Making Changes: Cognitive Behavioral Interventions in Jails and Community Corrections

February 10, 2021
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Welcome and Introductions
Welcome

• Michael Kane, M.A., Deputy Director, Crime and Justice Institute – Facilitator

• David Fink, Evidence-based Practices Coordinator, Washington County Community Corrections (Minnesota)

• Levin Schwartz, M.S.W., LICSW, Assistant Deputy Superintendent of Clinical and Reentry Services, Franklin County Sheriff’s Office (Massachusetts)
David Fink is the Evidence-based Practices (EBP) Coordinator for Washington County Community Corrections, for which he:

- Develops and implements evidence-based programs.
- Coaches probation staff to improve skill proficiency.
- Manages the department’s continuous quality improvement process.

David is a leader of the National Institute of Corrections-sponsored Dosage Probation project and a trainer of the Level of Service/Case Management and Minnesota Case Planning model. He maintains direct client contact through facilitating multiple cognitive group curricula: Thinking for a Change, Decision Points, and Cognitive Behavioral Interventions for Substance Abuse.
Presenter

**Levin Schwartz** is the Assistant Deputy Superintendent of Clinical and Reentry Services at the Franklin County Sheriff’s Office (FCSO). Levin has developed and implemented what has become a nationally recognized treatment program. Levin received the 2019 Greatest Contribution to Social Work Award from the Massachusetts chapter of the National Association of Social Workers and the 2017 North Quabbin Community Coalition Bridge Builder Award. Levin uses these opportunities to highlight the need for modern evidence-based treatment for the underserved and vulnerable incarcerated population.
Learning Objectives
Learning Objectives

Upon completion of the webinar, participants will be able to:

• Explain how jails and community corrections agencies use cognitive behavioral interventions (CBIs) to reduce recidivism.

• Describe how CBIs that address criminal thinking are integrated with cognitive interventions that focus on substance use disorders.

• Discuss how these agency programs and CBI practices were implemented and are monitored.
Changing Thinking to Behavior Change

David Fink, EBP Coordinator
Washington County Community Corrections (Minnesota)
Agenda

• Risk reduction
• Intake, case planning, and interventions
• Dosage probation
• Sample clients
10 Steps to Risk Reduction

1. Establish positive expectations
2. Share initial assessment results and incentivize
3. Identify 1-2 case plan goals
4. Write a SMART case plan
5. Teach skills to reduce risk
6. Practice skills to reduce risk
7. Reward positive behavior
8. Address noncompliant behavior
9. Anchor community support
10. Prepare for successful discharge
# Four-Point Meeting

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>1. Check-In</strong></td>
<td><strong>4-5 minutes</strong></td>
<td><strong>3. Intervention</strong></td>
</tr>
<tr>
<td></td>
<td>• Check for “crisis”</td>
<td></td>
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<tr>
<td></td>
<td>• Court conditions</td>
<td></td>
</tr>
<tr>
<td><strong>2. Review</strong></td>
<td><strong>4-5 minutes</strong></td>
<td></td>
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<tr>
<td></td>
<td>• Review homework</td>
<td></td>
</tr>
<tr>
<td><strong>4. Assignment</strong></td>
<td><strong>1 minute</strong></td>
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# First Five Sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Review</th>
<th>Intervention/Activity</th>
<th>Homework</th>
<th>Risk Reduction Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>~</td>
<td>Dosage Introduction</td>
<td>Maximizing Strengths: Tool 1</td>
<td>1</td>
</tr>
<tr>
<td>#2</td>
<td>Maximizing Strengths: Tools 1 and 2</td>
<td></td>
<td>Case Planning: Tool 1</td>
<td>1</td>
</tr>
<tr>
<td>#3</td>
<td>Case Planning: Tool 1</td>
<td>Review Level of Service (LS)/Case Management Inventory (CMI)</td>
<td>Driver Workbook</td>
<td>2</td>
</tr>
<tr>
<td>#4</td>
<td>Driver Workbook</td>
<td></td>
<td>Your Guide to Success: Tool 2, Parts A-D</td>
<td>3</td>
</tr>
<tr>
<td>#5</td>
<td>Your Guide to Success: Tool 2, Parts A-D</td>
<td></td>
<td>Case Plan</td>
<td>~</td>
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</table>
Drivers

- Criminogenic need behind harmful behavior
- Most often: thoughts, coping, or friends
- Looks beyond the risk assessment
Interventions

• Individual Meetings

• Cognitive Skills Groups
  o Thinking for a Change (T4C)
  o Moving On
  o Decision Points
  o Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)

• Community Providers

• Jail
Dosage Probation

Tie sentence length to the probationer’s engagement in effective interventions.

