981) suggests that approximately 15 percetn of people who have attempted suicide will eventually die by suicide. Additionally, evidence of mental disorders, alcoholism and/or drug abuse are other single, major predictors of suicide.

In the United States, approximately 64 percent of men and 40 percent of women who commit suicide have preferred firearms as their method of dying (Maris, et.al. 2000). This statistic has significant implications for those in the law enforcement and correction communities. The immediate availability of a firearm is a significant factor in the suicide of law enforcement and corrections officers. This fact underlies the importance of incorporating suicide awareness training at the academy and in-service levels. Mid-level supervisors and managers should receive training on recognizing the signs and signals associated with suicide.

Other factors that have been linked to suicidal behavior are social isolation, depressive illness, a sense of hopelessness (e.g. my life is never going to change), a sense of helplessness (I'm powerless to effect any significant change in my life), and undesirable (negative) life events (e.g., legal problems, loss of important social relationships, loss of social status, etc.) In addition, the American Association of Suicidology offers other warning signs that might indicate that a person is suicidal. These warning signs include talking about suicide, withdrawing from friends and/or social activities, giving away prized possessions, being preoccupied with death and dying, losing interest in personal appearance, and increasing use of alcohol or drugs.

Intervention

Suicide is a very complex and multi-dimensional phenomenon. The most that people who intervene can hope for is that they are able to assist in

The Threat of Suicide

The American Association of Suicidology provide the following suggestions for dealing with someone who is threatening suicide.

- ***Be open and direct with the person.*** Use a conversational tone to engage the suicidal person in a dialogue. If that can be accomplished early on, there's a greater chance that you will be able to re-direct the person's thoughts from suicide.
- ***Be ready to listen.*** As many have learned, the act of hearing is a matter of biology, while the act of listening is an art. This is not the time to begin a debate on whether you believe suicide is right or wrong. The suicidal person must not feel judged by you. Do not lecture them on the value of life. Provide a compassionate, non-judgmental ear, a tone of understanding and caring, and most of all, your undivided attention.
- ***Don't permit yourself to be sworn to secrecy.*** Sometimes in the course of trying to prevent someone from committing suicide, the suicidal person will attempt to negotiate or bargain with the person trying to help. Allowing yourself to be drawn into a secret agreement with a suicidal person does nothing to help the situation.
- ***Don't dare the individual to commit suicide.*** While it may be difficult to believe that anyone attempting to intervene with a suicidal subject would openly dare the person to commit the act, this can actually occur in more subtle ways. One likely scenario where the suicidal person might perceive a dare would be if the

moving the suicidal individuals past the immediate crisis and getting them to the next level of professional care. Assurance of a more long-lasting recovery comes only with the help of medical professionals, family, community, and of course, the victims themselves. However, knowing something about how suicidal people may feel about themselves, their pain and their immediate world may help support the logic behind recommended intervention strategies.

People contemplating suicide experience a profound sense of hopelessness and helplessness. In essence, they feel powerless to control events and outcomes in their lives. Things (and life) have gotten out of control. This feeling of a loss of control is a powerful emotion and one that lies at the very heart of suicide. Thus, the thought of taking one's own life becomes a viable option because that is still the one thing the individuals can control -- whether or not they choose to go on living.

For suicidal people, the emotion of perceived loss of control is tied to many other emotions, cognitions, and behaviors. People intent on committing suicide cannot think clearly. They are not capable of making rational decisions and thus cannot see any way out of their circumstances. It becomes almost impossible for them to work, sleep or even eat. The pain that they experience becomes so profound and so pervasive that not only do they feel powerless to stop the pain, but they also cannot envision a future without the pain. They see themselves as worthless and unable to get anyone's attention.

Protective Factors

Thankfully, research has identified a series of factors that may serve to protect an individual from reaching the point of suicide. These are factors that the individual, and to some extent, the organization can put in place long before a person reaches the suicidal crisis point.

One protective factor is self-evident, given the direction we have taken thus far. Since people who are thinking about committing suicide have lost the ability to solve their own problems, giving them problem-solving skills is a valuable tool. People in crisis usually need help in first defining the problem. Once you clearly define the problem, figuring out which problem-solving skills are needed becomes a much cleaner process. Note that I did not say it becomes a much "easier" process. Often developing new problem-solving skills can be an arduous process, because it requires people to change the way they think about themselves in relation to the problem (reframing). If people are successful at reframing their thoughts, they are better-able to envision new avenues for solving problems, thus increasing the odds that they will be successful at overcoming their suicidal thoughts.

Asking for help is, albeit, one protective factor that can be a significant obstacle for those in public safety. Many officers' attempts to resolve personal crises come to a screeching halt when it comes to asking for help. The need to be in control is a critical component of an officer's personality profile. An admission of needing help can be a difficult one for an officer to make. Still, what we have seen in this discussion of suicide is that people arrive at the option of suicide specifically because they cannot resolve their own problems and see no way out of their situation. Thus, the belief that it is ok to ask for help can literally help to save a life. If this belief is part of the personality profile, it may afford the individual additional protection from suicidal thoughts.

However, believing it is ok to ask for help is just one part of the equation. To act on this belief, a person needs an additional protective factor: easily accessible resources. The person needs to know how to access resources, and these resources must be readily available. Examples of such resources are mental health professionals, chaplains/pastors, employee assistance programs and substance abuse counselors. Incorporating the belief that it is ok to ask for help and then having accessible resources can go a long way in offering individuals protection from considering suicide as an option for coping with life's struggles.

Additional protective factors are having a good social and family support network, trying to maintain an optimistic outlook on life and marriage, physical activity, participation and membership in a community, and a sense of self-efficacy and personal control.

Prevention Strategies

Employing protective factors long before a people have reached a crisis point can be very useful in keeping them from considering suicide as an option to resolving life's problems. Equally helpful are prevention strategies that organizations can adopt that not only offer assistance to the individuals in crisis, but that also contribute to the long-term mental health of the organization. To understand why it is beneficial to establish prevention strategies, managers need to understand the organizational implications of a suicide involving their employees.

Suicide is highly disruptive to both individuals and the organization. Managers should realize that when individuals commits suicide, a minimum of six others are immediately affected by that act. My experience suggests that depending on the organization's culture, the number of individuals significantly affected by the suicide of a coworker could go much higher. When someone actually commits suicide at

the jobsite, the impact can be catastrophic.

Suicide leaves a long-term, complicated impact on co-workers and peers. There's nothing simple about the aftermath of a suicide. The act of suicide leaves "unfinished business" for the survivors. There's often a crime scene and subsequently, media attention. The death scene is often a violent one. Suicide can compromise traditional mourning rituals. For example, in a line of duty death the officer may be praised for their work while in suicide achievements might be minimized. A line of duty death usually brings a public outpouring of support. Suicide often brings private shame and guilt. The recovery period from a suicide can range from four to seven years. Survivors may express shock, numbness and a denial of the death as a suicide. It's not unusual for survivors to experience a prolonged search for the answer to the question "why." Employees may express emotions of shame, guilt, responsibility, abandonment and certainly anger. Finally, subsequent to an employee's suicide, managers should be alert to other employees experiencing a fear of personal susceptibility to suicide.

Realizing that mental health and substance abuse disorders represent the greatest risk for suicidal behavior, organizations should make every effort to establish a comprehensive employee assistance program (EAP). Absent an EAP, organizations should reach out to the mental health community and identify resources that they can call on in the event of a crisis. Management should also make sure that employees are provided with emergency contact numbers such as building security, local law enforcement and the crisis intervention/suicide hotline.

Supervisory training is another strategy that can be employed to offset the problem of suicide. Supervisors should receive training in recognizing the warning signs of depression, alcohol and drug abuse, and specifically, suicide. Supervisors should also receive training in crisis intervention. General educational programs should be made available to employees. Topics for these programs should include but not be limited to financial counseling, parenting, alcohol and drug abuse, stress management, domestic violence, retirement planning, general health and nutrition, benefits of physical exercise, cardio-pulmonary resuscitation (CPR), the automated external defibrillator (AED) and conflict management. Programs such as these must have the complete support and endorsement of upper management in order to be successful and utilized by the staff.

Organizations should also establish crisis response policies. Such policies may define a crisis, list official contacts both within and without the office in the event of a crisis, provide emergency evacuation procedures, describe how to access the EAP, provide a continuity of operations plan, and list employees trained in CPR and with the AED. While policies such as these are obviously designed to address a myriad of possible crises, they can also provide valuable guidance in the event of a suicidal threat.

Conclusion

We accept the fact that tragedies occur. We know that automobile accidents happen. People contract terminal illnesses. We even know that many die at the hands of others. However, no one wants to think about the possibility of a friend, co-worker or family member committing suicide. When someone we care for commits suicide, our reactions are compounded. Confusion reigns. Anger abounds. Guilt may surface. Feelings of abandonment, betrayal and even susceptibility may arise. Shock, numbness and denial may be profound. And finally, we have learned that survivors don't get over it.

A part of me writes this article for selfish reasons. Suicide has touched my life on three occasions, twice involving coworkers and once a family member. I understand the emotions that follow a suicidal act. I understand the hurt and confusion that rest in the mind but that originate from the heart. These experiences made me believe in the need to take whatever preventative measures are necessary to minimize the risk of suicide. I'm not saying that these measures ensure that you'll never have to deal with the problem of suicide. Rather, I believe these measures can help to either minimize the risk of suicide or assist individuals and organizations who are left to manage and cope in the aftermath of such a tragic event.

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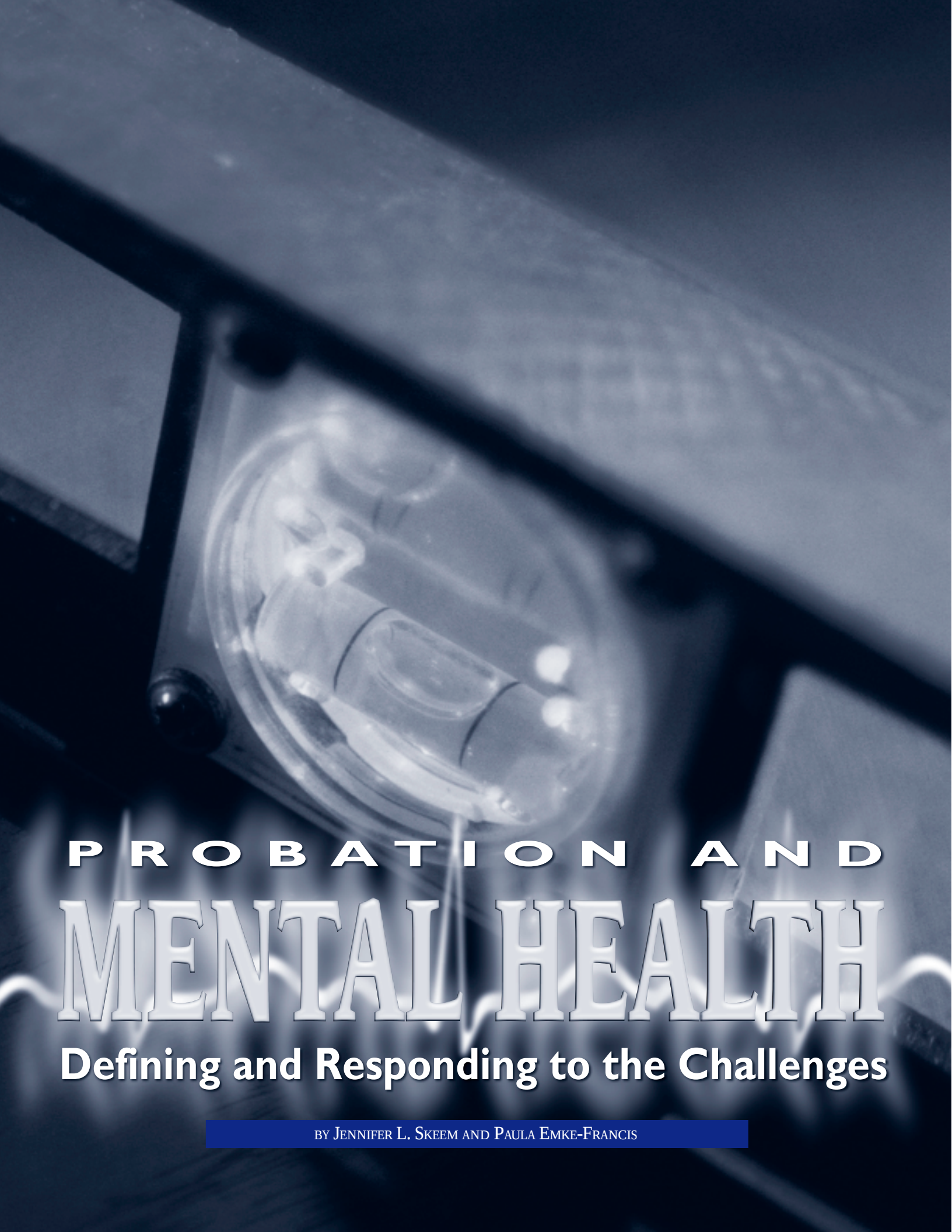
person who is intervening believes this person is not actually suicidal. This belief could be conveyed either verbally or non-verbally to the suicidal person. If the suicidal person feels they are not taken seriously, this perceived dare could subsequently push the person closer to completing the suicide. Be careful how you communicate with a suicidal individual. It's often said that "perception is reality." In this instance the perceived reality of the person threatening suicide must be the focus of your efforts.

- ***Offer hope and not glib reassurances.*** People threatening suicide seldom want to die, but they perceive that there is no hope for their situation. They are open to avenues of hope from others, but these avenues must be perceived as viable alternatives. You may need to help them define the problem and then engage in some constructive problem solving. This may also mean a follow-up commitment from you as well as the suicidal individual.
- ***Be proactive.*** Try to eliminate the means by which the person may attempt suicide. If there are guns in the residence, remove them. If the person is thinking about taking an overdose of pills, again, remove these from the premises. Remember, two of the predictors of suicide are 1) a plan to commit the act and 2) access to the means by which to do it. While you may not be able to remove the plan, you may be in a position to remove the means.
- ***Under no circumstances should you leave the person alone.*** People thinking about suicide are extremely vulnerable. If they are left alone, then they are left with only their thoughts and their internal conversations which, up to this point, have not served them well. They need that outside perspective, that external voice of reason. If you're not there, they can't hear you.



