

Probation Officers' Perceptions of Supervising Probationers with Mental Illness in Rural and Urban Settings

Tonya B. Van Deirse¹ • Gary S. Cuddeback¹ •
Amy Blank Wilson¹ • Stacey E. Burgin¹

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Abstract As part of a larger study of probation workload and workforce challenges in one southeastern state, this study reports the results from a statewide survey of probation officers' experiences supervising probationers with mental illness. A total of 615 officers responded to closed- and open-ended questions about the challenges and barriers to supervising offenders with mental illness, and the responses of officers from rural versus urban settings were compared. Officers reported that probationers with mental illness are difficult to supervise and supervision challenges are exacerbated by a scarcity of mental health and substance abuse treatment resources, limited social support, and a lack of employment opportunities for this population of probationers. Officers report unique and similar challenges across rural and urban settings. This study contributes to our understanding of the challenges of supervising probationers with mental illness and informs practice, policy and research at the interface of the criminal justice and mental health systems.

✉ Tonya B. Van Deirse
tbv@email.unc.edu

Gary S. Cuddeback
gcuddeba@email.unc.edu

Amy Blank Wilson
amyblank@email.unc.edu

Stacey E. Burgin
burginse@email.unc.edu

¹ School of Social Work, University of North Carolina at Chapel Hill, 325 Pittsboro Street, CB#3550, Chapel Hill, NC 27599, USA

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Persons with mental illness in the criminal justice system present complex and unique challenges to criminal justice and mental health authorities. Best estimates suggest that of the 5 million people in community supervision each year (Glaze, 2011), between 600,000 and 1.3 million have a mental illness (Crilly, Caine, Lamberti, Brown & Friedman, 2009; Ditton, 1999; Glaze & Herberman, 2013) and this is of concern given probationers with mental illness have higher rates of recidivism as compared with probationers without a mental illness (Porporino & Motiuk, 1995; Skeem & Eno Loudon, 2006). Moreover, recent research indicates that the primary driver of recidivism among probationers who have a mental illness are technical violations associated with an inability to follow supervision rules (Eno Loudon & Skeem, 2013; Epperson, Canada, Thompson, & Lurigio, 2014).

There are a number of factors related to the high rates of technical violations among probationers with mental illness, such as: (a) symptoms of mental illness that impede a probationer's ability to follow the rules of supervision (Feder, 1991); (b) elevated rates of risk factors for criminal conduct (e.g., antisocial cognition and attitudes, substance use) found among justice-involved persons with mental illness (Eno Loudon & Skeem, 2013; Epperson et al., 2014); (c) increased size of the typical probation caseload; and (d) a shift among probation departments toward supervision strategies focused on surveillance and risk-management strategies designed to ensure public safety rather than offender rehabilitation (Epperson et al., 2014). Further, probation officers have considerable discretion in making decisions regarding how to respond to violations, which is an extremely important factor given research that has suggested officers have lower tolerance thresholds for violations committed by offenders with mental illness (Eno Loudon & Skeem, 2013; Grattet & Lin, 2014).

Probation officers play an important role in shaping key criminal justice outcomes for probationers with mental illness and a growing body of research has focused on examining the role of probation officers and their experiences within the context of specialized mental health supervision approaches (Skeem, Emke-Francis & Eno Loudon, 2006; Eno Loudon, Skeem, Camp, Vidal & Peterson, 2012). However, the vast majority of probationers with mental illness are supervised within the context of a general supervision model and that even within general supervision approaches, officers respond to the mental health needs of the probationers by assisting with service connection and checking in on a probationer's mental health status (Sirdifield & Owen, 2016). Given probation officer involvement in the identification and management of probationers' mental health conditions – whether via specialized or general supervision approaches – the field needs to better understand the experiences of probation officers involved in the supervision of this population.

