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# Cognitive Behavioral Therapies for Serious Mental Illness in High Security Settings

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# Forensic Mental Health Webinar Series

CMHPL &  
Northwest  
MHTTC



Topic 1: Forensic Mental Health  
Practice and Training: Expanding  
Programming in Washington

Dr. Jennifer Piel

Topic 2: Your Role in Advancing  
Evidence-Informed, Behavioral  
Health Policymaking

Drs. Jennifer Piel and  
Sarah Walker

Topic 3: Cognitive Behavioral  
Therapies for Serious Mental  
Illness in High Security Settings

Dr. Sarah Kopelovich

Recordings are available from the Northwest MHTTC website:

[Forensic Mental Health Webinar Series | Mental Health Technology Transfer Center \(MHTTC\) Network](#)

# Brief Bio



- Terminal Master's in Forensic Psychology
- Doctorate in Clinical Psychology, Forensic Specialization
- Fellowship training in Serious Mental Illness
- Research experience:
  - Violence risk assessment
  - Criminal justice diversion programs for SMI
  - Treatment considerations for early and persistent psychosis
  - CBT for psychosis (CBTp) implementation
- Co-run an intermediary/purveyor organization focused on CBTp implementation (**SPiRiT Lab**, UW)
- Core faculty for **Northwest MHTTC** and **Center for Mental Health, Policy, and the Law** at the University of Washington

# Learning Objectives

Learners will...

1. become familiar with national and international guidelines on the provision of care to individuals with serious mental illness who are housed in high-security settings.
2. be able to list the evidence-based psychosocial interventions indicated for this population.
3. comprehend the empirically-supported benefits of recovery-oriented, trauma-informed, person-centered cognitive behavioral therapy to both the individual and system.
4. be able identify core considerations and strategies for delivering person-centered cognitive behavioral therapy to adults with a serious mental illness in high security settings.



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## High Security Settings

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- Forensic Units or Hospitals
- Jails (e.g., supportive housing units)
- Prisons (e.g., mental health blocks)
- Residential Competency Restoration Programs

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## Forensic Populations

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- Individuals with mental illness who also have some involvement with the criminal justice system.
- Also expanded to compulsory admissions (e.g., civil commitment)
- For the purposes of this webinar, we will be focusing on individuals with psychotic disorders.

# STIGMA



Our clients with SMI often face triple stigma:

- Mental health status
- Criminal justice system involvement
- Underrepresented minority and/or low SES



Why is this webinar relevant to you?

# If you are in a behavioral health setting...

- The rate of institutionalization in the US has increased 60% since 2000.
- Individuals with a serious mental illness are at least 3x more likely to be treated in a forensic or correctional facility than in a mental health facility.
- "...risk management [has] emerged as central element, not just in forensic practice but in all mental health practice." Mullen (2000)
- Clients move within and across mental health, forensic, and correctional facilities.

# If you are in a forensic or correctional setting...

“To ensure that mental health staff working in correctional facilities have knowledge, expertise, and clinical competence in assessment, diagnosis, and treatment of people with MH disorders.”

- Position Statement on Prison Mental & Public Health Care, World Psychiatric Association

“Healthcare provision should be as good as that available in the community, accessed free of charge.”

- Nelson Mandela Rules, UN General Assembly

“Consistent with SAMHSA’s ‘no wrong door’ policy, CBTp should be implemented within our mental health systems, and CBTp-informed care at a minimum should be implemented in primary care, correctional and forensic settings, and educational settings.