PROBATION AND MENTAL HEALTH

Defining and Responding to the Challenges

BY JENNIFER L. SKEEM AND PAULA EMKE-FRANCIS

Over recent years, the number of offenders under community supervision has reached an all time high of over 4.7 million (Glaze, 2003), placing considerable strain on probation and parole agencies. This strain is exacerbated by the fact that many of these offenders suffer from serious mental illnesses. The prevalence of mental health and substance abuse disorders is markedly higher in the criminal justice population than in the general population (Peters & Hills, 1993; Robins & Regier, 1991). In fact, there currently are more individuals with mental illnesses in U.S. jails than there are in state psychiatric hospitals, making jails the "hospitals of last resort" (Barr, 1999). Recognizing that this problem both "threatens to overwhelm the criminal justice system," and "exacts a toll on the lives of people with mental illness, their families, and the community in general," the Council of State Governments (2002, p. 2) recently formulated specific recommendations for improving the criminal justice system's response to individuals with mental illness.

Challenges in Supervising the PMI

Probation agencies may have been hit particularly hard by this influx of offenders with mental illness. Recent estimates suggest that as many as one-half million such offenders are placed on probation each year (Ditton, 1999; see also Boone, 1995; Carpenter, 1995; Dauphinot, 1997; Roberts, Hudson & Cullen, 1995; U.S. Probation and Pretrial Service Office, 2001-2002; Wormith & MeKeaugue, 1996). The probationer with mental illness (PMI) presents a unique set of challenges to probation agencies. First, PMIs often have pronounced needs for social services, ranging from housing and transportation to mental health treatment (Ditton 1999; Wormith & McKeague, 1996). When judges require PMIs to attend treatment as a condition of probation, probation officers (POs) must address such needs to initiate, monitor, and enforce a mental health treatment plan. PMIs often cannot afford and/or qualify for treatment, and treatment resources are often limited and difficult to access. This leaves POs with a unique, formidable and time-consuming supervision task.

Second, PMIs may often have greater difficulty fulfilling standard conditions of probation (e.g., maintaining employment; paying probation fees; reporting to an office) than probationers without serious mental illnesses (see Orlando-Morningstar, Skoker, & Holiday, 1999). Third, PMIs may not respond well to traditional, sometimes confrontational, strategies for addressing noncompliance (Skeem, Encandela, and Eno-Louden, 2003). Skills and tools that "work" with general probationers may not generalize well to PMIs. Perhaps because of their poor fit with traditional supervision, limited functioning and pronounced needs, PMIs are at greater risk for probation violation and failure than general probationers (Council of State Governments, 2002).

Recognizing the gravity of this situation, the Council of State Governments (2002) recommended that probation agencies develop specialized caseloads for PMIs. Specifically, they recommended that POs with mental health training or experience supervise reduced-size caseloads comprised solely of PMIs. However, because no empirical comparisons of specialty versus traditional caseloads for PMIs have been published, it is unclear whether specialty agencies are more efficient or effective than traditional agencies. In fact, little is known about the prevalence, structure, and practices of specialty versus traditional agencies. Similarly, little is known about how POs implement mental health treatment mandates with PMIs.

Over the past two years, we have been conducting a series of studies designed both to help define the landscape of probation and mental health and to identify best practices for supervising PMIs. In this article, we describe the results of two recently completed studies. These studies describe POs' and PMIs' perceptions of supervision in traditional and specialty agencies, characterize specialty caseloads across the nation, and lay the foundation for a future study of "best practices" for PMIs' outcomes on probation.

What Factors May Be Important in Supervising PMIs?

Given the lack of information on probation and mental health, we began with a qualitative study involving focus group discussions conducted separately with POs and probationers (Skeem, et al., 2003). The aims of this study were to (a) identify methods that traditional and specialty POs use to monitor and enforce probationers' participation in mandated treatment, and (b) describe the perceived effects of these methods on probationers' treatment compliance and outcomes. To address these aims, we conducted five focus group discussions in three states. Participants were 32 experienced POs and 20 PMIs from specialized or traditional probation agencies. Notably, probationers' and POs' perceptions were quite consistent with one another.

This study suggested that three key factors influence PMIs' probation outcomes: the individual strategies used by POs, the relationship between the PO and probationer, and the probation system, that is, whether the agency was specialized or traditional. First, POs from traditional and specialized caseloads differed substantially in the timing, range, and nature of strategies they used to monitor and enforce PMIs' treatment compliance. Relative to traditional POs, specialty POs were more likely to start intervening at the first sign of PMIs' noncompliance with treatment. Specialty POs used a scaled approach for implementing sanctions, using negative pressures only when other approaches failed. Based on their mental health training or experience, specialty POs also had a bigger "toolkit" of strategies for addressing PMIs' noncompliance than traditional POs. The most unique feature of this toolkit was the use of problem-solving strategies to address noncompliance. Specialty POs often had a fair conversation with PMIs to identify any obstacles to compliance (e.g., transportation problems), develop a plan together for addressing those obstacles, and arrive at an agreement to follow that plan. Problem-solving strategies were perceived both by POs and probationers as effective ones. Traditional POs were less likely to describe such strategies, relying more exclusively upon threats of incarceration to increase compliance.

Second, the quality of the relationship between POs and PMIs was perceived as a fundamental influence on probationer outcomes. The degree of bond between the PO and probationer and the extent to which the PO treated the probationer in a fair, respectful manner colored every supervision interaction. Both POs and probationers indicated that PMIs were more likely to comply with the conditions of probation and more globally to succeed on probation when they felt cared about and respected. Belittling interactions and threats were particularly harmful in such relationships. As

observed by one PO, "…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 [of you]" (Skeem et al., 2003, p. 26).

Third, the type of probation agency (specialty versus traditional) was perceived as an important influence on outcome. Specialty and traditional appeared to emphasize different supervision philosophies and goals. Specifically, specialty agencies emphasized both public safety (control) and probationer rehabilitation (care), whereas traditional agencies more exclusively emphasized public safety. These agencies also differed in their supervision structures and practices. Specialty agencies were structured such that PMIs could be processed relatively easily as routine cases. However, PMIs in traditional programs were processed as problem cases that could not be made to fit the standard supervision structure. This structure provided traditional POs with no time or resources for supervising PMIs differently than other probationers, which often led to simple resignation ("We do not have the ability to deal with it.").

In summary, the results of this study indicated the general nature of individual, relationship and systemic influences that POs and PMIs saw as important influences on PMIs' outcomes. However, the study also raised questions about the nature of relevant systemic influences. Even the eight specialty agencies included in this study appeared to differ from one another in their structure, supervision philosophy and implementation of treatment mandates. The extent to which these agencies represented specialty agencies across the nation was unclear.

What are the Essential Ingredients of a Specialty Agency?

To identify the essential ingredients of specialty agencies, we conducted a national survey to identify these agencies and describe their unique characteristics. The survey's specific aims were to (1) characterize supervision practices of traditional and specialized caseloads with PMIs, and (2) identify any systematic differences among specialty agencies. In part, we needed to determine whether specialty agencies shared enough in common to be considered a model with a prototypic structure, philosophy and practice. Isolating such a prototype would help probation agencies structure or refine specialty caseloads for PMIs.

First, we identified specialty agencies across the nation. To do so, we contacted probation executives at all levels of oversight (state, regional and local), published electronic and print announcements of the survey in various probation-related sources, and networked with probation and mental health experts. Through these efforts, we identified 137 probation agencies with at least one mental health caseload. After screened out agencies with single mental health caseloads (where the practices of a one PO define the agency), and agencies with mixed mental health caseloads (e.g., including sex offenders, general offenders), 73 eligible specialty agencies were left. Of these, 66 (90 percent) participated. Second, we identified a relatively small sample of traditional agencies that matched the specialty agencies in geographic region and population size. Of the 26 identified traditional agencies, 25 (95 percent) participated. Third, we conducted the survey with the supervisors of the identified specialty and traditional agencies. The survey consisted of at 45-minute telephone interview and follow-up questionnaire. The study instruments were based on our earlier research and consultation with probation executives, specialty supervisors and probation researchers.

Our primary goal in conducting this national survey was to obtain a clear "lay of the land" for probation and mental health. We believe that we've done so. A map of the location of the 66 included specialty agencies is provided in Figure 1. We found that these agencies share a coherent set of features that distinguish them from traditional agencies. Because they have a shared basic structure, case management style, and approach to enforcing treatment mandates, specialty agencies are best conceptualized based on the extent to which they share features with a single, prototypic specialty model. The prototypic specialty agency has five "essential ingredients" that distinguish it from the traditional model: (1) exclusive mental health caseloads, (2) meaningfully reduced caseloads, (3) sustained officer training, (4) active integration of internal and external resources to meet probationers' needs, and (5) problem-solving strategies as the chief means for addressing noncompliance.

First, true to their basic definition (Council of State Governments, 2002), specialty agencies had more exclusive mental health caseloads, smaller caseloads ("reduced caseloads"), and more highly trained officers ("specialists") than traditional agencies. Specialty agencies that deviated from these three prototypic features tended to behave more like traditional agencies. One of the most common deviations took the form of elevated caseload size. Relative to traditional caseloads (average size= 130, sd =63), specialty agency caseloads are smaller (average size = 48, sd = 22). Given limited resources, some specialty agencies push towards larger caseload size, which necessarily reduces the amount of time POs can spend with each PMI. Specifically, in about one-fifth of specialty agencies, POs were supervising 30 or more cases above the limit set by agency policy. Practices in these large-caseload specialty agencies were less likely to involve problem-solving strategies and more likely to involve threats of incarceration than lower-caseload specialty agencies. Another common deviation from the prototypic specialty model is the use of mixed caseloads. However, mixed caseloads (a) dilute focus on, and resources for, PMIs, and (b) share features with informal methods for supervising atypical cases (e.g., "assign them to a couple of unlucky officers").

In addition to exclusive mental health caseloads, reduced caseload size, and officer training, we identified two other key ingredients of a specialty mental health caseload. The fourth key ingredient is active integration of internal and external resources to meet probationers' needs. In the prototypic specialty agency, POs go beyond making referrals to become part of the mental health treatment team. Specifically, POs (a) maintain a close working relationship with treatment providers and case managers, and (b) often help to secure social resources (from transportation to SSI) for the probationer. According to supervisors' responses, the vast majority of specialty agencies required POs to attend treatment team meetings (82 percent) and many explicitly paired POs with case managers to work as a team on cases (68 percent).

By working as a team with treatment providers POs will likely be able to identify the precursors to treatment noncompliance sooner, and adapt

their approach to fit the specific needs of the probationer. Using these strategies, POs are likely to decrease probationer recidivism and increase probationer compliance with the conditions of probation.

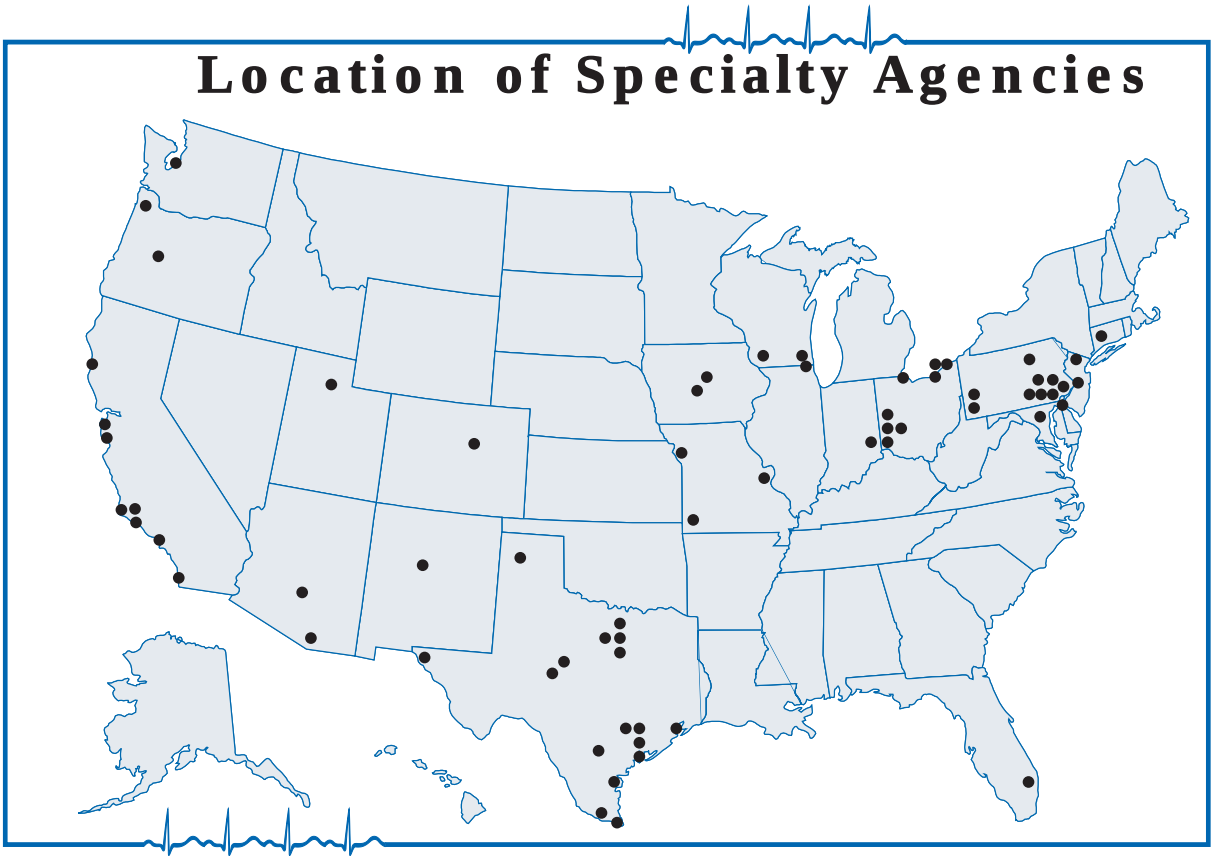
The fifth key ingredient of the prototypic specialty agency is the use of problem-solving strategies as the primary method for dealing with PMIs' noncompliance. Relative to traditional agencies, POs in specialty agencies adopt a somewhat more flexible approach. For Example, rather than reminding a PMI that noncompliance could result in incarceration, a specialty PO might talk with the PMI to determine that the PMI is experiencing serious medication side effects, make plans to seek a medication change, and agree on compliance with the new prescription. The proactive nature of these strategies may help PMIs avoid pitfalls that can result in probation violations and jail time. For the prototypic specialty agency, jail is viewed as the last resort.

