WE ARE FELLOW HUMAN BEINGS.
WE ARE COUNSELORS.
WE ARE ADVOCATES.
WE ARE BUSINESS OWNERS.
WE BELIEVE ALL HUMANS DESERVE LOVE, FREEDOM, JOY, AND PEACE OF MIND, BODY, AND SPIRIT.
WE BELIEVE ALL HUMANS HAVE ALL THE ANSWERS INSIDE OF THEM, AND WE ARE HERE TO HELP OUR FELLOW HUMANS DISCOVER THOSE ANSWERS.
WE BELIEVE IN THE HEALING POWER OF AUTHENTIC HUMAN CONNECTION IN THE COUNSELING RELATIONSHIP AND EVIDENCE-BASED TECHNIQUES.

WHO WE ARE:

Shannon Kratky
she/her/they/them
MS, LPC, LCDC, NCC

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she/her
MA, MSW, LPC-S, LCSW, LCDC

Presented by: Shannon Kratky, MS, LPC, LCDC, NCC and Nancy Tamburo-Trevino, MA, MSW, LPC-S, LCDC
OBJECTIVES:

Following this presentation, participants will be able to ...

• Identify at least 3 challenges to overcoming recidivism in the criminal justice system due to unlawful behavior and substance use disorders.

• Identify at least 3 desirable "goods" in the "Good Lives Model" (Ward, 2002).

• Identify at least 3 key elements for Relapse and Recidivism Prevention Plans.

• Recovery:
  Recovery is process of change through which an individual improves their health and wellness, live a self-directed life, and strive to reach their full potential.

• Relapse:
  If recovery is the process of change to improvement, relapse is a pause on the improvement and return to self-destructive behaviors. This is not a one-time event.

• Recidivism:
  Similar to relapse, recidivism is the return to unlawful behavior(s).

• Person-first language:
  Person-first language recognizes the individual first and the difficulty the individual is experiencing second. This leads to a reduction in harmful generalizations, assumptions, and stereotypes (i.e., person involved in the criminal justice system, people who have been convicted of crimes).

(SAMHSA, 2012; Carter, 2021)
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RECIDIVISM:
(Office of Disease Prevention and Health Promotion, 2020)

- Annually, in the United States:
  - Over 7M people are released from jail
  - Over 600K people are released from prison

- Within 2 weeks of their release:
  - 129 times more likely to die of a drug overdose than the general public

- Within 3 years of their release:
  - 2 out of 3 people are re-arrested
  - Over 50% are incarcerated again

Obstacles in reintegrating into society include problems with:
  - Family
  - Employment
  - Criminal history
  - Housing
  - Health
  - Formerly incarcerated individuals have an increased risk of health issues
  - Adjusting to new circumstances

VIOLENCE AND CRIME: ON THE RISE
(Mallion, 2021)

Violence (as cited in World Health Organization, 2002):
"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation"

Experiences of Trauma and Violence:
- 1 out of 3 women have experienced IPV (as cited in World Health Organization, 2021)
- 1,000,000,000 (1B) children (ages 2-17) have experienced abuse in the past year (as cited in Hills et al, 2016)

Impact on Victims:
- Serious risk of physical harm (as cited in Spencer et al., 2019)
- High rates of depression, anxiety, and PTSD, substance misuse, and suicidality (as cited in Spencer et al., 2019)
- Difficulty obtaining and maintaining employment
- Poor health outcomes later in life due to poor coping strategies and health risk behaviors (as cited in Black, 2011)
JUSTICE-SYSTEM INVOLVEMENT: RISK FACTORS


- Impulsivity
- Poor emotion recognition
- Substance misuse and peer substance misuse
- Familial incarceration
- Child maltreatment
- Witnessing IPV
- Peer engagement in gangs
- Bullying
- Poor relationships with teachers
- Suspension/exclusion from school
- Lack of academic attainment
- Living in a community with a high rate of violence, crime, and gang presence
- TRAUMATIC EXPERIENCE(S)!!!
6 KEY PRINCIPLES:

