

*Department of Human Services
Addictions & Mental Health Division*

Criminogenic Treatment Principles

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Introductions

- Name
- Where you work – what program
- Population you work with (A&D, Mental Health, etc.)
- Adult, Youth, or Children
- Rate your level of knowledge of EBPs for corrections clients:

Low

Medium

High

**Addictions & Mental Health
Division
Integrated Services & Supports
Rule (ISSR)**

AMH - integrated administrative rules for:

- Outpatient Community M. H. Services & Supports ~ Children & Adults
- Intensive Community-Based TX & Support Services ~ Children
- Intensive TX Services ~ Children
- **Outpatient & Residential AOD TX Services**
- Outpatient & Residential Problem Gambling TX Services

ISSR

Page 43:

309-032-1540

Program Specific Service Standards:

(12) Alcohol & Other Drug Treatment & Recovery Services:

ISSR (cont.)

- Section (e) Specialized Alcohol & Other Drug Community-Based Programs for Individuals in the Criminal Justice System:
- Services & supports are for individuals who are under the supervision of a probation officer or on parole or post-prison supervision or participating in a drug treatment court program or otherwise under the direct supervision of the court.

- (A) Services & supports must incorporate interventions & strategies that target ***criminogenic risk factors*** & include:
- (i) Cognitive-behavioral interventions;**
 - (ii) Motivational interventions;**
 - (iii) Relapse prevention; &**
 - (iv) Healthy relationships education.**

(B) Providers

must demonstrate coordination of services with criminal justice partners through written protocols, program staff activities, & individual record documentation;

(C) Program Directors or clinical supervisors must have experience in community-based client treatment programs & have specific training & experience applying effective, EBP-clinical strategies & services for individuals receiving community-based alcohol & other drug treatment services to individuals in the criminal justice system;

(D) Within the first 6 months of hire, program staff must receive training on effective principles of evidenced-based practices for individuals with criminogenic risk factors.

ISSR cont.

(E) Within 6 months of hire, program staff must have documented knowledge, skills, & abilities demonstrating treatment strategies for individuals with criminogenic risk factors.

Addiction & Criminality

Nationally - criminal justice system generates approximately 50% of all referrals to AOD treatment.

Oregon - 2008-2009

- 61% of clients enrolled in AOD had some type of criminal justice referral.
- Of those, over half were DUUI referrals.

Question: What is the estimated % of DUUI clients in your program?

Offender Categories

Offenders can be categorized as:

1. Primarily criminal
2. Primarily addicted

Primarily Criminal

- Lives are organized around criminal activity.
- Engage in crime as a means to gain instant gratification & excitement & to obtain status, money, sex, & material possessions, etc..
- Drug use - not primary focus of their lives.
- Drugs - viewed as a means to support their criminal enterprise.

Primarily Addicted

- Considered “true” addicts.
- Lives - organized around their addiction.
- Crimes, no matter how serious, are committed primarily as a consequence of their addiction.

Question: Anyone have an example of this type of client?

Aspects of Both

- Offenders can exhibit either criminal or addict lifestyles, but many will exhibit aspects of both.
- To be effective with this population, treatment must address both criminality & addiction.

EBPs for corrections clients follow a *criminogenic* model of interventions which considers both criminality & addictions

Comparison of Medical & Criminogenic Models

Medical Model:

Prioritizes services for individuals who are the most **at risk medically**.

Criminogenic Model:

Prioritizes services for individuals who are the most **at risk to commit *future* crimes (recidivate)**.

Principles of Effective Interventions for Corrections Clients

1. Risk
2. Need
3. Treatment
4. Responsivity

Risk Principle

- Prioritize supervision & treatment resources for higher risk clients.
- Research indicates focusing on low-risk clients tends to produce little, if any, net effect on reducing recidivism. In fact, mixing low-risk clients with high or medium risk clients often raises the low-risk client's risk.

Question: Why would that be?

Criminogenic Need Principle

Criminogenic needs are *dynamic* risk factors that are directly related to criminal behavior & that when addressed or changed, lower the client's risk to recidivate.

