Judges Psychiatrists Leadership Initiative

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

A Primer for Psychiatrists

AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

JUSTICE CENTER
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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
THE COUNCIL OF STATE GOVERNMENTS

- Justice Center provides **practical, nonpartisan advice** informed by the best available evidence.

American Psychiatric Association Foundation

Judges Psychiatrists Leadership Initiative

Origins

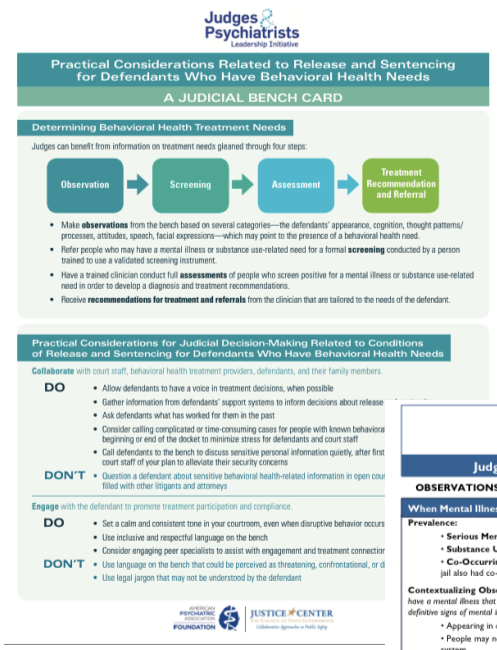
- Judges wanting more information on special needs of defendants with serious mental illness (SMI)
- Judges asking for more information about available treatment options in their community
- Psychiatrists wanting to understand legal requirements for their patients under court supervision
- Communities looking to leaders to address the needs of people with mental illness in the justice system

Judges Psychiatrists Leadership Initiative

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


Judges Psychiatrists Leadership Initiative

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

A JUDICIAL BENCH CARD

Determining Behavioral Health Treatment Needs

Judges can benefit from information on treatment needs gleaned through four steps:

Observation → Screening → Assessment → Treatment Recommendation and Referral

- Make **observations** from the bench based on several categories—the defendants' appearance, cognition, thought patterns/processes, attitudes, speech, facial expressions—which may point to the presence of a behavioral health need.
- Refer people who may have a mental illness or substance use-related need for a formal **screening** conducted by a person trained to use a validated screening instrument.
- Have a trained clinician conduct full **assessments** of people who screen positive for a mental illness or substance use-related need in order to develop a diagnosis and treatment recommendations.
- Receive **recommendations for treatment and referrals** from the clinician that are tailored to the needs of the defendant.

Practical Considerations for Judicial Decision-Making Related to Conditions of Release and Sentencing for Defendants Who Have Behavioral Health Needs

Collaborate with court staff, behavioral health treatment providers, defendants, and their family members.

DO
- Allow defendants to have a voice in treatment decisions, when possible
- Gather information from defendants' support systems to inform decisions about release
- Ask defendants what has worked for them in the past
- Consider calling complicated or time-consuming cases for people with known behavioral beginning or end of the docket to minimize stress for defendants and court staff
- Call defendants to the bench to discuss sensitive personal information quietly, after first court staff of your plan to alleviate their security concerns

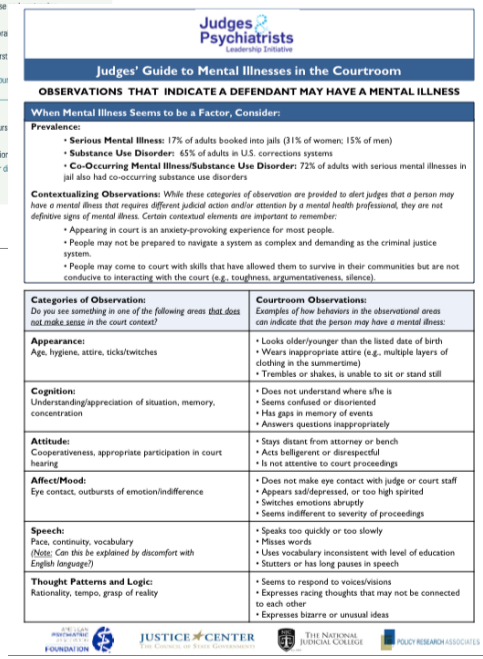
DON'T
- Question a defendant about sensitive behavioral health-related information in open cou filled with other litigants and attorneys

Engage with the defendant to promote treatment participation and compliance.

DO
- Set a calm and consistent tone in your courtroom, even when disruptive behavior occurs
- Use inclusive and respectful language on the bench
- Consider engaging peer specialists to assist with engagement and treatment connectior

DON'T
- Use language on the bench that could be perceived as threatening, confrontational, or d
- Use legal jargon that may not be understood by the defendant

American Psychiatric Association Foundation | Justice Center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Judges' Guide to Mental Illnesses in the Courtroom

OBSERVATIONS THAT INDICATE A DEFENDANT MAY HAVE A MENTAL ILLNESS

When Mental Illness Seems to be a Factor, Consider:

Prevalence:
- **Serious Mental Illness:** 17% of adults booked into jails (31% of women; 15% of men)
- **Substance Use Disorder:** 65% of adults in U.S. corrections systems
- **Co-Occurring Mental Illness/Substance Use Disorder:** 72% of adults with serious mental illnesses in jail also had co-occurring substance use disorders

Contextualizing Observations: *While these categories of observation are provided to alert judges that a person may have a mental illness that requires different judicial action and/or attention by a mental health professional, they are not definitive signs of mental illness. Certain contextual elements are important to remember:*
- Appearing in court is an anxiety-provoking experience for most people.
- People may not be prepared to navigate a system as complex and demanding as the criminal justice system.
- People may come to court with skills that have allowed them to survive in their communities but are not conducive to interacting with the court (e.g., toughness, argumentativeness, silence).