<table>
<thead>
<tr>
<th>LS/CMI Score</th>
<th>Dosage Hours</th>
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<tbody>
<tr>
<td>15-19</td>
<td>100</td>
</tr>
<tr>
<td>20-24</td>
<td>200</td>
</tr>
<tr>
<td>25+</td>
<td>300</td>
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</tbody>
</table>
Client Example – “KP”

- At 19 - felony theft and assault
- Grew up in major metro area with family involved in gangs
- Substance use: cocaine/marijuana
- Lifestyle – “Part of doing shows”

Risk Assessment – Top Five Categories

<table>
<thead>
<tr>
<th></th>
<th>Family/Relationships</th>
<th>Friends</th>
<th>Alcohol/Drug Use</th>
<th>Thinking And Beliefs</th>
<th>Coping/Self-Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Very Low</td>
<td>Very High</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>2nd</td>
<td>Low</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>3rd</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Very Low</td>
<td>Very Low</td>
</tr>
<tr>
<td>4th</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Very Low</td>
<td>Very Low</td>
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</table>
Case Planning – “KP”

**Goal:** Improve setting healthy boundaries with friends

- Practice negotiating and complete one report sheet per week for 4 weeks.
- Attend a show and maintain non-use boundaries.
- Complete “Engage Pro-Social Others” – Tool 1.
Continuous Quality Improvement

Four Focuses

1. Motivational Interviewing
2. Risk Assessment
3. Case Plans
4. Cognitive Interventions

Targets

• **Training** - 100% of staff facilitating cognitive behavior groups will be trained.

• **Procedures** - 75% of high-risk adult probationers will attend a cognitive skills group within 9 months of sentencing.

• **Proficiency** - 90% of trained staff will administer individual cognitive interventions with fidelity.
Linking Risk-Need-Responsivity (RNR) to Evidence-Based Programs
Agenda

• About Us
• Intake and Case Planning
• Who We Serve
• Treatment Flow
• Treatment Philosophy
• Program Impact and Outcomes
• Post-Release Services
  • Recent Adaptations
FCSO

- Population ~73,000
- Rural County
- Economically depressed area with extensive opiate use

- Jail ADP 210: Sentenced/pre-sentenced men & women
- Elected county sheriff & district attorney; appointed judges
- 2 District Courts and 1 Superior Court
The Franklin County Jail Program: Timeline

- 2011: Sheriff Donelan initially elected
- 2013: Comprehensive reentry program established
- 2014: Co-occurring, mindfulness-based cognitive behavioral therapy program implemented
- 2015: Injectable naltrexone (Vivitrol) introduced
- 2016: Buprenorphine maintenance program initiated
- 2018: Buprenorphine induction program started
- 2019: Fully licensed Opioid Treatment Program (OTP) began
Classification

- Pod A: Orientation
- Pod D: Medium Security Treatment Unit
  - Highly structured environment with intensive programming
- Minimum Security Treatment Unit
  - Continued treatment
  - More vocational training opportunities
- Kimball Pre-release House
  - Transitioning treatment to the community
  - Focus on job placement
- GPS Bracelet
  - Integration into the community with continued supervision
Assessment-Driven Programming

Assessments
- Medical assessment
- Criminogenic assessment (LS/RNR)
- Behavioral health assessment (substance use disorders and mental health)
- Reentry needs assessment

Other Considerations
- Length of sentence
- Family services
- Medications for opioid use disorder treatment
- Coordination with collateral agencies
- Gender responsivity
Individualized Treatment Plan

- History of antisocial behavior
- Antisocial personality pattern
- Antisocial cognition
- Antisocial associates
- Family and/or marital
- School and/or work
- Leisure and/or recreation
- Substance abuse

