



Applying Risk Needs and Responsivity with Mental Health Treatment Courts

Edward Fernandez, Psy.D.
Queens Mental Health Diversion
Clinical Director

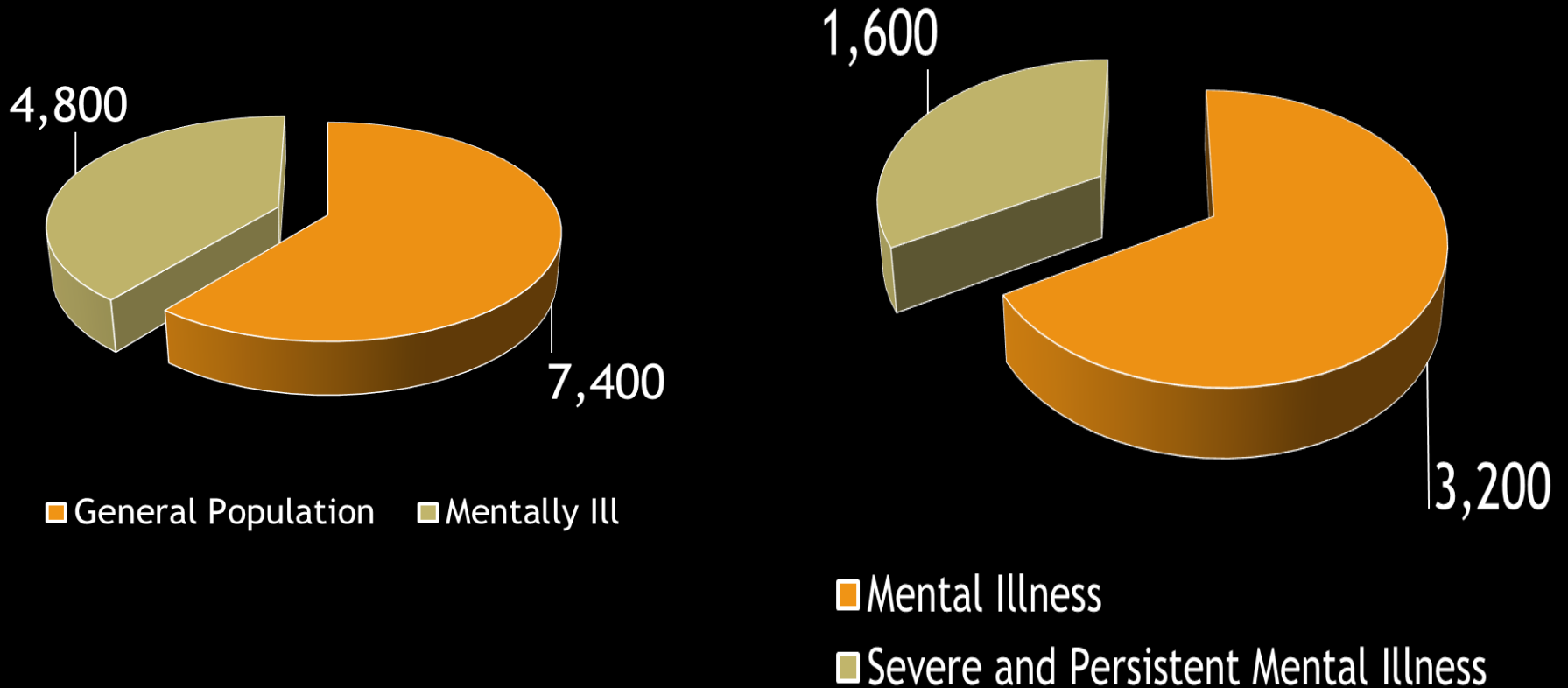
Lauren Saunders, M.A.
Brooklyn & Staten Island LINK
Clinical Coordinator

Outline

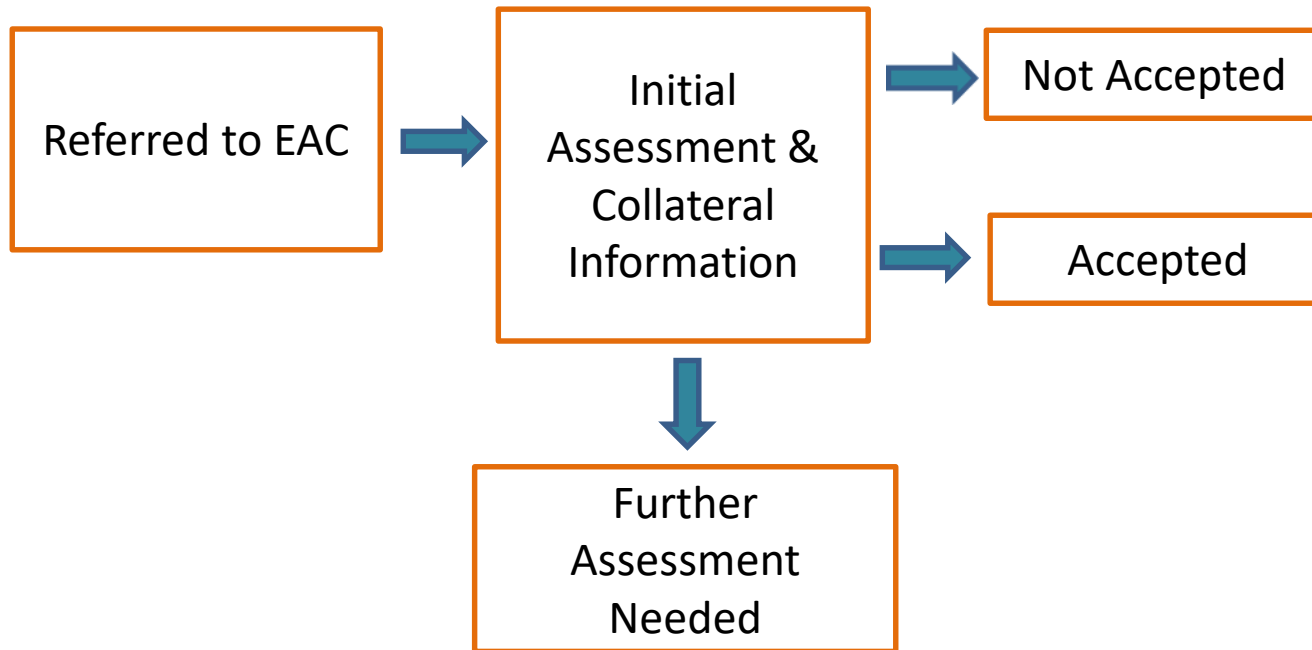
- EAC's Approach to Mental Health Diversion
- Orientation to Treatment Planning
- EAC's Approach to Treatment Planning
- Risk-Needs-Responsivity Model
- HCR-20 Risk Factors
- Application of HCR-20
- Case Examples
- Communicating with the Courts

