

Risk reduction for justice-involved people with mental illness

Does CBT *change* core criminogenic factors?

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The New Asylums: Jails Swell With Mentally Ill



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Implicit model of “what works”

Sentence to treatment or special program

Psychiatric services → Symptom control

Reduced recidivism



But....symptoms uncommonly cause arrest

- What we are finding is that persons with serious mental illness may be overrepresented in jails and prisons, but we can offer little evidence...that it was their illness that got them there.

And symptom control rarely reduces recidivism

- Not forgetting symptom control of course. It has also been found that symptom control rarely reduces recidivism

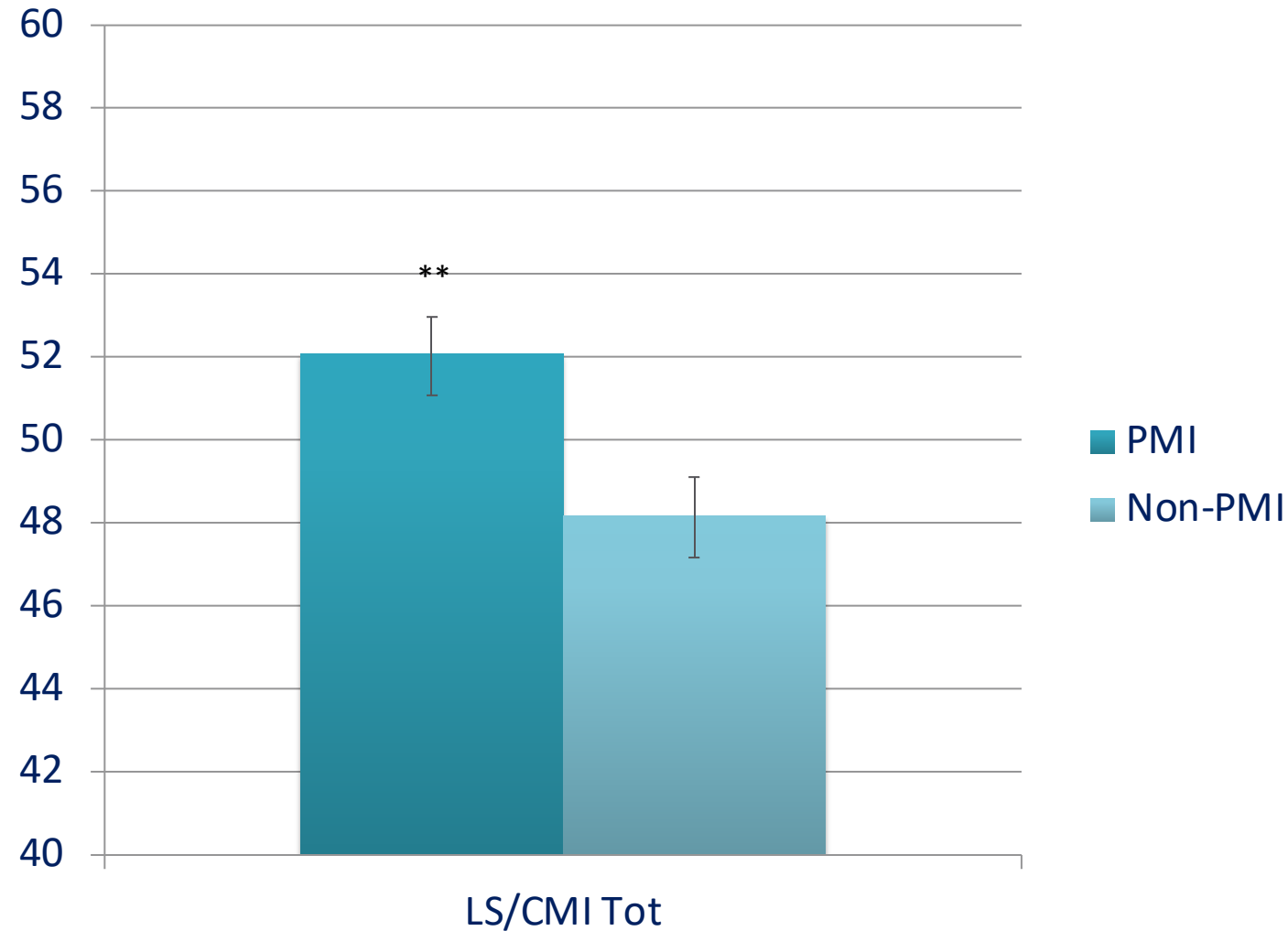
Revisiting the root of the problem

- Some people with serious mental illness may “engage in offending and other forms of deviant behavior not because they have a mental disorder, but because they are poor.