Moreover, it is important to understand how probation officers' experiences supervising offenders with mental illness vary across rural versus urban settings. Differences across rural and urban settings are important to examine because the availability and accessibility of community resources that probationers with mental illness need to successfully complete supervision can vary dramatically. These variations could impact an officer's ability to supervise probationers with mental illness as well as the probationer's ability to comply with officer directions. For

example, as compared with probationers living in urban areas, probationers living in rural areas tend to be older, have lower incomes, are more likely to be uninsured, and have lower levels of educational attainment (Levin & Hanson, 2001), all of which can interfere with probationers' ability to access social services. Moreover, many rural areas lack the infrastructure needed to support adequate social services, such as public transportation (Levin & Hanson, 2001). Additionally, rural areas are often challenged by a shortage of human service providers and have considerable geographic distances between existing service providers (Levin & Hanson, 2001). These barriers to mental health treatment in rural settings are compounded by the stigma around mental illness that persons with mental illness face when engaging these services (Smith, Thorngren, & Christopher, 2015).

Differences in probationer characteristics and criminal offenses across rural and urban settings can also have an impact on probation officers' supervision practices (Ellsworth & Weisheit, 1997; Olson, Weisheit, & Ellsworth, 2001). For example, officers in rural counties are more likely to know the individuals under their supervision outside of their formal role and routinely interact with probationers in other contexts such as local stores and churches (Olson et al., 2001). In addition, probation officers in rural counties are more likely to be trained in generalist supervision models, requiring a familiarity with the needs of a number of different offender populations but which might be inadequate for supervising probationers with mental illness. Furthermore, probation officers in rural settings are more likely than their urban counterparts to experience difficulties presented by rural cultural norms (e.g. a more informal manner of social interactions, mistrust of government and wariness toward outsiders) as well as the service shortages that are prevalent in rural areas (Olson et al., 2001).

To advance the field's knowledge of probation officers' experience supervising probationers with mental illness, we report findings from a statewide survey of probation officers, and compare officers' responses across rural versus urban settings, regarding: (a) the extent to which officers perceive they have received the training needed to supervise probationers with mental illness; (b) the level of difficulty officers report experiencing when supervising probationers with mental illness; and (c) the types of challenges officers report encountering when supervising probationers with mental illness.

Method

Design

The findings presented here are part of a larger study of probation workload and workforce challenges in one state in the southeastern U.S. All probation officers employed by the state's Department of Public Safety at the time of the survey were invited to participate. All officers were assured that participation was voluntary, and informed consent was obtained from all participants. Data collection took place during October and November 2009. All study procedures were approved by the university's Institutional Review Board.

Sample

Of the 1040 probation officers invited to participate in the survey, 657 (63%) responded. Officers were provided with a brief definition of mental illness (i.e., offenders diagnosed with schizophrenia, bipolar disorder and/or depression) and were asked to estimate how many probationers on their caseload they believed had a mental illness. Given the focus of the study was on officers' experiences supervising probationers with mental illness, we excluded respondents who were not supervising offenders with mental illness (6%, $n = 38$) and officers in training who had not yet received a caseload (0.6%, $n = 4$). These exclusions yielded a final analytic sample of 615 probation officers.

Table 1 displays the background characteristics of the officers in this sample by geographic area (i.e., rural vs. urban). Among the 615 probation officers in the study sample, the majority were White 70.53% ($n = 426$), 49.5% ($n = 299$) were male and officers in the sample were 40 years of age, on average ($SD = 8.9$). The average number of offenders supervised by officers was 72 ($SD = 21.14$), of whom officers estimated 18% had a mental illness ($M = 12.95$, $SD = 12.94$).

The comparison of rural versus urban officers' characteristics (see Table 1) showed statistically significant differences between the two groups of officers on all variables. These differences indicated a greater percentage of rural officers who were White (80.56% rural officers vs. 58.93% urban officers) and male (54.32% rural officers vs. 42.93% urban officers). In addition, as compared with their urban counterparts, rural officers were older, had more education, and had more years of experience in their current position and in corrections generally.