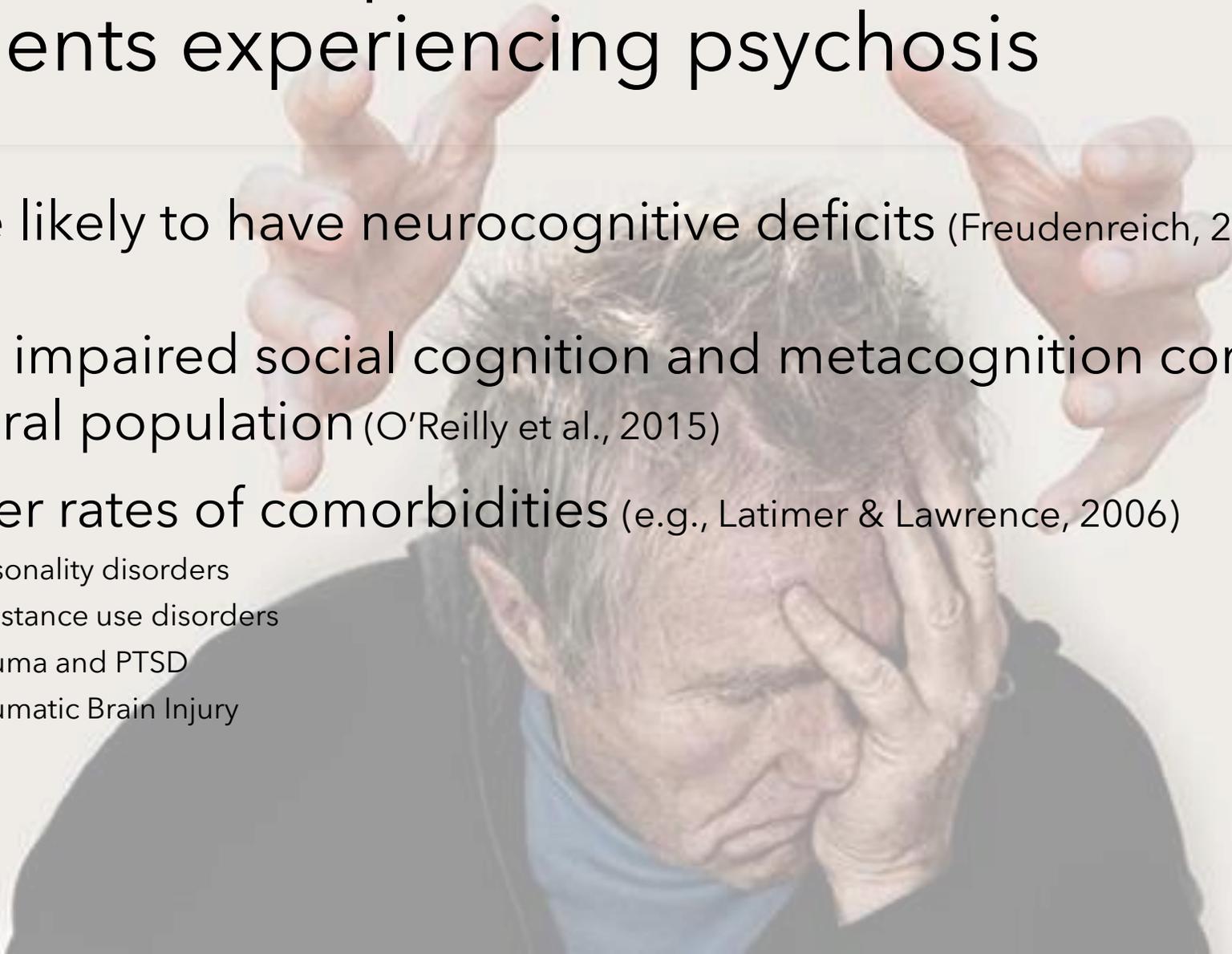
- Substance Abuse and Mental Health Services Administration, DHHS (2021)

# If you are in a forensic or correctional setting...

- Far more treatment research and implementation of CBT for non-psychotic offending populations...
  - Moral Reconciliation Therapy
  - Aggression Replacement Training
  - Criminal Conduct and Substance Abuse Treatment
  - Reasoning and Rehabilitation
  - Relapse Prevention Therapy
  - Thinking for a Change

