



## Supporting persons with SMI who are or have been justice-involved

December 20, 2019

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## CSS-SMI INITIATIVE

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).



**Funding Statement:**

Funding for this initiative was made possible (in part) by grant no. 1H795M080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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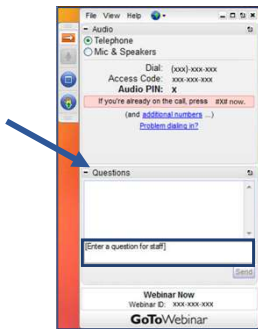
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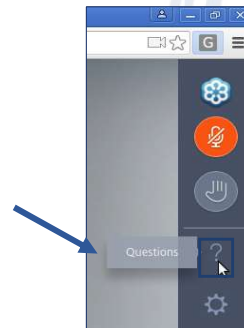
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# Presentation Q&A

**Desktop:** Use the “Questions” area of the attendee control panel



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## Disclosure

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No relationships or conflicts of interest related to the subject matter of this presentation.

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## Learning Objectives

- Describe some of the challenges clinicians face in working with clients who have been criminal justice-involved
- Discuss approaches used by the criminal justice system to identify and reduce criminal recidivism
- Describe how trauma-informed approaches can facilitate working with individuals who have been justice involved



## 1. Challenges clinicians might face in their work with justice involved patients

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## Challenges for Mental Health Services Providers working with people with SMI in the CJ System

- Lack of understanding of the CJ System
- Lack of comfort with some patient personality styles
- Transference/Countertransference
- High demand, limited resources
- Burnout when challenges exceed capacity

## Stigma and Fear

- Fear that individuals that are CJ Involved will be more violent
- Concerns for safety even if based on stigma due to label of “criminal” attaching to patients
- Though there are some unique challenges, benefits of working with CJ Involved Persons with SMI are often not discussed

### On the Over-Valuation of Risk for People with Mental Illnesses

FALL 2015

An estimated two million people with serious mental illnesses are booked into jails each year, making prevalence rates for people with serious mental illnesses in jails three to six times higher than for the general population. Almost three-quarters of these adults have co-occurring substance use disorders. Once incarcerated, they tend to stay longer in jail and are at a higher risk of recidivism upon release than individuals without these disorders. There are many reasons for this situation, including a

3. For people with mental illnesses, judges (and others) should consider the same factors used to assess risk for all other defendants. Past behavior should be considered as judges try to predict future behavior, and judges should be informed most by risk factors that are associated with threats to public safety.

4. Empirically developed, validated assessment tools have identified factors that are truly predictive and relevant to various judicial decisions at different

CSG Justice Center 2015

APA Resource Document

RESOURCE DOCUMENT ON “WHY SHOULD MORE PSYCHIATRISTS PARTICIPATE IN THE TREATMENT OF PATIENTS IN JAILS AND PRISONS?”

APA 2016

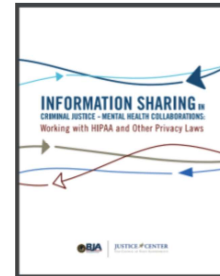
## Gaps in Information

- Information sharing across behavioral health and justice systems can be challenging
- HIPAA and 42 CFR Part 2 can be viewed as barriers, but there are ways to help address this

### Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws

September 30, 2010

This report from the Council of State Governments Justice Center's Criminal Justice/Mental Health Consensus Project is intended to help criminal justice officials work with health professionals to better use both systems' information, when appropriate, to reduce criminal justice involvement among people with mental illnesses and to provide better links to treatment. Supported by the U.S. Department of Justice's Bureau of Justice Assistance, the guide explains the federal legal framework and how it relates to state laws. It describes how HIPAA and 42 CFR Part 2 (privacy regulations related to substance use treatment) may affect exchanges among behavioral health care; law enforcement; courts; jails and



CSG Justice Center 2010

## For Patients with SMI in the CJ System Biases

- Differential treatment
  - Persons found incompetent to stand trial had different outcomes and longer hospitalizations even when not more dangerous than community samples (Levitt et al JAAPL 2010)
- Inherent racial and ethnic biases across systems
- Fractures and disruptions
- Other....

