

The Premise of Criminalization and The Promise of Offender Treatment

Targeting Criminal Recidivism in Mentally Ill Offenders

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Recovery

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

<http://www.samhsa.gov/recovery/>



Common Goals Clinical Programs

- Engagement
- Clinical Improvement
- Improved quality of life
- Decreased recidivism
 - Hospitalization
 - **Incarceration**

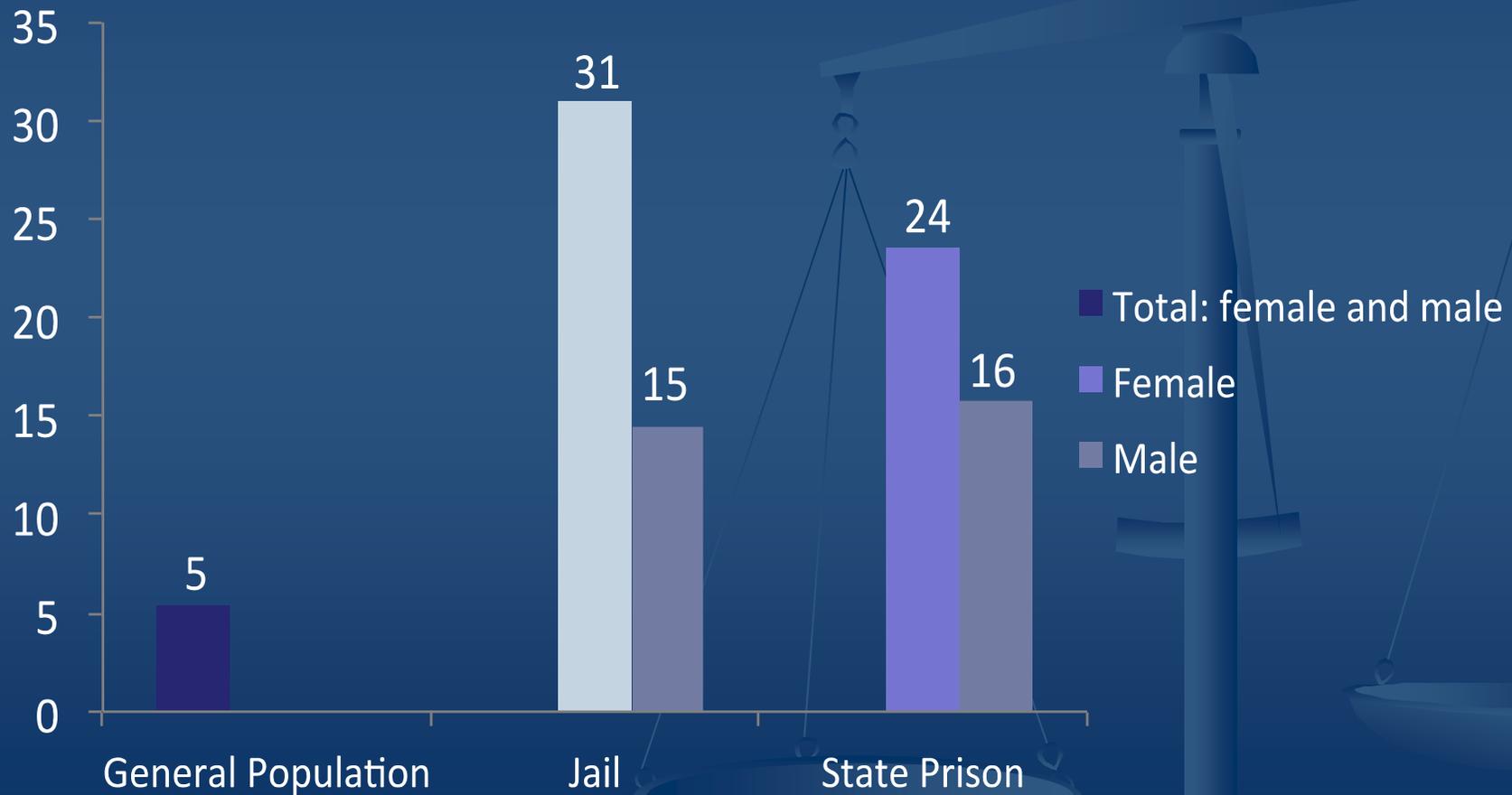


To-do

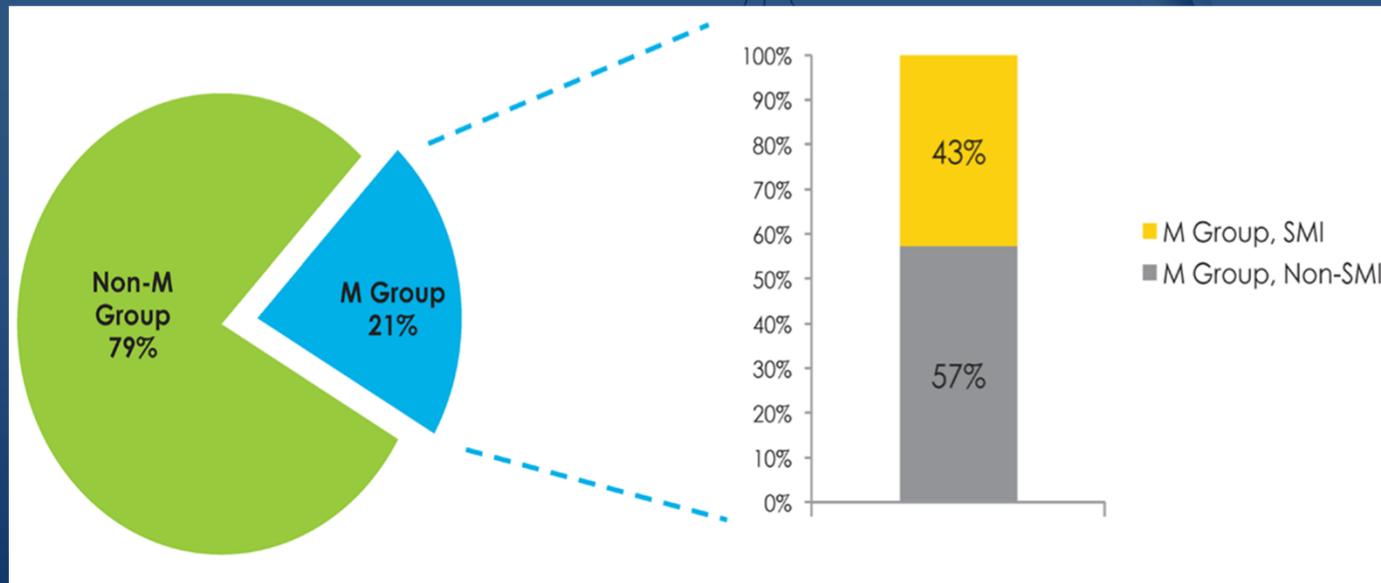
- The Premise of Criminalization*
- Risk-Needs-Responsivity*
- Risk Assessment*
- Tools*
- Criminogenic Needs*
- Cognitive-Behavioral Interventions*
- Responsivity*
- Engagement Approaches*
- Non-criminogenic Needs and Recovery*

Criminalization: National

SMI in General Population and CJ System



Criminalization: Rikers



Council of State Governments Justice Center, 2012

The Good News



- Jail Diversion

- Decreased arrests
- Decreased symptoms



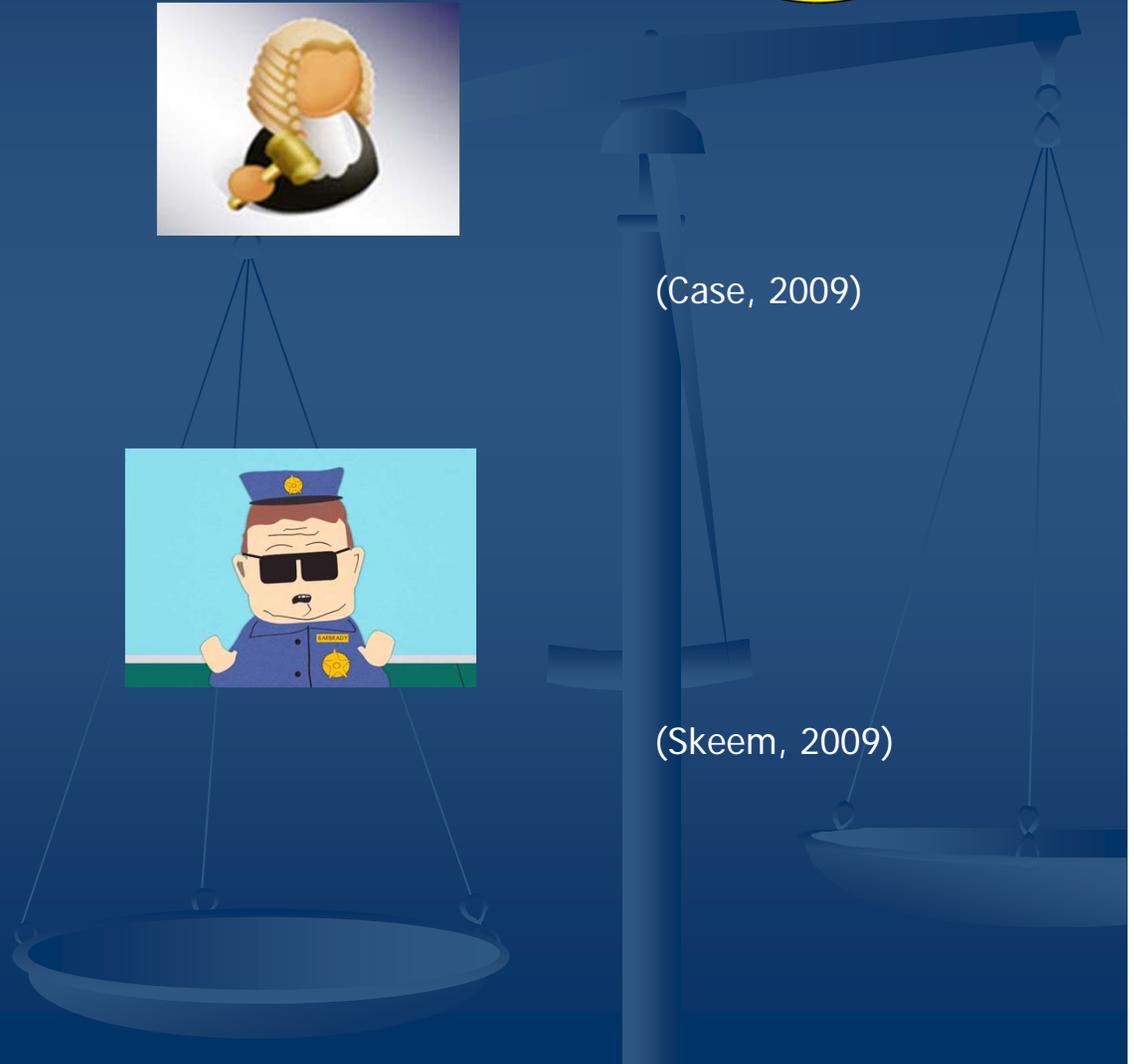
(Case, 2009)

