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Back to the Future: From Klockars' Model of Effective Supervision to Evidence-Based Practice in Probation

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Back to the Future: From Klockars' Model of Effective Supervision to Evidence-Based Practice in Probation

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ABSTRACT Three contemporary models of probation supervision can be differentiated, based on the extent to which they focus on protecting community safety (surveillance model), promoting offender rehabilitation (treatment model), or both (hybrid model). Hybrid models combine dual roles of controlling and caring for probationers. A quarter century ago, Klockars (1972) articulated a theory to describe how the “synthetic” officer reconciles these dual roles to achieve a broader base of power for behavior change and more positive outcomes than the “law enforcement” officer or “therapeutic agent.” In this article, we apply Klockar’s theory to compare modern models of supervision in their (a) theoretical coherence and (b) effectiveness, at both the officer and program level, and for both general probationers and probationers with mental disorder. The weight of the evidence for both types of probationers supports the hybrid model. Going back to Klockar’s theory may ultimately inform officers’ understanding and adoption of hybrid strategies to more effectively supervise probationers.

KEYWORDS Community corrections, mental health, probation, rehabilitation

Over the past 15 years, the number of people under correctional supervision in the United States has more than doubled (Glaze &

Bonczar, 2006). The majority of this growth is attributable to the burgeoning probation population, which recently reached an all time high of 4.2 million offenders; 59% of all offenders under correctional supervision (Glaze & Bonczar, 2006). Many of these probationers have substance dependence disorders and serious mental disorders that complicate supervision. Others have been convicted of sex offenses and other violent offenses that demand close supervision. As workloads in probation have grown in size and complexity, generally inadequate budgets have tightened and management has become results-driven (Burrell, 2005). Probation now faces the monumental challenge of coping with a large, complicated workload while improving the effectiveness of supervision.

Given staggering diversity across states in the organization and oversight of probation, there is no well-defined and homogeneous response to this challenge. Probation is a practitioner-led enterprise (Klaus, 1998), with supervision philosophies and practices that vary considerably across agencies and officers. Despite this diversity, a few innovative responses have gained enough traction across agencies to be viewed as “strategic trends” (Burrell, 2005). These trends include creating formal partnerships with community agencies (e.g., drug courts, school-based probation) and developing specialized caseloads (e.g., for mentally ill offenders, sex offenders). They are underpinned by a larger drive toward reintroducing rehabilitation to supervision.

There has long been tension in probation between the goals of protecting community safety (“control”) and promoting offender rehabilitation (“care”). Indeed, three models of supervision can be differentiated based on the extent to which they focus on control (surveillance model), care (treatment model), or both (hybrid model). For nearly a quarter of a century, chiefly for sociopolitical reasons well-documented elsewhere (see Cullen & Gendreau, 2000), *surveillance* has been the dominant model of probation supervision. Recently, the *hybrid* model has gained ascendance in some agencies as evidence for the effectiveness of correctional rehabilitation has grown (see Taxman, Shepardson, & Byrne, 2004). Despite probation’s philosophical roots in social casework, the *treatment* model is difficult to find in contemporary agencies. In this article, we compare the surveillance, treatment, and hybrid models in their (a) theoretical coherence, (b) effectiveness when individual officers are viewed as the source for

the models, and (c) effectiveness when larger programs prescribe the models. Given the premise that there is “nothing so practical as a good theory” (Lewin, 1951, p. 169), we begin by applying Carl Klockars’ (1972) classic theory of probation supervision to review the sensibility of each model and explain *why* we expect the hybrid model to be particularly effective. We then review evidence on the effectiveness of prototypic surveillance, treatment, and hybrid approaches to supervision. Given evidence for the effectiveness of the hybrid approach, we conclude by discussing barriers and strengths to its implementation. By going back to Klockar’s theory, we hope to promote understanding and adoption of hybrid strategies to improve the future effectiveness of supervision. This approach seems to hold the greatest promise of maximizing existing resources to improve the effectiveness of supervision.

Although we focus in this article on general offenders, we also apply alternative models of supervision to the growing population of offenders with special needs. We choose probationers with serious mental disorder (PMDs) to illustrate the applicability of these models, given that (a) the prevalence of serious mental disorders in criminal justice populations is 4–8 times higher than that in the general population (Teplin, 1990, 1994), (b) PMDs are at double the risk of probation failure, compared to their relatively counterparts (Dauphinaut, 1996), and (c) PMDs have been targeted in strategic trends that reintroduce rehabilitation to supervision (e.g., specialty mental health caseloads, mental health courts). Although PMDs share major risk factors for recidivism with typical probationers (Bonta, Law, & Hanson, 1998), they have a variety of special needs that require increased management, coordination of resources, and services (Byrne & Taxman, 1995) – and perhaps a unique supervision approach.

