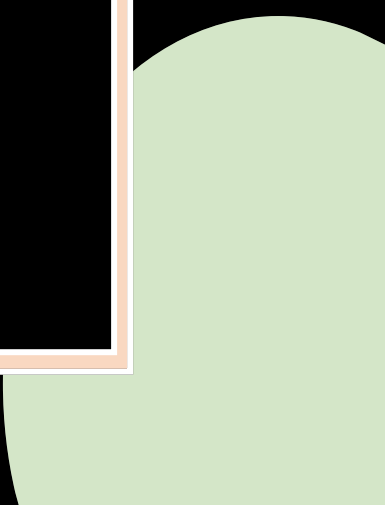


# PSRB CEU Series Community Evaluations Part 1

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August 20, 2021





# Objectives

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## Reciprocal Learning

- High participation and engagement is encouraged!

## PSRB Values

- Overview of the Board's missions and values.

## Purpose

- Review the primary purpose of the community evaluations for both the Board and community providers.

## Foundational Concepts

- Identify key foundational skills that will assist you with writing a community evaluation.

## Organization & Future Directions

- Examine the community evaluation process and key sections.

# Your Participation Today is Key!

Text **ALISONBORT688** to **22333** once to join, then text your message

<https://PollEv.com/alisonbort688>

## Ground Rules

- Responses are anonymous
- Your truths are encouraged!
- Please use professional/respectful language
- Remember the three S's for feedback: Specific, Sincere, Selective
- You may provide more than one response on open-ended questions
- Do you have a question? Let me know, and we can put it out on the poll!

# PSRB Mission & Values

The Psychiatric Security Review Board's mission is to protect the public by working with partnering agencies to ensure persons under its jurisdiction receive the necessary services and support to reduce the risk of future dangerous behavior using recognized principles of risk assessment, victims' interest and person-centered care. The PSRB's values are rooted in our legislative mandate to protect the public and we achieve maximum levels of public safety through our values:

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**Due Process:** Observing individuals' legal rights and adhering to principles of procedural fairness.

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**Research:** Decision-making and organizational practices driven and influenced by the best available data.

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**Recovery:** Clients understand and receive treatment for the psychiatric and comorbid conditions that contributed to their past criminal offenses and have opportunities to achieve health, home, purpose, and community.

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**Partnership:** Promoting active communication and collaboration within and between the systems serving PSRB clients and the community at large.



## Overview of Conditional Release/Transition Process

# Assumptions

- PSRB is a problem-solving court.
- The overarching goal of the PSRB (and all problem-solving courts) is public safety.
- Most individuals with serious mental illness are not dangerous, most acts of violence are committed by individuals who are not mentally ill, and people with mental illness are more likely to be victims than perpetrators of violent acts.
- All of our clients have a qualifying mental disorder and committed at least one severe criminal act (i.e. Felony).
- Therefore, problem-solving and public safety requires targeting both mental health symptoms and the risks associated with reoffending (Medicaid tension)

# GOALS of our Problem- Solving Court

*Olmstead PLUS Mitigate Future Risk of*

*Recidivism*

*Relapse*

*Re-hospitalization*

*Revocation*

# Client-Centered Mindset

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1

Accept mental health diagnosis, understand its impact on the instant offense, and learn how to prevent it from occurring again in the future.

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2

Identify early warning signs and adopt coping skills, safety plans, or other means to handle them.

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3

Achieve and commit to a lifestyle worth living with the least restrictive level of support and services.

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4

Develop routines that include meaningful activities that they will continue to engage in following the end of jurisdiction.

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5

Develop a social support system outside of our program that clients can rely on when experiencing a mental health episode in the future.

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# Community Evaluations *Board's Goals*

- Can the person be controlled with proper care, medication, supervision and treatment if conditionally released AND are the necessary resources available?
- Integration of information while maintaining an objective, independent opinion of CR readiness
- Recommendations support a “goodness of fit” between the client’s risk/needs and the chosen placement/CR plan.
- Recommendations sets forth the pathway to conditional release success and potential failures and includes elements thought to help the client thrive.
- Should be a consensus of the entire treatment team. Prescribers should have input!
- Denials have specific recommendations and are not made without consultation.



