Targeting Criminal Recidivism in Justice-Involved People with Mental Illness: Structured Clinical Approaches

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Of all community treatment outcomes for justice-involved individuals with mental illness, among the most valued by programs, policymakers, and funders is decreased criminal recidivism, particularly a decrease in new crimes with new victims. This outcome is intended to capture improved individual stability and public safety while offering support for the promised cost savings from reduced jail days (Almquist & Dodd, 2009; Milkman & Wanberg, 2007).

Evidence-based practices (EBP) with track records of effectiveness in treating serious mental illness, co-occurring substance use, and trauma have been utilized with some success among people in contact with the justice system (Osher & Steadman, 2007). However, recent reviews have reported that receipt of behavioral health services by justice-involved people with mental illness, such as assertive community treatment and its forensic adaptation (Morrissey, Meyer, & Cuddeback, 2007) or symptom reduction among participants in jail diversion programs (Steadman, 2009), were not necessarily associated with reductions in subsequent contact with the justice system.

Specialized case management and clinical services that specifically focus on factors associated with criminal recidivism are recommended as a necessary adjunct to symptom-focused services for this justice-involved population (Skeem, Manchak, Vidal, & Hart, 2009). These factors, some of which are targeted by existing evidence-based practices, include substance abuse, education and vocational opportunities, family support, leisure activities, antisocial associates, personality traits, and cognitions (Lamberti, 2007). In this brief, we present structured clinical interventions that were developed or adapted to specifically target the antisocial traits or cognitions, that is, the thoughts, feelings, and behaviors associated with criminal justice contact. Our primary focus is on cognitive behavioral interventions developed for criminal justice populations that are effective in reducing recidivism.

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Cognitive-Behavioral Therapy and Adaptations for Justice-Involved Populations

Cognitive-behavioral therapy (CBT) is an intervention for ameliorating distressing feelings, disturbing behavior, and the dysfunctional thoughts from which they spring.[3] Improvements in target symptoms, such as anxiety and depression, are mediated through identifying and disputing the automatic thoughts that generate those feelings. Behavioral techniques, such as skills training and role-playing are well-established ways of addressing phobias and posttraumatic reactions. These techniques also help patients develop coping mechanisms for managing the thoughts and feelings identified during the intervention.

While the original focus of CBT was intrapersonal (i.e., symptom relief for the individual with the goal of feeling and functioning better), recidivism-related antisocial cognitions and maladaptive emotional reactions are largely interpersonal and may not be associated with individual distress (other than

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3. For reviews of traditional CBT interventions, see Butler, Chapman, Forman, & Beck (2006) and Leichsenring & Leibing (2008).

undesired legal consequences). As a result, a CBT intervention with a goal of reducing an individual's contact with the justice system requires more than an emphasis on symptom relief. In fact, the intervention must target interpersonal skills and the acceptance of community standards for responsible behavior (Milkman & Wanberg, 2007).

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Recidivism-Focused CBT Programming: General Principles

CBT programming is most effective in reducing recidivism when moderate- or high-risk individuals are targeted, their criminogenic needs are the focus of intervention, and the intervention method is responsive to their style of learning (Andrews & Bonta, 1998; Lipsey, Chapman, & Landengerger, 2001). Criminogenic needs are characteristics specific to an individual that are relevant to criminal behavior, such as criminal attitudes, values, beliefs, thinking styles, and cognitive emotional states (Andrews, 1996). These characteristics have been described in individuals with mental illness who are in contact with the justice system (Lamberti, 2007). Thus, while recidivism-focused CBT programming was not initially developed for a target population of individuals with mental illness, it may be an appropriate intervention given that it is a structured approach focused on problem behavior and criminogenic needs (Rosenfeld et al., 2007).

Recidivism-focused programs employ traditional CBT elements, such as homework assignments, role plays, and multimedia presentations, to improve relevant areas of cognitive functioning, such as critical thinking, assertiveness, interpersonal cognitive problem solving, negotiation skills, and pro-social values. An exhaustive survey of programs is beyond the scope of this brief, but the following represent typical CBT interventions used in correctional settings:

- Thinking for a Change (T4C) (Golden, 2002)
- Moral Reconation Therapy (MRT) (Little & Robinson, 1988)
- Lifestyle Change (Walters, 1999)
- Reasoning & Rehabilitation (R&R) (Ross, Fabiano & Ewles, 1988)
- Options (Bush & Bilodeau, 1993)

Providers who plan to use a CBT program must keep in mind that implementation quality directly impacts the overall effectiveness of the program. Implementation quality is determined by factors such as the employment of an empirically valid theory that underlies the treatment, the use of printed manuals and materials, and delivery by trained, enthusiastic providers who receive adequate clinical supervision (Lamberti, 2007).