- Their poverty situates them socially and geographically, and places them at risk of engaging in many of the same behaviors displayed by persons without mental illness who are similarly situated”

— Fisher et al. (2006), p. 553



Justice-involved people with mental illness have more general risk factors than their counterparts



....and these predict recidivism more strongly than risk factors unique to mental illness

Source: Skeem, Nicholson, et al. (2014)

Robust & shared risk factors

(Andrews, 2006)

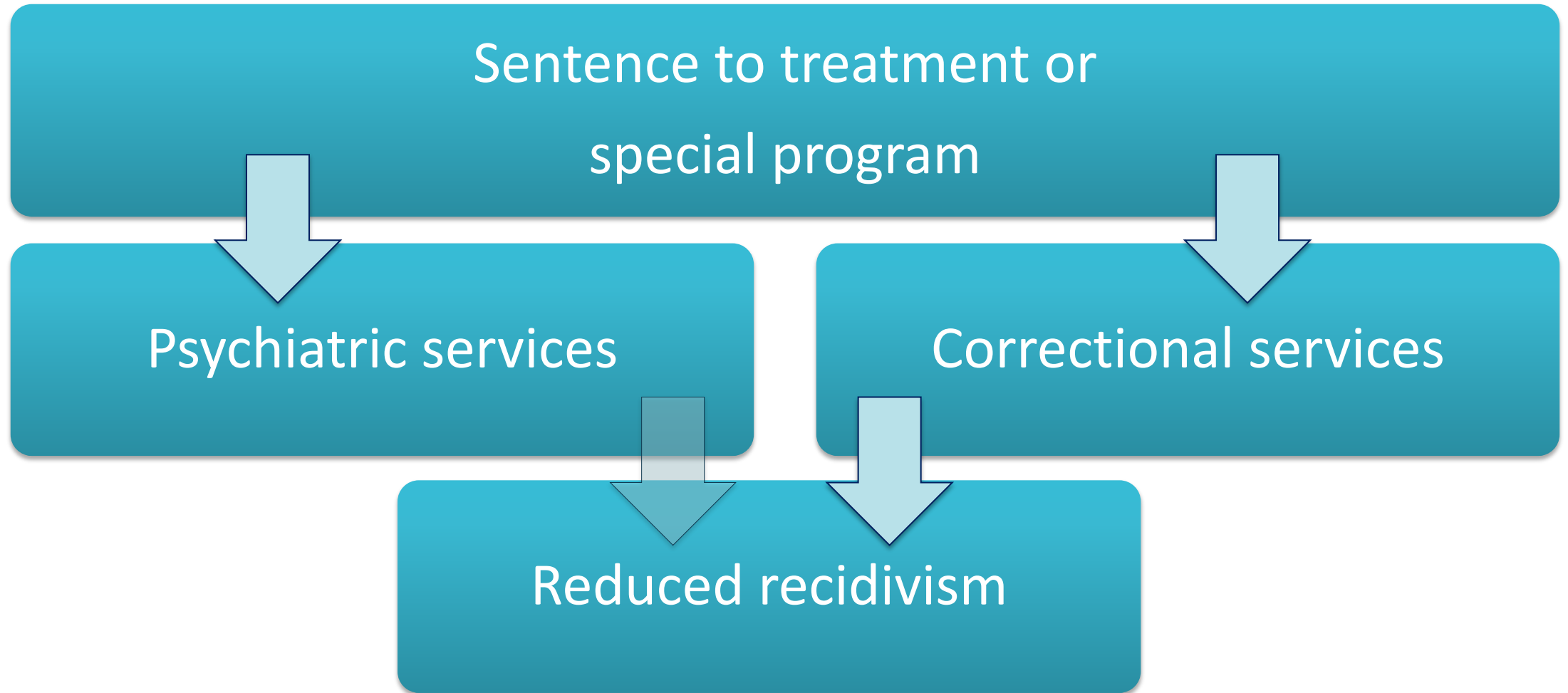
Risk Factor	Need
History of criminal behavior	Build alternative behaviors
Antisocial personality pattern***	Problem solving skills, anger management
Antisocial cognition*	Develop less risky thinking
Antisocial peers	Reduce association with criminal others
Family and/or marital discord**	Reduce conflict, build positive relationships
Poor school and/or work performance*	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use