- Specialized Probation

- Decreased rearrests
- Decreased symptoms



(Skeem, 2009)



The Weird News



Decreased re-arrest NOT related to decreased symptoms

- Jail Diversion (Case, 2009)



- Primary predictor of subsequent re-arrest was criminal history

- Specialized Probation (Skeem, 2009)



- No difference in symptom reduction distribution between re-arrested and not re-arrested group

Maybe its not only about MI

- Instant Offense-MI Connection

- 4% MI direct
- 4% MI indirect
- 25% SA direct or indirect

Jurginger (2006)

- Fixing “broken” mental health system

- No decreased jail MI prevalence in Mass. County with increased MH services

(Fisher, 2000)



RNR





■ Risk

- Match treatment intensity to level of risk

■ Needs

- Treat the offender, not the offense

■ Responsivity

- Modality must be one to which offender is responsive
 - CBT
 - Engagement

Exercise

Determining the Risk of Re-offending



Case Study 1: Mark (34-year-old, single Caucasian male; currently homeless)

Last Offense January 3, 2013	PL215.52(1) Aggravated Criminal Contempt PL120.00(1) Assault in the 3 rd Degree Details: Mark hit the victim (the mother of his daughter) in the face causing a cut to the lip and swelling to the face. This was in violation of a full and final order of protection issued in 2010 and valid until July 2015.
Prior Criminal Justice History	Five total arrests/four convictions: 1995: Convicted upon guilty plea to PL220.39 Criminal Sale Controlled Substance-3 rd Degree and adjudicated as a Youthful Offender - Five years probation 1998: Arrested for Aggravated Harassment PL240.30 - Dismissed due to conviction in unrelated case 1998: Convicted upon guilty plea to Criminal Contempt 2 nd Degree - Time served 1999: Convicted upon guilty plea to Criminal Possession Weapon-2 nd Degree: Loaded Firearm PL265.0340.20 - 42 months in state prison; violated while under parole supervision; returned to prison; discharged to Office of Mental Health 2010: Convicted of PL155.25 upon guilty plea - Sentenced to 20 days
General Background	Mark was born and raised in New York City. His brother is currently at Kirby Forensic Psychiatric Center. His father is deceased, and had alcohol dependence. His mother and sister are still living, but both are "burnt out" from caring for his two younger brothers who have mental illnesses. They "don't want him to come around." Mark dropped out of high school in 10 th grade. He has a seven-year-old daughter, and her mother has an Order of Protection against him. He last worked in 2000 for a temp agency loading and unloading trucks. He receives SSI benefits based on categorical eligibility by virtue of his disabling mental illness.
Mental Health and Substance Abuse History	<ul style="list-style-type: none">• Diagnosed with Schizoaffective Disorder, Marijuana Dependence, in remission, and Antisocial Personality Disorder• First diagnosed with mental illness during his 1998 incarceration• History of five psychiatric hospitalizations before instant arrest• Does not recognize past symptoms of paranoia, grandiosity, or psychosis. When questioned about his habits, reports that he only needs two hours of sleep at night, and that he eats well and likes to exercise.
Facts at Time of Current Arrest	Mark was paranoid and smelled of alcohol. He was hospitalized at Bellevue on the forensic psychiatric unit. In keeping with his history of non-compliance with medications and poor insight, he refused medication. The hospital was granted a Treatment Over Objection order from the judge. Mark was subsequently found unfit for trial and was treated at Kirby Forensic Psychiatric Center for six months.

Mark's recidivism Risk Level

Do you think Mark's Risk for Re-arrest is:

- Low
- Medium
- High



Case Study 2: John (37-year-old single, African-American male)

<p>Last Offense July 15, 2013</p>	<p>PL265.02(1) Criminal Possession of a Weapon in the Third Degree PL120.14(1) Menacing in the Second Degree (3 counts) PL145.00(1) Criminal Mischief in the Fourth Degree</p> <p>Details: John entered a restaurant and waved a bat at the victim stating in substance, "stay back." He struck the counter breaking the display case and causing property damage. He left the restaurant and entered the store next door; he swung the bat at the people present in the store and stated, "give me your keys," in a menacing voice.</p>
<p>Prior Criminal Justice History</p>	<p>2 prior arrests and 1 conviction: 2005: Plea of guilty to PL140.20 Attempted Burglary-3rd Degree - Five Years Probation 2002: Arrested for PL120.00 Assault 3rd Degree and PL120.14 Menacing-2nd Degree - Dismissed CPL730</p>
<p>General Background</p>	<p>John was raised in New York City and went to Brandeis High School. He described his childhood as happy until his father died of a heart attack when John was 11. He enrolled in the U.S. Navy at age 18. He displayed abnormal behavior and was very suspicious of his peers. He was given an "early level separation" and discharged from the Navy after one year without military benefits. On return to NYC, he tried to go back to college, and had several entry-level jobs. He never married and has no children. He keeps in touch with his older brother.</p>
<p>Mental Health and Substance Abuse History</p>	<ul style="list-style-type: none"> • 20-year history of psychosis with intermittent manic symptoms • Diagnosed Schizophrenia, Paranoid Type • At least four psych hospitalizations, the first in 1998 at 22 years old shortly after he enrolled at Hunter College • History of multiple medication trials for mental illness • Denies ever using drugs or alcohol; confirmed in interviews with his brother
<p>Facts at Time of Current Arrest</p>	<p>John was out of treatment as he had stopped attending his outpatient mental health clinic. The clinic was recommending that he be evaluated for an Assisted Outpatient Treatment (AOT) civil outpatient commitment order because of his past history of non-compliance with treatment. He presents not overtly psychotic; responses to questions reflect suspicious and guarded thinking. He also thinks others conspire against him to get mental health workers to say he needs medications. He believes all the mental health workers are against him and feels that the "system" has been persecuting him. John has a delusion that someone has copies of his house keys and enters his apartment. He reports that he hears noises in his apartment and has called the police several times. When the police came, he was surprised to hear that they didn't hear any sounds. John</p>

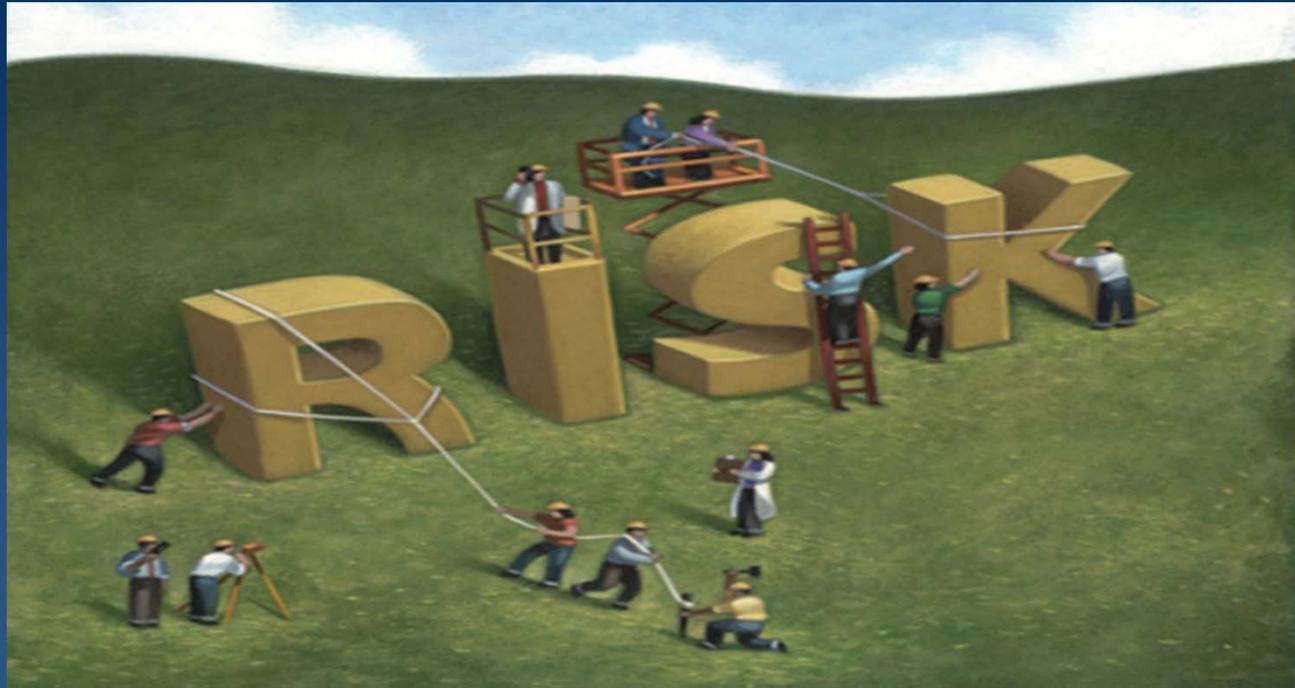
John's recidivism Risk Level

Do you think John's Risk for Re-arrest is:

- Low
- Medium
- High



- Violence
- Suicide
- Criminal Justice
 - Failure to appear
 - Revocation
 - **Re-arrest**



Risk Principle

- Level of treatment match level of risk
 - Higher risk ---- Higher intensity
 - More (or, rather, less) bang for your buck
 - Lower risk ---- Lower intensity
 - Higher intensity may be counterproductive



Measuring Criminogenic Risk

- COMPAS
- LSI-R
- LS-CMI

- Women's Risk Need Assessment
- Ohio Risk Assessment System
- Static Risk and Offender Needs Guide

COMPAS

Correctional Offender Management Profiling for Alternative Sanctions



- Northpointe
- Norm'd on NYS Probation Cohort
 - Office of Probation and Correctional Alternatives

COMPAS

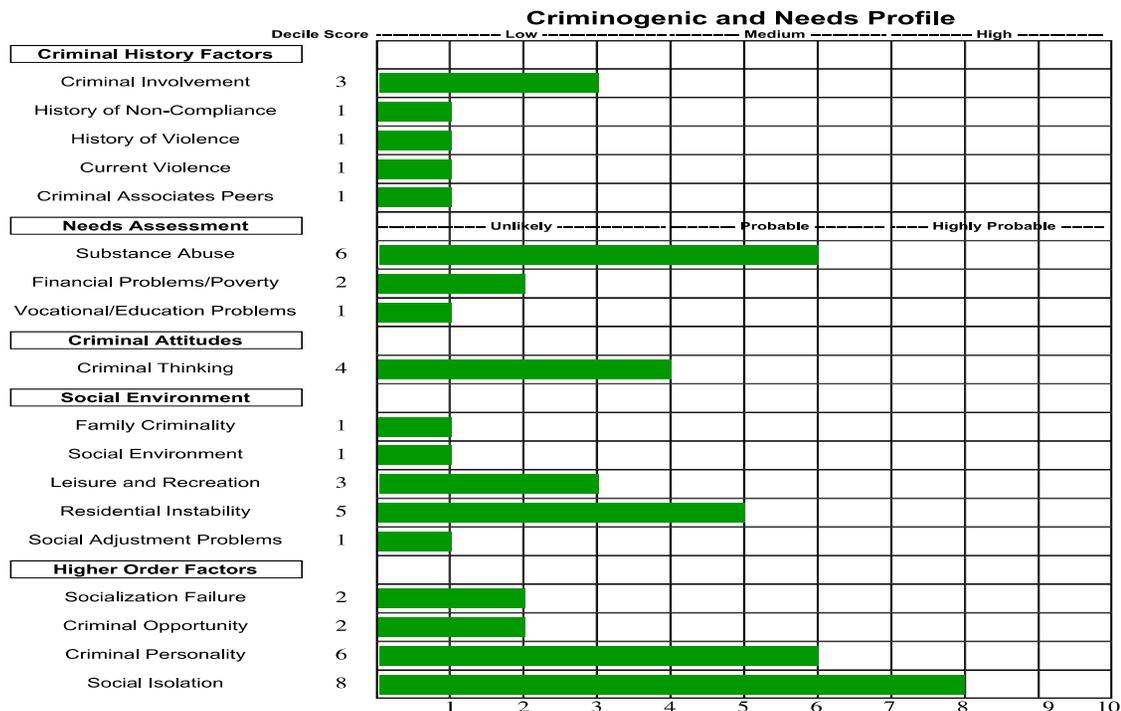
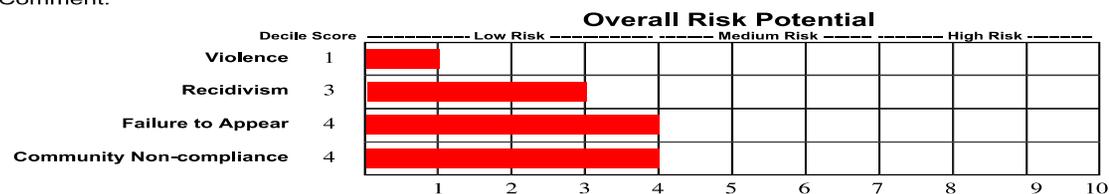
Correctional Offender Management Profiling for Alternative Sanctions

Northpointe COMPAS Risk Assessment

Name: **Class3, Jessie**
 Date of Birth: **06/19/1977**
 Comment:

SSN:
 Date of Screening: **08/14/2006**

Offender #: **01cr57**



Level of Symptom Inventory

- LSI
- LSI-R
- LSI-SV
- LSCMI

LS/CMI Offender History Form
Level of Service/Case Management Inventory
D.A. Andrews, Ph.D., James L. Bonta, Ph.D., & J. Stephen Wormith, Ph.D.

Offender Name _____ Gender M F Age _____ Date of Birth ____/____/____
Identifying Number _____ Interviewer _____ Interview Date ____/____/____

This form records assessment rationale and offender history information for an LS/CMI assessment. Check all boxes that apply to the offender.

A: Reason for Assessment
Check one of the boxes under one of the following headings: Community, Institution, or Youth.

A.1 Community

<input type="checkbox"/> Presentence Report	<input type="checkbox"/> Probation Intake	<input type="checkbox"/> Other Specify _____
<input type="checkbox"/> Parole Intake	<input type="checkbox"/> Probation/Parole Reassessment	

A.2 Institution

<input type="checkbox"/> Classification	<input type="checkbox"/> Internal Program	<input type="checkbox"/> Community Release
<input type="checkbox"/> Parole Hearing	<input type="checkbox"/> Reclassification/Reassessment	<input type="checkbox"/> Other Specify _____

A.3 Youth (age 16-17 years)

Community	<input type="checkbox"/> Predisposition Report	<input type="checkbox"/> Probation/Parole Intake
	<input type="checkbox"/> Probation/Parole Reassessment	<input type="checkbox"/> Community Treatment Programming
Institution	<input type="checkbox"/> Custodial Classification	<input type="checkbox"/> Custodial Reclassification/Reassessment
	<input type="checkbox"/> Community Release	<input type="checkbox"/> Treatment Programming

A.4 If Reassessment or Reclassification (above), provide reason.

<input type="checkbox"/> Routine reassessment according to policy
<input type="checkbox"/> Other Specify _____

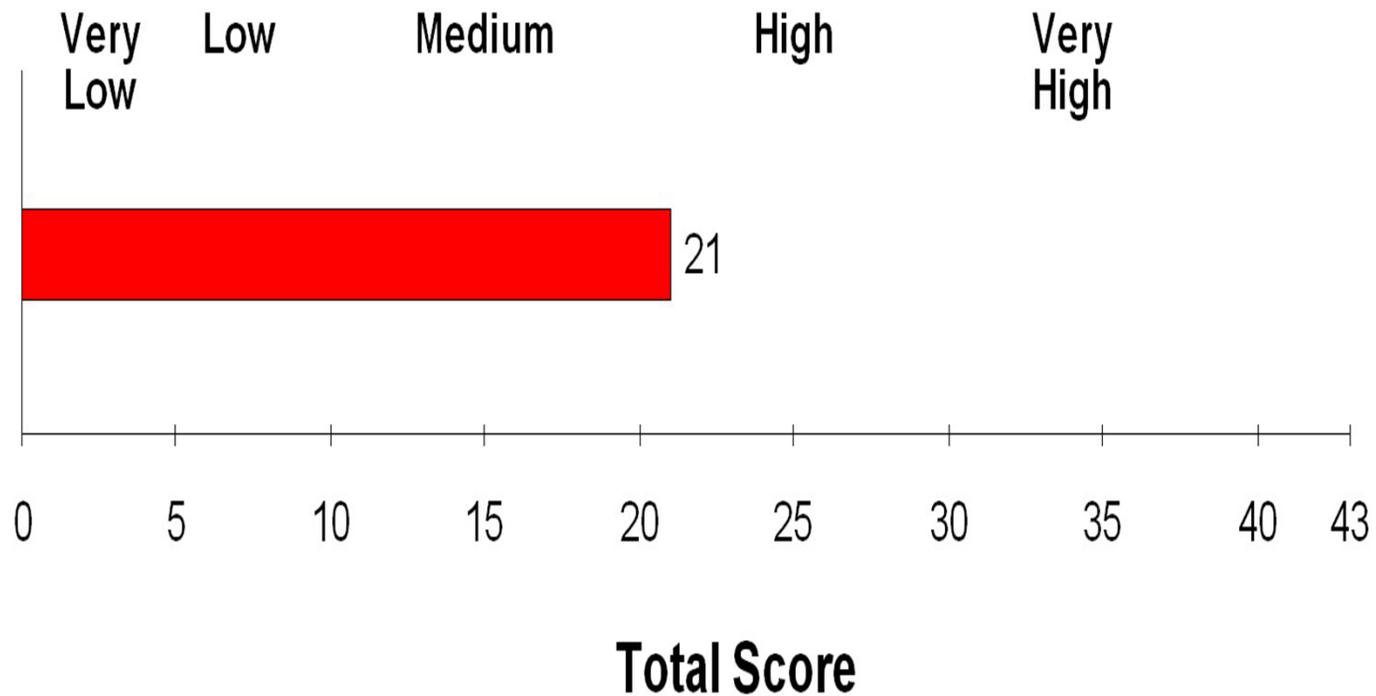
B: General Criminal History and Offence Information

