WHY START NOW?: A DEVELOPMENTAL APPROACH TO SKILLS, AFFIRMATION, AND STRENGTH

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- *Linda Kirsten, MSc*
- *Stacey Rich*
- *The START NOW clinicians*
- *CT DOC*
- *Our Patients*

OBJECTIVES

Following the presentation, participants will be able to:

- *Describe the background and development of* START NOW *a manualized, skills–based, integrated psychotherapy*
- *Describe the practical application of* START NOW
- *Cite the benefits of using an evidence-informed, developmentally-appropriate, highly structured intervention to reduce impulsivity and enhance emotional stability that builds on strengths*

DISCLOSURE

- *No financial Conflicts of Interest*

AGENDA

- *Development of* START NOW
- *Use of Motivational Interviewing in* START NOW
- *Process and Benefits*
- *Conclusion*

DEVELOPMENT OF START NOW

International Journal of Forensic Mental Health
2004, Vol. 3, No. 1, pages 93-103

The Development and Implementation of Dialectical Behavior Therapy in Forensic Settings

Lisa G. Berzins and Robert L. Trestman

As a result of deinstitutionalization, currently there are three times as many men and women with mental illness in U.S. jails and prisons than in mental hospitals. Appropriate treatment of this population is critical to safety within correctional institutions, successful integration of offenders into the community upon release and a reduction in recidivism. Dialectical Behavioral Therapy (DBT), originally developed by Linehan for chronically parasuicidal women diagnosed with Borderline Personality Disorder, has been adapted for many other populations over the past decade, including male offenders in correctional institutions. This article presents a rationale for use of DBT in a correctional environment and reviews DBT implementations in correctional settings in North America. Because all of the initiatives thus far have been driven by clinical need, there are no published adaptations of DBT modified for and generalizable to correctional settings.

The need for mental health treatment within the United States criminal justice system has never been greater. By midyear 1998, an estimated 283,000 mentally ill offenders were housed in the nation's prisons and jails (Ditton, 1999). As a result of deinstitutionalization, currently there are three times as many men and women with mental illness in U.S. jails and prisons than in mental hospitals. Moreover, the severity of mental illness of those incarcerated is increasing. While inmates suffering from severe

evidence that mentally ill offenders in prisons commit more infractions, serve longer sentences and are more likely to be victimized than inmates who are not mentally ill (O'Connor, Lovell & Brown, 2002). Mentally ill inmates assigned to The Washington State Program, mandated by the state legislature to provide services for mentally ill offenders, committed infractions at three times the rate found among general population inmates (O'Connor et al., 2002). Fifty-three percent of

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Treatment of Impulsive Aggression in Correctional Settings

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Impact of a Dialectic Behavior Therapy—Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents

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Search terms:
Male young offenders, cognitive-behavior management, aggression

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PURPOSE: This article reports the findings of a Dialectical Behavioral Therapy—Corrections Modified (DBT-CM) intervention upon difficult-to-manage, impulsive, and/or aggressive incarcerated male adolescents.
METHODS: A secondary analysis of a subsample of 38 male adolescents who participated in the study was conducted. A one-group pretest–posttest design was used; descriptive statistics and *t*-tests were conducted.
RESULTS: Significant changes were found in physical aggression, distancing coping methods, and number of disciplinary tickets for behavior.
CONCLUSION: The study supports the value of DBT-CM for the management of incarcerated male adolescents with difficult-to-manage aggressive behaviors.

CHALLENGES: TRANSITION FROM RESEARCH TO PRACTICE

- *Costs of training*
- *Staff turnover*
- *Optimum language level*
- *Costs and copyright issues*

BACKGROUND OF START NOW : THEORY

- An integrative skills training model informed by a number of theoretical approaches & models-
  - Primarily a cognitive behavior therapy (CBT) model
  - Includes motivational interviewing principles & practices to enhance motivation for change
  - Infused with elements of cognitive neuro-rehabilitation, in consultation with correctional neuro-cognitive researcher, D. Fishbein (Fishbein et al., 2009).
  - Theories of criminal behavior, including relevant examples in participant workbooks.

CBT FOR A CORRECTIONAL POPULATION

- There is substantial support in the literature for the use of CBT in the treatment of criminal conduct (Thigpen, 2007; Wilson, Bouffard, & Mackenzie, 2005).
- Several meta analyses support the use of CBT to reduce criminal recidivism (Pearson, Lipton, Cleland, & Yee, 2002).
- Group oriented CBT reduces criminal behavior 20-30% compared to control (Wilson, Bouffard, & Mackenzie, 2005).

THE DEVELOPMENTAL PERSPECTIVE

- *Delinquency (Moffitt, 1993):*
  - *life course persistent*
  - *adolescent limited*
- *Developmental milestones*
- *Biological predispositions*
- *Environmental experience, modelling, pressures*
- *Limited response-set*
- *Limited nurturing, protective role models*
- *Limited expectations*
  - *By others*
  - *Of self*

RISK AND PROTECTIVE FACTORS

Risk

- *Prenatal and perinatal complications*
- *Parents with poor parenting skills*
- *Abuse/neglect*
- *Intellectual impairments/ limits*
- *Delayed language development*
- *Impulsivity*
- *Antisocial beliefs*
- *Substance abuse*
- *. . . .*

Protection

- *Education*
- *Supportive, engaged parents*
- *Intact intellect*
- *Reflective*
- *Optimism, motivation to achieve*
- *. . . .*

Why provide therapy in welfare institutions, detention centers, and prisons?

