AGENDA
60 MINUTE PRESENTATION & 30 MINUTES OF DISCUSSION

1. Background on Smart Decarceration Project
2. Review of Relevant Literature
3. Best Practice Relationship Building with Probationers
4. Review of BIPSE Intervention Techniques
5. Group Discussion & Questions
PRESENTATION OBJECTIVES
WHAT CAN I EXPECT TO LEARN?

1. Introduction to the Smart Decarceration Project
2. Learn about relevant literature relating to mental health and probation
3. Define a therapeutic relationship within the context of probation
4. Understand the importance of the therapeutic relationship
5. Implement techniques to support therapeutic rapport building
INTRODUCTION TO SMART DECARCERATION PROJECT
SMART DECARCERATION PROJECT
WHAT WE DO

• Foster community and organizational partnerships
  • Cook County Adult Probation Department
  • Cook County Health Department
  • Assistant State Attorney Office
  • Mental Health Professionals

• Engage in rigorous research projects
  • Increase a community’s capacity to identify and address serious mental illness
  • Collaborate with organizations to implement effective deferred prosecution programs
SMART DECARCERATION PROJECT
OUR IMPACT

• Reduce the number of people being charged with criminal offenses through diversion programs
  • Chicago
  • Milwaukee

• Address known disparities in the justice system
  • Racial disparities
  • Mental Health disparities

• Support transdisciplinary dialogue and collaboration
  • Training and educational support
  • Evaluation and implementation
REVIEW OF RELEVANT LITERATURE
RELEVANT LITERATURE
BRIEF OVERVIEW OF KEY TERMS

**SMI**: Serious Mental Illness
**PO**: Probation Officers
**Therapeutic Relationship**: the working relationship between a PO and a probationer built on a practice of mutual respect
**BIPSE**: Brief Intervention to Promote Service Engagement
RELEVANT LITERATURE
THE ERA OF SMART DECARCERATION

• Mass incarceration is not effective
  • Incarceration does not increase public safety or rehabilitate individuals
  • Communities of color and behavioral health disorder are overly represented

• Decarceration as a solution
  • Polices and practices focused on reducing justice involvement
  • Focus on targeted demographics: communities of color and individuals with mental illness
RELEVANT LITERATURE
WHY FOCUS ON PROBATION?

• Probation is a large part of the justice system
  • Nearly 7 million people are involved with the United Stated justice system
  • Half of these 7 million are on probation

• Probation is a critical point of contact for probationers
  • “Community supervision” rather than incarceration
  • Opportunity to divert a large number of people from incarceration
  • Connect probationers with services in their community
RELEVANT LITERATURE
SMI & PROBATION

• Huge increase in probationers with SMI has resulted in:
  • Specialized programs having large caseloads
  • Criminal justice/mental health collaborative models increasing prevalent
  • PO’s in specialized programs serving dual roles as law enforcement and case manager
RELEVANT LITERATURE
THE IMPACT OF MENTAL HEALTH PROBATION

- Research demonstrates **positive** effects of mental health probation:
  - Less likely to be rearrested across long periods of time
  - Decrease in jail time connected to specialized probation programs
  - Specialized caseloads are more cost effective
A positive working relationship is the catalyst to change.

Challenges to a positive working relationship include dual roles of PO:
- Advocate
- Law enforcement officer
- Case manager
- Support system

Despite these barriers the rapport is an indicator of higher participation in mental health treatment and criminal justice programming.
RELEVANT LITERATURE
RESEARCH ON THE THERAPEUTIC RELATIONSHIP

• Previous Smart Decarceration Project Research
  • 98 probationers with SMI completed a survey
  • Explored how PO’s balance dual roles and utilize supervision techniques
  • PO’s who supervise mental health caseloads were perceived as more caring, supportive, trustworthy and less authoritarian than standard PO’s
  • Evidence for care and trust being transformative parts of the therapeutic relationship
  • Evidence for the importance of the therapeutic relationship as critical to the change process
BEST PRACTICE RELATIONSHIP BUILDING WITH PROBATIONERS
RELATIONSHIP BUILDING WITH PROBATIONERS
HOW DID WE GATHER THIS INFORMATION?