EAC's Approach to MH Diversion

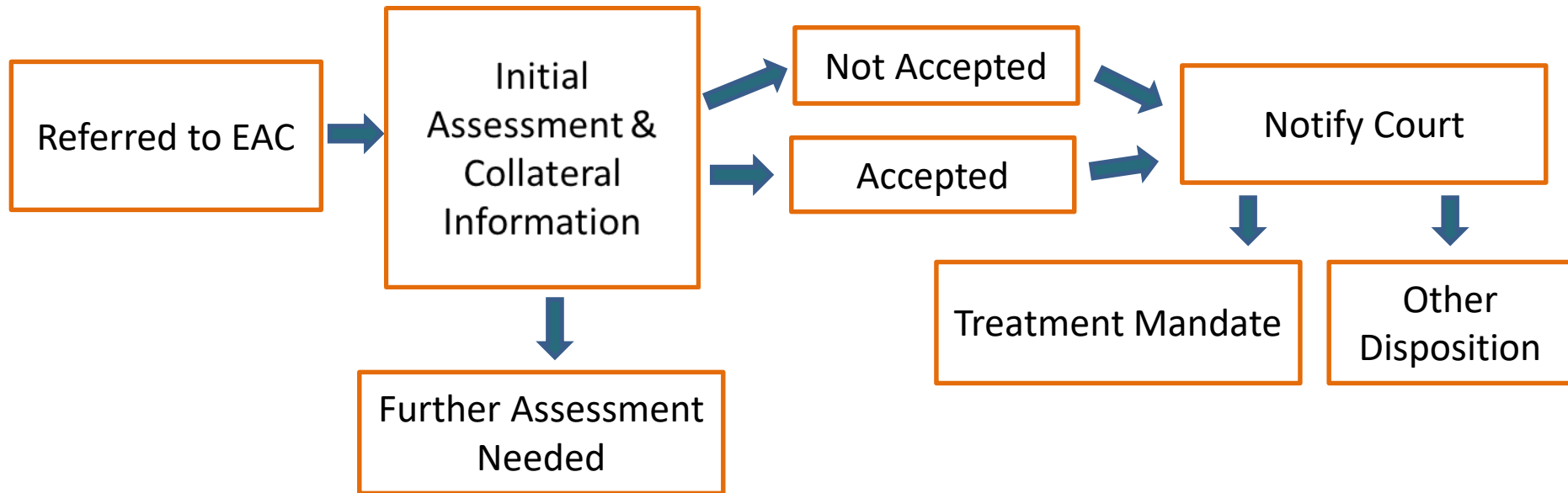
Riker's Island Mental Health Statistics:



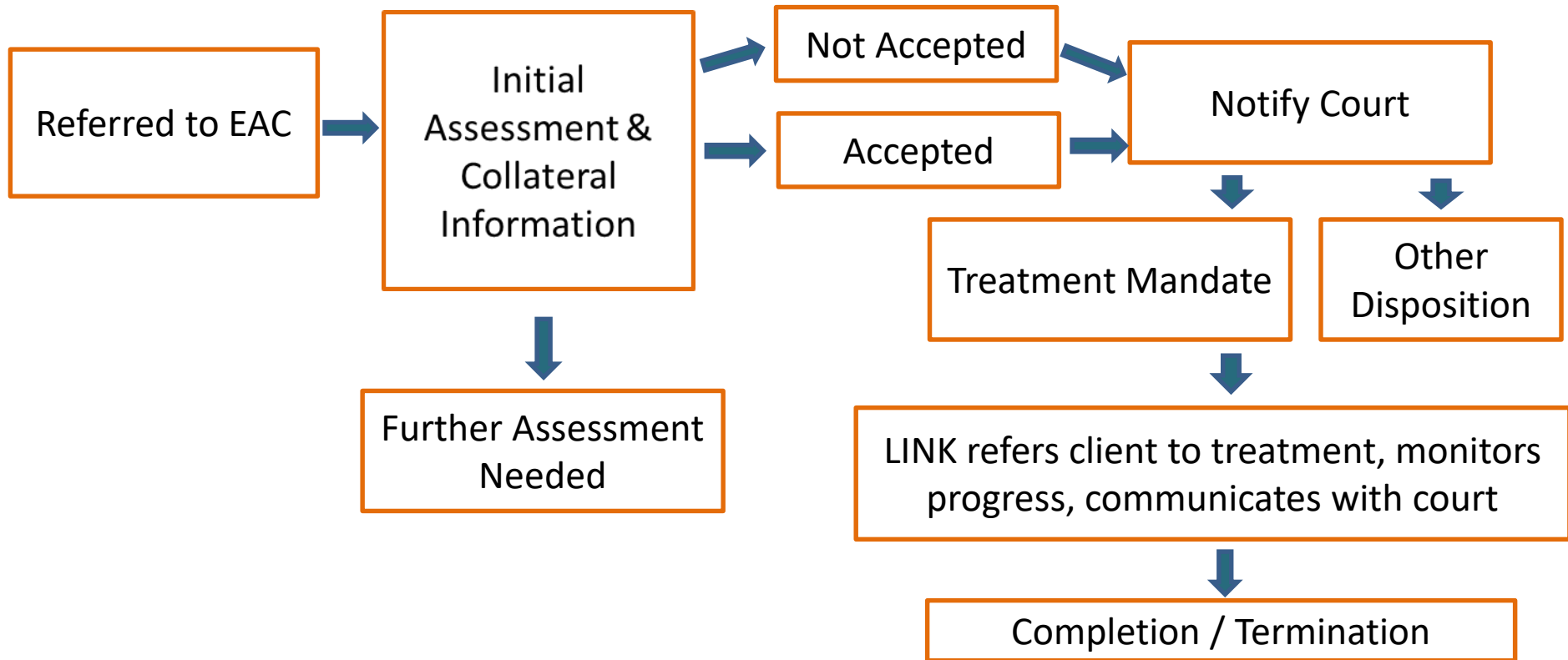
EAC's Approach to MH Diversion



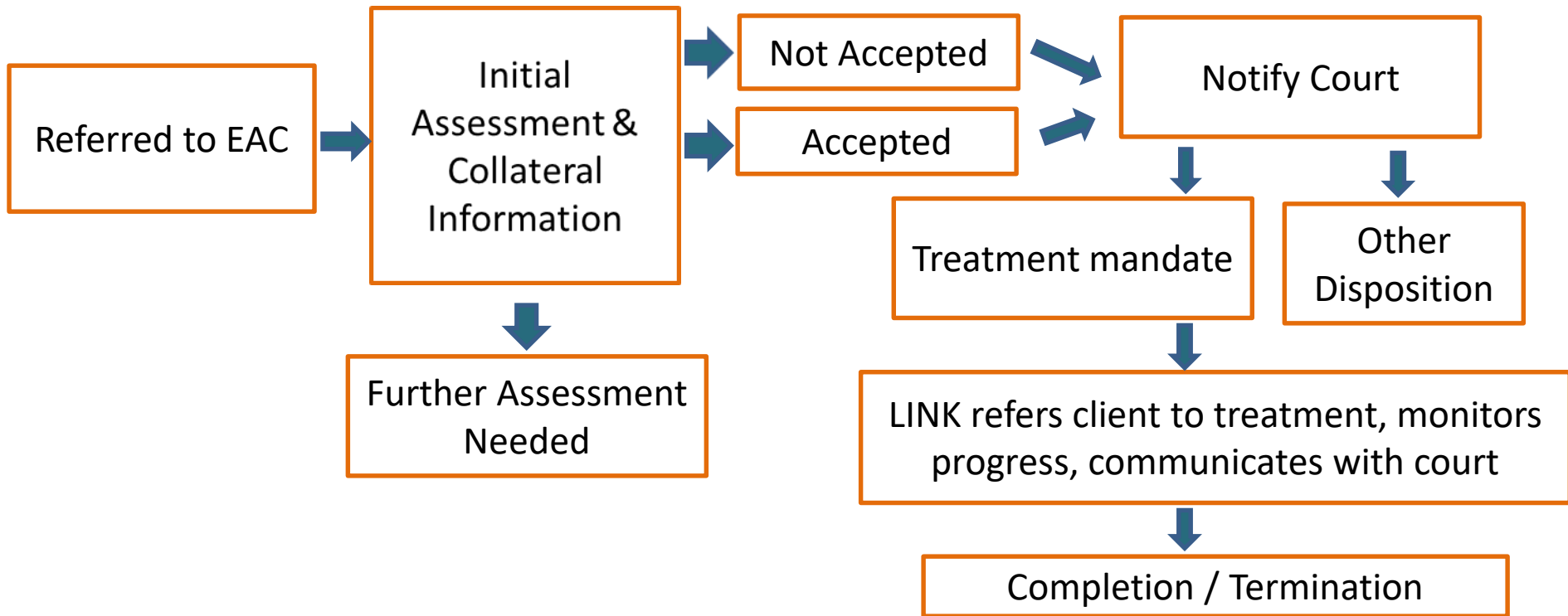
EAC's Approach to MH Diversion



EAC's Approach to MH Diversion



EAC's Approach to MH Diversion



- Clinically informed reporting to courts
- Psychoeducation to the Courts, regular meetings with judges, DA's office, legal defense services, etc.

