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
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

- Specialized Probation
  - Decreased rearrests
  - Decreased symptoms

*(Case, 2009)*

*(Skeem, 2009)*

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**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

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**Maybe its not only about MI**

- Instant Offense-MI Connection
  - 4% MI direct
  - 4% MI indirect
  - 25% SA direct or indirect

*(Junginger, 2006)*

- Fixing “broken” mental health system
  - No decreased jail MI prevalence in Mass. County with increased MI 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

Prior Criminal Justice History
- Convicted upon guilty plea to PL220.39 Criminal Sale Controlled Substance 3rd Degree and adjudicated as a youthful offender - Five years probation
- Convicted upon guilty plea to PL230.01(1) Burglary 2nd Degree - Three years probation

General Background
- Mark was born and raised in New York City. His brother is currently at Rikers Island Psychiatric Center. His father is deceased, and had clinical depression. His mother and sister are all living, but Mark and his family are estranged. They “don’t want him to come around.”
- Mark was paranoid and smelled of alcohol. He was hospitalized at Bellevue on the forensic psychiatric unit. In 2009, Mark suffered a stroke that was believed to be caused by a lack of exercise and a poor diet.

Mental Health and Substance Abuse History
- First diagnosed with mental illness during his 1998 incarceration
- Diagnosed Schizoaffective Disorder, Marijuana Dependence, in remission, and Antisocial Personality Disorder
- History of five psychiatric hospitalizations before instant arrest
- History of multiple medication trials for mental illness
- History of paranoia, grandiosity, and psychosis

Facts at Time of Current Arrest
- Hit the victim (the mother of his daughter) in the face causing a cut to the lip and swelling to the nose. The victim was in custody at the time and was treated at the hospital. An order of protection was issued in July 2009.

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

Last Offense: July 15, 2013

Prior Criminal Justice History
- Convicted upon guilty plea to PL265.0340.20 - Criminal Possession of a Weapon in the Third Degree: Loaded Firearm - 54 months in state prison; violated while under parole supervision; returned to prison; discharged to Office of Mental Health

General Background
- John was raised in New York City and went to Brandeis High School. He is a veteran of the U.S. Navy, having served for one year without military benefits. 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
- 10-year history of psychosis with intermittent manic symptoms
- Diagnosed Schizophrenia, Paranoid Type
- 20-year history of psychosis with intermittent manic symptoms
- Diagnosed Schizophrenia, Paranoid Type

Facts at Time of Current Arrest
- John was out of treatment as he had stopped attending his outpatient mental health clinic. The clinic was concerned that he had stopped taking his medications. He was released on parole in January 2013 and was subsequently arrested for aggravated harassment.

Mark’s recidivism Risk Level

Do you think Mark’s Risk for Re-arrest is:
- Low
- Medium
- High
John's recidivism Risk Level

Do you think John’s Risk for Re-arrest is:
- Low
- Medium
- High

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

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

- Offender Information
- Risk and Need Assessment
- Offender Treatment Plan
Level of Symptom Inventory
- LSI
- LSI-R
- LSI-SV
- LSCMI

LSCMI – Total Score

Criminogenic Needs
Predicting Recidivism – Mental Illness

CASES Forensic ACT 2012

<table>
<thead>
<tr>
<th>RISK GROUP</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH/VERY HIGH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>% ACT Sample</td>
<td>15%</td>
<td>35%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>% Re-Arrested 2-YEARS</td>
<td>0%</td>
<td>30%</td>
<td>52%</td>
<td>36%</td>
</tr>
</tbody>
</table>

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
--- | ---
Family & Relationships. The less connected and engaged with family or other important support systems, the greater the risk for criminal behavior | Reduce conflict, build positive relationships, enhance parenting skills
School/Work Greater commitment to academic/vocational pursuits the lower the risk of criminal behavior | Enhance performance, rewards and satisfaction derived from school and work
Leisure/Recreational Activities The greater the number & satisfaction from prosocial leisure pursuits, less risk of engaging in crime | Enhance outside involvement in prosocial activities
Substance Abuse. Alcohol and illicit drug use increases risk for criminal activity | Reduce use, reduce the personal and interpersonal supports for substance-oriented behavior
### Criminogenic Need BIG 4

