

“I hope this works:” A Behavior Health Unit and a Lesson in Outcomes Research

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Educational Objectives

1

Describe the use of skills-focused treatment for behavioral and emotional dysregulation disorders

2

Explain the need for evidence-based research in corrections

3

Identify strategies for incorporating outcomes-based research into clinical practice

Incarceration Statistics

- In 2016, over two million people were incarcerated in the USA and West Virginia had over 11 thousand inmates
- Mental illness has been diagnosed in 37% of inmates in prisons and 44% of inmates in jails

Kaeble & Cowhig, 2018; The Sentencing Project, 2017; Bronson & Berzofsky, 2017

Mental Health in Restrictive Housing

- More depressive symptomology and anxiety than inmates in the general prison population
- Inmates 3.2 times more likely to engage in self-harm than those who have not been in restrictive housing
- In 2004, 73% of all suicides in California prisons took place in restrictive housing
- No reduction in violent behavior in the 6 months following restrictive housing
- No reduction in inmate-on-inmate violence and mixed results in reducing inmate-on-staff violence

Zinger et al., 2001; Briggs, Sundt, & Castellano, 2003; Kaba et al., 2014; American Civil Liberties Union, 2014; Morris, 2016

Does Therapy Work in Prisons?

- Evidenced-Based Treatment
 - **Behavioral:** “Arranging contingencies of positive reinforcement to develop and maintain appropriate patterns of behavior”
 - Contracts
 - Token economies
 - **Cognitive-Behavioral:** “Treatments that attend to cognitive and emotional, processes that function between the stimuli received and the overt behaviors enacted”
 - Social Skills training
 - Problem Solving
 - Relapse prevention
 - Cognitive skills
 - Anger management
 - Dialectical Behavior Therapy

Does Therapy Work in Prisons?

- CBT and mindfulness based treatments had moderate impact on symptoms of depression and depression
 - Results not sustained at 3 or 6 month follow-up
- Treatment during incarceration was associated with reduced odds of reoffending
 - CBT groups did not produce a significant impact on reoffending rates
 - Two studies of therapeutic communities showed positive impact on reoffending rates
 - High risk of bias towards randomization and deviations from intended interventions

Yoon, Slade, and Fazel, 2017
Beaudry, Yu, Perry, Fazel, 2021

Dialectical Behavioral Therapy

- Individual and group based skills oriented cognitive behavioral program
 - Focus on emotional regulation, interpersonal effectiveness, mindfulness, and distress tolerance
 - Reduced anger, suicide attempts, nonsuicidal self-injury, and amount of time in psychiatric facilities in patients with Borderline personality disorder
- DBT protocols for inmates with aggressive or disruptive behavior
 - Improved use of coping skills, decrease in self-reported irritability, and a decrease in severity of violence in inmates

Linehan, Armstron, Suarez, Allmon, 1991
Berzins, 2004

DBT in Corrections

- Inmates endorsed motivation to use the skills learned and commitment to treatment
- Reduction in disciplinary tickets, decreased aggression, increased adaptive coping skills, and improved affect at follow up
- Extensive adjustments to the original DBT manual were deemed necessary such that a new treatment manual was developed and named START NOW

Eccleston & Sorbello, 2002; Shelton, Sampl, Kesten, Zhang, & Trestman, 2009; Sampl, Wakai, & Trestman, 2010

START NOW

- Modification of DBT-Skills group, CBT, and Motivational Interviewing for male and female inmates
 - Decreased disciplinary infractions
 - Most improvement was found for inmates at highest security levels
 - Decrease in hospital stays
- Facilitator's manual discusses gender responsiveness of program

START Now Facilitator's Manual: Sampl, Trestman, Krauss, Guiher, Fishbein, 2015; Kersten et al., 2015; Shelton, Wakai, 2011

START NOW Program

- Greater participation in START NOW sessions resulted in psychotropic prescriptions being deemed no longer necessary such that they were eventually terminated
- Increase in sessions attended by inmates was associated with a reduction in the number inpatient psychiatric days post-treatment
- Inmates reported satisfaction with the START NOW program and stated that they would recommend this program to others

Shelton & Wakai, 2011; Cislo &
Trestman, 2016

Limitations of Correctional Research

- Nature of prison
- Generalizing from community evidenced based treatments
- Protected population and access to an IRB
- Difficulty of RCTs
- Limited time, limited money, limited staff...
- Getting research published

Male Behavior Health Unit

- Started in February 2016 to address inmates with self-injurious behavior and repeated disciplinary problems
- Goal: BHU will utilize behavioral and cognitive interventions to:
 - Reinforce safe and stable behaviors
 - Decrease high risk behaviors
 - Develop coping and cognitive skill sets that will help the inmate manage his behavior in the general population
 - Transition inmates out of restrictive housing to general population