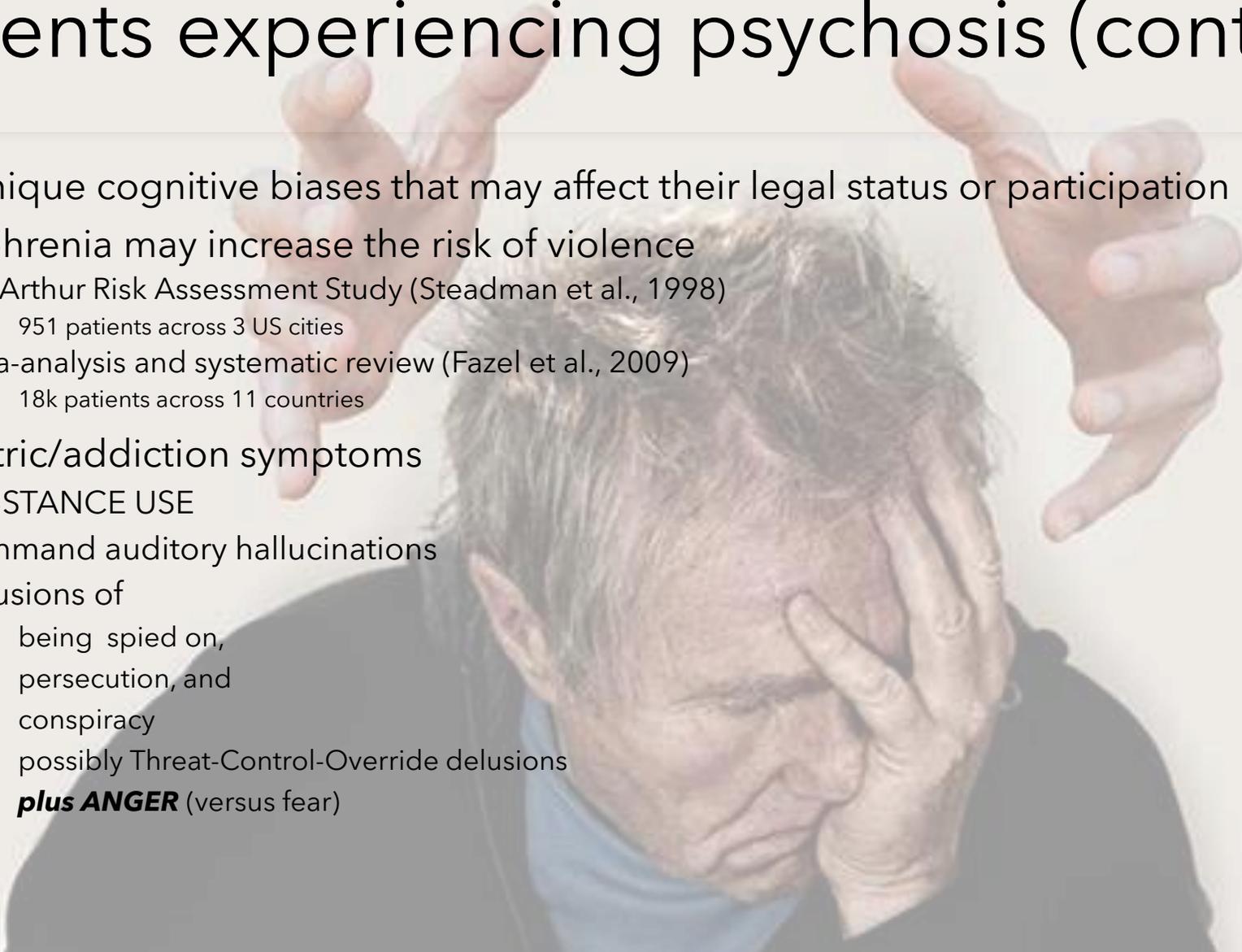
# Need for unique interventions for forensic patients experiencing psychosis

- More likely to have neurocognitive deficits (Freudenreich, 2008; O'Reilly et al., 2015)
- Have impaired social cognition and metacognition compared to general population (O'Reilly et al., 2015)
- Higher rates of comorbidities (e.g., Latimer & Lawrence, 2006)
  - Personality disorders
  - Substance use disorders
  - Trauma and PTSD
  - Traumatic Brain Injury



# Need for unique interventions for forensic patients experiencing psychosis (cont.)

- Have unique cognitive biases that may affect their legal status or participation in legal processes
- Schizophrenia may increase the risk of violence
  - MacArthur Risk Assessment Study (Steadman et al., 1998)
    - 951 patients across 3 US cities
  - Meta-analysis and systematic review (Fazel et al., 2009)
    - 18k patients across 11 countries
- Psychiatric/addiction symptoms
  - SUBSTANCE USE
  - Command auditory hallucinations
  - Delusions of
    - being spied on,
    - persecution, and
    - conspiracy
    - possibly Threat-Control-Override delusions
    - **plus ANGER** (versus fear)



