Recovery and Person-Centered Approaches with Persons with IDD and Mental Illness: the Forensic Path Forward

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DISCLOSURES:
Dr. Pinals consults to various federal, state, and local governments and their contracted agencies and provides forensic expert witness work in systems and individual matters
Objectives

1) Describe recovery and various meanings and misconceptions about it

2) Delineate how recovery principles can fit neatly into risk management

3) Describe some of the lessons learns in applying recovery principles for people with intellectual and developmental disabilities and mental illness within the forensic system
1) Describe recovery and various meanings and misconceptions about it
What is “Forensic Psychiatry”

Forensic psychiatry focuses on interrelationships between psychiatry and the law (civil, criminal, and administrative), including the psychiatric evaluation of individuals involved with the legal system....[and] the specialized psychiatric treatment required by those who have been incarcerated in jails, prisons, or special forensic psychiatric hospitals;
Forensics

What image or words do people think of when they think about “Forensic Patients”?
Recovery: What are your definitions?
Who are forensic patients?

- People primarily currently involved in the criminal justice system
- Crime types varies from minor to serious (but more often minor)
- Requiring evaluation and/or treatment
- Often had prior mental health histories, though some “emerge” for the first time through criminal justice routes
- Increasing emphasis on community rather than state hospital
Forensically involved as the “Crossover” Population

Care delivered across settings:

- Community
- Emergency departments
- Forensic Hospitals
- Correctional settings
Clinical Issues Among Forensic Patients

- Mental Illness
- Substance Use Disorders
- Intellectual and Developmental Disabilities
- Traumatic brain injuries
- Medical Conditions
- Often have trauma histories
- May have complex personality issues - but not all do
a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA 2014)

E.g., symptom resolution, sobriety, reduced recidivism, social connectedness, employment, education, independent living, self-reliance
Misconceptions

• Recovery as “cure”
• Recovery as an end goal
• Recovery as lack of responsibility
What are the key recovery dimensions?

1. Health
2. Home
3. Purpose
4. Community

(SAMHSA)
SAMHSA 10 Guiding Principles of Recovery

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support

- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect
2) Delineate how recovery principles can fit neatly into risk management
What is risk?

Not all violence is criminal
Not all crimes are violence
Risk can mean many things....
Mental Illness and Violence

Most persons with mental illness not violent

Most violence caused by persons without mental illness

Small increased risk of violence among persons with mental illness
  ◦ Co-occurring substance use greatly increases risk

Past juvenile detention, history physical abuse, parental arrest record, victimization, etc all contribute

Persons with mental illness may be violent for the same reasons as persons with no mental illness
  ◦ Complex pathways to violence and violence prevention
Criminogenic Factors Need Better Understanding

For the most part, but not always, persons with mental illness commit crimes for the same reasons that persons without mental illness commit crimes.
Relationship between crime and Symptoms (Peterson et al 2014)

Figure 3. Distribution of crimes along the direct continuum from independent to direct.
Criminogenic Risk Factors: The Risk-Need-Responsivity Paradigm and Sup

<table>
<thead>
<tr>
<th>Risk Factor</th>
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<tbody>
<tr>
<td>History of antisocial behavior</td>
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<tr>
<td>Antisocial personality pattern</td>
</tr>
<tr>
<td>Antisocial cognition</td>
</tr>
<tr>
<td>Antisocial attitudes</td>
</tr>
<tr>
<td>Family and/or marital discord</td>
</tr>
<tr>
<td>Poor school and/or work performance</td>
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<tr>
<td>Few leisure or recreation activities</td>
</tr>
<tr>
<td>Substance abuse</td>
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Source: Andrews (2006)
Responsivity Factors

Mental Illness
Trauma
Culture
Housing
Etc.
Caveats with regard to MI
(Skeem, Steadman, Manchak 2015)

• Risk assessment tools likely helpful in assessing risk of recidivism in population with MI

• CBT type treatments may be more effective than psychiatric treatment alone in appropriate populations

• Further research is needed to see how RNR principles specifically treat a population of individuals with mental illness and criminal justice involvement

• Symptomatic treatment is still critical as some individual incidents may or may not be linked to symptoms

• Responsivity as a principle needs further researched support
Risk Assessment and Risk Management

Routine part of clinical care

Identify risk factors for violence and suicide

Identify mitigating factors

Identification of modifiable risk factors
  - Structured professional judgment
  - Evidence-based practices (e.g., HCR-20)

Identify personal goals, strengths and barriers

Case formulation=risk analysis
Applying Recovery to Risk Management: “Sam”

Man in his 40s with schizoaffective disorder and IDD

Hospitalized after being found incompetent to stand trial and unrestorable on a forensic unit

Frequent assaults

Concerns about his “antisocial behaviors”

Many “failed” community placements

Refusing medications.....
Background...