Male Behavior Health Unit

- Referrals come from all male facilities.
 - Most referrals come from maximum security facility and largest medium security facility
- Voluntary
 - Removal from program may come from inmate request or recommendation from treatment team
 - If the inmate is removed from the program, he will return to prior housing status
- All referrals reviewed by team of security, administration, and mental health
- Treatment team is comprised of representatives from security, program staff, unit director, unit therapist, and supervising psychologist
 - Problems are addressed as close to the time of occurrence with immediate consequences

Procedures of the Behavior Health Unit

- Use tier level with increasing privileges
 - Range of time on unit: 2 weeks – 10 months
 - Average length is 3 months
- BHU schedule
 - Mental health groups daily
 - Individual therapy sessions
 - Weekly Interdisciplinary Treatment Team
- Other treatments
 - Daily check-ins/Process Group
 - Structured recreation
 - Crime victim awareness
 - Substance abuse
 - Anger management
 - Communication skills

START NOW Module Topics

Starting With Me (8 sessions)

Learning to focus,
changing thoughts,
acceptance and values,
self-care

Me and Others (8 sessions)

Boundaries, positive
relationship skills

My Emotions (10 sessions)

Understanding and coping
with emotions; anger,
depression, anxiety, grief

The Future (4 sessions)

Problem solving,
goal setting

The Current Study

- Although there was previous research on the effectiveness of the START NOW program, we wanted to add to the research base by conducting a study with pre-post data, as well as a control group
- Unique opportunity to evaluate the START NOW intervention and a behavioral level system for added behavior modification in addition to the START NOW program
- Evaluated the impact of the START NOW program plus behavioral level system (BLS) in a self-contained treatment community (SCTC) on inmate misbehavior and aggressive behavior

Carter: Treatment of Nonsuicidal Self-Injury

- Incarcerated for Grand Larceny
 - Sentence: 2013-2017
- Diagnoses: Major Depressive Disorder, recurrent, Unspecified Personality Disorder
- Behaviors:
 - Frequent threats to self-harm/suicide ideation
 - Multiple suicidal behaviors: Recent overdose on Seroquel, Hanging, Cutting
 - Frequent picking at skin resulting in sores with infection
 - Threats to harm or kill others
 - Low frustration tolerance, easily deteriorates, and is a target for other inmates
- First admission: July 28, 2016 to August 16, 2016. Refused program
- Second admission April 10, 2017 to November 16, 2017

Carter's Treatment Plan

- Two goals:
 - Stabilize and maintain safe behavior
 - Decrease threats and negative attention seeking
- Interventions:
 - Increased time on each level
 - Scheduled positive attention
 - Staff education and support in managing negative attention seeking
 - Thought journals
 - Writes restructured thoughts in different color ink
 - Positive coping statements
 - Safety plan for transitioning to general population
 - Assigned job helping prison Chaplin

Outcome Measures

- Participant records were accessed and reviewed through the DCR electronic medical record (CorEMR) and the Offender Identification System (OIS)
- Assessed both 3 months prior to and 3 months following the START NOW plus behavioral level system (BLS)
- Outcome measures:
 - (1) Number of referrals to mental health services for misbehavior
 - (2) Number of write-ups
 - (3) Number of referrals to the restrictive housing unit
 - (4) Instances of spontaneous use of force
 - (5) Placement on precaution status

Outcomes

- Chi Square Analyses
 - Mental Health Referrals
 - No pre or post intervention differences
 - Precaution Status
 - Pre-intervention difference, no post-intervention difference
 - Use of Force
 - No pre or post intervention differences
- ANOVAs
 - Restrictive Housing
 - No pre-intervention differences
 - Both groups decreased from pre-to-post intervention
 - Write-ups
 - No pre-intervention differences
 - Both groups decreased from pre-to-post intervention

Both groups displayed a decrease in the outcome variables associated with behavioral dysregulation.

Carter: Post-BHU

- Successfully graduated BHU on November 16, 2017
- 7 days from discharge: Found with a razor in his cell and reports to staff he's having thoughts of hurting himself
- Released from prison December 2017
- December 2021: Called to update staff. Has a job in landscaping and has been given supervisory role, has a long term girlfriend, and a new baby
 - Reported he takes medication and has not harmed himself since prison
 - No legal involvement
 - No substance use

Outcome Research in Corrections

- Establishing a program to evaluate
 - Operational definitions of outcomes and targeted sample
 - Who is your target population and who is your control group
 - Incorporate fidelity check-lists
- Connection with local universities
 - Advantages of student required research
- Document changes to policies and procedures that impacted program and the why

Outcome Research in Corrections

- Publishing
 - Understand the difference between efficacy vs. effectiveness research
 - Honest description of what your study was/wasn't
 - Emphasize the importance of implementation research
- Don't lose sight of the individual in the group distribution

Adherence to START NOW Intervention

- Majority of the sessions (21 out of 27) were conducted by one therapist
- Therapists delivered the content and process of the START NOW treatment fully, $M = 1.61$, $SD = .57$, 80.8% and effectively, $M = 3.99$, $SD = .90$, 79.8%
- Similar adherence between the two therapists
 - Both completed the sessions fully, $M = 1.60$, $SD = .57$, 80.1% versus $M = 1.66$, $SD = .57$, 82.9% and effectively, $M = 3.98$, $SD = 1.01$, 79.6% versus $M = 4.03$, $SD = .34$, 80.6%

