Supporting People with Serious Mental Illnesses and Reducing Their Risk of Contact with the Criminal Justice System:

A Primer for Psychiatrists
Welcome and Introductions

• **Dr. Michael Champion**, Forensic Chief, Adult Mental Health Division, Hawaii State Department of Health

• **Dr. Fred Osher**, Director of Health Systems and Services Policy, the Council of State Governments (CSG) Justice Center

• **Deirdra Assey**, Policy Analyst, the Council of State Governments (CSG) Justice Center

• **Chris Seeley**, Program Director, School and Justice Initiatives, the American Psychiatric Association Foundation
About CSG Justice Center

National non-profit, non-partisan membership association of state government officials that engages members of all three branches of state government.

• Justice Center provides practical, nonpartisan advice informed by the best available evidence.
American Psychiatric Association Foundation

- RESEARCH: Early career training and program evaluation
- CLINICAL TRAINING: Education and training for mental health providers
- SCHOOLS: Typical or Troubled? School Mental Health Education Program
- WORKPLACE: The Center for Workplace Mental Health
- JUSTICE/PUBLIC SAFETY: Stepping Up Initiative and the Judges and Psychiatrists Leadership Initiative
- LIBRARY: Preserving the history of APA
- FAITH: Mental Health and Faith Community Partnership
- FELLOWSHIPS & AWARDS: Recognizing and supporting leaders in psychiatry
Origins

• Judges wanting more information on special needs of defendants with serious mental illness (SMI)

• Judges asking for more information about available treatment options in their community

• Psychiatrists wanting to understand legal requirements for their patients under court supervision

• Communities looking to leaders to address the needs of people with mental illness in the justice system
Mission of the JPLI

- The Judges’ and Psychiatrists’ Leadership Initiative (JPLI) aims to stimulate, support, and enhance efforts by judges and psychiatrists to improve judicial, community, and systemic responses to people with behavioral health needs who are involved in the justice system.

  - Create a community of informed judges and psychiatrists
  - Increase the reach of trainings
  - Develop educational resources
  - Three *Judges’ Guides*
  - [Subscribe to the JPLI Newsletter](#)
JPLI Resources

Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs

A Judicial Guide

November 2017

Observations that Indicate a Defendant May Have a Mental Illness

Categories of Observation

- Physical appearance
- Cognitive impairment
- Attitude
- Mannerisms and handwriting
- Thought patterns and logic

Examples of How Behaviors in the Observed Context May Indicate the Person May Have a Mental Illness

- Poor hygiene or grooming
- Slurred speech
- Incoherent or disorganized thought
- Thoughts or ideas that are not related to the case

JPLI Resources

https://csgjusticecenter.org/courts/judges-leadership-initiative/
Supporting People with Serious Mental Illnesses and Reducing Their Risk of Contact with the Criminal Justice System: A Primer for Psychiatrists
Psychiatric Primer on Criminogenic Risk

Overview and Project Process

Mental Illnesses in the Criminal Justice System

Screening and Assessment

Risk, Needs, Responsivity

Questions & Answers
Webinar Objectives

• Learn about the new Judges’ and Psychiatrists’ Leadership Initiative (JPLI) resource for psychiatrists

• Learn about criminogenic risk and how to assess a patient’s risk level

• Discuss strategies to address criminogenic needs of patients in community treatment settings

Note: “patients” = people who have SMIIs who have had contact with the criminal justice system.
Supporting People with SMI and Reducing Risk of Criminal Justice Involvement: Project Origins

• Impetus driving the need to create this primer:
  – One in three Americans has a criminal record
  • People with SMI and criminal justice involvement are frequently a part of a psychiatrist’s patient population—especially in public mental health systems
  – Psychiatrists:
    • typically are not trained to identify and address the clinical and forensic needs associated with their patient’s criminal behavior
    • Are rarely familiar with RNR principles and interventions that help reduce recidivism
  – JPLI recognized the need for psychiatrists to learn about these principles and incorporate interventions that address patients’ criminogenic risks into treatment planning to support recovery, reduced CJ involvement, and improved outcomes
Web-Convening Held: March 20, 2017

