Targeting Criminal Recidivism in Mentally Ill Offenders: Cognitive Behavioral Therapy Approaches

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Bronx County Mental Health Court

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Bonneville County Mental Health Court

JMHCP National Training and TA Event:
Collaborating to Achieve and Communicate Positive Public Health and Public Safety Outcomes
Common Goals
Clinical Programs

• Engagement
• Clinical Improvement
• Decrease Untoward Behavior
• Improved quality of life
• Decreased recidivism (re-arrest)
  – Hospitalization
  – INCARCERATION
Outline

• The Myth of Criminalization
  – Not “whether”, but “why”

• Cognitive-Behavioral Interventions
  – General Introduction
  – Criminal Justice Focus
    • Thinking for a Change

• Program Examples
  – Reasoning and Rehabilitation
    • NYS Office of Mental Health
  – Cognitive change-focused Journaling
    • NYC TASC Mental Health Diversion Program
  – Moral Reconciliation Therapy
    • Bonneville County Mental Health Court (Idaho)
The Good News

• Jail Diversion - Steadman (2009)
  – Decreased arrests
  – Decreased symptoms

• Specialized Probation - Skeem (2009)
  – Decreased rearrests
  – Decreased revokation
The Weird News

- Decreased re-arrest NOT related to decreased symptoms (measured by CSI)
  - Steadman
    - Group with 2 or more subsequent arrests had largest symptom reduction
    - Primary predictor of subsequent re-arrest was criminal history
  - Skeem
    - No difference in symptom reduction
      - Between specialized and routine probation
    - No difference in symptom reduction distribution
      - Between re-arrested and not re-arrested group
Maybe it’s not only about MI

• Fisher (2000)
  – No decreased jail MI prevalence in Mass. County with increased MH services

• Jurginger (2006)
  – 4% MI direct
  – 4% MI indirect
  – 25% SA direct or indirect

• Peterson (2010)
  – 7% “Active psychotic”
  – 90% “Emotionally disturbed,” ie. hostile/impulsive
The Big 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

The Big Eight - MI Overrepresentation

• **Skeem (2008)**
  - General and specific recidivism risk higher
    • Antisocial personality pattern

• **Carr (2008)**
  - 5/8 PICTS items higher in state hospital subjects
    • Antisocial cognitions, such as externalization, rationalization and entitlement
Interventions

- Substance Abuse/Antisocial associates
  - Integrated Treatment
  - People, places and things
    - Case Management and Monitoring
- Family
  - Multi-family therapy
- Unemployment
  - Supported Employment
- Homelessness
  - Housing first
- Antisocial Cognitions
  - Cognitive behavioral interventions
Cognitive-Behavioral Treatment

• Cognitive focus
  – Internal mental processes
    • Behavior follows thought
  – Beck, Ellis

• Behavioral focus
  – External behavior
    • Behavior is all; thought does not matter
  – Pavlov, Skinner
Traditional Cognitive-Behavioral Treatment

- 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
• Community Responsibility
• Engagement Challenges
  – Motivation
    • Motivational Interviewing
    • Focus on Recovery
  – CJ culture Adaptation
    • SPECTRM RAP Intervention
The Purpose of the RAP Group

Promote Cultural Re-adaptation by

• Developing trust through shared experience
• Challenging prison and jail attitudes
• Introducing new problem solving skills
What we do in RAP

- Talk about jail/prison experiences
- Examine attitudes, beliefs & behaviors learned in jail/prison
- Does “jail thinking/behaving” help or hurt?
- Learn new ways to think/behave
RAP: Group Processes

CONNECTING

War stories

EXPLORING

Psycho-Education: Setting Differences and Similarities

CHANGING

Cognitive Behavioral Technology: Script and Disputation
Cognitive-Behavioral Adaptations
CJ-Involved Populations
Summary

• Clinical focus

+ 

• Targeted approach to CJ recidivism
Cognitive-Behavioral Adaptations
CJ-Involved Populations
General Principles

• Social learning
• Positive reinforcement
• Intensive/short term
• Higher risk target
  – Needs, Responsivity
• Community-based
• Motivational component
• Target offender rather than offense

Milkman & Wanberg, 2007
http://nicic.org/Library/021657
Achieving and Communicating Outcomes

