
May 12, 2014

Merrill Rotter, MD, Albert Einstein College of Medicine and NYC TASC
Eric Olson, Bonneville County, ID Mental Health Court
The Premise of Criminalization and the Promise of Offender Treatment

Targeting Criminal Recidivism in Mentally Ill Offenders

Merrill Rotter, M.D.
Director, Division of Forensic Services, Bronx Psychiatric Center
Medical Director, EAC TASC Mental Health Diversion Programs
Associate Clinical Professor, Albert Einstein College of Medicine
Common Goals
Clinical Programs

- Engagement
- Clinical Improvement
- Improved quality of life
- Decreased recidivism
  - Hospitalization
  - Incarceration
Criminalization: National

SMI in General Population and CJ System

- General Population: 5
- Jail: 31
  - Female: 15
  - Male: 16
- State Prison: 24
  - Female: 16
  - Male: 8

Legend:
- Total: female and male
- Female
- Male
The Good News

- Jail Diversion
  - Decreased arrests
  - Decreased symptoms

- Specialized Probation
  - Decreased rearrests
  - Decreased symptoms

(Case, 2009)

(Skeem, 2009)
The Weird News

Decreased re-arrest NOT related to decreased symptoms

- **Jail Diversion** *(Case, 2009)*
  - Primary predictor of subsequent re-arrest was criminal history
  - Group with 2 or more subsequent arrests had largest symptom reduction

- **Specialized Probation** *(Skeem, 2009)*
  - 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

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

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

- Fixing “broken” mental health system
  - No decreased jail MI prevalence in Mass. County with increased MH services
  - Fisher (2000)
- **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
- Violence
- Suicide
- Criminal Justice
- Failure to appear
- Revocation
- Re-arrest
Measuring Criminogenic Risk

- COMPAS
- LSI-R
- LS-CMI

- Women’s Risk Need Assessment
- Ohio Risk Assessment System
- Static Risk and Offender Needs Guide
Predicting Recidivism – Mental Illness

CASES Forensic ACT 2012

<table>
<thead>
<tr>
<th>RISK GROUP</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH/VERY HIGH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>% ACT Sample</td>
<td>15%</td>
<td>35%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>% Re-Arrested 2-YEARS</td>
<td>0%</td>
<td>30%</td>
<td>52%</td>
<td>36%</td>
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</table>
Predicting Recidivism – Mental Illness

NYC TASC Mental Health Diversion - 2012

<table>
<thead>
<tr>
<th>Scale</th>
<th>AUC 6m VOC</th>
<th>AUC 6m Remands</th>
<th>AUC 6m New Arrests</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Recidivism</td>
<td>.669</td>
<td>.682</td>
<td>.565</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Criminogenic Need</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family &amp; Relationships</strong>. The less connected and engaged with family or other important support systems, the greater the risk for criminal behavior</td>
<td>Multi-family Group Consumer Centered Family Therapy</td>
</tr>
<tr>
<td><strong>School/Work</strong> Greater commitment to academic/vocational pursuits the lower the risk of criminal behavior</td>
<td>Supported Employment GED VESID</td>
</tr>
<tr>
<td><strong>Leisure/Recreational Activities</strong> The greater the number &amp; satisfaction from prosocial leisure pursuits, less risk of engaging in crime</td>
<td>Social Skills PROS Day Programs</td>
</tr>
<tr>
<td><strong>Substance Abuse.</strong> Alcohol and illicit drug use increases risk for criminal activity.</td>
<td>Integrated Treatment Modified TC</td>
</tr>
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<td>Criminogenic Need</td>
<td>Interventions</td>
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<tr>
<td><strong>BIG 4</strong></td>
<td></td>
</tr>
<tr>
<td><strong>History of Antisocial Behavior.</strong> The more extensive one’s involvement in crime, the greater the risk for criminal recidivism.</td>
<td></td>
</tr>
<tr>
<td><strong>Antisocial Personality Pattern.</strong> A pattern of restlessness, aggressiveness, poor self control, adventurousness and callousness</td>
<td></td>
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<tr>
<td><strong>Criminal Thinking &amp; Antisocial Attitudes.</strong> Cognitive processes and attitudes supportive of a criminal lifestyle predict criminal behavior</td>
<td></td>
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<tr>
<td><strong>Antisocial Associates.</strong> The more criminal associates (e.g., family members, friends) increases risk</td>
<td></td>
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The Central Eight - MI Overrepresentation

