



Making Changes:

Cognitive Behavioral Interventions in Jails and Community Corrections

February 10, 2021

This project was supported by Grant No. 2019-AR-BX-K061 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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)

Presenter

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

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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

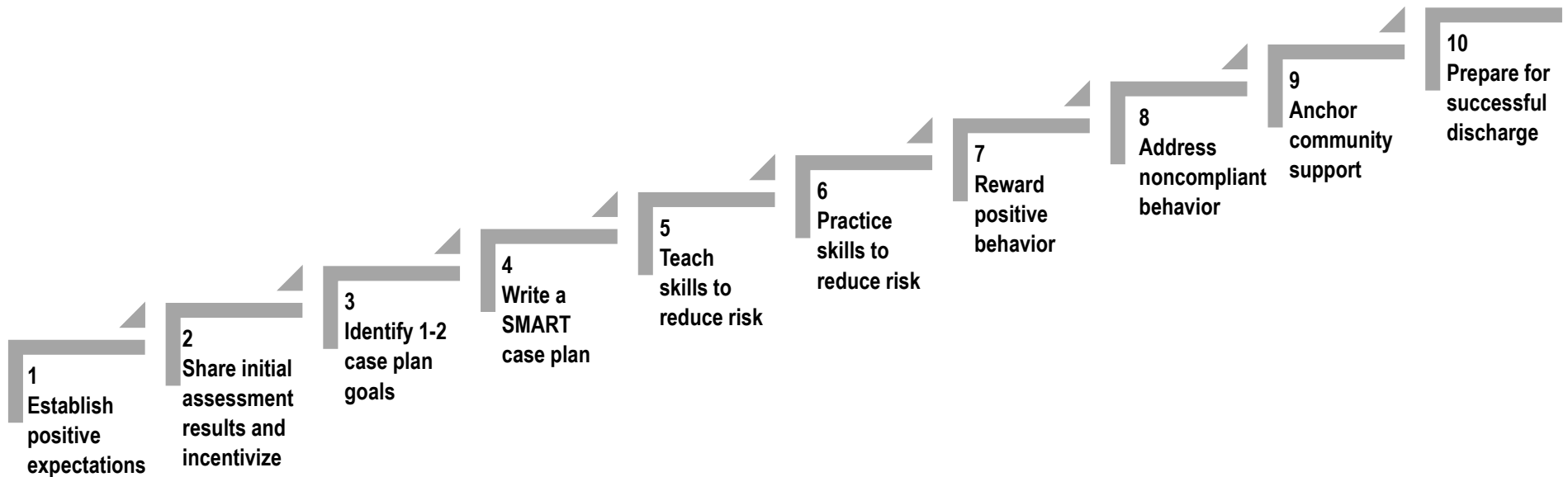
David Fink, EBP Coordinator

Washington County Community Corrections (Minnesota)

Agenda

- Risk reduction
- Intake, case planning, and interventions
- Dosage probation
- Sample clients

10 Steps to Risk Reduction



Four-Point Meeting

1. Check-In 4-5 minutes

- Check for “crisis”
- Court conditions

2. Review 4-5 minutes

- Review homework

3. Intervention 10-30 minutes

- Teach new skill
- Model new skill
- Practice new skill

4. Assignment 1 minute

- Related to skill practice

First Five Sessions

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

Drivers

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

Interventions

- Individual Meetings
- Cognitive Skills Groups
 - Thinking for a Change (T4C)
 - Moving On
 - Decision Points
 - Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)
- Community Providers
- Jail

Dosage Probation

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

LS/CMI Score	Dosage Hours
15-19	100
20-24	200
25+	300

Client Example – “KP”

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

Risk Assessment – Top Five Categories

	Family/ Relationships	Friends	Alcohol/ Drug Use	Thinking And Beliefs	Coping/ Self-Control
1 st	Very Low	Very High	High	Low	Medium
2 nd	Low	High	Medium	Medium	Medium
3 rd	Low	Medium	Low	Very Low	Very Low
4 th	Low	Medium	Low	Very Low	Very Low

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.