Criminogenic Need Areas

1. Antisocial attitudes, values, beliefs, & feelings
2. Low self-control & problem solving skills
3. Anger/hostility
4. Criminal associates/peers
5. Dysfunctional family
6. Employment & school
7. Leisure & recreation
8. Substance abuse
9. Relapse prevention
10. Personal & circumstantial stressors

Treatment Principle

Interventions should:

1. Be cognitive-behavioral in nature.
2. Incorporate social learning practices.

Cognitive-Behavioral Therapy (CBT)

CBT

- Assumes - foundations of criminal behavior are dysfunctional patterns of thinking.
- Targets clients' thinking & its impact on their perception of themselves & their environment.
- Helps clients identify & correct the thinking errors they use to justify & excuse their criminal behavior.

CBT

Teaches:

- Interpersonal awareness
- Communication skills
- Relationship skills
- Assertiveness
- Conflict resolution skills
- Aggression management
- Victim awareness & empathy building
- Moral responsibility & ways to evaluate consequences
- Resisting peer pressure
- Soliciting feedback
- Listening to other perspectives
- Prosocial choices

CBT

- Counselor acts as: Role model, teacher, coach.
- Lessons - based on structured curricula with detailed lesson plans, including:
 - Group exercises
 - Role-play
 - Rehearsal
 - Intensive feedback
 - Homework assignments

CBT

Approaches are built on a reinforcement model. Goals:

1. Strengthen **thoughts** that lead to **positive** behaviors.
2. Reinforce positive **behavior** by focusing on the **positive consequences** of the behavior.
 1. Ratio of rewards to punishers – 4:1.

Social Learning Theory

Social Learning Theory

Assumes:

1. Addiction - learned maladaptive behavior that can be treated by teaching & modeling prosocial behavior.
2. Offenders learn antisocial thoughts & actions as a way to cope with life.
3. Behaviors are maintained by **strong** internal reinforcers (feelings of: excitement, pleasure, power, & control) that offer **immediate gratification**.
4. Negative consequences of behavior are usually delayed, so they have a weaker effect on behavior modification.

Social Learning Theory

Stresses modifying the individual's behavioral coping skills & cognitive processes to improve the individual's ability to function in the social world.

Social learning principles & practices

- Teach empathy
- Encourage self-efficacy
- Non-authoritarian
- Non-blaming
- Effective reinforcement
- Effective disapproval & use of punishers
- Teach self-regulation/self-mgt.
- Pro-social role modeling
- Model preferred behavior
- Have client practice & give concrete verbal suggestions &
- Relapse prevention

Relapse Prevention

Relapse Prevention Strategies

- Client learns relapse is a process, not an event.
- Develop self-monitoring skills.
- Identify high-risk situations.
- Rehearse pro-social alternatives to specific anti-social behaviors.
- Family & significant others are taught to reinforce pro-social behavior & to recognize triggers & risk situations.

Responsivity Principle

Relates to how well the program responds to the client's individual characteristics:

- Gender
- Age
- Race
- Culture
- Stage of change
- Developmental stage
- Personality style
- Learning style
- Mental health concerns

Anything else?

Responsivity (Cont)

Includes matching client with:

- 1.Type of treatment
- 2.Counselor

Actuarial Assessment Instruments

(Tools that are based on research & give a quantitative estimate of risk, need, & responsiveness)

Level of Service/Case Management Inventory (LS/CMI)

1. Assessment tool - measures - risk & need factors of clients 16 years & older.
 - Reliable & valid ~ for both genders.
2. Case management tool ~ aids treatment planning & management.

LS/CMI assesses 8 primary risk & need factors

1. Criminal History
2. Education/Employment
3. Family/Marital
4. Leisure/Recreation
5. Peers/Associates
6. Alcohol/Other Drug Problems
7. Pro-criminal Attitude
8. Antisocial Patterns

LS/CMI (cont.)

- Assesses gender-specific risk factors for women:
 - Women's health
 - Parenting concerns, responsibility, & stress
 - Victimization
 - Self-harm
- These gender-specific factors can be used to consider an administrative override of risk level or to adapt general case management strategies.

LS/CMI (cont.)