- Safety
- Peer Support
- Collaboration and Mutual
- Trustworthiness and Transparency
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

OVERARCHING FRAMEWORKS FOR FORENSIC INTERVENTIONS

Risk-Need-Responsivity Model (Andrews et al., 1990)

Good Lives Model (Ward, 2002)
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SUBSTANCE ABUSE

RISK-NEED-RESPONSIVITY MODEL (RNR)


• RISK
  ◦ Assessment of risk level
  ◦ Intensive interventions to reduce risk level (neither brief nor narrow in focus)

• NEED
  ◦ “Criminogenic needs are dynamic attributes of offenders and their circumstances that, when changed, are followed by changes in recidivism” (p. 3)
  ◦ The “Big 4” and then “Moderate 4”

• RESPONSIVITY
  ◦ The “how”
    ▪ Techniques, processes, teaching of skills, and reinforcement of pro-social behaviors
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10/09/22

RNR:
"CRIMINOGENIC NEEDS"

The Big 4:
- Anti-social attitudes
- Anti-social associates
- Anti-social temperament/personality
- History of anti-social behavior

The Moderate 4:
- Family/marital circumstances
- Social/work
- Leisure/recreation
- Substance "abuse"

AN APPRAISAL
(POLASCHEK, 2012)

Strengths
- Unifying power
- External consistency
- Explanatory depth in some respects
- "Empirical validity" (though it's hard to falsify abstract theories)
- "Original substantive contribution" (p. 7)

Weaknesses
- Only detailed by The Psychology of Criminal Conduct
- Lacks simplicity, even though it's very long
- Lacks parsimony
- Focuses primarily on men
- Lacks clarity (as cited in Andrews et al., 2011)
- Does not translate well (inaccessible)
- Explanatory depth is limited
  - i.e., the responsivity principle is "theoretically unsophisticated: a catch-all category" (p. 7)
  - i.e., conceptual gap in matching the "Central 8" with interventions
- Problems with implementation (as cited in Ward et al., 2007)
- Some programs are conducted for the benefit of the community at large not the person involved in the criminal justice system (as cited in Ward & Maruna, 2007)
- "These [programs] do not motivate or engage [people convicted of crimes] since they do not build or promote valuable positive skills and capacities" (p. 9).
- Treatment goals are avoidant (goal: decrease "re-offending")
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RNR IN SUMMARY: (Mallion et al., 2020)

- De-motivating in nature
- High attrition rates
- Poor therapeutic alliance
- "One-size-fits-all" approach

WHAT WOULD YOU DO?
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Your 7-year-old is sick with a potentially fatal illness. You haven’t been able to work in months, because you’ve been taking care of your son every day. He needs a medication to save his life that costs $5000 per dose, and he needs 5 doses. Your best friend works at the pharmaceutical company and offers to take 5 doses from the inventory. He tells you, “They’ll never even notice...” Without this medication, your child will die...

What would YOU do?

Your partner has been abusing you every day. You have made police reports and nothing has ever come of them. You've tried to leave, but he always finds you and leaves you more battered than when you left him. You're afraid that one day he will actually kill you. He's said he would. Your brother offers to “take care of him” for you.

What would YOU do?
The stress is real. If it could go wrong, it has gone wrong. Your best friend died by suicide. You have no family. Your boss is a jerk. You have a huge project due next week, and if you screw it up, you're fired. Your friend doesn't take their Adderall anymore and offers you one. You know that if you take one, you'll be able to finish this project and keep your job...

What would YOU do?
GOOD LIVES MODEL: AN OVERVIEW

Strengths-based

Strong emphasis on human agency/autonomy

Grounded in the ethical concepts of human dignity and universal human rights

THE GOOD LIVES MODEL (GLM)

ORIGIN & HISTORY (WALGRAVE ET AL., YEAR)

- Originated in the early 2000s as a response to sexual offending behavior by Ward and
- Quickly extended and grew credibility in the rehabilitation of individuals who committed a plethora of crimes
- Changes the question from "What works?" to "What helps?"

