Treatment of Mentally Disordered Offenders

NATO Advanced Study Institute
Prevention of Criminality and Violence among the Mentally Ill
Castelvecchio Pascoli, May 16 to 26, 1999
Outline

1. Difficulties faced by clinicians attempting to treat mentally ill offenders
2. Three areas of study that provide a basis for a 'state-of-the-art' treatment programme for mentally ill offenders
Difficulties faced by clinicians attempting to treat mentally ill offenders

The View of a Clinician
The general pattern of characteristics common to mentally ill offenders

- long history of difficulties relating to both
  - the primary mental disorder
  - antisocial behaviour
- multiple problems which include
  - rather severe affective and cognitive deficits
  - poor life skills and social skills
- often: long history of substance abuse
- a lifestyle conducive to deviant behaviour
- high risk of re-offending
- difficult to assess
- Usually: not interested in treatment and non-compliant
- In general:
  - difficult to manage
    - mental health problems tend to be chronic
    - antisocial behaviour tends to be chronic
Treatment must include multiple components

- targeting the different problems presented by the mentally ill offender
- planned and organised in a long-term perspective
- intense
- involving outreach
- close supervision

Treatment components have to be modified taking account of

- particularities of treatment within security hospitals
- organisational requirements
- ethical dilemmas encountered in treating mentally disordered offenders
HIGH PRIORITY:
  → eliminating co-occurring substance abuse

Substance abuse:
- increases the risk of offending
- increases the risk of violent behaviour
- decreases compliance with all components of a treatment programme
- exacerbates symptoms

Co-occurring disorders, especially
  → substance use disorders
  → antisocial personality disorder
- undermine treatment
- increase the risk of recidivism
- often interact negatively with the primary disorder
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1. Difficulties faced by clinicians attempting to treat mentally ill offenders
2. Three areas of study that provide a basis for of a 'state-of-the-art' treatment programme for mentally ill offenders
The current Knowledge about the Treatment of Mentally Ill Offenders

Three areas of study that provide a basis for a 'state-of-the-art' treatment programme for mentally ill offenders

Knowledge

1) on effective treatment of the mentally ill
2) on effective treatment of offenders
3) coming from evaluations of forensic-psychiatric out-patient programs
Effective treatment of the mentally ill

Effective services for persons with major mental disorders are comprehensive
- emphasis on teaching and learning
- enforcing compliance with medication

Comprehensive treatment programmes have been shown to
- reduce the number and severity of symptoms
- improve the level of psychosocial functioning
- increase the patient's happiness
First source

Effective treatment of the mentally ill

Three components of treatment that have been shown to be effective

- medication
- psychoeducation
- case management

Identifying the different types of problems presented by patients

- cognitive symptoms
- lack of emotional control
- few life skills
- few social skills

Imperatives

- Ensuring compliance with pharmacological treatments for reducing symptoms
- Keeping levels of medication over the long-term to a minimum
- Providing supervision
- Co-ordinating all the components of treatment and service
First source

Effective treatment of the mentally ill

Behavioural-psychoeducational methods to improve patients' skills

- life skills training
- social skills training
- vocational training

Positive consequences for

- independent behaviours
- prosocial behaviours

Decreasing or eliminating reinforcements for

- dependent behaviour
- symptomatic behaviour
Effective treatment of the mentally ill

Factors associated with effective case management

- Acceptance and respect for the patients' limitations
- Limiting the pressure on the patients to get involved in interpersonal activities
- Assertive case management
- Tailoring the intensity of the patients' social interactions to their fluctuating capacity to tolerate social stimulation
- Maintaining long-term relationships with patients
Outline

1. Difficulties faced by clinicians attempting to treat mentally ill offenders

2. Three areas of study that provide a basis for a 'state-of-the-art' treatment programme for mentally ill offenders
Second source:

Effective treatment of offenders

Risk factors 1
- pro-criminal attitudes, values, and beliefs
- personal cognitive supports of crime
- pro-criminal friends and associates
- inadequate socialisation
- impulsivity
- lack of self-control
- restless aggressive energy
- egocentrism
- below-average verbal intelligence
- sensation seeking / novelty seeking
- poor problem-solving skills
Second source:

Effective treatment of offenders

Risk factors 2

- long history of antisocial behaviour from a young age
- criminality, mental disorder, and substance abuse in the family of origin
- poor parenting including little affection, caring and family cohesiveness
- inadequate supervision
- harsh and inconsistent discipline
- neglect and abuse
- low levels of education and career success
Second source:

Effective treatment of offenders

Characteristics of effective programmes

- conducted in the community
- characterised by a high degree of structure
- behavioural or cognitive-behavioural orientation
- treatment integrity was maintained
- enthusiastic staff
- clients were at high risk to recidivate
- multi-modal targeting the many skill deficits presented by the offenders
- intensive
Second source:

Effective treatment of offenders

The planning and delivery of effective offender rehabilitation involves taking account of individual differences in

- risk, need and responsivity

The **risk principle** suggests that intensive rehabilitation is best reserved for individuals at the highest risk for criminal conduct.

The **crimogenic need principle** suggests that the appropriate targets of treatment are those changeable characteristics of individuals and of their circumstances that have been demonstrated to be related to criminal conduct.

The **responsivity principle** suggests that approaches to treatment be matched to the intermediate targets and the learning style of the individual offender.
Second source:

Effective treatment of offenders <6>

Targets for rehabilitation programmes:

- **Reducing** antisocial attitudes, antisocial feelings, antisocial friends and associates, chemical dependencies
- **Increasing** affection for and communication with family members, monitoring and supervision by family members, identification with anti-criminal role models, self-control, self-management, and problem solving skills;
- **Replacing** the skills of lying, stealing and aggressive behaviour with more pro-social alternatives;
- **Modifying** the rewards and costs of criminal and non-criminal activities, so that non-criminal activities are preferred.
- **Provide** some offenders with an undemanding, sheltered, supportive living arrangement.
- **Teach** the offender to recognise risky situations, and to devise and rehearse with him/her a concrete plan for dealing with those situations
Effective treatment of offenders

The most effective types of rehabilitation are based on learning theory, and they employ cognitive-behavioural and social learning techniques such as

- modelling
- graduated practice
- role playing
- reinforcement
- extinction
- resource provision
- concrete verbal suggestions
- cognitive restructuring
Second source:

Effective treatment of offenders

What does not work

- punishment
- traditional psychotherapy
- client-centered casework
- treatments based on sociological approaches of lower class origin and labeling
- treatments that do not address dynamic risk factors empirically related to crime
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Third source:

**Evaluations of forensic-psychiatric out-patient programs**

**common features**

- compulsory participation
- Recognition and acceptance of a double mandate:
  - treating the mental disorder
  - preventing offending and/or violence
- legal powers to rapidly rehospitalise patients against their will if they think that they may offend and/or behave violently
- structure
- intensity
- diversity to address the multiple problems presented by the mentally ill offenders
- ensuring compliance with all aspects of the programme
Summarising Today's Knowledge

Three bodies of knowledge

1. Components of treatment that have been shown to be effective for the treatment of the mentally ill
   - pharmacotherapy
   - psychoeducational training
   - assertive case management

2. Treatment programmes that have shown to be effective among non-disordered offenders
   - Multi-modal, cognitive-behavioural programmes
   - Based on the principles of risk, need and responsivity

3. Common features of effective specialised forensic community treatment programmes
   - Intensity
   - Structure
   - Outreach