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
  – Schema-focused Therapy
    • Forensic hospital - earlier release approvals
Cognitive-Behavioral Adaptations
CJ-Involved Populations

- Aggression Replacement Therapy
- Reasoning and Rehabilitation
- Relapse Prevention Therapy
- Criminal Conduct and SA Treatment
- Thinking for a Change
- Moral Reconation Therapy
- Options
- Lifestyle Change
Cognitive-Behavioral Adaptations
CJ-Involved Populations
General Components

• Introspection
• Cognitive Restructuring
  – Problem Solving
    • Identification of cognitions
    • Cost-benefit analysis
• Social Skills
• Moral Reasoning
• Didactic Education
• Modeling
• Role Playing
• Written Work
Thinking for A Change (T4C)
National Institute of Corrections

Stress + Beliefs

Problem

Consequences

Feelings

Thoughts

Actions

http://www.nicic.org
Cognitive-Behavioral Adaptations
CJ-Involved Populations
Outcomes

• Meta-analysis: 8.2\% reduction in re-arrest (Aos, 2006)
• Confounds
  – Study variable
    • Controlled vs. naturalistic
    • Program Fidelity
  – Recidivism-related variables
    • Rearrest vs. Reconviction vs. Reincarceration
    • High vs. low risk offender
    • Intensity and length of intervention
  – Clinical variables
    • Trauma
• Mental Illness
Reasoning and Rehabilitation

• Problem Solving
  – Recognize and define a problem, identify feelings, assemble information, generate alternative problem solutions, and consider consequences.

• Social Skills
  – The skills include: asking for help, expressing a complaint, persuading others, and responding to others’ feelings, messages and complaints.

• Negotiation Skills
  – The skills include compromise in situations of conflict, specifically by identifying options to problems, identifying consequences.

• Managing Emotions
  – The skills include recognizing emotions, and using techniques such as monitored breathing and self-talk to control their emotions.

• Creative thinking
  – Develop alternative views of situations methods of solving problems or achieving goals. It teaches the offender systematic thinking processes.

• Values Enhancement
  – Examine beliefs and consider their points of view along with the viewpoints of others using moral dilemma scenarios.
## Characteristics of CST (R&R) Participants

<table>
<thead>
<tr>
<th>Offender Characteristics</th>
<th>General Population % (n=1444)</th>
<th>Psychiatric Population % (n=32)</th>
<th>Waiting List Controls % (n=366)</th>
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<tbody>
<tr>
<td>Sex offense</td>
<td>11.02</td>
<td>17.2</td>
<td>12.2</td>
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<tr>
<td>Violent offense</td>
<td>45.7</td>
<td>58.6</td>
<td>44.5</td>
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<tr>
<td>Drug offense</td>
<td>22.6</td>
<td>20.7</td>
<td>21.4</td>
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<tr>
<td>Robbery</td>
<td>37.5</td>
<td>37.9</td>
<td>37.1</td>
</tr>
<tr>
<td>Property</td>
<td>48.5</td>
<td>44.8</td>
<td>54.9</td>
</tr>
<tr>
<td>Escape history</td>
<td>13.2</td>
<td>27.6</td>
<td>18.2</td>
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<tr>
<td>Actuarial risk high</td>
<td>50.6</td>
<td>51.7</td>
<td>53.4</td>
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</table>

Robinson & Rotter, 1996
## Program and 1 year Post Release Outcomes of CST (R&R) Participants

<table>
<thead>
<tr>
<th></th>
<th>General Population (n=1444)</th>
<th>Psychiatric Population (n=32)</th>
<th>Waiting List Controls (n=366)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Drop out</td>
<td>16.9</td>
<td>17.2</td>
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<tr>
<td>New Readmission</td>
<td>46.9</td>
<td>29.2</td>
<td>51.4</td>
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<tr>
<td>New Conviction</td>
<td>21.3</td>
<td>4.2</td>
<td>24.3</td>
</tr>
</tbody>
</table>

Robinson & Rotter, 1996
NY State OMH – STAIR Program

• R & R plus
  – Comprehensive Assessment
  – Pharmacologic Consultation
  – Token Economy
  – Follow-up Community Case Management

