

# **Implementing Integrated Treatment for Justice-Involved Individuals with Co- Occurring Disorders**

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**Roger H. Peters, Ph.D., University of South Florida, [rhp@usf.edu](mailto:rhp@usf.edu)**

# Goals of this Presentation

## Review:

- Using risk and needs assessment for eligibility and programming decisions
- Integrated treatment strategies for CODs
- Developing a continuum of services from institution to the community

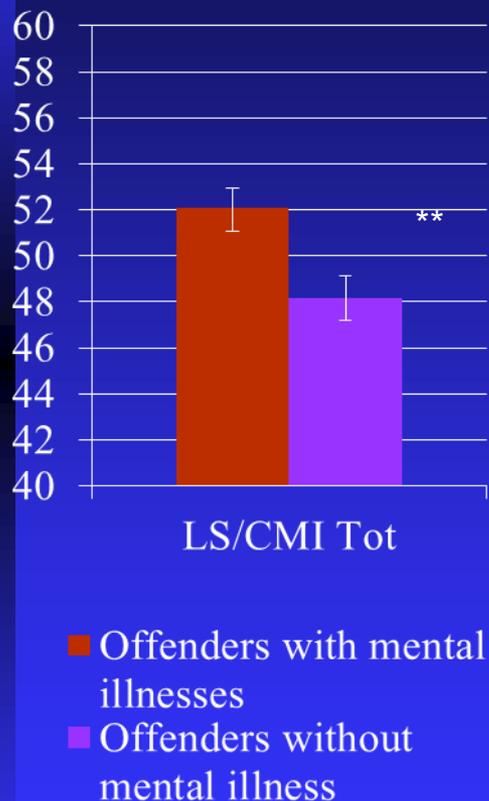
# Targeting Offender Risk and Needs to Guide Eligibility and Programming

