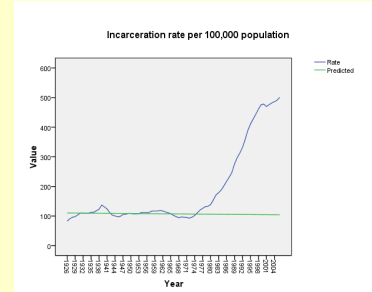# Critical Times for Recovery

CTI for People with Mental Illness leaving Prison and Jail

PSYCHIATRIC DEPT.

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Social policy context.

Incarceration rate per 100,000 population
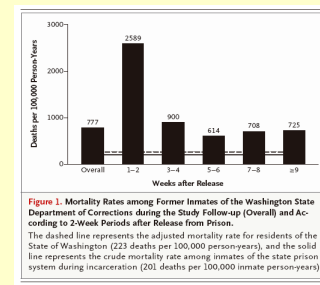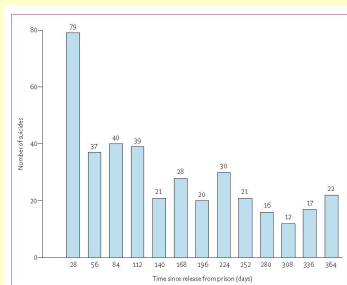

Implications about Corrections, Reentry, & Mental Illness

- Reentry as a proxy for "rehabilitation"—but with greater burden placed on individual
- Intensive supervision without services
- Availability of substance abuse treatment and substance abuse treatment effectiveness
- Housing and Jobs
- Invisible Punishments (interaction with social ties, see Hawkins & Abram, SSM)

Binswanger et al 2007

Figure 1. Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.

The dashed line represents the adjusted mortality rate for residents of the State of Washington (223 deaths per 100,000 person-years), and the solid line represents the crude mortality rate among inmates of the state prison system during incarceration (201 deaths per 100,000 inmate person-years).

Pratt et al 2006

Figure 1: Frequency of suicides during 1 year of release from prison

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Value assumptions for Reentry

- Mental illness should be a public health concern for the person-- more focus on access to services and *less* on justice system operations, i.e. not 'forensic'.
- More prominent conceptualization of substance abuse and use as a factor.
- **Create systemic, population based interventions that respond to fundamental causes of incarceration and its impact.**

3 Standards for New Interventions

- **Potency**—strength and focus of impact

- **Effectiveness**—theoretical and empirical basis for long term effects

- **Capacity**—potential for change in patterns across populations

Extra Credit Challenges

- **Culpability**—can we create programs and interventions that are not premised on making judgments about the culpability of the individual for criminal behavior
- **Alliance**—can we create programs where the provider/service alliance is clearly identified with the consumer, advocating on their behalf with the CJ system

Corrections and Reentry

- FACT
- Critical Time Intervention
- Supported Housing intervention
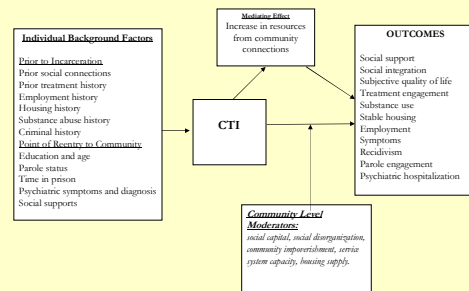- Jail case management
- In-reach and identification

Critical Time for Reentry

- Effectiveness for people leaving shelters
- Included in President's New Freedom commission
- Interest in use for reentry in the UK, NJ, NM, elsewhere
- Only randomized trial for Reentry is in NJ

CTI Basic Elements

- Based in literature on multiple intervention modes, ACT, Motivational Enhancement, Harm Reduction
- Distinct phases of intervention
- Persistent focus more on transition, less on permanence of CTI supports

Framework for CTI

Stage	Transition	Try-Out	Transfer of Care
Timing	Months 1-3	Months 4-7	Months 8-9
Community Engagement			
Purpose	To provide specialized support around establishing community supports	Facilitate & test problem-solving skills	To phase out CTI with community support network
Activities	Make home visits Accompany visits to providers Meet with supporters Give support & advice Mediate conflicts Build negotiation skills	Same as Months 1-3, but less Observe adherence behavior Develop long-term goals Build community connections	Assure consensus about continued care and independence in follow-through; Celebrate community connections made and anticipate further goal attainment with the client
Treatment Engagement			
Purpose	To motivate and support treatment engagement behavior, particularly for those with co-occurring substance abuse disorders.		
Activities	Motivation enhancement, Developing mutual credibility and trust—initial treatment planning and access. Twelve step facilitation if desired.	Social Skills Training for maintaining progress toward treatment goals, Assuring behavior change associated with long-term engagement with treatment, Twelve-step facilitation if desired.	Continued motivational support integrated with observing goal attainment. Twelve-step facilitation if desired.

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3 Standards for New Interventions: How does CTI measure up?

Potency—strength and focus of impact

- Concentration at highest risk time period with intensity of services
- Largely dependent on commitment of workers, instilling hope, a recovery orientation
- However—potency in later stages depends on the socio-economic context and service system capacity outside CTI

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3 Standards for New Interventions: How does CTI measure up?

Effectiveness—theoretical and empirical basis for long term effects

- Builds on relatively strong empirical base in homelessness research
- Theoretical base is relatively strong—and versatile
- Research shows adaptation to contexts
- However—no evidence for effectiveness towards correctional outcomes.

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3 Standards for New Interventions: How does CTI measure up?

Capacity—potential for change in patterns across populations

- Can be seen as a systemic intervention
- Puts specialized services in place and keeps them focused
- However, case management basis for service has inherent limitations to capacity

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Critical Times, Critical Opportunity