



Crisis Intervention & Risk Management Training for Probation Officers: Dealing with Mentally Ill Offenders

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Overview — Shifts in Patterns of Care

- **In 1954**
 - There were 553,981 patients in public mental health hospitals nationally
 - 23,560 in Massachusetts D.M.H. facilities
- **Today**
 - ~800 in D.M.H. facilities or directly supported beds
 - ~24,500 D.M.H. community clients

Issues

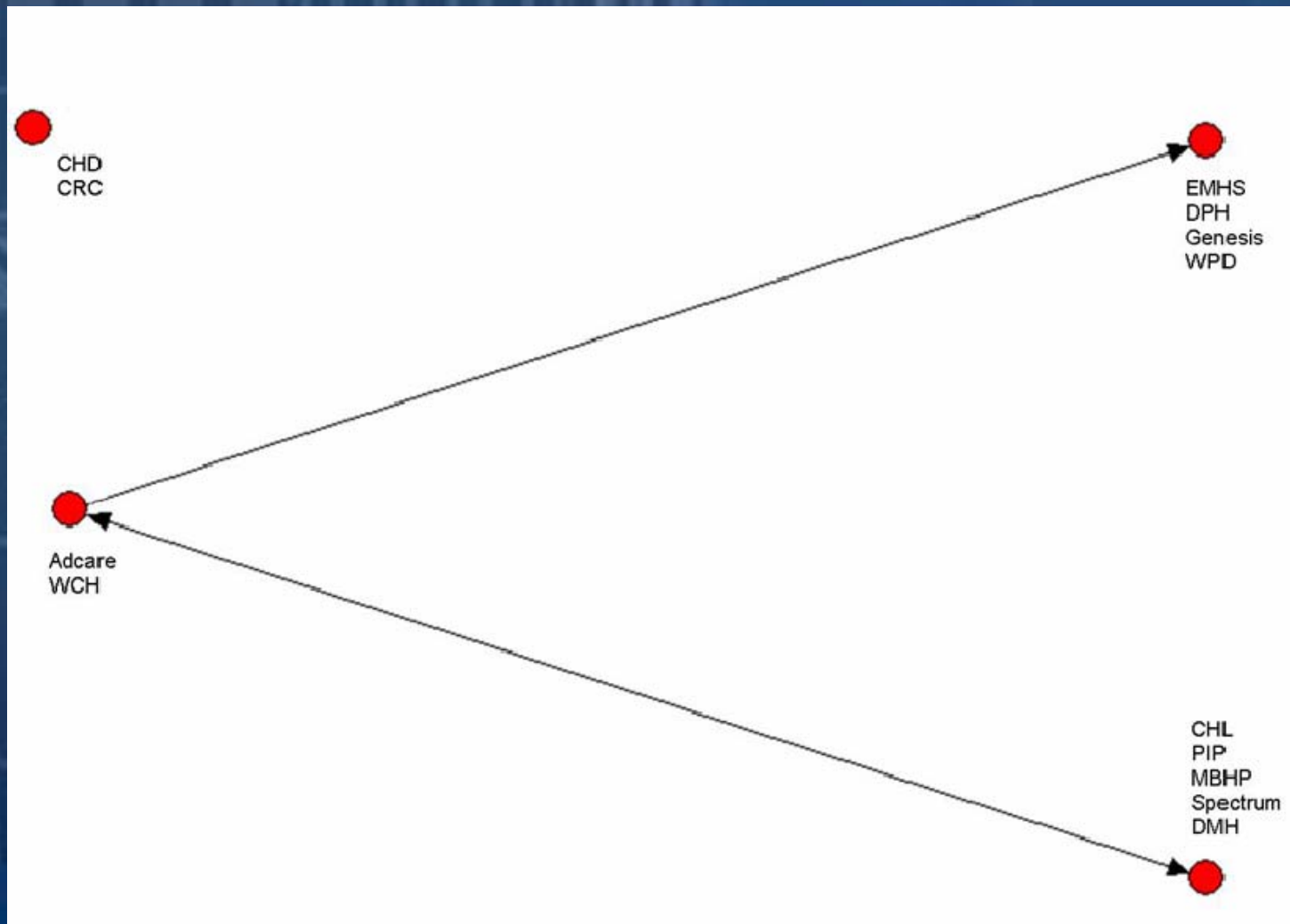
- How can providers better serve their clients who are in multiple systems?
 - » Mental Health
 - » Substance & Alcohol Treatment
 - » Housing Services
 - » Employment
 - » Medical care
 - » Criminal Justice
 - » Other human services agencies (e.g., Social Services)