Recidivism-Focused CBT Programs

Developed by the National Institute of Corrections (Golden, 2002), the T4C program employs a problem-solving approach that teaches individuals to work through problems without resorting to criminal behavior. T4C emphasizes introspection, cognitive restructuring, and social skills training. MRT was designed to facilitate the acquisition and application of higher levels of moral reasoning among individuals (Little & Robinson, 1988). Lifestyle Change, designed for long-term prison inmates (Walters, 1999), teaches a structured, self-reflective, cost-benefit analysis of choices and consequences, with a focus on thinking styles that have been found to support criminal activity (i.e., an overly optimistic view of legal outcomes, thinking that one can easily undo past transgressions, and the externalization of responsibility). R&R was developed by Ross and Fabiano (1985) to target cognitive processing and pro-criminal thinking. It was first piloted with people on parole in Canada (Ross, Fabiano, & Ewles, 1988). Developed through support from the National Institute of Corrections, Options focused on attitudes and social problem-solving skills (Bush & Bilodeau, 1993).

While T4C has not been integrated into a mental health program, MRT is part of the service package afforded participants in the Bonneville County Mental Health Court in Idaho (Eric Olson, personal communication, 2009), and Treatment Alternatives for Safe Communities (TASC) in New York City has incorporated a criminal thinking journaling component of the Lifestyle Change program into

its case management services for diversion program participants in Brooklyn.[4] Both programs report that the interventions are well accepted and appreciated by the participants; however, to date no research has documented the effectiveness of T4C, MRT, or Lifestyle Change with the population enrolled into diversion programs.

The effectiveness of Options (Ashford, Wong, & Sternbach, 2008) and R&R (Donelly & Scott, 1999) has been studied with people with mental illness in contact with the justice system. While R&R was effective in improving problem solving and social adjustment, Donnelly and Scott (1999) did not determine the program's effect on recidivism. However, Kunz and colleagues (2004) examined a program that combined elements of R&R with an institutionalized token economy for a sample of people (n=85) with persistent violent and criminal histories in an inpatient setting. While the study lacked a control group and was hampered by a small sample size, Kunz and colleagues (2004) determined that the program compared favorably to previously published re-arrest rates of justice-involved people with and without mental illness in that 17 individuals (20 percent) were rearrested within the six-month follow-up period, of whom 5 were rearrested for violent offenses. A version of R&R developed specifically for justice-involved people with mental illness is currently being evaluated (Young & Ross, 2007).

In the study of Options, Ashford and colleagues (2008) compared an intended treatment group (n=47), a completed treatment group (n=24), and a control group (n=29) on criminal attitude and hostile attribution bias measures in addition to criminal outcomes. The intended treatment and treatment completion groups were associated with reduced arrests, including violent arrests, compared to the control group. Participants in the Options groups were more likely to receive technical violations of probation compared to the control, but this may be related to the increased correctional supervision that such persons received, as opposed to an index of program ineffectiveness.

In a meta-analysis conducted by the Washington State Institute for Public Policy (Aos, Miller & Drake, 2006), the authors determined that CBT programs aimed at the general population of justice-involved people achieved an average reduction in recidivism of 8.2 percent. However, comparative recidivism research faces several confounds, including differences in measures of success (re-arrest vs. re-conviction vs. re-incarceration); difference in target population (high or low risk); and in the content, intensity, and length of the interventions, not to mention variation in research rigor.

New Directions in Criminal Behavior Focused Structured Interventions

While the programs developed for use with the general criminal justice population are structured around traditional criminogenic needs (e.g., antisocial attitudes, problem solving, or thinking styles), programs with a basis in mental health services address other clinical features associated with criminality, such as frustration intolerance, social skills deficits, and misperceptions of the environment (Galietta, Finneran, Fava, & Rosenfeld, 2009). Two such programs are forensic-focused dialectical behavioral therapy (DBT) and schema-focused therapy (SFT). Both DBT and SFT were developed within traditional mental health services and later applied to forensic settings.