"That's Where the Money is..."

— Willie Sutton

VERY HIGH RISK POPULATION

- 1829 youth (657 girls) in Juvenile detention Follow-up median 7.2 years
- Mortality rate was >4 times the general-population rate
- Mortality rate among female youth was nearly 8 times the general-population rate.

Teplin, Linda A., et al. "Early violent death among delinquent youth: a prospective longitudinal study." Pediatrics 115.6 (2005): 1586-1593.

LOGICAL SEQUENCE OF INTERVENTIONS

Society

- Public health
- Population health
- School based programs

Family

Individual

LOGICAL SEQUENCE OF INTERVENTIONS

Society

Family

- Multisystemic Therapy
- Family Focused Therapy
- Other therapies designed to support the family

Individual

Woolfenden S, Williams KJ, Peat J. Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17. Cochrane Database of Systematic Reviews 2001, Issue 2. Art. No.: CD003015.

LOGICAL SEQUENCE OF INTERVENTIONS

Society

Family

Individual

- Medication
- CBT
- Skills Training
  - In school
  - In the family
  - In institutions

LOGICAL SEQUENCE OF INTERVENTIONS

- Institutions are where the most disturbed, most dis-enfranchised teens end up
- Structured, safe environment
- Staff may provide excellent role models
- Appropriate location to provide high-intensity interventions with close observation and follow-up
- Best opportunity for adolescents whose life trajectories otherwise lead to continued justice-involvement

Domain	Risk Factor		Protective Factor*
	Early Onset (age 6–11)	Late Onset (age 12–14)	
Individual	General offenses Substance use Being male Aggression** Psychological condition Hyperactivity Problem (antisocial) behavior Exposure to television violence Medical, physical Low IQ Antisocial attitudes, beliefs Dishonesty**	General offenses Psychological condition Restlessness Difficulty concentrating** Risk taking Aggression** Being male Physical violence Antisocial attitudes, beliefs Crimes against persons Problem (antisocial) behavior Low IQ Substance use	Intolerant attitude toward deviance High IQ Being female Positive social orientation Perceived sanctions for transgressions
Family	Low socioeconomic status/poverty Antisocial parents Poor parent-child relations Harsh, lax, or inconsistent discipline Broken home Separation from parents Other conditions Abusive parents Neglect	Poor parent-child relations Harsh, lax discipline; poor monitoring, supervision Low parental involvement Antisocial parents Broken home Low socioeconomic status/poverty Abusive parents Other conditions Family conflict**	Warm, supportive relationships with parents or other adults Parents' positive evaluation of peers Parental monitoring

Elliot, Hatot, and Sirovatka, eds. Youth Violence : A Report of the Surgeon General., 2001.

Domain	Risk Factor		Protective Factor*
	Early Onset (age 6–11)	Late Onset (age 12–14)	
School	Poor attitude, performance	Poor attitude, performance Academic failure	Commitment to school Recognition for involvement in conventional activities
Peer Group	Weak social ties Antisocial peers	Weak social ties Antisocial, delinquent peers Gang membership	Friends who engage in conventional behavior
Community		Neighborhood crime, drugs Neighborhood disorganization	

Elliot, Hatot, and Sirovatka, editors. Youth Violence : A Report of the Surgeon General, 2001. http://www.surgeongeneral.gov/library/youthviolence/toc.html.

THE IMPORTANCE AND STAGES OF COPING SKILLS ACQUISITION

- *Developmental trajectory*
  - *At birth and shaped by learning*
    - *Reactivity and inhibition*
  - *Adolescence*
    - *Shaped first by parental and then by peer modeling*
    - *Perception of personal vulnerability*
- *Typology (Roesch 2008):*
  - *Low generic copers*
  - *Active copers*
  - *Avoidant copers*

MOTIVATIONAL INTERVIEWING (MI)

- MI is a client-centered approach designed to address ambivalence and elicit motivation for change (Miller & Rollnick, 2002)
- MI can enhance offenders' motivation to change maladaptive behaviors (Chambers et al., 2008; Howells & Day, 2006)

MOTIVATIONAL INTERVIEWING (MI)

- MI is recommended for use by probation officers (Clark et al, 2006)
- Offenders supervised with an MI approach show more significant positive changes in crime-related attitudes and reduced substance related problems (Harper & Hardy, 2000).

THE 4 MAIN MI STRATEGIES

MILLER & ROLLNICK, 2002

1. *Express empathy & acceptance:* Conveyed both non-verbally and verbally.

   "So you're pretty angry about having to be here."

2. *Develop discrepancy & elicit change talk:* Help participants describe the difference between how they take care of their lives now and how they'd rather see themselves taking care of their lives.

   "You want things to be different when you get out of here. How so?"

3. *Roll with resistance: Don't get rattled when the participant says something against the possibility of change. If the participant starts to argue with you or becomes defensive, this is a cue to modify your approach. You don't need to pressure them to change.*

Reflective Comments: Simply state your understanding of their reasons.

- *"You're saying you don't think getting a decent paid job is ever going to be an option for someone with a criminal record."*

Double-Sided Reflections: Comment about both sides of the motivation.

- *"So you'd like to quit getting high, but you're worried that you'll miss it too much."*

Emphasize Personal Choice: State it directly.

