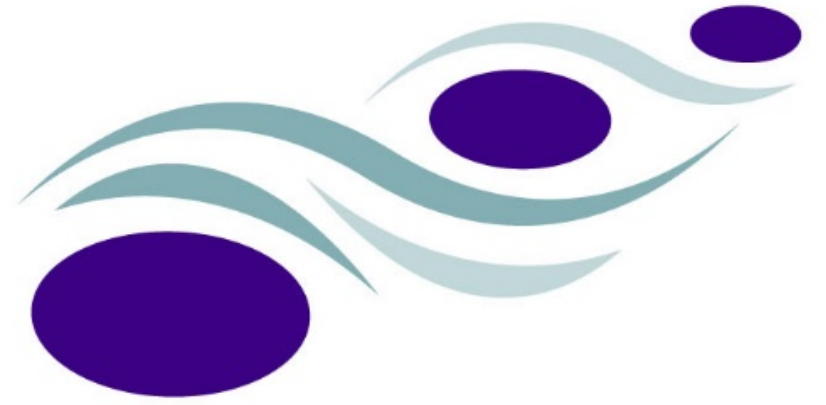




Pathstone



Mental Health

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# Violent Offenders: Profiles of Reoffending

CMHO Conference 2017

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# Agenda

- Process for Referrals
  - Issue
  - Expectations of Program
  - Threat Assessment Dynamics
  - Resources
- Profiles
  - Treatment Ready and Engaged
  - Treatment Resistant
  - Underpowered Sample Size
- Findings
  - Cognitive Distortions
  - Trauma
  - Supportive Attitudes of Offense
- Future Study
  - Implicit Theories Model
  - Checklist pre screening

# Issue

- ▶ Youth are engaging in violent acts
  - ▶ These seem to be increasing both in numbers and in severity
- ▶ Mental health treatment is a necessary and beneficial support and intervention
  - ▶ Unfortunately many youth do not take advantage of the services
- ▶ Resources are not being utilized effectively. This may result in a youth committed to receiving services having to wait
- ▶ Community Safety Risk is created when youth do not engage
- ▶ How to manage Community Safety Risk