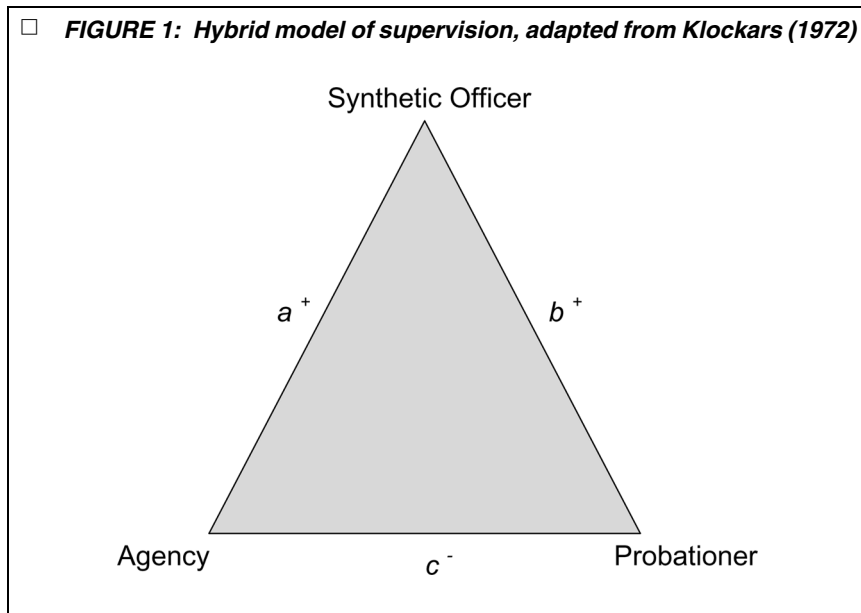
KLOCKARS’ THEORY OF EFFECTIVE SUPERVISION

Carl Klockars’ (1972) theory is built upon a two-year ethnographic study of a large urban probation office with over 100 officers and 7,000 probationers and parolees. The backdrop of the theory is a typology of officers, based on officers’ perceptions of themselves and their duties. Two types of officers, the “law enforcer” and the “time server,” follow a *surveillance* approach to supervision. Both

enforce the rules without exception, relying heavily upon threats of incarceration to achieve compliance. However, the law enforcer embraces values of firmness, authority, and rule abidance, whereas the time server just methodically upholds the rules to meet minimum job requirements until retirement. The third type of officer, the “therapeutic agent” follows a *treatment* approach to supervision. The agent often has advanced training and provides supportive psychotherapy and casework in an effort to effect behavior change and improve the probationer’s life. The fourth type, the “synthetic officer” follows a *hybrid* approach to supervision. He or she equally values and actively synthesizes two competing roles: a “helping, therapeutic, or problem-solving role” and a controlling or “surveillance role” (Trotter, 1999).

To the extent that the synthetic officer negotiates this dual role relationship effectively, he or she may unknowingly achieve one of the most difficult and important components of effective work with probationers (Andrews, Bonta, & Hoge, 1996; Trotter, 1999). Reconciling genuine treatment goals and control goals in an effective supervision strategy is difficult. The essence of the treatment-control dilemma is this: officers ask probationers to “tell all” (to achieve therapeutic ends) when disclosures of the wrong sort might result in penalties (to achieve social control).

Klockars’ theory essentially describes how the synthetic officer reconciles rehabilitative and surveillance goals to achieve effective supervision. The officer does so through a series of social exchanges that define an officer-probationer-agency relationship triad (see Figure 1). In initial meetings with the probationer, the officer acts as an agent of the court who clearly describes the rules, thereby establishing his or her surveillance role (*a*, the positive officer-agency bond). Over time, the officer offers guidance, support, and assistance to the probationer (e.g., discussion of problems; service referrals), thereby developing his or her treatment role (*b*, the positive officer-probationer bond). To effectively resolve the surveillance and treatment roles, the synthetic officer gradually transfers the controlling element of his or her role to the authority of the probation agency (*c*, the negative probationer-agency bond). An officer might do so by telling probationers “that I’m here to help...but if they get too far off the track, I can’t afford to put my job on the line for them. I’m going to have to violate them” (p. 554). The agency’s authority



is largely fictional: the officer actually exercises substantial discretion in providing information about the probationers' conduct and in enforcing the rules. Nevertheless, creating this illusion that the agency and officer are different entities resolves the dual role dilemma and provides probationers with two currencies to succeed: what they "cannot purchase from the [agency] with rule compliance can be purchased from the officer with rapport" (p. 555). Through confession of problems and appeals for assistance, probationers establish strong rapport with synthetic officers, who they believe might "go out on a limb for them" with the agency.

Although they are not articulated by Klockars, this theory suggests two mechanisms for effective supervision. First, the successful reconciliation of dual roles is a means toward achieving both surveillance goals (behavior monitoring) and therapeutic goals (behavior change) goals. Rapport encourages probationers to "tell all," which expands officers' capacity to monitor rule compliance and intervene as appropriate on an ongoing basis (ideally, before small problems develop into large ones). Moreover, probationers are motivated to

abide by the rules *both* to avoid the agency's sanctions and to collaborate with their officers to improve their lives. Synthetic officers achieve a broad base of power for helping probationers change in the direction of safer behavior, maximizing the likelihood that they will successfully complete their terms and avoid reoffense. Second, a positive officer-probationer relationship may be therapeutic in itself. The quality of the relationship between a service provider and a client is a "quintessential integrative variable" that cuts across different modes of treatment (Wolfe & Goldfried, 1988, p. 449). The provider-client relationship relatively strongly affects outcomes in psychotherapy (Krupnick, Sotsky, Simmens, & Moyer, 1996), psychiatric treatment (Cruz & Pincus, 2002; Frank & Gunderson, 1990), substance abuse treatment (Connors, Carroll, DiClemente, Longabaugh, & Donovan, 1997), medical care (e.g., Cooper-Patrick et al., 1999; Kaplan et al., 1996; Kaplan, Greenfield, & Ware, 1989; Hall, Horgan, Stein, & Roter, 2002), interventions for criminal behavior (Brown & O'Leary, 2000; Taft, Murphy, King, Musser, & DeDeyn, 2003), and parole and probation supervision (Taxman, 2002).