Table 1 Demographics and Characteristics Study Sample of State-Employed Probation Officers

	Total ($N = 615$) % (n)	Rural ($n = 335$) % (n)	Urban ($n = 280$) % (n)
Male*	49.50 (299)	54.32 (176)	43.93 (123)
Age [$M(SD)$]**	39.61 (8.90)	40.54 (8.77)	38.53 (8.95)
Education*			
Associate's degree	0.67 (4)	0.62 (2)	0.72 (2)
Bachelor's degree	93.50 (561)	95.96 (309)	90.65 (252)
Master's degree	5.83 (35)	3.42 (11)	8.63 (24)
Race***			
White	70.53 (426)	80.56 (261)	58.93 (165)
African American	26.82 (162)	16.36 (53)	38.93 (109)
Other	2.65 (16)	3.09 (10)	2.14 (6)
Years as probation officer [$M(SD)$]**	6.36 (5.60)	6.95 (5.85)	5.66 (5.19)
Years in corrections [$M(SD)$]**	11.30 (6.74)	12.42 (6.92)	9.97 (6.28)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Measures

The researcher-created survey instrument first presented officers with a definition of mental illness (i.e., offenders who were diagnosed with schizophrenia, bipolar disorder and/or depression) and then asked respondents to assess three aspects of their experiences supervising probationers with a mental illness, which included officers' level of training, level of difficulty in supervising probationers with mental illness, and challenges in supervising probationers who have a mental illness. Officers assessed the adequacy of their training for supervising probationers with mental illness using a 4-point response scale: *very well* (1); *moderately* (2); *a little* (3); and *not at all* (4). For our analysis, the responses were collapsed into two categories – *very well* and *moderately well* and *a little* and *not at all* – and summed. Officers also assessed the level of difficulty they experienced in supervising probationers with mental illness. Responses to this item used a Likert-type scale that ranged from *not very difficult* (1) to *extremely difficult* (10).

Next, officers were asked to identify challenges they encountered in supervising probationers with mental illness. This question presented officers with a predetermined list of supervision challenges (see Table 2) and respondents were free to select as many challenges as applicable. The list of predetermined challenges was generated from existing literature, feedback from criminal justice partners, and the research team's own research experiences. In addition, a final open-ended question was included to solicit officers' comments on additional challenges not included in the predetermined list. Of the 615 officers who answered the supervision challenges question, 95 officers (15.4%) responded to the open-ended question.

Data Analysis

To compare responses across rural and urban settings, we used independent group t-tests for continuous measures and chi-square tests for categorical measures. We identified urban and rural counties from classifications provided by the state's Department of Public Safety. Two-tailed tests were conducted with alpha set at .05; all analyses were conducted using Stata 14.0.

To analyze the qualitative responses to the open-ended question, a team of coders used open-ended coding techniques (Emerson, Fretz, & Shaw, 1995) to categorize the responses and identify themes. This phase of the analysis included two steps to identify all of the various supervision challenges identified in the open-ended question. First, the coding team developed a list of descriptive codes that represented all of the different responses. Second, the coding team categorized each of the descriptive codes into 1 of 3 categories: (a) responses with insufficient detail to be coded (i.e., could not be coded); (b) responses addressed by the predetermined list of challenges; and (c) responses that identified additional challenges (i.e., not included in the predetermined list).

To increase the rigor of this analysis, all open ended responses were coded by a team of two researchers using consensus coding techniques (Hill, Knox, Thompson, Nutt Williams, & Hess, 2005). In this approach the coding team worked together, using intensive group discussion techniques, to develop, apply and categorize descriptive codes. The coding team used a consensus approach to identify, review and resolve any