THANK YOU

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References

- American Civil Liberties Union (2014). The dangerous overuse of solitary confinement in the United States. *ACLU Foundation*, 1-21. doi: 10.1163/2210-7975_hrd-9970-2014003
- Beck, A. J. (2015). Use of Restrictive Housing in U.S. Prisons and Jails, 2011–12. *Bureau of Justice Statistics*, 1-23.
- Beaudry, G., Yu, R., Perry, A. E., & Fazel, S. (2021). Effectiveness of psychological interventions in prison to reduce recidivism: a systematic review and meta-analysis of randomised controlled trials. *The Lancet Psychiatry*, 8(9), 759-773, [https://doi.org/10.1016/S2215-0366\(21\)00170-X](https://doi.org/10.1016/S2215-0366(21)00170-X)
- Berzins, L. G., & Trestman, R. L. (2004). The development and implementation of dialectical behavior therapy in forensic settings. *International Journal of Forensic Mental Health*, 3(1), 93-103.
- Briggs, C. S., Sundt, J. L., & Castellano, T. C. (2003). The effect of supermaximum security prisons on aggregate levels of institutional violence. *Criminology*, 41(4), 1341–1376. doi:10.1111/j.1745-9125.2003.tb01022.x
- Bronson, J., & Berzofsky, M. (2017). Indicators of mental health problems reported by prisoners and jail inmates, 2011-12. *Bureau of Justice Statistics*, 1-16.
- Cislo, A. M., & Trestman, R. L. (2016). Psychiatric hospitalization after participation in START NOW. *Psychiatric Services*, 67(1), 143. doi:10.1176/appi.ps.201500456
- Eccleston, L., & Sorbello, L. (2002). The RUSH program-real understanding of self-help: A suicide and self-harm prevention initiative within a prison setting. *Australian Psychologist*, 37(3), 237–244. doi:10.1080/00050060210001706926
- Kaba, F., Lewis, A., Glowa-Kollisch, S., Hadler, J., Lee, D., Alper, H., ... Venters, H. (2014). Solitary confinement and risk of self-harm among jail inmates. *American Journal of Public Health*, 104(3), 442–447. doi:10.2105/ajph.2013.301742
- Kaeble, D., & Cowhig, M. (2018). Correctional Populations in the United States, 2016. *Bureau of Justice Statistics*, 1-13.
- Linehan, M. M. (2015). *DBT Skills Training Manual* (2nd ed.). New York, NY: The Guilford Press.
- Morris, R. G. (2016). Exploring the effect of exposure to short-term solitary confinement among violent prison inmates. *Journal of Quantitative Criminology*, 32(1), 1–22. doi:10.1007/s10940-015-9250-0

References

- Pearson, F. S., Lipton, D. S., Cleland, C. M., & Yee, D. S. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime and Delinquency* 48(3), 476-496.
- Roush, A., Bryson, J., & Weaver, J. (2012). Introduction to the Behavior Health Unit. *State of West Virginia Division of Corrections*, 1-8.
- Sampl, S., Trestman, R. L., & Krauss, W. J. (2013). *START NOW Facilitator Manual*. Farmington, CT: University of Connecticut Health Center.
- Sampl, S., Wakai, S., & Trestman, R. L. (2010). Translating evidence-based practices from community to corrections: An example of implementing DBT-CM. *The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention*, 2(2), 114-123. doi:10.1037/h0100463
- Shelton, D., Kesten, K., Zhang, W., & Trestman, R. (2011). Impact of a dialectic behavior therapy-corrections modified (DBT-CM) upon behaviorally challenged incarcerated male adolescents. *Journal of Child and Adolescent Psychiatric Nursing*, 24(2), 105-113. doi:10.1111/j.1744-6171.2011.00275.x
- Shelton, D., Sampl, S., Kesten, K. L., Zhang, W., & Trestman, R. L. (2009). Treatment of impulsive aggression in correctional settings. *Behavioral Sciences and the Law*, 27(5), 787-800. doi:10.1002/bsl.889
- Shelton, D., & Wakai, S. (2011). 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
- The Sentencing Project (2017). The facts: State-by-state data. *The Sentencing Project*.
- Yoon, Slade, and Fazel (2017). Outcomes of Psychological Therapies for Prisoners with Mental Health Problems: A systematic Review and Meta-Analysis. *Journal of Consulting and Clinical Psychology*, 85 (8), <https://doi.org/10.1037/ccp0000214>
- Zinger, I., Wichmann, C., & Andrews, D. A. (2001). The psychological effects of 60 days in administrative segregation. *Canadian Journal of Criminology*, 43(1), 47-83. doi:10.22215/etd/1999-04119