

## Introduction

Decreased criminal recidivism, particularly resulting from new crimes with new victims, is the measure most consistently desired by programs, policymakers, and funding agencies for justice-involved individuals with mental illness. This one measure captures both improved client stability and public safety, while providing support for the promised decreased jail-day resources (Almquist, 2009; Milkman, 2007).

Evidence-based practices (EBP) with track record of effectiveness in treating serious mental illness occurring substance abuse, trauma, and motivation challenges have been utilized with some success for forensic populations (CMHS National GAINS Center, n.d.). However, recent reviews of offender-focused jail diversion programs found that many EBPs, such as Assertive Community Treatment, may achieve symptom reduction but not decrease criminal recidivism (Morrissey, 2007; Case, 2009; Skeem, 2009). In fact, studies indicate that offenders with mental illness share diagnoses and treatment needs similar to those of individuals with mental illness who do not commit crimes. However, with reference to recurrent criminal behavior, offenders with mental illness share the same risk factors for offending as their non-mentally ill counterparts (Epperson, 2011).

In this document, we review the leading offender recidivism targeted intervention paradigm: Risk/Needs/Responsivity (RNR). RNR proposes that to address the community behavior of offenders:

- f* the intensity of treatment and supervision should match the risk level for re-offense
- f* the treatment provided should match the individual Needs most clearly associated with criminality

and the intervention modalities should match the individual to which the individual is most responsive (Andrews, 2010).

In particular, we focus on criminal thinking, one of the identified needs, and structured cognitive behavioral interventions from the worlds of criminal justice and mental health that were created or adapted to specifically target the thoughts, feelings, and behaviors associated with criminal recidivism.

We focus on criminal thinking, one of the identified needs, and structured cognitive behavioral interventions from the worlds of criminal justice and mental health that were created or adapted to specifically target the thoughts, feelings, and behaviors associated with criminal recidivism.

Risk is familiar to most providers and is central to the risk principle. Risk-focused options include residential vs. outpatient treatment; clinic programming; outreach services, such as intensive management or assertive community treatment; use of outpatient civil commitment or other community leverage to improve patient compliance (Douglas, 2001; Monahan, 2005). Underlying the algorithm in the criminal justice world of supervision intensity with increasing risk of criminal behavior is the clinical algorithm that the greater the concern, the greater the need for structure. The documented successes of court-based mental health diversion programs and specialized probation

the result of the intense supervision provided by the criminal justice system, even though the programs may

Participation of offenders with mental illness (intent-to-treat and completed cohorts) was associated with reduced arrests, including violent arrests, compared to a mentally ill offender control group. The Options groups tended to receive more technical probation violations compared to the control, but this may be

staff with a cultural competence framework within

- Duncan, E.A., Nicol, M.M., Ager, A., & Dalgleish, L. (2006). A systematic review of structured interventions with mentally disordered offenders. *Criminal Behaviour and Mental Health*, *26*, 241.
- Epperson, M.W., Wolff N., Morgan R., Fisher W.H., Frueh B.C., & Huening, J. (2011). *The next generation of behavioral health and criminal justice interventions: Improving outcomes by improving interventions*. Brunswick, NJ: Center for Behavioral Health Services & Criminal Justice Research: Rutgers University.
- Evershed, S., Tennant, A., Boomer, D., Rees, A., Barkham, M., & Watson, A. (2003). Practice-based outcomes for dialectical-behavioural therapy targeting anger and violence, with male forensic patients: A pragmatic and non-contemporaneous comparison. *Criminal Behaviour and Mental Health*, *19*, 213.

- Rotter M., & Chandler T. (2013). Studying approaches to criminal thinking. Focus: The Newsletter of NYC TASC. <http://www.eacinc.org/wp-content/uploads/2011/04/May-2013-Studying-Approaches-to-Criminogenic-Thinking.pdf>. Published May 2013.
- Meurto, J.E. (1999). Cognitive therapy for personality disorders: A schema-focused approach. Sarasota, FL: Professional Resource Press.
- Young, S.J., & Ross, R.R. (2002). CRR2 for youths and adults with mental health problems: A prosocial competence training program. Ottawa: Cognitive Centre of Canada. ([ccogcen@canada.com](mailto:ccogcen@canada.com))
- Skeem, J., Manchak, S., Vidal, S., & Hart, E. (2009, March). Probationers with mental disorder: What (really) works? Paper presented at the American Psychology and Law Society Annual Conference, San Antonio, TX.
- Wolff, N., Morgan, R.D., Shi, J., Huening, J., & Fisher, W.H. (2011). Thinking styles and emotional states of male and female prison inmates by mental disorder status. *Psychiatric Services*, 62, 1485-1493.

K W W S

[gainscenter.samhsa.gov](http://gainscenter.samhsa.gov)