

Treating Mentally Disordered Offenders: The Importance of Criminogenic Needs

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Mental Health - Care & Research
Santé mentale - Soins et recherche

Treating Mentally Disordered Offenders

1. Clinical Model

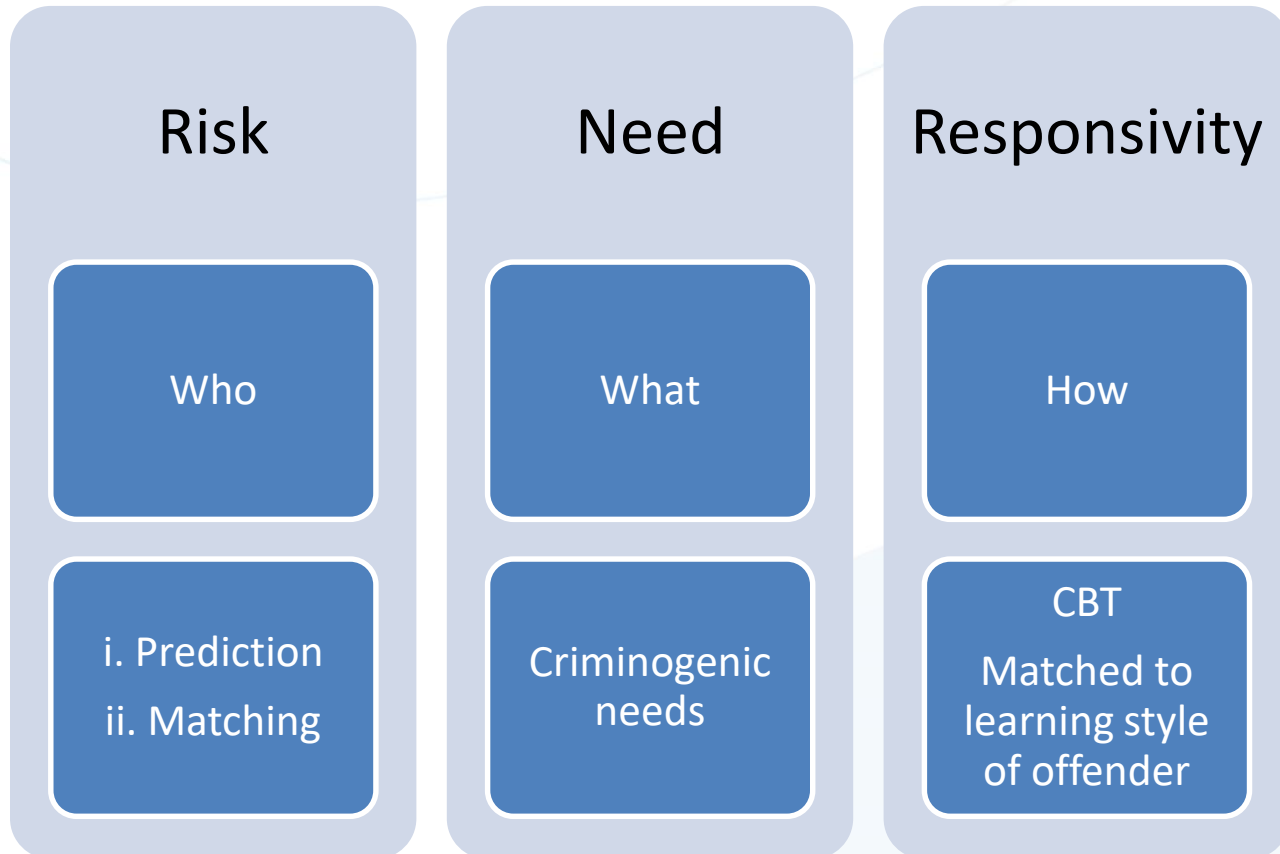
- Untreated serious mental illness
- Interventions – meds/cbt, diversion, mental health courts

2. General Personality/Cognitive Social Learning Perspective

- Central eight risk/need factors
- Interventions – Risk Need Responsivity/Good Lives

Principles of Effective Intervention

RNR Framework



Need Principle

General Recidivism

(Andrews & Bonta, 2010)

- Antisocial attitudes
- Antisocial pattern
- Antisocial associates
- Family/marital problems
- Education/employment problems
- Poor use of leisure/recreation time
- Substance abuse

Sexual Recidivism

(Mann, Hanson, & Thornton, 2010)