# Homicide in Youth

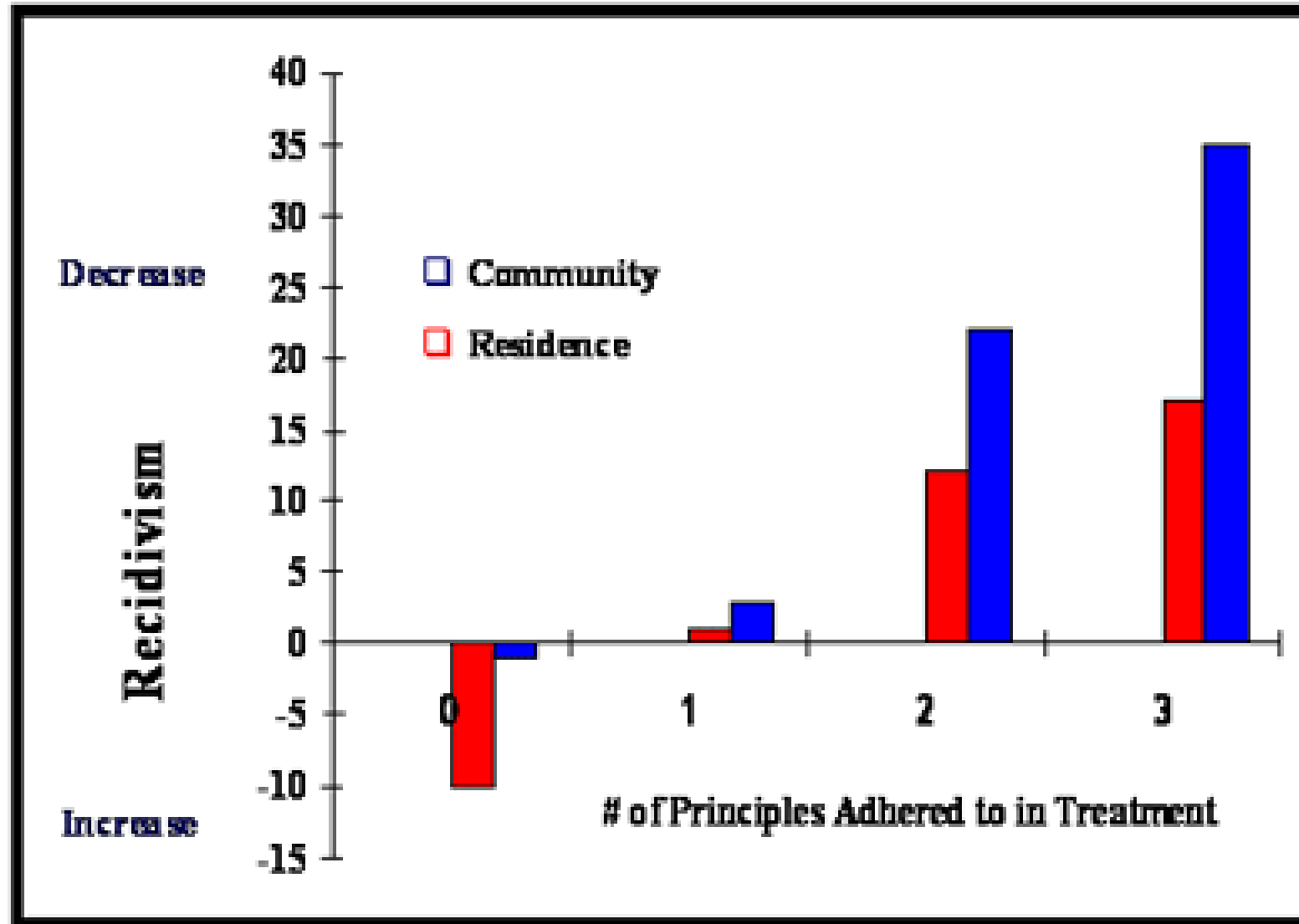
- 43 youth across Canada were accused of attempted murder and 35 youth accused of homicide in 2015
- In Ontario, 5.4% of youth reported having assaulted someone, within the last 12 months
- Also in Ontario 5.1% of youth reported carrying a weapon, within the last 12 months

# Research Findings on Evaluating Risk

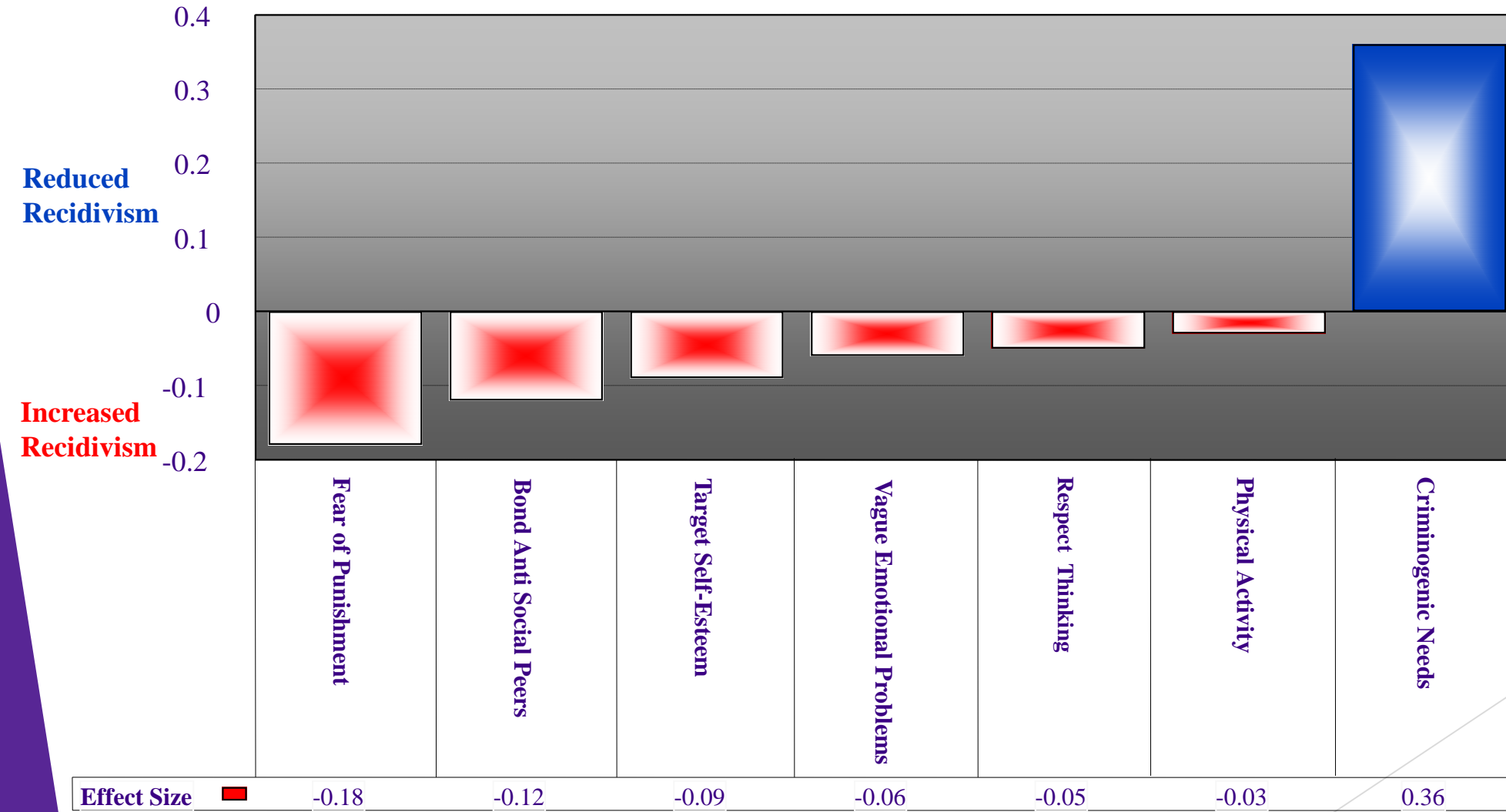
When working with clients with homicidal behaviour, research indicates: level of risk must be taken into consideration

