An Overview of Best Treatment Practices for Diversion and Re-entry

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Project 180 is a division of Special Service for Groups
An overview...

- Behavioral Health
- Risk – Need – Responsivity (RNR) Model
- Treatment Design
- Collaboration with Criminal Justice Agencies
- Client Engagement and Retention
SSG Project 180

• Forensic Treatment program specializing in reentry, diversion and in-custody treatment programs for a justice-involved population.
• Main office – downtown LA
• New office in Palmdale
• 4 Co-located programs at AVRC
• One in-reach program in the jails
What is Behavioral Health?

• Standard definition of “co-occurring” is mental health and substance addiction

• When working with a justice-involved population, however, we should look through a behavioral health lens
  – There should also be a focus on increasing pro-social behaviors
Risk – Need – Responsivity (RNR)

• RNR is the leading evidence based model for a justice-involved population
• Risk principle - intensity of service should match risk of re-offending
• Risk of re-offending MUST be assessed, and treatment planning should target high risk areas
  – Risk assessment tools focus on categories commonly referred to as The Big Eight:
    • Antisocial attitudes and cognitions
    • Antisocial peers
    • Criminal history
    • Antisocial personality factors
    • Problematic circumstances at home/family factors
    • Problematic circumstances at work/school
    • Problematic leisure circumstances
    • Substance Abuse
Risk – Need – Responsivity (RNR) Model

- Risk Assessment Tools:
  - SAQ (Self-Appraisal Questionnaire)
  - COMPASS (Correctional Offender Management Profiling for Alternative Sanctions)
  - LS/CMI (Level of Service/Case Management Inventory)
  - LSI-R (Level of Service Inventory – Revised)
Needs/Treatment

- Needs principle: Treatment should address individual dynamic risk and need factors (elevated sub scales)
- Treatment design and delivery must be specified for a justice-involved population, focusing on increasing pro-social ways of thinking and behaving
- Examples of group curricula
  - Moral Reconciliation Therapy (MRT)
  - Thinking for a Change
  - Anger Management for a Co-occurring Population
  - The Change Company Interactive Journals (The Con Game, Values, Thinking Errors)
Risk-Needs-Responsivity (RNR) Model

– Responsivity

• The right treatment at the right level of intensity
• Describes how treatment should be provided
  – Focus on client’s learning style
  – Focus on motivation and stage of change (pre-contemplation, contemplation, preparation, action, maintenance)
  – Strength-based: Focus on abilities and strengths
• Cognitive Behavioral Therapy with Cognitive Social learning approach - interactive and experiential (practicing pro-social behaviors, problem solving tools and experience, role modeling, etc.)
• Successful treatment based on relationships (trust, support, accountability), structure (i.e. supervised/sober housing) and reintegration (idle time, social/community supports, employment)
The Impact of RNR

• When working with a criminal justice population, why is it important that treatment design and delivery be specified for this population?
  – Standard outpatient programs that don’t address dynamic risk factors or use RNR approach (average 1% INCREASE in recidivism)
  – Programs addressing dynamic risk factors and using RNR approaches (19% - 32% decrease in recidivism)
  – Client example: Why Behavioral Health is primary
RNR in Practice

• 3 Tiers/Teams
  – Based on risk and need assessment tool (i.e. SAQ)
  – Low risk/need: 1 – 4 hours of treatment per week
  – Medium risk/need: 5 – 9 hours of treatment per week
  – High risk/need: 10 + hours of treatment per week
  – Employment and housing are not magic bullets! Best results are with housing, employment AND treatment
Treatment Design

• Ideally all of the following services are provided by the SAME treatment agency
  – Intensive Case Management
  – Behavioral Health
  – Substance Abuse Treatment
  – Mental Health
  – Psychiatric Services
  – Employment/Education Services
  – Housing Services
  – Medical Care
Treatment Design