- General and specific recidivism risk higher
  - Antisocial Personality Pattern (Skeem, 2008)

- PICTS items higher in state hospital subjects
  - Externalization, rationalization, entitlement (Carr, 2008)
Criminal Thinking 2: MIOs

- 85% of males and 72.4% of females with MI elevated scores on CSS-M
  - PICTS and CSS-M scores comparable to published non-MIO scores
  
- No sig. diff in CSS-M scores between MIOs and non-MIOs

(Morgan, 2010)

(Wolff, 2011)
The Change Companies: Interactive Journaling

- Two journals
  - Thinking Errors
  - Values for Responsible Living

© The Change Companies, 2006, 2008
www.thechangecompanies.org
Reasoning and Rehabilitation

- Problem Solving
- Social Skills
- Negotiation Skills
- Managing Emotions
- Creative thinking
- Values Enhancement
Moral Reconation 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
Thinking for A Change (T4C)
National Institute of Corrections

Stress + Beliefs

Problem

Consequences

Feelings
Thoughts

Actions

http://www.nicic.org
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
Responsivity: Tailoring Treatment

- **General**
  - Responsive to learning styles
    - e.g. CBT

- **Specific**
  - Responsive to socio-biological personality factors
What personal strengths and/or specific individual factors might influence the effectiveness of treatment services?
Responsivity Principle

- Engagement Challenges
  - Motivation
    - Motivational Interviewing
  - Stigma
- CJ culture Adaptation
  - SPECTRM
Non-Criminogenic Needs

Psychosis
Mania
Trauma
Self-esteem
Anxiety
Lack of Parenting Skills

Medical Needs
Primary Language
Literacy Level
Eviction Pending
Learning Disability

Other Stuff
Adults with Behavioral Health Needs Under Correctional Supervision:
A Shared Framework for Reducing Recidivism and Promoting Recovery

Gender Matters

- Women have ‘unique’ pathways to crime
- Trauma and abuse
- Unhealthy relationships (anti-social associates = intimate partners)
- Parental stress
- Depression
- Self-efficacy
- Current mental health symptoms
Impact on Recidivism Rates

- Drug Treatment in Prison: -17%
- Intensive Supervision + Treatment: -21%
- Drug Treatment in the Community: -24%
- Supervision with Risk Need + Responsivity: -30%
Summary

Mental Illness

Drug Abuse

Re-arrest

Diagram showing the relationship between mental illness and drug abuse leading to re-arrest.

Eric Olson
District Manager, Adult and Juvenile Mental Health Courts
State of Idaho’s 7th Judicial District
Target Population

• Client Profile

1. Client must meet F/ACT (Forensic/Assertive Community Treatment Team) criteria
2. Have a medium to high LSI (Level of Service Inventory) Score
3. Have a history of frequent psychiatric hospitalizations or incarcerations
4. Most have a co-occurring Substance Abuse Issue
A Framework for Prioritizing Target Population

- **Low Criminogenic Risk** (low)
  - **Low Severity of Substance Abuse** (low)
    - Low Severity of Mental Illness (low)
  - **Substance Dependence** (med/high)
    - Low Severity of Mental Illness (low)
    - Serious Mental Illness (med/high)
- **Medium to High Criminogenic Risk** (med/high)
  - **Low Severity of Substance Abuse** (low)
    - Low Severity of Mental Illness (low)
  - **Substance Dependence** (med/high)
    - Low Severity of Mental Illness (low)
    - Serious Mental Illness (med/high)

**Group 1**
- I – L
- CR: low
- SA: low
- MI: low

**Group 2**
- II – L
- CR: low
- SA: low
- MI: med/high

**Group 3**
- III – L
- CR: low
- SA: low
- MI: med/high

**Group 4**
- IV – L
- CR: low
- SA: med/high
- MI: med/high

**Group 5**
- I – H
- CR: med/high
- SA: low
- MI: low

**Group 6**
- II – H
- CR: med/high
- SA: med/high
- MI: med/high

**Group 7**
- III – H
- CR: med/high
- SA: med/high
- MI: med/high

**Group 8**
- IV – H
- CR: med/high
- SA: med/high
- MI: med/high
High Criminogenic Risk with High Behavioral Health Treatment Needs