• Advisory group included both forensic and community psychiatrists

• In depth discussions on:
  – How can community psychiatrists support patients who are currently in the criminal justice system
  – What do psychiatrists need to know about Risk, Need, Responsivity Principles
  – What information is useful for psychiatrists practicing in various settings including private outpatient, community mental health centers, or even in jails

• Format and content for psychiatric primer were decided
Project Goals for New Psychiatrist Resource:

• Create a practical tool for psychiatrists that:
  o Educates community psychiatrists about Risk, Need, Responsivity (RNR) principles
  o Provides strategies for collaboration with criminal justice partners
  o Incorporates criminal justice history into screening and assessment
  o Integrates criminogenic risks needs of patients into comprehensive treatment plans

• Provide information on RNR and its relevance to:
  o Support patients as they address their criminal justice related needs
  o Identify interventions that reduce a person’s risk of becoming further involved in the justice system
  o Encourage a collaboration between behavioral health and criminal justice partners aimed at reducing the number of people with mental illnesses in the justice system
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Millions of Adults Now Under Correctional Supervision

- Bureau of Justice Statistics 1980 - 2014
The number of people with mental illnesses in the criminal justice system are staggering.

In a YEAR’S time:

- **2 million arrests** in the U.S. involve persons with serious mental illness
- **550,000** people with serious mental illness are in jails and prisons
- **900,000** are in some kind of community supervision
A Crisis That’s Hard to Miss

The Columbus Dispatch
Mentally ill inmates at Franklin County Jail stay longer

TUCSON NEWS NOW
Inmates with mental health issues inundate Pima County Jail

Southeast Missourian
Nearly a third of county inmates require drugs for mental illness

Johnson County Sheriff: Mental health is number one problem

rtv6 lae
Mental health crisis at Travis County jails

kxan
Jail violence increasing due to mental illnesses
Serious Mental Illness: Overrepresented in Our Jails

General Population

4% Serious Mental Illness

Jail Population

17% Serious Mental Illness
72% Co-Occurring Substance Use Disorder
Factors Driving the Crisis

- Disproportionately higher rates of arrest
- Longer stays in jail and prison
- Limited access to health care
- Higher recidivism rates
- Low utilization of EBPs
- More criminogenic risk factors
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Incarceration is Not Always a Direct Product of Mental Illness

Continuum of Mental Illness Relationship to Crime

- Completely Direct
- Mostly Direct
- Mostly Independent
- Completely Independent

Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)
Recidivism is Not Simply a Product of Mental Illness: Criminogenic Risk

Risk:
- ≠ Crime type
- ≠ Failure to appear
- ≠ Dangerousness
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Risk = How likely is a person to commit a crime or violate the conditions of supervision?
What Do We Measure to Determine Risk?

Conditions of an individual’s behavior that are associated with the risk of committing a crime.

**Static factors** – Unchanging conditions

**Dynamic factors** – Conditions that change over time and are amenable to treatment interventions
Criminogenic Risk Factors

Static

Criminal History
- Number of arrests
- Number of convictions
- Type of Offenses

Current Charges

Age at first arrest

Current age

Gender

Dynamic (the “Central 8”)

1. Substance abuse
2. History of antisocial behavior
3. Antisocial personality pattern
4. Antisocial cognition
5. Antisocial associates
6. Family and/or marital discord
7. Poor school and/or work output
8. Few leisure/recreation outlets
Those with Mental Illnesses Have More “Central 8” Dynamic Risk Factors

...and these predict recidivism more strongly than mental illness

Source: Skeem, Nicholson, & Kregg (2008)
## Risk-Need-Responsivity Model as a Guide to Best Practices

<table>
<thead>
<tr>
<th>Principle</th>
<th>Implications for Supervision and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Principle</strong></td>
<td>Focus resources on high <strong>RISK</strong> cases; limited supervision of lower RISK people</td>
</tr>
<tr>
<td><strong>Needs Principle</strong></td>
<td>Target the <strong>NEEDS</strong> associated with recidivism such as antisocial attitudes, unemployment, substance use</td>
</tr>
<tr>
<td><strong>Responsivity Principle</strong></td>
<td>General and specific factors impact the effectiveness of treatment. Be <strong>RESPONSIVE</strong> to learning style, motivation, culture, demographics, and abilities of the offender</td>
</tr>
</tbody>
</table>
The Importance of the Risk Principle