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THE PRIMARY GOODS*:
UNIVERSAL TO ALL HUMANS**
*AKA NEEDS
**NOT ABOUT MORALS

LIFE
RELATEDNESS
KNOWLEDGE
COMMUNITY
EXCELLENCE IN PLAY
SPIRITUALITY
EXCELLENCE IN WORK
PLEASURE
AGENCY
CREATIVITY
INNER PEACE

AS IT TURNS OUT, HUMANS FUNCTION WELL WHEN THEIR NEEDS ARE MET.
SECONDARY GOODS
(INSTRUMENTAL GOODS)

How we get our needs met

"Flawed attempts..."

LACK OF APPROPRIATE MEANS

LACK OF COHERENCE

LACK OF SCOPE

LACK OF CAPACITY

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"OFFENDING"
A direct or indirect way to obtain primary goods, due to "difficulty in fulfilling the primary goods in prosocial ways" (Mallion, et al., 2020, p. 5)

**DIRECT**
- Stealing groceries, diapers, or medicine for your child
- Using benzo's (non-prescribed) to calm oneself

**INDIRECT**
- Assaulting someone to feel powerful and in control
- Gang membership for a sense of community

**WHAT DO YOU actually WANT?**
**WHAT NEED(S) ARE YOU TRYING TO MEET?**

RELAPSE AND RECIDIVISM PREVENTION:
"Cognitive-behavioral approach that focuses on the identification and management of high risk situations that could lead to relapse" (Ward, et al., 2007, p. 88).
TREATMENT PLANNING

(GOOD LIVES MODEL, 2022)

Holistic assessment

Incorporate various primary goods/needs

Adaptive coping skills/instrumental goods should be linked to the environment(s)

Internal conditions (values and life goals)

AUTONOMY

• GLM respects autonomy (different from the RNR)
• SAMHSA Trauma-Informed Care (2014):
  ◦ Empowerment, Voice, and Choice
• Personalizing the treatment plan and relapse/recidivism prevention plan by:
  ◦ Connecting the individual with their values and goals

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THE GOAL

"Equip the offender* with the skills, values, attitudes, and resources necessary to lead a different kind of life, one that is personally meaningful and satisfying and does not involve inflicting harm" (The Good Lives Model, 2022)

*Person involved in the criminal justice system

HOPE FOR THE FUTURE:

FACTORS ASSOCIATED WITH DECREASED RECIDIVISM

(THE SECOND CHANCE ACT, 2018; MCKEAN ET AL., 2004)

- Seeing oneself in a more positive light (changing the way you think about yourself and the world around you)
- Abstinence and/or harm reduction from substance use
- Preparation for re-entry into life outside of treatment or incarceration (Relapse Prevention Plan)
- Acquisition of new skills
  - Coping skills
  - Pro-social communication skills
  - Life skills
- The capacity of individuals to make changes and achieve goals
- Mental health treatment
- Mentorship (Sells et al., 2020)
- Supportive factors
  - Employment and education
  - Safe, healthy, sober support systems
  - Safe, sober living environments
INTEGRATED TREATMENT: INTERAGENCY COLLABORATION (Mallion, 2021)

- Having needs is part of being human
- Substance use treatment
- Mental health care
- Physical health care
- Changing thoughts, beliefs, attitudes, and behaviors
- Learning safer and healthier ways of coping
- Educational and vocational training (i.e., Job Readiness Training and GED tutoring)
- Work experience
- Creating healthy, safe, sober support systems
- Securing safe, sober housing