Franklin County Sheriff's Office

Sheriff: Christopher Donelan

Superintendent: Lori Streeter

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 responsiveness

Individualized Treatment Plan

Criminogenic Need Factor

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

Plan Date: MM-DD-YYYY
Projected Release Date: MM-DD-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
ALCH-DRUG OTP Group, ATAR-Y Reentry Group, Tapestry Harm Reduction Group,
NON-FACTOR Sex Offender Treatment
COMPANIONS DBT Skills Group
ED-UNEMP Vocational Development
FAM-MARITL Nurturing Families, Nurturing 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 credits.

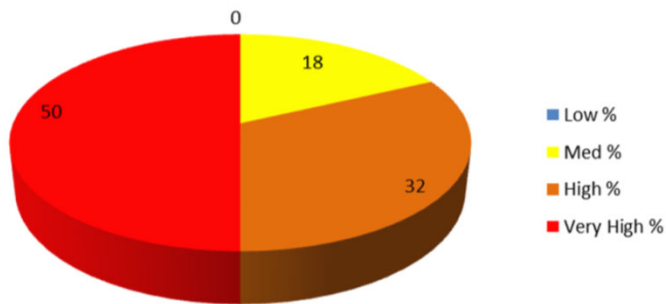
Refusal to sign this contract does not make this contract invalid.

Inmate Signature: _____ Date: MM-DD-YYYY

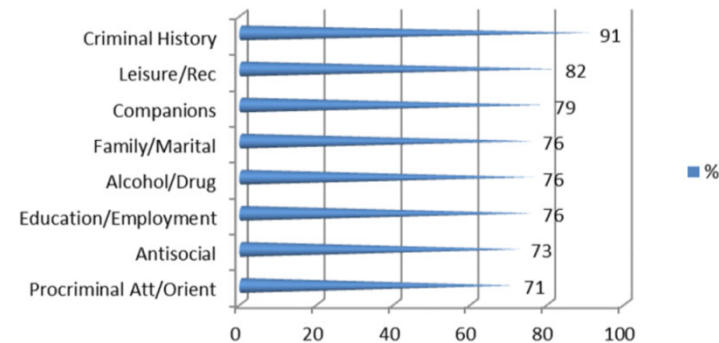
Staff Signature: _____ Inmate Signed
 Inmate Did Not Sign

With whom are we working?