As part of the survey, supervisors were asked about the utility, practicality, and effectiveness of specialty agencies and/or their own agencies. All supervisors generally perceived specialized caseloads as having high utility (94 percent of specialty agencies, and 72 percent of traditional agencies), although traditional supervisors were significantly less likely than specialty supervisors to rate specialty caseloads as very practical for their agency (80 percent of specialty agencies vs. 12 percent of traditional agencies). Relative to traditional supervisors, specialty supervisors perceived their agencies as more effective in reducing PMIs' short-term risk of violating probation and in improving their overall well-being.

What Next? Implications and Future Directions

Thus far, this line of research has (a) identified individual, relationship, and systemic factors that POs and PMIs view as central to probationers' outcomes, and (b) characterized the key ingredients of specialty caseloads, based on a systematic comparison of specialty and traditional agency's approaches to supervision of PMIs. Currently, we are conducting a study to define "relationship quality" for POs and PMIs, and develop a sound measure of this concept. Together, these three studies provide a sound foundation for a longitudinal study of the factors that actually influence PMIs' outcomes in prototypic traditional and specialty agencies. We are working toward this outcome study to provide definitive recommendations about "best practices" for supervising PMIs.

In the interim, the results of our current studies can begin to inform probation practices. First, it appears that problem-solving strategies are a promising means of addressing PMIs' noncompliance. Such strategies may foster collaboration, whereas sole reliance upon threats of incarceration may alienate and intimidate PMIs. Second, the nature of relationships established between POs and PMIs are pivotal influences on day-to-day interactions. In working with PMIs, POs have not only a "a legalistic, or surveillance, role" but also a "helping, therapeutic or problem-solving role" (Trotter, 1999, p. 3). Reconciling these roles may be both the most difficult and most important component of effective probation work (Andrews & Kiesling, 1997; Klockars, 1972; Trotter, 1999). Successful reconciliation of



these roles may require that the relationship include features of procedural justice, or "firm but fair" interactions (see Bonta, et al., 2000; Skeem, et al., 2003; Trotter, 1999). In these interactions, probationers' voices are heard, and rules are applied in a matter-of-fact, fair, respectful, and caring (rather than inflexible, condescending, or impersonal) manner. Our current study of relationship quality will better define the contours of effective PO-probationer relationships. However, providing POs with training in the development and maintenance of sound relationships, and in using problem-solving strategies, appears to be a promising strategy for addressing the challenges of supervising PMIs.

More generally, this line of research provides preliminary evidence that POs in specialty agencies may be better equipped to effectively supervise PMIs than those in traditional agencies. POs, probationers, and supervisors seem to perceive specialty agencies that share key ingredients with the prototypic specialty model as effective. However, the majority of supervisors in traditional agencies do not perceive specialty caseloads as practical for their agencies. Limited supervision resources appear to be the most formidable perceived barrier to developing specialty caseloads. Given burgeoning general caseloads, probation agencies may view the creation of reduced mental health caseloads and training of officers as infeasible. This factor may also explain the rise of mixed caseloads and the push toward larger caseloads in some specialty agencies. The cost effectiveness of specialty caseloads, however, is an empirical question. To the extent that specialty caseloads create administrative efficiencies in supervising PMIs, they may actually save general resources (see Skeem & Petrila, 2004). Specialty officers acquire substantial familiarity with, and access to, community resources for PMIs, such that handling their needs becomes less an obstacle than for traditional officers. Specialty officers may also develop strategies for managing PMIs that avert supervision "emergencies" that drain large blocks of POs' time. Like other high risk cases, PMIs may require relatively intensive supervision to succeed on probation.

Ultimately, meeting the needs of PMIs in today's environment of scarce and dwindling resources in both the mental health and criminal justice systems will require creative solutions that wed the efforts of driven professionals that cross systems. The emergence of specialty mental health probation agencies over the past decade is one example of the struggle to do so. The survival of prototypic specialty agencies may depend upon demonstrations that they are practical and effective. More generally, the identification and implementation of "best practices" for supervising PMIs can be informed by research on individual, relationship, and systemic factors that influence outcome. With the help of probation professionals, we look forward to reaching these goals.

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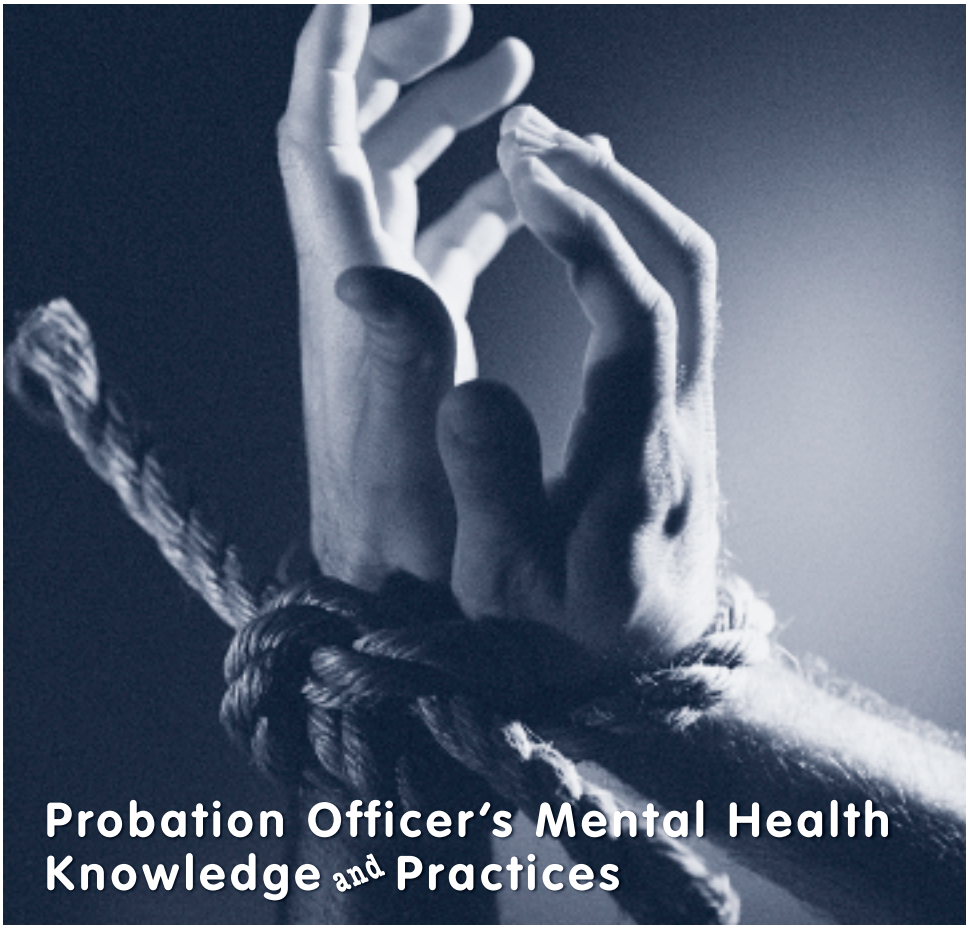

Probation Officer's Mental Health Knowledge and Practices

Introduction

Youth entering the justice system are at high risk for mental health problems. Available prevalence data from recent scientific studies using well-standardized procedures concur that as many as 65 percent of incarcerated youth have diagnosable mental disorders (e.g., Teplin, Abram, McClelland & Dulcan, 2002; Wasserman, McReynolds, Lucas, Fisher & Santos, 2002) with rates for justice youth still in the community also elevated, but to a lesser degree (Wasserman, McReynolds, Ko, Katz & Schwank, 2004). Juvenile justice youth are also at particularly high risk for suicidal behavior. Suicide attempt rates for detained or incarcerated juveniles are high despite increased supervision and correspondingly decreased access to means of injury (Office of Juvenile Justice and Delinquency Prevention, 1994, Teplin, Abram, McClelland & Dulcan, 2002; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002). Justice youths managed in the community are not free of risk (e.g., Gray et al., 2002), since numerous risks identified from community samples such as aggressive and impulsive behavior, mood and substance use disorders, punitive or neglectful parenting, and access to weapons, are all elevated in youth with justice system contact (Wasserman & McReynolds, in preparation).

Appropriate early identification and referral to services can increase a youth's capacity to benefit from rehabilitative efforts, thereby reducing recidivism. Identification is also important for risk management, as disordered youth under the stress of justice system processing, may be at higher risk for being a danger to themselves and to others.

Many youth with mental health problems, however, enter the justice system without being identified or treated in their communities. In one study of detainees, only 40 percent of those with a diagnosed substance use disorder and only 34 percent of those with anxiety, mood or disruptive behavior disorders had received prior mental health services (Novins, Duclos, Martin, Jewett & Manson, 1999). As community mental health services are less readily accessed by poor and minority youth (Kataoka, Zhang, & Wells, 2002), justice system contact may be the first opportunity a youth with a mental disorder has to be identified.

Recent efforts have been made to develop guidelines for identifying and managing mental health concerns in youth in detention and correctional facilities (Council of Juvenile Correctional Administrators, 2001; American Association for Correctional Psychology, 2000; National Commission on Correctional Health Care, 1999). However, there has been less emphasis on addressing the mental health needs of youth at earlier points in the system. For example, recent reports examining mental health services for justice system youth have largely ignored care at probation entry (Office of Juvenile Justice and Delinquency Prevention, 1994; National Mental Health Information Center, 2000).

Probation officers play an essential role in the rehabilitation and reintegration of youth into the community. Juvenile courts rely on probation officers to investigate juveniles and recommend appropriate dispositions (Griffin & Torbet, 2002; Siegel, 1985). They function, then, as gatekeepers who may be able to recognize signs of high risk or disordered behavior and help the youth obtain needed services. In an effort to better understand the practices of probation staff in working with youth with mental health concerns, we examined probation officers' reports of the related practices they follow, as well as their knowledge of mental health issues, and the training needs they identify.

Methods

Probation officers were queried in the course of a larger direct mail and electronic survey of justice and mental health staff in juvenile justice settings that was conducted in the spring of 2002. Surveys were sent to all members of the American Probation and Parole Association with juvenile justice responsibilities, to members of the Council of Juvenile Correctional Administrators, and to juvenile justice staff in states with ongoing collaborations with the Center for the Promotion of Mental Health. In addition, an e-mail invitation was announced via the Office of Juvenile Justice's listserve. We received 1,572 completed surveys, of which 365 of the respondents identified themselves as community probation officers. This paper examines their responses.

BY JENNICE S. VILHAUER, PH.D., GAIL WASSERMAN, PH.D. , LARKIN S. MCREYNOLDS, MPH AND RAY WAHL

Respondents were asked about assessment practices in their own settings related to: responsibilities regarding assessment, obtaining information, knowledge and use of mental health information and training.

Results

The sample consisted of 208 female and 143 male community probation officers from 42 states. Almost all (97.5 percent) held college or graduate degrees, and had worked as probation officers for an average of 12.3 years. Approximately 27 percent were probation administrators.

1. Probation officers' responsibilities regarding mental health

Probation officers have considerable responsibility for obtaining mental health information about youth they supervise. More than 90 percent of respondents stated that they were either completely responsible (33 percent) or somewhat responsible (58 percent) for obtaining this information.

Sixty-five percent of probation officers reported being frequently (often or somewhat often) called upon to give opinions regarding a youth's mental health for the purposes of making mental health referrals and/or disposition recommendations. Most (80 percent) felt their opinions of the youth's mental health were taken into account very often or somewhat often.

While probation officers reported that mental health information was most commonly used to assist with placement decisions, classifications, parole, and probation planning, 19.2 percent felt it was inappropriate or only sometimes appropriate to use mental health information for these purposes. Almost 40 percent reported that they rarely (6.5 percent) or only sometimes (37 percent) use this information for these purposes.

Although almost two-thirds of respondents reported being frequently called upon to give opinions about a youth's mental health status, close to 40 percent indicated that it was acceptable for a youth to pass through intake, adjudication, and disposition without receiving a full assessment. This inconsistency may be explained by the fact that 75 percent of respondents indicated that no one in their setting was responsible for assessing a range of mental health conditions, including affective disorders, anxiety disorders, post traumatic stress disorder, attention deficit hyperactivity disorder, or schizophrenia/psychosis. Less than half of respondents indicated that staff in their settings had responsibility for assessing suicide risk. Almost 30 percent felt it was inappropriate or only sometimes appropriate to assess suicide risk in their settings; more than 70 percent reported that suicide risk is rarely or only sometimes assessed.

2. Obtaining mental health information

Probation officers report using a variety of methods to obtain information regarding mental health. In addition to reviewing the youth's file, approximately 70 percent reported using their own observations of, conversations with, and knowledge of the youth; 60 percent reported utilizing information from parents and teachers; approximately half said they used informal information from mental health staff; 79 percent reported relying on formal reports and evaluations from mental health staff.

Regarding the assessment process, more than half (54 percent) indicated it was inappropriate or only somewhat appropriate to use a structured diagnostic interview to assess mental health. While most reported that assessments in their settings were conducted by off-site private or community providers, 10 percent reported that they were conducted by staff not specifically designated as mental health staff, and 12 percent reported that no mental health assessments were conducted in their settings.

3. Knowledge of evidence-based mental health practices

Probation officers were asked to indicate their knowledge and comfort with their understanding of particular disorders, assessment methods and treatments.