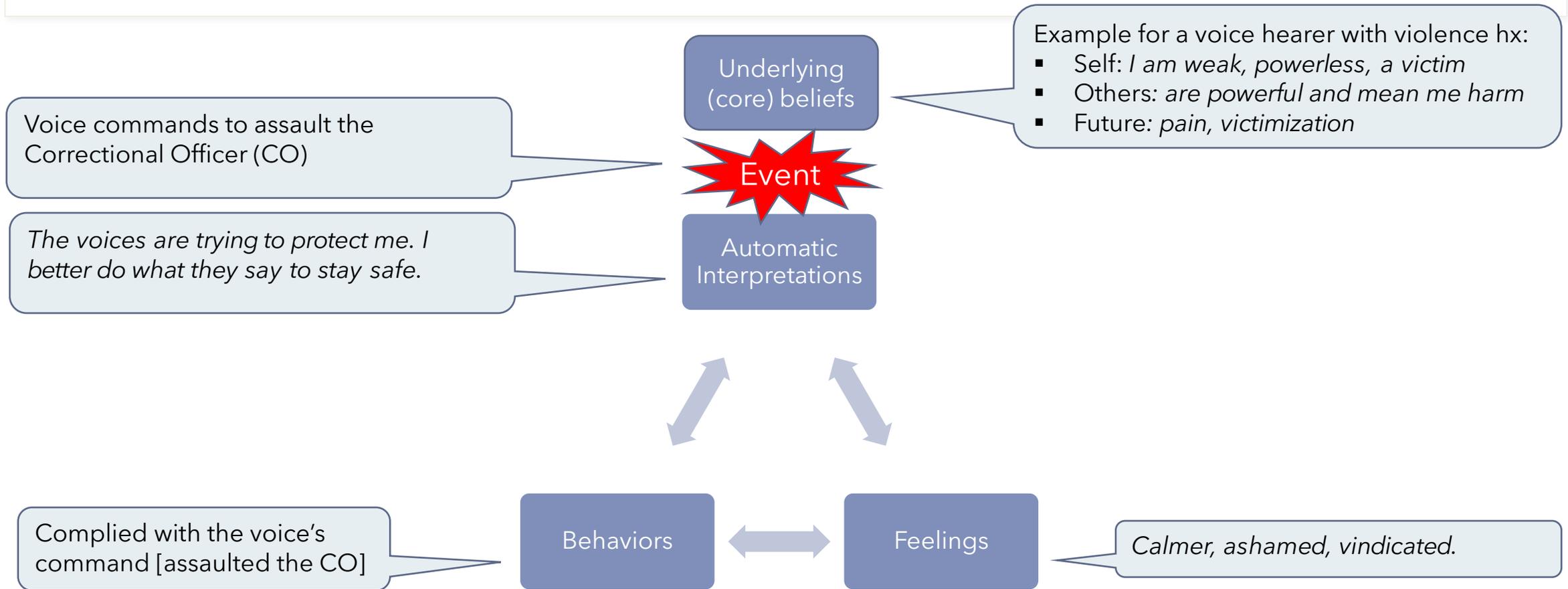
# — The case for Cognitive Behavioral Therapies for SMI in high security settings

- Psychotic and attenuated psychotic symptoms
- Mood disorders and symptoms
- Co-occurring disorders
- Trauma; PTSD
- Medication resistant symptoms
- Personality diagnoses
- Violence/aggression
- Offending behavior

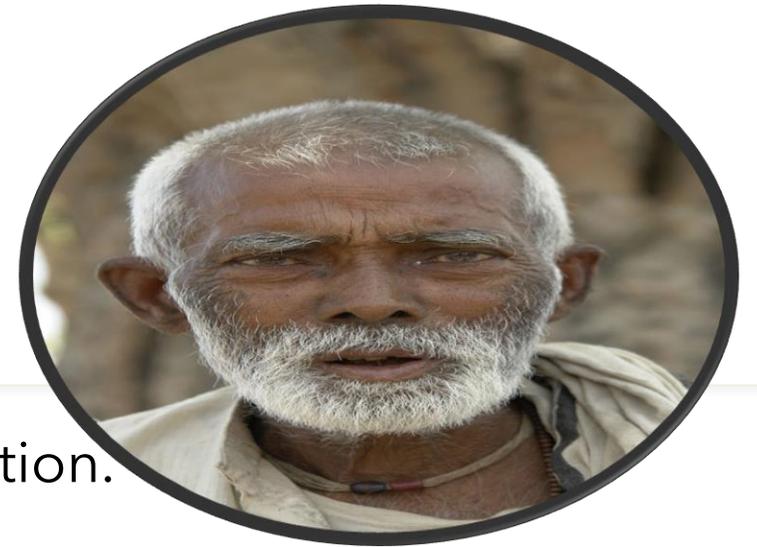
- CBT for psychosis can be modified for individuals with moderate to severe cognitive impairment secondary to schizophrenia, TBI, or ID
- CBTp cultural adaptations have been developed and tested.
- CBTp is consistent with recovery-oriented care