Overall Risk / Needs



Criminogenic Factors

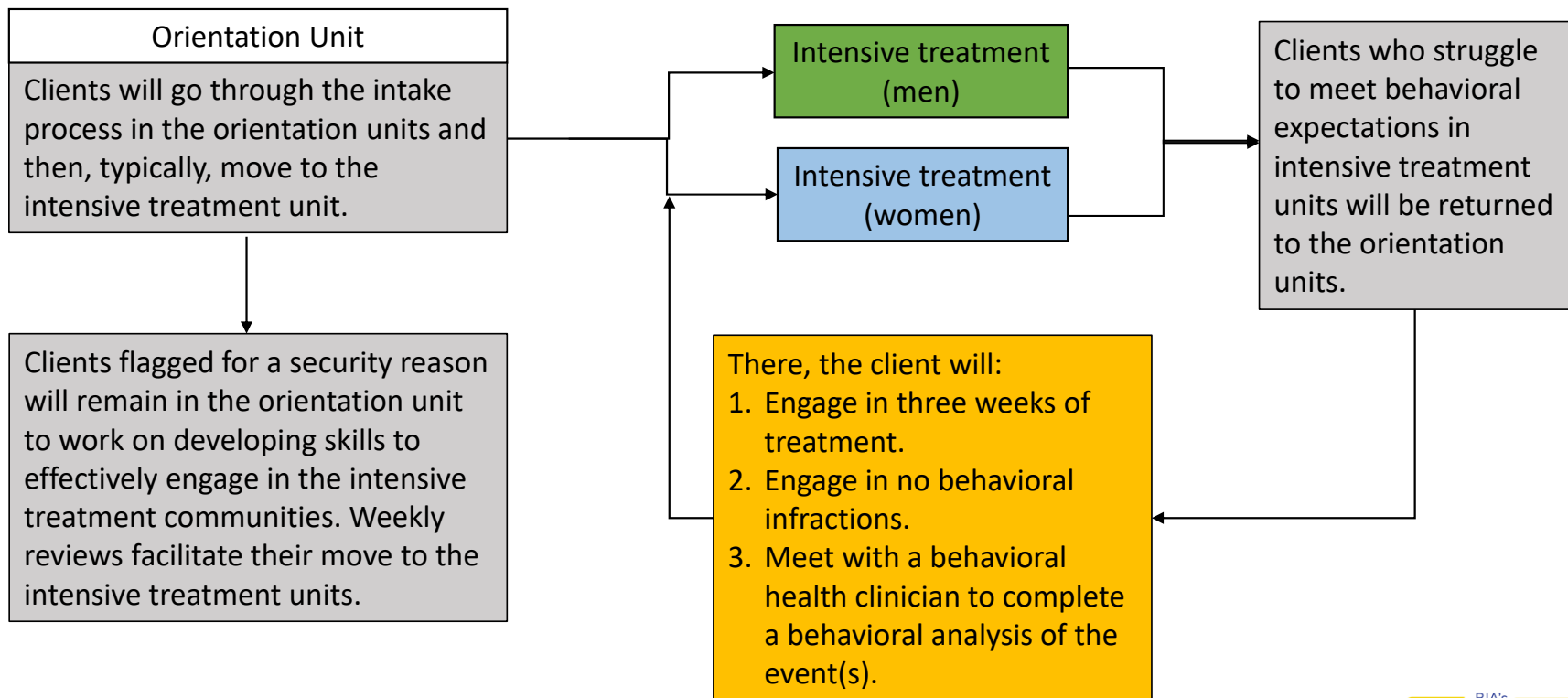


- 82% were assessed as high or very high risk to recidivate.
- 50% scored 4 or higher on the Adverse Childhood Experiences (ACE) Study trauma questionnaire.