• Current Smart Decarceration Project Research Implementing BIPSE
  • Collaborated with a team of PO’s, unit supervisors, former probationers with SMI and mental health providers
  • Facilitated two hour workshop on BIPSE with PO’s
  • Hosted focus groups with PO’s to explore their use of BIPSE
  • Observed 17 sessions of PO’s using BIPSE with probationers
RELATIONSHIP BUILDING WITH PROBATIONERS
BEST PRACTICE TECHNIQUES

Key intervention components target the therapeutic relationship between probation officer and probationer with SMI

1. Engagement
2. Shared decision making
RELATIONSHIP BUILDING WITH PROBATIONERS

HOW DO YOU DEFINE THE WORD “ENGAGEMENT”?

“Effort made by the officer to connect with and develop a relationship with a client in such a way that encourages and maintains client’s active interest and participation in completing probation successfully.”
RELATIONSHIP BUILDING WITH PROBATIONERS
ENGAGEMENT AS A CORE RELATIONAL PRACTICE

• Barriers to Engagement
  • Environment of power differentials and compliance-monitoring
  • Probationers’ reliance on PO for positive sanctions
  • Probationers’ feelings and thoughts about incarceration

• Engagement Techniques
  • Affirmations
  • Reflective Listening
  • Respectful discussion of probationer life goals
RELATIONSHIP BUILDING WITH PROBATIONERS
ENGAGEMENT AS A CORE RELATIONAL PRACTICE

• Engagement Techniques Continued
  • Spending time to build a rapport
  • Mutual respect
  • Willingness to accept feedback
  • Focusing on the here and now
  • Educating the probationer on the process of probation
  • Restating the expectations of probation
  • Reviewing paperwork with probationers
RELATIONSHIP BUILDING WITH PROBATIONERS
PO REFLECTION ON ENGAGEMENT

“It’s important that they’re not only engaged in what is asked for them on probation but engaged in their treatment, because it’s a very collaborative effort between the treatment providers and us to get them through probation successfully.”
“It’s completely different. It’s like coming here, I’m not afraid. I’m not fearful, like, oh am I going to be in trouble if I go there and see them? I’m kind of like, excited to come here, it’s like a little therapy session.”
RELATIONSHIP BUILDING WITH PROBATIONERS

HOW DO YOU DEFINE THE TERM ”SHARED DECISION MAKING”?

“Officers identify and utilize opportunities for probationers with SMI to make collaborative decisions regarding their treatment plans.”
RELATIONSHIP BUILDING WITH PROBATIONERS
USE OF SHARED DECISION MAKING

• Barriers to Shared Decision Making
  • Environment of power differentials and compliance-monitoring
  • Bias and stigma relating to SMI

• Shared Decision Making Techniques
  • Activities that encourage probationer input
  • Reinforcing probationer input on referral locations
  • Goal setting with probationer
“Yeah, they try to help you figure out what your goals are…she (officer) pretty much wants to know my goals.”
“If they’re having input on the decision of maybe where to do treatment or what type of treatment program they want to enter, they’re more likely to engage in and complete it successfully. It kind of helps them come to a more prosocial way of thinking through working with them and making better decisions.”
REVIEW OF BIPSE INTERVENTION TECHNIQUES
BIPSE INTERVENTION
USE OF COST BENEFIT ANALYSIS

Using drugs

Not using drugs

Illegal

Makes me feel better

Employment
BIPSE INTERVENTION
USE OF COST VALUE IDENTIFICATION

- Respect
- Honestly
- Hard work
- Finical Independence
- Freedom

Values

Behavior

- Drug Use
- Unemployment
- Not attending therapy sessions
BIPSE INTERVENTION
USE OF MOTIVATIONAL INTERVIEWING

Probationer:
I want a job but I’m not ready to go back to school!

PO:
It’s great that you want a job! I hear that you don’t want to go back to school. However, GED enrollment is an expectation of probation. What do you think a GRE will be like?

Probationer:
I don’t know about GED. I’m just worried it will be like high school.
DISCUSSION & QUESTION/ANSWER
WHAT ARE SOME TECHNIQUES YOU USE THAT YOU THINK WORK WELL?
WHAT ARE CHANGES YOU WOULD LIKE TO SEE IN YOUR WORK WITH PROBATIONERS?
HOW DO YOU KNOW WHEN YOU HAVE A GOOD THERAPEUTIC RELATIONSHIP?
HOW DO YOU REPAIR A THERAPEUTIC RELATIONSHIP
WITH A CLIENT IF THE RELATIONSHIP IS DIFFICULT OR
BACKSLIDE?
HOW DO YOU MANAGE THE DUAL ROLE AS LAW ENFORCEMENT AND CASE MANAGER?