Orientation to Treatment Planning

Orientation to Treatment Planning: A Traditional Approach



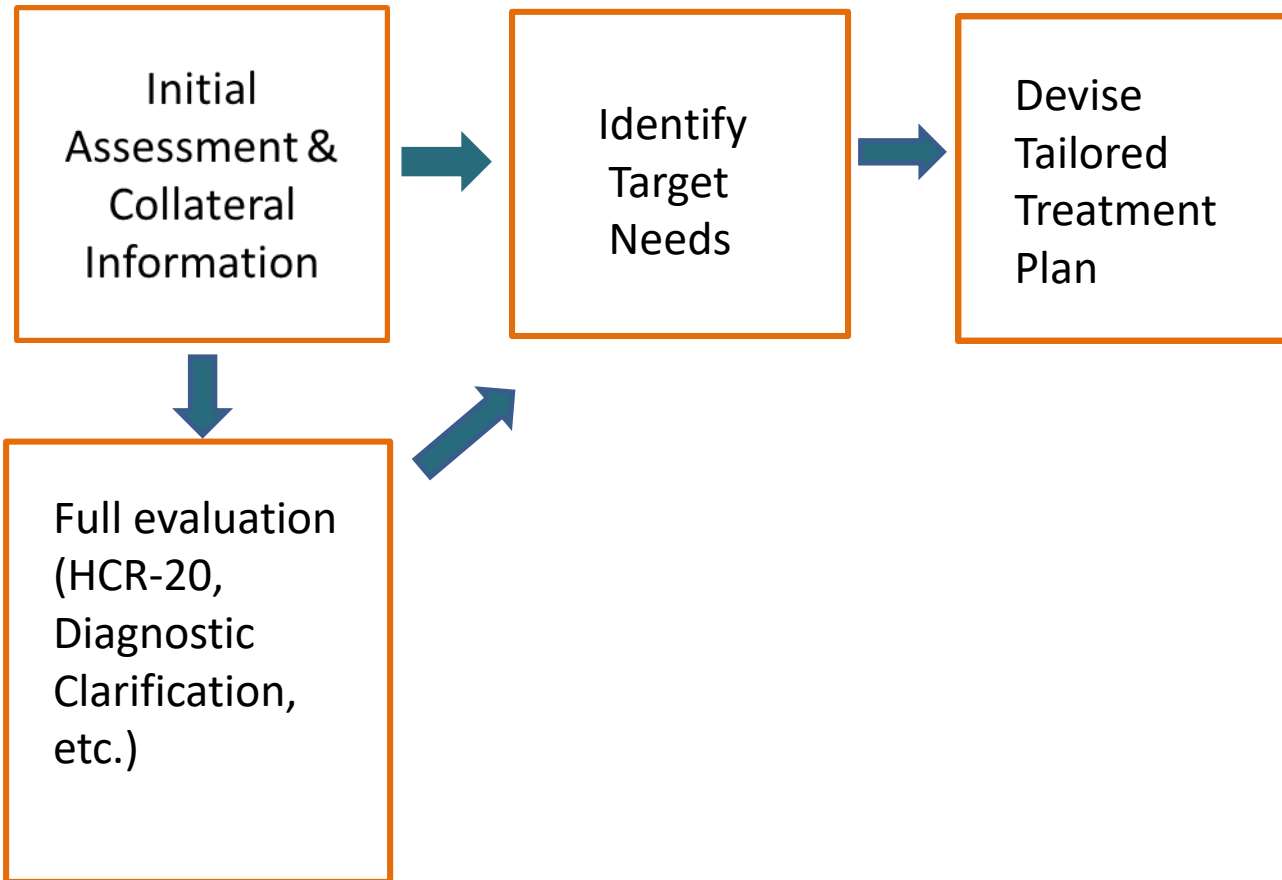
- Plan based on assessment (i.e., criminal history, drug of choice, housing)
- Greater attention to static/historical factors
- Less flexibility if problems arise due to mental health issues