PHYSICAL HEALTHCARE

- Often times, people who have experienced involvement in the criminal justice system come from low-income backgrounds. Because of this, they often have not had access to adequate health care for many years, if ever
- Those involved in the criminal justice system often have a history of substance use, which is comes with great health risks, such as communicable disease (i.e., HIV, Tuberculosis, and sexually transmitted infections)
- Addressing physical health care needs in treatment is an important part of decreasing recidivism:
  - Education about and screenings for HIV, STI’s, Hepatitis, and Tuberculosis
  - Dental health needs
  - Vision health needs
  - Clothing needs
  - Women’s sanitary supplies
  - Annual physicals
  - Tobacco cessation assistance
  - Learning ways to manage and prevent health concerns (i.e., healthy exercise and diet)

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MENTAL HEALTH CARE

(Parveen, 2019)

- “The prevalence of mental health problems among prisoners is significantly higher than in the community” (p. 179)
- Females involved in the criminal justice system have higher rates of mental illness compared with males:
  - Borderline Personality Disorder
  - Anxiety Disorders
  - Depression
  - Post-Traumatic Stress Disorder
- Follow-up care
- Case management
- Counseling
- Psychiatry
- Developing strategies to prevent suicide and self-harm.
- Gender-specific and individualized mental health treatment to female offenders, both while in custody and in the community, must be recognized as a priority.

HEALING FROM TRAUMA:

- In comparison to the general population those who have previously or are presently experiencing incarceration have a much higher rate of exposure to childhood and adult trauma.
- As many as 90% of women experiencing incarceration have also experienced some form of interpersonal or sexual violence (Miller & Najavits, 2012; Women in Prison Project, 2009).
- 56% of men experiencing incarceration have reported experiences of physical childhood trauma (Wolf & Shi, 2012).
- The most commonly reported trauma reported amongst men experiencing incarceration is witnessing someone being killed or seriously injured, followed by physical assault and childhood sexual abuse (Wolf & Shi, 2012).
- Involvement in the criminal justice system, particularly incarceration, can be traumatic in and of itself.
- There is a strong connection between experiencing trauma and developing a substance use disorder, and there is a strong connection between substance use disorders and involvement in the criminal justice system (Wolf & Shi, 2012).
- There is HOPE for survivors of traumatic experiences.
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CHANGING THOUGHTS, BELIEFS, ATTITUDES, AND BEHAVIORS
(Demeter & Rusu, 2019)

- There are some commonalities amongst those who have been or are currently involved in the criminal justice system:
  - Cognitive distortions:
    - Justifying unlawful behavior (“I wouldn’t have to steal if my job paid me more!”)
      - *Is it a distortion if it’s true?!
    - Misplacement of blame (“That cop is always out to get me!”)
      - *Is it a distortion if it’s true?!
  - Difficulty managing anger or other unpleasant emotions
  - Difficulty interacting positively with others

Restorative Justice:
- To take responsibility for their harmful behavior in a meaningful way
- To gain insight into the causes of their behavior and its effects on others
- To change their behavior and desist from crime
- To be accepted back into their community

Elements of Taking Responsibility:
- Acknowledging the harm caused
  - What harm did I cause by choosing this behavior?
- Understanding the harm from the other person’s viewpoint
  - How are others impacted by my behavior?
- Recognizing that a choice existed
  - “I had a choice. Right or wrong, I had a choice and I made my choice.”
- Taking steps to make amends (apology, repair of harm)
  - What can I do now to make things “right?”
- Taking action to make changes in one’s life so that it is unlikely to happen again
  - What can I do now to avoid making this choice again in the future?
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**SUBSTANCE USE TREATMENT**

(Louie et al., 2018)

Substance use is linked to higher rates of recidivism.

In a United States study, researchers determined:
- 52.3% who were incarcerated were rearrested
- 38.2% were reconvicted
- 29.8% were reincarcerated

Those individuals identified as having a mental health condition:
- 87% also had a SUD
- 35% of incarcerated persons who were not identified as having a mental health condition had a SUD.