Several recent studies demonstrate high rates of both externalizing (disruptive behavior disorders, substance use disorders) and internalizing disorders (anxiety, affective) in justice youth (Teplin et al., 2002; Wasserman et al., 2002). As indicated in Table 1, probation officers reported that they are most comfortable with their knowledge of those disorders most expected in a juvenile justice population (i.e. disruptive behavior disorders and substance use disorders). They reported less comfort with their understanding of less traditionally expectable disorders. A quarter reported being

Table 1. Comfort level with understanding of disorder, assessment, and treatment type

		Not comfortable	
		n	percent
Disorder			
	Affective	83	24.6
	Psychosis	97	57.7
	Anxiety	114	33.8
	PTSD[a]	146	43.7
	Sexual misconduct	96	28.5
	Suicide risk	88	26.2
	ODD[b]	56	16.7
	ADHD[c]	44	13.0
	Substance Use Disorder	37	11.0
	Conduct Disorder	55	16.4
Type of Treatment			
	Cognitive Behavioral Therapy	120	35.6
	Family therapy	48	14.2
	Individual therapy	46	13.7
	Group therapy	48	14.4
	Psychopharmacology	208	61.9
Assessment			
	Structured diagnostic interviews	230	69.1
	Suicide risk	131	39.2

[a] Post Traumatic Stress Disorder, [b] Oppositional Defiant Disorder, [c] Attention Deficit Hyperactivity Disorder

uncomfortable with their understanding of affective disorders, more than a third are uncomfortable with their understanding of anxiety disorders, and more than a quarter were uncomfortable with their understanding of suicide risk.

Recently the value of evidence-based (those with demonstrated effectiveness in treating certain disorders) treatments has been stressed (Carroll, 1996; Chambless et al., 1996; Chambless et al., 1998). Probation officers expressed more comfort with their level of understanding of more conventional treatment modalities such as family, individual and group psychotherapy. In contrast, more than a third were uncomfortable with their understanding of the single evidence-based treatment inquired about (cognitive behavioral therapy) and almost two-thirds were uncomfortable with their understanding of the use of psychotropic medication.

Finally, although recent reviews have highlighted the value of evidence-based standardized assessments (LeBlanc, 1998; Wiebush, Baird, Krisberg & Onek, 1995), almost 70 percent reported that they feel uncomfortable with their knowledge of standardized tools. Close to 40 percent reported that they were not comfortable with their knowledge of suicide assessment tools.

4. Training Needs

Respondents reported on the availability of a number of types of mental health training (see Table 2). Training formats such as conferences and workshops and reading materials were commonly available. On the other hand more focused local elements, such as in-house seminars and case conferences, are much less available. Importantly, almost half of all probation officers reported that they would like more focused and local training elements than they currently receive. While most probation officers reported access to workshops and conferences of some type, 72 percent reported they would like more of this type of training. Most probation officers indicated that they did not need more access to reading materials.

Discussion

Probation officers play an essential role in the linkage of youth to mental health services. More than two-thirds of probation officers report that they are called upon to offer their opinion about whether a youth needs services, and 90 percent report at least some degree of responsibility for gathering mental health information for disposition reports. Unfortunately, many probation officers' working knowledge of mental health assessment and treatment is not consistent with the most current information about best practices in these areas. Most, fortunately, express a desire for increased training in mental health issues.

Lack of knowledge about updated mental health practices

Respondents to our survey revealed that their knowledge about mental health reflects more traditional methods; they indicated less knowledge and utilization of current evidence-based practices for assessment and treatment.

Recent advances in assessment have lead to the development of objective, easy to use, standardized tools (e.g. DISC: Shaffer, Fisher, Lucas, Dulcan & Schwab-Stone, 2000) that can provide reliable provisional diagnostic and risk information (e.g., suicidal ideation). The use of scientifically sound (LeBlanc, 1998; Wiebush, Baird, Krisberg & Onek, 1995) assessments for the screening and/or assessment of youth prior to judicial and probation planning was a central recommendation of a recent consensus conference of expert mental health researchers and juvenile justice practitioners (Wasserman, Jensen, Ko, Trupin & Cocozza, 2003). Most probation officers, however, reported discomfort and lack of familiarity with these types of assessment tools; more than half felt their use was inappropriate or only sometimes appropriate.

Standardized assessment instruments can increase the accuracy of identification and reduce the amount of time and effort necessary to gather mental health information. For example, in a study of mental health assessments at intake settings, we asked probation officers in one site to track the degree to which their recommendations included mental health referral. Of approximately 544 intakes spanning a nine month period during 2002, without availability of systematic screening procedures probation officers identified 20 percent of youth as presenting with a diagnosis requiring a mental health referral. In contrast, more systematic assessments, using the Voice DISC at probation intake (Wasserman & McReynolds, in preparation) identified approximately 46 percent of youth with some disorder. In other words, unavailability of standardized screening tools can result in failure to identify more than half of those juveniles with diagnosable mental health concerns.

Many probation officers indicated more familiarity and comfort with traditional forms of treatment which lack evidence for effectiveness, such as individual or group psychotherapy, while a large percentage were either not comfortable or only somewhat comfortable with their understanding of an evidence-based treatment. It is important that probation officers be informed of which treatments work best for which disorders in order to facilitate appropriate connections between youth and providers.

Explaining probation officers' lack of knowledge about evidence-based mental health practices

There are perhaps several reasons why many probation officers lack familiarity with current evidence-based mental health practices. To begin with, formal consideration and identification of these practices began appearing in the professional mental health literature in the mid 1990s. Their understanding and use has been slow to move into the mental health field (Henggeler, Lee & Burns, 2002; Weisz & Hawley, 1998). Given that, on average, survey probation officers had been employed in juvenile justice for over 12 years, training they received early in their career would not have included consideration of evidence-based practices. Recent reviews of the use of evidence-based practices in children's mental health services (Hoagwood, 2004; Hoagwood, et al., 2001; Rones & Hoagwood, 2000; suggest that the application of these practices in related sectors providing care to children (e.g., juvenile justice) will require training curricula and materials to be developed that are specifically tailored for the providers in those systems.

Consequences of not utilizing current mental health practices with justice youth

A lack of understanding about advances in assessment and treatment methods, has likely impact on probation practice. While guidelines for probation officers (Griffin & Torbet, 2002) suggest that all mental health problems be taken into account in intake decision making, predisposition reporting and case planning, approximately 40 percent of probation officers reported that they rarely or only sometimes use this information for these purposes, no doubt resulting in missed opportunities to provide needed services.

Table 2. Mental health training

	Available		Would like more	
Types of training	n	percent	n	percent
Conferences and workshops	244	75.8	231	72.6
Reading materials	205	63.5	95	33.7
In-house seminars	101	34.6	159	53.4
Clinical case conferences	67	24.5	114	40.1

Failing to obtain mental health information is particularly detrimental when youth suicide risk is not identified. Although youth at probation intake are at elevated risk for suicidal behavior (e.g., Wasserman & McReynolds, in preparation), less than half of the present sample indicated that it was the responsibility of probation staff to assess for suicide risk. This may result in many youth being released back into the community to unsupervised settings with means and opportunity to commit suicide. A recent examination of all community youth suicides committed in Utah showed that 80 percent of those under the age 18 had contact with the juvenile justice system in the 12 months prior to their death (Gray et al., 2002). Utilization of standardized tools would assist probation officers in identifying those youth at the greatest risk.

Conclusions and Recommendations

Juvenile probation staff play an important part in the early identification of juveniles with mental health problems and linking them to services. Gaps between existing practice and current knowledge about mental disorders, assessment, and appropriate treatments may limit some probation officers' from effective execution of their gatekeeper role.

Training probation personnel in current evidence-based practices regarding identification of mental health concerns and treatment options, and instituting routine standardized mental health screening/assessments to identify disordered youth can provide the means necessary to connect youth to effective services. A better understanding of mental health issues and practices can assist probation officers in identification of youth needing further professional evaluation and in connecting those youth to providers of effective treatments.

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Using Outcome Management to Guide Practice in the Treatment of mentally Ill Juvenile Offenders: Lessons Learned at Project Empower

BY DARIN CARVER

The notion that the mentally ill juvenile offender and his/her family are clinically underserved has gained momentum in recent years (Redding, 1999). A decade of "get tough on crime" politics may have only served to widen the gap between adequate services and the critical mental health needs of this population (Torbet et al., 1998). Responding effectively to serious repetitive juvenile crime is a complex problem requiring complex solutions including efficient responses to the individual mental health needs of each offender. Much of the current treatment literature on effective interventions and programming for juvenile offenders tends to focus on "What Works" to reduce recidivism with less emphasis being placed on what works to reduce the symptoms of serious mental illness (Lipsey & Wilson, 1998). The recidivism reduction literature tends to guide practice decisions of treatment professionals working with offending juveniles, and perhaps wisely so, as there should be little legislative fiscal tolerance for using well intentioned but non-research-based interventions to reduce recidivism (Aoes et al., 2001). However, the concept that "mental disorders may cause or contribute to criminal behavior" does have some merit, as one of several risk factors that should also be the focus of treatment planning and legislative policy (Mears, 2001). Program managers and clinicians working with this population should be charged with 1) using research-based interventions that are proven to not only reduce recidivism but moderate the symptoms of serious mental illness - substance abuse disorders included, 2) finding efficient tools to measure mental health symptom reduction and then monitoring and managing to those reductions, and 3) finding means of successfully disseminating that information to administrators, legislators and other key decision makers. Project Empower[1] has attempted to meet these three objectives during the last four years and the results of this endeavor have been innovative and productive.

Project Empower has been providing intensive outpatient treatment services to the serious juvenile offender and his/her family since 1997 through collaborative programming between the Utah State Second District Juvenile Court and the local mental health authority, Weber Human Services. Juveniles are first placed on a high intensity probation status referred to as "Probation State Supervision." They are identified as appropriate for state supervision probation through a sentencing matrix that is based on severity of crime and number of criminal episodes. A full clinical assessment is conducted that takes into account the multiple pathways, including mental health disorders, which may sustain delinquency (Kelley et al., 1997). A multi-faceted treatment plan is then established with the identified probationer and his/her family with a mandate that both the juvenile and the family comply with the identified plan. The juvenile and his/her family then participate in 90 days of intensive outpatient treatment. Failure to comply with treatment can warrant further sanctions or more restrictive placements. Collaboration between the probation department and Weber Human Services clinicians happens on a daily, if not hourly basis, to coordinate care and ensure compliance. The work between probation officers and clinicians often cuts across traditional departmental boundaries.

Finding and Using the Right Outcome Tool

During Project Empower's first two years in operation, several tools were identified and discussed as possible means to measure reduction in mental health symptoms of the juvenile offender. After careful examination of these tools a decision was made to use the Treatment Outcome Package Child Version (TOP report), developed by Behavioral Health Laboratories (Kraus & Seligman, 1997). The child TOP report provided several key advantages including: client confidentiality, clinically relevant assessment information, timely and actionable results, monthly aggregate reporting with built in methods to prevent

data distortion, useful demographic reports, satisfaction reports and the opportunity for population and program comparison risk-adjusted data.

Project Empower clinicians ask caregivers of the identified client to complete the Initial Psychological Assessment Child Version 2.2 during the first treatment encounter. The caregiver is then asked to complete the Follow-up Psychological Assessment Child Version 2.2 at 90 days or when treatment is ending, whichever comes first. The instrument is again administered 90 days after treatment has ended if the client is still in the custody of the same caregiver. Information sent back to the clinician on the two page Child Report includes key medical information, DSM-IV-TR diagnostic considerations, stressful or traumatic events identified by the caregiver, client stated goals, critical items and healthy items, as reported by the caregiver and a graph depicting scores across several mental health domains. Figure 1 shows an initial TOP graph; Figure 2 shows a subsequent follow-up graph with treatment ending and post-treatment scores.

As shown, the results provide scores across 13 mental health related domains including: accidents, ADHD, assets,[2] conduct, depression, eating, psychosis, school, separation anxiety, sleep, social anxiety, suicide and violence. Demographic information is also noted, and the full Child Report is added to the thorough clinical assessment conducted by clinicians. The tool is used as an aid in both diagnosis and treatment planning. Initial scores are contrasted with follow-up scores to determine the progress of the client and/or areas of continued concern. Aggregate data of all clients served during the last year is sent on a monthly basis to the program manager, providing a scheduled snapshot of overall program outcomes. Aggregate reports also include therapist usage data and client satisfaction scales.

Finding and Implementing Research-based Models of Treatment

At the same time outcome tools were being scrutinized, critical thought was given to finding and using evidenced-based models of intervention. While individualized treatment is the ultimate goal, much of the current literature makes it clear that not all interventions for the habitual juvenile offender are created equal (Lipsey and Wilson, 1998). Three research-based modalities were selected, with training in each model provided to clinicians. The intent in discussing these models is not to demonstrate which of the three is most likely to produce change but rather share with the reader, which interventions were used, why and what the

FIGURE 1

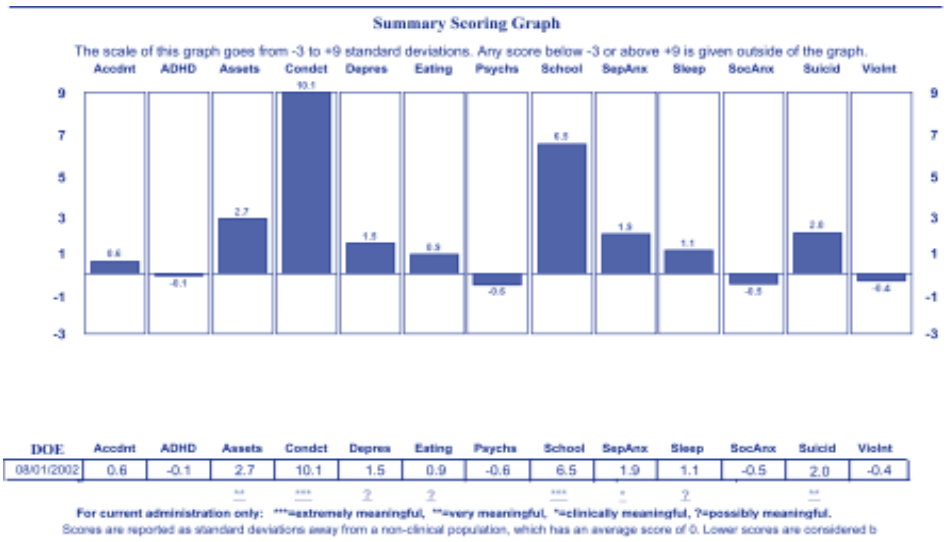
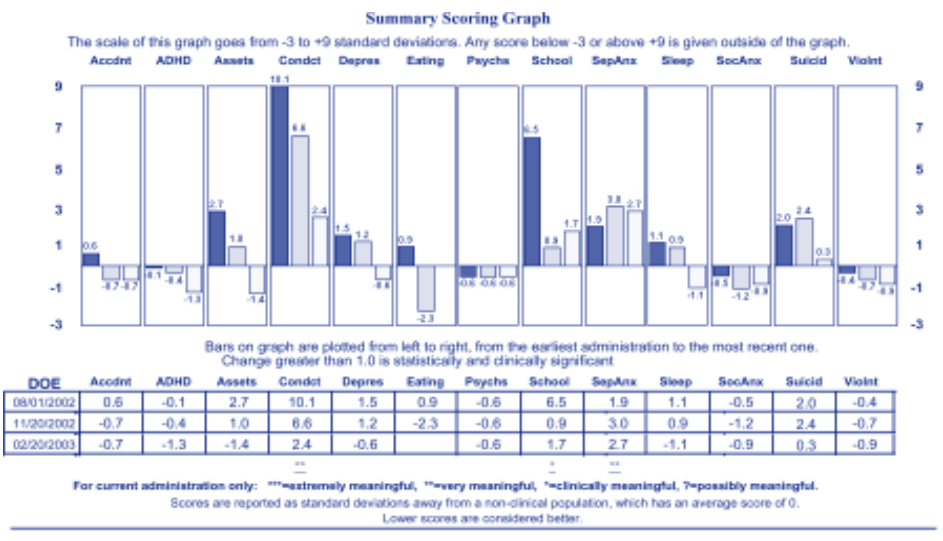


FIGURE 2



integrated cumulative outcome has been on mental illness symptom reduction.