EAC's Approach to Treatment Planning

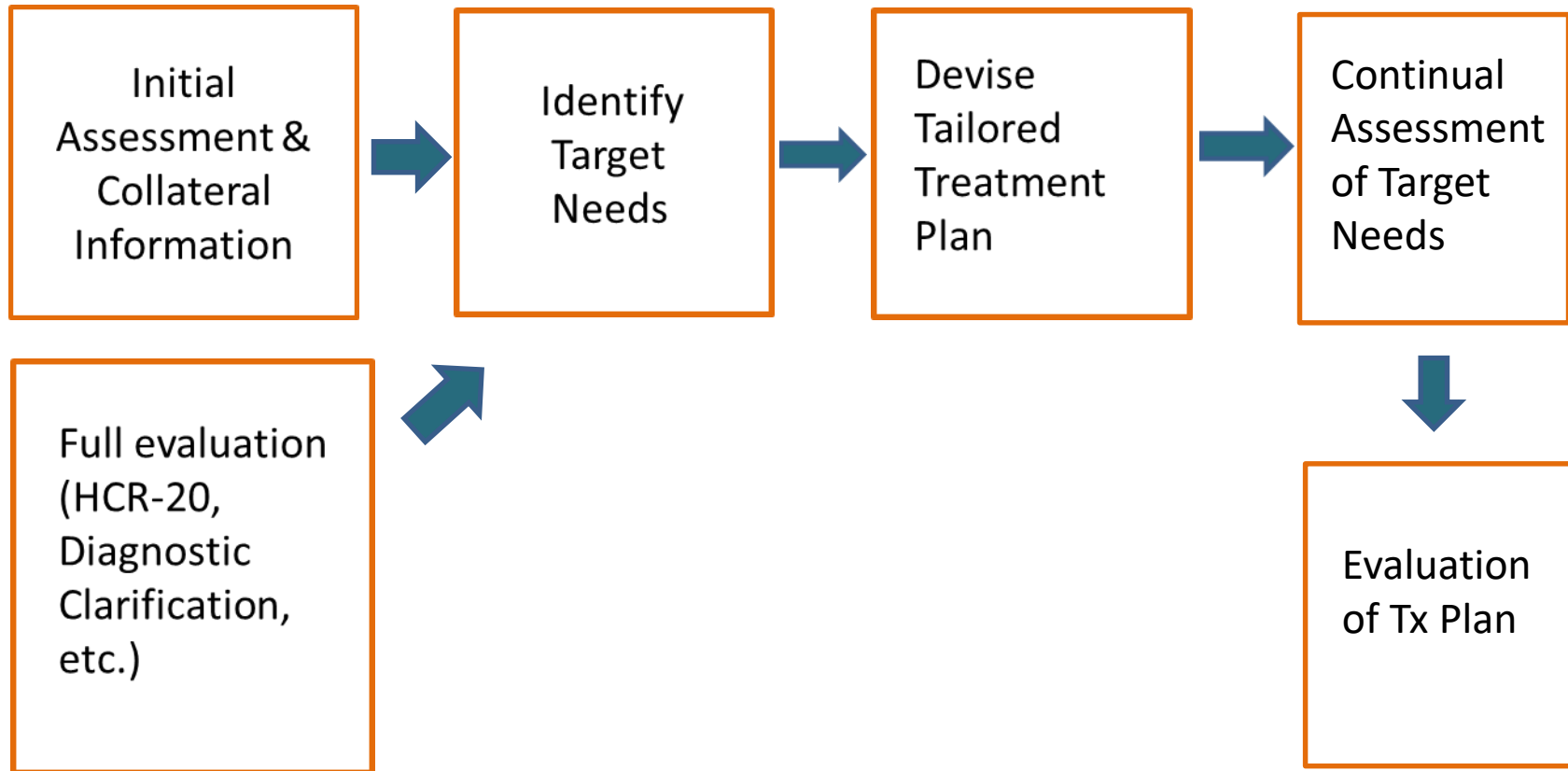
EAC's Approach to Treatment Planning

- Clinically-Oriented Approach
 - Focus on assessment to determine clients' eligibility (diagnosis, risk, personality, IQ, malingering)
 - Once clients are accepted, focus on Risk-Needs-Responsivity approach to tailor treatment to needs and create most appropriate treatment plan
 - Clinically trained case managers – evaluate and revise treatment plan throughout mandate