### Psychiatric Services

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#### Relationship Between Race and Ethnicity and Forensic Clinical Triage Dispositions

Debra A. Pinals, M.D., Ira K. Packer, Ph.D., William Fisher, Ph.D., and Kristen Roy-Bujnowski, M.A.

Published Online: 1 Aug 2004 | <https://doi.org/10.1176/appi.ps.55.8.873>

## Overcoming Challenges

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- Recognizing rewards that come with working with this patient population
- Trainings like this can help improve comfort with a “foreign” system
- Finding collegial support
- Finding ways to take care of oneself
- Developing system savvy as a way to build internal capacity
- Diving in!

## 2. Approaches used by the criminal justice system to identify and reduce criminal recidivism

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## Relationship between crime and Symptoms (Peterson et al 2014)

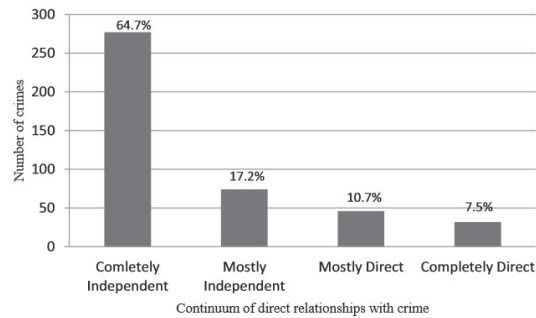


Figure 3. Distribution of crimes along the direct continuum from independent to direct.

## Mental Illness and Crime: what is the relationship?

- Symptoms of mental illness are variably, but often infrequently the driving feature of criminal conduct.
  - Bipolar symptoms more frequently associated with criminal behavior than psychosis (Peterson, Skeem, et al 2014)
- Co-morbid antisocial personality disorder, substance use and PTSD are more likely associated with arrest for violent crime than psychosis (McCabe, Christopher et al 2012)
- Decreasing symptoms of mental illness alone therefore will only have a modest effect on criminal behavior
- Because mental illness can be a driver for some behaviors, traditional treatments must not be ignored, but they will not reduce most crime



## Criminogenic Factors Need Better Understanding

- For the most part, but not always, persons with mental illness commit crimes for the same reasons that persons without mental illness commit crimes.
- Use traditional clinical assessments to assess risk, tease out drivers of criminal behavior, any issues with violence and suicide risk

“Criminogenic Risk Factors”:  
The Risk-Need-Responsivity  
(RNR) Paradigm

### Risk Factor

History of antisocial behavior

Antisocial personality pattern

Antisocial cognition

Antisocial attitudes

Family and/or marital discord

Poor school and/or work  
performance

Few leisure or recreation activities

Substance misuse

Source: Andrews (2006)

## “Responsivity Factors”

- Mental Illness
- Trauma
- Culture
- Housing
- Etc.

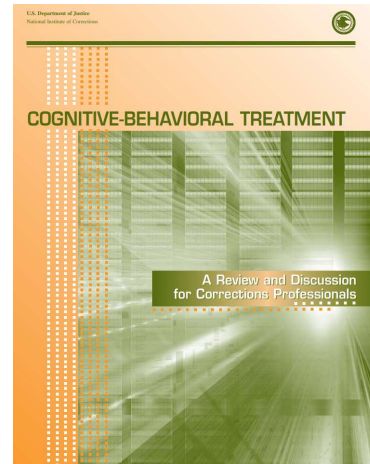
## Risk Assessment Tool Examples

- Examples:
  - Correctional Assessment and Intervention System (CAIS)
  - Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
  - Level of Service Inventory-Revised (LSI-R) and Level of Service/Case Management Inventory (LS/CMI)
  - Ohio Risk Assessment System (ORAS)
  - Static Risk and Offender Needs Guide (STRONG)
- Some recent critiques, but often used to sort out risk and need levels for criminal justice professionals



## Addressing Criminogenic Needs

- CBT for correctional populations
  - Focuses on behavior
  - Focuses on thoughts
  - Focuses on societal responsibility
- Goal includes reduced recidivism
- General tenet of separating programming by level of risk/need