Steps Toward Resolution

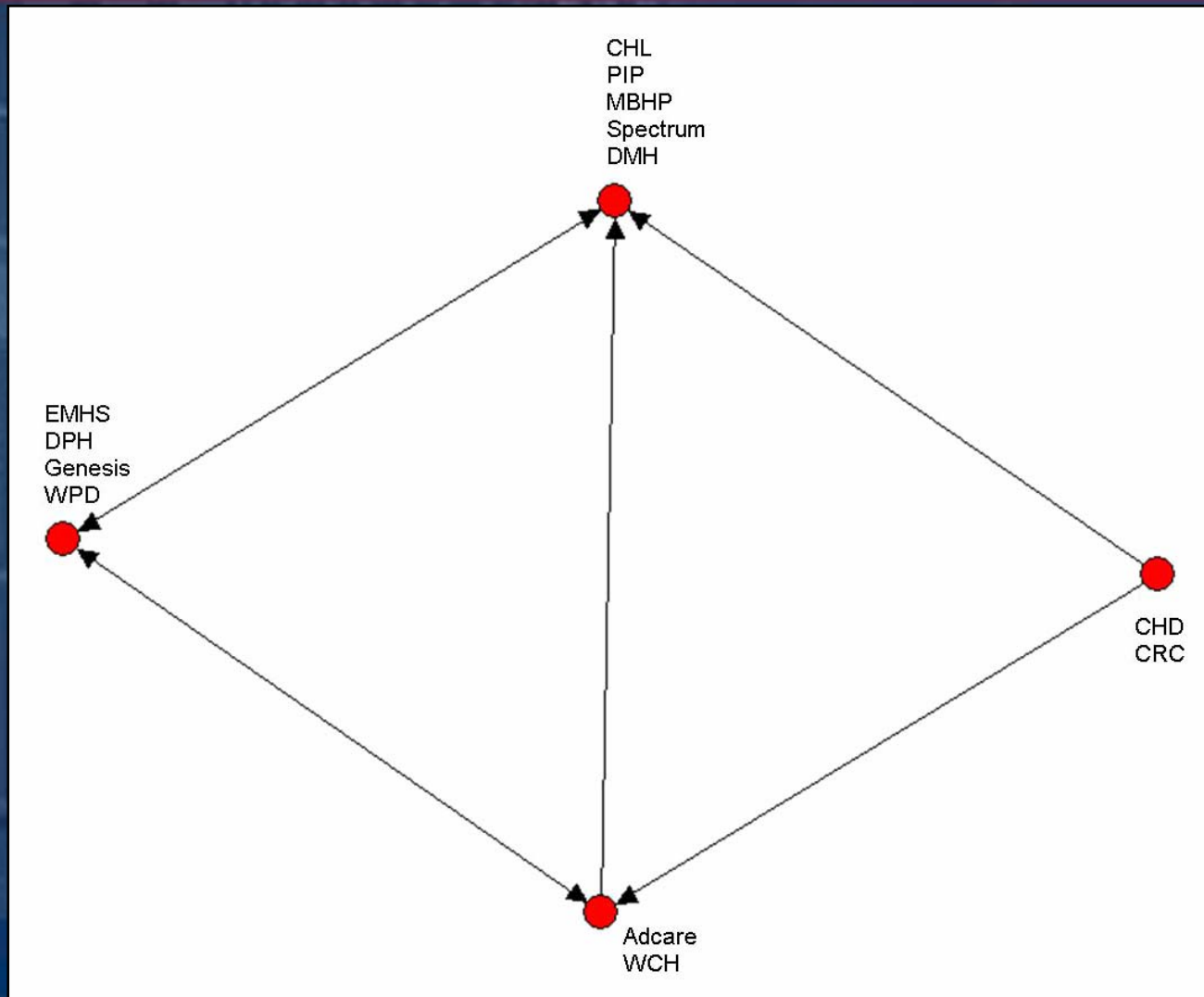
- Using Technology to inform protocols
- Cross training
- Resource guides



Worcester Network Analysis — “Current” System



Worcester Network Analysis — “Ideal” System



The Massachusetts Mental Health / Criminal Justice Cohort Study

- **Inclusion criteria:**

- receiving case management, inpatient treatment or residential services from Massachusetts Department of Mental Health between 7/1/91 and 6/30/92
- 18 years of age or older
- N=13,816