*** $p < .001$, ** $p < .01$, * $p < .05$, PMI > Non-PMI, Skeem et al. (2014)

The Big Four

- **Antisocial Attitudes** – Pro-criminal attitudes, values and beliefs i.e. negative expressions about the law, personal responsibility, lack of empathy or sensitivity toward others
- **Antisocial Peers** – friends involved in crime and lack of prosocial peers and acquaintances
- **Personality risk factors** – impulsivity, self-centeredness, taste for risk and poor frustration tolerance
- **Criminal history** – strong predictor that can't be changed so is not targeted as a dynamic need

Refining the model of “what works”



Is CBT really the answer?

“The field must avoid rushing to the next ‘evidence base’ too rapidly and with too little data.”

-Skeem, Steadman, & Manchak (2015)

ADULTS WITH **BEHAVIORAL HEALTH NEEDS** UNDER CORRECTIONAL SUPERVISION

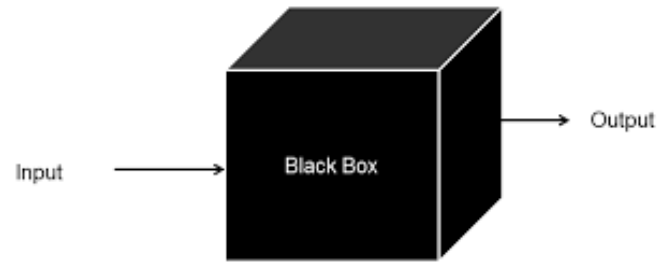
A Shared Framework for Reducing Recidivism and Promoting Recovery

“Interventions” (CBI-CC)

- Biweekly group sessions over appx. seven months
- Non-proprietary
- Implemented and refined in four sites across three states, including our sites:
 - SF behavioral health court
 - Sonoma day reporting center
- ...does it work?