Categories of Observation: *Do you see something in one of the following areas that does not make sense in the court context?*	Courtroom Observations: *Examples of how behaviors in the observational areas can indicate that the person may have a mental illness:*
Appearance: Age, hygiene, attire, ticks/twitches	• Looks older/younger than the listed date of birth • Wears inappropriate attire (e.g., multiple layers of clothing in the summertime) • Trembles or shakes, is unable to sit or stand still
Cognition: Understanding/appreciation of situation, memory, concentration	• Does not understand where s/he is • Seems confused or disoriented • Has gaps in memory of events • Answers questions inappropriately
Attitude: Cooperativeness, appropriate participation in court hearing	• Stays distant from attorney or bench • Acts belligerent or disrespectful • Is not attentive to court proceedings
Affect/Mood: Eye contact, outbursts of emotion/indifference	• Does not make eye contact with judge or court staff • Appears sad/depressed, or too high spirited • Switches emotions abruptly • Seems indifferent to severity of proceedings
Speech: Pace, continuity, vocabulary *(Note: Can this be explained by discomfort with English language?)*	• Speaks too quickly or too slowly • Misses words • Uses vocabulary inconsistent with level of education • Stutters or has long pauses in speech
Thought Patterns and Logic: Rationality, tempo, grasp of reality	• Seems to respond to voices/visions • Expresses racing thoughts that may not be connected to each other • Expresses bizarre or unusual ideas

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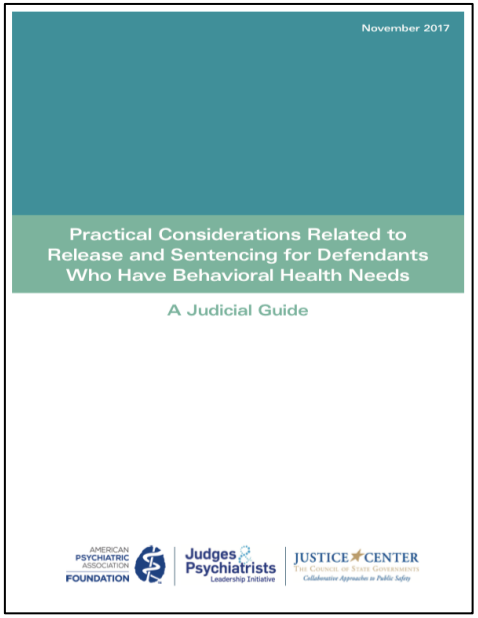

November 2017

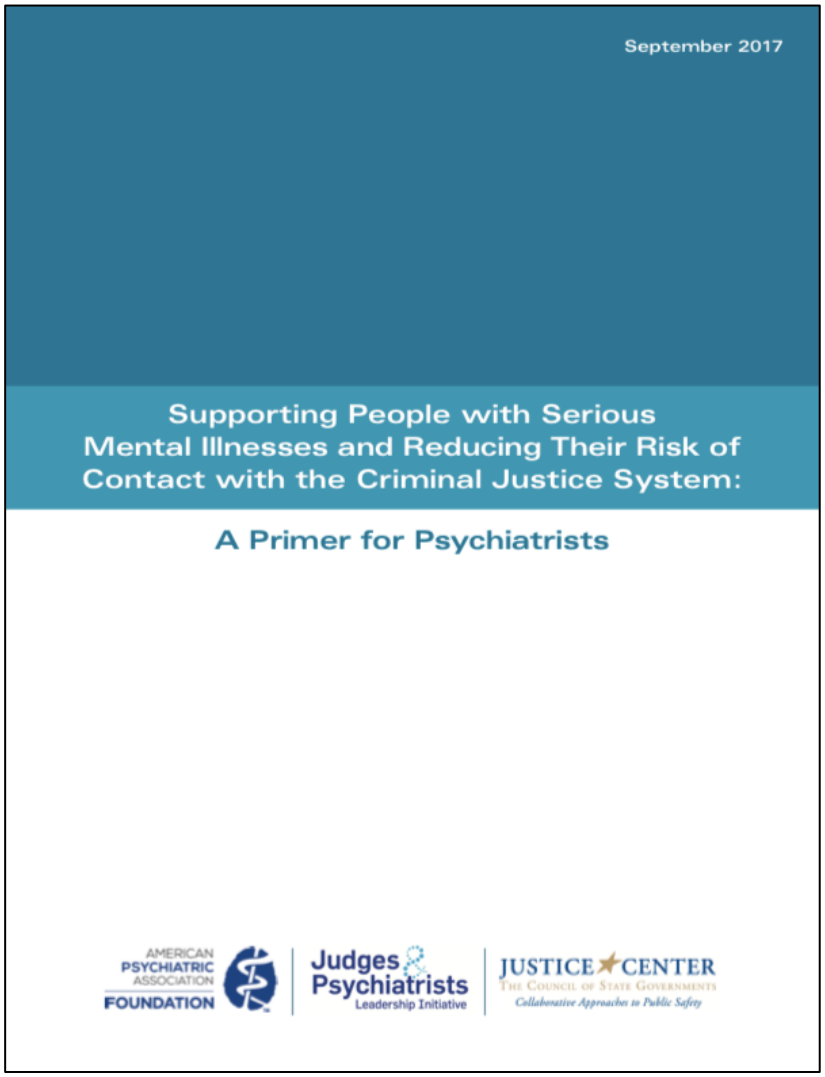
Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs

A Judicial Guide

American Psychiatric Association Foundation | Judges Psychiatrists Leadership Initiative | Justice Center The Council of State Governments Collaborative Approaches to Public Safety