- Identifies strengths that may serve as protective factors that may reduce the chances of antisocial conduct & may mediate existing risk factors.

Ordering info: Multi-Health Systems Inc.,
www.mhs.com

*Texas Christian University –
Institute of Behavioral Research
(TCU)*

www.ibr.tcu.edu

CJ Comprehensive Intake (TCU CJ CI)

- Administered by a counselor 1-3 weeks after admission.
- **Clinical Assessment, includes:**
 - Socio-Demographic Background
 - Family Background
 - Peer Relations
 - Criminal History
 - Health & Psychological Status
 - Drug History
 - AIDS Risk Assessment

CJ Client Evaluation of Self & Treatment, Intake Version (TCU CJ CEST-Intake)

- Self-rating form completed by client at time of admission.
- Includes short scales:
 - Psychological adjustment
 - Social functioning
 - Motivation
- Provides baseline for monitoring performance & psychosocial changes over time.

CJ Client Evaluation of Self & Treatment (TCU CJ CEST)

- **Assesses client's:**
 - Psychological adjustment
 - Social functioning
 - Motivation
- **Records client ratings of counselor, treatment groups, & program.**

TCU Criminal Thinking Scales (TCU CTS)

Supplement to CJ-CESI & CJ-CEST

- Measures 6 indicators of criminal thinking:
 1. *Entitlement*
 2. *Justification*
 3. *Power Orientation*
 4. *Cold Heartedness*
 5. *Criminal Rationalization*
 6. *Personal Irresponsibility*

Psychological Functioning (TCU PSYForm)

Includes 33 items from 5 scales

Indicates:

- *Depression*
- *Anxiety*
- *Self-Esteem*
- *Decision Making*
- *Expectancy (regarding relapse)*

Social Functioning (TCU SOCForm)

Includes 36 items from 4 scales &
measures:

1. *Hostility*
2. *Risk-Taking*
3. *Social Support*
4. *Social Desirability*

Mental Trauma & PTSD Screen (TCU TRMAForm)

Contains 17 symptom-severity items in 3 categories. Screens for PTSD indicators:

1. Re-experiencing events
2. Avoidance
3. Hyperarousal

University of Rhode Island Change Assessment Scale (URICA)

URICA

32-item self-report measure (adults).

- Includes 4 subscales measuring 5 stages of change.
 - Subscales can be combined mathematically to give a Readiness to Change score. Tool can be used at intake & throughout treatment.

Source: Center on Alcoholism, Substance Abuse, & Addictions

<http://casaa.unm.edu/inst.html>

Advance WArning of Relapse (AWARE)

Questionnaire - designed to measure relapse warning signs.

- <http://casaa.unm.edu/inst/Aware.pdf>

EBP Treatment Curricula

A New Direction: HAZELDEN

CBT; Adult; Both genders; Spanish;

- Therapeutic community model - 6 Modules:
 1. Intake & orientation
 2. Criminal & addictive thinking
 3. Addiction & criminal behavior
 4. Socialization (relationships, anger management)
 5. Relapse prevention
 6. Release & reintegration
- [http://www.hazelden.org/web/public/criminaljusticeprof.
page](http://www.hazelden.org/web/public/criminaljusticeprof.page)

Aggression Replacement Training (ART)

Children & adolescents with anger management problems. Includes:

- Communication skills
 - Ways to avoid conflict
 - Anger control techniques
 - Moral reasoning – taught to think through various situations to reach appropriate solutions
- <http://www.aggressionreplacementtraining.org/HOME.html>

Criminal Conduct & Substance Abuse Treatment: Strategies for Self-Improvement & Change, Pathways for Responsible Living

CBT, Adults, 3 Phase Model:

1. Challenge to Change
2. Commitment to Change
3. Ownership of Change

www.sagepub.com/booksProdDesc.nav?prodId=Book226611&

Criminal Conduct & Substance Abuse Treatment for women in Correctional Settings: Adjunct Provider's Guide

Features female-focused modifications to
basic curriculum.

www.sagepub.com/booksProdDesc.nav?prodId=Book226677&

Dialectical Behavioral Therapy (DBT)

CBT; Adults & Adolescents; Women & Men;
Family component

- Used with individuals with Borderline Personality Disorder & AOD.
- 4 domains:
 1. Mindfulness Meditation Skills
 2. Interpersonal Effectiveness Skills
 3. Distress Tolerance Skills
 4. Emotion Regulation Skills

<http://behavioraltech.org/index.cfm>

Girls...Moving On

CBT; Gender-responsive program; Girls, ages 12-21; 7 modules; Offers skill building & pro-social alternatives to criminal behavior.