B.1 Criminal History Information Sources (attach documents)

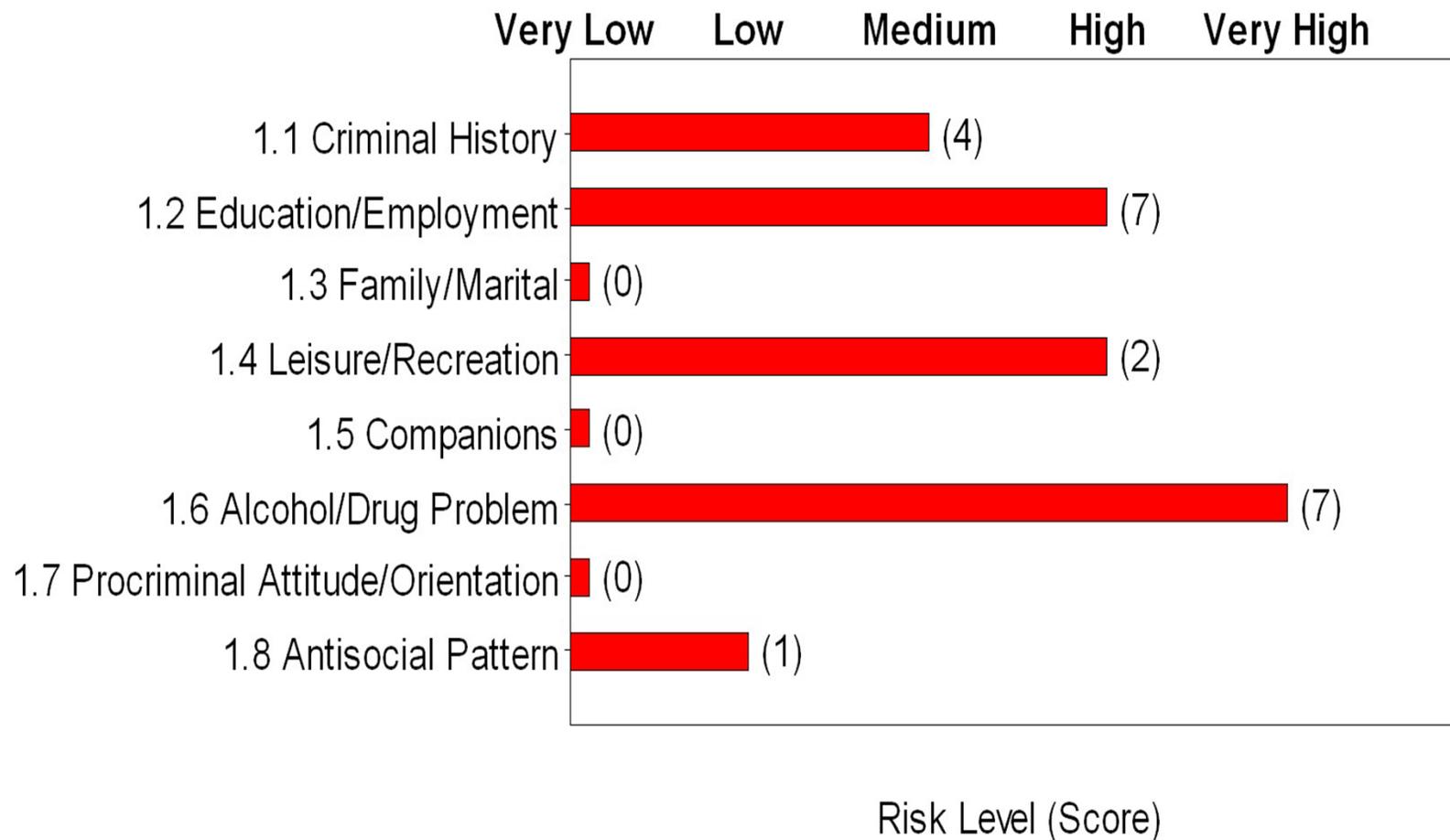
Sources 1. _____
2. _____
3. _____

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In Canada, 3770 Victoria Park Ave., Toronto, ON M2H 3M6, (905) 298-6011, International, +1-416-492-2627, Fax, +1-416-492-3343 or (888) 540-4454.

LSCMI – Total Score



Criminogenic Needs



Predicting Recidivism – Mental Illness

CASES Forensic ACT 2012

RISK GROUP	LOW	MEDIUM	HIGH/ VERY HIGH	TOTAL
% ACT Sample	15%	35%	50%	100%
% Re-Arrested 2-YEARS	0%	30%	52%	36%

Needs Principle

The Central Eight

- History of antisocial behavior
- Antisocial personality pattern
 - Pleasure seeking, restless, aggressive
- Antisocial cognitions
 - Attitudes supportive of crime
- Antisocial Associates
- Family support
- Leisure Activities
- School/work
- Substance Abuse



Criminogenic Need	Skill-Building Response
<p>Family & Relationships. The less connected and engaged with family or other important support systems, the greater the risk for criminal behavior</p>	<p>Reduce conflict, build positive relationships, enhance parenting skills</p>
<p>School/Work Greater commitment to academic/vocational pursuits the lower the risk of criminal behavior</p>	<p>Enhance performance, rewards and satisfaction derived from school and work</p>
<p>Leisure/Recreational Activities The greater the number & satisfaction from prosocial leisure pursuits, less risk of engaging in crime</p>	<p>Enhance outside involvement in prosocial activities</p>
<p>Substance Abuse. Alcohol and illicit drug use increases risk for criminal activity.</p>	<p>Reduce use, reduce the personal and interpersonal supports for substance-oriented behavior</p>

Criminogenic Need BIG 4

Skill Building Response

History of Antisocial Behavior. The more extensive one's involvement in crime, the greater the risk for criminal recidivism

Build alternative prosocial behaviors.
Build non-criminal alternative behavior in risky situations

Antisocial Personality Pattern. A pattern of restlessness, aggressiveness, poor self control, adventurousness and callousness

Inter-personal problem solving skills, anger management, critical reasoning.
Self-management and coping skills

Criminal Thinking & Antisocial Attitudes. Cognitive processes and attitudes supportive of a criminal lifestyle predict criminal behavior

Recognize risky thinking and feelings, acknowledge impact of behavior on others (victims), and consequences to choices.

Antisocial Associates. The more criminal associates (e.g., family members, friends) increases risk

Pursue prosocial associates and weaken ties to antisocial friends and family members

Needs



What interventions are there?

Criminogenic Need

Interventions

History of Antisocial Behavior

Antisocial Personality Pattern

Criminal Thinking And Antisocial Attitudes

Antisocial Associates

Family & Relationships

School/Work

Leisure/Recreational Activities

Substance Abuse

Criminogenic Need	Interventions
<p>Family & Relationships. The less connected and engaged with family or other important support systems, the greater the risk for criminal behavior</p>	<p>Multi-family Group Consumer Centered Family Consult</p>
<p>School/Work Greater commitment to academic/vocational pursuits the lower the risk of criminal behavior</p>	<p>Supported Employment GED VESID</p>
<p>Leisure/Recreational Activities The greater the number & satisfaction from prosocial leisure pursuits, less risk of engaging in crime</p>	<p>Social Skills PROS Day Programs</p>
<p>Substance Abuse. Alcohol and illicit drug use increases risk for criminal activity.</p>	<p>Integrated Treatment Modified TC</p>

Criminogenic Need BIG 4

Interventions

History of Antisocial Behavior. The more extensive one's involvement in crime, the greater the risk for criminal recidivism

Antisocial Personality Pattern. A pattern of restlessness, aggressiveness, poor self control, adventurousness and callousness

Criminal Thinking & Antisocial Attitudes. Cognitive processes and attitudes supportive of a criminal lifestyle predict criminal behavior

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Criminogenic Need BIG 4

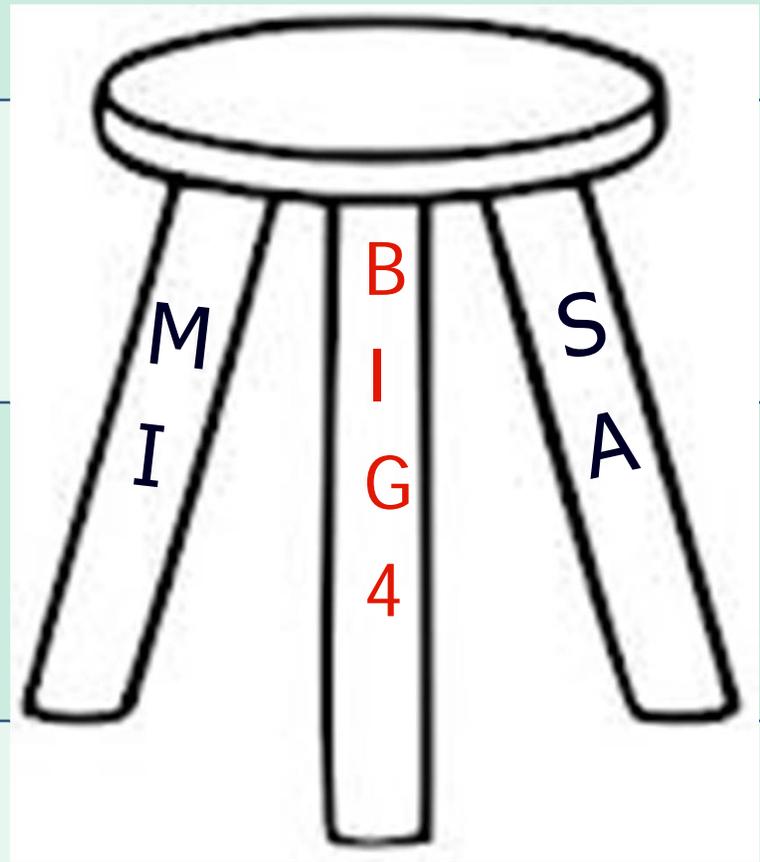
What About Mentally Ill Offenders?