- Sexual preoccupation
- Sexual deviancy
- Offense supportive attitudes
- Emotional congruence with children
- Intimacy deficits
- Lifestyle impulsivity
- Poor problem solving
- Resistance to rules and supervision
- Negative social influences

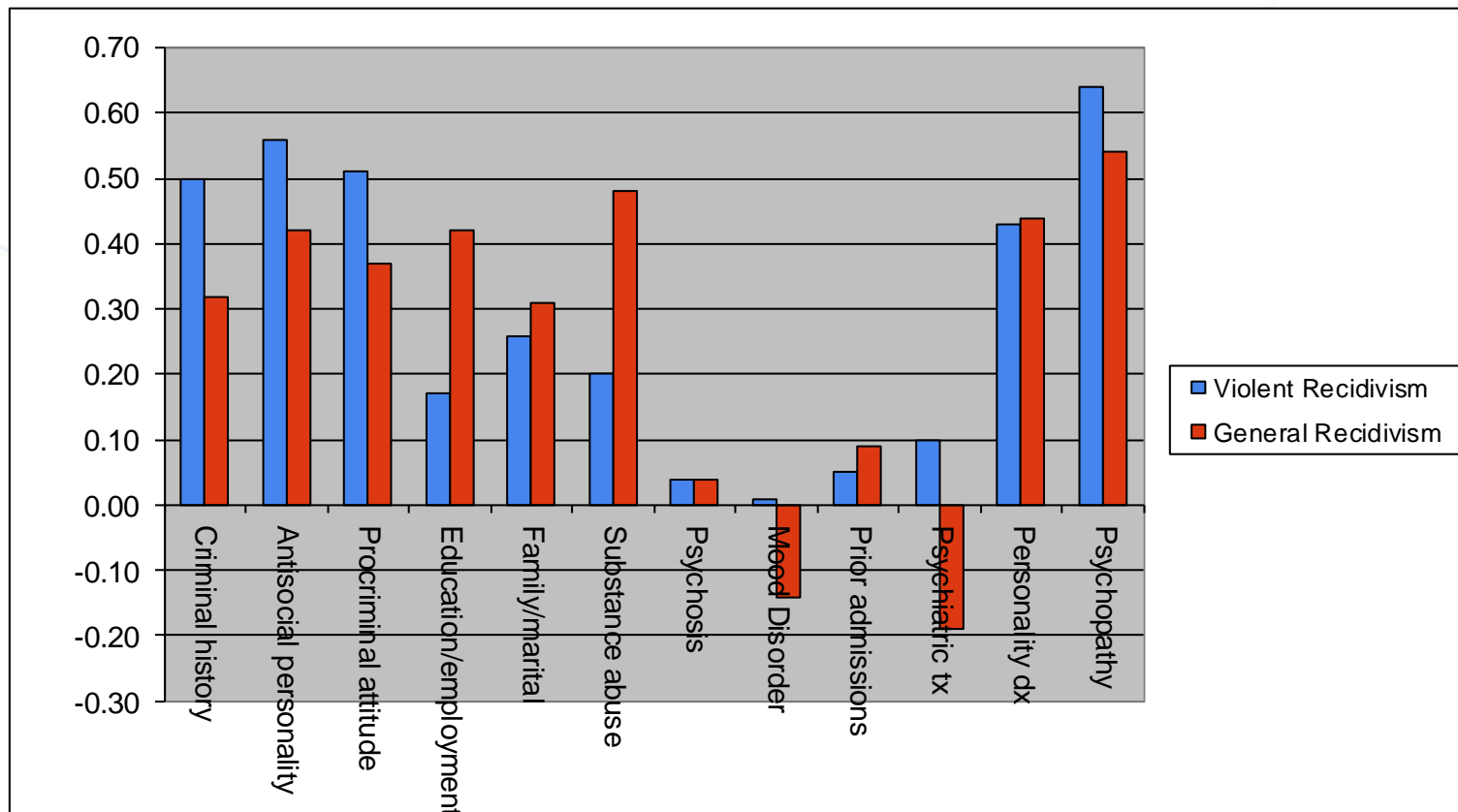
Non-Criminogenic

- Depression
- Poor victim empathy
- Lack of motivation

Is Mental Illness a Criminogenic Need?