- Priority population for corrections staff time and treatment
- Intensive supervision and monitoring; use of specialized caseloads when available
- Access to effective treatments and supports
- Enrollment in interventions targeting criminogenic need including cognitive behavioral therapies
Participant Profile

• 25 years old
• Dx: Schizoaffective Disorder
• Polysubstance Dep: Alc/Meth
• Father is in Prison; Mother lives locally
• Comes to us on a Battery charge; multiple in past
• LSI: 34
• Did graduate an alternative HS
• Hx of homelessness
• Strengths: Hard Worker
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<td>FINANCIAL</td>
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<td>EMOTIONAL/PERSONAL</td>
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<td>EDUCATION/EMPLOYMENT</td>
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<td>ALCOHOL/DRUGS</td>
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Total Score  34.0
Evaluation  Moderate/High Risk
Recidivism Is Not Simply a Product of Mental Illness: **Criminogenic Risk**

**Risk:**
- ≠ Crime type
- ≠ Dangerousness
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level

**Risk** = How likely is a person to commit a crime or violate the conditions of supervision?
Where do we start....

- Recovery Focused – Strength focused
- WELCOMING
- EMPATHIC
- HOPEFUL

- MOTIVATIONAL INTERVIEWING...LIVE IT!!!
Risk-Need-Responsivity Model as a Guide to Best Practices

• Focus resources on high RISK cases

• Target criminogenic NEEDS, such as 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)
### “Central Eight” risk factors for recidivism (Andrews, 2006)

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Recidivism Reductions as a Function of Targeting Multiple Criminogenic vs. Non-Criminogenic Needs*

(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)

Better outcomes

60%

50%

40%

30%

20%

10%

0%

-10%

-20%

Poorer outcomes

More criminogenic than non-criminogenic needs

More non-criminogenic than criminogenic needs
Responsivity: You can’t address Central 8/dynamic risk factors without attending to mental illness

Mental Illness

- Antisocial Personalities
- Antisocial Attitudes
- Antisocial Friends and Peers
- Substance Abuse
- Family and/or Marital Factors
- Lack of Education
- Poor Employment History
- Lack of Prosocial Leisure Activities
RESPONSIVITY – MH FACTORS

- MEDS
- MONEY
- HOUSING

- EBP for SPMI - but not Central 8
- High risk on LSI – but not Central 8
- EBP for SPMI and on LSI – but not Central 8
Risk-Need-Responsivity Model as a Guide to Best Practices

- **RISK PRINCIPLE:** Match the intensity of individual’s intervention to their risk of reoffending

- **NEEDS PRINCIPLE:** Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers

- **RESPONSIVITY PRINCIPLE:** 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)
What Should We Target??

Central 8 risk factors

• 1- Hx of Antisocial Behavior
• 2- Antisocial Personality Pattern
• 3- Antisocial Cognitions
• 4- Antisocial Associates
• 5- Family and/or Marital Discord
• 6- Poor School and/or Work Performance
• 7- Few Leisure and Recreational Activities
• 8- Substance Abuse

LSI score: 30- Moderate Risk

• Financial – 1.0
• Emotional/Personal – 1.0
• Education/Employment – 0.79
• Alcohol/Drugs – 0.62
• Accommodations – 0.60
• Companions – 0.60
• Criminal Hx – 0.50
• Family/Marital – 0.50
• Leisure/Recreation – 0.50
• Attitudes/Orientation – 0.50
LSI: Attitudes/Orientation; MRT+

- Central 8 – First 4
  - History of Antisocial Behaviors
  - Antisocial Personality Pattern
  - Antisocial Cognitions
  - Antisocial Associates
MRT® Focus

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning
MRT - How it Works!

- Increasing levels of moral reasoning:
  - Step 1 Reciprocity – Honesty
  - Step 2 - Trust
  - Step 3 - Acceptance
  - “We follow the rules BECAUSE......, they’re the RULES!!!