Franklin County Sheriff’s Office
Individual Service Plan Contract

Name: XXX
Booking #: XXX  Inmate #: XXX
Projected Release Date: XXX-XX-YYYY

During your period of incarceration you must comply with an Individual Service Plan Contract. Compliance is defined as follows:
1. Meet with your Caseworker for an initial assessment that will identify your risks/needs.
2. As a result of your assessment, your Caseworker will enroll you in programs/activities that address your risks/needs.
3. Satisfactorily participate in the programs/activities identified in your Service Plan.
4. Comply with all Housing Unit and Program Rules.

Risks/Needs/Comments
ATT-Orient: Thinking for a Change, DBT Skills Group, DV group
ALCOH-Drug: DTP Group, ATTY Reentry Group, Tapetry Harm Reduction Group
NON-FACTOR: Sex Offender Treatment
COMPANIONS: DBT Skills Group
ED-UNEMP: Vocational Development
FAM-MANTL: Nursing Families, Nursing Fathers
LEISUR-REC: Expressive Therapy (Yoga, Guitar Lessons, Gardening, Art Class)
ANTISOCIAL: Individual Therapy

I have reviewed and understand the Housing and Program Unit rules. I understand that I am required to satisfactorily participate in programs/activities designed to address my Risks/Needs listed above and any other programs/activities that my Caseworker deems necessary. Failure to do so will result in my removal from the Program Housing Unit and will impact my ability to earn good time credit.

Refusal to sign this contract does not make this contract invalid.

Inmate Signature: [Signature]
Staff Signature: [Signature]

Date: [Date]
Inmate Signed: [Yes/No]
Inmate Did Not Sign: [Yes/No]

BJA’s Comprehensive Opioid, Stimulant, and Substance Abuse Program
With whom are we working?

- 82% were assessed as high or very high risk to recidivate.
- 50% scored 4 or higher on the Adverse Childhood Experiences (ACE) Study trauma questionnaire.

- 47% of individuals incarcerated in 2017 used heroin at some time in the year before incarceration.
- 36% identified an opioid as their primary drug.
Clients will go through the intake process in the orientation units and then, typically, move to the intensive treatment unit.

Clients flagged for a security reason will remain in the orientation unit to work on developing skills to effectively engage in the intensive treatment communities. Weekly reviews facilitate their move to the intensive treatment units.

There, the client will:
2. Engage in no behavioral infractions.
3. Meet with a behavioral health clinician to complete a behavioral analysis of the event(s).

Clients who struggle to meet behavioral expectations in intensive treatment units will be returned to the orientation units.
<table>
<thead>
<tr>
<th>Step 1</th>
<th>4-6 Weeks</th>
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<tbody>
<tr>
<td><strong>Stages of Change 1</strong>&lt;br&gt;Motivational Interviewing (4 weeks)</td>
<td><strong>Acceptance and Commitment Therapy Matrix (ACT) Group</strong> (4 weeks)</td>
</tr>
<tr>
<td><strong>Living in Balance Open Group</strong> (At least 4 weeks)</td>
<td><strong>Men’s Work Group</strong> (ongoing)</td>
</tr>
<tr>
<td><strong>Thinking for a Change</strong> (6 weeks)</td>
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</table>
Step 2
4-12 Weeks

Dialectical Behavioral Therapy (DBT) Skills Group (8 weeks)
Seeking Safety (8 weeks)
Nurturing Fathers (12 weeks)
Job Readiness (4 weeks)
Elective Programming
Yoga
Guitar lessons
Gardening
Wellness program
Refuge recovery
AA
NA
Peer Mentoring
Step 3
6 weeks/ongoing

- DBT Process Group (ongoing)
- Individual Reentry Work (as needed)
- DBT Reentry Open Group
Treatment Programming

- Reentry, which begins at booking
- Assessment-driven/dual-diagnosis case management
- Intensive skills building: Mindfulness-based CBT (DBT-SUD, ACT & WRAP), Thinking for a Change, trauma-informed care, and educational/vocational training
- Medication for opioid use disorder
- Post-release case management
- Community referrals
- Naloxone kit distribution
Treatment Philosophy Behavior Falls Into Two Broad Categories