# The case for Cognitive Behavioral Therapies for SMI in high security settings



# Case Illustration: "Dante"



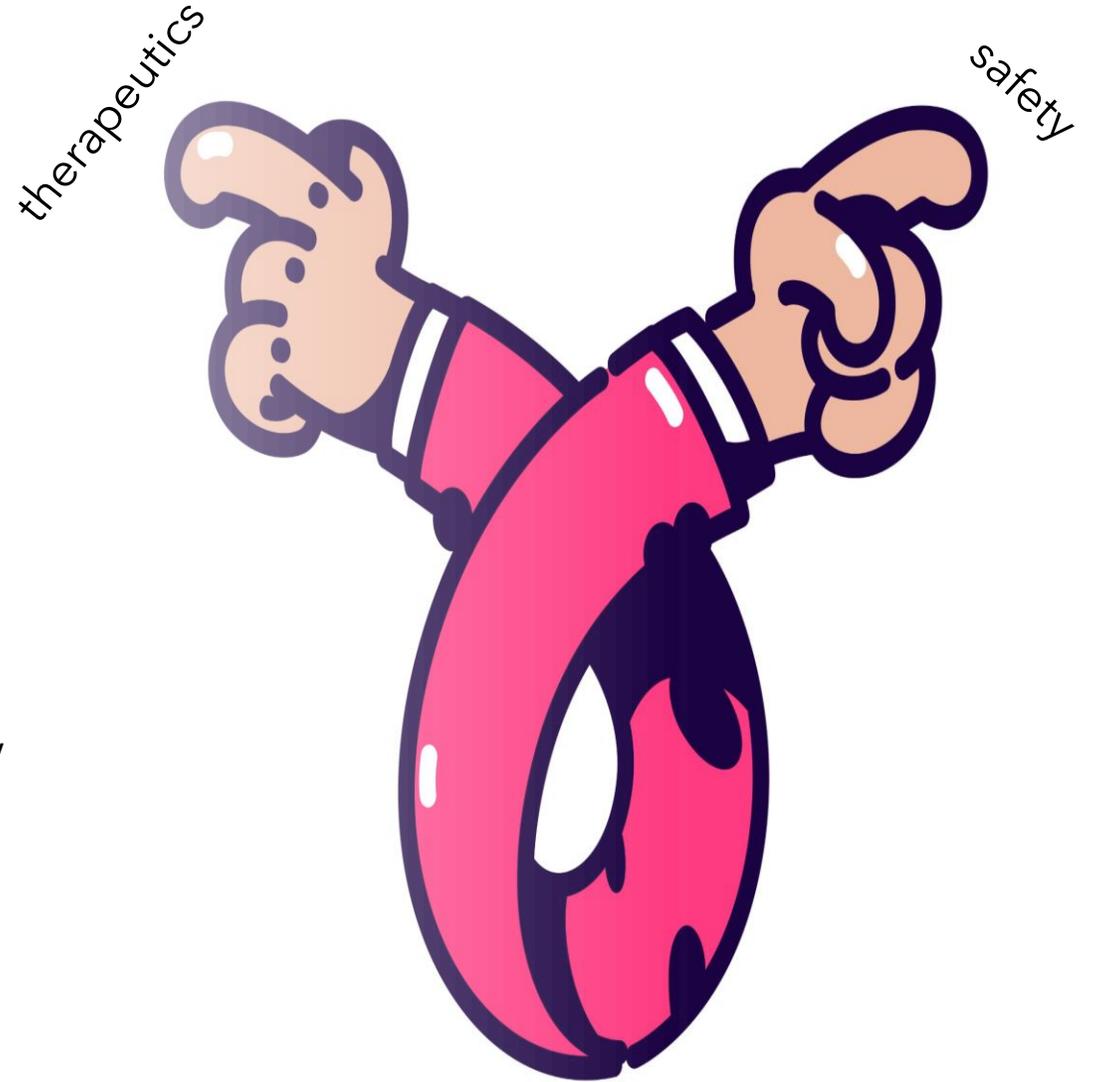
- Referred to forensic hospital for competency restoration.
- Perseverates on bizarre somatic complaints. Non-compliant with unit routine. Makes little progress on intake assessment. Disruptive during groups.
- CBT conceptualization guides changes to approach. Unit psychologist works with Dante to develop shared goals:
  - Staying safe
  - Returning home
- From there, they identified goal-consistent objectives and action steps that both Dante and his treatment team could take.
- Time to restoration = 4.5 months

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## The “Forensic Paradox”?