• Outcome (n=85 completers)
  – 6 month re-arrest rate: 20%
    • 1/3 re-arrests for violent offense
  – Caveats
    • approx. 50% did not complete program
    • 35 patients re-hospitalized at some point
Lifestyle Change

• Process
  – Cognitive-behavioral techniques
  – Interactive Journaling

• Content
  – Cost/Benefit Analysis
  – (PICTS) Psychological Inventory of Criminal Thinking Styles
Looking at the payoffs of your criminal behavior

- Social status
- Money for drugs
- Feeling of power and influence
- Expensive clothes
- Avoidance of a “9 to 5” work schedule
- Attracting sexual partners
- Money
- Drugs/alcohol
- Keeping busy
- Extravagant vacations
- Spending money
- "Robin Hood" image
- "Getting over" on other people
- Luxury cars
- "Getting over" on institutions (like the government)
- Thrill of not getting caught
- "Getting over" on the government

PRISON
Lifestyle Change –
The Change Companies Journaling

Mollification: making excuses, blaming, justification

Don’t blame others for your bad luck
Don’t blame the world for your problems
Think of consequences

Now think about two situations where you used Mollification since you’ve been in prison.

1. This is a situation where I’ve used Mollification:
   There was a girl who I beat up as a kid for attention.

What is the irrational belief that caused me to make this criminal thinking error?
   She was a punk and someone else would have done it.

What is my Rational Challenge?
   She doesn’t matter if she was treating me, I should let her be.

How would my behavior change based on my Rational Challenge?
   Not bother with her.
How to do RSAs on criminal thinking

These two pages give you the opportunity to choose two situations you wrote about from pages 20-51 and practice doing RSAs to correct your irrational thinking.

Irrational approach

Activating Event

WALKED BY
A CONSTRUCTION SITE
THAT WAS
ACCESSIBLE

Beliefs

THESE SURE IN TERROR I AM
GOT MY SELL

Consequences

(Feelings and Actions)

GET ANGRY
WENT TO JAIL

Rational approach

Camera Check

WALKED BY
A CONSTRUCTION SITE
THAT WAS
ACCESSIBLE

Rational Challenge

I HAVE NO
BUSINESS
GOING IN TERROR

Desired Consequences

(Feelings and Actions)

AVOID PROBLEMS
MAY GO TO JAIL
Cognitive Behavioral Therapy

Interventions:

MORAL RECONATION THERAPY
Evidence Based Practices for MH Courts

- **ACT** (Assertive Community Treatment Team)
- **INTEGRATED** dual diagnosis treatment/Offender tx
- Collaboration – Multidisciplinary team
- Motivational Interviewing/CBT
- **WHY WE FELT WE NEEDED MRT??**
- **MRT** *(Moral Reconciliation Therapy)*
What we were seeing...

- Stability with MH Symptoms = decrease in Psychiatric Hospitalizations
- Abstinence with SA disorder = decrease in Incarceration
- What were we missing???
Dr. Skeem (2009)

- The strongest risk factors for recidivism are shared by those with and without mental illness.
- An increase in services often does not translate into reduced recidivism.
So What were we missing???

• We were providing intense MH services
• Integrated MH/SA treatment
• The 3rd leg of the stool: Treatment for Criminogenic Risk!
MRT origins

• Created by Gregory L. Little and Kenneth D. Robinson

• Began in Drug Offender Rehabilitation Program at Shelby County Correction Center in Memphis, TN.
Moral Reconciliation Therapy

• MRT® seeks to move clients from egocentric, hedonistic (pleasure vs. pain) reasoning to levels where concern for social rules and others become important.

• Research on MRT® has shown that as clients pass steps, moral reasoning increases in adult and juvenile offenders.
MRT® Focus

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation

- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning
Conation

• A term derived from the philosopher Rene DeCartes to describe the point where body, mind and spirit are aligned in decision making. Reconation refers to altering the process of how decisions are made.
Correctional Program Goals for MRT

- Decrease high program dropout rates
- Improve program completion rates
- Improve outcomes with minority populations
- Provide integration of programming across the continuum of treatment levels
- Reduction of criminal recidivism
Unique Program Attributes