Milkman & Wanberg 2007

## Programmatic Examples to address offender needs

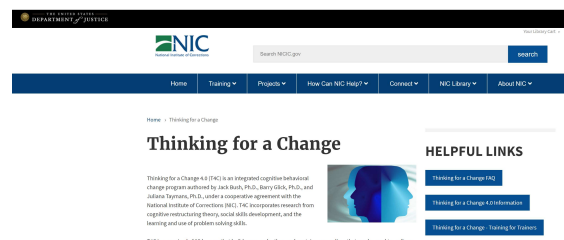
- The examples to follow are examples for education purposes only.
- Application of the following models to the SMI population will be discussed

## Moral Reconciliation Therapy (Little and Robinson 1985)

- Aims to advance moral reasoning among participants
- Originally designed for a prison based drug treatment program in a “therapeutic community”
- Uses a “cognitive behavioral approach” covering domains in treatment such as:
  - beliefs, attitudes, and behaviors
  - relationships
  - reinforcement of positive behavior
  - building sense of self and identity
  - helping frustration tolerance and decreasing “hedonism”
  - building moral reasoning

## Thinking for a Change 4.0 (T4C) (Bush, Glick, Taymans, NIC)

- “Cognitive behavioral” program
- Examines cognitive restructuring to reduce criminogenic thinking (including rationalizing criminal behavior, minimizing sense of negative consequences)
- Also encompasses social skills development and work within problem solving
- Study populations have been adult and juvenile offenders



## The Good Lives Model

- A “Strength-based approach to offender rehabilitation”
- Assumes criminal behavior can result from difficulty using prosocial behavior to achieve goals
- Helps offenders set goals and aspirations and develop individualized plans to meet goals in positive ways
- Used with sex offender populations as well as other types of offenders
- Some research on its use with SMI



<https://www.goodlivesmodel.com/index.shtml>

## Caveats of the RNR approach with regard to SMI (Skeem, Steadman, Manchak 2015)

- Risk assessment tools likely helpful in assessing risk of recidivism in population with MI
- CBT type treatments may be more effective than psychiatric treatment alone in appropriate populations
- Further research is needed to see how RNR principles specifically treat a population of individuals with SMI and criminal justice involvement
- Symptomatic treatment is still critical as some individual incidents may or may not be linked to symptoms
- Responsivity as a principle needs further researched support



# Practical Strategies for working with the Justice Involved SMI Population



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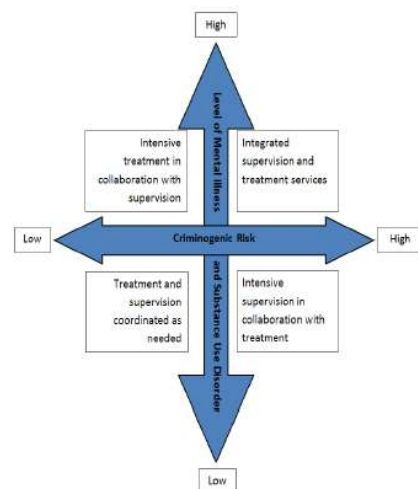
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## Supervision and Treatment Collaborations for Justice Involved Persons with SMI

- Understanding the risks of criminal recidivism and type of supervision
- Understanding the mental health supports needed
- “Intentional” coordination between treatment professionals and supervising entities



Prins and Osher, CSG Justice Center 2009  
Pinals, Gaba, Cleary 2019

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# Roles and Responsibilities

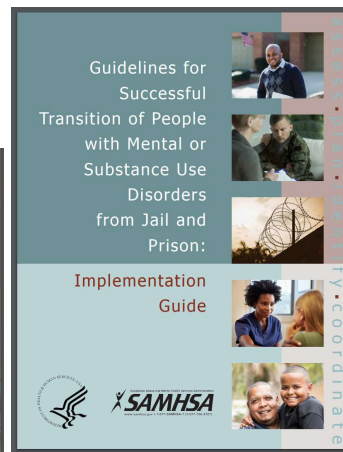
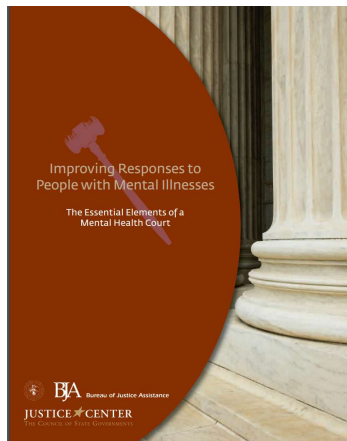
- Working with correctional supervision