Refusing medication but has court order...

Staff reluctant to engage Sam...

Sam has goals...wants pizza, and wants opportunities to wear his cowboy boots

Sam has long history of institutional care from being in an ICF facility from a young age...
Applying Recovery to Risk Management: “John”

“Dr. Pinals, we need to get John off the unit! He needs to be arrested....He is terribly assaultive, just sent a patient out in an ambulance in an unprovoked, deliberate assault...”

“He is antisocial, does not really have mental illness, unable to form any close bonds, no alliance.”

Are there other ways of looking at John?
3) Describe some of the lessons learned in applying recovery principles for people with intellectual and developmental disabilities and mental illness within the forensic system.
Lesson 1: Trauma as a risk modifier
ACEs

Three Types of ACEs

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
Adverse Childhood Events Data for Youth Referred to Massachusetts Juvenile Court Clinics

Six Month Data 10/2/12-3/31/13
ACES data scores 1-10

Findings:

<table>
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<tr>
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<th>CDC Study of General Population</th>
<th>JCC Referred Youth</th>
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<tbody>
<tr>
<td>Median Score</td>
<td>1</td>
<td>5</td>
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</table>

63% had scores of 4 or more (compared with 12.5% in the CDC sample)
Short and long-term outcomes: health and social difficulties

(Source: Massachusetts Alliance of Juvenile Court Clinics data report 2013)
ACE Study Conceptual Framework

http://www.cdc.gov/ace/pyramid.htm
Trauma and Neurocircuits

Trauma exposure and Overactivity
Numbing

Trauma and the Developing Brain
- De Bellis et al., 1999

Normal 11 y.o. Male
Maltreated 11 y.o. Male with PTSD
Trauma as a Disruption in the Natural Alarm System

Normal Stress- Action, focus, goal-directed behavior

Extreme Stress- high alarm mode, cognitive processes shut down, emotions increase

Chronic aftermath- high alarm mode becomes constant
Trauma, Behavioral Health and Justice Populations

High level of trauma exposure in juvenile justice involved youth

High levels of trauma for those receiving care in psychiatric settings

High levels of trauma among individuals in jails and prisons

High levels of trauma, victimization, and offending, along with substance use, seem to interplay

Earlier and more prolonged trauma leads to greater biological/developmental disruption

Trauma and Violence

• PTSD symptoms associated with perpetration of violent crime and more substance use, with hyperarousal as an independent mediator (Barrett et al 2014)

• Lifetime history of aggression related to childhood traumatic experiences (Carli et al 2014)

• Prisoners with substance use had higher numbers of prior incarcerations, more juvenile convictions, more institutional violence, suicide attempts and higher scores on childhood trauma, impulsivity, hostility, worse resilience (Cuomo et al 2008)

• Childhood trauma as one determinant of aggression in prisoners (Sarchiapone 2009)

• Childhood maltreatment worsens response to exposure to adult violence in post-conflict regions (Nandi et al 2015); appetitive aggression buffers against PTSD (Hecker et al 2013) in war/combatant experiences
Criminal Justice and Institutions as Traumatizing

- Pre-arrest circumstances
- Arrest circumstances
- Disruptions in social networks
- Exposure to high noise level
- Exposure to individuals with traumatic and tragic life circumstances
- Exposure to individuals with antisocial and violent propensities
- Loss of control
- Humiliation
- Public exposure
- Fear of unknown
Trauma Informed Approaches Across Behavioral Health and Justice Systems

Trauma Informed Care changes the question from “What’s wrong with you?” to “What happened to you”?
“Universal Precautions”
Lesson 2: Minimize coercion and maximize choice
Psychiatric Experience with Restraint and Seclusion Prevention Efforts

• Mechanical restraint was formerly considered a treatment intervention
• Now considered a treatment failure
• Culture shifts require
  • Focus on prevention
  • Recognition of trauma and triggers
• Staff and patient injury decreases when effective prevention and de-escalation measures are used
• Scenarios in the Justice System (police, courts, etc) are NOT the same as treatment scenarios, but can we learn from each other?
Contributory Factors for Violence

- Childhood History of Abuse
  - Adult Victimization

- Personality Factors
  - Mental Health Factors
  - Substance Use

- Social and Contextual Factors
Cultures of Violence

Early and frequent trauma exposure

Expectation of the norm involves trauma

Responsiveness includes hypervigilance, lack of control, provocation

Unpredicted responses sometimes explained by trauma reactivity

Approaches:
- Patience
- Suspect trauma responsiveness
- Grounding
- Safety messaging
Lesson 3: Strength-based planning and resiliency support
Minimize Trauma on Top of Trauma