- *"You're telling me that you have no interest in trying anything new. That's completely up to you. I hope attending START NOW will still be helpful to you in some way."*

4. *Support self efficacy:* Reinforce any expression of willingness to hear information from you, to acknowledge the problem(s), and/or to take steps toward change.
   - *"You used to get into a lot of fights, and that was causing problems for you. You're telling us that you made up your mind to change, and you did it. It sounds like you'd probably be successful with other positive changes you decide to make."*

ADOLESCENTS AND MOTIVATIONAL INTERVIEWING

- *motivation may be a particularly critical issue for adolescents*
- *MI demonstrated beneficial for treatment engagement*

- *Naar-King, S., & Suarez, M. (2011). Motivational interviewing with adolescents and young adults. Guilford Press.*
- *Brown, R. A., Ramsey, S. E., Strong, D. R., Myers, M. G., Kahler, C. W., Lejuez, C. W., ... & Abrams, D. B. (2003). Effects of motivational interviewing on smoking cessation in adolescents with psychiatric disorders. Tobacco Control, 12(suppl 4), iv3-iv10.*
- *Feldstein, S. W., & Ginsburg, J. I. (2006). Motivational interviewing with dually diagnosed adolescents in juvenile justice settings. Brief Treatment and Crisis Intervention, 6(3), 218.*
- *Hartzler, B., & Espinosa, E. M. (2011). Moving criminal justice organizations toward adoption of evidence-based practice via advanced workshop training in motivational interviewing: A research note. Criminal Justice Policy Review, 22(2), 235-253.*

STRUCTURE & DESIGN

- 32 Skills training group sessions
  - twice weekly, for 16 weeks (or can be provided weekly)
  - 75 minutes in length
- Potential for rolling admissions
- Clinical tools:
  - Participant workbook
  - Facilitator manual
  - Checklists to be used for fidelity monitoring & supervision
- Freely available, public domain materials

http://cmhc.uchc.edu/programs_services/startnow.aspx

START NOW

SPECIFICALLY FOR OFFENDERS WITH BEHAVIORAL DISORDERS

- Concepts & language are simplified given potential cognitive limitations
- Numerous icons included in the participant workbook- especially useful with TBI or verbally limited participants
- Illustrative examples & coping behaviors relevant to correctional situations
- Facilitator manual supports engaging difficult-to-engage participants: shaping by reinforcing any movement toward the desired behavioral change

OVERALL PRINCIPLES

- Reinforce personal responsibility for behavior
- Identify strengths & build on them
- Appreciate & respect individual differences, capabilities,& limitations
- Look for multiple opportunities to teach the connections between thoughts, feelings, & behavior:

  "Your feelings don't make you act a certain way- you choose how you respond to situations."

SESSION COMPONENTS

- Review of real life practice exercise from previous session (10 – 15 min.)
  - Circulate & look at each person's responses
  - Offer feedback
  - Group discussion
- Practice Focusing or ABC Skills (Functional Analysis) (10 – 15 min.)
  - Primary skills
  - Alternate each session

- **Introduction & rationale for new topic/ skill (10 min.)**
  - Use interactive approach- ask questions
  - Link skills to situations in participants' lives
  - Look for opportunities to elicit change talk
  - Find balance between showing enthusiasm for new topic & rolling with resistance

- **In-session practice exercise (15 min.)**
  - Includes role-play, brainstorming, educational discussion, brainstorming, etc.
  - Encourage active participation
  - Making notes or sketching in books is encouraged, but optional
- **Assign new real life practice exercise (5 min.)**

FIDELITY MONITORING

Quality Assurance Form: START NOW Session 1: Understanding START NOW Skills Training

Date: _____ *Facilitator (s):* _____ *Facility:* _____ *Group ID:* _____ *Length of group (#min.):* _____

Ratings: 0=Not Covered; 1=Very ineffective; 2=Ineffective; 3= Acceptable; 4=Effective; 5=Very Effective

	Contents	Done?	Ratings	Comments
C1.	Reviewed intro *(including reasons & ways people resist change)*	none some fully	0 1 2 3 4 5	
C2.	Reviewed "The START NOW Approach" *(including asking participants to choose statements)*	none some fully	0 1 2 3 4 5	
C3.	Reviewed "The 4 START NOW Skills Units"	none some fully	0 1 2 3 4 5	
C4.	Reviewed the "Welcome . . ." page & asked for commitment to comply with expectations	none some fully	0 1 2 3 4 5	
C5.	Assigned a new real life practice exercise *(includes reviewing instructions, answering questions, & asking for commitment)*	none some fully	0 1 2 3 4 5	
	Process	**Done?**	**Ratings**	**Comments**
P1.	Attempted to maintain the structure of group session, setting limits as needed	none some fully	0 1 2 3 4 5	
P2.	Verbally reinforced & affirmed efforts toward positive change	none some fully	0 1 2 3 4 5	
P3.	Demonstrated acceptance & empathy	none some fully	0 1 2 3 4 5	
P4.	Attempted to involve all participants	none some fully	0 1 2 3 4 5	
P5.	Rolled with resistance	none some fully	0 1 2 3 4 5	
P6.	Emphasized practicing skills in real life	none some fully	0 1 2 3 4 5	
P7.	Attempted to elicit change talk	none some fully	0 1 2 3 4 5	

Overall Comments:

Connecticut

- *24 active groups*
- *57 clinicians are currently trained*
- *308 individuals in active treatment*

Maine

- *6 active groups*
- *40 individuals in treatment*

New Jersey

- *4 Prisons and 1 half-way house*
- *10 active groups*
- *70 individuals in treatment*