- 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

# Offenders with Mental Illness have Higher Levels of Criminogenic Risk

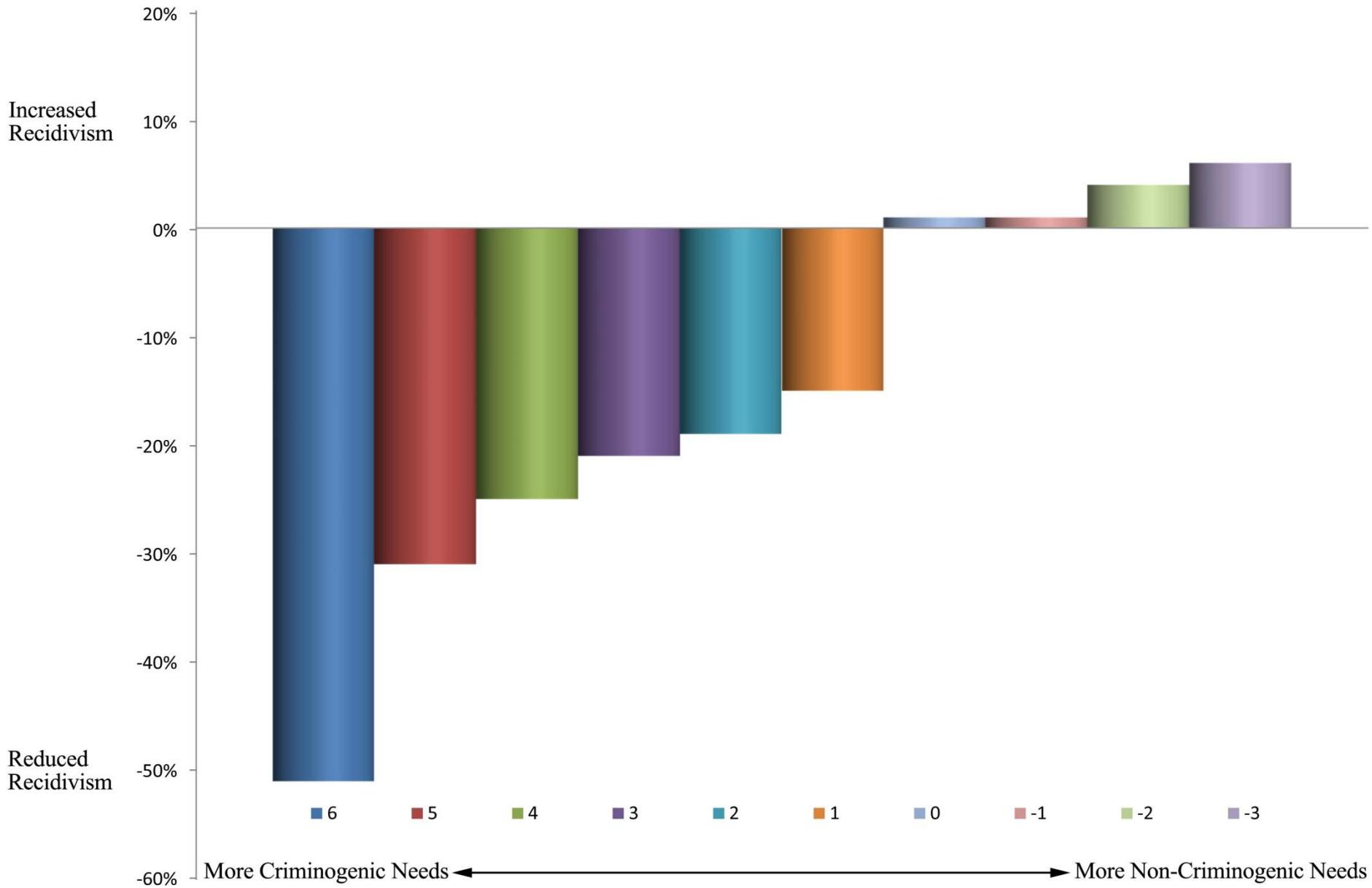


## Key Criminogenic Risks

- Antisocial attitudes and beliefs
- Antisocial peers
- Antisocial personality features
- Substance use disorders
- Family/marital problems
- Lack of education
- Poor employment history
- Few prosocial/leisure skills