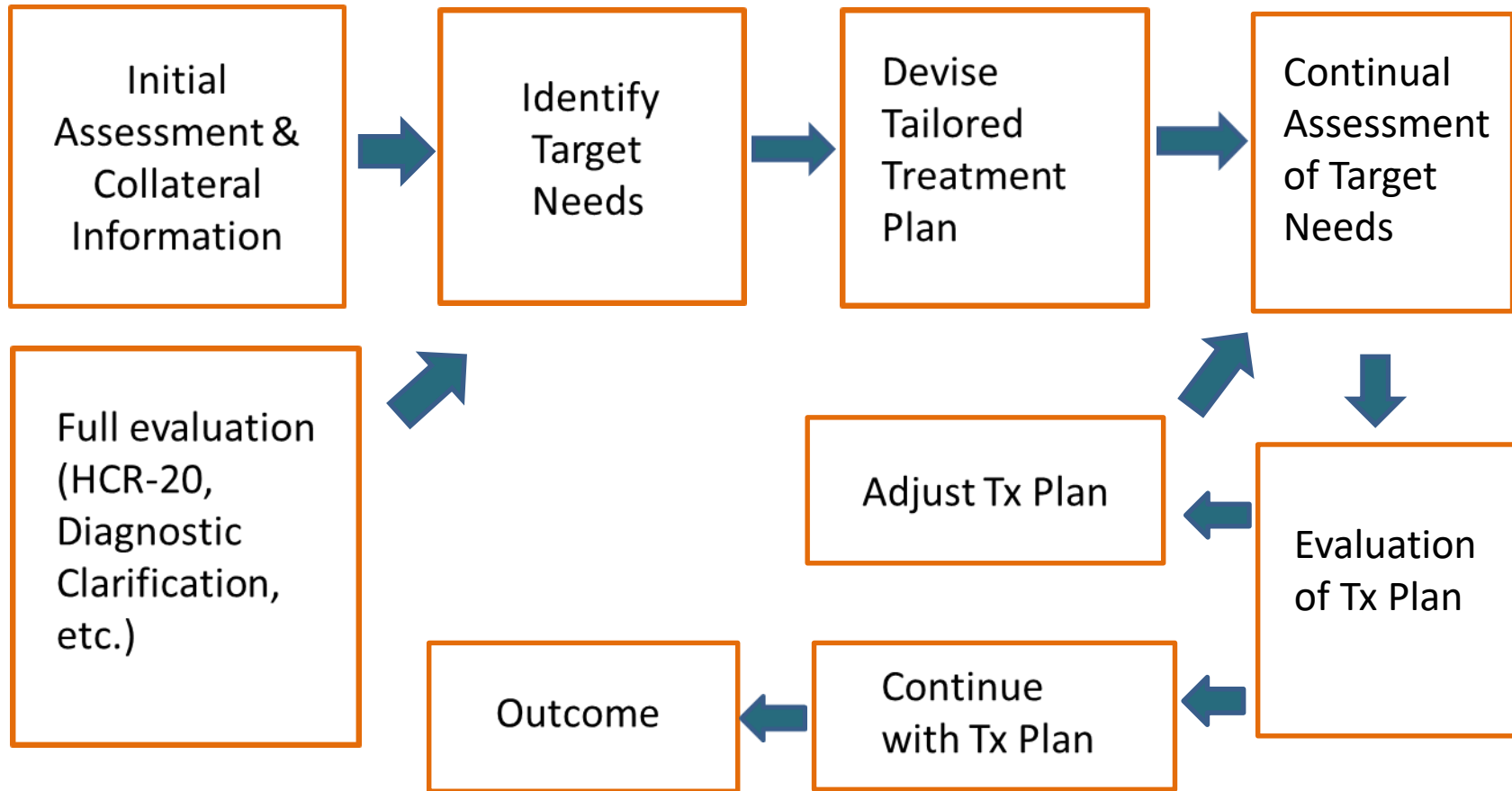
EAC's Approach to Treatment Planning



EAC's Approach to Treatment Planning



EAC's Approach to Treatment Planning



EAC's Approach to Treatment Planning: Myths of Risk Management

- The Myth of Manageability
 - Clients with very serious charges CAN'T be safely managed in the community
 - Example: Alex/Simon
 - Clients with “minor” offenses are EASIER to manage in the community
 - Example: Tanya

EAC's Approach to Treatment Planning: Treatment Options

- Outpatient
 - Intensive vs Non-Intensive
 - Different Areas of Focus
 - (Serious Mental Illness/ MICA / Personality Disorder)
- Inpatient
 - Detox & Rehabilitation Vs Residential
 - Different Levels of Privilege / Independence
 - Residential Vs Inpatient Civil Commitment

Risk-Needs-Responsivity (RNR)

- The approach is informed by the RNR model.
- Common model applied with working with those that are justice involved
 - The development of the model was developed from the need to use evidence and research to develop effective interventions in managing recidivism.

Risk

- The risk principle states that offender recidivism can be reduced if the level of treatment services provided to the offender is proportional to the offender's risk to re-offend.
- As Risk goes up, level of services does as well.
 - Simple?

Needs

- Criminogenic needs are the target of interventions.
- Criminogenic needs are the dynamic risk factors associated with criminal behavior.
- Non-criminogenic needs (vague complaints of emotional distress, self-esteem without consideration of procriminal attitudes) are relevant only in that they may act as obstacles to changes in criminogenic needs.

Responsivity

- Match the style and mode of intervention to the ability and learning style of the offender.

Two types:

1. **General:** Use cognitive social learning methods to influence behavior.
2. **Specificity:** Use cognitive behavioral interventions that take into account strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual.

Central 8

- **History of Anti Social Behavior**
- **Antisocial Personality**
- **Antisocial Cognitions**
- **Antisocial Associates**
- **Substance Abuse**
- **Family/Marital Relationships**
- **School / Work Poor Performance,**
- **Pro Social Recreational Activities**

Violence Risk Assessment

- Safe enough?
 - Violence
 - Recidivism
 - Court
 - Treatment Providers

Violence Risk Assessment: Definitions of Violence

- An intentional actual, attempted or threatened harm to a person or persons:
 - Threats
 - Verbal
 - Behavior
 - Aggression
 - Person
 - Property
 - Severity of Harm

Introduction

Evidence-based risk assessment and management:

“The process of gathering information about people in a way that is consistent with and guided by the best available scientific and professional knowledge to understand their potential for engaging in violence and/or recidivism in the future and to determine what should be done to prevent them from doing so”

(Hart, 2009; Hart & Logan, 2011)

- Risk screening
- Actuarial decision-making
 - Psychological tests
 - Risk scales
 - Professional judgment
 - Unstructured clinical
- Structured professional judgment

Risk Assessment

Risk Prediction:

- Likelihood the person will reoffend
- Refer to “static” variables
 - Age
 - Gender
 - Childhood abuse
 - Prior supervision failures
 - Parental history of drug use or criminality
 - History of arrests
 - History of substance abuse

Risk Management:

- Reduces the likelihood that someone will reoffend
- Addresses dynamic risk factors:
 - Person’s living conditions
 - Current drug use or abstinence
 - Active symptoms, including psychosis
 - Access to weapons
 - Impulsivity

Structured professional judgment

- Attempt to improve professional judgment by adding structure to: Improve reliability and validity
 - Increase transparency of decision-making while keeping the benefits of applying clinical discretion and the flexibility to apply to individuals
- Imposes structure on evaluation, formulation and management planning

- Must consider, at a minimum, a fixed and explicit set of risk factors (based on current clinical and empirical knowledge)
 - Specifies process for information gathering, developing management strategies and a language for communicating findings
 - Action- oriented

Dynamic Risk Factors

- **Dynamic risk factors:** Subject to change by intervention, treatment, or environmental control:
 - It precedes and increases the likelihood of violence
 - It changes spontaneously through intervention
 - It predicts changes in the likelihood of violence when altered:

Basic Concepts: Person Situation Paradigm

- **Dispositional** risk factors: “those that reflect the individual person’s predispositions, traits, tendencies, or styles”
- **Clinical** risk factors: “types and symptoms of mental disorder, substance abuse, and global level of functioning”
- **Historical** risk factors: ““events experienced by subjects in the past”
- **Contextual** risk factors: “include social support, stress and physical (e.g. weapon availability), incorporate the past and present situations in which violence or criminality occurred.