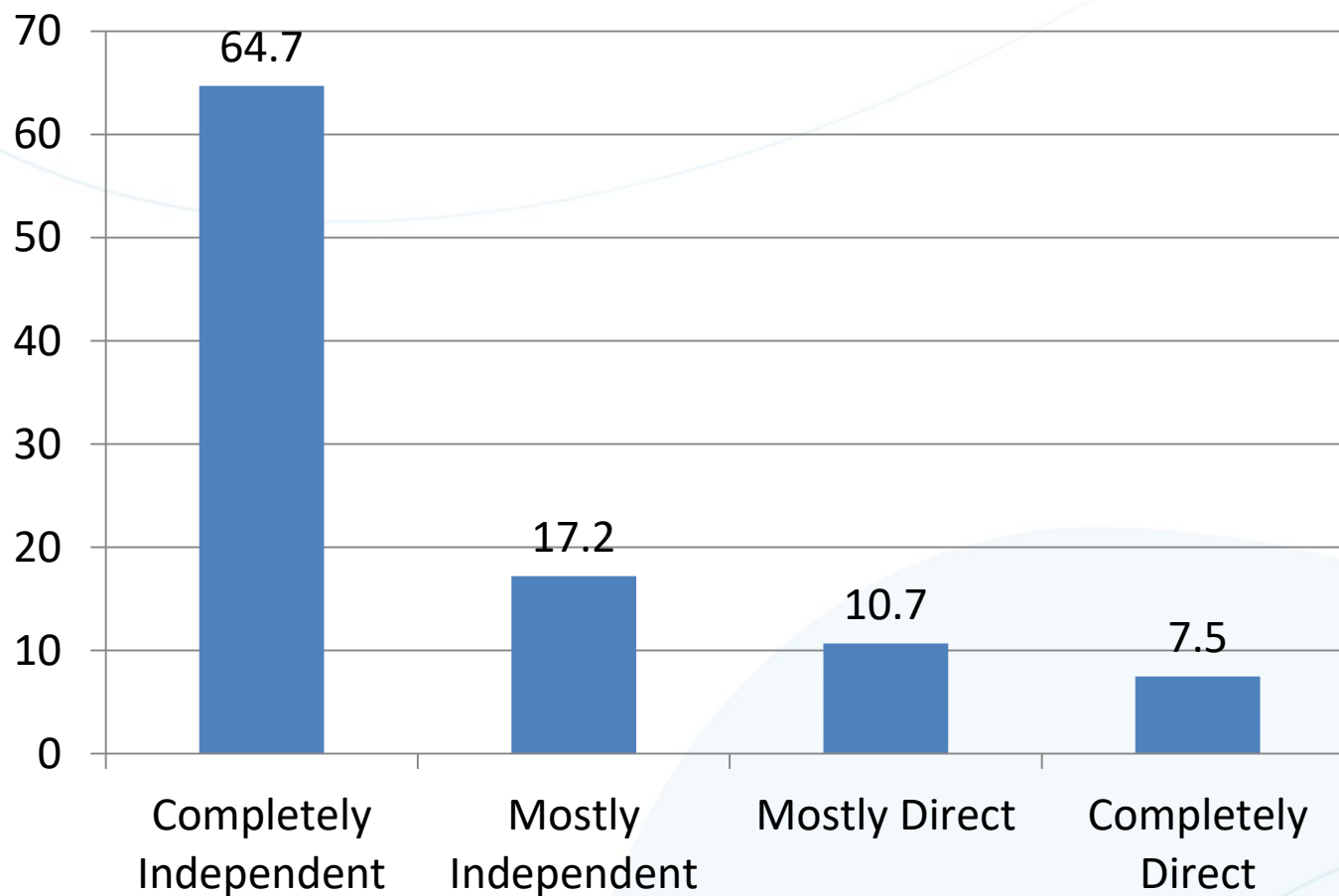
Individual Differences

- Type of SMI (Douglas et al., 2009)
 - externalizing vs. internalizing
- Substance Abuse Comorbidity (Fazel et al., 2009)
- Age of onset
 - Early Start = Antisocial Characteristics
 - Late Start = Psychosis/SMI
- Sample composition (Douglas et al., 2009)
 - “psychosis is associated with a 49% to 68% increase in the odds of violence” (Douglas et al., 2009)
 - Forensic Psychiatric = 0.91
 - Correctional = 1.27
 - **Community = 3.46**



Bonta, Blais, & Wilson (2014). Theoretically Informed Meta-Analysis of the Risk for General and Violent Recidivism for Mentally Disordered Offenders; K = 126; effect size = Cohen's *d*)