Data as of October 30, 2014

JOBA-OVTP Volume 1, Number 4, 2008

Functional Analysis of Behavior in Corrections: Empowering Inmates in Skills Training Groups

Susan Sampl, Sara Wakai, Robert L. Trestman, and Edward Michael Keeney

Abstract:

Functional analysis is designed to improve the effectiveness of cognitive behavioral treatment. Functional analysis involves identifying the sequence of an antecedent stimulus (A), a behavior (B), and that behavior's consequences (C) (Nevin & Mace, 1994; Welches & Pica, 2005). Functional analysis has been incorporated as a fundamental skill within a group-based coping skills training program for offenders, START NOW (Sampl & Trestman, 2007). Participating inmates learn to use the ABC system to break down, understand, and manage their behavior. Clinical explanation, tips, and examples are provided regarding the application of functional analysis within skills training groups, focusing on situations incarcerated offenders are likely to face.

Keywords: Correctional mental health, Functional analysis, Cognitive behavioral therapy, Antecedent-behavior-consequence.

"The COs' got something against me. They're shakin' me down
'cause they're trying to harass me. This's gotta stop. "

Original Article

A Process Evaluation of START NOW Skills Training for Inmates With Impulsive and Aggressive Behaviors

Journal of the American Psychiatric Nurses Association
17(2) 148–157

DOI: 10.1177/1078390311401023
http://japna.sagepub.com
SAGE

Deborah Shelton[1] and Sara Wakai[2]

Abstract

AIM: To conduct a formative evaluation of a treatment program designed for inmates with impulsive and aggressive behavior disorders in high-security facilities in Connecticut correctional facilities. **METHOD:** Pencil-and-paper surveys and in-person inmate interviews were used to answer four evaluation questions. Descriptive statistics and content analyses were used to assess context, input, process, and products. **FINDINGS:** A convenience sample of 26 adult male (18) and female (8) inmates participated in the study. Inmates were satisfied with the program (4-point scale, $M = 3.38$, $SD = 0.75$). Inmate hospital stays were reduced by 13.6%, and psychotropic medication use increased slightly (0.40%). Improved outcomes were noted for those inmates who attended more sessions. **CONCLUSIONS:** The findings of the formative evaluation were useful for moving the START NOW Skills Training treatment to the implementation phase. Recommendations for implementation modifications included development of an implementation team, reinforcement of training, and attention applied to uniform collection of outcome data to demonstrate its evidence base.

PRELIMINARY RESULTS 2012 (N=126)

Participants 2010-2013

(N=846; 946 participation events)

Variable	Range	Mean	SD	N	%
Number of Subjects				846	
Total # of Participation Events				946	
Mental Health Care Need Score[d]					
1	-	-	-	98	10
2	-	-	-	287	30
3	-	-	-	420	44
4	-	-	-	141	15
Male	-	-	-	873	92
Age (years)	18-72	35.7	11.1	-	-
Race/Ethnicity[e]					
White	-	-	-	405	43
Black	-	-	-	336	36
Hispanic	-	-	-	192	20
Other	-	-	-	13	1
Education (years)	1-18	11.5	1.8	-	-
Post Exposure Days[f]	30-180	165.7	35.6	-	-

[d]Mental health care need score is assigned by DOC classification staff/mental health specialist. This score is used only in sensitivity analysis to limit consideration to participants with high care need.

[e]Race/ethnicity is recorded by DOC as mutually exclusive categories.

[f]Post program exposure days was limited to the 30-180 range by data collection design. Variation in this variable in adjusted for in multivariate analysis.

Participants 2010-2013

(N=846; 946 participation events)

Variable	Range	Mean	SD	N	%
Number of Disciplinary Reports	0-8	0.3	0.9	-	-
Number of Sessions	1-32	14.3	10.2	-	-
Overall Security Score[a]					
Security=1	-	-	-	213	22.5
Security=2	-	-	-	182	19.2
Security=3	-	-	-	265	28.0
Security=4	-	-	-	286	30.2
Diagnosis Group[b]					
No Dx	-	-	-	477	50.4
Personality Dx	-	-	-	54	5.7
Substance Use Dx	-	-	-	69	7.3
Psychotic Dx	-	-	-	90	9.5
Mood Dx	-	-	-	185	19.6
Anxiety/PTSD/Other Dx	-	-	-	60	6.3
Number of Diagnoses[c]	0-9	1.2	1.5	-	-

[a]Overall security score is assigned by DOC classification staff through a standardized process.

[b]Primary psychiatric diagnosis was recorded by CMHC clinical staff and categorized by a masters level clinician on the research team.

[c]Number of comorbid psychiatric diagnoses includes primary diagnosis, if any.

The Bottom Line

- For each additional session of START NOW completed, 5% decrease in the incident rate of disciplinary reports.
- Inmates with higher overall security scores appear to benefit most from program participation.
- Effective across primary psychiatric diagnosis and levels of mental health care need.

Incident Rate Ratios (standard errors) from zero-inflated negative binomial models of number of post-program disciplinary reports regressed on number of sessions (N=946 participation events).

Translation: For each additional session of START NOW completed, 5% decrease in the incident rate of disciplinary reports.

# Sessions	0.95***
	(0.01)
Constant	-0.37***
	(0.95)

*** p<0.001

Incident Rate Ratios

(Standard errors) from ZINB model of number of post-program disciplinary reports regressed on number of sessions & overall security score, (N=946 participation events).