Types of Violence

- Reactive (emotional/affective)
- Predatory
- Psychotic
- (Not always a clear cut distinction)

Mental Illness and Violence: General conclusions

- Vast majority of individuals with mental illness are NOT violent, however
- The presence of mental illness presents a small, incremental increased risk, especially compared to
 - Risk associated with social/community factors
 - Risk associated with alcohol or drugs

Active Symptoms to Assess

- Irritability/Hostility/Anger
- Impulsivity
- Paranoid Delusions
- Mania
- Command auditory hallucinations (more risk if voices are imperatives, malevolent and powerful)

Violence Risk Assessment: 3 questions

- Risk of what outcome?
 - Type of harm
 - Threat, Aggression, Severity
- How high is the risk?
 - Probability of harm
- What influences (factors) contribute to the risk?
 - Variables associated with harm

The HCR-20 v3

- 20-item checklist of risk factors
 - Historical (10)
 - Clinical (5)
 - Risk Management (5)
- Men and women age 18 or above with some leeway: it may be appropriate for younger persons (16 or 17) if they have been living independently for some time.
- Items chosen based on literature review & input of experienced clinicians
- Clinician rates each item for presence and relevance
- Final clinical judgment based on this set of risk factors

- Designed to assess risk for violence in those with mental or personality disorders

Historical Items

- Violence
- Other antisocial behaviors
- Relationships
- Employment
- Substance use
- Major mental disorder
- Personality disorder
- Traumatic experiences
- Violent attitudes
- Treatment or supervision response

H1 Violence

As a child (under 12 years)

As an adolescent (13- 17 years)

As an adult (18 and over)

H2 Other antisocial behavior

As a child

As an adolescent

As an adult

H3 Relationships

Intimate

Non- intimate

H4 Employment

H5 Substance use

H6 Major mental disorder

Psychotic disorders

Major mood disorders

Other major mental disorders

H7 Personality disorder

Antisocial, psychopathic, dissocial

Other

H8 Traumatic experiences

Victimization/trauma

Adverse childrearing experiences

H9 Violent attitudes

H10 Treatment or supervision response

Clinical Items

- Insight
- Violent ideation or intent
- Symptoms of major mental disorder
- Instability
- Treatment or supervision response

Clinical Factors (recent problems)

C1 Insight

Mental disorder

Violence risk

Need for treatment

C2 Violent ideation or intent

C3 Symptoms of major mental disorder

Psychotic disorders

Major mood disorders

Other major mental disorders

C4 Instability

Affective

Behavioral

Cognitive

C5 Treatment or supervision response

Compliance

Responsiveness

Risk Management Items

- Professional services and plans
- Living situation
- Personal support
- Treatment or supervision response
- Stress or coping

Coding of relevance of risk factors

High	Information indicates the factor is relevant to the development of risk management strategies
Moderate	Information indicates the factor is possibly or partially relevant to the development of risk management strategies
Low	No information indicates the factor is relevant to the development of risk management strategies
Omit	No reliable information by which to judge whether the factor is relevant to the development of risk management strategies

Risk management factors (Future problems with...)

R1 Professional services and plans

R2 Living situation

R3 Personal support

R4 Treatment or supervision response

Compliance

Responsiveness

R5 Stress or coping

Communicating Risk Judgments

- Recommended that clinicians formulate their judgments in *relative risk* terms:

“Low” : the individual is at no risk, or very low risk for violence.

“Moderate” : the individual is at somewhat elevated risk for violence.

“High” : the individual is at high or very elevated risk for violence.

Managing Risk Factors

- Dynamic risk variables are more open to intervention than are static variables
- **Reactive violence** is often precipitated by dynamic factors that can be controlled
 - Medication compliance, level of supervision, adequate support network

- Four basic types of risk management activity to apply to the relevant items and scenarios identified:
 1. Monitoring (repeated assessment of specific risk items or markers of those items; determine who/how/when/what)
 2. Treatment (biopsychosocial interventions aimed at reducing specific risks)

3. Supervision (formal restrictions)

4. Victim safety planning (refer particularly to the scenarios considered)

Risk Management Options

- Adjust level of monitoring/supervision
- Medications
 - Change medication or adjust dose
 - Monitor administration; use injectables
- Psychotherapy interventions
- Therapeutic Alliance
 - Psychopathy & violence vary with quality of therapeutic alliance
- Detox, rehab, or MICA facility

Risk Management Options

- Activities
 - Clubhouses
 - Vocational programming
- ACT Team
- Inpatient hospitalization
- Have law enforcement transport person to a psychiatric ER
 - Regardless of whether person is admitted, this is an intervention on its own