THEORETICAL COHERENCE: ALTERNATIVE MODELS OF SUPERVISION THROUGH KLOCKARS' LENS

Applying Klockars' theory to the three models of supervision outlined earlier, we expect the hybrid approach (synthetic officers) to outperform both the surveillance approach (law enforcers; time servers) and treatment approach (therapeutic agent). The hybrid approach brings the power of both the relationship and the mandate to bear on rule compliance. In contrast, the surveillance and treatment approaches provide only one base of power for supervision (a or b in Figure 1, respectively). In the surveillance approach, the officer and agency are a single unit oriented wholly toward control. The lack of therapeutic goals (a) creates obvious disincentives for probationers to "tell all," and (b) sets a low threshold for recommending probation revocation. When violations are discovered, the probationer fails. The threshold for recommending probation revocation is higher in treatment and hybrid approaches. Given their belief in rehabilitative goals, both therapeutic agents and synthetic officers recommend revocation as a last resort that signifies the end of

treatment efforts, when probationers are a threat to the safety of themselves or others (Klockars, 1972). In the treatment approach, however, there is no illusion of agency authority, no external incentive for rule compliance, and little officer control over rule violations. This may render probationers uncommonly likely to fail seriously, after several minor transgressions go unchecked. In contrast, in the hybrid approach, officers can leverage rule compliance by creating a “series of false bottoms on the availability of pardons for violations” (Klockars, 1972, p. 555).

EFFECTIVENESS: OFFICERS AS THE SOURCE OF ALTERNATIVE MODELS OF SUPERVISION

The hypothesis that probationer-officer relationships that reflect a hybrid approach may be more effective than those that reflect a surveillance or treatment approach enjoys some empirical support. In a recent study of 9 specialty officers and 90 probationers with mental disorder (PMDs), Skeem, Eno Louden, Polaschek, and Camp (2007) developed and validated a measure of officer-probationer relationship quality, the revised Dual Role Relationship Inventory (DRI-R). The DRI-R assesses three relationship components: caring-fairness, trust, and toughness-authoritarianism. In DRI-R terms, the *synthetic* or hybrid approach is marked by caring, trust, fairness, and an authoritative approach; in contrast, the *surveillance* approach is marked by an authoritarian approach (inflexible, obedience-oriented, and disinterested in probationers' views and feelings). These approaches were operationalized using DRI-R total scores (synthetic) and toughness-authoritarianism scores (surveillance), respectively. The *treatment* approach was operationalized using a well-validated measure of the therapeutic alliance, the Working Alliance Inventory (WAI, Horvath & Greenberg, 1986). Officers, probationers, and observers completed parallel forms of the DRI-R and the WAI at baseline, and then probationers were followed for approximately one year to track probation violations and revocation. The results indicate that the treatment approach (WAI) was unrelated to these outcomes, whereas synthetic approaches predicted success, and surveillance approaches predicted failure. For example, for every

one point increase in a probationers' DRI-R Toughness score, the odds of revocation increased by 94%.

These results echo those of a qualitative study that focused on probationer and officer perceptions of factors that influence the clinical and criminal outcomes of PMDs. Participants perceived the quality of the officer-probationer relationship as coloring every interaction, strongly affecting compliance and outcomes (Skeem, Encandela, & Eno Loudon, 2003). In surveillance-oriented relationships, officers used control in an indifferent or even belittling manner that often compromised probationers' functioning and engendered reactance to officers' directives. In synthetic relationships, officers used control in the "right way," that is, in a manner perceived as fair, respectful, and motivated by caring. Probationers were allowed to express their opinions, explain themselves, and participate actively in the problem solving process (see Skeem & Petrila, 2004; Cullen, Eck, & Lowenkamp, 2002; Taxman, 2002). This "right way" is an interpersonal form of procedural justice (see MacCoun, 2005), which leaves individuals feeling less coerced, even if they do not agree with the ultimate decision reached by an authority figure (Lidz et al., 1995). As Klockars might have predicted, synthetic relationships provided support, encouraged trust, and instilled a desire to please officers and honor their requests.

The effectiveness of the synthetic approach generalizes from PMDs to the larger group of probationers and even parolees. In a quasi-experimental study of 240 parolees under intensive surveillance supervision, Pappozzi and Gendreau (2005) assessed 12 parole officers' supervisory orientation. Based on a 24-item self report inventory that tapped orientations toward care/casework vs. control/punish-punishment, officers were classified as surveillance-oriented ("law enforcement"), hybrid-oriented ("balanced") or treatment-oriented ("social casework"). Officers' classification significantly predicted their supervisees' rule compliance and recidivism over a one-year follow-up period. Relative to those with hybrid (13%) and treatment (5%) officers, parolees with surveillance officers (43%) were at more than triple the risk of a technical violation. Focusing on revocation for a new conviction (i.e., serious failure), parolees with treatment-oriented officers (32%) were at more than double the risk of those with hybrid (6%) and surveillance (16%) officers. Parolees with hybrid officers (19%) were remarkably less likely to have probation

revoked than those with both surveillance (59%) and treatment (38%) officers. These findings are consistent with predictions from Klockar's theory, in the sense that authoritarian and permissive approaches seem less effective than authoritative ones.