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- Some have argued that addressing criminogenic needs and advancing recovery-oriented care, which emphasizes agency and self-determination are paradoxical aims (e.g., Warburton, 2015).
- This perspective pits these as mutually exclusive objectives, in which public and institutional safety must trump functional or symptomatic recovery.
- Effective evaluation and treatment practices can, however, serve the needs of all stakeholders.



# Advantages of CBT for in High-Security Settings



Applicable to  
diverse  
challenges



Amenable to  
diverse modes of  
delivery

Professional,  
allied, and non-  
professional staff  
can be trained



Emphasizes self-  
agency in  
identifying and  
solving problems

Present-focused



Consistent with  
recovery model



Targets issues  
relevant to:

- Legal issue
- Psychological health
- Safety

# CBT for SMI in Forensic Settings and for Forensic Populations

- CBT is central to the Risk-Need-Responsivity Model:
  - *Risk principle*: Match the level of service to the individual's risk to re-offend.
  - *Need principle*: Assess criminogenic needs and target them in treatment.
  - *Responsivity principle*: Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender

# CBT for SMI in Forensic Settings and for Forensic Populations

- CBT for SMI has been trialed among forensic patients<sup>1</sup>
  - Forensic settings tend to employ diverse modalities and longer treatment courses (Slater & Townend, 2016)
  - Correctional settings tend to employ manualized group protocols (Dobson & Khatri, 2000; Wilson et al., 2005)
  - Although most CBT approaches are not intended for individuals with psychosis, CBT for psychosis (CBTp) is an active component of treatment in HS contexts (Slater & Townend, 2016)

<sup>1</sup> e.g. Garrett & Lerman, 2007; Grossi et al., 2021; Hoffman et al., 2001; Landenberger & Lipsey, 2005; Slater & Townend, 2016; Tafrate & Mitchell, 2013

# CBT for SMI in Forensic Settings and for Forensic Populations

- Metacognitive training (MCT) targets:
  - Jumping to conclusions biases
  - Attributional style
  - Metamemory problems
  - Bias against disconfirming evidence
  - Theory of mind deficits (r/t social cognition)

# CBT for SMI in Forensic Settings and for Forensic Populations

Service for Treatment and Abatement of Interpersonal Risk (STAIR)