Translation: Inmates with higher overall security scores appear to benefit most from program participation.

# Sessions	0.95***
	(0.01)
Security=2	2.05
	(1.07)
Security=3	**4.64*** **
	(2.16)
Security=4	**11.23*** **
	(5.14)
Constant	0.00***
	(0.00)

*** p<0.001

Incident rate ratios from ZINB model of number of post-program disciplinary reports regressed on # of sessions, overall security score, psychiatric diagnoses, comorbidity (N=946 participation events).

Translation: Even controlling for # of sessions and security level, START NOW is effective at reducing disciplinary reports across diagnoses and with comorbidity.

Number of Sessions	0.95***
	(0.01)
Security=2[a]	2.24
	(1.08)
Security=3	2.97*
	(1.33)
Security=4	5.93***
	(2.52)
Personality Dx	**3.96*** **
	(1.23)
Substance Use Dx	**2.20***
	(0.85)
Psychotic Dx	**3.03*** **
	(0.99)
Mood Dx	**4.24*** **
	(1.26)
Anxiety/PTSD/Other Dx	**5.40*** **
	(2.15)
Number of Diagnoses[c]	**1.13***
	(0.07)
Constant	0.00***
	(0.00)

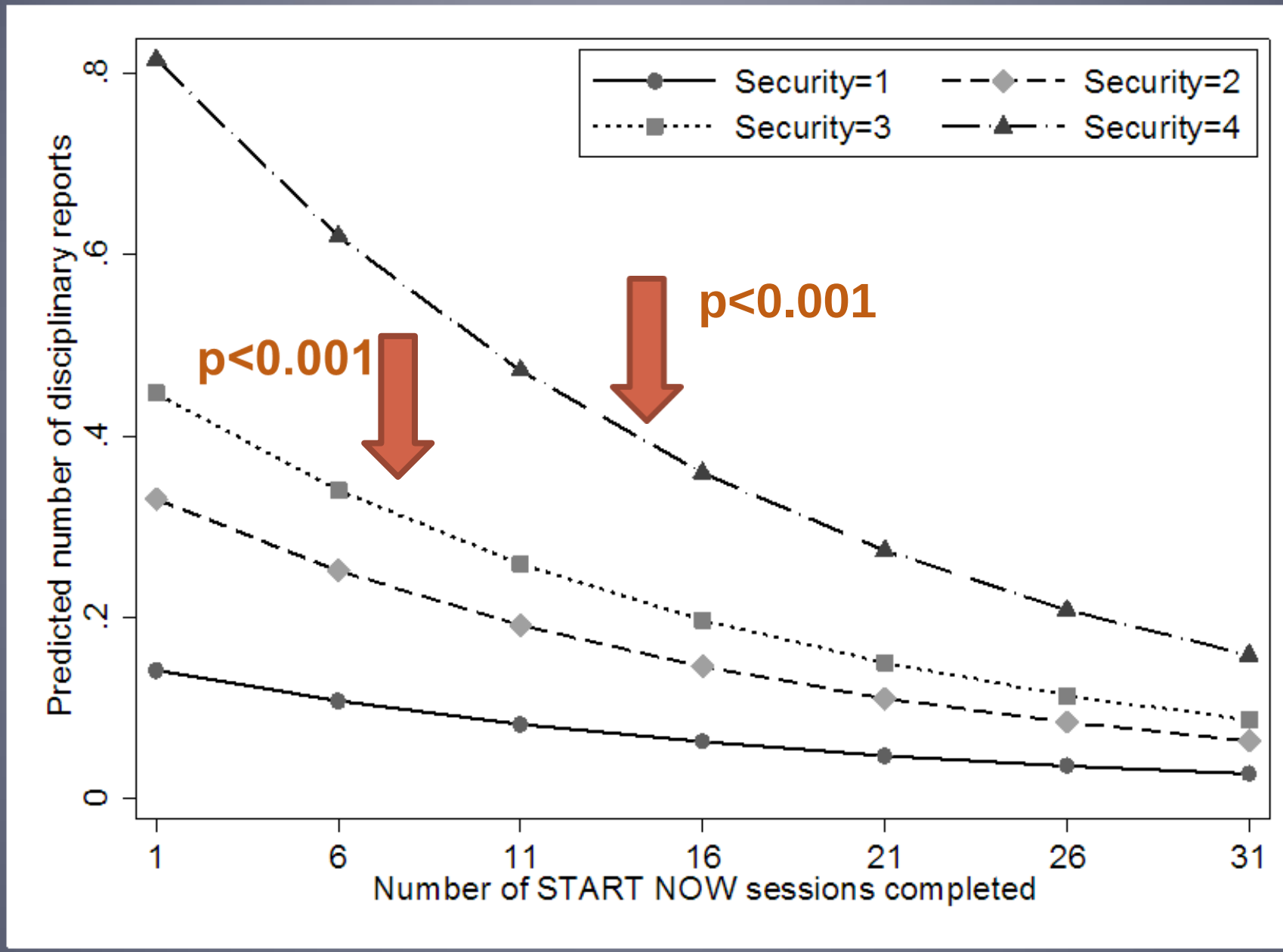
*** p<0.001, * p<0.05

Incident rate ratios from ZINB model of number of post-program disciplinary reports regressed on number of sessions, overall security score, psychiatric diagnoses, comorbidity, and sociodemographic controls (N=946 participation events).

