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

Emily Bell, LCSW
SSG Project 180, Division Director
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)

Risk Need Responsivity (RNR) Model

- 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 Reconation Therapy (MRT)
    - Thinking for a Change
    - "Path to Freedom" http://www.prisonmindfulness.org/
    - 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

Client Engagement and Retention

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