Table 2 Officers' Experiences Supervising Probationers with Mental Illness

	Total (<i>N</i> = 615)	Rural (<i>n</i> = 335)	Urban (<i>n</i> = 280)
Training self-assessment	% (<i>n</i>)	% (<i>n</i>)	% (<i>n</i>)
<i>Very well or moderately</i> trained	42.88 (262)	45.18 (150)	40.14 (112)
Supervision challenges			
Probationers lack employment opportunities*	75.12 (462)	78.51 (263)	71.07 (199)
Probationers lack treatment services	73.33 (451)	75.22 (252)	71.07 (199)
Probationers lack adequate social support*	68.13 (419)	71.64 (240)	63.93 (170)
Probationers do not understand supervision	49.27 (303)	48.36 (162)	50.36 (141)
Probationers resistant to supervision*	45.85 (282)	49.85 (167)	41.07 (115)
Probationers live in high-risk environments	41.95 (258)	42.99 (144)	40.71 (114)
Supervision unrealistic or too difficult	37.24 (229)	36.42 (122)	38.21 (107)
Probationers lack adequate housing**	30.41 (187)	25.67 (86)	36.07 (101)
Supervision terms difficult to enforce*	25.20 (155)	21.19 (71)	30.00 (84)
Supervision difficulty <i>M(SD)</i> , Median, Mode ^a	6.96 (2.27), 7, 8	6.95 (2.24), 7, 7	6.97 (2.32), 7, 8
Officer-identified supervision challenges ^b	(<i>n</i> = 62)		
Probationers lack treatment/medication compliance	38.7 (24)	-	-
Probationers lack money for treatment	24.2 (15)	-	-
Officers inadequately trained in mental health	11.3 (7)	-	-
Probationers' lack of transportation	9.7 (6)	-	-
Probationers with substance-use disorders	9.7 (6)	-	-
Officers' lack time/resources to supervise	9.7 (6)	-	-
Officers' communication problems with providers	8.1 (5)	-	-
Probationers lack insurance	6.5 (4)	-	-
Probationers' lack of income (general)	3.2 (2)	-	-
Probationers not yet diagnosed with a mental illness	3.2 (2)	-	-
Probationers with multiple/complex problems	3.2 (2)	-	-
Probationers lack money needed for court costs/fees	1.4 (1)	-	-

^a Officers were asked to assess supervision difficulty on a scale 10-point scale from *not difficult at all* (=1) to *extremely difficult* (10)

^b Comparisons were not made across rural and urban settings due to small sample sizes

* $p < .05$; ** $p < .01$, indicates statistically significant difference between rural and urban settings

discrepancies or differences that arose in the coding process, thereby ensuring that full agreement was reached for every coded response during each step in the analysis.

Of the 95 open-ended responses collected, 21 responses were not coded because of insufficient information, yielding a final set of 74 coded responses. Of these 74 responses, 12 identified barriers or challenges included in the predetermined list, and therefore, were eliminated. The remaining 62 responses identified 12 new supervision challenges. Descriptive statistics were used to calculate the numbers and percentages of officers who indicated having experienced each of these challenges. However, given the small sample sizes associated with some of the new categories, we were unable to compare officers' responses across rural and urban settings.

Results

Training Adequacy and Supervision Difficulty

Table 2 presents the survey results of probation officers' self-reported experiences supervising probationers who have mental illness. As shown in Table 2, 57.12% ($n = 349$) of officers reported they were not adequately trained to supervise offenders with mental illness. Although some variation was found across urban and rural settings, no statistically significant difference was found in urban and rural officers' self-perceived adequacy of training. Moreover, officers in both settings reported experiencing significant difficulty supervising probationers with mental illness. Officers' perceptions of this extent of supervision difficulty were reported using a 10-point scale (*not difficult at all* to *extremely difficult*) with higher scores indicating a greater extent of difficulty. Officers reported an average score of 6.9 ($SD = 2.32$) on the scale, which was consistent across rural and urban settings.

Supervision Challenges

Table 2 also illustrates the types of supervision challenges that officers identified from the predetermined list of supervision challenges. The three challenges most frequently identified specific to supervising probationers with mental illness were: (a) a lack of employment opportunities for probationers (75.1%, $n = 462$); (b) a lack of treatment options in the local community (73.3%, $n = 451$); and (c) a lack of social support for probationers (68.1%, $n = 419$). Notably, the supervision challenges identified by the largest percentage of officers did not vary by geographic region. However, we found statistically significant differences in the number of officers that endorsed specific challenges. For example, compared to officers in urban areas, more officers in rural counties identified lack of employment as a supervision challenge when working with probationers who have mental illness (71.1% vs. 78.5%, respectively; $\chi^2(1) = 4.513$, $p < .05$). In addition, as compared with officers in urban counties, more officers in rural counties indicated the probationers' lack of social support was a challenge for supervising those with mental illness (63.9% vs. 71.6%, respectively; $\chi^2(1) = 4.18$, $p < .05$). Moreover, more officers in rural areas identified probationers' resistance to supervision as a challenge (41.1% in urban counties vs. 49.9% in rural counties; $\chi^2(1) = 4.73$, $p < .05$).