Strategies to build resilience

- Build self esteem
- Model behavior desired
- Stress-busters
- Self-reflection
- Mindfulness
- Peer support
System Adaptations

• Changes in environments
• Balance task demand with capabilities
• Peer support
• Workforce development
• Procedural modifications
Lesson 4: Attend to Themes Driving Recovery Focus and Individualism

- Unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the ADA
  - Requires public entities to provide community-based services to persons with psychiatric and developmental disabilities when such services are appropriate, wanted by the individual and can be reasonably

- Increasing recognition that this applies to forensic patients and persons in justice settings

- IDEA requires schools to provide an education that is "reasonably calculated to enable a child to make progress appropriate in light of the child’s circumstances"

- Sets the standard and articulates the IDEA requires a test “markedly more than the merely more than de minimis’ test.”

- Supports full integration

- And IEPs that support the youth’s best potential, not just “good enough” potential
Home- and Community-Based Services

Home- and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community. A variety of health and human services can be provided. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.

HCBS programs generally fall into two categories: health services and human services. HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category.
Psychiatric Advance Directives (SAMHSA 2019)

“a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis...”
Supported Decision-Making and Personal Autonomy

US Examples

American Bar Association and Center for Public Representation efforts on supported decision making
- Approx 8 states have supported decision-making laws

SAMHSA Efforts to expand psychiatric advance directives

Lessons from the International Community

United Nations examination of human rights in health care delivery

EUNOMIA study examining coercion in psychiatric care across 11 countries

National Institute for Health Care Excellence Guidelines for supported decision-making

Article 12 of the UN convention on the Rights of Persons with Disabilities

Pinals NASMHPD 2019
Supported Decision-Making and Personal Autonomy

Article 12 of the UN Convention on the Rights of Persons with Disabilities

Examined around the world as a point for maximizing the opportunities for persons with disabilities to make personal choices

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Lesson 5: Support Balancing...

MAXIMIZING RIGHTS WHILE PROTECTING INDIVIDUALS WITH VULNERABILITIES AND INTOLERABLE RISKS...
The Push Me - Pull You Dilemma

Bad outcomes → Increased public safety concerns → Tighter oversight laws → Limiting community autonomy

Advocate focused → Person Centered → Maximized autonomy → Increased community access
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<tr>
<th>Recovery Themes</th>
<th>Forensic/Risk Assessment Themes</th>
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<tr>
<td>Self-determinism</td>
<td>Loss of free will as causative agent</td>
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<tr>
<td>Full community integration</td>
<td>Lack of capacity permits autonomy override</td>
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<tr>
<td>Maximal civil rights</td>
<td>Monitoring</td>
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<tr>
<td>Nothing about me without me</td>
<td>Limited community access</td>
</tr>
<tr>
<td>Persons not diagnoses</td>
<td>Diagnoses, risk factors traditionally primary</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Coercive elements</td>
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<tr>
<td>Strength-based</td>
<td>Deficit-based</td>
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Person-Centered approach to Risk Mitigation

Traditional “High, medium, low risk” label has limited value in fully supporting individuals with recovery principles

Instead: How did they get here???

Join the client wherever they are on the journey to recovery

Hold hope of individual potential and identify small and big steps

Understand goals then, goals now

Understand barriers to goal attainment
Example of Risk Mitigation

Ex 1 Goal: Attending college
- Barriers: repeated arrests related to substance use
- Anxiety significant related to prior trauma
- Plan: Trauma-focused care, substance use treatment

Ex 2 Goal: Obtain employment
- Barriers
  - Beliefs about government conspiracy and hears distracting voices causing intermittent aggression and criminal charges
- Plan: Medication, Rehabilitation supports, CBT, partner with criminal justice oversight entity
Harm Reduction: Building Safety Networks

Individual
Family/Friends
Peer supports
Community at Large
Spiritual connections
Criminal justice partners
Recovery Themes

Self-determinism
Full community integration
Maximal civil rights
Nothing about me without me
Persons not diagnoses
Empowerment
Strength-based

Shifting Focus: Forensic/Risk Assessment Themes

Coercion and “fairness”
Forward thinking responsibility, even after moments of loss of free will
Accept some may lack capacity but maintain respect for persons
“Monitoring” as part of supporting, engaging, and motivating
Diagnoses, risk factors as part of a personal story
Deficit awareness, resilience and strength focused
Conclusions

• Evolving standards for caring for individuals within forensic services

• Principles of autonomy, rights and fairness continue to be key themes

• Balancing with public safety, unit safety, personal safety for the individual requires taking both long and short views

• Seeking support and consultation may be required

• Review and assess progress, make refinements....
THANK YOU!