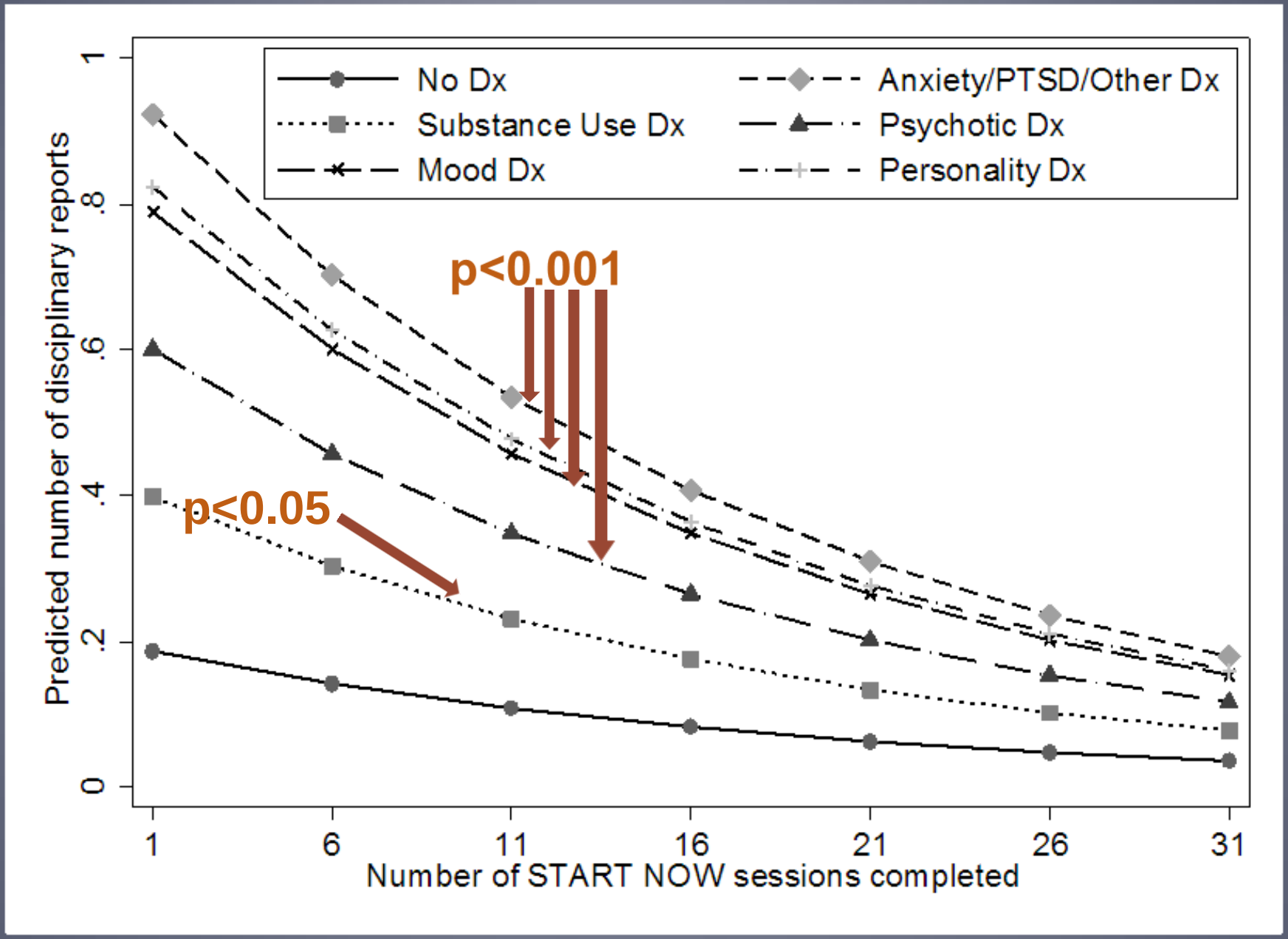
Translation: Controlling for everything so far, only age contributes to a decrease in disciplinary reports. Gender, ethnicity, educational level do not.

Number of Sessions	0.95***
Security=2[a]	2.33
Security=3	3.15**
Security=4	5.73***
Personality Dx	4.42***
Substance Use Dx	2.14*
Psychotic Dx	3.22***
Mood Dx	4.23***
Anxiety/PTSD/Other Dx	4.95***
Number of Diagnoses[c]	1.13*
Male	1.05
Age (years)	**0.96*** **
Black/African American	0.97
Hispanic	0.89
Other Race/Ethnicity	1.79
Education (years)	1.01
Constant	0.00***