However, compared with officers in rural counties, more officers in urban areas indicated that housing for offenders was a challenge when supervising probationers with mental illness (25.7% rural officers vs. 36.1% urban officers; $\chi^2(1) = 7.80$, $p < .01$). In addition, as compared with their rural counterparts, more officers in urban areas reported having experienced difficulty with enforcing the terms of probation among offenders with mental illness (21.2% rural officers vs. 30% urban officers; $\chi^2(1) = 6.27$, $p < .05$).

Open-Ended Responses about Supervision Challenges

Results of the qualitative analysis of the 74 responses to the open-ended question about additional challenges associated with supervising probationers with mental illness

indicated 32.4% ($n = 24$) of officers reported probationers' lack of compliance with medication or other treatment regimens presented challenges to supervising these probationers. Further, 24.2% ($n = 15$) of officers reported challenges related to probationers' inability to access treatment services because they could not afford to pay out of pocket. Notably, probationers' economic resources, or the lack thereof, was a common theme across 5 of 12 additional challenges identified in officers' responses to the open-ended question (see Table 2). In addition, several officers identified inadequate training on mental health issues as creating challenges or barriers to their ability to successfully supervise probationers with mental illness.

Discussion

This article presents findings from a large statewide survey of probation officers' perceptions of the challenges associated with supervising probationers with mental illness. These findings have the potential to make important contributions to the field given the proliferation of specialty mental health caseloads and other strategies to address the complex challenges presented by persons with mental illness in the criminal justice system. Results from this study have implications for local community supervision agencies and state-level policy.

The findings suggest that officers experience difficulty when supervising probationers with mental illness and need additional training to supervise this population. Findings are consistent with existing research (Sirdifield & Owen, 2016) and support the need for additional and on-going mental health training for probation officers, given officers' reports of inadequate training, high numbers of probationers with mental illness, and the high rates of co-occurring disorders among probationers with mental illness. Based on our findings, issues of particular relevance that should be covered in mental health training programs include the following: a basic understanding of mental illness; service needs of probationers with mental illness; strategies for officers to identify, access, and assess adequacy of local resources; and strategies for engaging local treatment providers in information sharing and collaboration. Implementing a comprehensive training program that provides officers with adequate knowledge and skills could enhance their ability to effectively respond to the needs of probationers with mental illness.

Another key finding from this research was the range of challenges that officers reported encountering when supervising probationers who had a mental illness. Almost three-quarters of the officers surveyed in both urban and rural settings identified supervision challenges, including a lack of treatment options, lack of employment, and lack of social support. Although each of these challenges can play an important role in the successful community reintegration and tenure of ex-offenders with mental illness, addressing these challenges often depends on resources that are beyond the control of the criminal justice system. Further, findings suggest that some differences exist in the supervision challenges based on the geographic location of the probationer's environment (i.e., urban or rural). For example, supervision challenges related to community-based resources are more problematic in rural than urban settings. These challenges, coupled with higher rates of uninsured probationers, lack of public transportation, and lower numbers of treatment providers in rural areas (Murray & Keller, 1991), create significant barriers to accessing necessary mental health services and supports.

