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

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Common Goals
Clinical Programs

- Engagement
- Clinical Improvement
- Decrease Untoward Behavior
- Improved quality of life
- Decreased recidivism (re-arrest)
  - Hospitalization
  - INCARCERATION
The Myth of Criminalization

- Not “whether”, but “why”
- NYC TASC COMPAS Research

Cognitive-Behavioral Interventions

- General Introduction
- Criminal Justice Focus

Program Examples

- Thinking for a Change
- Cognitive change-focused Journaling

Other

- Reasoning and Rehabilitation
- Moral Reconation Therapy
Prevalence of serious mental illness

- General Population: 3%
- Prison Inmates (Steadman, 1990): 15%
- Jail Inmates (Steadman, 2009): 15%
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

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

- Peterson (2009)
  - 7% “Active psychotic”
  - 90% “Emotionally disturbed,” ie. hostile/impulsive

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

"We've considered every potential risk, except the risks of avoiding all risks."
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
The Central 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
A little research…

Purpose

- Identify criminogenic factors in cohort of diverted offenders with mental illness

- Examine the utility of these factors in predicting program success in this cohort
SUBJECTS

- Naturalistic sample of 46 felony offenders with mental illness in Queens, NY accepted for diversion
METHODS

- Chart review study
- Demographic, diagnostic and criminal variables
- All subjects received the COMPAS Risk Assessment
- Success measure at 3 months
  - Violations (rather than program completion or recidivism at this early phase of study)
COMPAS
Correctional Offender Management

Profiling for Alternative Sanctions

- An automated decision support software package that integrates risk and needs assessment to aid in sentencing decisions, treatment and care management recommendations and recidivism outcomes.

- Provides a criminogenic and needs profile for the offender with respect to criminal history, needs assessment, criminal attitudes, social environment, socialization failure, criminal opportunity, criminal personality and social support. (Brennan, 2000)
COMPAS
Predictive validity

- When tested for predictive validities for arrest for any offense, arrest for person offense and arrest for a felony offense COMPAS had AUCs mostly between .70 and .80

- On par with other major instruments in the filed such as VRAG and PCL-R. (Brennan, 2007)

- One other study reported a less robust AUC with significant variability between racial sub-groups
  - True for the LSI-R as well (Fass et al, 2008)
<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
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<tbody>
<tr>
<td>Age</td>
<td>36.96</td>
<td>15.4</td>
<td>16-82</td>
</tr>
<tr>
<td>Educ.</td>
<td>11.43</td>
<td>2.07</td>
<td>5-16</td>
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<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>39</td>
<td>84.8%</td>
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<tr>
<td>Female</td>
<td>7</td>
<td>15.2%</td>
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<tr>
<th>Diagnosis</th>
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<tr>
<td>Psychotic</td>
<td>14</td>
<td>30.4%</td>
</tr>
<tr>
<td>Unipolar Mood</td>
<td>10</td>
<td>21.7%</td>
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<tr>
<td>Bipolar spectrum</td>
<td>17</td>
<td>37.0%</td>
</tr>
<tr>
<td>Anxiety-related</td>
<td>4</td>
<td>8.7%</td>
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<tr>
<td>Other</td>
<td>1</td>
<td>2.2%</td>
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<table>
<thead>
<tr>
<th>Sub Ab. Hx</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>30</td>
<td>65.2%</td>
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<tr>
<td>No</td>
<td>16</td>
<td>34.8%</td>
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<table>
<thead>
<tr>
<th>Hx of MH Trt.</th>
<th>N</th>
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<tbody>
<tr>
<td>Yes</td>
<td>44</td>
<td>95.7%</td>
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<tr>
<td>No</td>
<td>2</td>
<td>4.3%</td>
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<table>
<thead>
<tr>
<th>Placement</th>
<th>N</th>
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<tr>
<td>Residential</td>
<td>15</td>
<td>32.6%</td>
</tr>
<tr>
<td>Non-Res.</td>
<td>31</td>
<td>67.4%</td>
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<tr>
<td>COMPAS Variable</td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>---------------------------------</td>
<td>-------</td>
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</tr>
<tr>
<td>General Recidivism</td>
<td>3.70</td>
<td>2.83</td>
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<tr>
<td>Violent Recidivism</td>
<td>3.11</td>
<td>2.57</td>
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<tr>
<td>Criminal Thinking</td>
<td>7.20</td>
<td>2.23</td>
</tr>
<tr>
<td>Criminal Personality</td>
<td>7.02</td>
<td>2.01</td>
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<tr>
<td>Social Isolation</td>
<td>6.93</td>
<td>2.49</td>
</tr>
<tr>
<td>Vocation/Education</td>
<td>6.22</td>
<td>2.89</td>
</tr>
<tr>
<td>Current Violence</td>
<td>5.20</td>
<td>3.91</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>5.15</td>
<td>3.44</td>
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<tr>
<td>Leisure and Recreation</td>
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<td>3.88</td>
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<tr>
<td>COMPAS Variable</td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>----------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Financial</td>
<td>4.98</td>
<td>2.92</td>
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<tr>
<td>Social Environment</td>
<td>4.78</td>
<td>3.81</td>
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<tr>
<td>Residential Instability</td>
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<td>2.58</td>
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<tr>
<td>Cognitive Behavioral</td>
<td>4.48</td>
<td>2.66</td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>3.85</td>
<td>2.56</td>
</tr>
<tr>
<td>Family Criminality</td>
<td>3.37</td>
<td>2.89</td>
</tr>
<tr>
<td>Criminal Associates</td>
<td>2.96</td>
<td>2.77</td>
</tr>
<tr>
<td>Hx of Violence</td>
<td>2.89</td>
<td>2.83</td>
</tr>
<tr>
<td>Socialization Failure</td>
<td>2.39</td>
<td>2.25</td>
</tr>
<tr>
<td>Criminal Involvement</td>
<td>2.17</td>
<td>1.85</td>
</tr>
</tbody>
</table>
ROC curve for history of violence

ROC Curve

Sensitivity

1 - Specificity

Diagonal segments are produced by ties.

