

Implementing Behavioral Health Evidence-Based Practices for Justice-Involved Individuals

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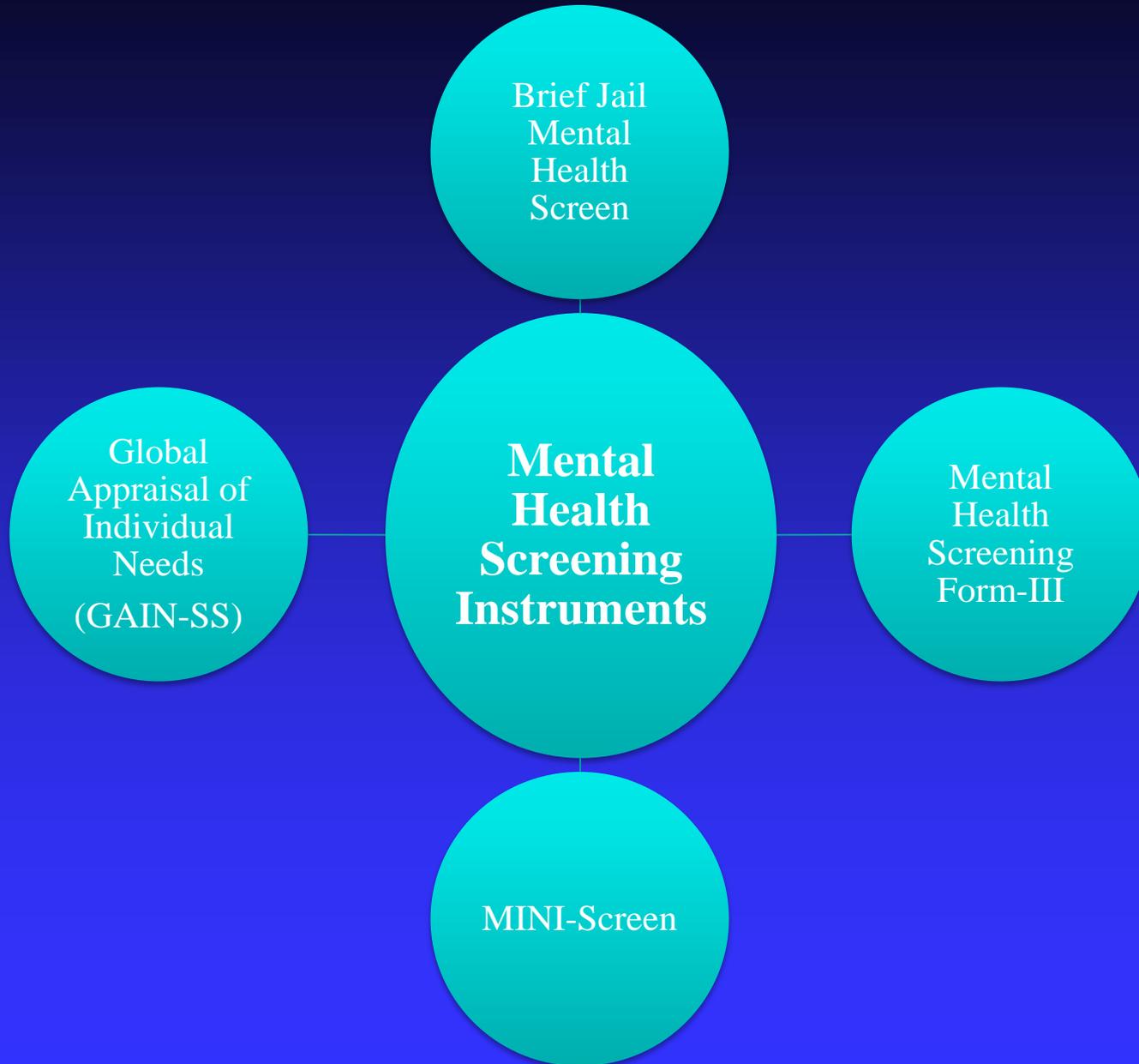
Goals of this Presentation

Review:

- Screening and assessing for risk and needs
- Best practices for treating substance abuse and CODs
- Tailoring treatment strategies