	Treatment	Correctional Supervision
<b>Primary Goal</b>	<ul style="list-style-type: none"> <li>• Symptom reduction</li> <li>• Alleviation of suffering</li> </ul>	<ul style="list-style-type: none"> <li>• Public safety</li> <li>• Reduce criminal recidivism</li> </ul>
<b>Primary Duty</b>	<ul style="list-style-type: none"> <li>• To the patient</li> </ul>	<ul style="list-style-type: none"> <li>• To the public</li> <li>• To the court</li> <li>• To the correctional oversight body</li> </ul>
<b>Methodology</b>	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Regular contact</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Regular contact</li> <li>• Cross verification through drug screens</li> <li>• Evidentiary hearings</li> </ul>
<b>Techniques</b>	<ul style="list-style-type: none"> <li>• Engagement</li> <li>• Occasional legal mandates</li> <li>• Linkages to services</li> </ul>	<ul style="list-style-type: none"> <li>• Legally mandated oversight</li> <li>• Requires engagement strategies to enhance compliance</li> <li>• Provides linkages to services</li> </ul>
<b>Protocols</b>	<ul style="list-style-type: none"> <li>• Standards of Care</li> <li>• Privacy rules</li> </ul>	<ul style="list-style-type: none"> <li>• Court orders</li> <li>• Terms of release</li> <li>• Communication not as constrained by privacy rules for adults in criminal justice settings</li> </ul>

Pinals DA, CNS Spectrums, 2015

# Specialized Approaches

- Mental Health Court
- Specialized probation caseloads
- Re-entry planning



### 3. How trauma-informed approaches can facilitate working with individuals who have been justice involved

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### Trauma as a risk modifier

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## ACEs: Adverse Childhood Events Prior to Age 18 (Felitti et al, 1998; CDC)

- Abuse
  - Emotional abuse
  - Physical abuse
  - Sexual abuse
- Neglect
  - Emotional neglect
  - Physical neglect
- Household Challenges
  - Mother treated violently
  - Substance abuse in the household
  - Mental illness in the household
  - Parental separation or divorce
  - Incarcerated household member:

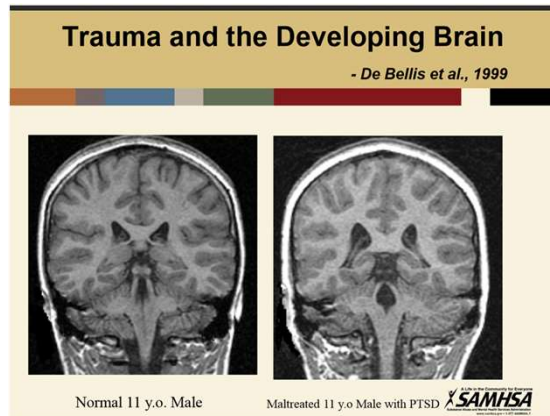
## ACE Study Conceptual Framework



<http://www.cdc.gov/ace/pyramid.htm>

## Trauma and Neurocircuits

Trauma exposure  
and  
Overactivity  
Numbing



## Trauma as a Disruption in the Natural Alarm System

- Normal Stress- Action, focus, goal-directed behavior
- Extreme Stress- high alarm mode, cognitive processes shut down, emotions increase
- Chronic aftermath- high alarm mode becomes constant



## Trauma, Behavioral Health and Justice Populations

- High level of trauma exposure in juvenile justice involved youth
  - High levels of trauma for those receiving care in psychiatric settings
  - High levels of trauma among individuals in jails and prisons
  - High levels of trauma, victimization, and offending, along with substance use, seem to interplay
  - Earlier and more prolonged trauma leads to greater biological/developmental disruption
- Hodas 2004; Muesar et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998, SAMHSA 2015