Proportion of Crime



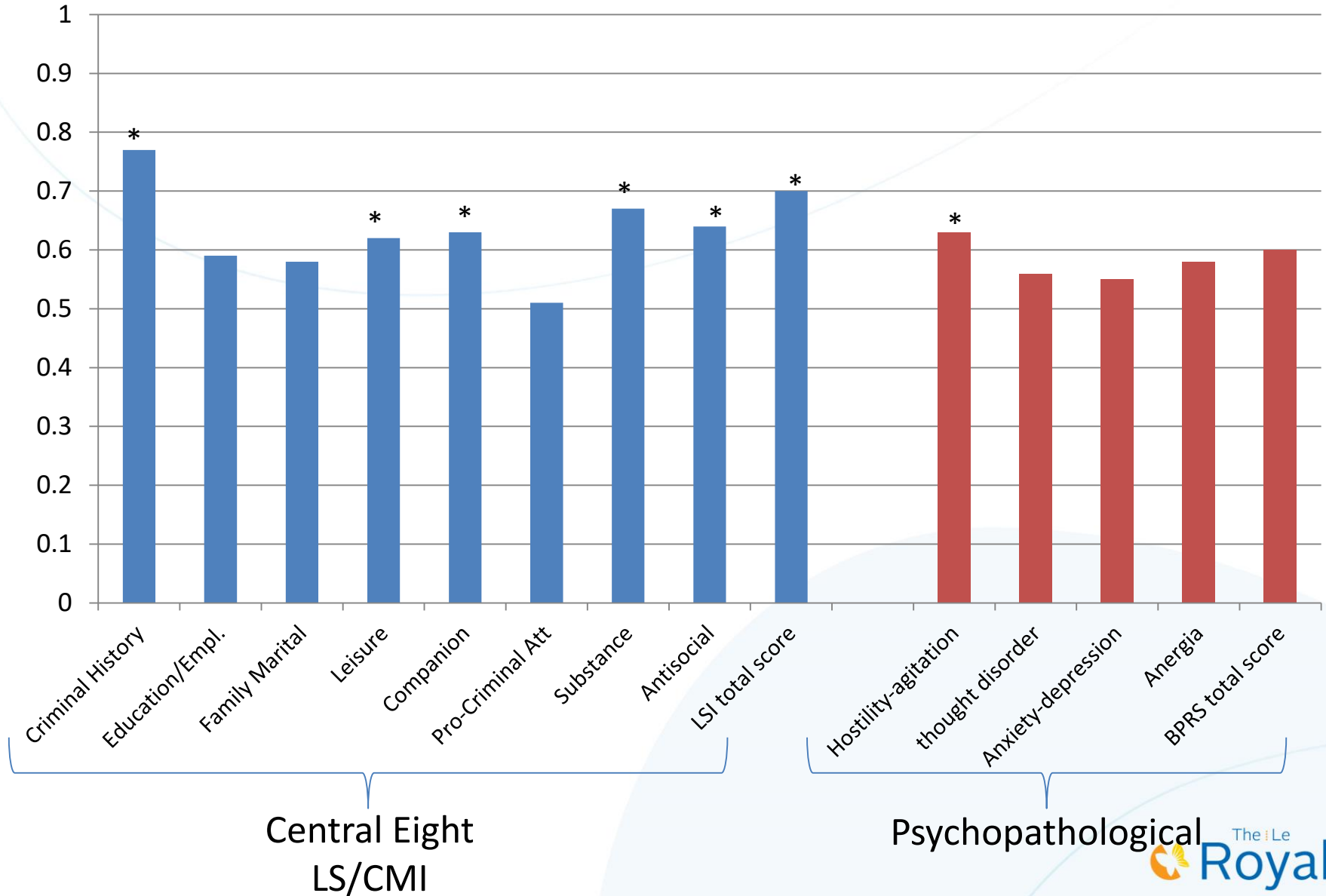
Adapted from Peterson et al., 2014

Secure Treatment Unit: Research

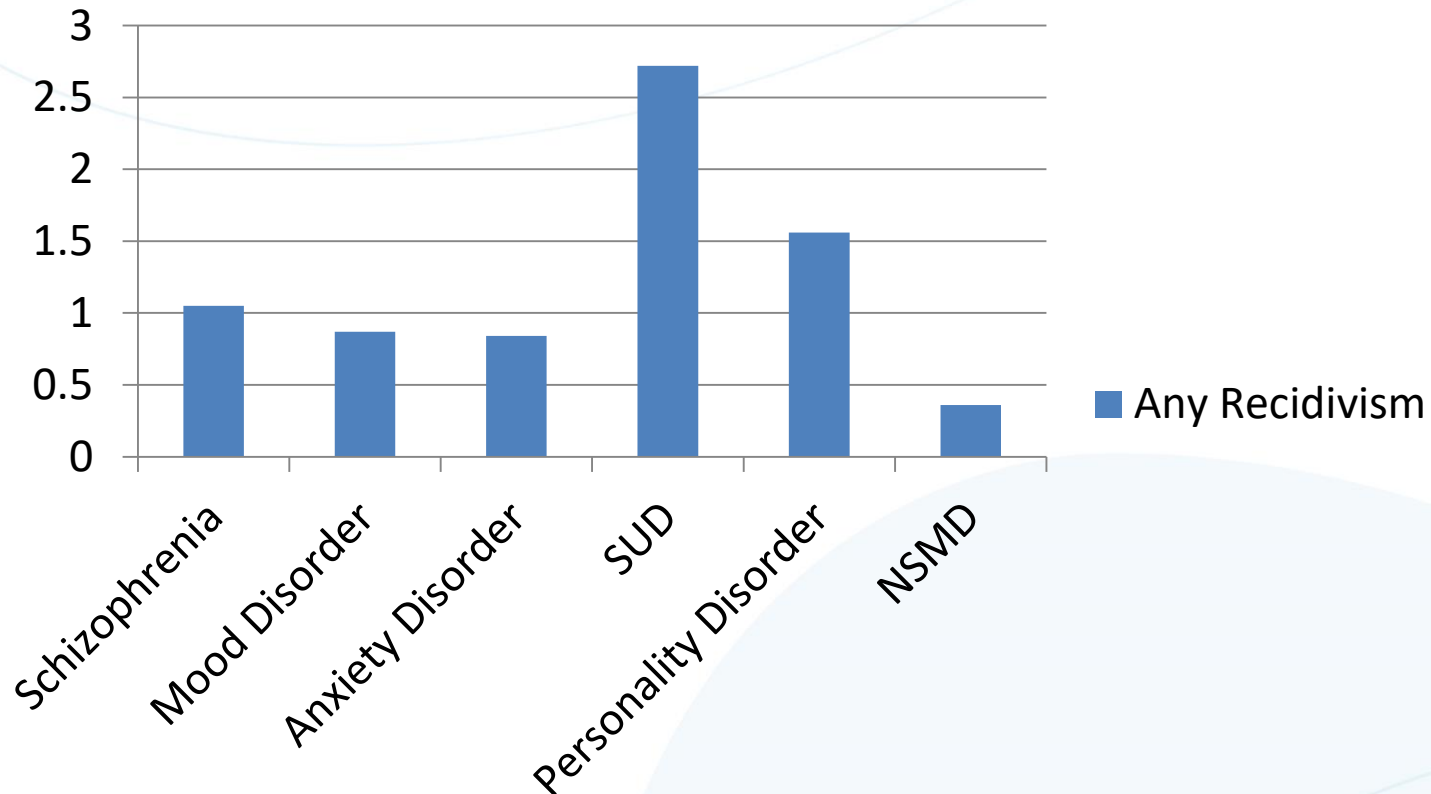
- Secure Treatment Unit
 - Standardized assessment battery (N=1200)
 - Mental health and correctional programs
- SMI as a predictor of recidivism
- Within-treatment change → recidivism
- Treatment outcome