https://csgjusticecenter.org/courts/judges-leadership-initiative/

JPLI Resources



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

Psychiatric Primer on Criminogenic Risk

Overview and Project Process

Mental Illnesses in the Criminal Justice System

Screening and Assessment

Risk, Needs, Responsivity

Questions & Answers

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

- Provide information on RNR and its relevance to:
  - Support patients as they address their criminal justice related needs
  - Identify interventions that reduce a person's risk of becoming further involved in the justice system
  - 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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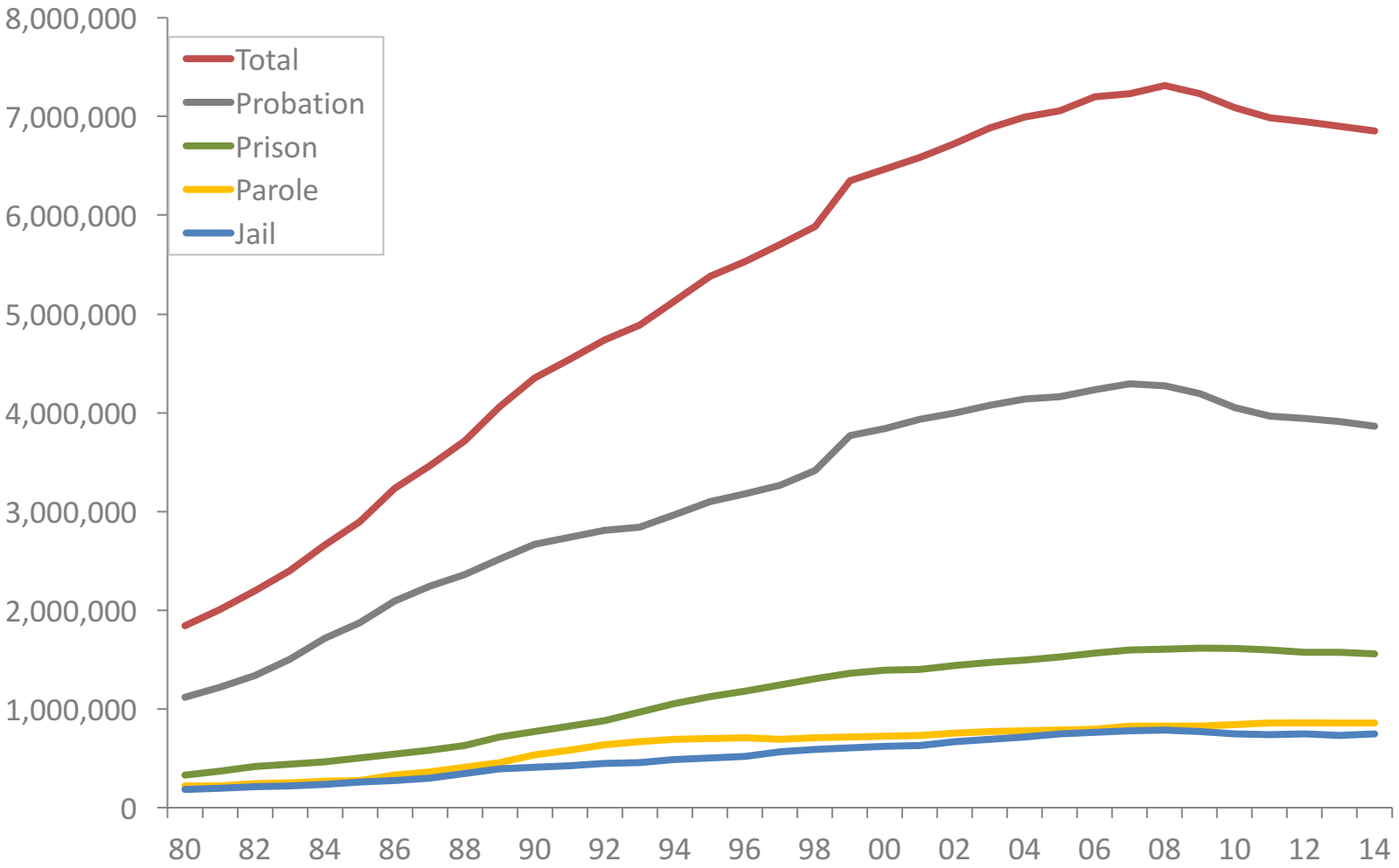
Millions of Adults Now Under Correctional Supervision

- Bureau of Justice Statistics 1980 - 2014



WHY do we do the work we do?