• Ideally treatment services are delivered as both individual and group sessions, for example:
  – Individual Substance Abuse Counseling in addition to groups such as Relapse Prevention.
  – This allows clients to work on their goals with staff one-on-one in addition to benefitting from the feedback and support of their peers.
  – For a justice-involved population group treatment is crucial because of positive peer support and more accountability.
Treatment and EBPs

• MRT: Based in 12-step model and CBT
• Purpose: to develop a higher sense of moral reasoning (based on Kohlberg’s stages of moral development)
• Structured exercises that aim to increase personal accountability for past actions, develop a positive self-concept, and change the way participants make decisions about what is right and wrong
• Step Examples: Honesty, Trust, Acceptance, Helping others, Commitment to Change.
Treatment and EBPs

• Approaches:
  – Trauma-informed care
  – Motivational Interviewing
  – Both promote a collaborative, supportive/non-punitive, client-centered approach
Collaboration

- Collaboration Between Treatment Providers and Criminal Justice/Legal Agencies
  - Ideally treatment providers will see themselves as part of the same team, rather than separate from courts/probation/parole – and vice versa
  - Important for all agencies working together to have common goals, and clear role division (that is also complimentary)
  - Increased cross training/education
  - Team meetings with clients (provider and probation)
Collaboration

• Coordinating with Criminal Justice Agencies
  – There is no disputing the outcomes – programs who offer both rewards and consequences are significantly more effective
  – Criminal Justice agencies are still learning about graded consequences (essays, community service, increased reporting and THEN remand)
  – When working with a forensic population, treatment providers must be willing to have boundaries and transparency even within the treatment program. Be very clear about transparency from the beginning
  – The key is that when limits are set, this is done in a supportive not a punitive manner. Staff – at all times – must be partners with their clients
Client Engagement and Retention

• Importance of early engagement
  – First few days following release are crucial
  – Get clients connected to housing resources
  – Get clients connected to a treatment provider
  – Prioritize basic needs (housing, transportation, clothing)
  – Be welcoming, get off on the “right foot”
  – In a perfect world, there is pre-release planning, and coordinated transportation directly into housing
Client Engagement and Retention

• Peer Involvement
  – Staff: 30% of Project 180 staff were justice-involved; 27% in recovery from drug or alcohol abuse; 9% consumer employee/program graduates
  – Importance of Alumni Programs
    • Often clients are strongly connected to the provider and their peer community
    • Alumni Programs become an important facet of long-term social support and a sense of community
    • Provides good role models for new clients
Client Engagement and Retention

• Peer Involvement continued...
  – Peer led groups (interactive journaling)
  – MRT Study/Peer Intern Program
  – Peer Host of the Day
  – New Client Orientation
  – Peer Mediation
  – Mentoring
  – Escorting
  – Jail pick ups
  – Donations
Client Engagement and Retention

- Treatment resistant clients vs. **client resistant services**
- Are there things we do as providers that repel our clients?
- Are our services relevant, interesting, convenient?
- How do clients *feel* at your agency?
- Suggestion – Director walk-through/day as a client
How is a discussion about the environment and culture of a treatment agency relevant to a training on assessment and treatment of a justice-involved population?
What makes people stay connected?  

**RETENTION is driven by emotional factors!**

- The Power of Habit by Charles Duhigg sites a study done in 2000 for YMCA to determine why certain clubs had significantly higher retention than others. The conclusion? “Retention, the data said, was driven by emotional factors, such as whether employees knew members’ names or said hello when they walked in.” (p. 211)

- This is most likely the same reason that community based organizations have the highest retention numbers (70% retention vs. the 30% that is typically seen)

- Underlines the importance of feeling “connected” to a treatment provider
Summary

• Look through a Behavioral Health lens (decrease problematic behaviors, increase healthy/pro-social behaviors)

• Assess risk and need and use it in treatment planning and service delivery

• Make services attractive and fun!
  – Client events/activities/celebrations
  – Treatment activities can be fun!
  – Think about the environment and culture of the agency
For More Information...

On Project 180, please visit:

www.project180la.com