Skeem, Nicholson, & Kregg (2008), National Reentry Resource Center, 2012

# 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)

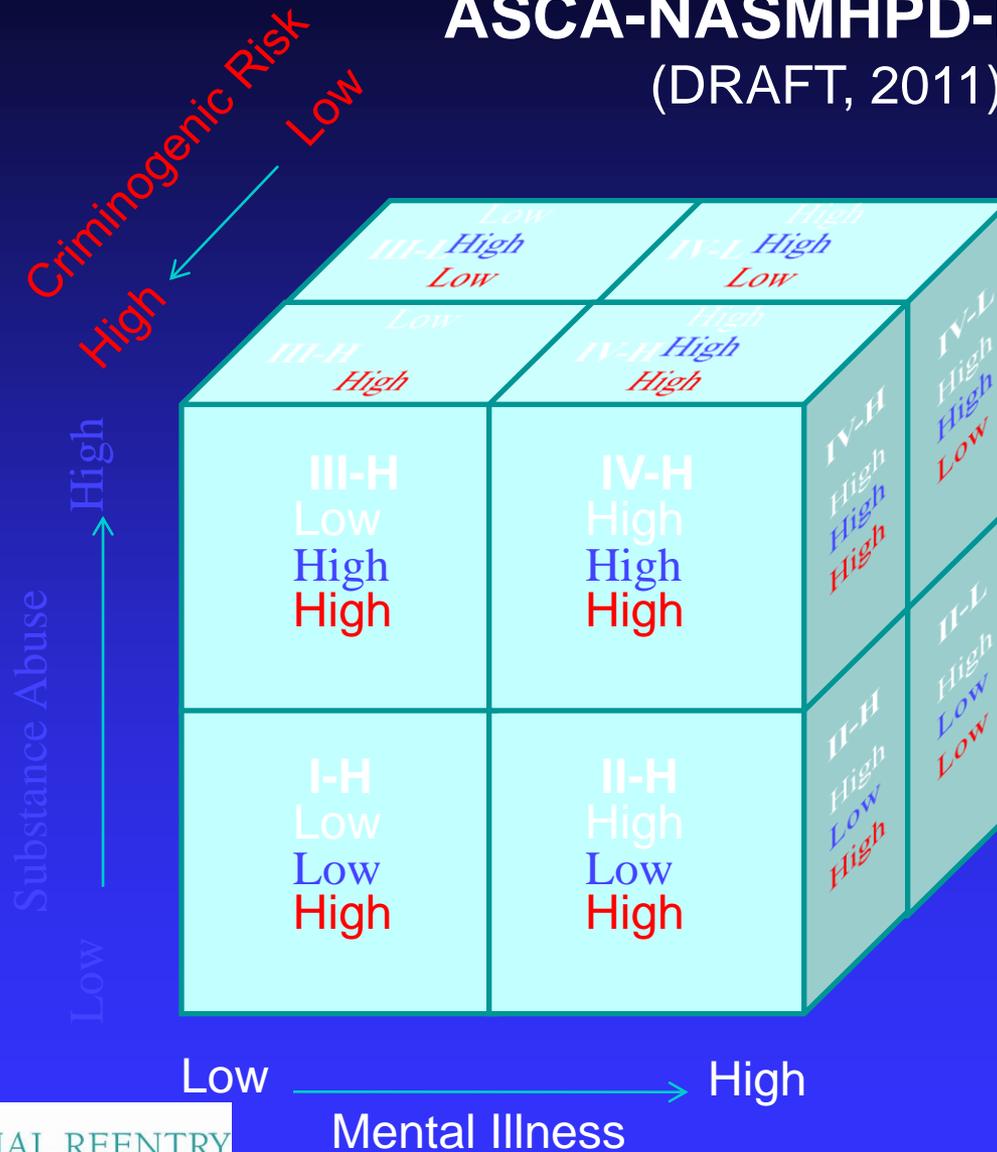
Short-Term Assessment of Risk and Treatability (START)

(Adapted from Peters, SAMHSA 2011)

# Evolving NIC Framework

## ASCA-NASMHPD-NASADAD

(DRAFT, 2011)



# Evidence-Based COD Treatments

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

# Cognitive-Behavioral Interventions

- Focus on skill-building (e.g., coping strategies)
- Self-control and self-management
- Problem-solving approaches
- Cognitive restructuring
- Use of role play, modeling, feedback
- Curriculum-based