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

Johnson County Sheriff: Mental health is number one problem

TUCSON NEWS NOW

Inmates with mental health issues inundate Pima County Jail

kxan

Mental health crisis at Travis County jails

SOUTHEAST MISSOURIAN

Nearly a third of county inmates require drugs for mental illness

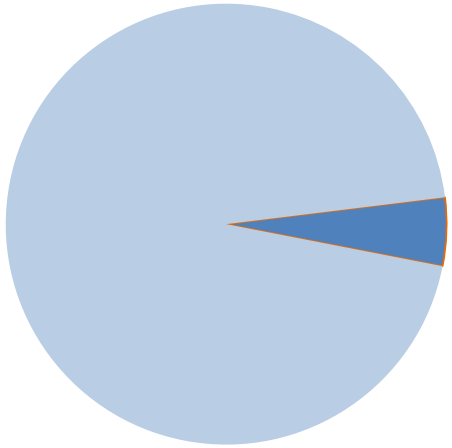
THE EMPORIA GAZETTE

Jail violence increasing due to mental illnesses

Serious Mental Illness: Overrepresented in Our Jails

General Population

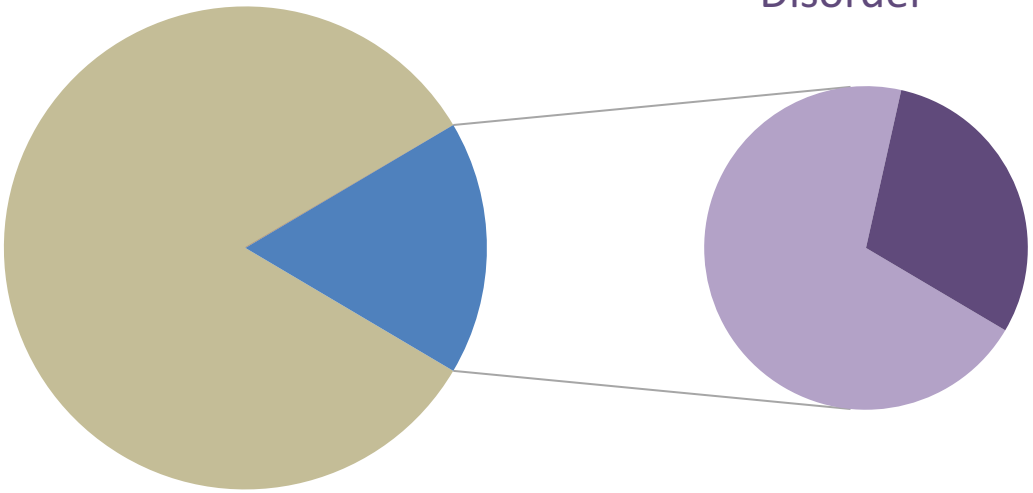
4% Serious Mental Illness



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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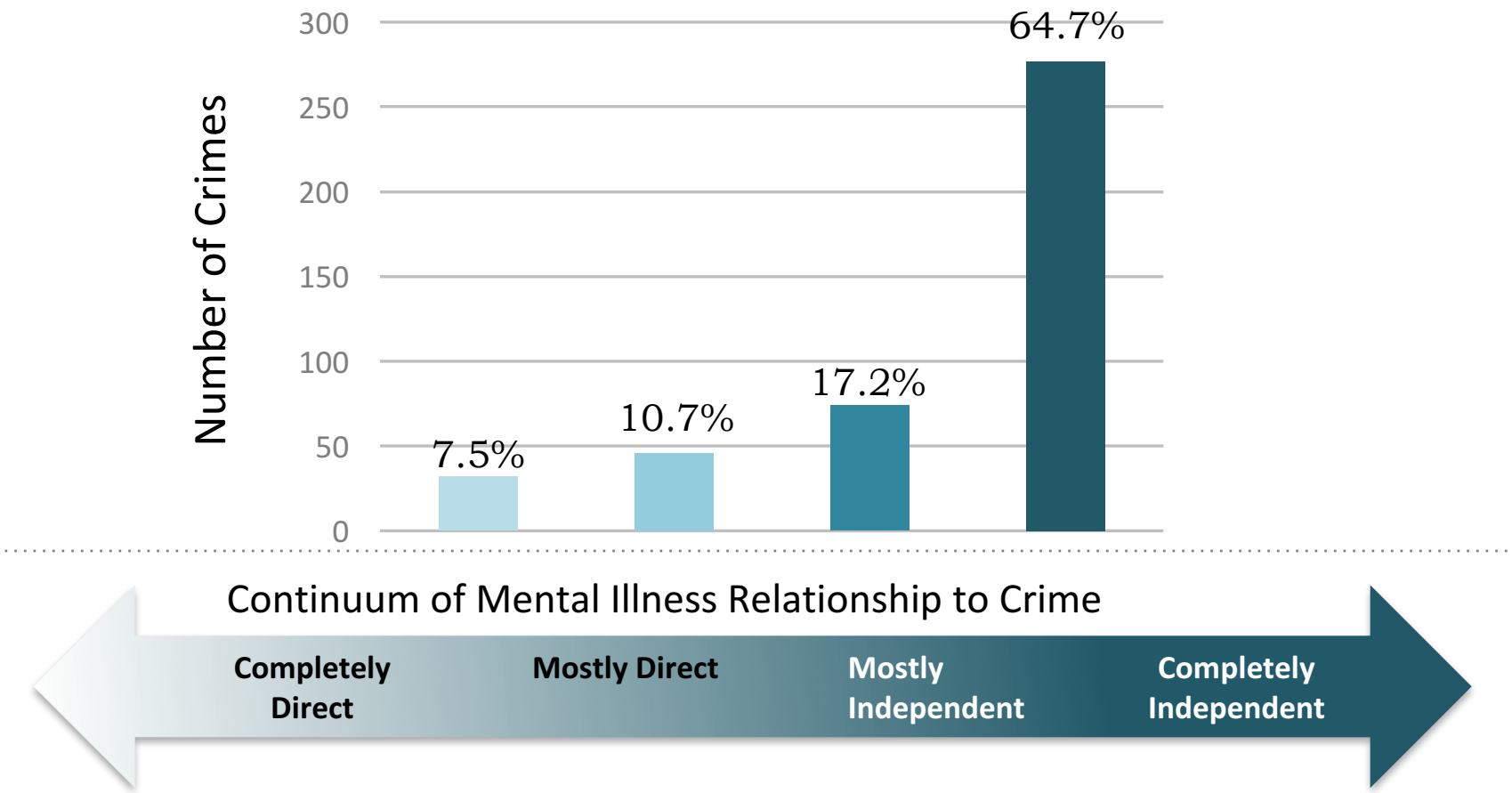
Incarceration is Not Always a Direct Product of Mental Illness