Failing to adhere to the risk principle can increase recidivism

Average Difference in Recidivism by Risk for Individuals in Ohio Halfway House

- **LOW RISK**
  - Increase: + 3%

- **Moderate Risk**
  - Decrease: - 6%

- **High Risk**
  - Decrease: - 14%

Source: Presentation by Dr. Edward Latessa, “What Works and What Doesn’t in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry”

- **Employment/Education**
- **Past Criminality**
- **Substance Use**
- **Housing**
- **Leisure**
- **Thinking**
- **Peers**
- **Family**
- **Personality**

*Past criminality cannot be changed.*

The Big Four:

- Higher-risk offenders are likely to have more of the Big Four.

Programs targeting these needs can significantly lower recidivism rates.
The Responsivity Principle and Mental Illnesses

Use **methods** which are effective for justice involved individuals

**Adapt** treatment to individual limits (length of service, intensity)

**Consider** those factors that may serve as barriers to program or supervision compliance (language barrier, illiteracy, etc.)
Use Cognitive-Behavioral Interventions

• These strategies are focused on changing individual thinking patterns in order to change behavior
• Social learning techniques can be incorporated into any reentry program
• The most effective interventions provide opportunities for participants to practice new behavior patterns and skills with feedback from program staff
• Positive reinforcement is key
<table>
<thead>
<tr>
<th>Program Description</th>
<th>Length and Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking for a Change (T4C) teaches participants to examine their thoughts, feelings, beliefs, and attitudes. The goal is to increase awareness of both self and others.</td>
<td>Groups of 8 to 12 people meet for a total of 22 sessions, each lasting 1 to 2 hours. The length of the program may vary depending on how many sessions are offered per week.</td>
</tr>
<tr>
<td>Reasoning and Rehabilitation (R&amp;R) focuses on the areas of self-control, interpersonal problem solving, social perspectives, and prosocial attitudes. This program was developed to be facilitated by line staff as well as highly trained clinicians.</td>
<td>Groups of 6 to 8 people meet 35 times over the course 8 to 12 weeks.</td>
</tr>
<tr>
<td>Moral Reckoning Therapy (MRT) was originally developed for adults in the criminal justice system who have substance use disorders, but this program—which is focused on helping participants make more prosocial decisions—is now also used to address general antisocial thought processes, especially for people charged with driving while intoxicated and domestic violence.</td>
<td>Groups varying in size from 5 to more than 20 people meet once a month or up to five times per week. The length of the program may vary depending on how long participants take to complete the program’s required 16 steps.</td>
</tr>
<tr>
<td>Interactive Journaling is an individual intervention that addresses needs through a process of written self-reflection. Developed to address substance use, this program incorporates principles of Motivational Interviewing as well as CBT.</td>
<td>Journals vary in length depending on the person’s needs. This intervention can be given as a self-guided program or facilitated through one-on-one sessions in a group setting.</td>
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The Sequential Intercept Model

To Create A Framework for Prioritizing Target Population

Low Criminogenic Risk (low)

- Low Severity of Substance Abuse (low)
- Serious Mental Illness (med/high)
- Low Severity of Mental Illness (low)

Medium to High Criminogenic Risk (med/high)

- Low Severity of Substance Abuse (low)
- Substance Dependence (med/high)
- Low Severity of Mental Illness (low)

Group 1
I-L
CR: low
SA: low
MI: low

Group 2
II-L
CR: low
SA: low
MI: low

Group 3
III-L
CR: low
SA: med/high
MI: low

Group 4
IV-L
CR: low
SA: med/high
MI: med/high

Group 5
I-H
CR: med/high
SA: low
MI: low

Group 6
II-H
CR: med/high
SA: low
MI: med/high

Group 7:
III-H
CR: med/high
SA: med/high
MI: low

Group 8:
IV-H
CR: med/high
SA: med/high
MI: med/high

Low Severity of Substance Abuse (low)