1. Open Ended and Self-Paced
2. Usable across Systems
3. Culturally neutral and encompasses a range of learning styles
4. Utilizes an Inside-Out Process
5. Standardized curriculum provides facilitator structure and accountability
6. Program emphasizes feedback and client reflection
7. Enhances personal problem solving and self-direction
8. Help clients identify their unique strengths
MRT® FREEDOM LADDER

Achieving and Communicating Outcomes

**GRACE**
Few persons reach this state where a person sees others as an extension of self. Reaching grace means one must give oneself to a major cause. In this stage, a person's identity fuses with others as well as a social cause. Doing the right things, in the right ways, is a primary concern. Value is placed on human life, justice, dignity, and freedom. Gandhi, King, and Mother Theresa are a few examples.

**NORMAL**
People who experience this state have incorporated their identity into how they live their lives. Thus, they have their needs fulfilled without a great deal of effort. To someone in this stage, work is not work. However, their identity nearly always involves the welfare of others, whether it is the welfare of their employees or family. They often become involved in social causes and have genuine concern for others. They give great consideration to their own conduct and are not quick to judge others. They attempt to keep all their relationships on honest, trustworthy levels where they are held accountable. It is clear that people in this stage have chosen the right identity (set of goals). Moral judgments are based about half and half on societal and ethical principles.

**EMERGENCY**
A sense of urgency in completing goals dominates this stage because the individual is totally committed to fulfilling their personal goals. The goals of a person in this stage are more broad and include the welfare of others rather than goals being narrow and self-serving. They feel in control of their lives, but often feel that they have over-committed and are in risk of failure if they slow down. Most of their decisions are based on what is best for society and their organization, but they show much higher, idealised ethical principles as well. In addition, they sometimes 'slip' to lower levels of reasoning and attempt to rectify this as soon as they realize it.

**DANGER**
The major distinction between danger and non-existence is that those in danger have committed to long-term goals. They feel the risk of danger and have communicated their desires to others. They feel a definite direction in life as necessary, important, and satisfying. They usually gain their identity from their long-term goals and recognize the requirements of situations quickly. Most of these people make their moral judgments from the societal contract level and law and order. Many of them slip to lower stages of reasoning and feel a sense of personal letdown when this occurs.

**NON-EXISTENCE**
Those in non-existence do not have a firm sense of identity and do not feel connected to the world. They often feel little purpose or responsibility for what happens to them. While they feel somewhat alienated, they can have satisfying relationships. Moral judgments can be made from law and order, pleasing others, reciprocity, or pleasure/pain.

**INJURY**
People in this stage know when they have hurt others or themselves and feel responsible for it. Low self-esteem, guilt, and feelings of inadequacy often predominate. While they seem to 'let-down' others and feel responsible for it, but they feel responsible for what happens to them. While they feel somewhat alienated, they can have satisfying relationships. Moral judgments are based on pleasing others, pleasure/pain, and reciprocity.

**UNCERTAINTY**
A person in this stage may lie, cheat, and steal, but they are uncertain if they should. They typically have no long-term goals and usually don’t know if there is a direction that is right for them. They show rapidly changing beliefs and a basic uncertainty about other people. They say ‘I don’t know’ a lot and sometimes are uncertain whether they should or can change. This stage typically doesn’t last long. Their moral judgments are based on pleasing others as well as pleasure/pain and reciprocity.

**OPPOSITION**
People in opposition are quite similar to those in disloyalty. However, those in opposition are somewhat more honest about it; they pretend less. Those in opposition tend to blame society, the rules, or the unfitness of others for their problems and state in life. They are in open opposition to established order. They tend to be rigid and unadaptable and are more confrontational, hostile, and openly manipulative. Constant conflict is often seen. Moral judgments come from pleasure/pain and reciprocity.

**DISLOYALTY**
The stage of disloyalty is the lowest moral and behavioral stage in which a person can function. Lying, cheating, stealing, betraying, blaming others, victimizing, and pretense (pretending) are the behaviors characterizing it. Negative emotions including anger, jealousy, resentment, hatred and depression dominate. Relationships are exploitative. People in disloyalty view the world as a place that cannot be trusted and believe that everyone else lies, cheats, steals, and feels negative emotions. Moral judgments are made on the basis of pleasure/pain and reciprocity.
How it Works!