History of Antisocial Behavior. The more extensive one's involvement in crime, the greater the risk for criminal recidivism .

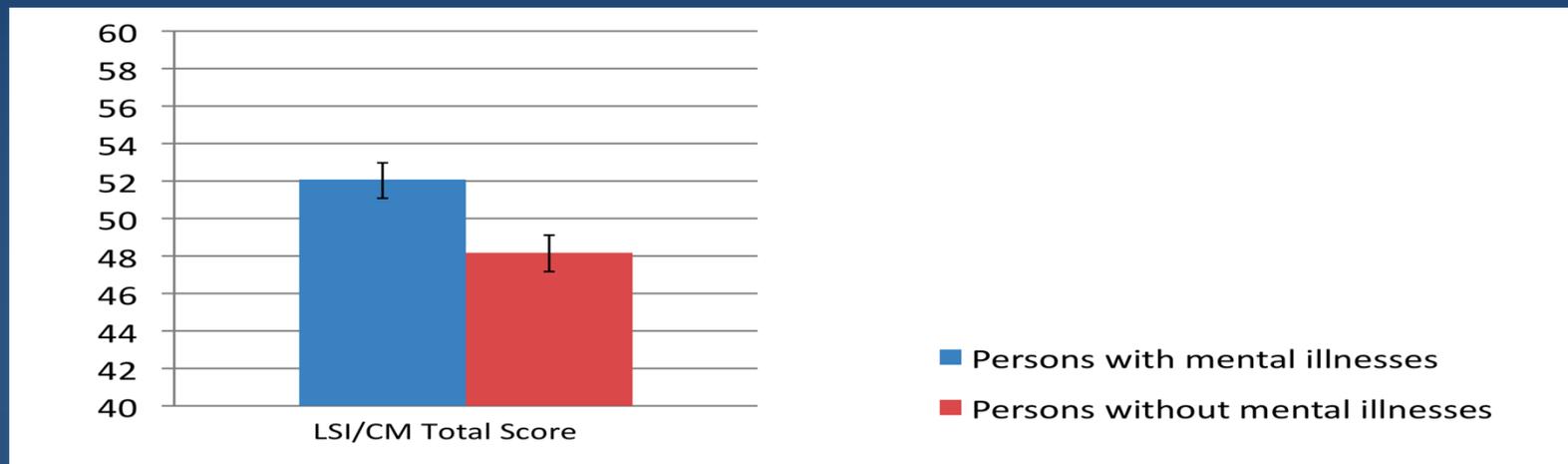
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Criminal Thinking & Antisocial Attitudes. Cognitive processes and attitudes supportive of a criminal lifestyle predict criminal behavior

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The Central Eight - MI Overrepresentation

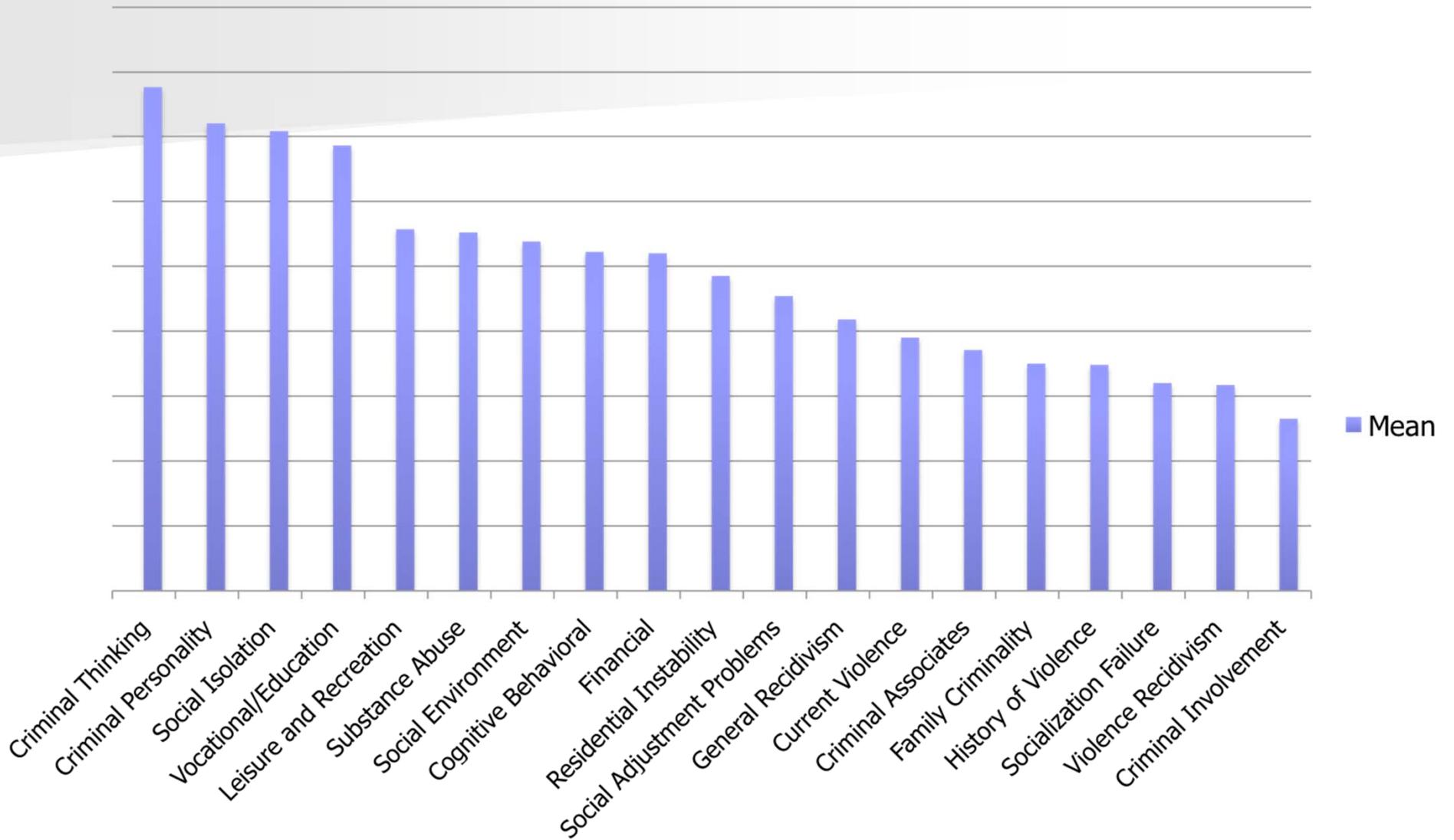


General and specific recidivism risk higher

- Antisocial Personality Pattern

(Skeem, 2008)

COMPAS



NYC TASC, 2012

Criminal Thinking

Strongly disagree --- > Strongly agree

- A hungry person has a right to steal
- When people get into trouble with the law it's because they don't have a decent job
- If someone insults my friends, family or group they are asking for trouble
- Some people must be treated roughly or beaten up just to send a message
- I won't hesitate to hit or threaten people if they have done something to hurt my friends or family
- The law doesn't help average people
- Some people get into trouble or use drugs because society has given them no education, jobs or future
- Some people just don't deserve any respect and should be treated like animals

Criminal Personality

- You are often bored or restless
- I am seen by others as cold and unfeeling
- The trouble with getting close to people is that they start making demands
- I have the ability to “sweet talk” people to get what I want
- I’ m really good at talking my way out of problems
- I have gotten involved in things I later wished I could have gotten out of
- I feel if I break a promise I have made to someone
- To get ahead in life you must always put yourself first
- I have a short temper and can get angry quickly
- I get into trouble because I do things without thinking
- I almost never lose my temper
- If people make me angry or lose my temper I can be dangerous
- Some people see me as a violent person

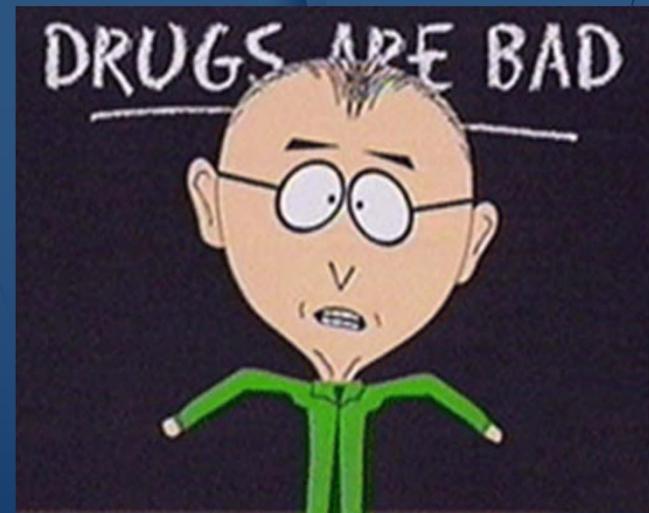
Traditional Cognitive-Behavioral Therapy