- Behaviors that move us away from something (adverse control)
- Behaviors that move us toward something (appetitive control)

Source: Russ Harris, MD
Treatment Philosophy, Simply Put

- Recovery in the service of SOMETHING
- Acting in line with our values
- Behaving like the person we want to be
- Acting effectively
- Doing things that make life better

Source: Russ Harris, MD
Treatment Philosophy, Simply Put

- Acting unlike the person we want to be
- Acting ineffectively
- Doing things that don’t make life better
- Doing things that make life worse

Source: Russ Harris, MD
The behavior of an individual struggling with addiction is often dominated by behavior governed by adverse control.
Teaching Skills and Providing Enrichment Opportunities
Making the Case for Treatment
Discipline Reports within the Facility

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<tr>
<td>2010</td>
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<td>2011</td>
<td>334</td>
<td>196</td>
<td>311</td>
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<td>32</td>
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<td>2012</td>
<td>247</td>
<td>47</td>
<td>101</td>
<td>103</td>
<td>35</td>
<td>1708</td>
</tr>
<tr>
<td>2013</td>
<td>373</td>
<td>34</td>
<td>98</td>
<td>57</td>
<td>17</td>
<td>1726</td>
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<tr>
<td>2014</td>
<td>302</td>
<td>95</td>
<td>110</td>
<td>62</td>
<td>16</td>
<td>1708</td>
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<tr>
<td>2015</td>
<td>175</td>
<td>46</td>
<td>75</td>
<td>43</td>
<td>15</td>
<td>1571</td>
</tr>
</tbody>
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Post-Release Reentry 2019-Current

366
Post-release clients since 2019

90
Currently active post-release clients

De-escalation & problem solving
Health: Medical & Mental
Navigating Systems
Work, Education & Housing
Relapse & Recovery

Case Study: Pete
## Recent Adaptations to Reentry Services

<table>
<thead>
<tr>
<th>ACT Group</th>
<th>ATARY (Addiction Treatment &amp; Recovery)</th>
<th>Group Texting “Textedly”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athol Recovery Center</td>
<td></td>
<td>FCSO Reentry Clients Orange Drug Court Greenfield Drug Court</td>
</tr>
</tbody>
</table>

### Zoom

### “From here I feel like I’m not going out with nothing.”
- Program Participant

### Group Texting “Textedly” Metrics
- **10,085** TOTAL MESSAGES DELIVERED
- 336 messages delivered this month

### Unsubscribe Rate
- 0.41%
Contact Information

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CBI Resources

- Acceptance and Commitment Therapy
  https://contextualscience.org/act
- CBI-SU
  https://cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/cbi-su-overview.pdf
- Decision Points
  http://www.decisionpointsprogram.com/
- Dialectical Behavior Therapy
- Dosage Probation
  https://nicic.gov/dosage-probation-rethinking-structure-probation-sentences
- LS/CMI
  https://storefront.mhs.com/collections/ls-cmi
- LS/RNR
  https://storefront.mhs.com/collections/ls-rnr
- Living in Balance
  https://www.hazelden.org/web/public/livinginbalance.page
- Moving On
  https://www.hazelden.org/store/item/11528
- Seeking Safety
  https://psycnet.apa.org/record/2006-23175-007
- Thinking for a change
  https://nicic.gov/thinking-for-a-change
Questions?
https://cossapresources.org/Program/TTA
COSSAP Resources

**Tailored Assistance**—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. **You do not need to be a COSSAP grantee to request support.** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at [https://cossapresources.org/Program/TTA/Request](https://cossapresources.org/Program/TTA/Request).

**Funding Opportunities**—Current COSSAP and complementary funding opportunities are shared at [https://www.cossapresources.org/Program/Applying](https://www.cossapresources.org/Program/Applying).

**Join the COSSAP community!** Send a note to [COSSAP@iir.com](mailto:COSSAP@iir.com) with the subject line “Add Me” and include your contact information. We will send you the latest-and-greatest COSSAP opportunities, resources, and updates.
BJA’s Comprehensive Opioid, Stimulant, and Substance Abuse Program