<table>
<thead>
<tr>
<th>Criminogenic Need</th>
<th>Skill Building Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Antisocial Behavior. The more extensive one’s involvement in crime, the greater the risk for criminal recidivism</td>
<td>Build alternative prosocial behaviors. Build non-criminal alternative behavior in risky situations</td>
</tr>
<tr>
<td>Antisocial Personality Pattern. A pattern of restlessness, aggressiveness, poor self control, adventurousness and callousness</td>
<td>Inter-personal problem solving skills, anger management, critical reasoning, Self-management and coping skills</td>
</tr>
<tr>
<td>Criminal Thinking &amp; Antisocial Attitudes. Cognitive processes and attitudes supportive of a criminal lifestyle predict criminal behavior</td>
<td>Recognize risky thinking and feelings, acknowledge impact of behavior on others (victims), and consequences to choices.</td>
</tr>
<tr>
<td>Antisocial Associates. The more criminal associates (e.g., family members, friends) increases risk</td>
<td>Pursue prosocial associates and weaken ties to antisocial friends and family members</td>
</tr>
</tbody>
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### Needs

**What interventions are there?**

### Criminogenic Need

<table>
<thead>
<tr>
<th>Criminogenic Need</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>History of Antisocial Behavior</td>
<td></td>
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<tr>
<td>Antisocial Personality Pattern</td>
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<td>Criminal Thinking And Antisocial Attitudes</td>
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<tr>
<td>Antisocial Associates</td>
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<tr>
<td>Family &amp; Relationships</td>
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<tr>
<td>Leisure/Recreational Activities</td>
<td></td>
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<tr>
<td>Substance Abuse</td>
<td></td>
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</tbody>
</table>
### Criminogenic Need Interventions

| Family & Relationships | Multi-family Group  
| School/Work | Supported Employment  
| Leisure/Recreational Activities | Social Skills  
| Substance Abuse | Integrated Treatment  

- **Family & Relationships.** The less connected and engaged with family or other important support systems, the greater the risk for criminal behavior.
- **School/Work** Greater commitment to academic/vocational pursuits the lower the risk of criminal behavior.
- **Leisure/Recreational Activities** The greater the number & satisfaction from prosocial leisure pursuits, less risk of engaging in crime.
- **Substance Abuse.** Alcohol and illicit drug use increases risk for criminal activity.

### Criminogenic Need BIG 4

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

### 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.
- **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.
- **Antisocial Associates.** The more criminal associates (e.g., family members, friends) increases risk.
The Central Eight - MI Overrepresentation

General and specific recidivism risk higher
- Antisocial Personality Pattern

(Crook, 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

DRUGS ARE BAD

DRUGS ARE BAD

DRUGS ARE BAD
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 Reconation Therapy
- Interactive Journaling

Thinking for A Change (T4C)
National Institute of Corrections

Stress + Beliefs

Problem

Consequences

Feelings

Thoughts

Actions

http://www.nicic.org
Reasoning and Rehabilitation

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

Moral Reconvation Therapy

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

**Last Offense**
January 3, 2013

**Prior Criminal Justice History**

- PL215.52(1) Aggravated Criminal Contempt
- PL120.00(1) Assault in the 3rd 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.

**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 10th 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**
- 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 signs of illness, paranoia, hallucinations, or psychosis.

**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 Objectio n order from the judge. Mark was subsequently found unfit for trial and was treated at Kirby Forensic Psychiatric Center for six months.

**Mark’s LS/CMI Score**

**Mark’s Treatment Plan**

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

Last Offense
July 15, 2013
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
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 all of the people present in the store and said, “give me your keys,” in a
menacing voice.

Prior Criminal
Justice History
On or about September 6, 2012:
Arrested for PL120.00 Assault 3rd Degree (2 counts) - Dismissed CPL730

General
Background
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.

Mental Health
and Substance
Abuse History
- 20-year history of psychosis with intermittent manic symptoms
- Diagnosed Schizophrenia, Paranoid Type
- At least four psych hospitalizations, the first is littered 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

Facts at Time of
Current Arrest
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 commitment (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 him to stay in the mental health system. He feels that the “system” has been persecuting him. John has a
delusion that someone has copies of his house keys and enters his apartment. When the police came, he was surprised to hear that they didn’t hear any sounds, but

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

Responsivity Principle

- Specific
  - Indirect Criminogenic Needs
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

How important is this really?

Impact on Recidivism Rates

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Treatment in Prison</td>
<td>17%</td>
</tr>
<tr>
<td>Intensive Supervision + Treatment</td>
<td>21%</td>
</tr>
<tr>
<td>Drug Treatment in the Community</td>
<td>24%</td>
</tr>
<tr>
<td>Supervision with Risk Model + Resposibility</td>
<td>30%</td>
</tr>
</tbody>
</table>

Washington State Institute for Public Policy, April 2012
Summary

Drug Abuse  Re-arrest
Mental Illness