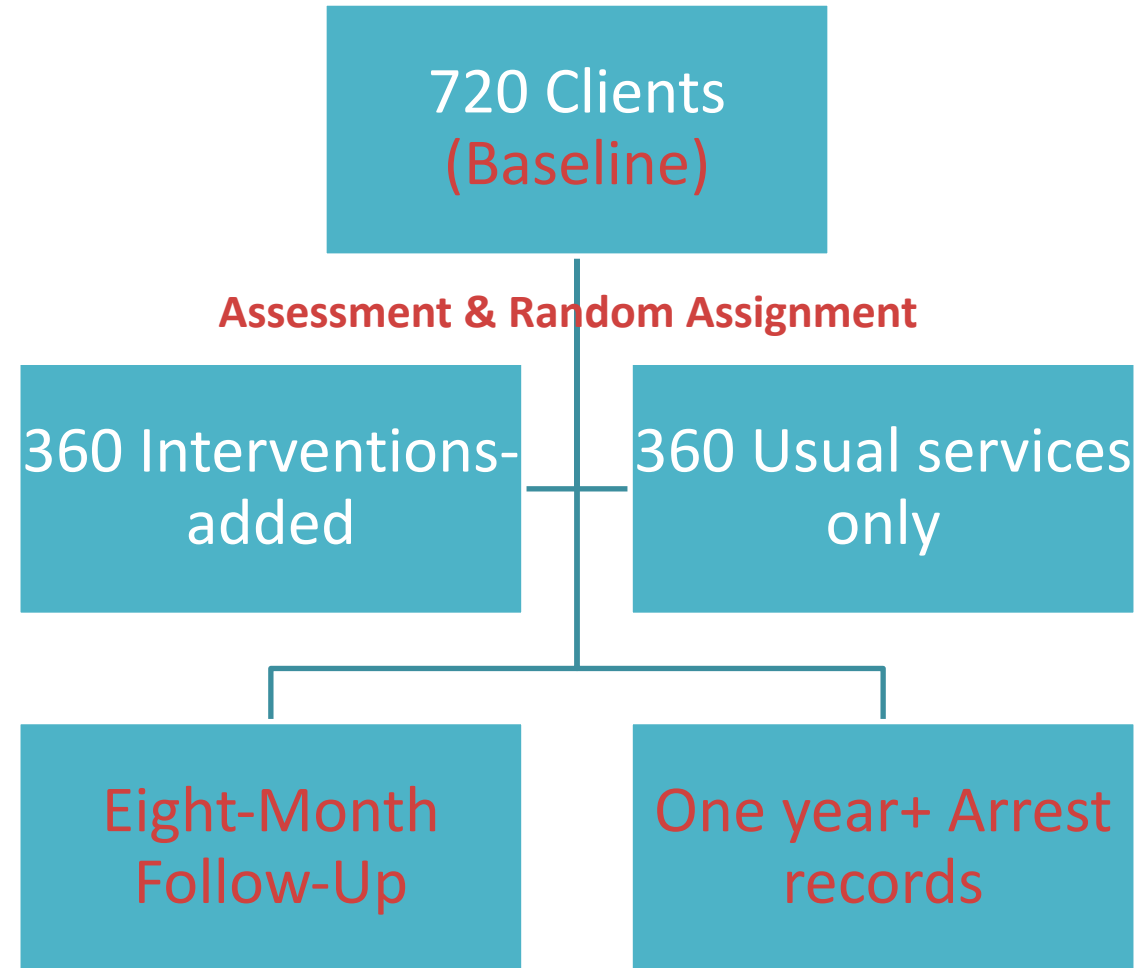
1. Motivational Engagement
2. Introduction to Cognitive Behavioral Interventions
3. Cognitive Restructuring
4. Emotional Regulation
5. Understanding Behavior Patterns
6. Choosing Behavior Responses
7. Problem Solving
8. Planning your Future
9. Success Planning

Study purpose



- Overall: To test the value *Interventions* adds to “treatment as usual” for justice-involved people with mental illness
- Secondary: Does *Interventions* reduce clients’ criminal attitudes and improve emotion regulation and problem solving
- Today’s preliminary look:
 - **Does *Interventions* reduce offenders’ likelihood of re-arrest?**

Design (two sites)