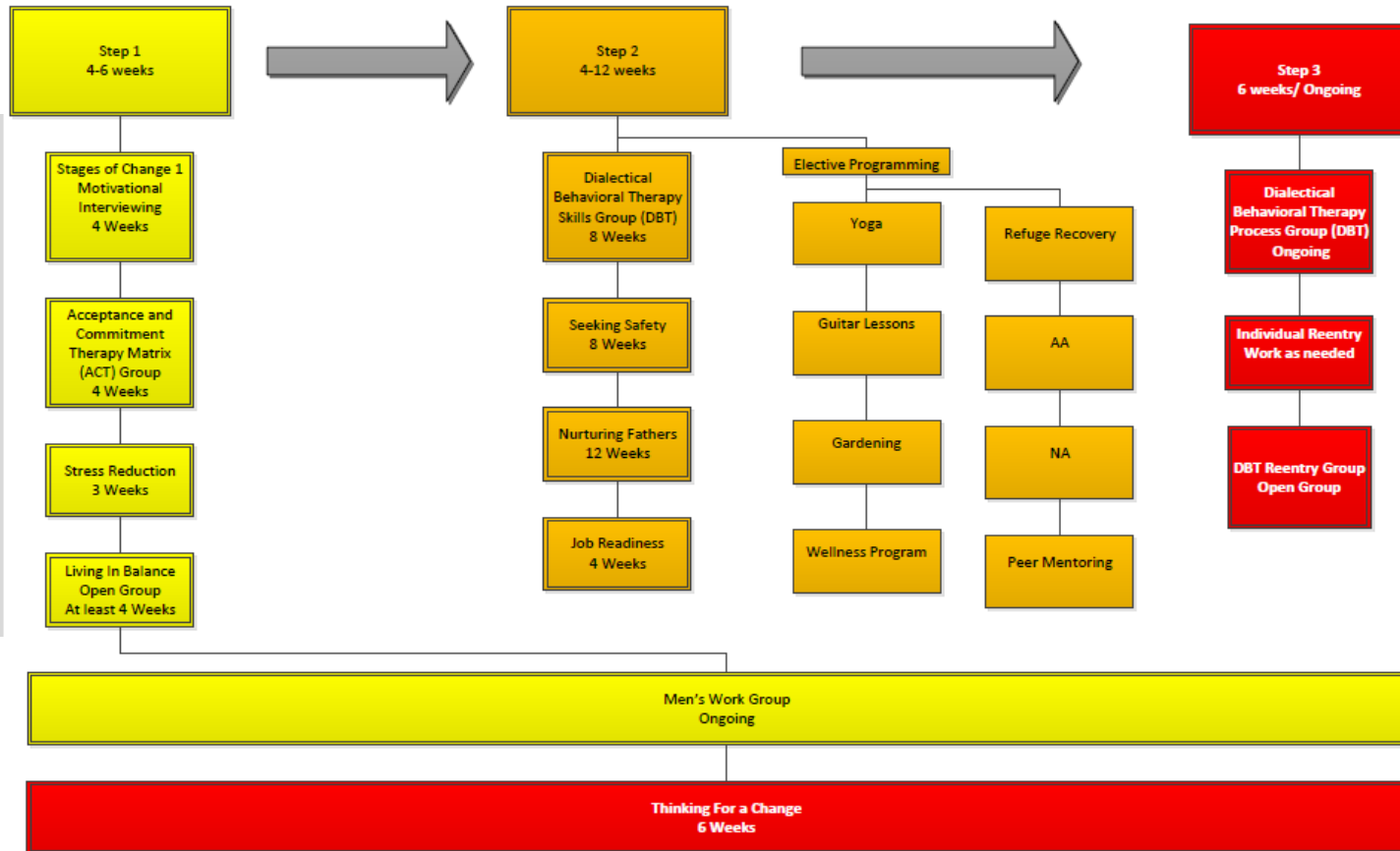
- 47% of individuals incarcerated in 2017 used heroin at some time in the year before incarceration.
- 36% identified an opioid as their primary drug.

Treatment Flow

Initial Intake Process to Enter Treatment



Treatment Flow



Step 1

4-6 Weeks

Stages of
Change 1
Motivational
Interviewing
(4 weeks)

Acceptance
and
Commitment
Therapy Matrix
(ACT) Group
(4 weeks)

Living in
Balance
Open Group
(At least 4
weeks)

Men's Work
Group
(ongoing)

Thinking for a
Change
(6 weeks)

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



[Source: Russ Harris, MD](#)

Behaviors that move us away from something (adverse control)

Behaviors that move us toward something (appetitive control)