*** p<0.001, ** p<0.01, * p<0.05



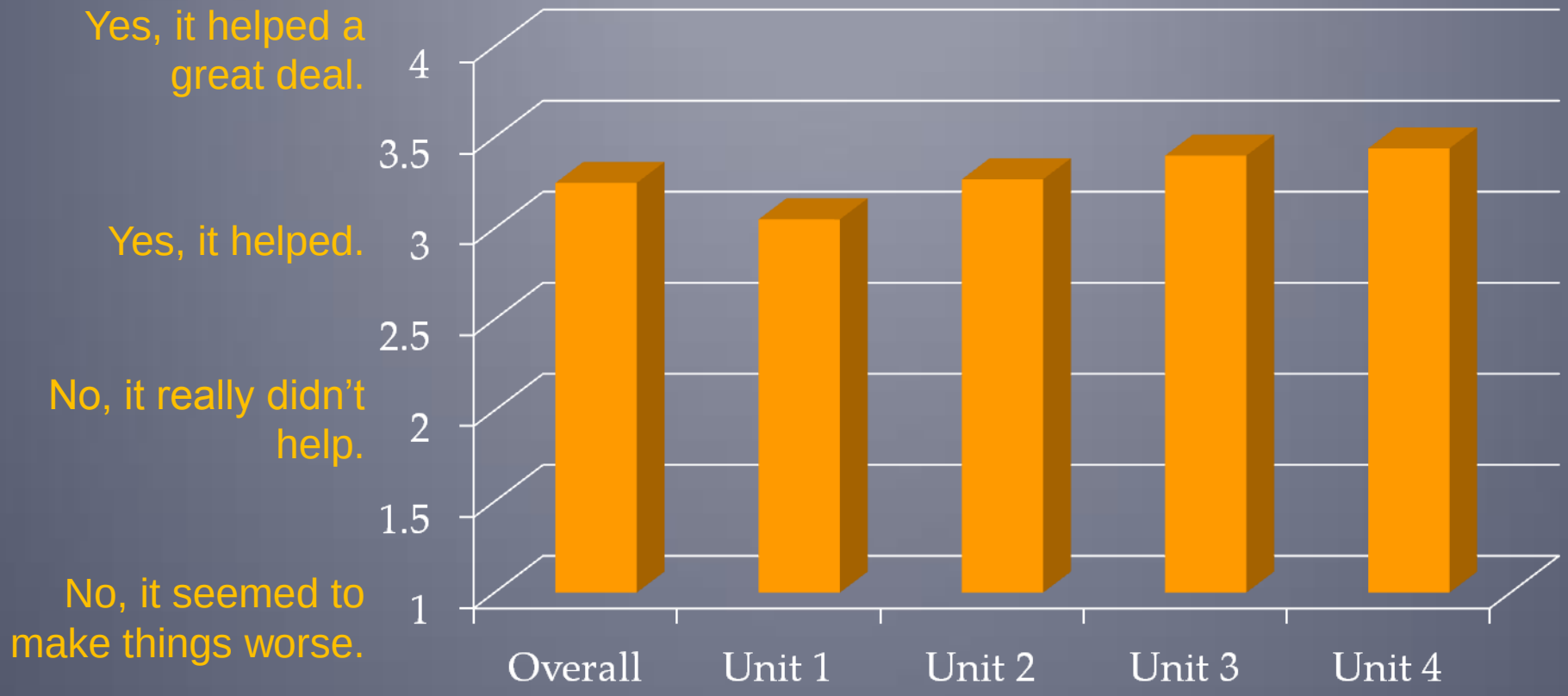
Predictive margins of overall security score groups.



Predictive margins of diagnosis categories.

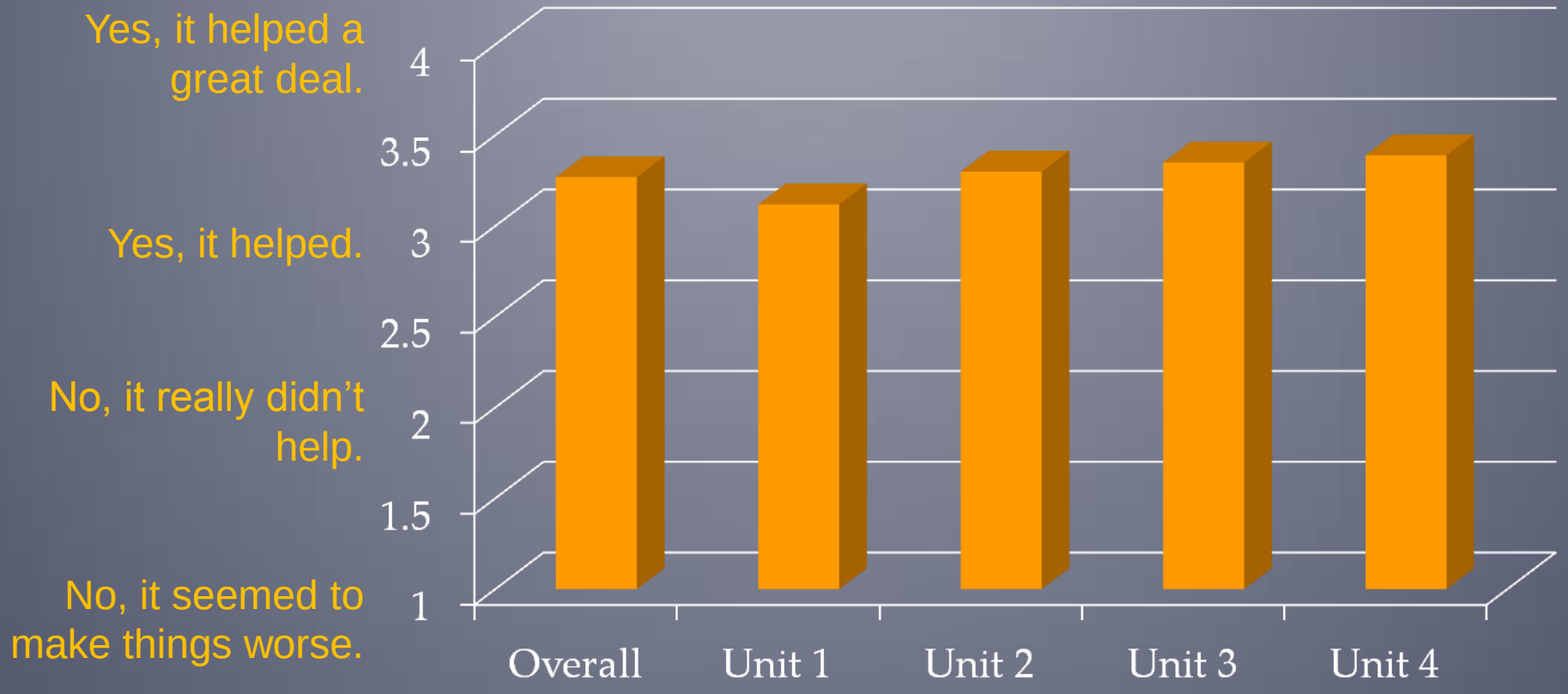
START NOW PARTICIPANT SATISFACTION DATA (N=619)