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

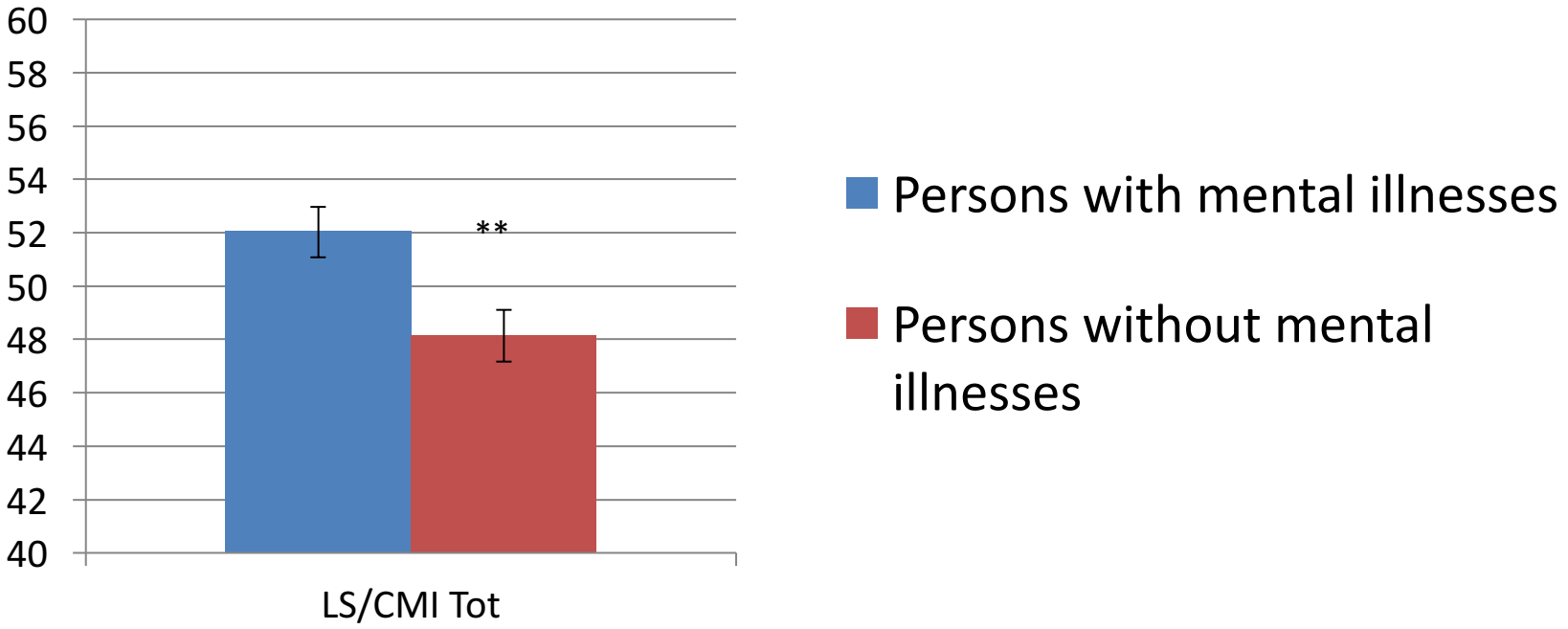
Current age

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)

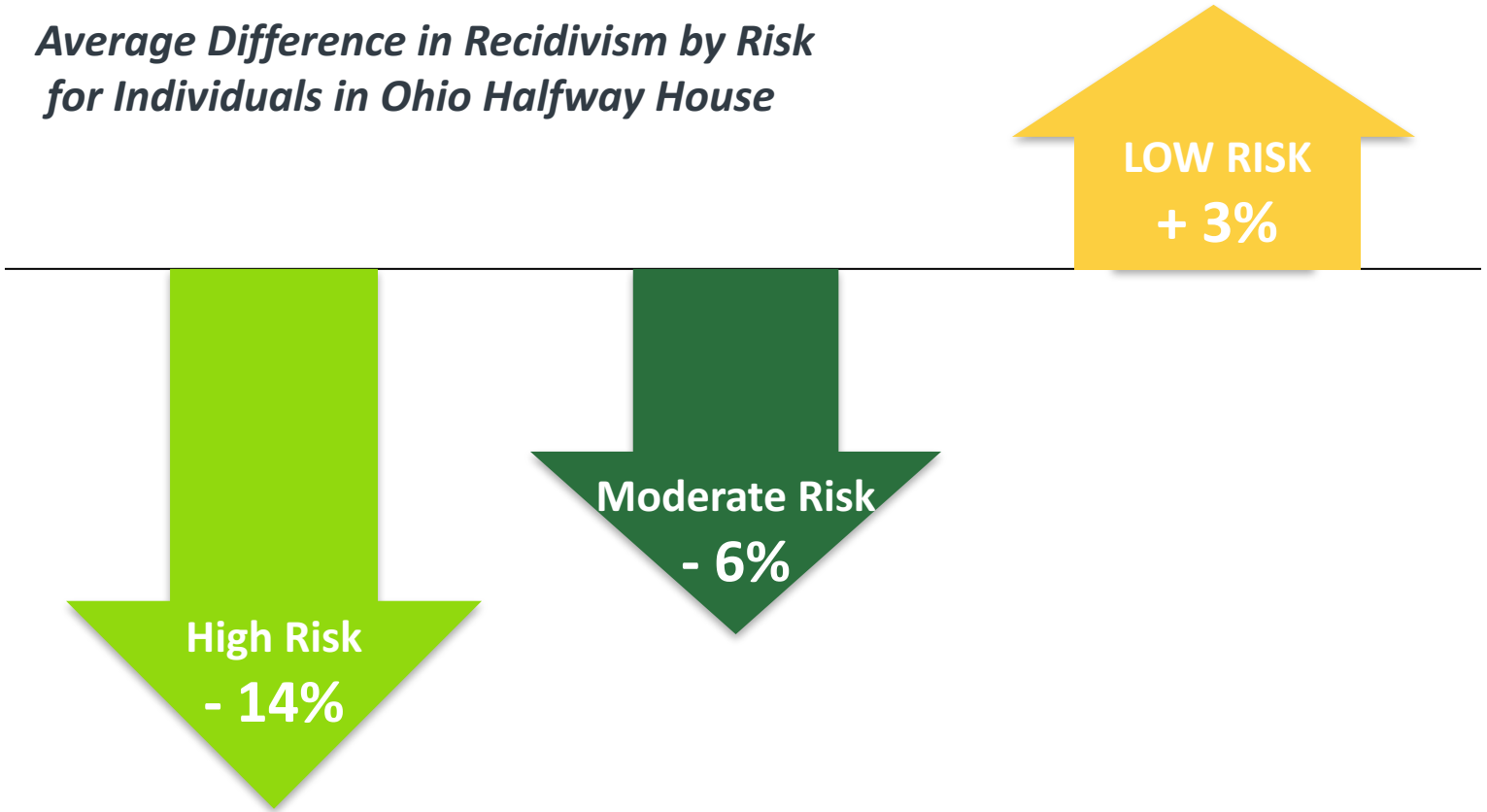
Risk-Need-Responsivity Model as a Guide to Best Practices