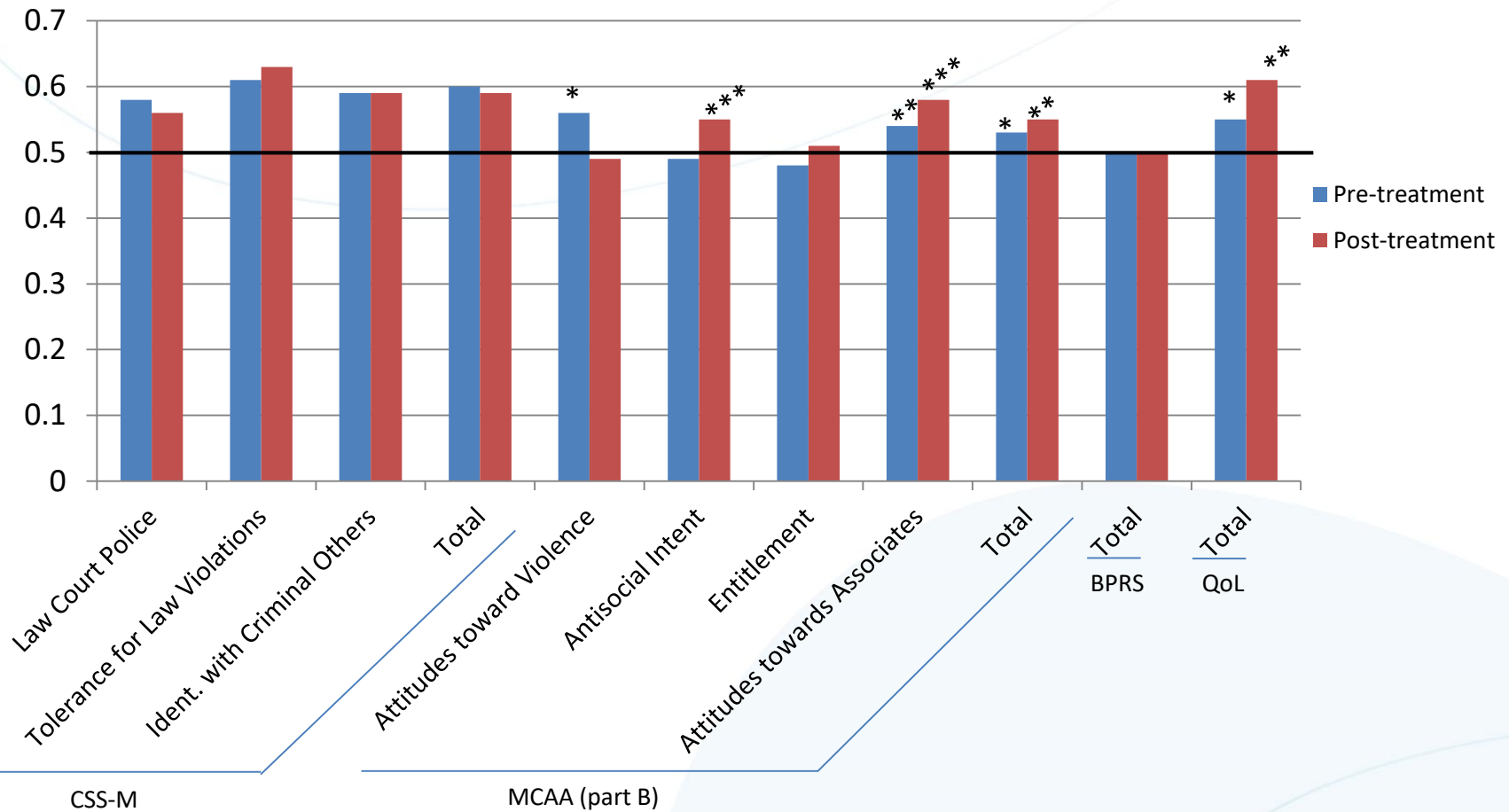
AUC

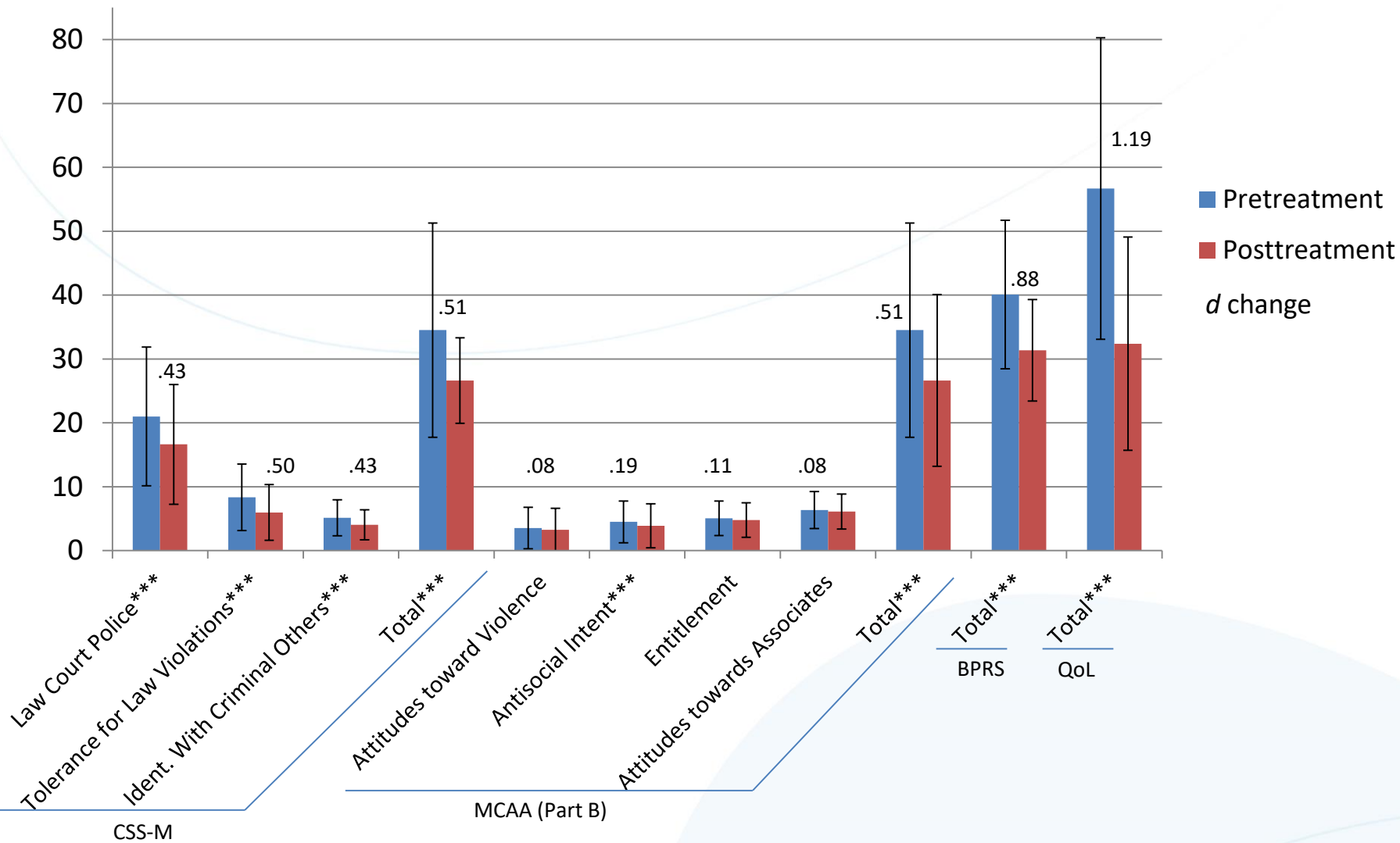


Risk Relevance of Psychiatric Dx (odds ratios)