These results are consistent with Andrews and Kiessling's (1980) finding that a "firm but fair" approach is most effective in reducing recidivism risk for general probationers. In this study of 190 probationers supervised by professional officers ($n = 14$) or citizen volunteer officers ($n = 60$), the investigators administered measures of officers' empathy, socialization or adherence to conventional values, and relationship quality with probationers. The authors found that officers who were *both* highly caring (i.e., empathy) and highly directive toward conventional values (i.e., socialization) obtained higher probationer ratings of relationship quality, greater improvement in probationer's attitudes over time, and lower rates of new convictions during supervision. Based on coded audiotaped sessions for a subset of the sample, the authors also found that directive and problem-focused interactions were associated with decreased risk of new convictions, whereas non-directive and supportive interactions (when used alone, without directive interactions), were associated with increased risk of new convictions. Stated simply, the authors found that a hybrid approach involving both directive supervision and caring is more effective than a strictly treatment or surveillance approach.

These studies focus on probation officers and their relationships with probationers as the source of hybrid, surveillance, or treatment approaches. As such, they are directly relevant to Klockar's theory, which was based on a typology of probation officers themselves. Nevertheless, most of the research on models of supervision focuses on *programs* as the source of particular supervision approaches. We review research on these models next. Before doing so, we note that the importance of the *process* of supervision cannot be overstated. In psychotherapy, the quality of the treatment relationship shapes patient outcomes more strongly than the specific techniques applied (e.g., cognitive-behavioral, interpersonal, behavioral, etc; Asay & Lambert, 1999; Horvath & Symonds, 1991; Luborsky et al., 2002; Martin, Garske & Davis, 2000). The same may be true in supervision. In a study described earlier, officers' individual orientations toward supervision (hybrid, surveillance, or treatment) affected parolees'

outcomes more strongly than the particular supervision program applied (i.e., intensive vs. traditional; Papanozzi & Gendreau, 2005). There is additional evidence that *how* an officer delivers a model of supervision determines whether the model is effective (Dowden & Andrews, 2004; Taxman, 2002).

EFFECTIVENESS: PROGRAMS AS THE SOURCE OF ALTERNATIVE MODELS OF SUPERVISION

Although programs usually are not explicitly identified as “surveillance,” “treatment,” or “hybrid,” there are prototypic programs and strategies that represent these models to a greater or lesser extent. The surveillance approach is embodied in classic Intensive Supervision Programs (ISPs) and the technique of sanction threats. The treatment approach is not well-represented, but overlaps to some extent with recent programs designed to divert special groups of offenders from supervision to treatment. Hybrid approaches are represented by hybrid intensive supervision programs, “risk-needs-responsivity” programs, and specialty mental health caseloads. In this section, we review evidence for each program prototype.

Prototypic Surveillance Approaches: Classic Intensive Supervision Programs (ISPs) and Sanction Threats

The surveillance approach is probably applied, to a greater or lesser extent, in most probation agencies across the U.S. (see Skeem, Emke-Francis, Eno Loudon, 2006). Here, we outline the effectiveness of prototypic ISPs, which provide a strong dose of the same surveillance approach that most probationers receive. The most recent round of ISPs were created to reduce prison and jail crowding by having officers with reduced caseloads closely supervise offenders in the community with prison-like controls (Papanozzi & Gendreau, 2005). Perhaps for this reason, they tend to be “aggressive in their surveillance and punitive in their sanctioning” (Burrell, 2006, p.4). Although there are variations across programs, the prototypic ISP emphasizes close monitoring and frequent drug testing (urinalysis) virtually to the exclusion of services and treatment for offenders (see Gendreau,

Goggin, Cullen & Andrews, 2000). As such, it is emblematic of the surveillance model, which has been indelicately described by critics as the “pee ‘em and see ‘em” or “tail ‘em, nail ‘em and jail ‘em” supervision model (see Pappozzi & Gendreau, 2005).

Evaluations of these ISPs have produced “uniformly dismal” results (Burrell, 2006, p. 4), chiefly indicating that the programs do not reduce recidivism and sometimes exacerbate (rather than alleviate) prison crowding (Cullen, Wright & Applegate, 1996; Gendreau, Goggin, & Smith, 2001; Petersilia, Turner, & Deschenes, 1992; Smith, Goggin & Gendreau, 2002). In an experiment that involved 14 jurisdictions across 9 states, Petersilia and Turner (1993) randomly assigned ISP-eligible probationers and parolees to either traditional supervision or ISP supervision. The investigators collected data at baseline, six months, and twelve months to capture the intensity of supervision and services offenders received and their rates of violation and recidivism during the first year of supervision. Importantly, the sites’ implementation of ISP was diverse in caseload focus, caseload size, frequency of case contacts and drug testing, and narrowness of emphasis on control versus care. Many of the ISP programs focused on drug dependent offenders. As a group, the programs emphasized rehabilitation more often than prototypic surveillance model would dictate: ISP offenders (50%) in this study were twice as likely to receive counseling as offenders in traditional supervision (22%). Given that sites varied along the dimensions described above, this evaluation may be viewed as a test of the effects of ISP programs that *mostly* emphasize surveillance, and are robust enough to generalize across 14 diverse jurisdictions.