- Low Severity of Mental Illness (low)
- Serious Mental Illness (med/high)
- Low Severity of Mental Illness (low)

Serious Mental Illness (med/high)

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Serious Mental Illness (med/high)
## Validated Screening and Assessment Tools

<table>
<thead>
<tr>
<th>Mental Disorders</th>
<th>Substance Use Disorders</th>
<th>Co-occurring Disorders</th>
<th>Motivation &amp; Readiness</th>
<th>Trauma History &amp; PTSD</th>
<th>Suicide Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Jail Mental Health Screen (BJMHS) (or) Correctional Mental Health Screen (CMHS-F/CMHS-M) (or) Mental Health Screening Form-III (MH5F-III)</td>
<td>Brief</td>
<td>Texas Christian University Drug Screen-V (TCUDS V)* (or) Simple Screening Instrument (SSI)* (or) Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)</td>
<td>Mini International Neuropsychiatric Interview-Screen (MINI-Screen) (or) Brief Jail Mental Health Screen (BMHS)* and TCU Drug Screen V (TCUDS V)* (or) Correctional Mental Health Screen* (CMHS-F/CMHS-M) and TCU Drug Screen V (TCUDS V)*</td>
<td>Texas Christian University Motivation Form (TCU-MotForm)* University of Rhode Island Change Assessment Scale-M (URICA-M)*</td>
<td>Interpersonal Needs Questionnaire (INQ) and Acquired Capability Suicide Scale (ACSS)* (or) Beck Scale for Suicide Ideation (BSS) (or) Adult Suicidal Ideation Questionnaire (ASIQ)</td>
</tr>
<tr>
<td>Extended</td>
<td>TCU Drug Screen V (TCUDS V)* and Alcohol Use Disorders Identification Test (AUDIT)* (or) Simple Screening Instrument (SSI)* and Alcohol Use Disorders Identification Test (AUDIT)*</td>
<td></td>
<td></td>
<td>Life Events Checklist for DSM-5* (and) Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-S)*</td>
<td></td>
</tr>
</tbody>
</table>

For more information on screening and assessment of criminogenic risk:

Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States

The Importance of Assessing CJ Involvement within Traditional Behavioral Health Settings

- Psychiatrists already take a patient’s histories
  - Psychiatric
  - Medical
  - Substance Use
  - Family

- Add CJ related questions to intakes and evaluations including:
  - Has the patient ever been arrested?
  - Is the patient currently on parole/probation?
  - Has the patient ever had an order of protection against them?

- For those with positive screens for CJ screening questions, assess for level of criminogenic risk
  - Criminogenic risk may be available from other agencies
  - Allows for discussing the frequency with which CJ patients are already seen in behavioral health settings
  - Tees up the need to develop comprehensive treatment and supervision case plans with CJ partners
1. Conduct universal risk, substance use, and mental health screens at booking, and full assessments as appropriate

2. Get relevant information into hands of decision-makers in time to inform pre-trial release decisions

3. Use assessment information to connect people to appropriate jail-based services and post-release services and supervision

4. Ensure services and supervision are evidence-based and hold system accountable by measuring outcomes
Partnering with Criminal Justice

- Many criminal justice agencies will conduct criminogenic risk assessments
- Through information-sharing agreements, psychiatrists may have access to the results of this risk assessments
- Identified dynamic criminogenic risk factors can be integrated into treatment plans
Partnering with Criminal Justice

- Information sharing between criminal justice and behavioral health partners has been difficult at times

  - One of the focus areas of the **Stepping Up Initiative**

  - Successful sharing methods may involve:
    - Formal agency agreements
    - Individual releases of information
Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails
Number of Counties Continues to Grow, and Reaching Critical Mass

Approximately 130 million people reside in Stepping Up counties

Source: NACo County Solutions & Innovation as of October 31, 2017.

*County data is unavailable if the county is colored grey
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CONTACT US!

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  michaelkchampion@gmail.com

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