## Trauma and Violence

- PTSD symptoms associated with perpetration of violent crime and more substance use, with hyperarousal as an independent mediator (Barrett et al 2014)
- Lifetime history of aggression related to childhood traumatic experiences (Carli et al 2014)
- Prisoners with substance use had higher numbers of prior incarcerations, more juvenile convictions, more institutional violence, suicide attempts and higher scores on childhood trauma, impulsivity, hostility, worse resilience (Cuomo et al 2008)



## Criminal Justice and Institutions as Traumatizing

- Pre-arrest circumstances
- Arrest circumstances
- Disruptions in social networks
- Exposure to high noise level
- Exposure to individuals with traumatic and tragic life circumstances
- Exposure to individuals with antisocial and violent propensities
- Loss of control
- Humiliation
- Public exposure
- Fear of unknown

Pinals 2015; Miller and Najavits 2012

## Awareness of Complex Pathways to Violence and Crime



## Working with Justice Involved Persons with SMI

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- On being “trauma-informed”
  - Universal Precautions
  - Procedural justice
  - Safety and community
  - Holding hope
  - Peer support

## Build Resilience while attending to symptoms of SMI

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- Build self esteem
- Model behavior desired
- Stress-busters
- Self-reflection
- Mindfulness

## System Adaptations

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- Changes in environments
- Balance task demand with capabilities
- Workforce development
- Procedural modifications

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## Other trauma-related factors to consider in supporting justice-involved individuals with SMI

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- Persons with SMI are more likely to be victims of violence and crime than perpetrators
  - Exposure to violence and crime can be further traumatizing
- New data emerging on “Positive Childhood Experiences” that can help offset negative experiences (Bethel et al 2019)
- Importance to think about prevention when a person with SMI is a parent...what resources might be needed for their children?

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## Balancing Respecting Autonomy vs. Mandates and Obligations for “Autonomy Overrides”

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- Civil commitment
- Guardianship
- Forensic Commitment

## Consider Whole Health

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- Frequent occurrence of co-occurring substance use disorders
- Health conditions that might be unattended

## Understanding, Translation and Resetting Behavior and Attitudes



Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)  
Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness

The CMHS National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness February, 2007

People with serious psychiatric disorders experience high rates of incarceration. Through their experiences in the uniquely demanding and dangerous environment of jail health providers to identify behaviors that they believed distinguished the population of offenders struggling with mental health issues. Concurrently, the authors

- Maladaptive behaviors in one setting may stem from adaptive behaviors in another
- SPECTRM: Understand what can be adaptive in correctional settings and its translation to community settings
  - For example:
  - “Don’t snitch” = “Don’t tell your doctor”
  - “Don’t trust” = “Don’t engage”

Rotter, Larkin et al, 1998; SAMHSA GAINS 2007

## Summary

- Working with the persons with SMI with justice system involvement and histories can be rewarding
- Perceived and real challenges can be ameliorated with training
- Criminal justice system responses are well-developed (though more research is needed focused on SMI and the justice system)
- Professionals can gain skills through:
  - Trauma awareness
  - System awareness
  - Knowledge of resources available for support



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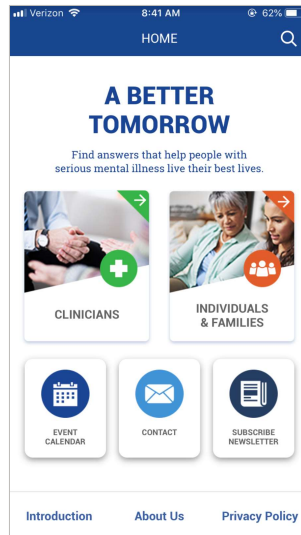