DBT was recognized as the first empirically supported treatment for borderline personality disorder and has been successful at reducing the self-harm behaviors and emotional instability in people diagnosed with the disorder (Linehan et al, 1991). The employment of DBT with people with borderline personality disorder in forensic psychiatric settings has been associated with fewer violent incidents and a reduction in self-reported anger (Evershed et al., 2003; Berzins & Trestman, 2004). DBT has also been used with people who engage in stalking, who are disproportionately likely to suffer from narcissistic, antisocial, or borderline personality disorders. In a study by Rosenfeld and colleagues (2007), people who completed a six-month program were less likely to be rearrested for stalking compared to treatment non-completers or published rates of recidivism for stalking.

SFT is an integrative long-term psychotherapeutic treatment that combines elements of cognitive,

4. Implemented by the first author.

behavioral, psychodynamic, and humanistic approaches. It is designed for working with people with personality disorders in an individual setting. SFT is based on the theory that early maladaptive schemas are fixed patterns of thoughts, feelings, and behaviors that arise from negative childhood experiences and continue into adulthood (Young, 1999). It has recently been implemented in forensic settings that include persons with the most severe form of antisocial personality disorder, psychopathy (Bernstein, 2007). Bernstein (2008) reported that rates of approved, supervised leave were significantly greater for persons who completed treatment. However, the criminal justice outcomes of SFT have not yet been studied.

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A point to consider is the role of individual motivation and engagement in treatment. Most of the programs discussed in this brief presume a level of motivation and engagement to participate and learn that is not necessarily present. Where motivation is poor or lacking, a more direct intervention may be required as a precursor to the program. Motivational Interviewing is one well-established approach that has also been used with justice-involved populations (McMurran, 2009). Structured approaches to engagement specifically designed for justice-involved individuals include Focusing on Reentry (Porporino & Fabiano, 2007), a manualized intervention for motivational enhancement and goal setting, and the SPECTRM Reentry After Prison (RAP) group (Rotter, McQuistion, Broner, & Steinbacher, 2005). The latter approach was developed with the particular experience of people with mental illness in mind. No controlled studies have assessed their effectiveness.

Summary

Although connecting individuals with mental illness to appropriate and effective community-based services is important for the improvement of individual and public health, there is little reason, based on the available evidence, to expect such services to result in a demonstrable reduction in subsequent contact with the justice system. Integrating such services with structured clinical interventions that are focused on recidivism may help programs achieve their desired public health and public safety outcomes. Recidivism-focused CBT programming is an established approach with a promising research base for working with justice-involved people with mental illness.

References

Almquist, L., & Dodd, E. (2009). *Mental health courts: A guide to research-informed policy and practice.* New York: Council of State Governments Justice Center.

Andrews, D. A. (1996). Criminal recidivism is predictable and can be influenced: An update. *Forum on Corrections Research, 8,* 42-44.

Andrews, D. A., & Bonta, J. (1998). *The psychology of criminal conduct* (2nd ed.). Cincinnati, OH: Anderson.

Aos, S., Miller, M., & Drake, E. (2006). *Evidence based adult corrections programs: What works and what does not.* Olympia, WA: Washington State Institute for Public Policy.

Ashford, J. B., Wong, K. W., & Sternbach, K. O. (2008). Generic correctional programming for mentally ill offenders: A pilot study. *Criminal Justice and Behavior, 35,* 457-473.

Bernstein, D. P. (November, 2008). *A new method for rating schema modes in forensic patients.* Paper presented at the Annual Fall Congress of the Vereniging voor Gedrags en Cognitieve Therapie, Eindhoven, The Netherlands.

Bernstein, D. P., Arntz, A., & Vos, M. E. de (2007). Schema focused therapy in forensic settings: Theoretical model and recommendations for best clinical practice. *International Journal of Forensic Mental Health, 6,* 169-183.

Berzins, L. G., & Trestman, R. L. (2004). The development and implementation of dialectical behavior therapy in forensic settings. *International Journal of Forensic Mental Health, 3,* 93-103.

Bush, J., & Bilodeau, B. (1993). *Options: A cognitive change program.* Longmont, CO: National Institute of Corrections.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26,* 17-31.

Donnelly, J. P., & Scott, M. F. (1999). Evaluation of an offending behavior programme with a mentally disordered offender population. *British Journal of Forensic Practice*, *1*, 25-32.