- **Tracking Arrest:**

- Arrest data were obtained from the Massachusetts Criminal History Systems Board's "Criminal Offender Record Information" (CORI System).
- 3,856 cohort members (27.9%) experienced at least one arrest

Arrest Types and Prevalence

- The group compiled 41,860 charges; 27,004 misdemeanors and 14,856 felonies
- A number of categories were created to subsume these charges

Arrest Types and Prevalence: Crimes against Persons

- **Serious Violent Crime:** Murder; non-negligent manslaughter; forcible rape; robbery (including armed robbery); aggravated assault and battery (a) with a dangerous weapon, (b) against a person over 65, (c) against a disabled person, (d) to collect a debt. (N=1874, 10.5%)
- **Less Serious Crimes against Persons:** Domestic violence (not resulting in a charge of “Serious Violent Crime”); simple assault; simple assault and battery; threatening / intimidation; indecent sexual assault (i.e., not rising to the legal definition of forcible rape), violation of a restraining order. (N=1,096; 7.9%)
- **Assault and Battery on a Police Officer** (N=389, 2.8%)



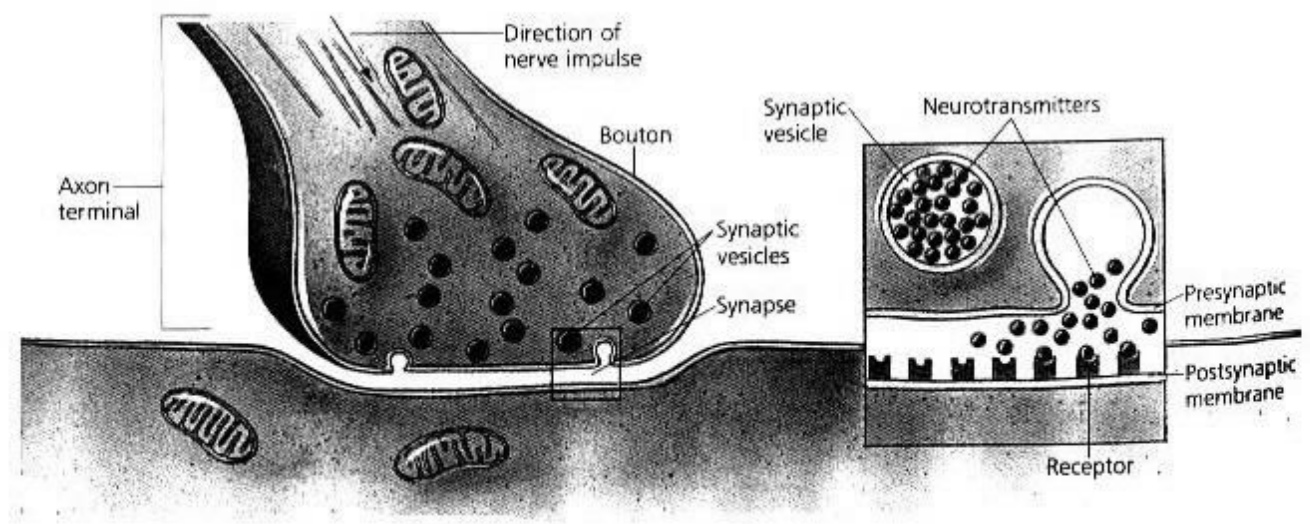
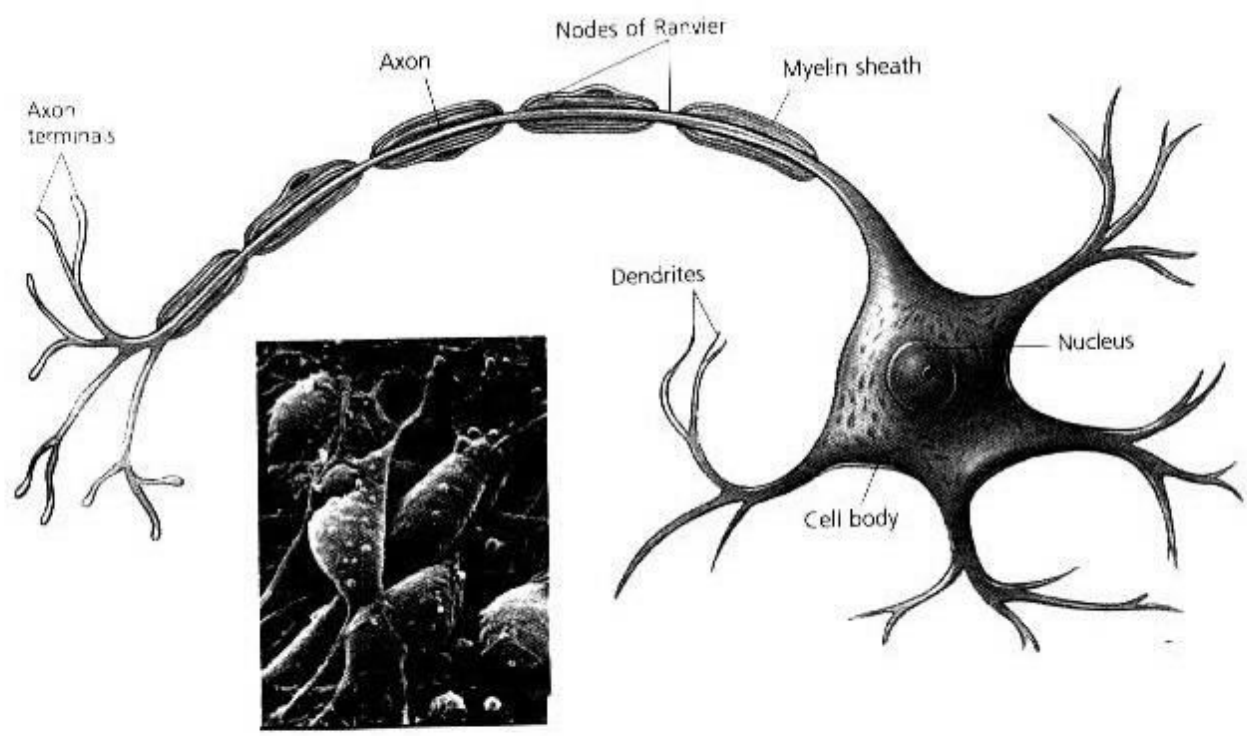
Signs & Symptoms of Mental Illness