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## SMI ADVISER MOBILE APP

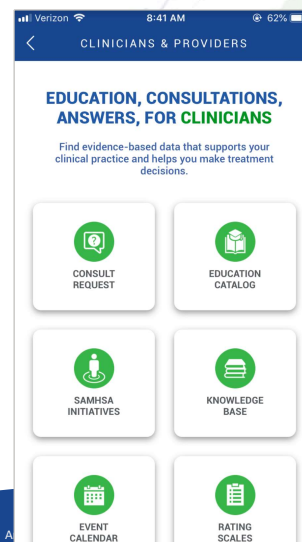


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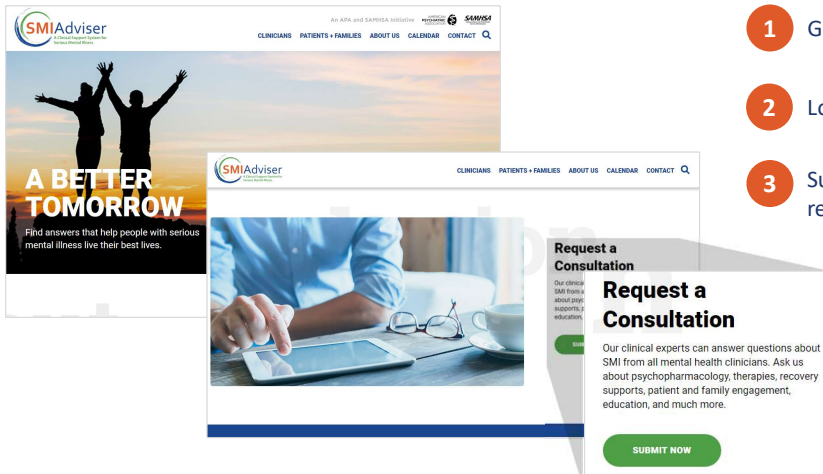
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Download at [SMIadviser.org/app](https://SMIadviser.org/app)



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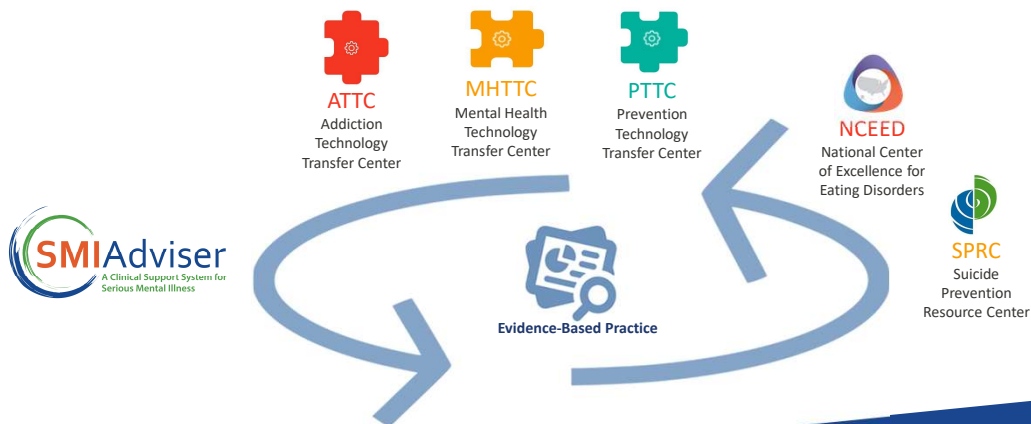
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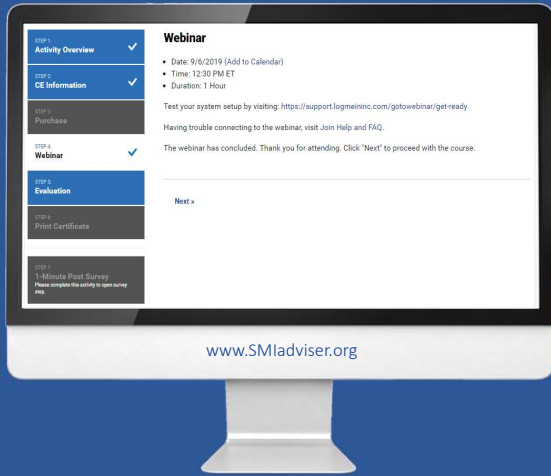


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