# Risk-Needs-Responsivity Model



A theoretical framework used to strengthen forensic case formulations, target treatment needs, enhance continuity of care, develop conditional release plans, and improve decision-making.



# Risk-Need-Responsivity Model

A Forensically-Driven Model for CR/TX Planning

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- Risk Principle (*Who* do we target)
  - Prioritize services for the highest risk individuals
- Criminogenic Needs Principle (*What* do we target)
  - Identify the dynamic risk factors that are most likely to lead to acts of recidivism and use them as treatment targets
  - Target destabilizers (social and psychological factors) that affect a client's ability to participate in the program
- Responsivity (*How* do we target)
  - General: Treatment modality, dosage, intensity, structure
  - Specific: Factors that affect how well individuals will respond to the treatment program (learning styles, gender, cultural background, trauma, basic demographics, readiness to change)

# Risk Principle

*Understanding the risk principle: How and why correctional interventions can harm low-risk offenders*

Higher risk individuals will benefit more from risk-focused interventions compared with lower risk offenders.

Inappropriate matching of treatment intensity with offender risk level can lead to wasted treatment resources and in some situations actually make matters worse.

# Criminogenic Risk Factors

*Andrews & Bonta 2010*



- Risk = the likelihood of re-offending
  - **Antisocial personality or temperament**
  - **Criminal thinking and antisocial attitudes**
  - **Antisocial peers**
  - **High conflict in families or personal relationships**
  - Conviction history\*
  - Substance use
  - Low level of achievement in education or employment
  - Unstructured/lack of pro-social leisure or recreation
- Specialty population criminogenic risk factors
- START (not necessarily targeting recidivism)

# Andrews & Bonta (2007) Risk-need-responsivity model for offender assessment and rehabilitation

## 2007-06

Major risk/need factor	Indicators	Intervention goals
Antisocial personality pattern	Impulsive, adventurous pleasure seeking, restlessly aggressive and irritable	Build self-management skills, teach anger management
Procriminal attitudes	Rationalizations for crime, negative attitudes towards the law	Counter rationalizations with prosocial attitudes; build up a prosocial identity
Social supports for crime	Criminal friends, isolation from prosocial others	Replace procriminal friends and associates with prosocial friends and associates
Substance abuse	Abuse of alcohol and/or drugs	Reduce substance abuse, enhance alternatives to substance use
Family/marital relationships	Inappropriate parental monitoring and disciplining, poor family relationships	Teaching parenting skills, enhance warmth and caring
School/work	Poor performance, low levels of satisfactions	Enhance work/study skills, nurture interpersonal relationships within the context of work and school
Prosocial recreational activities	Lack of involvement in prosocial recreational/leisure activities	Encourage participation in prosocial recreational activities, teach prosocial hobbies and sports

# General Responsivity

## EBPs That Target Behavior Change

### Evidence-Based Practices Lead to Better Outcomes

- |   |  |   |   |
|---|--|---|---|
| 1 | <ul style="list-style-type: none"><li>• Education (Psycho-social)</li><li>• Non-Directive Counseling</li><li>• Directive Counseling</li></ul>  | <ul style="list-style-type: none"><li>• Intensive Supervision</li><li>• Boot Camp</li><li>• Case Management</li><li>• Incarceration</li></ul>   |  |
| 2 | <ul style="list-style-type: none"><li>• Motivational Interviewing</li><li>• Moral Reasoning</li><li>• Emotional Skills Building</li><li>• 12 Step with Curriculum</li></ul>                  | <ul style="list-style-type: none"><li>• Treatment Accountability for Safer Communities</li><li>• Drug Treatment Alternative to Prison (Diversion to Treatment, 12 Month Residential)</li><li>• Treatment with Sanctions (e.g. Break the Cycle, Seamless System, etc.)</li></ul> |   |
| 3 | <ul style="list-style-type: none"><li>• Cognitive Processing</li><li>• Cognitive Behavioral Therapy</li><li>• Therapeutic Communities (TC)</li><li>• Medically Assisted Treatments</li></ul> | <ul style="list-style-type: none"><li>• Problem Solving Courts</li><li>• RNR Supervision</li><li>• In-prison Treatment (TC) with Aftercare</li><li>• Contingency Management</li></ul>   |   |