Chiefly, the authors found that these ISP programs were no more effective in reducing recidivism than traditional supervision. Relative to offenders in traditional supervision, offenders in ISP programs were significantly more likely to have a technical violation ($M = 38\%$ vs. 65%); equally likely to be arrested ($M = 37\%$ vs. 33%) and convicted ($M = 21\%$ vs. 21%) and more likely to be return to jail or prison ($M \approx 15\%$ vs. 25%). Supplementary analyses indicated that, in one jurisdiction, offenders in ISP (21%) were five times more likely to return to prison on a technical violation than those in traditional supervision (4%). One might argue that detecting and sanctioning technical violations is an index of the surveillance model’s success in preventing crime (see Farabee, 2005). However, there

was no evidence that violating probationers on technical offenses prevented new arrests or otherwise protected public safety. Moreover, a recent meta-analysis of these data indicate that, after excluding the one site in which ISP had a positive effect, ISP increased the likelihood of offenders' rearrest in the remaining sites by 94% (Farrington & Welsh, 2005). The ISP programs also did not meet their intended purpose of reducing prison crowding: few offenders were accepted into the programs and those who were accepted often returned to incarceration.

Similar findings are obtained when one moves beyond general probationers to probationers with mental disorder (PMDs). Solomon and Draine (1995) selected 200 jail inmates who were receiving mental health treatment and randomly assigned them upon release to one of three conditions: treatment at a community clinic (usual care), forensic intensive case management (FICM), or forensic assertive community treatment (FACT). Relative to the other two conditions, the FACT approach involved heavy surveillance, as it was the only model to include probation officers as part of the treatment team. After one year of services, the authors found no differences among the groups in social or clinical outcomes. However, releasees assigned to FACT were more likely to return to jail than the other two groups; an effect that the authors attribute, based on qualitative data, to the relatively intensive surveillance of FACT.

The primary strategy for obtaining probationers' compliance in the surveillance model is the threat of sanction, or more specifically, the threat of incarceration. There is little clear evidence that this strategy alone is effective in obtaining compliance (see Nagin, 1998). For example, in a study of 720 drug offenders in court-mandated treatment programs, Maxwell (2000) found that offenders' perceptions that they would go to jail unless they attended treatment significantly predicted poor treatment compliance: those who perceived greater threat were more likely to drop out of treatment.

Sanction threats may be particularly ineffective for PMDs, who can be functionally unable to follow such basic conditions of probation as working, paying fees, and navigating the transportation system to report to their officer. As observed by one experienced officer, threatening such probationers with jail accomplishes nothing more than creating "more anxiety. . . They don't want to go to jail - they're not stupid - they're a little crazy" (Skeem et al., 2003, p. 454). There is

evidence that PMDs whose officers threaten incarceration are at increased risk of incarceration on technical violations (see Draine & Solomon, 2001; Solomon, Draine, & Marcus, 2002).

As Klockars (1972) predicted, then, the intensive surveillance officer focuses on discovering violations and sets a low threshold for recommending revocation. There is little or no evidence that prototypic surveillance programs (classic ISP) and techniques (sanction threats) improve probationers' basic likelihood of successfully completing probation and avoiding reoffense. Although the effect of the surveillance approach on offenders' well-being, functioning, and reintegration into society has not been systematically investigated, the model seems to fall short against its own yardstick of increasing public safety.

PROTOTYPIC TREATMENT APPROACHES: DIVERSION & SYMPTOM-FOCUSED PROGRAMS

Given the contemporary reign of the surveillance approach, it is difficult to identify probation programs that emphasize rehabilitating offenders almost to the exclusion of protecting public safety. Although we could not identify a true representative of the treatment approach to supervision for general probationers, we located approximations of the model for probationers with substance abuse or mental health problems. In these models, treatment for the identified personal problem (substance abuse or mental illness) is the primary focus of the approach.

The first model is California's Proposition 36 diversion program, which provides offenders convicted of nonviolent drug possession with the option of participating in drug treatment in lieu of incarceration or standard probation. Although the program is implemented differently across counties, offenders who opt into the program typically are placed on probation caseloads that involve minimal supervision (low surveillance) while they complete outpatient drug treatment programs (intensive treatment). Officers play a limited role in this program, relative to substance abuse counselors, given that attention is shifted from surveillance to treatment.

The program has been evaluated annually since its inception. In the most recent report, Longshore et al. (2005) found that one-third

of probationers succeeded (i.e., successfully completed their drug treatment program) and one-fifth failed (i.e., had their probation revoked) that year. The arrest rate for a new drug offense was 51% for offenders who refused the program, 53% for offenders who entered but did not complete the program, and 35% for those who completed the program. Program completers also had relatively low rates of drug use and high rates of employment. Nevertheless, because offenders were not randomly assigned to treatment and comparison conditions, we cannot conclude from these data that the program is effective. First, the small group of offenders who completed treatment might have been more compliant and less likely to be rearrested for a drug offense than those who did not complete treatment, independent of the program's effects. Second, noncompliance may be less often detected and sanctioned in the treatment program (which involves minimal surveillance) than in standard supervision, which may confound comparisons of recidivism rates across conditions.