# Cognitive-Behavioral Treatment Curricula

## 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

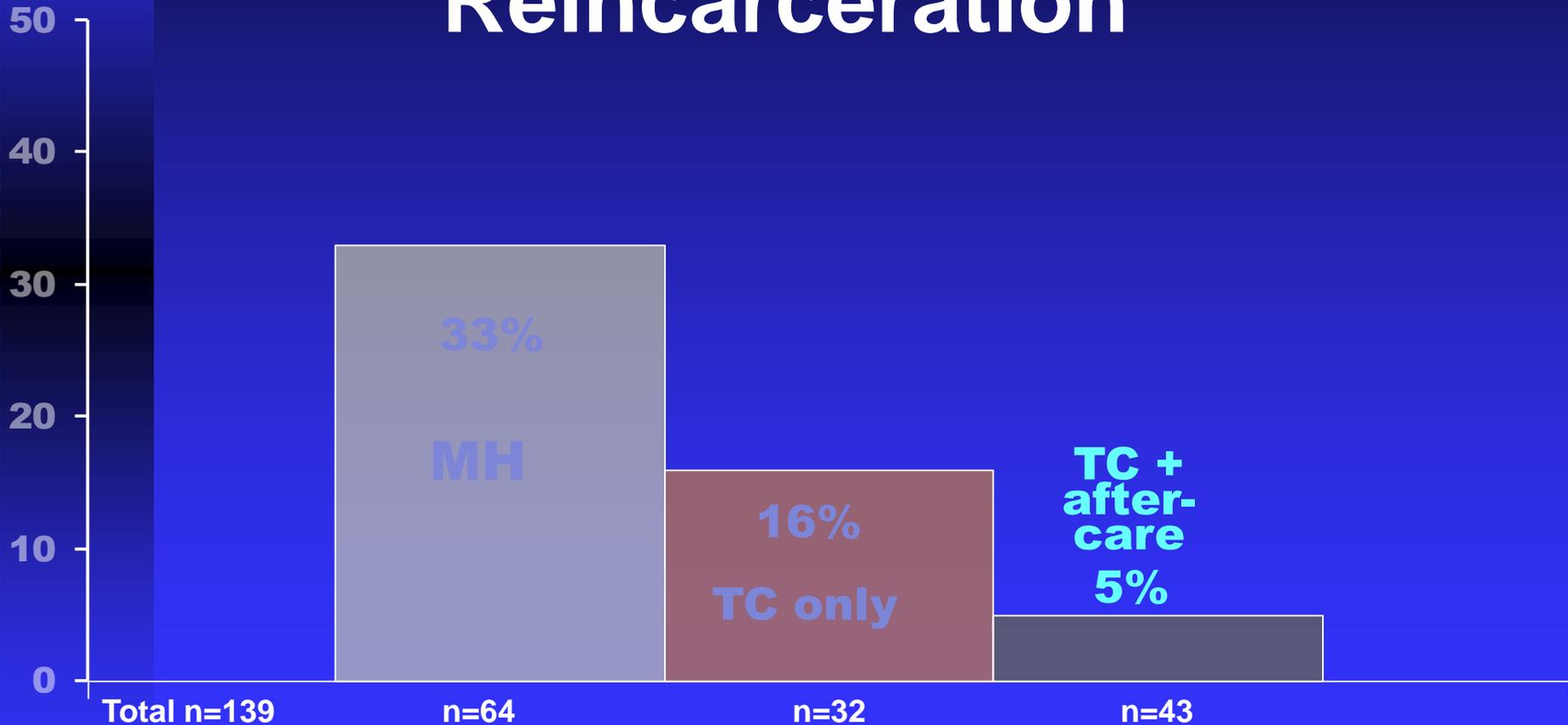
# Features of COD Treatment

- Highly structured treatment services
- Destigmatize mental illness
- Focus on symptom management vs. cure
- Education regarding individual diagnoses and interactive effects of CODs
- “Criminal thinking” groups
- Basic life management and problem-solving skills

# COD Program Phases

- Orientation
- Relapse prevention/transition
- Intensive treatment

# Effectiveness of Prison COD Treatment and Reentry – 1 Year Reincarceration



# Reentry Planning for CODs

**In-reach** of  
community  
treatment  
providers

Accessing and  
restoring  
**benefits**

Continuity of  
**medications**

**Dedicated staff**  
to coordinate  
reentry

Develop reentry  
or transition  
**plan** (e.g., APIC  
model)

# Other Reentry/Transition Services

- Assistance to engage in **community-based MH and SA treatment**
- Engagement in **peer support and self-help networks** to assist in recovery
- **Stable housing**
- **Vocational training** and employment support
- **Case management** and community supervision

# The APIC Model

- **A**ssess clinical and social needs and risk level
- **P**lan for treatment and services
- **I**dentify required community programs
- **C**oordinate the transition plan services

(Osher, Steadman, & Barr, 2002)

# APIC Reentry Checklist: Primary Domains

- ◆ Mental health services
- ◆ Psychotropic medications
- ◆ Housing
- ◆ Substance abuse services
- ◆ Health care/benefits
- ◆ Income/benefits
- ◆ Food/clothing
- ◆ Transportation
- ◆ Other