1) *Aggression Replacement Training (Goldstein, Glick and Gibbs, 1998)* – This is a group model that provides emotion management and social skill alternatives through a behaviorally structured learning process. It also provides a cognitive intervention designed to ameliorate the moral reasoning deficits common to this population. This model was primarily selected because it targets the associated features of Conduct Disorder, the most commonly diagnosed mental disorder among this population (Brunk, 1999). These associated features include hostile attitudes and behavior towards authority, poor frustration tolerance, poor decision-making skills and little empathy or remorse for misbehavior (American Psychiatric Association, 2000). It should be noted that many of these associated features are related to symptoms of other mental illnesses such as mood disorders and attention-deficit/hyperactivity disorder. This intervention was thought to have some cross symptom impact providing change in multiple problem domains.

2) *Functional Family Therapy (Alexander and Pugh, 1982)* – Functional Family Therapy (FFT) is a family treatment model specifically designed to intercede with the at-risk juvenile delinquent population. This strategy was selected, in part, because of its unique methods to both engage and motivate highly resistant youth and families. This approach also targets the environmental risk and protective factors common to this population (Kandell et al., 1986). FFT has been identified as a "blueprint program" for effectively reducing violence and crime (Alexander et al., 2000). While FFT is promoted as a "relational" model its intervention phase can be used to target specific mental illness symptoms that may interfere with functional interaction patterns. It should be noted that while all therapists working at Project Empower have received 32 hours of FFT training, the program has not been site-certified due to current budget limitations. Therefore, data shown here should not be associated with any research conducted by FFT, Inc.

3) *Juvenile Moral Reconation Therapy (Little and Robinson, 1997)* – Moral Reconation Therapy is a cognitive-behavioral intervention used in a group setting to address underlying thought processes that sustain delinquent and drug using behavior. A workbook is used and takes participants through a series of cognitive-behavioral tasks to reduce or eliminate antisocial behavior. Specifically, this model was chosen to address the prevalent personality disorder features and substance abuse problems of the serious-habitual juvenile offender (VanderWaal et al., 2001). This model is believed to have a good diagnostic fit as it focuses on "conduct disorder as the common forerunner" to substance abuse rather than earlier models that were inclined to treat drug use as the precursor to crime (Swan 1993).

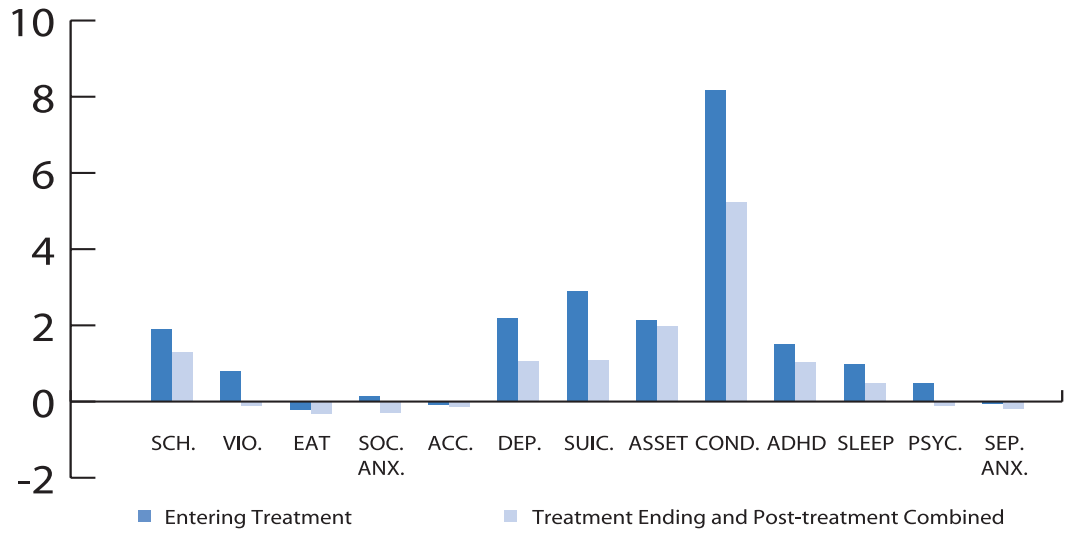
It should also be noted that in an effort to ensure that therapists did not become the "jack of all trades and master of none" several methods have been employed at a supervisory level to improve adherence to each model. It is believed that these efforts are associated with the improved outcome data over time and will be explored in more detail later in the article.

The reader should also be aware that in addition to the models described above other interventions are utilized based on the individual assessment. These interventions can include: psychiatric evaluations and accompanying medication management services, emergency services, educational advocacy and tutoring, as well as parenting groups and linking families to other resources in the community. It is possible that these interventions alone, or combined with the delinquency models chosen, could account for the mental health symptom reductions found.

Achieving Reduction in Mental Health Symptoms

With a follow-up sample of 70 probationers, the early outcome data were encouraging (See Figure 3). Initial bars are on the left; follow-up scores are on the right, with statistical significance achieved at alpha < 0.05. As can be seen, clinically significant change is occurring in the domains of school, violence, social anxiety, depression, suicidality, conduct, attention-deficit, sleep, psychosis and separation anxiety for this population. The mean

FIGURE THREE



number of days between intake and follow-up was approximately 140 days.

Figure 4 shows more recent outcomes 18 months later. The asset domain, another behavioral measure, is added to the list of areas showing significant change, with even greater decreases occurring as the sample size increased to 154 probationers with follow-up scores.

Perhaps most encouraging are the reductions in the domains of conduct, assets, school, depression, suicidality and attention-deficit scores. Clearly the probationer's participation in the treatment program reflects improvement in many of the serious mental illness symptoms as reported on the TOP's questionnaire. This includes a sustaining effect, as the follow-up scores are a combination of the probationer's treatment ending and post treatment scores.

FIGURE FOUR

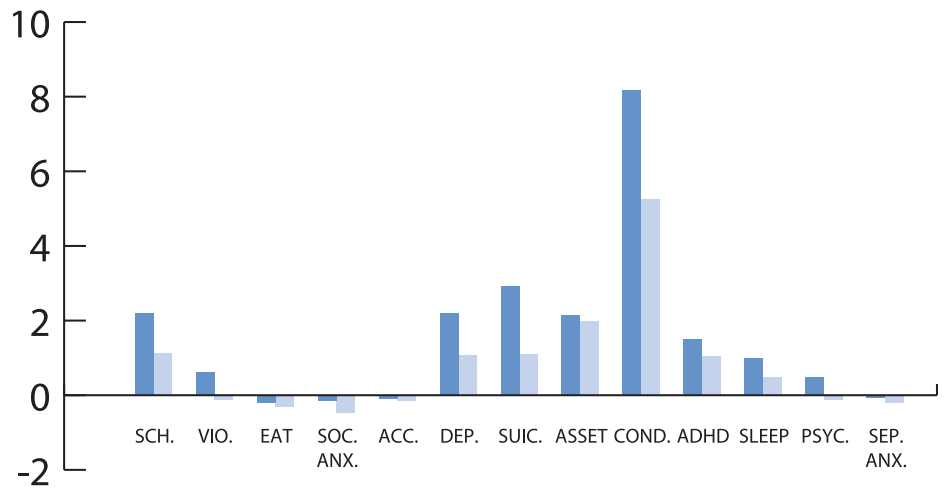
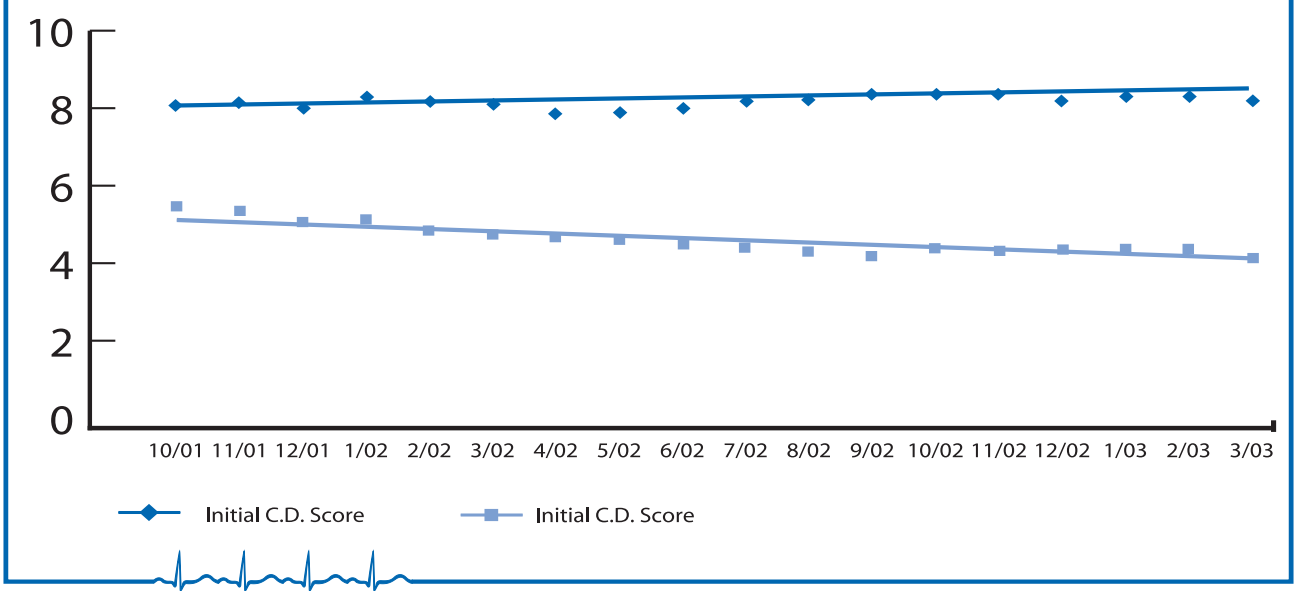


Figure 5 provides an 18-month snapshot of conduct scores, comparing initial and follow-up reports. The conduct score represents delinquency factors such as, trouble with the police, running away, arson, etc. For the most part, aggregate follow-up scores for the program have continued to decline while initial scores have been relatively stable. Perhaps therapist's capacity to more effectively provide the interventions over time could explain the ongoing decreases in conduct scores. However, Project Empower administrators and clinicians have used the incoming program data to manage and guide treatment practice, which may be the more likely cause of improvements over time.

FIGURE FIVE



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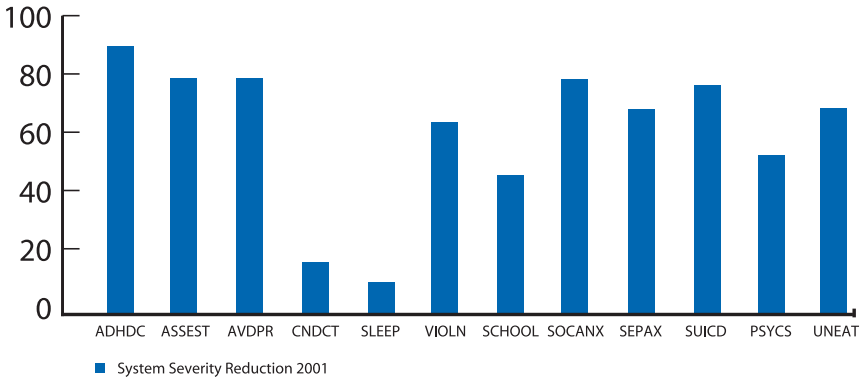

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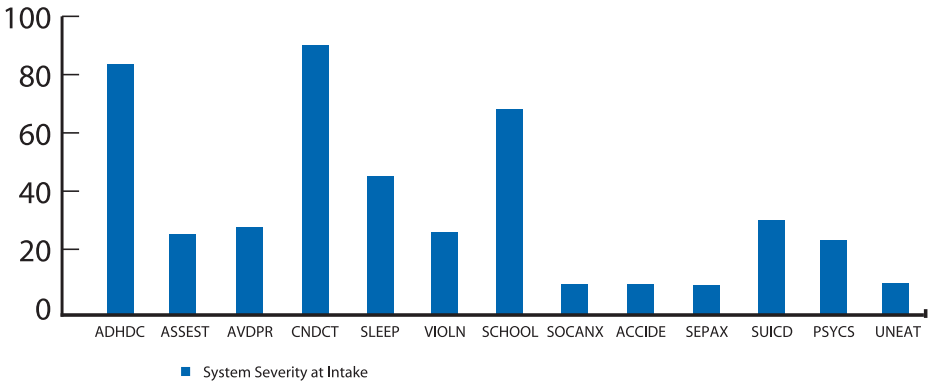


Using Outcome Data to Effectively Manage and Guide Treatment

The staff at Behavioral Health Laboratories (BHL) suggested that it would be useful to compare Project Empower's outcome results to other providers as a means of identifying program strengths and weaknesses. BHL provides this service through risk-adjusted benchmark reports. (Risk adjustment takes into account differences in population samples and benchmarking ensures comparison with similar levels of care.) Figure 6 shows the risk-adjusted data for the year 2001. The bar graph represents a percentile ranking in each behavioral measure compared to other providers.