82% of those invited to participate, enrolled

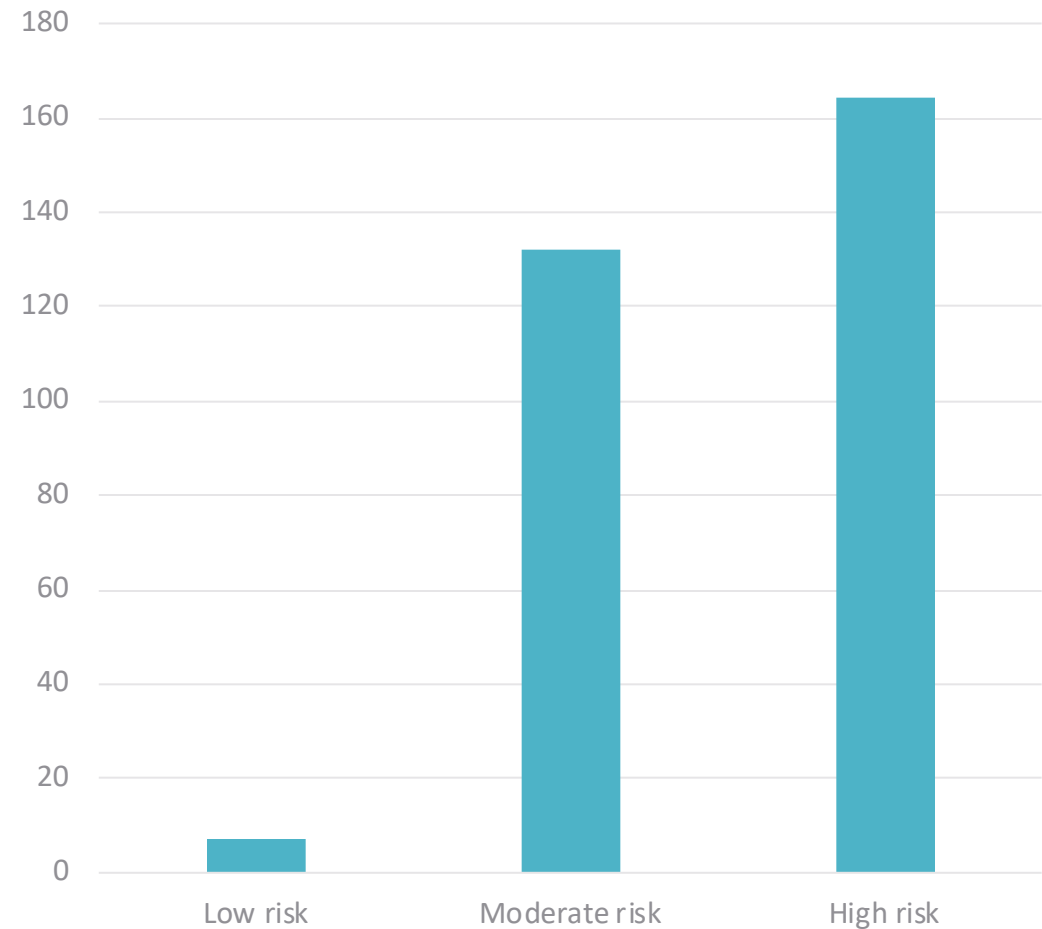
78% of those enrolled completed the 8-month follow-up interview

Sample to date (July 2019)

Characteristics

- *M* age= 37 years
- 82% male
- Race
 - 53% White; 18% Black; 29% other
- Ethnicity: 23% Hispanic
- *M* CSI symptom score= 34
(above clinical cutoff of 30 for disability ; Boothroyd & Chen, 2008)

Baseline risk classification (LSI-R: SV)



Random assignment worked: Interventions and Control groups do not differ significantly on any of these variables

Intervention & Outcome Context

- Average group sessions received
 - 8-month follow-up= 21 (25, excluding 0s)
 - One-year=25 (28, excluding 0s)
- More sessions in Sonoma than San Fran
- Any new re-arrest
 - One-year base rate = 38%
 - Most serious charge
 - Person 47.9%
 - Property 24.3%
 - Drug 13.9%
 - Minor 13.9%