HAS THIS START NOW UNIT HELPED YOU TO DEAL MORE EFFECTIVELY WITH YOUR PROBLEMS?



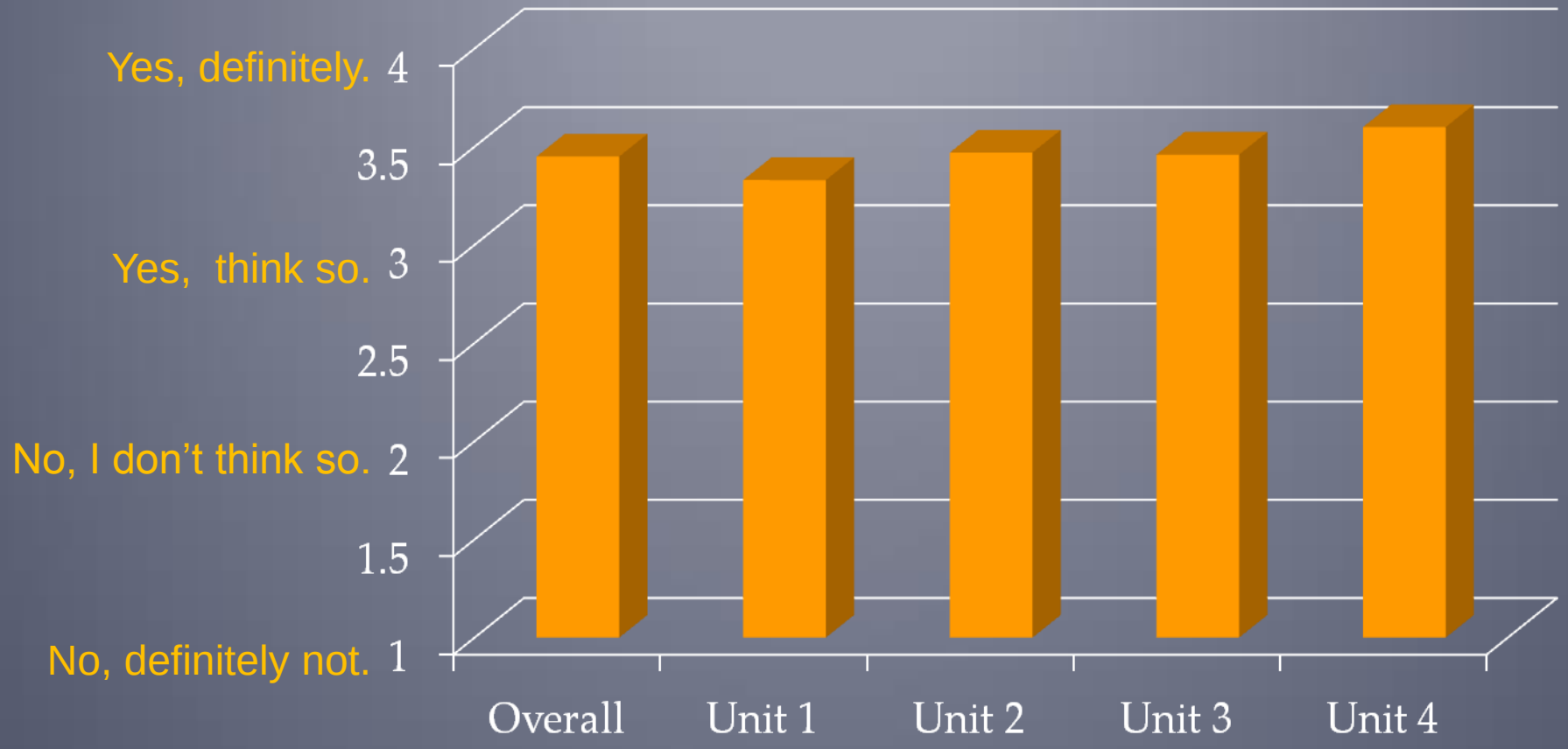
START NOW PARTICIPANT SATISFACTION DATA (N=619)

HAS PARTICIPATION IN THIS START NOW UNIT HELPED YOU COPE WITH DAILY LIFE IN PRISON/JAIL?



START NOW PARTICIPANT SATISFACTION DATA (N=619)

IF YOU WERE TO SEEK HELP AGAIN WOULD YOU PARTICIPATE IN THIS START NOW UNIT?



SUMMARY

- START NOW is an integrated skills-based, manualized treatment in the public domain designed for use in forensic settings

- Evolving evidence to support its effectiveness

http://cmhc.uchc.edu/programs_services/startnow.aspx