For example, in the area of Attention Deficit Disorder symptoms, Project Empower ranked in the 89th percentile with only 11 percent of similar providers nationwide generating greater gains. In the area of school problems, Project Empower ranked 49th among other providers and in conduct, a significant score for Project Empower, a dismal 17th. A request was then made to have BHL provide a risk-adjusted comparison of symptom severity at intake. Figure 7 shows that Project Empower ranked 91st in the conduct domain of symptom severity with only 9 percent of the other programs showing more severe conduct scores at intake. This was important, as it demonstrated that while other programs were more effective in reducing behavioral problems associated with conduct disorder, the vast majority were dealing with a less severe conduct disordered population.

This comparison may also be useful from the standpoint that it suggests other programs serving behaviorally disordered youth with only moderate symptoms may actually improve outcomes if they were to implement interventions similar to those used by Project Empower clinicians. Regardless, it was clear that there was a great deal of room for improvement in services provided by Project Empower.

Rather than abandon the interventions chosen, a decision was made to further examine whether the same services could be delivered more effectively. To accomplish this, BHL was asked to provide an initial symptom and demographic profile comparison of two groups of Project Empower clients. The first group was made up of those probationers successfully released from the program to lesser sanctions. Successful completion was defined by either complete removal from the jurisdiction of the court or being subsequently released to a lesser court sanction. The second group consisted of those probationers being placed in the custody of the Division of Youth Corrections due to new charges. Each group contained approximately 50 past clients who had either completed the program successfully or had been placed in the custody of the Division of Youth Corrections. Figures 8 and 9 show the symptom and demographic comparison of the two groups

respectively. This information provided Project Empower management with a concise clinical and demographic picture of those clients succeeding and failing in treatment. The picture painted by comparing these two groups led to key clinical service delivery decisions.

It was obvious that the placed group had notably higher scores at intake in every symptom area than the released group. The arrows point to high scores in the domains of school, depression, suicidality and conduct that were hypothesized to be particularly predictive of program failure. The demographic comparison immediately brought attention to the continuing problem of over-representation of minorities in the juvenile justice system. However, a report showing low income, two or more health problems, parental concern over drug use and cigarette use, was hypothesized to be most predictive of future out-of-home placement. Low income was chosen above minority status as it has been correlated as a common variable for minorities in the juvenile justice system (Browning, 1992). Based on this data-driven information, a "Heightened Out-of-home Placement Criteria" was developed with specific procedures being utilized if the probationer met the criteria. If an initial TOP's report demonstrated that a client met the "Heightened Out-of-home Placement Criteria," then; 1) family therapy services were initiated in the home rather than in an outpatient office setting, 2) two family counseling sessions per week would occur during the first month, and 3) the case was staffed with the supervisor during the first month of intervention to ensure model adherence was occurring as well as identifying additional treatment strategies and resources. Along with using these criteria to improve outcomes, other administrative tools were developed and utilized to augment model adherence by clinicians. While no specific experiment or control groups have been created to pinpoint if this out-of-home risk criteria has resulted in greater mental illness symptom reduction, the risk-adjusted data for 2002 shows impressive overall program improvement after these changes were initiated. Figure 10 is a comparison of risk-adjusted symptom severity reduction between the year 2001 and 2002. Again, risk-adjusted information is useful as it accurately compares Project Empower with similar treatment providers.

In the area of attention deficit disorder symptoms, Project Empower elevated its 89th percentile ranking to the 100th percentile

FIGURE EIGHT

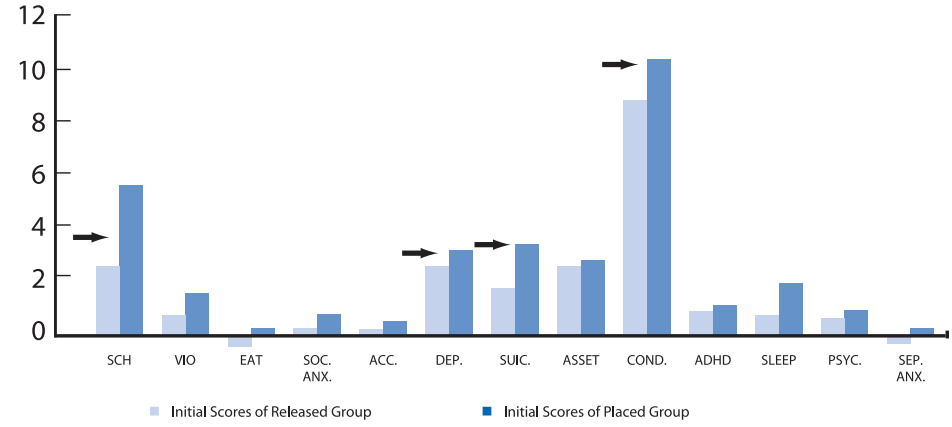
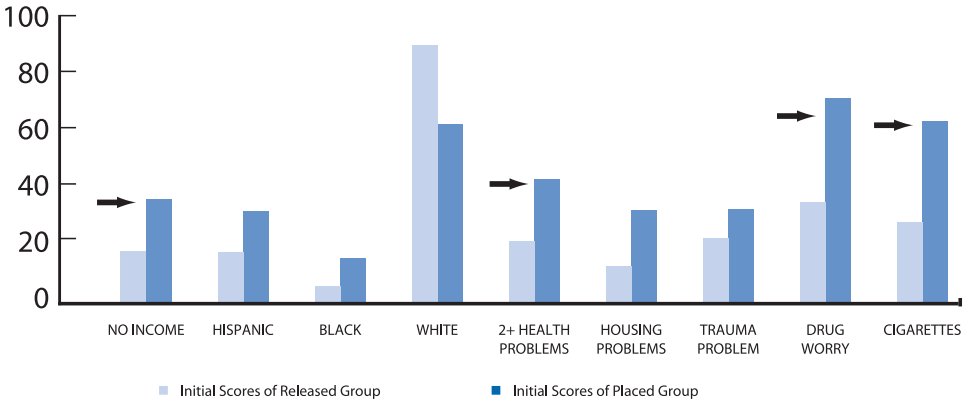


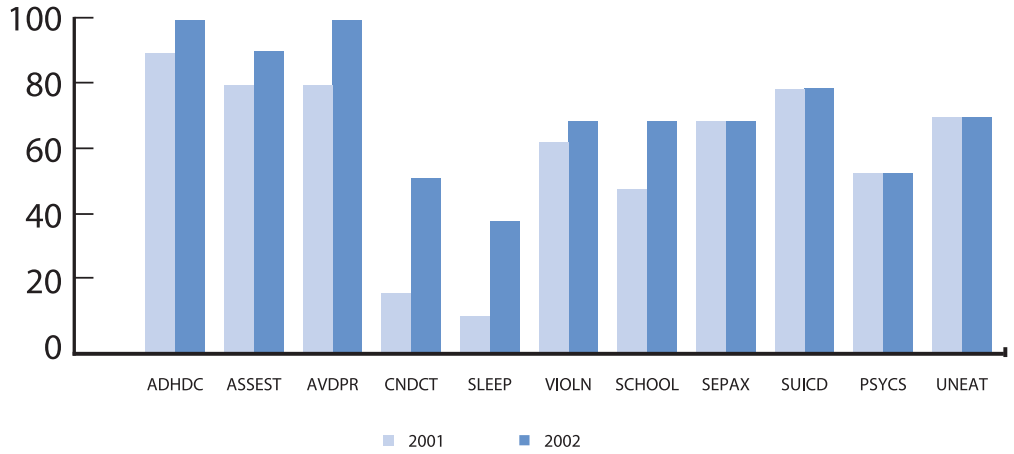
FIGURE NINE



HEIGHTENED OUT OF HOME PLACEMENT CRITERIA

CLINICAL CRITERIA	DEMOGRAPHIC CRITERIA (Two or more)
Conduct Score 10+	Annual income of $10,000-
and	*and/or*
School Score 3+	Reported cigarette use
and	*and/or*
Depression score 2.5+	Reported drug use
or suicide score 2+	*and/or*
	Reported two health problems or more

FIGURE TEN



compared with similar providers. In the school domain, Project Empower moved from the 49th percentile to the 69th percentile. Perhaps most satisfying, was the leap from the 17th percentile to the 50th percentile in reducing conduct symptoms, nearly tripling the previous years percentile mark. As previously established, clients entering Project Empower tend to have significantly more severe conduct scores than the majority of other providers compared to, adding greater meaning to the program progress demonstrated. In fact, in all thirteen categories Project Empower either remained the same or improved when compared to other providers.

Conclusion

Through careful assessment and the implementation of research-based interventions, Project Empower has been able to moderate many of the serious mental health symptoms experienced by juvenile offenders participating in treatment. Management decisions, which have been based on careful examination of incoming data, have led to further improvement in the overall program outcomes with this difficult population. Juvenile Court administrators have prudently disseminated the results of programs like Project Empower, and in so doing, have successfully maintained current funding levels during unprecedented declines in state budgets. Even with ongoing mental health symptom reduction and overall program outcome progress, Project Empower staff and administrators are continuing to look for effective interventions and innovative means to improve service delivery. As research continues to unfold regarding the connection between juvenile recidivism and serious mental illness, perhaps more influence can be wielded with policymakers to decrease their over-reliance on get tough strategies and fund proven measures for responding to the problem of serious-habitual juvenile crime.

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Endnotes

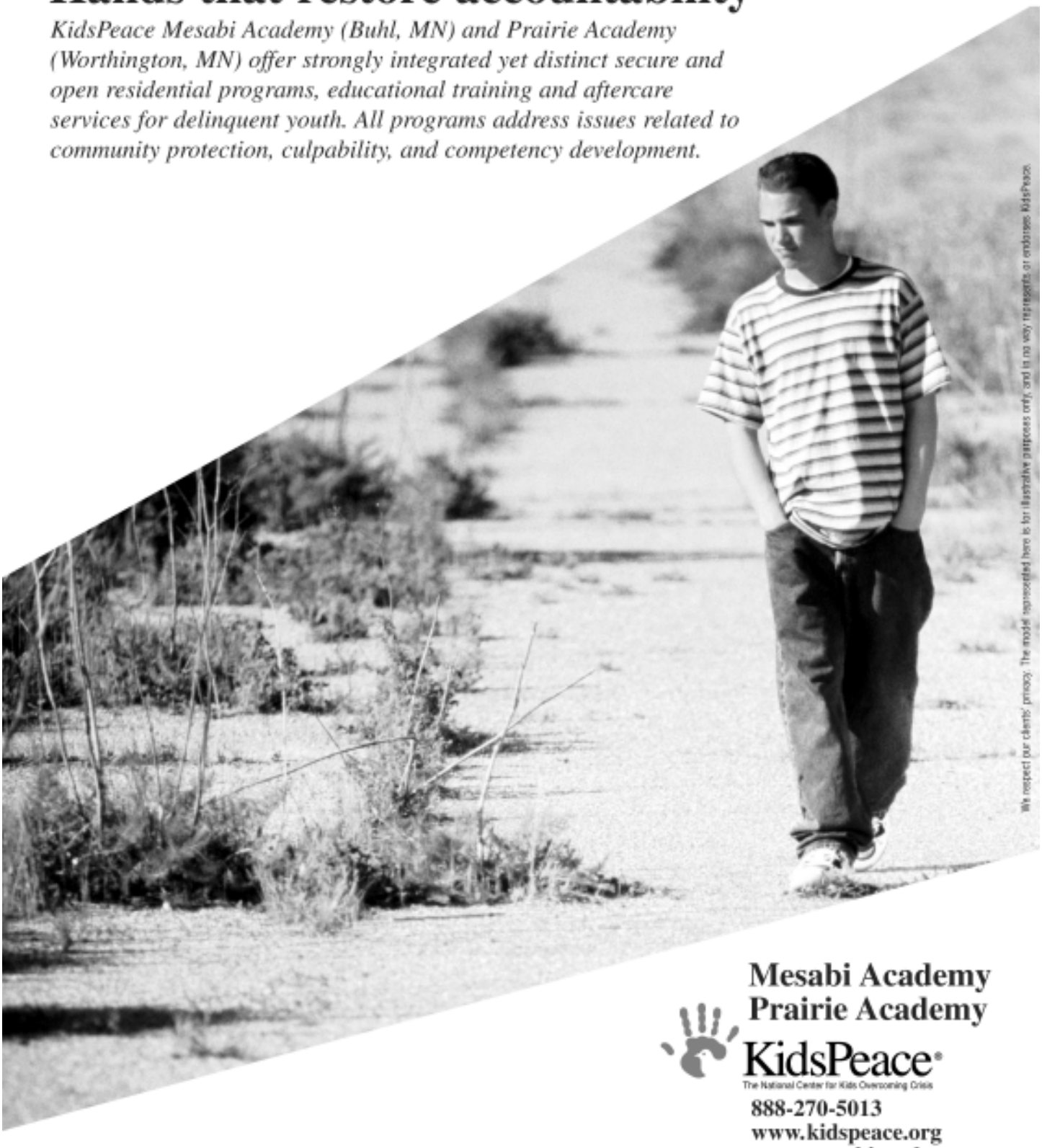
[1] Project Empower is funded by the Utah State Courts.

[2] The asset and school scores are functioning scores as opposed to strictly mental health related scores. ❐

Darin Carver is the Program Administrator for Project Empower in Ogden, UT.

Hands that restore accountability

KidsPeace Mesabi Academy (Buhl, MN) and Prairie Academy (Worthington, MN) offer strongly integrated yet distinct secure and open residential programs, educational training and aftercare services for delinquent youth. All programs address issues related to community protection, culpability, and competency development.