Evershed, S., Tennant, A., Boomer, D., Rees, A., Barkham, M., & Watson, A. (2003). Practice-based outcomes for dialectical-behavioural therapy targeting anger and violence, with male forensic patients: A pragmatic and non-contemporaneous comparison. *Criminal Behaviour and Mental Health*, *13*, 198-213.

Galietta, M., Finneran, V., Fava, J., & Rosenfeld, B. (2009). Treatment refractory populations and clinical problems: Antisocial and psychopathic personalities. In D. McKay, S. Taylor, & J. Abramawitz (Eds.), *Cognitive-behavior therapy: Lessons learned from refractory cases* (pp. 385-405). Washington, DC: American Psychological Association.

Golden, L. (2002). *Evaluation of the efficacy of a cognitive behavioral program for offenders on probation: Thinking for a change.* Retrieved April 26, 2010, from the National Institute of Corrections Web site: http://www.nicic.org/pubs/2002/018190.pdf

Kunz, M., Yates, K. F., Czobor, P., Rabinowitz, S., Lindenmayer, J. P., & Volavka, J. (2004). Course of patients with histories of aggression and crime after discharge from a cognitive-behavior program. *Psychiatric Services*, *55*, 654-659.

Lamberti, J. S. (2007). Understanding and preventing criminal recidivism among adults with psychotic disorders. *Psychiatric Services, 58*, 773-781.

Leichsenring, F., & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychology, 160,* 1223-1232.

Linehan, M. M., Armstrong, H. E., Suarez, A., Allmon, D., & Heard, H. L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry, 48*, 1060–1064.

Little, G. L., & Robinson, K. D. (1988). Moral reconation therapy: A systematic step-by-step treatment system for treatment resistant clients. *Psychological Reports*, *62*, 135-151.

McMurran, M. (2009). Motivational interviewing with offenders: A systematic review. L*egal and Criminological Psychology*, 14, 83-100.

Milkman, H., & Wanberg, T. D. (2007). *Cognitive-behavioral treatment: A review and discussion for corrections professionals.* Washington, DC: U.S. Department of Justice, National Institute of Corrections.

Morrissey, J., Meyer P., & Cuddeback, G. (2007). Extending assertive community treatment to criminal justice settings: Origins, current evidence, and future directions. *Community Mental Health Journal, 43*, 527-544.

Osher, F.C., & Steadman, H. J. (2007). Adapting evidence-based practices for persons with mental illness involved with the criminal justice system. *Psychiatric Services, 58,* 1472-1478.

Porporino, F. J., & Fabiano, E. (2005). *The focusing on reentry programme (F.O.R.): Theory and conceptual overview*. Ottawa: T3 Associates, Inc.

Rosenfeld, B., Galietta, M., Ivanoff, A., Garcia-Mansilla, A., Martinez, R., Fava, J., Fineran, V., & Green, D. (2007). Dialectical behavior therapy for the treatment of stalking offenders. *International Journal of Forensic Mental Health, 6*, 95-103.

Ross, R. R., Fabiano, E. A., & Ewles, C. D. (1988). Reasoning and rehabilitation. *International Journal of Offender Therapy and Comparative Criminology*, *32*, 29-35.

Rotter, M., McQuistion, H. L., Broner, N., & Steinbacher, M. (2005). Best practices: The impact of the "incarceration culture" on reentry for adults with mental illness: A training and group treatment model. *Psychiatric Services, 56*, 265-267.

Skeem, J., Manchak, S., Vidal, S., & Hart, E. (2009, March). *Probationers with mental disorder: What (really) works?* Paper presented at the American Psychology and Law Society Annual Conference, San Antonio, TX.

Steadman, H. J. (2009, March). *TCE for jail diversion programs: Cross-site evaluation update.* Paper presented at the CMHS Targeted Capacity Expansion for Jail Diversion Programs Annual Grantee Meeting, Bethesda, MD.

Walters, G. D. (1999). Short-term outcome of inmates participating in the lifestyle change program. *Criminal Justice and Behavior*, *26*, 322-337.

Young, J. E. (1999). *Cognitive therapy for personality disorders: A schema-focused approach*. Sarasota, FL: Professional Resource Press.

Young, S. J., & Ross, R. R. (2007). *R&R2 for youths and adults with mental health problems: A prosocial competence training program*. Ottawa: Cognitive Centre of Canada.