- Ultimate Goal: Reduce Recidivism:

- CONTINGENCY MGMT.../MOTIVATIONAL INTERVIEWING
### MRT® FREEDOM LADDER

#### GRACE
Few persons reach this state where a person sees others as an extension of self. Reaching grace means one must give oneself to a major cause. In this stage, a person’s identity fuses with others as well as a social cause. Doing the right things, in the right ways, is a primary concern. Value is placed on human life, justice, dignity, and freedom. Gandhi, King, and Mother Teresa are a few examples.

#### NORMAL
People who experience this state have incorporated their identity into how they live their lives. Thus, they have their needs fulfilled without a great deal of effort. To someone in this stage, work is not work. However, their identity nearly always involves the welfare of others, whether it is the welfare of their employees or family. They often become involved in social causes and have genuine concern for others. They give great consideration to their own conduct and are not quick to judge others. They attempt to keep all their relationships on honest, trustworthy levels where they are held accountable. It is clear that people in this stage have chosen the right identity (set of goals). Moral judgments are based about half and half on societal and ethical principles.

#### EMERGENCY
A sense of urgency in completing goals dominates this stage because the individual is totally committed to fulfilling their personal goals. The goals of a person in this stage are more broad and inclusive of the welfare of others rather than goals being narrow and self-serving. They feel in control of their lives, but often feel that they have over-committed and are in risk of failure if they slow down. Most of their decisions are based on what is best for society and their organization, but they show much higher, idealized ethical principles as well. In addition, they sometimes ‘slip’ to lower levels of reasoning and attempt to rectify this as soon as they realize it.

#### DANGER
The major distinction between danger and non-existence is that those in danger have committed to long-term goals. They feel the risk of danger and have communicated their desires to others. They feel a definite direction in life and see their goals as necessary, important, and satisfying. They usually gain their identity from their long-term goals and recognize the requirements of situations quickly. Most of these people make their moral judgments from the societal contract level and law and order. Many of them ‘slip’ to lower stages of reasoning and feel a sense of personal letdown when this occurs.

#### NON-EXISTENCE
Those in non-existence do not have a firm sense of identity and do not feel connected to the world. They often feel little purpose in their life, but do feel responsible for what happens to them. While they feel somewhat alienated, they can have satisfying relationships. Moral judgments can be made from law and order, pleasing others, reciprocity, or pleasure/pain.

#### INJURY
People in this stage know when they have hurt others or themselves and feel responsible for it. Low self-esteem, guilt, and feelings of inadequacy often predominate. While they seem to ‘let down’ others and self frequently, they recognize that they are the source of the problem. This is the first stage that positive relationships can occur. People in injury have trouble following through on their goals and commitments. Moral judgments are based on pleasing others, pleasure/pain, and reciprocity.

#### UNCERTAINTY
A person in this stage may lie, cheat, and steal, but they are uncertain if they should. They typically have no long-term goals and usually don’t know if they are right for them. They show rapidly changing beliefs and a basic uncertainty about other people. They say ‘I don’t know’ a lot and sometimes are uncertain whether they should or can change. This stage typically doesn’t last long. Their moral judgments are based on pleasing others as well as pleasure/pain and reciprocity.

#### OPPOSITION
People in opposition are quite similar to those in disloyalty. However, those in opposition are somewhat more honest about it; they pretend less. Those in opposition tend to blame society, the rules, or the unfairness of others for their problems and state that the problem is their society. They tend to be rigid and unadaptable and are more confrontational, hostile, and openly manipulative. Constant conflict is often seen. Moral judgments come from pleasure/pain and reciprocity.

#### DISLOYALTY
The stage of disloyalty is the lowest moral and behavioral stage in which a person can function. Lying, cheating, stealing, betraying, blaming others, victimizing, and pretending are the behaviors characterizing it. Negative emotions including anger, jealousy, resentment, hatred and depression dominate. Relationships are exploitative. People in disloyalty view the world as a place that cannot be trusted and believe that everyone else lies, cheats, steals, and feels negative emotions. Moral judgments are made on the basis of pleasure/pain and reciprocity.
Step 1- Honesty

• The purpose of the MRT steps is to help you take control of yourself and become the person you want to be. It is a systemic restructuring of your personality!