Mesabi Academy
Prairie Academy

KidsPeace®
The National Center for Kids Overcoming Crisis

888-270-5013
www.kidspeace.org
www.mesabiacademy.org
www.TeenCentral.Net

The hand that heals™

Please circle # 37 on the reader information card

Calendar of Events

2004

July 18-24	Probation, Parole and Community Supervision Week. Free online media kit available at www.appa-net.org or contact Karen Fuller at kfuller@csg.org or (859) 244-8196.
July 25- 28	American Probation and Parole Association's 29th Annual Training Institute, Marriott World Center, Orlando, Florida. Contact Krista Chappell at (859) 244-8204 or kchappell@csg.org.
July 31 - August 5	American Correctional Association 134th Congress of Correction, Chicago, IL. Contact Conventions Dept. (800) 222-5646 x-1922 or visit www.aca.org.
August 01-6	Advanced Juvenile Justice Management Institute Summer Training Programs. Contact (775) 784-6012; fax: 775-784-6628.
August 5-7	International Institute for Restorative Practices 2nd Annual Conference, Vancouver, British Columbia, Canada. Visit www.iirp.org for more information.
August 18-20	Georgia Probation Association's 47th Annual Training Conference, The Jekyll Inn, Jekyll Island, Georgia. Contact Tony McCrary, GPA President, (706) 649-7484, CPO-COLUPO@dcor.state.ga.us
September 8-11	2004 International Association of Crime Analysis Training Conference, "Analyze This: Responses to Common Crime Problems," Weattle, Washington. For more information and registration please visit the conference website www.iaca.net.
September 17-18	Affiliated Training Institute's "Domestic Violence, Elder Abuse, Child Maltreatment, Youth Violence, Sexual Assault." Visit www.fvsai.org for more information.
September 19-22	9th International Conference on Family Violence Advocacy, Assessment, Intervention Research, Prevention and Policy. Contact the Conference Office for pricing and availability by calling (858) 623-2777 or via email fvconf@alliant.edu.
September 26-29	Eleventh National TASC Conference, "Drugs and Crime- Building Safer Communities Through Partnerships to Restore Individuals and Families," Sheraton National Hotel, Arlington, VA. Register online at www.nationaltasc.org.
September 27-29	National Youth Court Center, "Implementing and Enhancing Youth court Programs Training Seminars," Portland, OR. Contact Lisa Ginter at (859) 244-8193 or email lginter@csg.org.
September 26-29	National Conference on Addiction & Criminal Behavior presented by GWC Training Network. Contact (800) 851-5406. Register online at www.gwcinc.com
September 26-29	Fifth Annual Conference on Addiction and Criminal Behavior, "An annual training opportunity, designed to help addiction and criminal justice professionals understand the parallels of addiction and criminal behavior," St. Louis Marriott Downtown. For more information: http://www.gwcinc.com/ncacbmainp
October 3-6	New England Council on Crime and Delinquency 65th Annual Training Institute, Sunday River Grand Summit Resort Hotel & Conference Center, Bethel, Maine. Contact Mae Eischens-Worcester, President NECCD, (207) 273-5129, mae.worcester@maine.gov
October 17-20	10th Joint conference on Juvenile Services, "Representing America's Youth: Effective Staff and Programs - Successful Youth and Communities." For more information visit www.njda.com email: njda@eku.edu or phone: (859) 622-6259.
October 31-November 3	Women Working in Corrections and Juvenile Justice Conference, "Homoring the Past, Celebrating the Present, and Envisioning the Future." For more information visit www.womenincorrections.org.
November 7-10	Probation Officers Association of Ontario, Annual Symposium, Marriott Bloor Yorkville, Toronto, Ontario, Canada. Contact, Co-Chairs, Jenny Cece and Mark Stehlin, (416) 750-3590.

To place your activities in Calendar of Events,
please submit information to:
Darlene Webb
American Probation and Parole Association
P.O. Box 11910, Lexington, KY 40578
or fax to (859) 244-8001
email: dwebb@csg.org
Information must to be received no later than four months prior to event to be included in the calendar.

The National Youth Court Center Announces Upcoming Youth Court Training Program

The National Youth Court Center, operated by the American Probation and Parole Association and sponsored by the Office of Juvenile Justice and Delinquency Prevention, is conducting a training program this fall on developing and enhancing youth court programs. Youth courts are programs in which youth are sentenced by their peers for minor delinquent and problem behavior.

This training program will consist of two training tracks - a New Program Track for programs in the development stage, and an Advanced Program Track for active youth courts that are looking for ideas on how to strengthen their program's practices.

Come join us in:

Portland, OR September 27-29, 2004
(Application deadline: August 20, 2004)
Registration fee is $100/person.
Each training track is limited to 40 persons.
Space is limited, so register early!
For more information or to register online, go to www.youthcourt.net, or call (859) 244-8193.

American Probation and Parole Association

29TH ANNUAL TRAINING INSTITUTE

Orlando, Florida July 25-28, 2004

Co-Sponsored by the Florida Association of Community Corrections
Host Agencies: Florida Dept. of Corrections, Florida Dept. of Juvenile Justice and Orange County Corrections Dept.

Institute ACTIVITIES At-A-Glance

Saturday, July 24

12:00 p.m. - 5:00 p.m.	Institute Registration

Sunday, July 25

8:00 a.m. - 8:00 p.m.	Institute Registration
8:30 a.m. - 5:00 p.m.	Intensive Sessions
8:30 a.m. - 5:15 p.m.	Special Training – Center for Sex Offender Management
1:00 p.m. - 5:00 p.m.	APPA Board of Directors Meeting
4:00 p.m. - 6:00 p.m.	Resource Expo Viewing
6:00 p.m. - 7:30 p.m.	Opening Session
7:30 p.m. - 9:00 p.m.	Opening Reception in the Resource Expo

Monday, July 26

7:30 a.m. - 5:00 p.m.	Institute Registration
8:30 a.m. - 10:00 a.m.	Plenary Session
10:00 a.m. - 11:00 a.m.	Resource Expo Viewing
11:00 a.m. - 12:30 p.m.	Workshops
12:30 p.m. - 1:45 p.m.	Lunch in the Resource Expo
1:45 p.m. - 3:15 p.m.	Workshops
3:30 p.m. - 5:00 p.m.	Workshops
4:00 p.m. - 6:00 p.m.	Resource Expo Viewing
5:00 p.m. - 6:00 p.m.	Reception in Resource Expo

Tuesday, July 27

8:30 a.m. - 10:00 a.m.	Workshops
10:00 a.m. - 11:00 a.m.	Resource Expo Viewing
11:00 a.m. - 12:30 p.m.	Workshops
12:30 p.m. - 1:45 p.m.	APPA Membership Luncheon and Meeting
2:00 p.m. - 3:30 p.m.	Workshops
3:45 p.m. - 5:15 p.m.	Workshops

Wednesday, July 28

9:00 a.m. – 10:30 a.m.	Closing Session

COMMUNITY CORRECTIONS...

Finding Solutions Through the MAGIC Within Us

Where It All Happens

All APPA workshops, intensive sessions, general sessions, resource expo and receptions will take place in the Orlando World Center Marriott.

It Pays to be an APPA Member

APPA members save $60 in registration fees. It is not too late to take advantage of the savings. You can become a member of APPA when you register for the Institute. Just complete the membership section on the registration form, and your savings start immediately!

How You Will Benefit!

- Learn fresh, new ideas from well-known, national experts.
- Experience innovative programming from all across the nation.
- Participate in stimulating discussions with your peers.
- Enhance your current abilities and qualifications.
- Discover "what works" from professionals in the field.
- Network with your peers and learn from their diverse experience.
- View and compare the newest correctional products and technologies.
- Increase your current program's effectiveness.
- Take part in exciting and fun social events.

Who Should Attend?

This institute is not to be missed if you are a corrections professional involved in:

- probation
- parole
- juvenile justice
- treatment
- social work
- education or training
- victim services
- residential programs
- judicial system
- pre- and post-release centers
- restitution
- law enforcement
- public policy development

Featured Sessions

Opening Session
Sunday, July 25, 6:00 p.m. – 7:30 p.m.
There's Greatness Inside You!

Speaker
Danny Lena
Professional Speaker and Author

Plenary Session
Monday, July 26, 8:30 a.m. – 10:00 a.m.
Being Your Own Best Resource

Speaker
Mark Sanders
International Speaker

Closing Session
Wednesday, July 28, 9:00 a.m. – 10:30 a.m.
The Zany World of Corrections

Speakers
Jeff Montel
Education Specialist
Division of Probation Services
Denver

Michael Guevara
Trainer
Ramsey County Community Corrections, Minnesota

Intensive Sessions

All intensive sessions are held on Sunday, July 25. Advance registration is required. Intensive sessions are $30 for each session. All intensive sessions are accredited through the APPA training accreditation committee and appropriate credit will be provided to registered participants.

#1 Community Corrections: Preventing and Addressing Staff Sexual Misconduct
Time: 8:30 a.m. – 12:30 p.m.
Presenter
Maureen Buel, National Institute of Corrections (DC)

#2 Building Your Organization and Inspiring Your People
Time: 8:30 a.m. – 12:30 p.m.
Presenter
Robert J. Schout, Consultant, PowerSkills Training and Development (TX)

#3 Juvenile Probation and Law Enforcement Partnerships: Best Practices
Time: 8:30 a.m. – 12:30 p.m.
Presenters
Norman Campbell, Chief Probation Officer, Dept. of Juvenile Justice, (FL)
Kelly Gorslene, Youth Custody Officer, Dept. of Juvenile Justice (FL)
William Crotty, Youth Custody Officer, Dept. of Juvenile Justice (FL)
Moderators
Don Lewis, Central Regional Director, Dept. of Juvenile Justice
Perry S. Turner, North Regional Director, Dept. of Juvenile Justice (FL)
Perry Anderson, South Regional Director, Dept. of Juvenile Jusice (FL)

#4 Safety Simulation Training: A Dynamic Approach to Enhancing Officer Safety
Time: 8:30 a.m. – 5:15 p.m.
Presenters
Robert L. Thornton, Director, Community Corrections Institute (WA)
Ron Schweer, Deputy Chief U.S. Probation Officer (MO)
Ron Scheidt, President, The Sheidt Group (MO)
John Keifer, Director, Peace Officer Street Survival Education (MD)

#5 Interstate Compact for Adult Offender Supervision
Time: 1:00 p.m. – 5:00 p.m.
Presenters
Milton Gilliam, Compact Administrator, Dept. of Corrections (OK)
D. Ann Hyde, Compact Administrator, Dept. of Probation, Parole and Pardon Services (SC)

APPA Accredited Training Contact Hours Now Available!

APPA is pleased to announce that training contact hours are now available for Institute workshops. Workshop participants will receive 1.5 contact hours for each 90-minute workshop they attend.

Why are contact hours valuable?
- They ensure quality workshops through the accreditation process
- They provide official verification of attendance
- They meet many professional licensing requirements
- They supplement attendees' resumes

Also, Institute workshops have been accredited by the National Association of Alcohol and Drug Addiction Counselors.

To receive your contact hour verification letter, please mark the contact hour section on the Institute Registration Form on page 47. Please note only paid Institute registrants are eligible to receive contact hour verification. A $10 processing fee will apply.

Workshops At A Glance

Monday, July 26, 2004

11:00 a.m. – 12:30 p.m.	1:45 p.m. – 3:15 p.m.	3:30 p.m. – 5:00 p.m.
Avoiding the Revolving Door Syndrome with Chemically Dependant Corrections Clients	Is it S.A.F.E. to Go to W.O.R.K.	Community Corrections E-Learning Collaborative: Quality On-Line Training at Affordable Prices
Hispanics in Community-A Cultural Perspective	Workplace Stalking: When Criminal Justice Professionals Become Targets – Part I	Workplace Stalking: When Criminal Justice Professionals Become Targets – Part II
Creating and Managing Armed, High Risk Units	SMARTesting-Smart Solutions for Improving Outcomes	Underage Drinking Prevention and Enforcement Initiatives: Partnerships between Probation and Parole Officers with Local and State Law Enforcement
Impact of Crime on Victims Programs	Guerilla Media Tactics: Arming Yourself against Unfair Media Coverage	Gender Specific Supervision for Women in the Community: How to Do it and Make it Work
What about the Girls? A Gendered Perspective on Juvenile Delinquency	The Complex Task of Managing Mentally Ill Parolees	Juvenile Fire-Setting: Findings from a Multi-Disciplinary Intervention Effort in Massachusetts
Youth Courts: Youth-Driven Justice	Working with Difficult People	After the Decision Is Made to Arm Your Officers: Developing a Firearm Program for Probation and Parole
Consent: Giving Permission to End Sexual Abuse	Reclaiming Futures: New Ways for Communities to Help Teens Caught in the Cycle of Drugs, Alcohol and Crime	Providing Seamless Support to Victims from Prosecution to Probation and Parole
Vision and Tears from a Child's Heart	Leading the Way, Lighting the Path: Lessons of Leadership from Trailblazers	Promoting Accountability and Continuous Improvement in Community Corrections
Inspired Leadership: Values, Ethics and Coaching for Success	The Invisible Minority: Managing Lesbian, Gay, Bisexual Transgender Offenders	Organizational Change: What Works Correctional Management Modeling
Florida's Implementation of Global Positioning Satellite (GPS) for Community Supervised Offenders	The Evolution of Diversity in America: An Historical Perspective	Optimal Revocation Rate for Parole - Does it Exist?