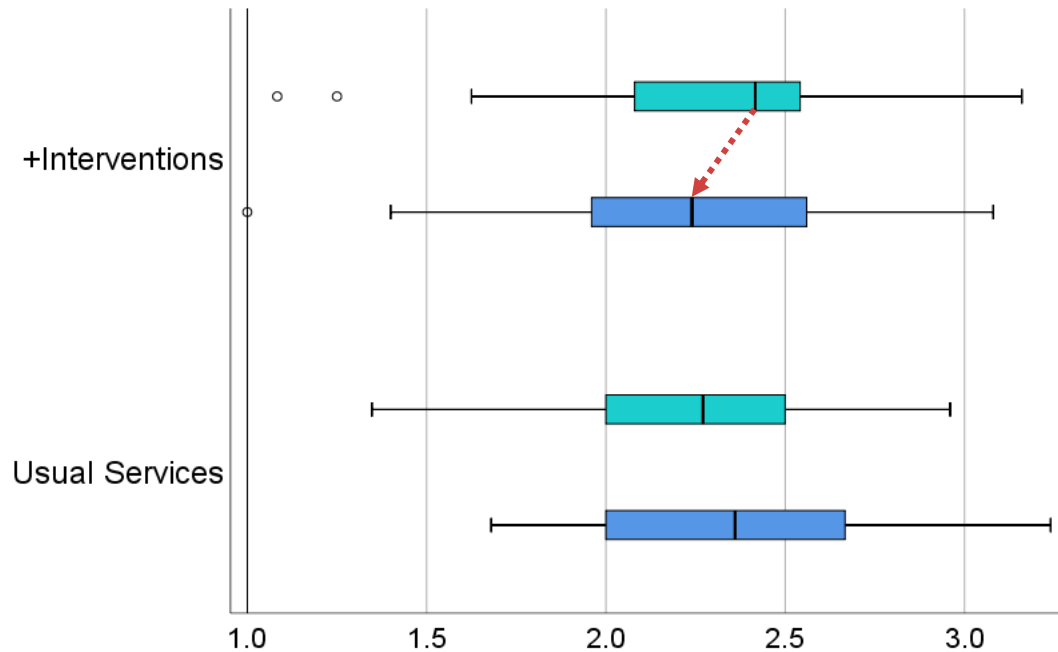
Results

- Interventions may reduce re-arrest, but no clear effects yet
- Potential site differences → very limited statistical power

PRELIMINARY

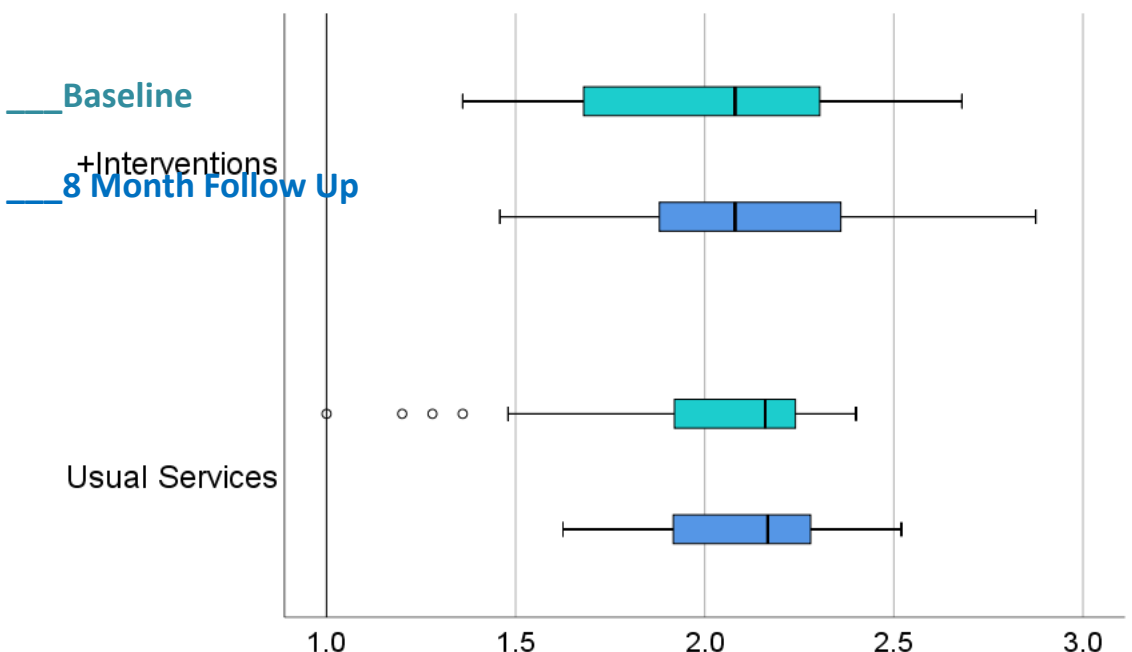
Interventions' impact on criminal thinking by site