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

The Importance of the Risk Principle

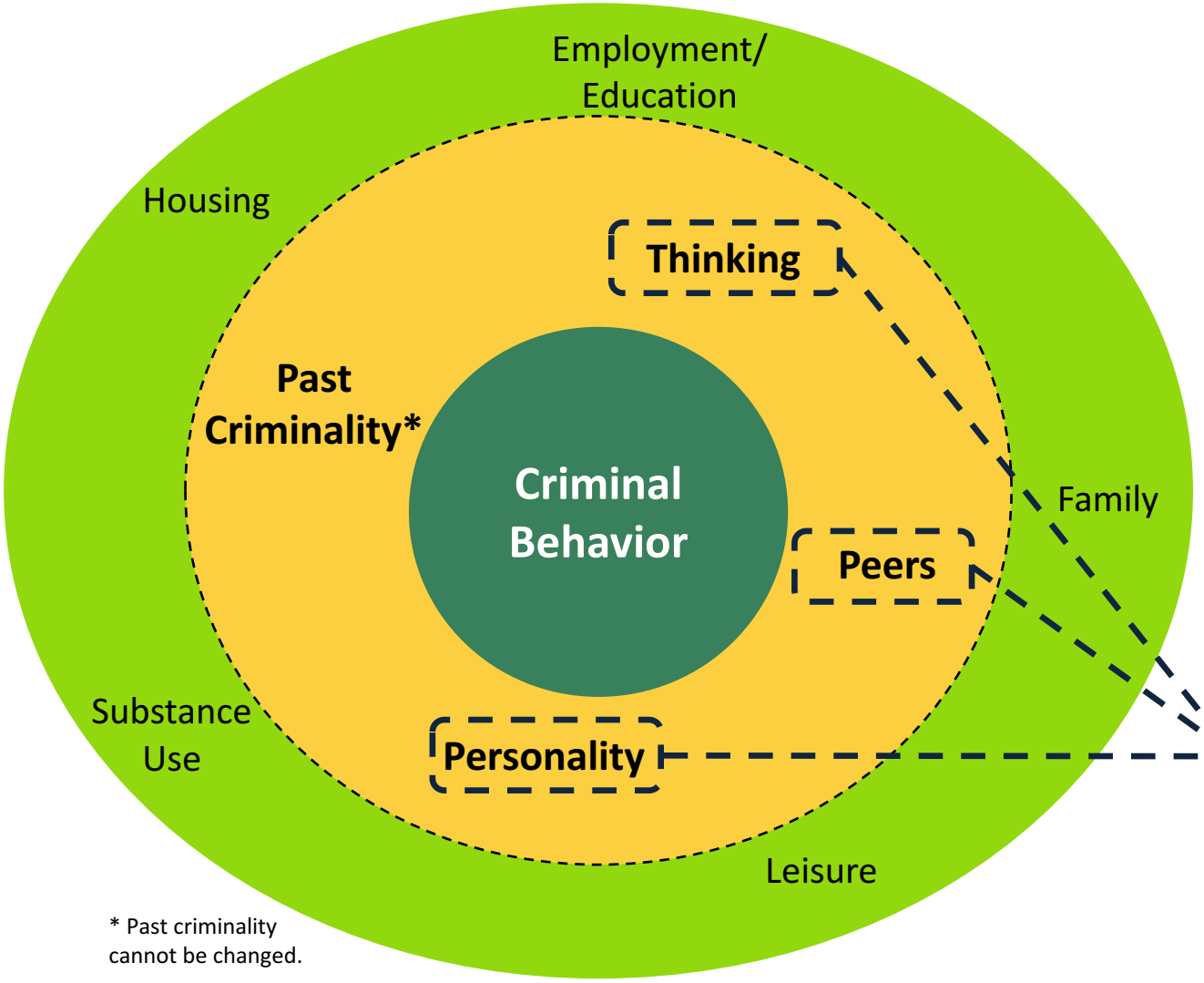
Failing to adhere to the risk principle can **increase** recidivism

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



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

The Needs Principle: Evidence Shows Addressing Criminogenic Needs Can Reduce Future Criminal Behavior



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

Cognitive-Behavioral Interventions

Program Description	Length and Capacity
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.	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.
Reasoning and Rehabilitation (R&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.	Groups of 6 to 8 people meet 35 times over the course 8 to 12 weeks.
Moral Reconation 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.	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.
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.[18]	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.