Local probation agencies have several options for addressing the existing gaps in training and community-based resources. One option involves developing specialty mental health probation units, whereas another option focuses on developing local or regional probation positions to be filled by officers with dual expertise in mental health and probation supervision. These experts could serve as a resource for general supervision among officers in their region or district who have questions or need additional support when supervising probationers with mental illness. Whether implementing specialty mental health units or developing regional experts, local agencies can benefit from an increased focus on access to and coordination of mental health and other community-based services and resources (e.g., housing, employment). At times, these types of supervision activities will require officers to engage in the direct coordination of external resources to meet the needs of probationers on their caseloads; thus, these supervision models have implications for the size of caseloads that can be assigned to officers working with probationers who have a mental illness.

Greater coordination of scarce local resources that are external to the criminal justice system requires a system-level approach involving the criminal justice and mental health systems. This system-level approach should involve collaborative efforts among probation agencies, mental health providers, social service providers (e.g., homeless shelters, social service agencies), law enforcement, and the courts, wherein representatives from each system work together to identify and address the service barriers in their jurisdictions.

This study has a number of strengths, including the use of qualitative and quantitative methods, a large sample of probation officers, and a comparison of officers across rural and urban settings. However, the study also has limitations. The response rate was acceptable (63%); however, caution is warranted in generalizing the results of this research to other states, especially given the differences in mental health systems and corrections systems across states. Officers in this study had not received any systematic training in mental health issues from the probation department, nor were any of these officers part of specialty mental health units. Officers in this state had some exposure to motivational interviewing (i.e., 4-hour training) but otherwise were working within a standard probation model that had no specific focus on mental health. Therefore, participant responses in this study should be viewed as representative of the experiences of officers working in general supervision units.

In addition, probation officers were asked to estimate the number of offenders on their caseloads who had a mental illness. Although officers were provided a definition of mental illness, the extent to which officers under- or over-estimated the number of offenders with mental illness on their caseloads is unclear. Another limitation of the current study is that we did not collect data on the type or amount of mental health training officers received prior to their participation in this research. Additionally, we did not collect data on non-respondents to the survey invitation; thus, the extent to which non-respondents differ from respondents is unknown. Last, the data for this study were collected in 2009; however, the policies governing the supervision of probationers with mental illness and the resources available to help officers with their work with this population have remained relatively unchanged during the ensuing years. Consequently, the challenges the officers reported in this study remain relevant today.

Despite these limitations, this study contributes to the understanding of the challenges in supervising probationers with mental illness. The results of this large statewide study of officers' perceptions of the challenges of supervising probationers with mental illness and the comparison of challenges in rural and urban settings contributes to the discussion of practice and policy at the interface of criminal justice and mental health. More research on the efficacy of interventions for probation officers (e.g., specialty mental health probation) is needed and future research should address officers' training needs and evaluate the impact of training programs on officers' perceptions of their ability to supervise probationers with mental illness.

Conclusion

Probation officers are being asked to supervise increasing numbers of probationers with mental illness, which is an offender population with elevated rates of probation violations and recidivism. Probation officers need more and ongoing mental health training to adequately supervise probationers with mental illness and local services and other resources need to keep pace with the demands of the large and growing number of justice-involved persons with mental illness. Probation agencies and other community resource providers should view probationers with severe mental illness as a shared population and should continue to prioritize cross-agency coordination and collaboration.

Compliance with Ethical Standards

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Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in this study were approved by the university's institutional review board.

Informed Consent Informed consent was obtained by all participants in this study.

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Dr. Tonya B. Van Deirse is a Clinical Assistant Professor at the University of North Carolina at Chapel Hill, School of Social Work and the Co-Director of Specialty Mental Health Probation Officers in North Carolina.

Gary S. Cuddeback is an Associate Professor at the School of Social Work at the University of North Carolina at Chapel Hill and the Director of Community Outcomes Research and Evaluation Center at the Center of Excellence in Community Mental Health at Department of Psychiatry at UNC Chapel Hill.

Amy Blank Wilson is an Assistant Professor at the School of Social Work at the University of North Carolina at Chapel Hill.

Stacey E. Burgin is a Research Associate at the Community Outcomes Research and Evaluation Center at the Center of Excellence in Community Mental Health at Department of Psychiatry at UNC Chapel Hill and the Co-Director of Specialty Mental Health Probation in North Carolina.