72 sessions over 6 months

1. Problem solving
2. Creative thinking
3. Value enhancement
4. Social skills
5. Critical reasoning
6. Managing emotions



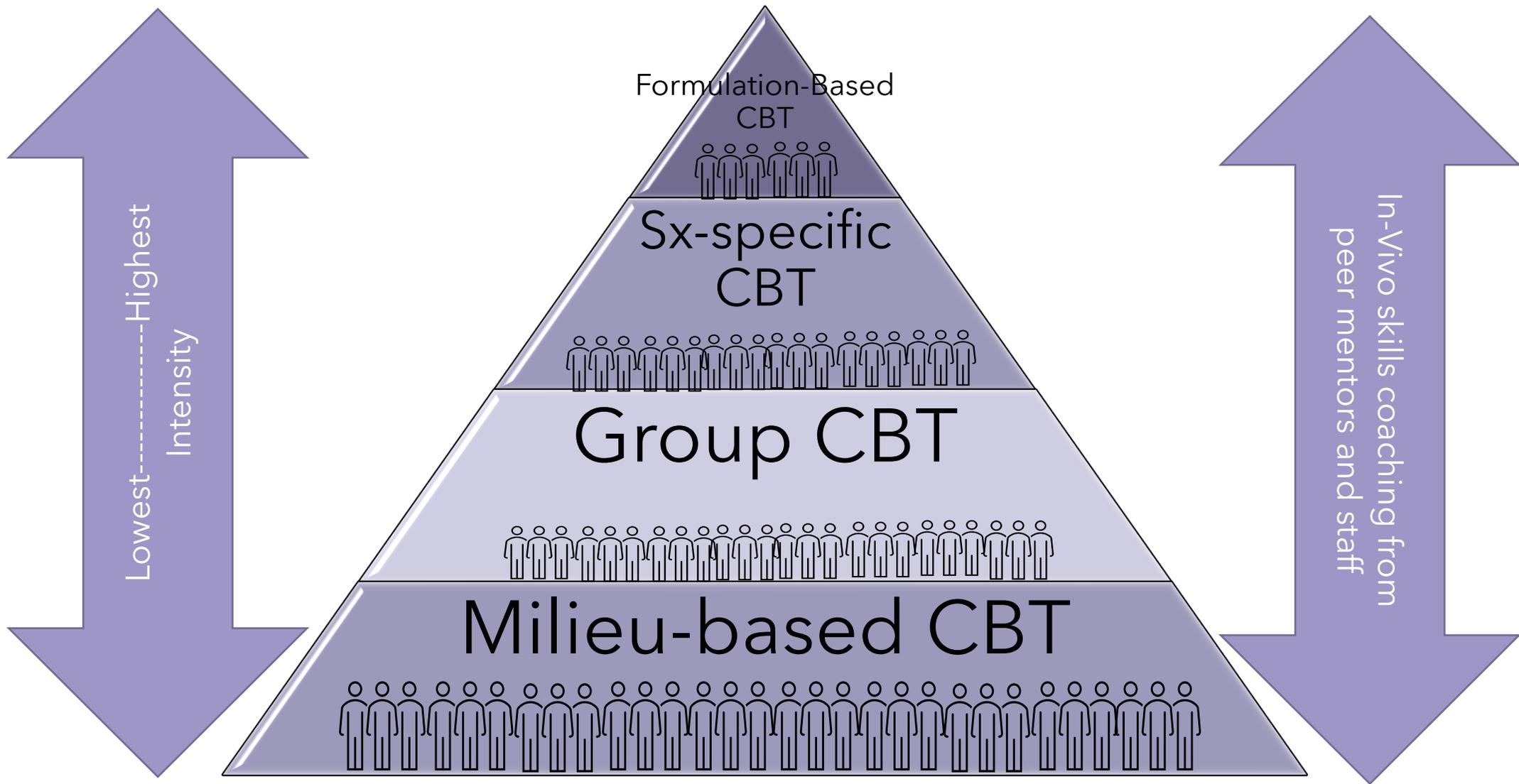
Recommended strategies and considerations for CBT delivery in high security settings

# Delivering CBT in High-Security Settings

- Engage in a comprehensive assessment at intake
- Clarify the psycholegal question(s) and professional roles
  - Limit possibility of dual roles
  - Different limits on privacy and confidentiality
- Identify shared goals between patient, treatment team, institution, and court.

# Delivering CBT in High-Security Settings

- Provide trauma-informed and culturally-responsive CBT (Day, 2013; Leguizamo et al., 2018)
- Emphasize strengths, resources, positive attributes, values & goals (both for the institution and the patient!)
  - Consistent with CBTp (protective factors, motivational enhancement)
  - Consistent with the Good Lives Model (see Dickson, Willis, & Mather, 2018)