# 2018 Article: Variables Predictive of CR Revocation

## Law and Human Behavior

### Reconsidering Risk Assessment With Insanity Acquittees

Michael J. Vitacco, Elena Balduzzi, Kimberly Rideout, Shelly Banfe, and Juliet Britton

Online First Publication, August 16, 2018. <http://dx.doi.org/10.1037/lhb0000298>

#### CITATION

Vitacco, M. J., Balduzzi, E., Rideout, K., Banfe, S., & Britton, J. (2018, August 16). Reconsidering Risk Assessment With Insanity Acquittees. *Law and Human Behavior*. Advance online publication. <http://dx.doi.org/10.1037/lhb0000298>

- Violence risk assessment remains a seminal tool for treatment, management, and plays an important role in release decisions;
- Recommends VRAs conducted early on in GEI commitment establish a baseline of dynamic factors and enable a measure of progress;
- VRAs were found to have limited ability to predict conditional release success.
- Risk Management Scale may be helpful in guiding release decisions and planning for which treatments are needed in the community.
  - Exposure to destabilizers: Family, prior relationships, poor/negative peer influences, substances that have been shown to destabilize the person in the past.
  - Exposure to stressors: Relates to an individual's ability to manage internal and external stress. A measure of one's coping skills.



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- Traditional mental health treatment goals
  - Housing
  - Medication changes/non-adherence
  - Medical comorbidity
  - Symptom/behavior management
  - Social skills
  - Motivation
  - Trauma

# Specific Responsivity Factors

- Where are the beds now?
- Where are the client's supports (and non-supports) living?
- Are there victim considerations?
- What are the client's post-PSRB plans (County of Responsibility)?
- What are the client's needs and what services are available?
- Are there special needs?
  - All-male, medical, TBI, locked doors, quiet milieu
- What does the client want?
  - Access to a major university, a rich cultural scene, transgender community, supported employment, spiritual
- Are there other barriers to consider?
  - Immigration, probation, sex offender status, dual jurisdiction

# Community Evaluation Preparation

## What's Your Protocol?

Interview 1-2 hours with the client. In-person is encouraged when safe and practicable.

Consultation with the client's current treatment team.

Full review of the exhibit file, with heightened focus on comprehensive assessments.

Problem identification and creative solutions.

Discussion with extended treatment team with respect to placement options.

TIP: Review the file PRIOR to the interview!

TIP: Pre-Reviews/Verbal Acceptance

# Future Directions of Community Evaluations

- Reduce/eliminate sections that are redundant or include regurgitated information (e.g. expansive psychosocial information).
- Heightened focus on past incidents, not just the instant offense: Situations where the individual struggled with mental health symptoms with detrimental results (e.g. revocations, other criminal offenses, significant incidents).
- Heightened focus on risk profile: Implementation and analysis of criminogenic risk factors and elaboration on destabilizing factors that all program staff should be able to identify.
- Expedited process for evaluations that are denied or rescinded.
- A more user-friendly template.
- Development of a checklist.

# Your Community Evaluation Allies at the PSRB

Matt Berndt,  
Paralegal

Jeff Hanson,  
Paralegal

Alison Bort,  
Executive  
Director

# Recommendations For Next Session



Watch the RNR Webinars: Posted on the PSRB Website



Behavioral Sciences and the Law—2 Volumes on RNR



Reflect on the policies, procedures, and protocols your program has established for conditional release evaluations.



Visit our website or email [psrb@oregon.gov](mailto:psrb@oregon.gov) for our “Conditional Release Guide.” Is it accurate?



Read the PSRB’s Strategic Plan



Attend Part 2 of this CEU Series: Friday, September 24<sup>th</sup> at 11am!



THE BOARD IS  
YOUR  
PARTNER IN  
THIS JOURNEY!