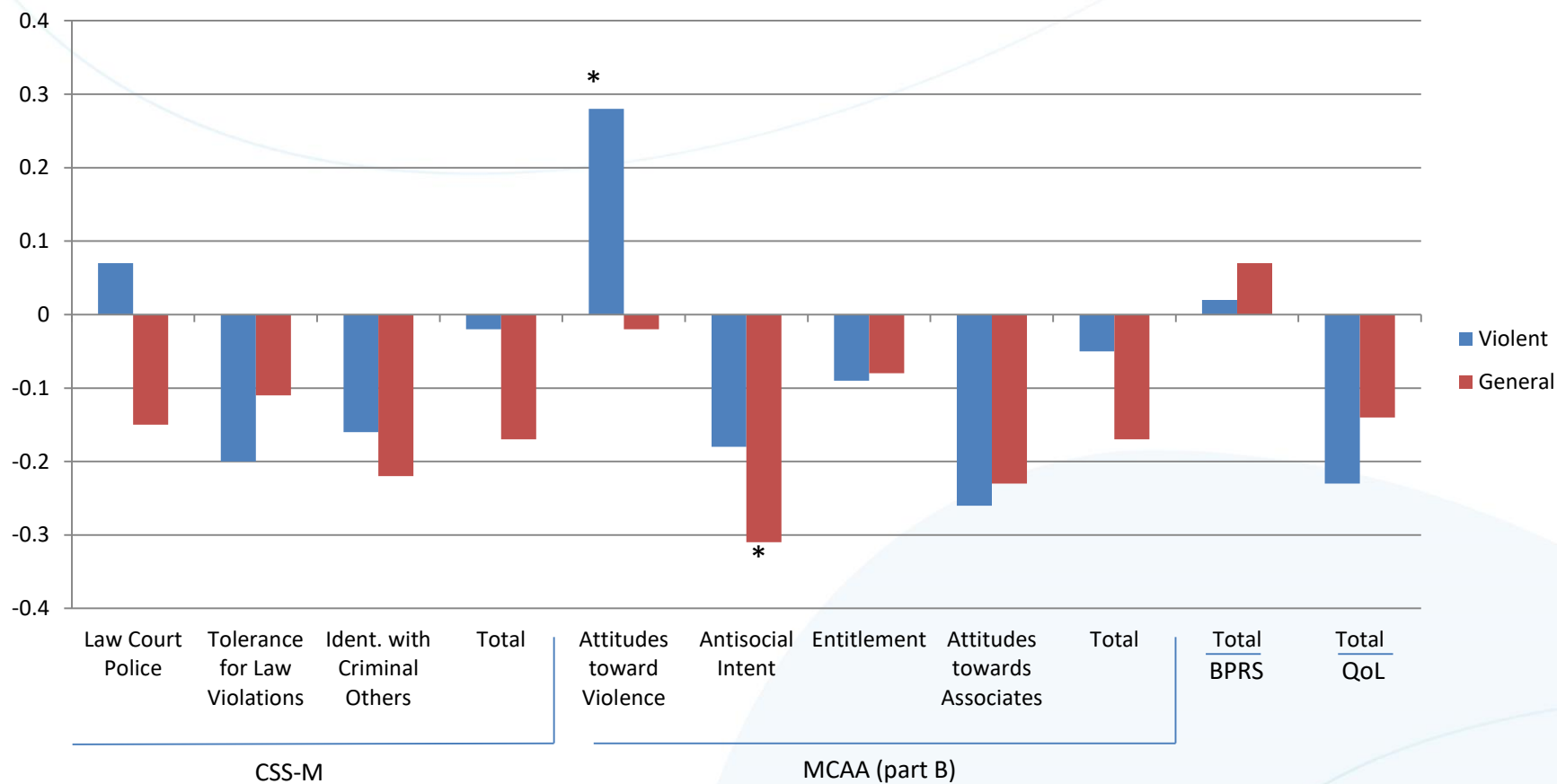


Risk Relevance of Antisocial Attitudes and Mental Health (AUC)





Change and Recidivism (*d* RC)



Treatment Change/Recidivism

Cox regression model (1-8)		B	SE	Wald	p	e ^B	LL	UL
		Violent recidivism						
1	LSI-OR	.18	.05	15.17	<.001	1.20	1.09	1.31
	Tolerance toward Law Violations RC	-.08	.07	1.35	.245	.92	.80	1.06
2	LSI-OR	.06	.02	8.52	.004	1.07	1.02	1.11
	MCAA Attitudes toward Violence RC	.10	.06	2.62	.106	1.10	.98	1.23
3	LSI-OR	.06	.02	6.69	.010	1.06	1.01	1.10
	MCAA Attitudes towards Associates RC	-.08	.07	1.27	.260	.92	.80	1.06
4	LSI-OR	.07	.02	11.63	.001	1.07	1.03	1.11
	URICA Precontemplation RC	.30	.22	1.92	.166	1.35	.88	2.06
5	LSI-OR	.06	.02	9.71	.002	1.06	1.02	1.09
	Quality of Life RC	-.01	.01	1.02	.313	.99	.98	1.01
		General recidivism						
6	LSI-OR	.06	.03	6.74	.009	1.07	1.02	1.12
	Ident. with Criminal Others RC	-.05	.07	0.48	.489	.96	.84	1.09
7	LSI-OR	.06	.01	22.72	<.001	1.07	1.04	1.10
	MCAA Antisocial Intent RC	-.09	.04	5.11	.024	.92	.85	.99
8	LSI-OR	.07	.01	23.95	<.001	1.07	1.04	1.10
	MCAA Attitudes towards Associates RC	-.03	.04	0.33	.563	.98	.90	1.06

Concluding Remarks

- GPCSL/RNR principles are important treatment considerations
 - Change in criminal attitudes is associated with decreased recidivism
 - Central eight should be weighted more heavily than SMI
- Mental illness is important for recidivism reduction
 - Criminogenic need for some (10-15%) and indirectly for others
 - Responsivity