AUC .696
Prediction of Violation

- AUC effect size (n=34)
  - History of Violence: .696
  - Social Isolation: .668
  - Criminal Involvement: .660
  - Leisure and Recreation: .658
  - General Recidivism: .617
- NOTE: violent recidivism did not reach .60
Conclusions

- Thinking and Criminal Personality Scales were in the high range.
- For the first 3 months, history of violence was the best predictor of violation of conditions.
Limitations

- Small N
- Limited follow up time
- Only felonies
- Increase N
- Add misdemeanor offenders
- Extend follow-up time through program completion (one year) and beyond for analysis of both prediction of completion and criminal recidivism
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
Needs - Interventions

- Substance Abuse/Antisocial associates
  - Integrated Treatment
  - People, places and things
- Family support
  - Multi-family therapy
- School/Work
  - Supported Employment
- Homelessness
  - Housing first
- Antisocial Cognitions
  - Cognitive behavioral interventions
Cognitive-Behavioral Interventions
CJ-Involved Populations

- Introspection skills
- Cognitive Restructuring
  - Problem Solving
    - Identification of cognitions
    - Cost-benefit analysis
- Social Skills
  - Conflict Resolution
- Moral Reasoning/Community Responsibility
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 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
- Community Responsibility
- Engagement Challenges
  - Motivation
    - Motivational Interviewing
  - CJ culture Adaptation
    - SPECTRM RAP Intervention
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
- Lifestyle Change
- Reasoning and Rehabilitation
- Moral Reconation Therapy
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
Thinking for A Change (T4C)
National Institute of Corrections

Cognitive Self-Change
- Pay Attention to Our Thoughts
- Recognize the Risk
- Use New Thinking

Social Skills
- Listening
- Asking Questions
- Giving Feedback
- Knowing Your Feelings
- Understanding Others’ Feelings
- Making A Complaint
- Apologizing
- Responding to Anger
- Negotiating

Problem Solving
- 6 skills
- Delivered in 9 lessons
Golden (2002)

- 42 male and female probationers
- Completers vs. dropouts vs. neither
- 1 year follow-up
  - 33% decreased recidivism
  - Social skills improvement
  - Interpersonal skills improvement
  - Completers only

Stress + Beliefs

Problem

Consequences

Actions

Feelings Thoughts

http://www.nicic.org
Lifestyle Change

- **Process**
  - Cognitive-behavioral techniques
  - Interactive Journaling

- **Content**
  - Cost/Benefit Analysis
  - (PICTS) Psychological Inventory of Criminal Thinking Styles
Lifestyle Change –
The Change Companies Journaling

Looking at the payoffs of your criminal behavior

- Social status
- Money for drugs
- Power
- Feeling of power and influence
- Expensive clothes
- Drugs/alcohol
- Money
- Attracting sexual partners
- Avoidance of a "9 to 5' work schedule
- "Robin Hood" image
- Extravagant vacations
- Spending money
- "Getting over" on other people
- Money for gambling
- Luxury cars
- "Getting over" on institutions (like the government)
- People doing "for me, not for you" and making fun of people doing things for the government"
Lifestyle Change –
The Change Companies Journaling

Mollification: making excuses, blaming, justification

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:
   
   The guy at the hospital got to me and I bent up as 
   much as I could.

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

   What is my Rational Challenge?
   If I was not afraid of me, I would have done it.

   How would my behavior change based on my Rational Challenge?
   Not bother with him.
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.

<table>
<thead>
<tr>
<th>Irrational approach</th>
<th>Rational approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activating Event</strong></td>
<td><strong>Camera Check</strong></td>
</tr>
<tr>
<td>Worked by</td>
<td>Unluckily by</td>
</tr>
<tr>
<td>A constitutional law</td>
<td>A constitutional law</td>
</tr>
<tr>
<td>Judge</td>
<td>Judge</td>
</tr>
<tr>
<td>ACCUSED</td>
<td>ACCUSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>Rational Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>There's stuff in there I can GET AND SELL</td>
<td>I HAVE NO BUSINESS GOING IN DEPS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consequences</th>
<th>Desired Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>(feelings and actions)</td>
<td>(feelings and actions)</td>
</tr>
<tr>
<td>Got checked</td>
<td>More problems</td>
</tr>
<tr>
<td>生命力好</td>
<td>More courage to</td>
</tr>
<tr>
<td>生命好</td>
<td></td>
</tr>
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</table>
Reasoning and Rehabilitation

- Problem Solving
- Social Skills
- Negotiation Skills
- Managing Emotions
- Creative thinking
- Values Enhancement
Moral Reconciliation 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
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
RAD
Reentry After Prison/Jail
A Therapeutic Curriculum for People with Mental Illness & Histories of Incarceration

Merrill Rotter, M. D.
Jackie Massaro, LMSW
Michael Steinbacher

2008 Edition
Purpose

- Promote Cultural Re-adaptation by
  - Developing trust through shared experience
  - Challenging prison and jail attitudes
  - Introducing new problem solving skills
CONNECTING: Debriefing
- War stories
- Talk about jail/prison experiences

EXPLORING: Psychoeducation
- Setting Differences and Similarities
- Examine jail and prison scripts
- Does “jail thinking/behaving” help or hurt?

CHANGING: Cog-Behavior Techniques
- Learn new ways to think/behave
- Disputation
Free!