Prevalence of Mental Illness

Lifetime & 12-Month Prevalence of DSM-III-R Disorders

Disorders	Total % (Male and Female) of the General Population	
	<u>Lifetime</u>	<u>12 month</u>
Any affective disorder	19.3%	11.3%
Any anxiety disorder	24.9%	17.2%
Any substance abuse/ dependence	26.6%	11.3%

Source: Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Study. *Archives of General Psychiatry*. Vol 51(1) Jan 1994, 8-19.



Indicators of Mental/Emotional Disturbance

- **Verbal Indicators**
 - E.g., Bizarre Speech Displays
- **Environmental Indicators**
 - E.g., Bizarre Wardrobe Choices
- **Behavioral Indicators**
 - E.g., Responding to voices or objects that are not there

Suicide in Correctional Settings

- Jails are the point of highest risk for suicide in the correctional system; risk in prison is close to community risk.
 - » 47/100,000 jail inmates
 - » 14/100,000 in prison
 - » 11/100,000 in U.S. overall
- Hanging is by the far the most common means of suicide in either jail or prison.

Bureau of Justice Statistics Special Report, 2005, based on 2002 data.

Suicide in Jail/Lockup

Risk factors for jail suicide:

- Male
- White
- Violent offender
- But 75% of jail suicide victims were detained on non-violent charges
- <18 or >55 years old
- First week (day) of incarceration
- 51% of jail suicide within first 24 hours / 29% within first 3 hours
- 75% were in isolation at the time
- Mental illness (77% of attempters)
- History of prior attempt