- www.orbispartners.com/index.php/programs/girls-moving-on/

MORAL-RECONATION-THERAPY (MRT):

Systematic, step-by-step CBT intervention strategy. Designed to:

- Enhance self-image
 - Promote growth of positive, productive, identity
 - Facilitate development of higher stages of moral reasoning
- www.moral-reconation-therapy.com

Moving On

CBT program; Adult Women; 9-13 weeks;
Organized around 4 major themes:

1. Personal Responsivity & Motivation for Change
 2. Expanding Connections & Healthy Relationships
 3. Skill Enhancement, Development & Maintenance
 4. Relaxation & Stress Management Skills
- www.orbispartners.com/index.php/programs/moving-on/

Multidimensional Family Therapy

CBT; Addresses family criminogenic needs; Ages 11-18; Both Genders; White, Hispanic or Latino, & African American

- First-time offenders in urban settings
- Addresses:
 - Aggression/Violence
 - AOD
 - Family Functioning
 - Family Therapy
 - Parent Training

<http://www2.dsgonline.com/mpg/>

Multisystemic Therapy

CBT; Juvenile offenders; Intensive family-& community-based treatment.

Addresses multiple determinants of serious antisocial behavior in the youth's natural environment:

1. Family
2. Peers
3. School
4. Neighborhood

<http://www.mstservices.com/>

Pathways to Self-Discovery & Change: Criminal Conduct & Substance Abuse Treatment for Adolescent

CBT; Adolescents; 3 Phase Model:

1. Challenge to Change,
2. Commitment to Change &
3. Ownership of Change:

www.sagepub.com/booksProdDesc.nav?prodId=Book226794&

SEEKING SAFETY

CBT; PTSD & AOD; Both Genders; Adults & Adolescents; Group & Individual.

- Present-focused & specifically designed for early recovery.

<http://www.seekingsafety.org/>

Therapeutic Community

- Associated with prison-based substance abuse treatments programs.
- Relies on peer support to encourage offenders to act pro-socially.
- Emphasizes personal accountability & responsibility.

THINK

CBT; 4 Phases; 15 lessons/per phase:

1. Basic concepts & techniques – cognitive change
 2. Cognitive self-observation
 3. Behavioral change targets
 4. Community support
- Wisconsin Department of Corrections

Thinking for a Change (T4C)

CBT; Adolescent & Adult; Both Genders; 22 lessons in 3 areas:

1. Cognitive restructuring
2. Social skills development
3. Problem solving skills

www.nicic.org/T4C

Truthought

CBT; Children, Adolescents (4-18), Adults;
Families; Both Genders;

- Cognitive-restructuring
- Pro-social modeling & reinforcement
- Problem solving skills
- Peer-oriented behavioral interventions
- Healthy communications/relationships
- Family component

- <http://www.truthought.com/>

Motivational Interviewing (MI)

- Client-centered, directive method for enhancing intrinsic motivation to change by exploring & resolving ambivalence.
- Focused & goal-directed.
- Change is elicited from the client, not imposed from without.

MI

- Counseling style tends to be quiet & accepting rather than advising, demanding, & confronting.
- Counseling relationship more of a partnership rather than expert/recipient roles.
- Counselor respects the client's autonomy & freedom of choice/ consequences regarding client's behavior.

<http://www.motivationalinterview.org/>

Promoting Awareness of Motivational Incentives (PAMI)

Method to use motivational incentives as low-cost behavioral reinforcement (prizes, vouchers, clinic privileges, etc.) for promoting higher rates of treatment retention & abstinence.

<http://pami.nattc.org/explore/priorityareas/science/blendinginitiative/pami/>

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