San Francisco



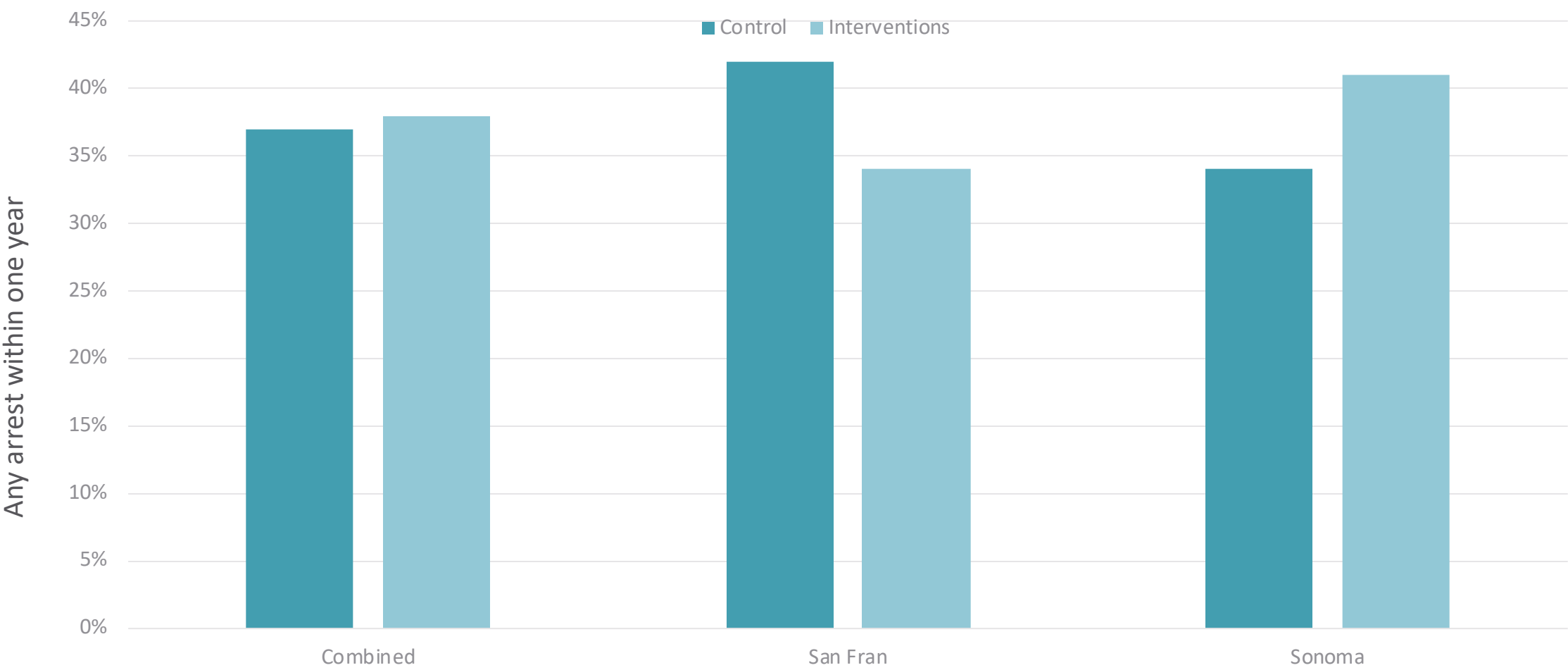
Time * Condition $F(1, 67) = 4.45, p < .05$. Observed power = .55

Sonoma




Time * Condition $F(1, 66) = 0.99, ns$. Observed power = .06

Interventions has no significant effect on re-arrest for combined sample, but opposite trends within sites



Fisher's exact test, *ns* all comparisons
Survival analyses yield consistent results

Conclusion

- Compared to existing services for justice-involved people with mental illness, does *Interventions* reduce the likelihood of re-arrest?
- Too soon to tell, but promising trend at San Francisco site
 - Consistent with San Francisco effects on criminal thinking, a proposed treatment mediator
- Interventions' preliminary impact on recidivism  ultimate effects on recidivism
 - Less than half the sample represented in present results
 - Will have up to 5 years' follow-up for survival analyses
 - Will be able to examine impact on *annualized* rearrest rates in future, which may be more sensitive index



Thanks & contact

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