Workshops At A Glance

Tuesday, July 27, 2004

8:30 a.m. – 10:00 a.m.	11:00 a.m. – 12:30 p.m.	2:00 p.m. – 3:30 p.m.	3:45 p.m. – 5:15 p.m.
Don't Help These People! They are Criminals	Understanding Cultural Diversity and Making it Work for You	Multi-Cultural Issues: Migration and Crime	Lethal Weapon Response
One of a Kind: A Probation-Based Drug Testing Laboratory	Girls and Detention: Best Practices	Community Acts: What are the Requisite Management Skills Sets – Can They Benefit All Managers?	Managing Detention Reform: How Do We Change System Culture?
Measuring Impact: The Report Card on Juvenile Justice	Reviewing the Correctional Mental Health Consensus Project and Thirteen Demonstration Sites	An Integrated Model of Effective Community Corrections and It's Implementation	A New Curriculum on Managing Women Offenders in the Community
Reducing Racial Disparities: Best Practices	The Re-entry Movement: The Emerging Opportunity to "Fix" Parole	Community Strategies: Offender with Mental Illness or Retardation	Getting Facts about Faith-Based Initiatives Transitional Programs: Fad or Formula
Creating a Role Focus: The Victim's Role in Offenders Re-Entry	Applying Restorative and Community Justice Principles to Domestic Violence	Getting Started: Ways to Start the Detention Reform Process	Mentally Ill, Addicted and Female: A Successful Approach
Risk and Needs Assessment for Women Offenders	Community Corrections: The Evolution in Sentencing Practices in Massachusetts	Tactical Ground Defense	Panel Discussion: How Illinois is Navigating Their Way through Statewide Implementation of Restorative Justice
The Focus Group: The Changing Community Corrections Workforce	APPA Award for Excellence in Community Prevention	Introduction to the Global Appraisal of Individual Needs	Human Technology Focus on Relationship Skills
Real Women Never Give Up: The Art of Juggling	Findings from the Bureau of Justice Statistics: HIV, AIDS and Hepatitis among Inmates: Trends in State Parole and Profile of Jails Inmates	No Child Left Behind in Spokane	Setting Performance Measures That Can Help Identify Organizational Change
Identifying Street Gangs and Security Threat Groups	Domestic Violence and Reentry: Effective and Culturally Competent Approaches		Incorporating Restorative Justice in a Graduated Sanctions Program

Registration Information

Registration Procedures

By Mail – Registration for the APPA Institute can easily be done by mail. Just send your check, government purchase order or credit card information with your completed APPA registration form to the address shown on the form. All registrations postmarked by July 9, 2004 will receive written confirmation.

By Fax – For your convenience, when payment is by credit card, you may fill out the APPA registration form and fax it to: (859) 244-8001, Attention : APPA Institute. All registrations faxed by July 9, 2004 will be confirmed by mail.

Internet – Register for the APPA Institute on-line at www.appa-net.org

Payment

Payment in full for all Institute activities must accompany your registration form. Check, money order, VISA, Master Card or American Express are accepted as payment for the Institute's registration fees. Checks must be made out to the American Probation and Parole Association and payable in U.S. dollars. Payments received in Canadian dollars will be invoiced for the conversion difference plus a $10 service fee. Registrations postmarked on July 6, 2004 or later are not eligible for the early registration fee and must include the regular registration fee. Agencies required to use a purchase order should submit the registration form with the purchase order in lieu of a check. Invoicing will be processed immediately upon receipt of the purchase order and, in all cases, payment will be due immediately.

Transportation Information

Your Ticket of Savings!

Delta Air Lines has been selected as the 29th Annual Training Institute official air carrier for travel into Orlando. Delta is offering bonus meeting discounts. To receive these discounts, contact Delta directly at **(800) 241-6760** and reference **file number 200019A**. If you book your reservations through a travel agent, make sure the agent also uses the file number.

Delta Bonus Discounts!

Discount for tickets purchased more than 60 days in advance
- 10% off non-refundable tickets
- 15% off unrestricted coach tickets (Y06)

Discount for tickets purchased less than 60 days in advance
- 5% off non-refundable tickets
- 10% off unrestricted coach tickets (Y06)
- Special Zone Fares may also be available for savings on midweek travel

Car Rental

Alamo is offering the following special car rental rates to APPA Institute attendees, available July 18-August 4, 2004. Rates are guaranteed from one week prior to through one week after the Institute dates and are subject to car availability. All Alamo rentals include unlimited free mileage. Advance reservations are recommended. Standard rental conditions and qualifications apply. Call Alamo at **1-800-732-3232 or visit Alamo's website at www.alamo.com and refer to Group ID #308309 and rate code GR.**

Lodging Information

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Lose yourself in the heart of 200 acres of lush tropical fanfare, where championship golf, award-winning cuisine, or an exquisite spa experience beckons under sun-filled skies. Find yourself in the midst of Orlando's legendary theme parks and attractions, where adventure and excitement become a part of a fun-filled stay. To book online, visit their website at www.marriottworldcenter.com and entergroup code APPAPPA, or call (800) 564-3181 and please state you are attending the APPA Institute.

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- 24-hour fitness center
- 600,000 gallon lagoon-shaped main pool with water slide and waterfalls
- 2 additional swimming pools, 2 children's pools and 1 indoor pool
- 5 whirlpools
- Sand volleyball courts
- 4 lighted tennis courts
- Basketball
- Video arcade
- Poolside activities, i.e., hair braiding, dive-in movies, face painting, etc. (seasonal)

$99 single or double occupancy

Rates do not include the 11.5% state and local tax (subject to change). Nominal fee for meeting space rental is included.

Why stay at the Orlando World Center Marriott?

APPA has secured discounted lodging rates and meeting space at the Orlando World Center Marriott for your benefit and to support the ongoing activities of APPA. Here are a just a few benefits:

- Your accommodations, hotel amenities and meeting facilities are remarkable. Take advantage to these great rates to stay in a first-class hotel.
- Location, location, location - you will be in the best possible location for networking in the lobby, by the pool or in one of the hotel's many restaurants.
- Keep registration fees low by ensuring APPA avoids hotel penalties due to unsold blocked rooms.
- You improve APPA's negotiating ability to ensure low lodging rates in the future at similar fantastic locations.

Registration Form

APPA 29th Annual Training Institute ● July 25-28, 2004

Please use a photocopy of this form for each registrant. Please print clearly.

Last Name: _____ First Name: _____

Title: _____ Agency/Organization: _____

Business Telephone: _____ Business Fax: _____

Address: _____
(location where confirmation should be sent)

City: _____ State: _____ Zip: _____

Email Addresss: _____

Registration Fees

Includes general sessions, exhibit receptions and workshops. (All fees are per person.)	Early Rate Before July 5	On or After July 6	Amount
Member of APPA or co-sponsoring Assn. To qualify for this rate you must be a member of one of the following (please mark those that you hold current membership in) ❒ APPA Member - Please indicate your membership category and your membership number. ❒ Individual member ❒ Agency member Membership # ||||||| Expiration Date ||/|||| ❒ Florida Association of Community Corrections	$275	$320	$ _____
Non-member If you are not a member of APPA or or the co-sponsoring associations, you are required to pay the regular registration fee. Memberships will be verified.	$335	$380	$ _____
APPA Accredited Contact Hours See page three for details.	$10	$10	$ _____
Intensive Sessions Available only to registrants of Institute. Attendance at intensive sessions only is not permitted. Specify Intensive Session #_____ (see page 6 for list of Intensive Sessions)	$30	$30	$ _____
Family Registration This rate is available to immediate family members not employed in the corrections field. Allows entry into general sessions, exhibit receptions and workshops. Luncheon is not included. Specify Family member's name _____	$50	$50	$ _____
Luncheon Ticket (July 27) One luncheon ticket is included in full registration. Registration fee for family members does not include a luncheon ticket	$35	$35	$ _____
APPA Membership One year of individual membership. ❒ New Member ❒ Renewal	$50	$50	$ _____ 61-16-00-1000-4020
		Grand Total Enclosed	$ _____ 61-16-00-2066-4401

Is this your first attendance at the APPA Institute? ❒ Yes ❒ No

Please indicate the number of years worked in Community Corrections ❒ 9 or less ❒ 10-24 ❒ 25+ years

Payment

❒ Check Enclosed ❒ Government Purchase Order Enclosed; PO # _____

Charge to: ❒ VISA ❒ MasterCard ❒ American Express

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Special Assistance

❒ Please check if you require special provisions to fully participate in this Institute. Attach a written description of needs.

Confirmation/Refund Policy

A full refund, less a $50 processing fee, is available until July 5, 2004. No refunds are available after July 5. In order to receive a refund, written requests must be sent to the APPA Institute, c/o The Council of State Governments, P.O. Box 11910, Lexington, KY 40578-1910 or faxed to (859) 244-8001. All requests for refunds must be postmarked or faxed by July 5.

Mail this form to:

APPA Institute
c/o The Council of State Governments
P.O. Box 11910, Lexington, KY 40578

or Fax to:
(859) 244-8001

or register online at www.appa-net.org

To better plan Institute workshops and activities, please supply us with the following information.

Job Jurisdiction
❒ Federal
❒ State
❒ County
❒ City
❒ Private firm/business
❒ Academic Institution
❒ Province
❒ Nonprofit organization
❒ Other _____

Primary Work Area
❒ Juvenile Probation & Parole
❒ Adult Probation & Parole
❒ Adult Probation
❒ Adult Parole
❒ Juvenile Probation
❒ Juvenile Parole/Aftercare
❒ Residential
❒ Non - Residential
❒ Treatment Provider
❒ Academia
❒ Other _____

Length of Experience in Corrections
❒ Less than 2 years ❒ 16-20 years
❒ 2-5 years ❒ 21-25 years
❒ 6-10 years ❒ More than 26 years
❒ 11-15 years

Highest Level of Education
❒ Graduate Equivalency Diploma(GED)
❒ High School Diploma
❒ Associate's Degree
❒ Bachelor's Degree
❒ Master's Degree
❑ Doctorate

Geographical Area
❒ Urban (pop. over 50,000)
❒ Rural (pop. under 50,000)

Gender
❒ Male ❒ Female

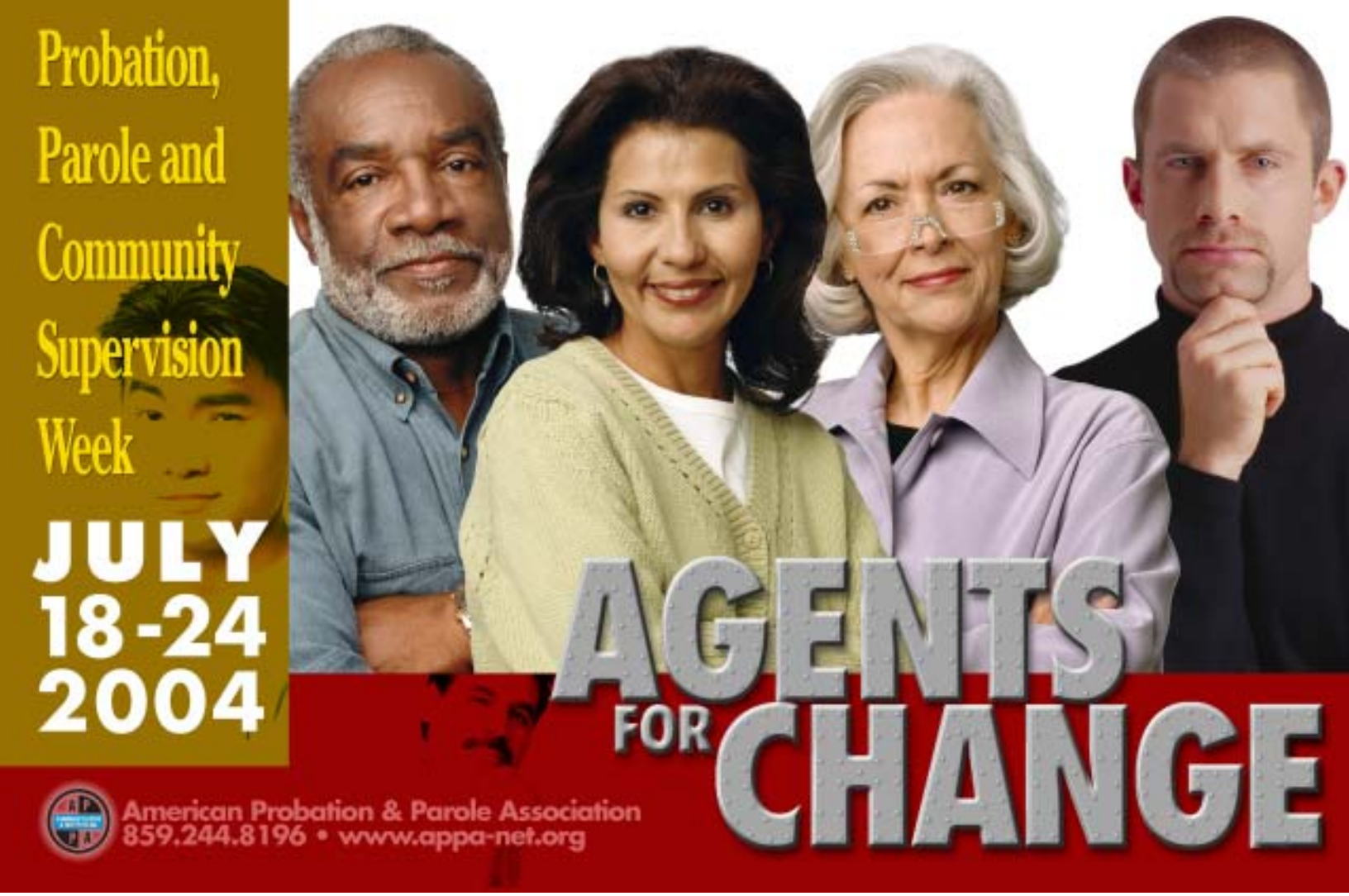
Professional Category
❒ Line Personnel ❒ Attorney
❒ Commissioner/ Director/Chief ❒ Educator/ Researcher
❒ Administrator ❒ Private Sector/ Corporate
❒ Consultant
❒ Trainer ❒ Retired
❒ Parole Board Member ❒ Student
❒ Other
❒ Judge

Race/Ethnicity
❒ African American ❒ Native American
❒ Caucasian ❒ Asian
❒ Hispanic ❒ Other

Mark all Expenses that are Reimbursed
❒ Registration ❒ Travel-Ground
❒ Travel-Air ❒ Meals

Mark Past Attendance at APPA Annual Institute
❒ First Time ❒ 7-9
❒ 2-4 ❒ 10 or more
❒ 5-6

APPA Federal ID # 56-1150454



American Probation and Parole Association
c/o The Council of State Governments
P.O. Box 11910
Lexington, KY 40578-1910

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