Importance of Screening and Assessment

- **High prevalence** rates of behavioral health disorders in criminal justice settings
- Persons with undetected disorders **cycle back through** the criminal justice system
- Allows for **treatment planning** and linking to appropriate treatment services
- Programs with comprehensive assessment have **better outcomes** (Shaffer, 2011)





Psychosocial Assessment Instruments

Addiction
Severity Index
(ASI)

Global Appraisal
of Individual
Needs (GAIN)

- *GAIN-Quick*
- *GAIN-Initial*

Texas Christian
University - IBR

- *Brief Intake Interview*
- *Comprehensive Intake*

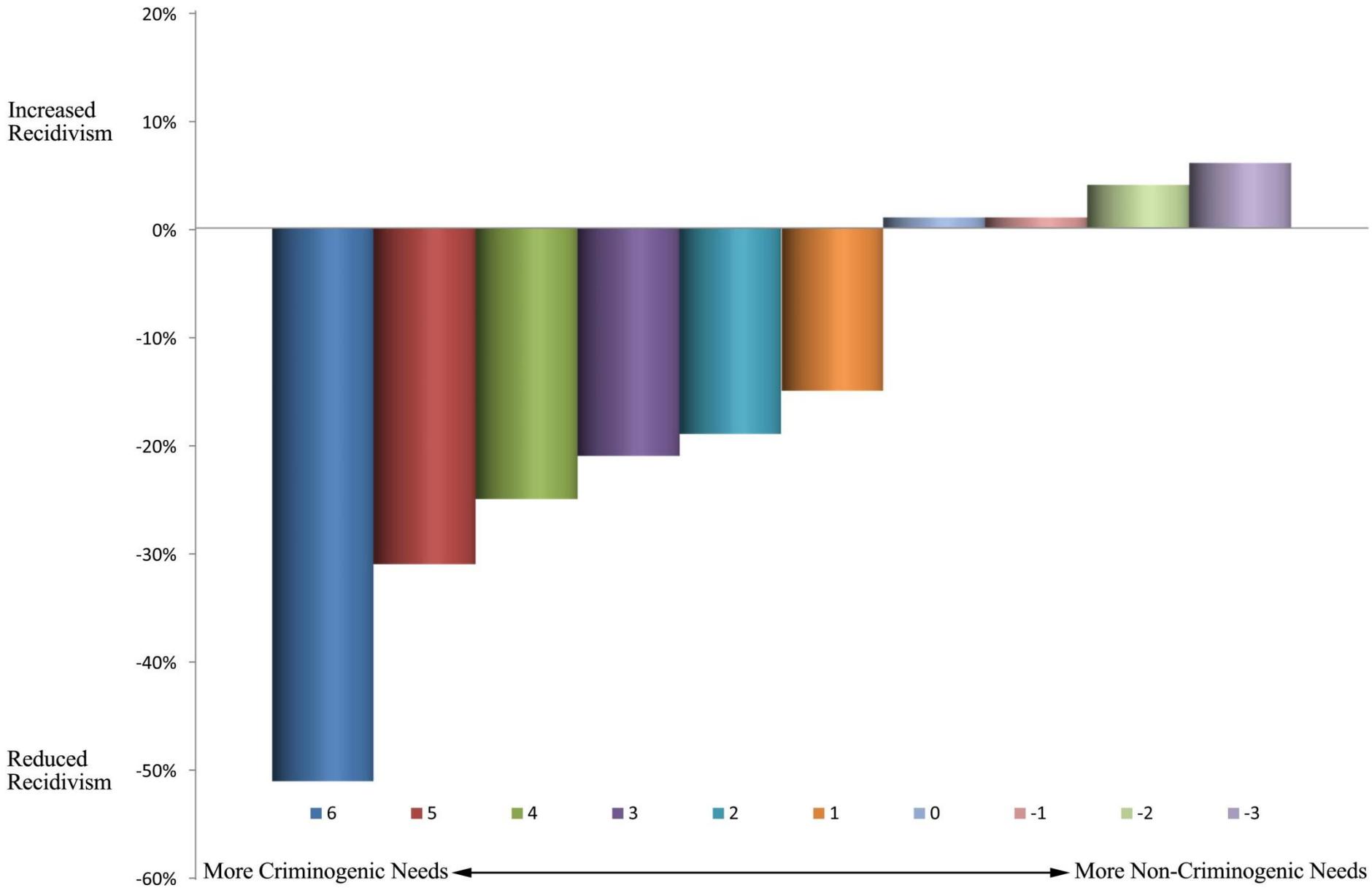
Targeting Offender Risk and Needs to Guide Eligibility and Programming

- Focus resources on high **RISK** cases
- Target criminogenic **NEEDS**: antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers
- **RESPONSIVITY** – Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender. Address the issues that affect responsivity (e.g. mental illnesses).