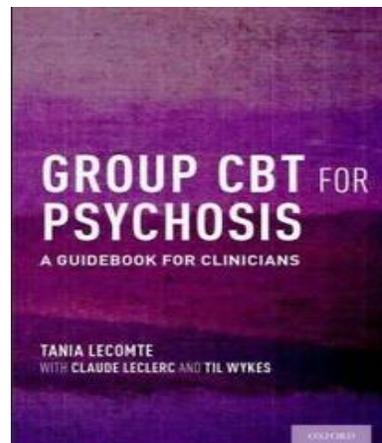
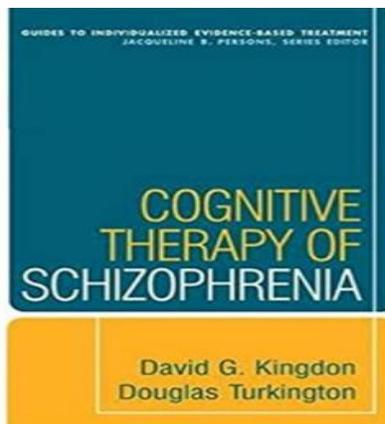
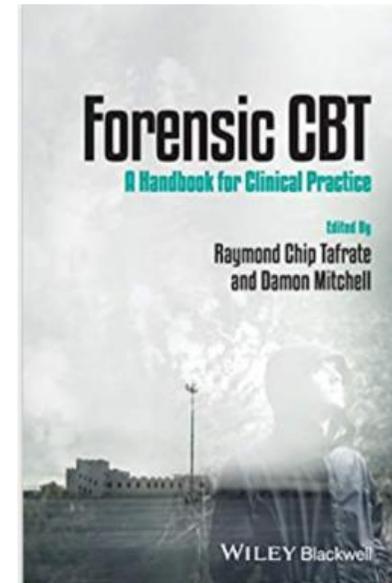
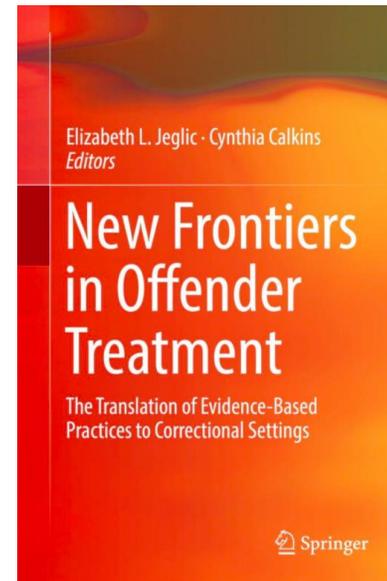
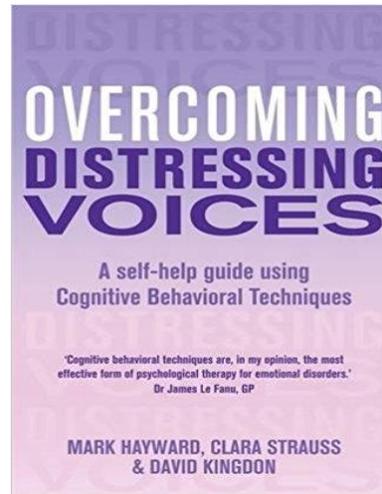
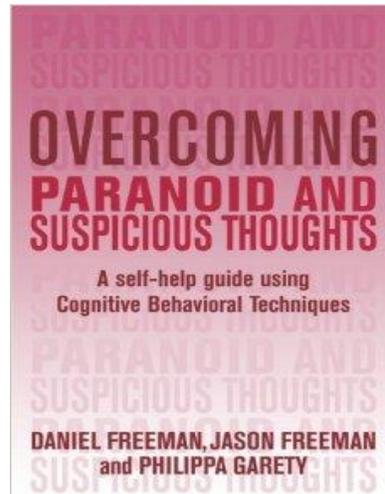


Kopelovich, S., Strachan, E., Sivec, H., & Krieder, V. (2019). Stepped Care as an implementation and service delivery model for cognitive behavioral therapy for psychosis. *Community Mental Health Journal, 55*(5), 755-767.

# Delivering CBT in High-Security Settings

- Team meetings and treatment planning meetings incorporate CBT conceptualizations, including functional analyses of problematic behaviors so that CBT is not occurring in a vacuum!
- Ensure that services are appropriate for those with cognitive impairment and thought disorder.
  - Vocabulary and concepts are simplified
  - See CBT ECHO Clinic Didactic on this topic:  
[CBTp for Clients with Intellectual and Cognitive Impairments – YouTube](#)

# Resources





# Cognitive Behavioral Therapy for Psychosis (CBTp) ePrimer

8:00am - August 15, 2020 | Timezone: US/Pacific

Hosted By: Northwest MHTTC

Registration Deadline: August 15, 2021

[REGISTER](#)

Need more information?  
Contact us at [northwest@mhttcnetwork.org](mailto:northwest@mhttcnetwork.org)

**Cognitive Behavioral Therapy for Psychosis (CBTp) ePrimer** is a 3-hour, self-paced course open to all types of providers, hosted on the HealthKnowledge platform. It is designed to serve as a primer in foundational concepts related to Cognitive Behavioral Therapy (CBT) and its application to psychotic symptoms and experiences. Learners will start by testing their knowledge on a 30-item, adapted CBT quiz, and will then be guided to complete brief modules on the topics of:

1. Psychosis education,
2. CBT fundamentals, and
3. Applying CBT to psychosis.

Finally, learners will apply what they've learned to a practice and self-reflection exercise. Resources for further learning are provided.



Northwest (HHS Region 10)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://mhttcnetwork.org/centers/northwest-mhttc/event/cognitive-behavioral-therapy-psychosis-cbtp-eprimer-0>

A top-down view of two hands holding a white rectangular card against a dark brown wooden background. The card has the words "THANK YOU:)" written in a simple, black, hand-drawn font. The hands are positioned on the left and right sides of the card, with the thumbs and index fingers visible, holding the edges. The wood grain of the background is clearly visible, running vertically.

THANK YOU:)