- Symptom relief
 - Anxiety
 - Depression
- Cognitive
 - Changing thinking
 - Automatic thoughts
 - Disputation
- Behavioral
 - Skills training
 - Role Playing
 - Desensitization



Cognitive-Behavioral Adaptations CJ-Involved Populations

- Intrapersonal (symptom relief)
- +
- Interpersonal (skills building)
 - Conflict resolution
 - Criminogenic cognitive restructuring
- Community Responsibility

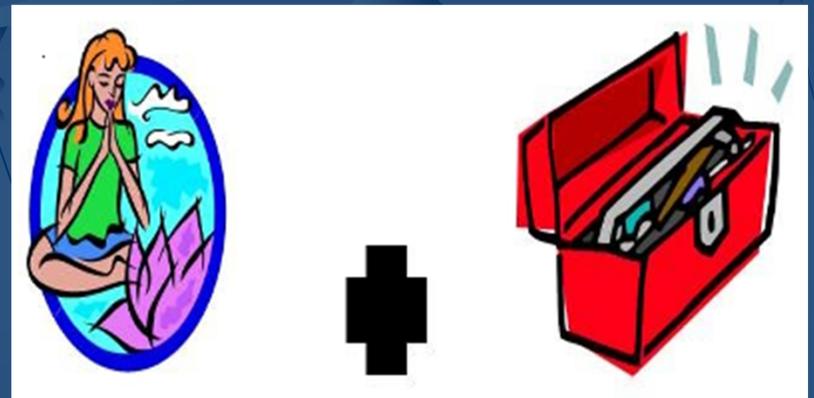


Cognitive-Behavioral Interventions

CJ-Involved Populations

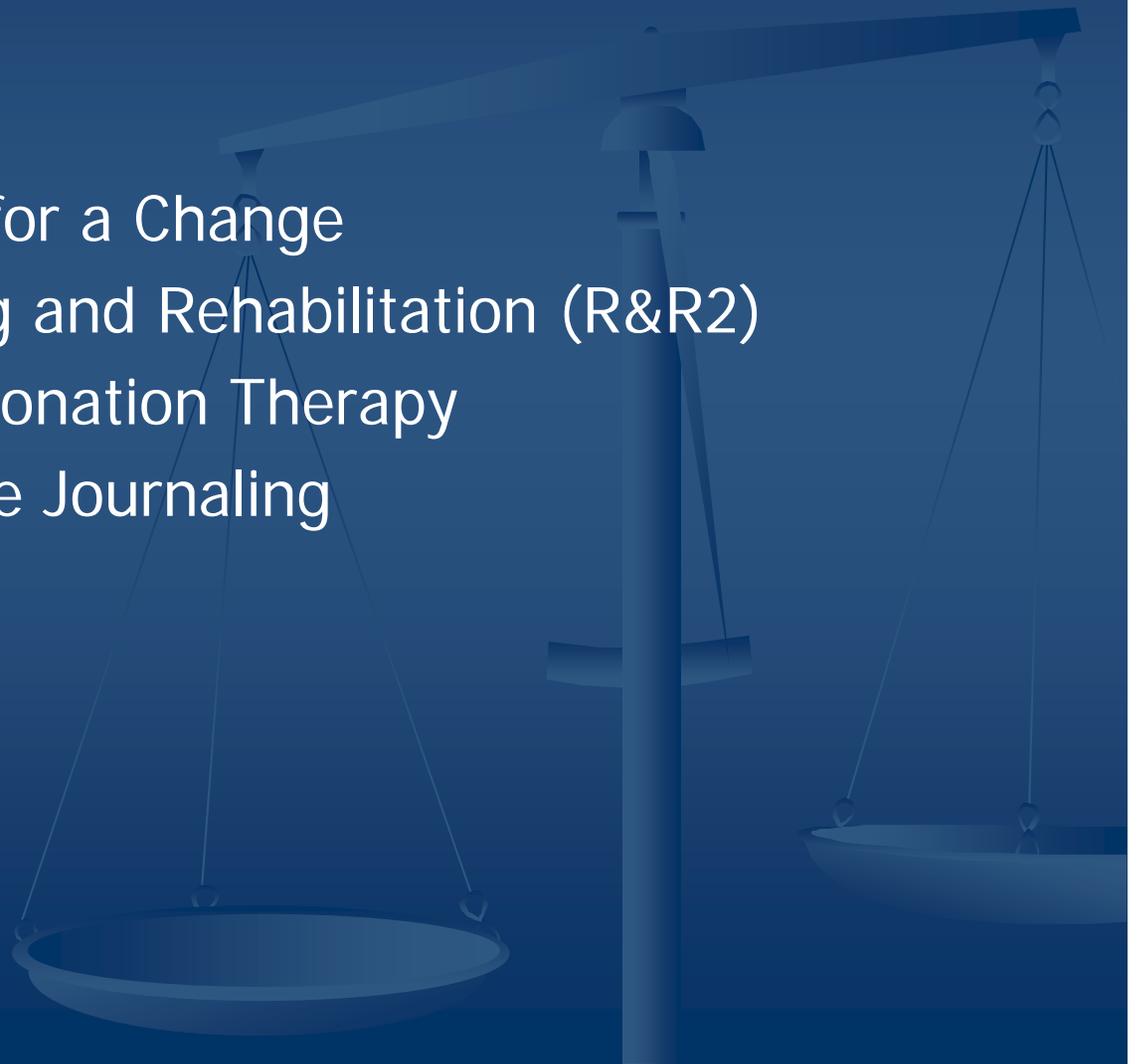
MH Program adaptations

- Target symptoms
 - Frustration intolerance
 - Social skills
 - Misperception of environment
- Examples
 - Forensic DBT
 - Jail - decreased anger, aggression and incidents
 - Community - decreased re-arrests in stalker-focused program



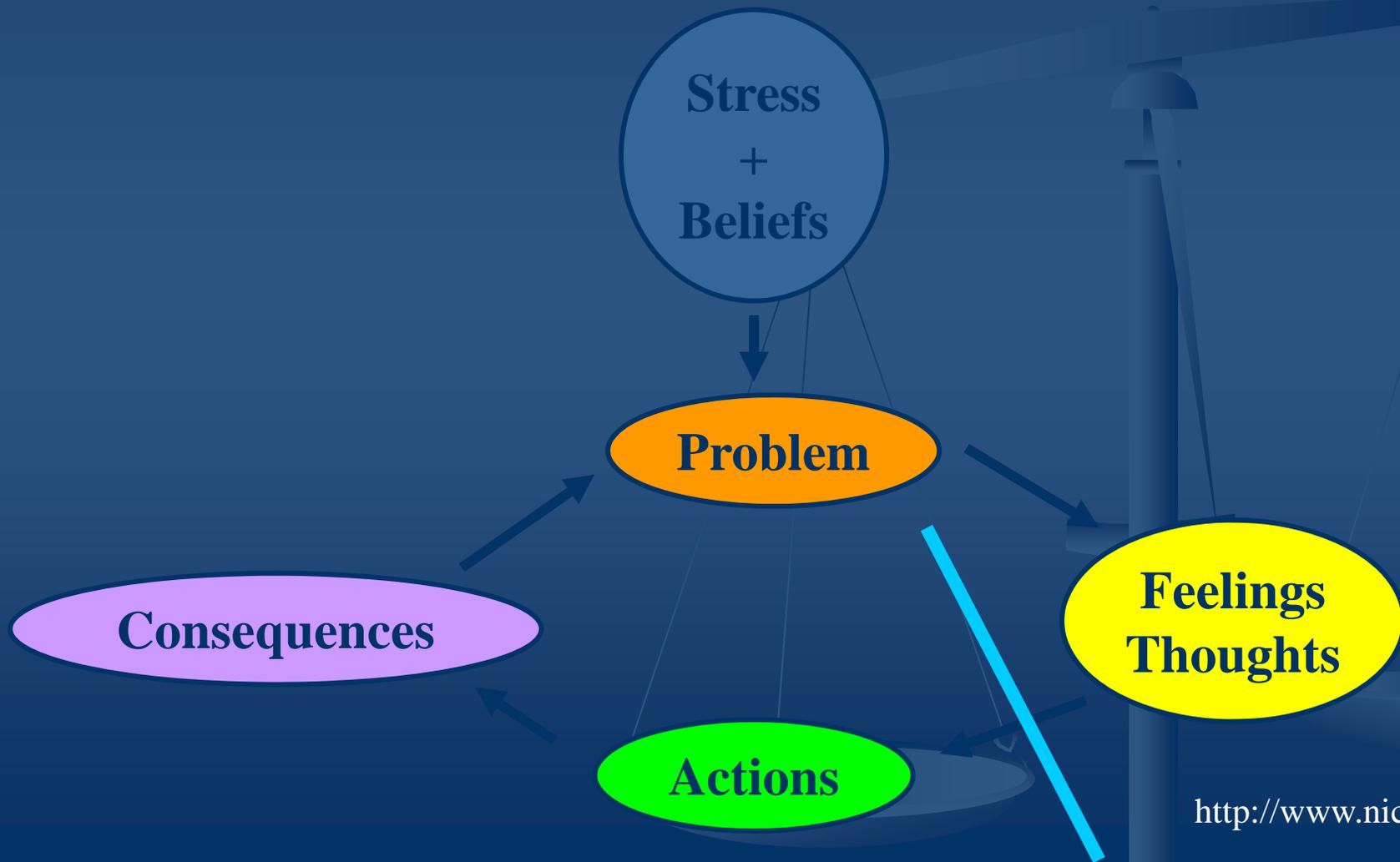
Cognitive-Behavioral Adaptations CJ-Involved Populations