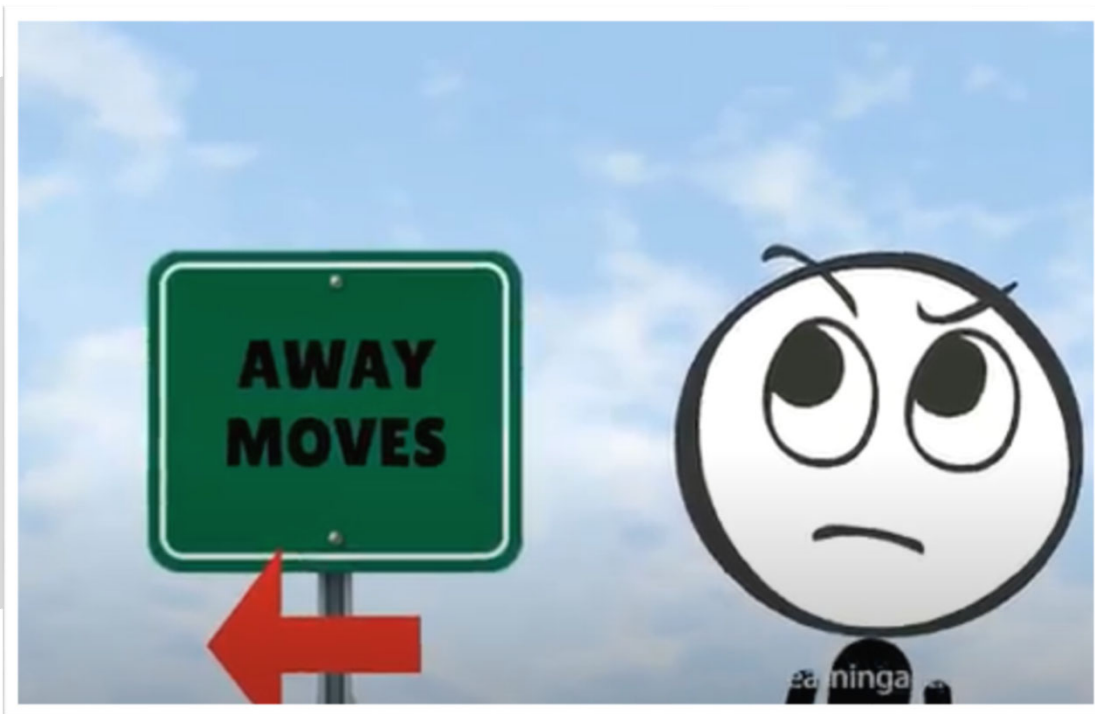
Treatment Philosophy, Simply Put



- 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



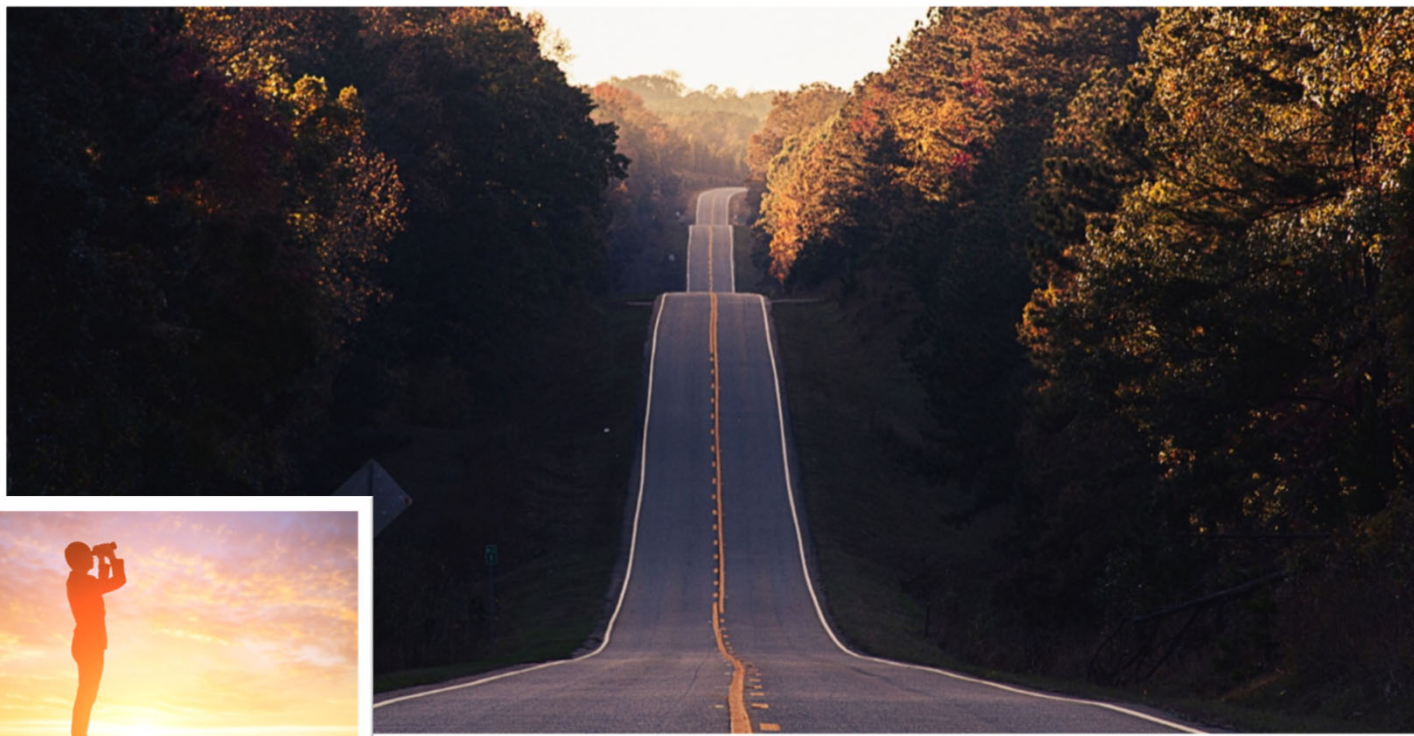
- Acting unlike the person we want to be
- Acting ineffectively
- Doing things that don't make life better
- Doing things that make life worse