• Increasing levels of moral reasoning: Step 1
  Reciprocity – Honesty

• Step 2- Trust

• Step 3- Acceptance

• “We follow the rules BECAUSE……., they’re the RULES!!!
Step 1- Honesty

• The purpose of the MRT steps is to help you take control of yourself and become the person you want to be. It is a systemic restructuring of your personality!

• Honesty, Honesty, Honesty, Honesty
Pyramid of Life

Real Life Happenings

What Could Have Been

20 Years (Childhood)
10 Years ago
5 Years ago
1 Year ago
Present

Achieving and Communicating Outcomes
Step 2- Trust

Step 2: Shield and Life Mask:
- Draw something important from your past.
- Something you do well.
- Something that you enjoy.
- Something you hope to be in the future.
- In 5 words or less, how you want to be remembered???
Step 2- Cont.

• Step 2: Life Wheel
• Picture of biggest problem in your life right now. Current problem but one you can take care of easily. Something you dislike doing, but must do. Something you really like doing the most. Something you have always wanted to do. Most important person in your life other than yourself. The things in life you believe will lead you to happiness. Your Current Identity!
Life Wheel

Instructions:
1. In #1 draw a picture that represents the biggest problem area in your life right now.
2. In #2 draw a picture of the biggest obstacle in your life.
3. In #3 draw a picture representing a current problem in your life—but one you can take care of easily.
4. In #4 draw a picture of something that you really dislike doing, but something that you must do.
5. In #5 draw a picture of the one thing that you really like doing the most.
6. In #6, draw a picture of something you have always wanted to do.
7. In #7, draw a picture of the most important people in your life—other than yourself.
8. In #8, draw a picture of the things in life that you believe will lead you to happiness.
9. In the center, draw a picture that represents your identity—who you think you are right now.
Step 3- Acceptance

1- Are you using drugs or alcohol?
2- Have you been arguing with others or trying to control things outside your control?
3- Have you been following the major rules of the program?
Other Steps Include...

- Developing Short/Long term goals
- Giving back with no personal gain.
- Interviewing and learning about others.
- Ultimate goal: Reduce Recidivism:
Moral Reconciliation Therapy

• Examples…
• Participants Praise MRT!
• Can participants with a SPMI do it??
• MH CT recidivism rate…
Taxpayers receive $8.17 in criminal justice benefits for every dollar spent... Crime victims save an average of $946 in costs for every program participant, for a combined taxpayer and crime victim benefit of $11.48 for every dollar spent.

SOURCE: THE COMPARATIVE COSTS AND BENEFITS OF PROGRAMS TO REDUCE CRIME: A REVIEW OF NATIONAL RESEARCH FINDINGS WITH IMPLICATIONS FOR WASHINGTON STATE, WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY, MAY 1999.
“Overall, those who received MRT treatment had significantly lower recidivism in comparison to the control groups. In sum the research provides strong evidence that MRT programs are effective in reducing the recidivism of offenders.”

MRT may influence more intermediate measures of success than the traditional return to prison measure – such as desistance from substance use, improved family relationships, and stability in employment and housing. A program’s success may be heavily influenced by its placement in the life course of an inmate. As program developers, we should be inspired by what we hear from the former inmates themselves:

“MRT taught me to take responsibility for my actions, to try and make amends.”

“MRT showed me how to deal with my problems as an adult. I can see how my childhood impacted my life.”

“It was helpful…it got me back into society, got me back on track. Now that MRT book, that’s a good book.”
Moral Reconciliation Therapy (MRT®) was selected for inclusion on the National Registry of Evidence-based Programs and Practices (NREPP) sponsored by the Substance Abuse and Mental Health Services Administration in 2008.

NREPP is an on-line registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The registry was created to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field.

NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.
MRT Contact Information

- CCI Office number: 901-360-1564
- www.ccimrt.com
- Eric Olson, LCPC  208-360-0262
- ericolson@qwestoffice.net
More Learning Site Info

For more information, go to CJ/MH Consensus Project Website:

http://consensusproject.org/learningsites
Thank you

For further information & copies of conference presentations please visit

www.consensusproject.org

This material was developed by presenters for the February 2011 event: “Collaborating to Achieve and Communicate Positive Public Health and Public Safety Outcomes.”

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