- Thinking for a Change
- Reasoning and Rehabilitation (R&R2)
- Moral Reconciliation Therapy
- Interactive Journaling



Thinking for A Change (T4C)

National Institute of Corrections



Reasoning and Rehabilitation

- Problem Solving
- Social Skills
- Negotiation Skills
- Managing Emotions
- Creative thinking
- Values Enhancement



Moral Reconciliation Therapy

hedonism



social rules

- Confrontation of beliefs, attitudes and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Enhancement of self-concept
- Decrease in hedonism and development of frustration tolerance
- Develop higher stages of moral reasoning

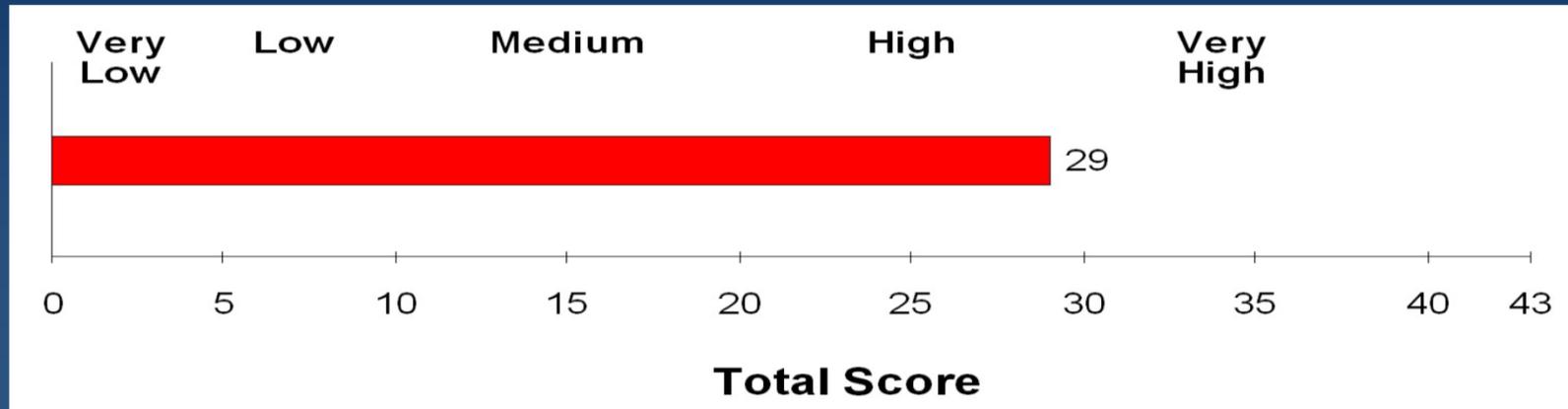
Back to Mark and John



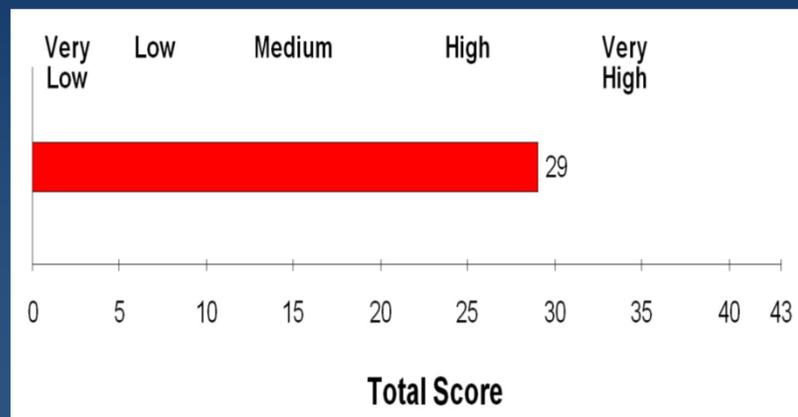
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Mark's LS/CMI Score



Mark's Treatment Plan



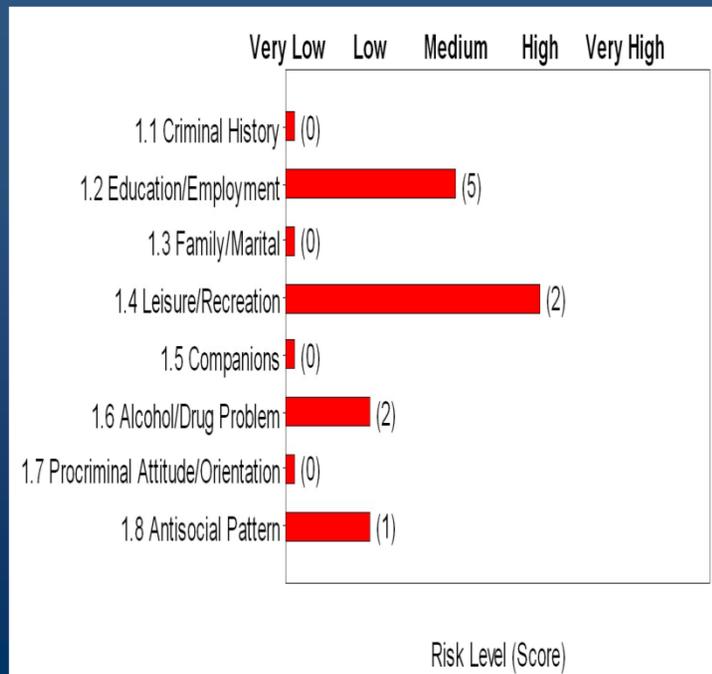
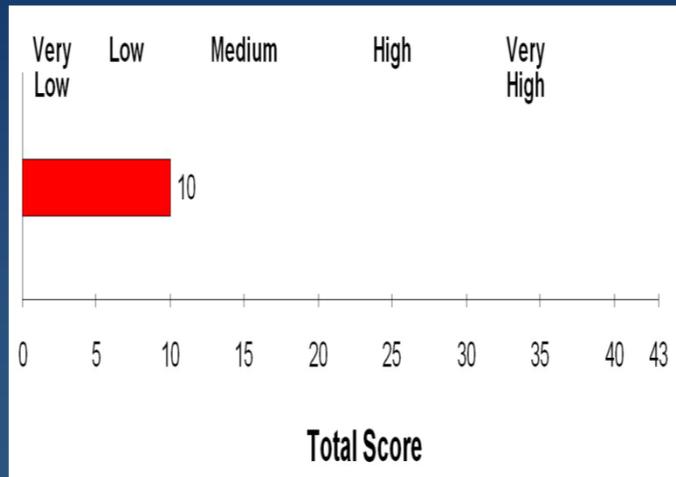
Supervision?

Interventions?

Case Study 2: John (37-year-old single, African-American male)

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John's Treatment Plan



Supervision?

Interventions?

Responsivity: Tailoring Treatment

- General
 - Responsive to learning styles
 - e.g. CBT
- Specific
 - Responsive to socio-biological personality factors

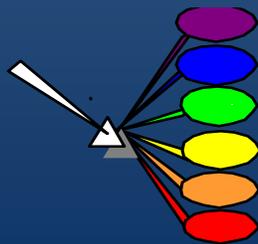
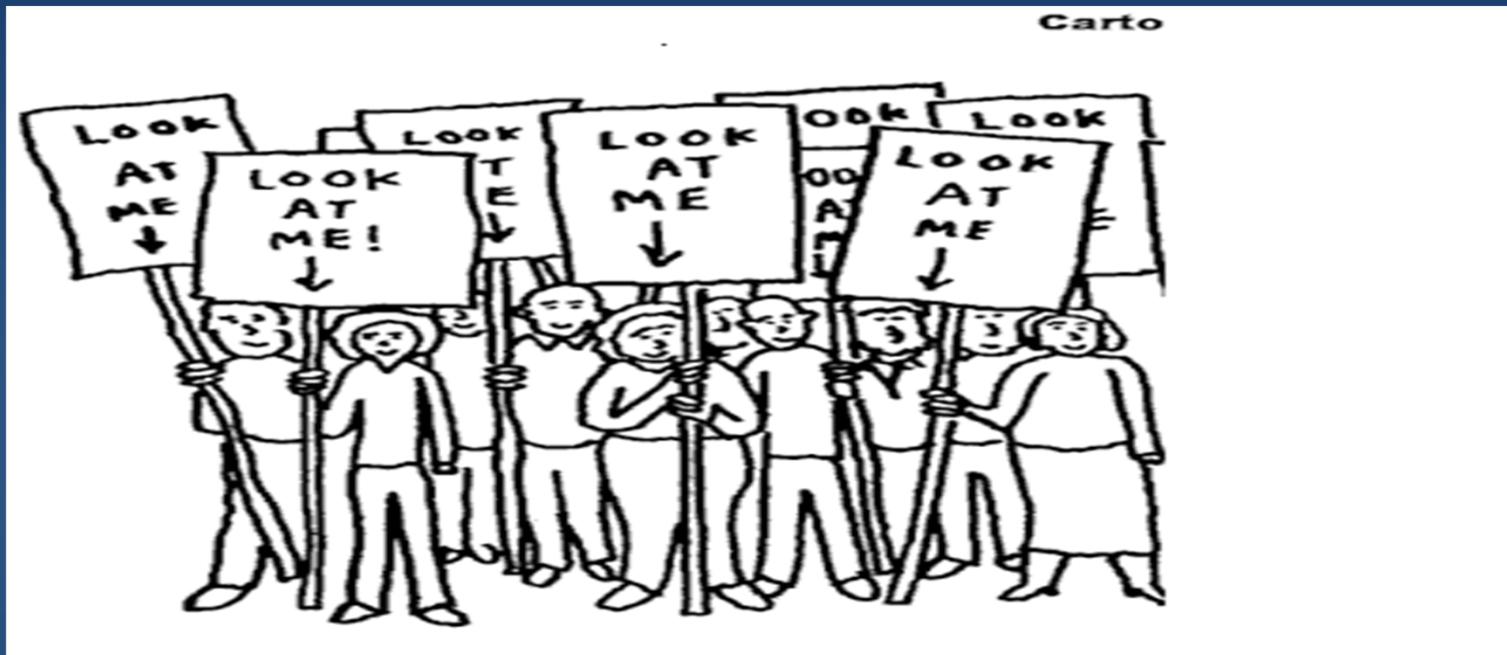