At the policy level, proponents of the program observe that the rate of incarceration for drug possession in California has fallen by 35% since program was implemented - a greater drop than has occurred during the same period in other states (Ehlers & Ziedenberg, 2006). However, a comparison of program-eligible offenders processed before- and after- the program was implemented reveals no difference in rates of re-arrest for drug offenses (29% pre- vs. 33% post; Longshore, Turner, & Fain, 2005). In short, the successfulness of this approach is unclear. Although the program appears effective for the minority of probationers who are able to complete it, it is unclear whether the treatment approach relates directly to reduced recidivism. Given that substance abuse is a relatively robust risk factor for crime (Zamble & Quinsey, 1997; Harris, Rice & Quinsey, 1993; Bonta, Hanson, & Law, 1998), successful treatment of substance abuse may reduce recidivism risk. The key questions are (a) whether focusing on substance abuse to the exclusion of other risk factors will be sufficient for rehabilitation, and (b) the extent to which including social control and coercion in the model (i.e., moving from a treatment to hybrid model) will improve its effectiveness (see Steiner, Purkiss, Roberts, Kifer & Hemmens, 2004).

As is the case for drug offenders, there also are symptom-focused supervision programs for probationers with mental disorder (PMDs). Their underlying assumption is that mental disorder is the

fundamental reason for involvement in crime: if PMDs are merely provided with effective psychiatric treatment, their likelihood of recidivism will be reduced. Emblematic of this assumption is the highly regarded Assertive Community Treatment model (ACT; see Bond, Drake, Mueser, & Latiner, 2001), which several jurisdictions have extended to criminal justice settings (Lamberti, Weissman, & Faden, 2004). In ACT, a multidisciplinary team of clinicians coordinates community resources and provides 24/7 outreach services to clients with serious mental disorders and functional impairments. Although there is evidence that ACT reduces inpatient hospitalization (its original intent), there is no consistent evidence that the program reduces psychiatric symptoms, substance abuse symptoms, or, arrests and jail time (Morrissey & Meyer, 2005). Based on a three-year experiment in which 203 individuals with co-occurring psychiatric and substance abuse disorders were randomly assigned to ACT teams or standard case management, Clark, Ricketts and McHugo (1999) found no differences between the groups in their rate of arrest. Of clients, 44% were arrested during the follow-up period and 83% had contact with legal authorities. The authors concluded that even for those “enrolled in state of the art treatment programs, arrests and other encounters with the legal system are regular occurrences for persons with dual disorders” (p. 645).

Similarly, a multi-site evaluation of jail diversion programs for offenders with mental disorder indicated that rates of mental health service use were unrelated to rates of rearrest (Steadman & Naples, 2005). It seems that merely providing psychiatric treatment - whether state of the art or routine- fails to reduce the likelihood of police contacts and arrests. This may be because mental health treatment does not target robust risk factors for crime that offenders with mental disorder share with other offenders. Relative to such risk factors as substance abuse, problematic personality traits, past violence, and neighborhood disadvantage, mental disorder is a weak and inconsistent predictor of criminal recidivism (Bonta et al., 2003).

In summary, it is difficult in the contemporary surveillance-focused environment to identify programs that embody Klockar's conceptualization of treatment-oriented supervision. Given the nature of Klockar's therapeutic agent, we selected programs that focus heavily on treatment for such personal problems as substance abuse and mental disorder, rather than surveillance. Notably, officers do

not provide treatment or casework directly in these programs. Nevertheless, there is little compelling evidence that they are effective in reducing recidivism.

Prototypic Hybrid Approaches: Hybrid ISPs, Risk-Needs Programs, and Specialty Caseloads

It is important not to confuse the effect of treatment-*focused* supervision models with the effect of *including* treatment as a component of supervision. There is compelling evidence that including rehabilitation efforts in corrections are often worthwhile. In a recent meta-analysis of experimental data, Farrington and Welsh (2005) found that prison-based correctional treatment (eight experiments) and offender therapy (five experiments) significantly reduced the likelihood of recidivism ($d = .16$, both indices). Unlike the treatment model of supervision (Klockars, 1972), most modern programs that include treatment efforts tend to be hybrid models.

In this section, we review evidence on the effectiveness of hybrid programs for both general probationers and PMDs: treatment-oriented ISPs, risk-need-responsivity programs, and specialty caseloads for PMDs. These programs share a near-equal emphasis on public safety and rehabilitative goals. To the extent that they also involve an officer who synthesizes rehabilitation and surveillance efforts (rather than broker rehabilitation efforts to other agencies), the programs fit Klockar's hybrid prototype.

Hybrid Intensive Supervision Programs (ISPs)

As much as surveillance-oriented ISPs have produced "uniformly dismal" results (Burrell, 2005, p. 4), those that add treatment to surveillance - hybrid ISPs - show great promise (Aos et al., 2006; Bonta, Wallace-Capretta, & Rooney, 2000; Petersilia & Turner, 1993; Papparozi & Gendreau, 2005). These ISPs include an emphasis on working to reduce offenders' criminogenic needs through counseling and service referrals (Burrell, 2005). In a recent meta-analysis that included 34 studies of ISPs, Aos, Miller, and Drake (2006) found that ISPs that incorporated treatment (hybrids) reduced recidivism by 22%, whereas ISPs that did not (surveillance) had no effect on recidivism.

An example is instructive. Papanozzi and Gendreau (2005) compared a matched sample of 480 high risk/high need parolees who were supervised in either traditional parole programs (caseload size = 75–85) or a rehabilitation-oriented ISP (caseload size = 20–25). Relative to those in usual supervision, parolees in ISP received significantly more substance abuse counseling, mental health treatment, educational and vocational training, and public assistance. These ISP parolees were somewhat more likely to have technical violations (18% vs. 11%), and substantially less likely to have new convictions (19% vs. 48%) and revocations (38% vs. 59%) than parolees in traditional supervision. Thus, if measured against the dual yardsticks of access to services that ostensibly help offenders (rehabilitation) and prevention of serious offenses (public safety), hybrid ISP programs appear effective.