[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



BJA's



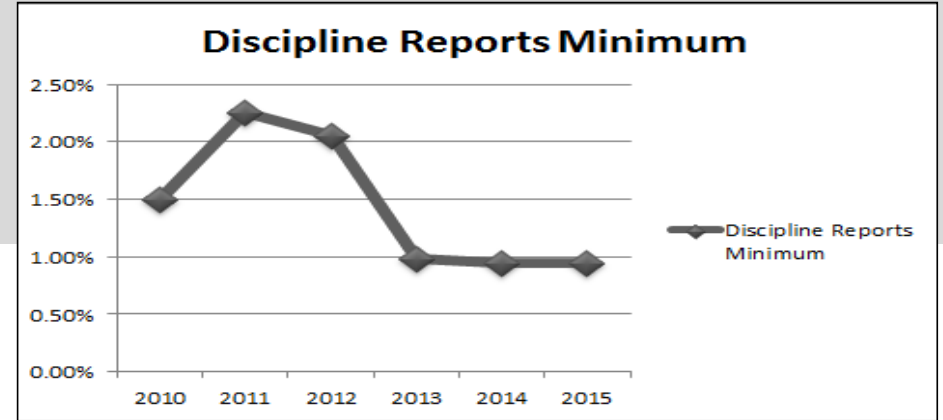
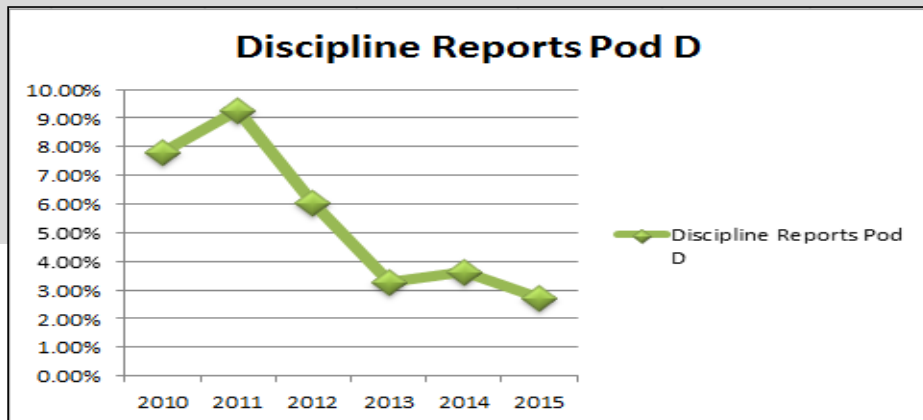
Comprehensive
Opioid, Stimulant,
and Substance Abuse