**Standard of Care: INTEGRATED Treatment**

- Individual and group counseling
- Psycho-education of the impact of addiction in family systems, society
- Medical and mental health assessments and care
- Pro social support systems
- Discharge planning from day one in treatment to include: legal, housing, employment, access to needed resources in community

**SPIRITUAL AND/OR FAITH BASED PROGRAMS AND ACTIVITIES**

(U.S. Department of Justice’s Center for Faith-Based and Neighborhood Partnerships, 2013)

- Faith-based groups can offer crucial support to those involved in the criminal justice system.
- These groups can often provide community-based resources, such as counseling services.
- Spiritual or faith-based groups can engage with individuals and inspire them to change and take responsibility for their lives
- These groups often provide a sense of purpose and belonging and act as sources of spiritual, emotional, and mental support and encouragement
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EDUCATION AND VOCATIONAL TRAINING

(Duwe & Henry-Nickie, 2021)

- Social reintegration is more difficult for those who are or have been involved in the criminal justice system:
  - Limited basic education
  - Unmarketable skills
  - Insufficient opportunities to participate in vocational and educational training while incarcerated
  - Hard for them to plan for a successful and law-abiding return to the community
- GED Tutoring and skill-building
  - "Roughly two-fifths of the people entering prison do not have a high school degree or General Educational Development (GED) credential, a rate which is three times higher than for adults in the U.S."

EMPLOYMENT

(Duwe & Henry-Nickie, 2021)

- Barriers may include:
  - "Criminal History/Record"
  - Lack of skills/training
  - Limited (if any) work experience
- Employment is much more than a paycheck - it provides structure, routine, social connections...
- Obtaining lawful employment is one of the best predictors of the post-release success of those who have been formerly incarcerated

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HOUSING:

• “The first month after release is a vulnerable period which the risk of becoming homeless and/or recidivism is high. Providing access to affordable housing options and lenient policies can help support an individual’s transition back to their respective communities and is an important factor in recidivism prevention” (Li, 2018, as cited in Cortes & Rogers, 2010)

• Challenges:
  ◦ “The high risk of residential instability can lead some to experience homelessness after release” (Li, 2018, as cited in Fontaine, 2013).
  ◦ Released from incarceration with limited financial resources
  ◦ Strict housing policies (i.e., private market rental housing associations are unlikely to rent to someone with involvement in the criminal justice system)
  ◦ Ineligibility for public housing (i.e., due to past drug or felony convictions)

CIRCLES OF SUPPORT AND ACCOUNTABILITY

• Learning or relearning how to plan and structure one’s life takes time and help
• Mentoring programs
• Sponsorship
• The fellowship of 12-step programs
• SMART Recovery
• Refuge Recovery
• Celebrate Recovery
• Other social support groups
• Breaking ties to others involved in the criminal justice system and/or gangs
• Purpose:
  ◦ Sense of belonging
  ◦ Sense of purpose
  ◦ Healthy attachment
ETHNIC, RACIAL, AND CULTURAL NEEDS

- Members of minority groups are likely to have multiple needs because of their socioeconomic marginalization and the effects of discrimination.
- Address language barriers
- Validate lived experiences
- Ethnic or racial discrimination is a serious obstacle to the social reintegration of prisoners and may lead to a cycle of (re)incarceration that perpetuates their marginalization.

RELAPSE AND RECIDIVISM PREVENTION: FINAL TIPS

- Link with community services and resources
- An individual plan (release plan) should be developed that identifies the individual's needs and circumstances and determines the resources needed to maximize his or her chances for a successful reintegration
- START EARLY!
- Consider safety concerns
- The weeks immediately preceding and following the release of prisoners have been found to be crucial in determining their prospects for successful reintegration into the community, which necessitates the development of programs focusing on this particular transition point.
THE GOOD LIVES MODEL:

PARTICIPANTS REPORT ...

- IMPROVED MOTIVATION TO ENGAGE WITH THE PROGRAM
- POSITIVE PERSPECTIVES ON INTERVENTIONS
- IMPROVEMENT IN OPTIMISM FOR THE FUTURE, CONFIDENCE, AND TRUST IN OTHERS

REFERENCES:


REFERENCES:


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