Risk-Needs-Responsivity Programs

The reintroduction of rehabilitation efforts in corrections in general, and the rise of hybrid models of supervision in particular, are largely attributable to growing awareness of the effectiveness of the “Risk-Needs-Responsivity” model (RNR; Andrews, Bonta, & Hoge, 1990). There are no “RNR” programs *per se*. Instead, programs differ in the extent to which they follow these principles. A number of program reviews (Lowenkamp, Latessa, & Holsinger, 2006; Lowenkamp, Pealer, Smith, & Latessa, 2006), meta-analyses (Andrews et al., 1990; Dowden & Andrews, 2000), and literature reviews (Andrews, Bonta, & Wormith, 2006) show that offenders are considerably less likely to recidivate when programs match the intensity of supervision and treatment services to their level of risk for recidivism (*risk* principle), match modes of service to their abilities and styles (*responsivity* principle), and target their criminogenic needs, or changeable risk factors for recidivism (*need* principle; see Andrews, Bonta, & Wormith, 2006; Andrews et al., 1990; Lowenkamp, Latessa, and Holsinger, 2006; Lowenkamp, Pealer, Smith, & Latessa, 2006). With respect to the latter point, the effectiveness of programs is positively associated with the number of criminogenic needs they target (i.e., dynamic risk factors for crime, like negative peer associations), relative to noncriminogenic needs (i.e., disturbances that impinge on

an individual's functioning in society, like anxiety; Andrews et al., 2006). The effect size is notable: providing treatment that follows RNR principles reduces an offender's risk of recidivism by 24–53%, relative to making no rehabilitative efforts (Andrews et al., 1990; Andrews & Bonta, 1998).

Moreover, there is evidence to suggest that a hybrid model that follows RNR principles is more effective than both a non-RNR hybrid model and a surveillance model. Andrews and Bonta (1998) extended the classic Andrews et al. (1990) meta-analysis to include twice the number of tests of correctional interventions ($N = 294$). They coded the treatments tested in these studies as either appropriate (RNR hybrid model) or inappropriate (non-RNR hybrid model), based on the extent to which they followed the principles of the RNR model. They also coded whether the interventions used criminal justice sanctions without attending to the risk or needs principles (surveillance model). The authors found that the hybrid RNR ($r = .25$) model reduced recidivism risk, whereas both the non-hybrid RNR ($r = -.02$) and surveillance ($r = -.03$) models slightly increased recidivism risk. This is powerful support not only for reintroducing treatment to supervision, but also for ensuring that treatment focuses on relevant individuals and targets. For maximum reduction in risk, a hybrid approach focuses resources on high risk offenders and targets leading risk factors for involvement in crime.

Specialty Mental Health Caseloads

These principles of effective correctional treatment have, for the most part, not affected programs of supervision for probationers with mental disorder (PMDs). Nevertheless, specialty mental health caseloads are an innovative hybrid approaches for supervising PMDs. These programs focus on twin goals of protecting public safety and improving offender's mental health and functioning.

What is a specialty mental health program? This issue was addressed in a national survey of probation supervisors that involved identifying all relevant programs in the U.S., isolating the 66 programs that were comprised of more than one caseload that focused exclusively on PMDs, and comparing them with a sample of 25 traditional programs that were matched in region and population size

(Skeem et al., 2006). The results of the study suggest there is a single model of specialty mental health supervision that significantly differs from traditional supervision in five respects: caseloads are comprised exclusively of PMDs, caseloads are reduced in size ($M = 45$), ongoing mental health training is provided to officers, internal and external resources are integrated to supervise PMDs (officers counsel PMDs and are active members of treatment teams with external providers), and problem solving strategies are used as the chief tool to address noncompliance, rather than threats of incarceration. Problem solving strategies involve talking with the probationer to identify any obstacles to compliance (e.g., medication side effects), resolving these problems (e.g., making an appointment with the psychiatrist to discuss alternative medications), and agreeing on a compliance plan (e.g., adhering to the new prescription). These strategies echo a major principle of effective correctional rehabilitation programs, which assist offenders in identifying problems that lead to conflict with authorities, and then generating and implementing prosocial solutions (Cullen & Gendreau, 2000). Specialty mental health programs differ in the extent to which they match this prototypic model. In particular, as caseload sizes increase in specialty programs, so does the likelihood of endorsing traditional supervision approaches (e.g., using threats and sanctions as a first line of intervention for noncompliance). Nevertheless, prototypic specialty models are perceived by supervisors as significantly more effective in improving PMDs' well-being and reducing their risk of probation violations than traditional models.

Based on a review of the effectiveness of specialty mental health caseloads, Skeem and Eno Loudon (2006) conclude that they are a promising, but not evidence-based, practice for PMDs. That conclusion chiefly rests on the paucity of rigorous evaluations of these caseloads. We are aware of only one experiment that evaluated the effectiveness of a specialty mental health probation program. This experiment was part of California's Mentally Ill Offender Crime Reduction Act of 1998 (MIOCR), which funded 30 diverse demonstration programs across 26 counties (see California Board of Corrections, 2005). Although many MIOCR programs failed to implement and maintain random assignment of offenders to enhanced and traditional programs, the IMPACT program of Orange County succeeded in doing so. Specifically, an independent

research firm randomly assigned 800 offenders with mental illness who were eligible for probation to one of four groups: control (no probation, no case management), case management only (treatment model), traditional probation only (surveillance model), and probation and case management (hybrid model). In the latter, specialty probation group, probation officers and case managers jointly provided services and supervision. The results indicated that the hybrid, specialty program was more effective than all other models in accessing mental health services for offenders. However, these increased services did not translate into reduced risk of recidivism: there were no differences among the groups in their rates of rebooking at the local jail (personal communication, J. Cunningham, April, 2005).