8 Central Risk Factors related to Criminogenic Needs

1. Antisocial attitudes
2. Antisocial friends and peers
3. Antisocial personality pattern
4. Substance abuse
5. Family and/or marital problems
6. Lack of education
7. Poor employment history
8. Lack of prosocial leisure activities

Recidivism outcomes in targeting criminogenic vs. non-criminogenic needs



(Andrews et al., 1999; Carey, 2011; Dowden, 1998)

Risk Assessment Instruments

Historical-Clinical-Risk Management-20 (HCR-20)

Lifestyle Criminality Screening Form (LCSF)

Level of Service Inventory-Revised (LSI-R)

Psychopathy Checklist: Screening Version (PCL-SV)

Risk and Needs Triage (RANT)

Short-Term Assessment of Risk and Treatability (START)

(Adapted from Peters, SAMHSA 2011)

Evidence-Based Models¹ to Guide Offender Treatment

- Risk-Need-Responsivity (RNR) Model
- Cognitive-Behavioral Treatment (CBT) Model
- Social Learning Model
- Programs incorporating both CBT and social learning produce the largest reductions in recidivism (average = 26-30%; Dowden & Andrews, 2004)

Common Features of CBT and Social Learning Models

- Focus on skill-building (e.g., coping strategies)
- Use of role play, modeling, feedback
- Repetition of material, rehearsal of skills
- Behavior modification
- Interpersonal problem-solving
- Cognitive strategies used to address ‘criminal thinking’

Evidence-Based Behavioral Health Practices for Offenders

- Cognitive-behavioral treatment
- Contingency management
- Motivational enhancement
- Relapse prevention
- Trauma-focused treatment
- Medications (for mental and SA disorders)
- Integrated treatment for CODs (e.g., IDDT)
- Modified Therapeutic Communities
- Assertive Community Treatment (ACT)
- Supported Housing; Supported Employment

Tailoring Treatment for Special Populations

- Co-occurring mental disorders
 - High rates of mental disorders among offenders (31% females, 15% males; Steadman et al., 2009)
 - Offenders with mental disorders have poor outcomes in traditional treatment programs (Peters & Osher, 2004)
 - Specialized program adaptations and treatments are needed
 - Several evidence-based treatment protocols are available
- History of trauma and Post-Traumatic Stress Disorder (PTSD)
 - Both female and male offenders have high rates of exposure to trauma/violence
 - Unless identified and addressed, undermines treatment effectiveness
 - Several evidence-based treatment protocols are available

Tailoring Treatment for Special Populations (*cont'd*)

- High criminal risk
 - Antisocial beliefs, values, behaviors
 - Specialized program adaptations are needed for treatment and supervision
 - Several evidence-based treatment protocols are available
- Other special populations
 - Cultural/racial minorities
 - Female offenders
 - Juveniles

Treatment Curricula for CODs and Criminal Thinking

Co-Occurring Disorders

- Illness Management and Recovery (IMR)
- Integrated Group Therapy for Bipolar Disorder and Substance Abuse
- Seeking Safety (SA and trauma/PTSD)

Criminal Thinking and Substance Abuse

- Criminal Conduct and Substance Abuse
- Thinking for a Change
- Reasoning and Rehabilitation

Treatment Curricula for Trauma and Substance Abuse

- Seeking Safety (Najavits, 2002)
- Trauma Recovery and Empowerment (TREM) (Harris, 1998)
- Treating concurrent PTSD and cocaine dependence (Brady et al., 2001)
- Substance Dependence Posttraumatic Stress Disorder Therapy (Triffleman, et al., 1999)