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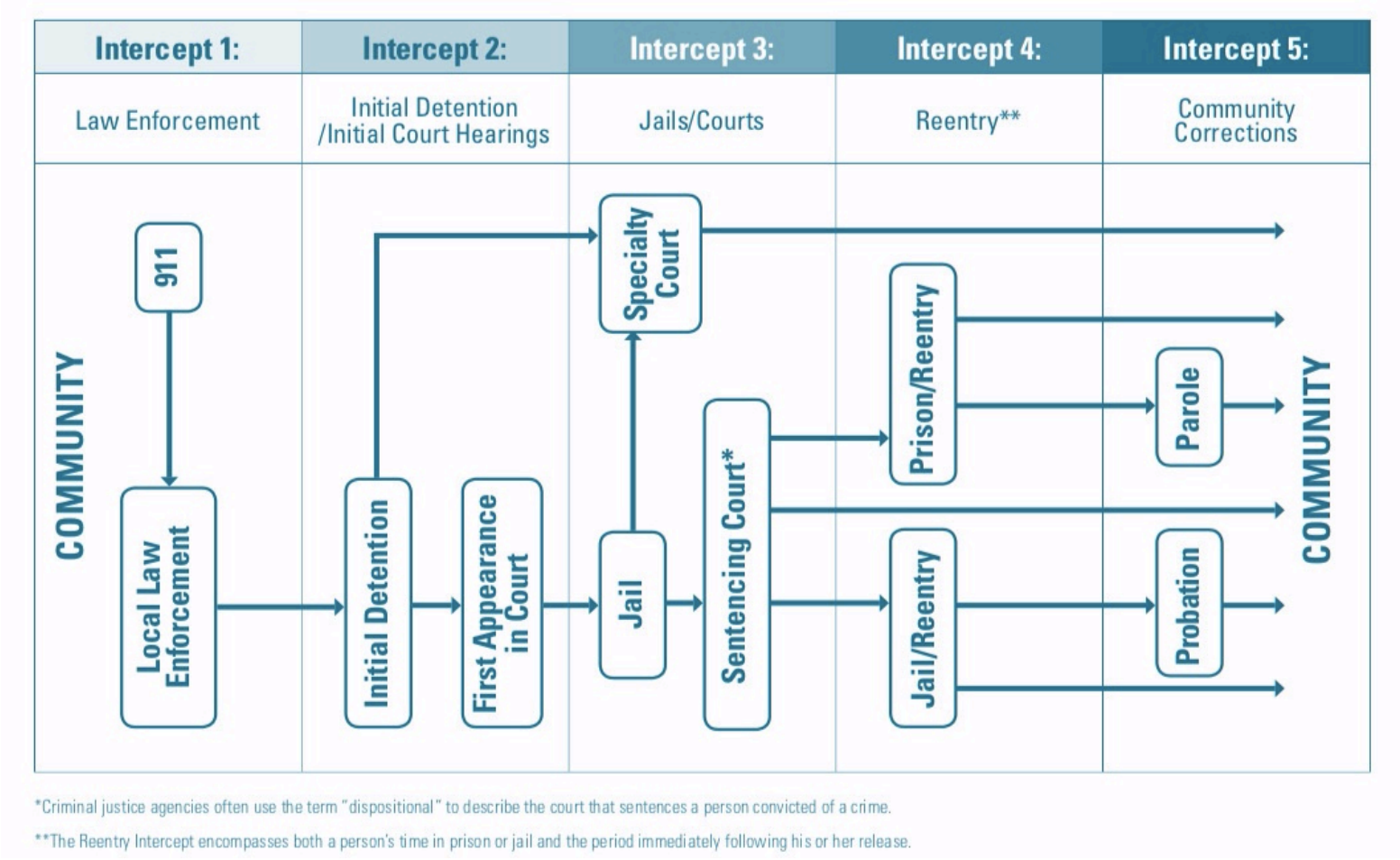
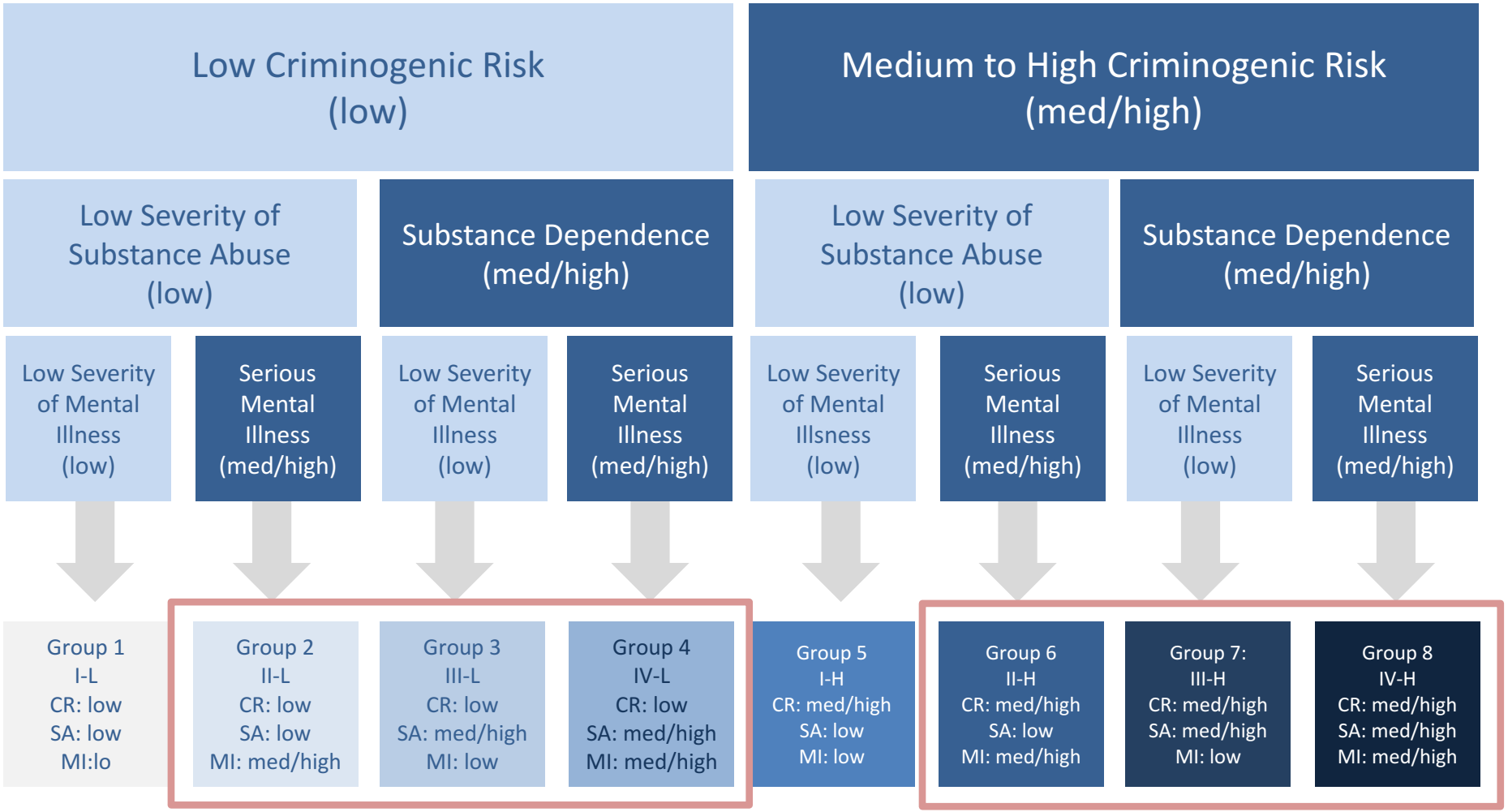
The Sequential Intercept Model



This Sequential Intercept Model is adapted from the following: 1) Mark Munetz and Patricia Griffin, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness* (Psychiatric Services, April 2006) http://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544; and 2) Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation, *Developing a Comprehensive Plan for Mental Health & Criminal Justice Collaboration: The Sequential Intercept Model*, http://www.criminaljustice.ny.gov/opca/pdfs/5-GAINS_Sequential_Intercept.pdf.