These results do not necessarily mean that specialty mental health caseloads fail to decrease recidivism risk for PMDs. First, this is a single study: much research remains to be done. Currently, we are studying supervision processes and two-year outcomes for a matched sample of 360 PMDs supervised in either a prototypic traditional or specialty mental health program. Also, MIOCR has been refunded, which may generate additional, rigorous evaluations. Second, the program in this study relied upon case manager-probation officer teams, which differs from the prototypic specialty mental health model's reliance on a specialty officer. Extending Klockar's theory (1972), the prototypic specialty officer can reconcile the dual roles of surveillance and rehabilitation to achieve better outcomes. These roles may split across disciplines with case manager and probation officer teams, diffusing power for change.

Perhaps more importantly, these results do not mean that the hybrid approach does not apply to PMDs. Specialty mental health caseloads represent the most common, but not necessarily most effective, form of hybrid approach applied to offenders with mental disorder. In this approach, treatment efforts focus almost exclusively on mental illness. For the reasons reviewed earlier, this may be too narrow a focus to achieve positive criminal justice outcomes. Given that PMDs share risk factors for crime with other offenders (Bonta et al., 2003), we expect that hybrid models for PMDs will not meaningfully reduce recidivism unless they go beyond providing mental health services to target these individuals' criminogenic needs.

SUMMARY

These studies focus on programs as the source of hybrid, surveillance, or treatment approaches. Although Klockar's theory focused on officers rather than programs, the results reviewed here generally are in keeping with his hypothesis that hybrid approaches are more effective than surveillance or treatment approaches alone, for both general offenders and those with mental disorder. Beyond Klockar's theory, these results also suggest that the treatment model included in hybrid programs must explicitly target key criminogenic needs, if the program's goals include improving criminal justice outcomes.

Looking to the Future

Whether one examines officers or programs as the source of influence, existing evidence suggests that supervision approaches that emphasize both care and control are more effective than those that emphasize one the exclusion of the other. Despite increasing endorsement of rehabilitation efforts in probation circles, there is little evidence that the prototypic hybrid model of supervision is being widely implemented. Examples abound. First, the RNR model seems to have increased standardized assessment of risk and needs in probation, but these assessments rarely are used to inform supervision (Latessa, Cullen & Gendreau, 2002). At most, some jurisdictions may use the assessments to save resources by assigning low risk offenders to minimal or no supervision caseloads (see White, 2002). Second, the vast majority of correctional treatment programs do not apply RNR and other principles of evidence-based practice (Lowenkamp, Latessa, & Smith, 2006). Third, less than 5% of probation agencies have developed specialty mental health caseloads for PMDs, and a significant number of these have pushed caseload size beyond the capacity that can conform to the prototypic hybrid model (Skeem et al., 2006). In short, few agencies have introduced evidence-based rehabilitation efforts into supervision, achieving a hybrid model.

There are several paths toward better achieving this goal. Three paths that hold promise for general offenders and PMDs in the near

and more distant future will be mentioned here. First, in the short term, technological advances may push more agencies to go beyond assessment to apply RNR principles in supervision. Specifically, a new generation of tools for assessing risks and needs has been created specifically to “direct service and supervision from intake through case closure” (Andrews et al., 2006, p. 8). These tools can be taken directly to practice to promote effective hybrid models of supervision. Second, in the mid-term, given a budding recognition that treating mental disorder alone may be insufficient to reduce recidivism for PMDs, professionals may develop new hybrid programs that extend RNR principles to PMDs. In doing so, they might model Taxman et al. (2004), who provide a concrete, ready to implement hybrid program that combines monitoring with a structured focus on criminogenic needs (e.g., substance abuse) via problem solving, behavioral contracts, and incentives. Ultimately, such hybrid programs may better achieve both therapeutic and public safety goals for those with mental disorder. Third, in the long-term, gradual shifts in organizational values, hiring practices, and officer training may produce a larger pool of Klockar’s synthetic officers over time. The ability of these officers to skillfully reconcile dual roles will most directly embody the hybrid model of effective supervision.

It is at this officer level that we are likely to make the slowest, but most meaningful gains toward genuine hybrid models. The movement will be gradual because an “entire generation of staff has grown up in the field without exposure to treatment and rehabilitation” (Burrell, 2005, p. 5). Notably, change at this level theoretically is feasible without dramatic changes in resource availability or allocation: fundamentally, it involves altering *how* one supervises. Nevertheless, the body of evidence reviewed earlier indicates that probationers’ outcomes will improve as a significant cadre of law enforcement officers develop into (or are replaced by) synthetic officers. In the midst of debates about the effectiveness of branded programs, we often lose sight of the fact that officers’ orientation toward supervision and relationships with probationers influence outcomes more strongly than the specific program they ostensibly apply. As values shift to include rehabilitation, more officers will wish to develop skills to achieve a broad base of power for monitoring and changing behavior. Klockar’s principles are awaiting development and dissemination to help them do so.

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