Program

Making the Case for Treatment

Discipline Reports within the Facility

Year	D Report A	D Report B	D Report C	D Report D	D Report Minimum	Total Bookings
2010	377	133	119	104	20	1335
2011	334	196	311	132	32	1422
2012	247	47	101	103	35	1708
2013	373	34	98	57	17	1726
2014	302	95	110	62	16	1708
2015	175	46	75	43	15	1571



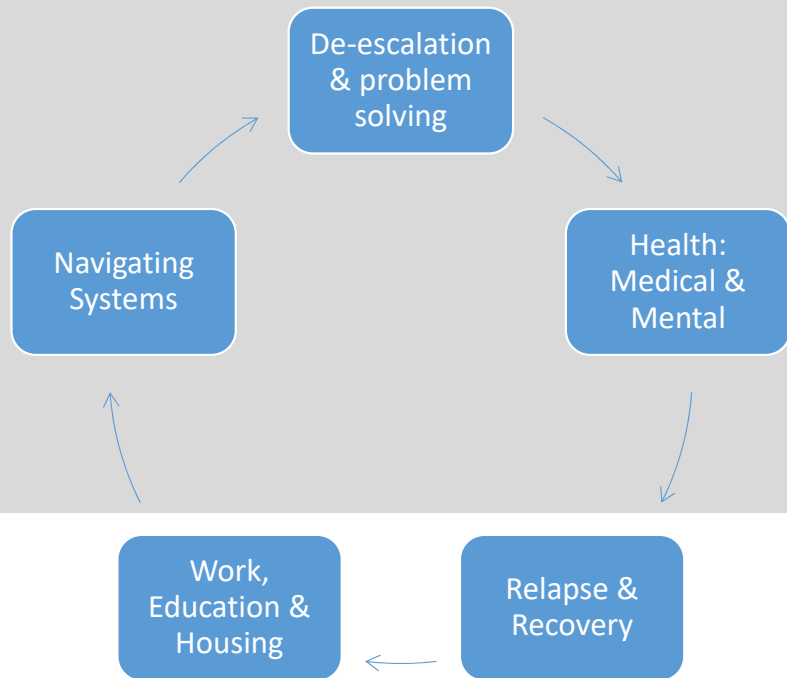
Post-Release Reentry 2019-Current

366

Post-release clients since 2019

90

Currently active post-release clients



Case Study: Pete

Recent Adaptations to Reentry Services

ACT Group Athol Recovery Center	ATARY (Addiction Treatment & Recovery)	Group Texting "Textedly"
	 <p data-bbox="716 1175 1182 1308"><i>"From here I feel like I'm <u>not</u> going out with nothing." - Program Participant</i></p>	<p data-bbox="1247 708 1604 841">FCSO Reentry Clients Orange Drug Court Greenfield Drug Court</p> <p data-bbox="1247 870 1604 997">✓ 10,085 TOTAL MESSAGES DELIVERED 336 messages delivered this month</p> <p data-bbox="1276 1036 1575 1068">Unsubscribe Rate</p> <p data-bbox="1304 1078 1535 1312">  0.41% </p>

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 <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=199348>
- 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>



BJA's **Comprehensive** Opioid, Stimulant, and Substance Abuse Program

SEARCH

COSSAP GRANT PROGRAM LEARNING OPPORTUNITIES AREAS OF FOCUS PUBLICATIONS & DIGITAL MEDIA PDMP TTAC

TRAINING AND TECHNICAL ASSISTANCE

The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

[REQUEST TTA](#)

The COSSAP TTA Program supports communities by:

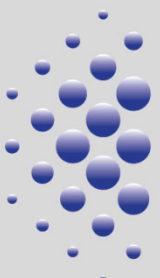
- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

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>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to 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.



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