Risk Management Options

- Limit access to means of violence, or to the potential target of violent behavior
- Outpatient civil commitment
 - In NYS, this is AOT - a court-order that mandates outpatient treatment
 - Critics argue that enforcement tools are lacking, but this still raises level of compliance with treatment for many people

Risk Scenario

- What am I trying to prevent? What am I worried the person might do?
 - Goal is to speculate systematically about possible future violence
- Be specific: what kind of violence, who are the likely victims, what is the likely motivation, how serious might the outcome be, how imminent is the risk of this scenario, are there any warning signs, how often might it occur, how likely is it

Case Examples

Case Examples - Alex

- Referral Information
 - Early 20s
 - Attorney Referral
 - Charged with Attempted Murder (only charge on NYS RAP sheet)
 - “Unspecified Schizophrenia spectrum”
 - Currently Incarcerated (homeless upon release)

Case Examples - Alex

- Initial Assessment and Collateral Information
- Further Evaluation Completed (diagnostic clarification and risk)
- Findings
 - Diagnoses
 - Schizoaffective Disorder
 - Alcohol Use Disorder, severe
 - Cannabis Use Disorder, severe
 - Unspecified Intellectual Disability

Case Examples - Alex

- Findings (continued)
 - Risk Factors (**Moderate to High Risk**)
 - Historical Risk Factors: substance use history, employment history, violence history, major mental disorder, intellectual disability
 - Clinical Risk Factors: major mental disorder, substance use
 - Risk Management Factors: social support, stress and coping
 - Protective Factors: response to medication, sobriety since arrest, insight into drug use and mental illness, motivation for treatment, lack of antisocial behaviors and attitudes

Case Examples - Alex

- Risk Management Plan
 - Treatment: medication management (injectable medications, if non-compliant), individual therapy, possible substance use treatment to continue in recovery process
 - Supervision: continuation of order of protection, possible curfew (defer to courts)
 - Monitoring: drug testing and reporting to case management office multiple times per week or even daily, close contact with treatment provider to ensure compliance
 - Housing: supportive residence for adults with mental illness

Case Examples - Alex

Original Treatment Plan

Treatment	Personalized Recovery Oriented Services (PROS)
Case Management & Drug Testing	3 days a week
Housing	Kingsboro Crisis Center

Case Examples - Alex

Modifications Throughout Mandate

Medication non-compliance	Injectable medications
Marijuana & K2 use	Drug rehabilitation/ Addition of substance abuse treatment
Unexpected homelessness	Daily monitoring

Case Examples - Simon

- Referral Information
 - Early 40s
 - Referral from Correctional Health Services
 - Charged with Kidnapping in the 1st Degree
 - 2 previous convictions (**misdemeanor and violation**) on NYS RAP sheet
 - Bipolar Disorder, Unspecified
 - Currently Incarcerated (**confirmed housing**)

Case Examples - Simon

- Initial Assessment and Collateral Information
- Further evaluation completed (Risk)
- Findings
 - Diagnoses
 - Bipolar Disorder, with Psychotic Features
 - Alcohol Use Disorder, severe, In early remission, in a controlled environment
 - Cannabis Use Disorder, severe, in early remission, in a controlled environment
 - Rule-out Schizoaffective Disorder, Bipolar Type

Case Examples - Simon

- Findings (continued)
 - Risk Factors (**Moderate Risk**)
 - Historical Risk Factors: violence history, substance use history, traumatic experiences, relationships, major mental disorder, employment history, treatment or supervision response
 - Clinical Risk Factors: insight
 - Risk Management Risk Factors: treatment and supervision response, social support, stress and coping
 - Protective Factors: lack of antisocial behaviors and violent attitudes, lack of personality disorder, lack of instability, good response to MH treatment, no expected issues with living situation, motivation for treatment

Case Examples - Simon

- Risk Management Plan
 - Treatment: highly structured treatment plan to include medication management (injectable meds if non-compliant), counseling and substance use therapy
 - Supervision: continuation of order of protection
 - Monitoring: drug testing and reporting to case management office regularly, close contact with treatment provider to ensure compliance, brief adjournments
 - Housing: residential MICA treatment

Case Examples - Simon

Original Treatment Plan

Treatment	Residential MICA treatment
Case Management and Drug Testing	Regular drug testing at program and check ins with case manger every 2 weeks
Housing	Residential treatment placement

Case Examples - Simon

Modifications Throughout Mandate

Continued sobriety	Transition to outpatient MICA, eventually MH treatment
Continued compliance, passing of complaining witness, decline in physical health	Decrease in physical check-ins and drug testing
Stable housing	Transition to private residence

Communicating with the Courts

Communicating with the Courts

- On the Record?
 - What information to disclose on record?
- The Power of Context
 - Examples: Alex not fully participating in group (**Schizoaffective Disorder**), Simon is observed to be dismissive and erratic towards peers and individual counselor (**Bipolar Disorder**)
- Do Not Underestimate Psychoeducation
 - Take a step back and educate all parties
- Do Your Homework
 - What are the next steps? (**risk management plan**)
 - Defer to the Courts
- Cultivate a Collaborative Environment

Thank You!

Edward Fernandez, Psy.D.

Clinical Director

efernandez@nyctasc.org

718-268-5657, Ext. 213

Lauren Saunders, M.A.

Clinical Coordinator

Lsaunders@nyctasc.org

718-975-0180, x 313

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