To Create A Framework for Prioritizing Target Population



Validated Screening and Assessment Tools

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

* Instrument available at no cost

For more information on screening and assessment of criminogenic risk:

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

https://store.samhsa.gov/shin/content//SMA15-4930/SMA15-4930.pdf

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

Achieving Positive Public Health and Safety Outcomes Requires Changes to Policy and Practice

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

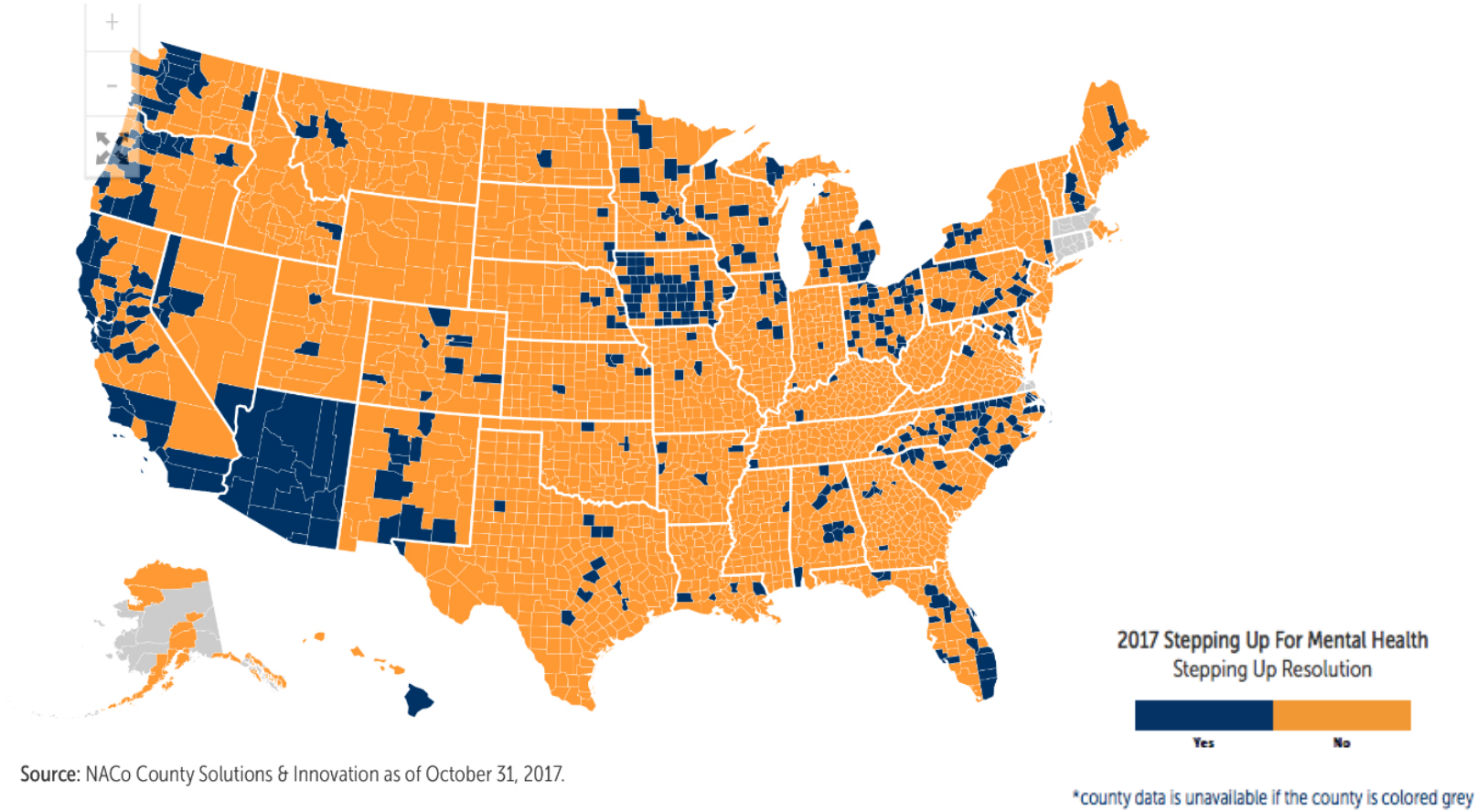
Partnering with Criminal Justice

- 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

WWW.STEPUPTOGETHER.ORG

THE STEPPING UP INITIATIVE

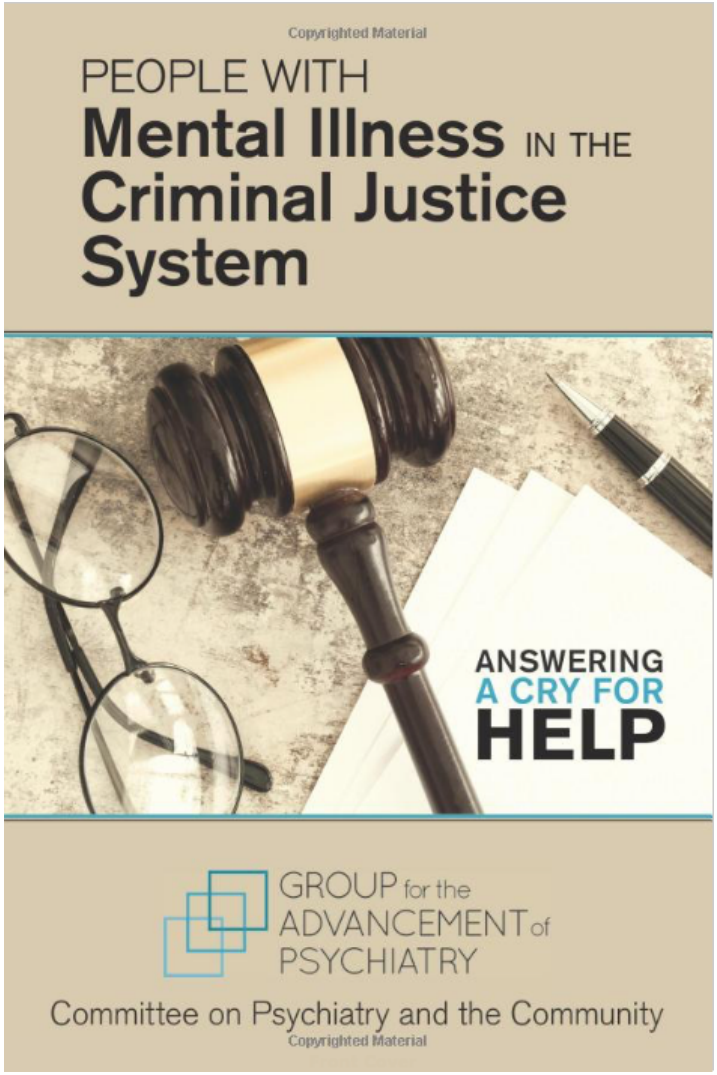
Number of Counties Continues to Grow, and Reaching Critical Mass



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

Approximately 130 million people reside in Stepping Up counties

GAP Manual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CONTACT US!

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