• Honesty, Honesty, Honesty
Pyramid of Life

Past

5 years ago

10 years ago

20 years ago

Childhood

Real Life Happenings

Present

What Could Have Been
Step 2- Trust

Step 2: Shield and Life Mask:
- Draw something important from your past.
- Something you do well.
- Something that you enjoy.
- Something you hope to be in the future.
- In 5 words or less, how you want to be remembered???
Step 2- Cont.

• Step 2: Life Wheel
• Picture of biggest problem in your life right now. Current problem but one you can take care of easily. Something you dislike doing, but must do. Something you really like doing the most. Something you have always wanted to do. Most important person in your life other than yourself. The things in life you believe will lead you to happiness. Your Current Identity!
Life Wheel

Instructions:
1. In #1 draw a picture that represents the biggest problem area in your life right now.
2. In #2 draw a picture of the biggest obstacle in your life.
3. In #3 draw a picture representing a current problem in your life—but one you can take care of easily.
4. In #4 draw a picture of something that you really dislike doing, but something that you must do.
5. In #5, draw a picture of the one thing that you really like doing the most.
6. In #6, draw a picture of something you have always wanted to do.
7. In #7, Draw a picture of the most important people in your life—other than yourself.
8. In #8, draw a picture of the things in life that you believe will lead you to happiness.
9. In the center, draw a picture that represents your identity—who you think you are right now.
Step 3 - Acceptance

1- Are you using drugs or alcohol?
2- Have you been arguing with others or trying to control things outside your control?
3- Have you been following the major rules of the program?
How We Address SA issues

- EBP’s for SA
- Integrated Tx
- Motivational Interviewing
- Contingency Mgmt; Contingency Plans
Addressing Risks/Needs

**LSI: 34**

- Financial – 1.0
- Emotional/Personal – 1.0
- **Education/Employment** – 0.79
- Alcohol/Drugs – 0.62
- Accommodations – 0.60
- Companions – 0.60
- Criminal Hx – 0.50
- Family/Marital – 0.50
- **Leisure/Recreation** – 0.50
- Attitudes/Orientation – 0.50

**Needs**

- **VR** – working with a butcher
- PO Monitoring; Peers; Skills building; focus on strengths; interests
- Girlfriend is expecting; couples counseling; (Untangling Relationships)

**Skills building; strengths; interests; peer support specialists...**
Options

- Motivational Interviewing
- CBT: MRT
- Thinking for Good
- Untangling Relationships
- TREM
- Couples/Ind/Family Counseling
- Supportive Counseling
- Integrated Tx
- Contingency Mgmt/Plans
- WRAP group
- Meeting with Peer Supports
- DBT
- Overcoming Addictions
- Matrix
- **BE INTENTIONAL!**
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Phase up Meetings

• Review Central 8
• Re-evaluate Risk levels with each area
• Re-evaluate Needs and how they will be addressed
• Responsivity issues
• What have we missed? Further Tx needed? MRT level?
• Who else needs to be at our meeting???
  • Family
  • Peer supports
  • Friends???
  • Child Support?
  • Employer, etc..

BE INTENTIONAL WITH RESPONSES
Reduce Risk/Recidivism

• By using RNR principles we have seen our LSI-R scores decrease from start of program to graduation by an average of

• 15 pts
CBT Discussion Groups

“Ask the Experts” discussion sessions

- Merrill Rotter, MD, Albert Einstein College of Medicine and NYC TASC
- Eric Olson, Bonneville County, ID Mental Health Court

- Monday, May 19, 2014 from 1:00 – 2:00 pm ET
  Register: [http://prainc.adobeconnect.com/cbtreg/event/registration.html](http://prainc.adobeconnect.com/cbtreg/event/registration.html)

- Monday, June 2, 2014 from 1:00 – 2:00 pm ET

- Monday, June 9, 2014 from 2:30 – 3:30 pm ET

- Webinar and discussion groups will be archived on the GAINS Center website at: [http://gainscenter.samhsa.gov/topical_resources/ebps.asp](http://gainscenter.samhsa.gov/topical_resources/ebps.asp)
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