De-escalation Techniques

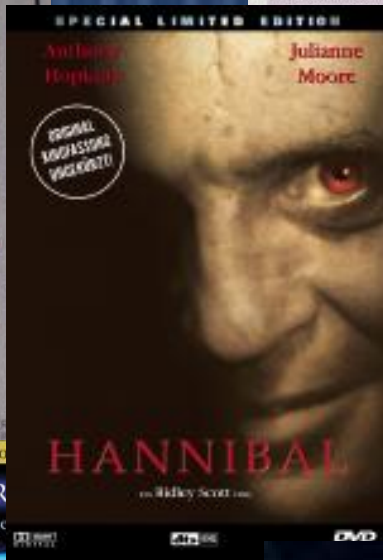
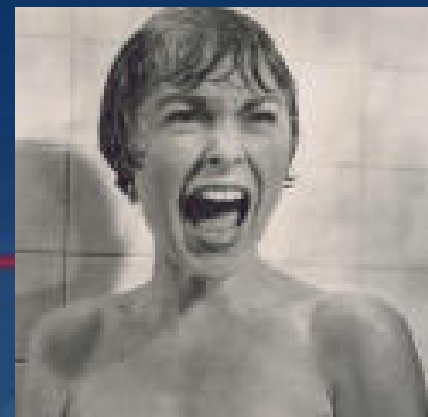


Myths about Mental Illness

- Mental illness is a moral weakness
- Mental illness starts in early childhood
- Mental illness may be prevented
- Mental illness is a lifelong condition
- Mentally ill people have never functioned well in society
- All mentally ill people are dangerous

The background is a blue-tinted image of a library. On the left, there are several tall bookshelves filled with books. On the right, a large scale of justice is visible, with a vertical pillar and two pans hanging from a horizontal beam. A thin red horizontal line is positioned near the top of the image.

*Where do we typically get
most of our information about mental illness?*



Mentally Ill Persons in Crisis

- Persons with Mental Illness:

- » *Usually* have had bad experiences with authorities

- » React poorly and *paradoxically* to intimidation and force

- » *Often* misread well-meaning cues

Interacting with Persons in Crisis

- Securing the scene (safety is always the first priority)
- Understanding the mindset of the person in crisis

Example of Hallucination

(A Beautiful Mind (2001) Russell Crowe, Ed Harris, Jennifer Connelly)



Interacting with Persons in Crisis *(continued)*

- Building trust & providing help
- Practice active listening — build rapport
- Allow total airing of grievance without comment or judgment
- Allow person in crisis to suggest a solution
- Move toward a win-win resolution

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**Case Management of Mentally Ill Probationers
&
Identifying Treatment Resources**

Specialty Probation for Probationers with MI

- **The development of specialty caseloads**
 - » Average specialty caseload size is typically less than 1/3 of traditional probation caseloads, with specially trained probation officers
- **Close treatment provider-officer collaborative relationships**
- **Officer-probationer relationship is characterized by a strong alliance and fairness**
- **Use of problem-solving strategies as a response to violations, with sanctions used as a last resort.**

Source: Skeem, J. & Petrila, J. (Winter, 2004). Problem-Solving Supervision: Specialty Probation for Individuals with Mental Illnesses. Court Review, pp. 8-15.

Supervision Strategies

- Review offender's psychiatric/medical documentation
- Note any history of violent/dangerous behavior and take precautions
- Identify areas offender needs assistance (e.g., disability income, housing, vocational training)
- Have offender sign release of confidential information forms
- Work with treatment providers to ensure treatment and medication compliance
- Become familiar with offender's psychotropic medications

Source: CPO Daniel F. Ryan, Probation Training Academy, Clinton, MA

Supervision Strategies *(continued)*

- Clearly explain limits of acceptable/unacceptable behavior and the consequences for violating court-ordered conditions
- Remember the concept of graduated sanctions when intervening to enforce court orders
- Identify and make frequent contact with the offender's "support system" of family members, friends, employer, etc.
- Prepare crisis intervention plans for handling suicidal ideation, psychotic episodes, homicide threats that may arise
- Always try to encourage and motivate offenders by recognizing their hopes for a better future

Probation Officer Safety

- Whenever possible, schedule the initial contact in the probation office, treatment facility, or other “neutral” location
- If the offender is not cooperating with treatment and medications, schedule contacts in the probation office
- Arrange to be accompanied by a “cover officer” during home visits

Probation Officer Safety *(continued)*

- Refrain from criticizing or confronting the offender during home visits unless you are making a lawful arrest or search
- Never let an offender know about your family or personal life (keep photos and personal information out of site)
- Keep the door slightly ajar during office visits, with PO situated closest to the exit

Identifying Treatment Resources

- Our trainings involve local providers, typically a representative of DMH, DMR, DPH, DPPC, and Elder Affairs
- Community Resource Centers (CRCs) — offer vocational rehabilitation (MRC, if eligible, or Job Corp.) as well as substance abuse case management

Role-Play Exercise!

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Questions?

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