Responsivity Principle

- General
 - CBT
 - Engagement Challenges
 - Motivation
 - Motivational Interviewing
 - Stigma
 - CJ culture
 - SPECTRM



Shameless Self-Promotion



SENSITIZING
PROVIDERS to the
EFFECTS of
CORRECTIONAL INCARCERATION on
TREATMENT and **RISK MANAGEMENT**

Responsivity Principle

- Specific
 - Indirect Criminogenic Needs

Psychosis/Mania
Gender
Trauma
Self-esteem
Anxiety
Lack of Parenting Skills

Medical Needs
Primary Language
Literacy Level
Eviction Pending
Learning Disability

Other Stuff

Indirect Criminogenic Needs

Psychosis/Mania

Gender

Trauma

Self-esteem

Anxiety

Lack of Parenting Skills

Medical Needs

Primary Language

Literacy Level

Eviction Pending

Learning Disability

Other Stuff

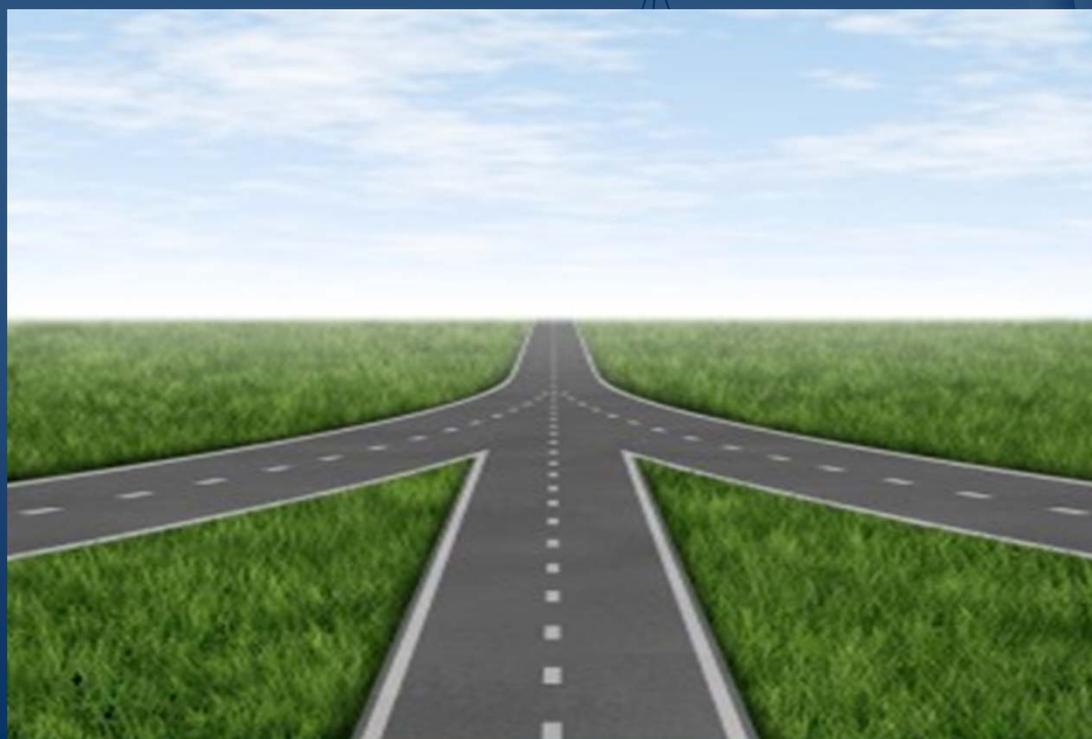
Although NOT criminogenic risk factors, they are important to include in an effective RNR assessment

WHY?



Although NOT criminogenic risk factors, they are important to include in an effective RNR assessment:

Pathways to Criminality



Gender

- Trauma and abuse
- Unhealthy relationships (anti-social associates = intimate partners)
- Parental stress
- Depression
- Self-efficacy
- Current mental health symptoms

Mental Illness

- Peer influence
- Vocational Challenges
- Substance abuse
- Social support
- Trauma
- Housing Instability
- Disorganization



ADULTS WITH **BEHAVIORAL HEALTH NEEDS** UNDER CORRECTIONAL SUPERVISION:

A Shared Framework for Reducing Recidivism and Promoting Recovery

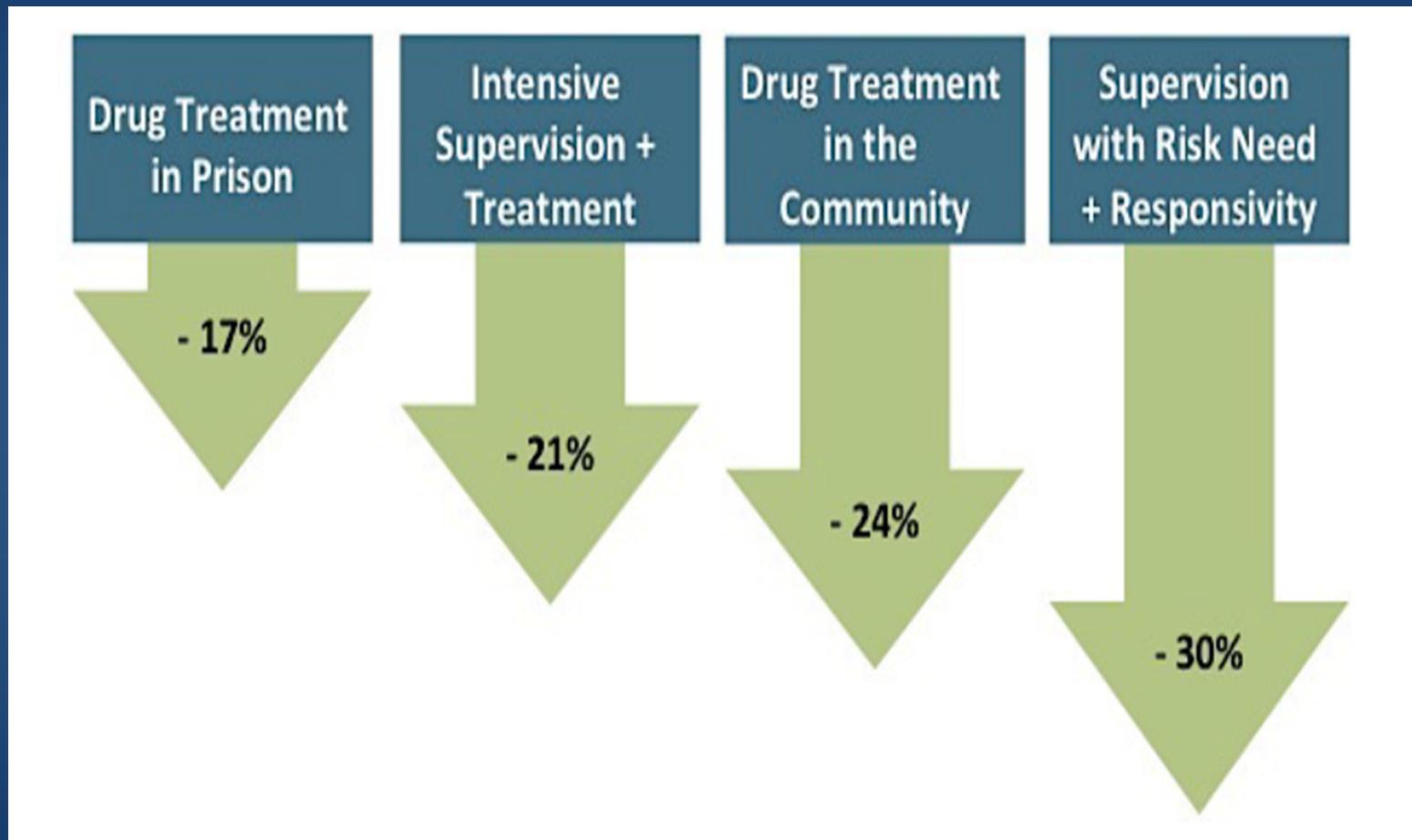


<http://csgjusticecenter.org/mental-health-projects/behavioral-health-framework/>

How important is this really?



Impact on Recidivism Rates





Summary