- Very low risk offenders may only need basic psychoeducation (Epperson et al., 2006)
- Mismatch of intervention and need has detrimental consequences (Hall, 1995; Bonta, 1996)
- The Risk Needs Responsivity Principle

# Use of Risk-Needs-Responsivity in Treatment



# Needs Targeted Correlates to Outcomes



Adapted from Andrews and Bonta. (2006).



# Methods of Risk Assessment

Historically:

- Clinical judgment
  - Evidence-based instruments
  - Measurement and dynamic factors
- 
- Effectiveness demonstrated through multidisciplinary team consensus (Fuller & Cowen, 1999)
    - Instruments, clinical interpretation, context/narrative, team approach

# Process for Referrals

- Expectations of Program
- Threat Assessment
- Community Support

# Expectations of Program

- High Risk Program - Pathstone Mental Health
- Immediate response for high risk clients- 48 hrs
- Clients are those who have made a homicide attempt on other's lives, or made preparations for homicide
- Weekly therapy sessions

# Assessment

- Client & family engagement
- Safety/no harm plans
- Combination of both clinical interviews and standardized measures

# Treatment

- Treatment recommendations informed from assessment and individualized to meet client needs
- 3 components: Individual, family, safety
- Variety of therapeutic models used, including CBT
- Treatment goals reviewed regularly with client to assess progress

# Threat Assessment

- The community was experiencing an increasing number of youth that were engaged in aggressive, violent, life-threatening behaviours
- Community services were concerned with issues of privacy and confidentiality
- Services or supports for these youth were not available in just one agency
- There was a recognition that there needed to be two safety plans for these cases:
  - Youth specific
  - Community

# Protocol

- ▶ The community sought out training on both the process of threat assessment as well as Confidentiality and Privacy
- ▶ Process to invoke a Community Threat Assessment
- ▶ Champions in each agency
- ▶ Training for all relevant staff
- ▶ Review of process

# Community Supports

- ▶ Supports in schools - specialized settings
- ▶ Supports from community to ensure individual and family can attend appointments
- ▶ One to one supports arranged with community partners
- ▶ Check ins by crisis services or Niagara Regional Police
- ▶ Living supports through Child Welfare

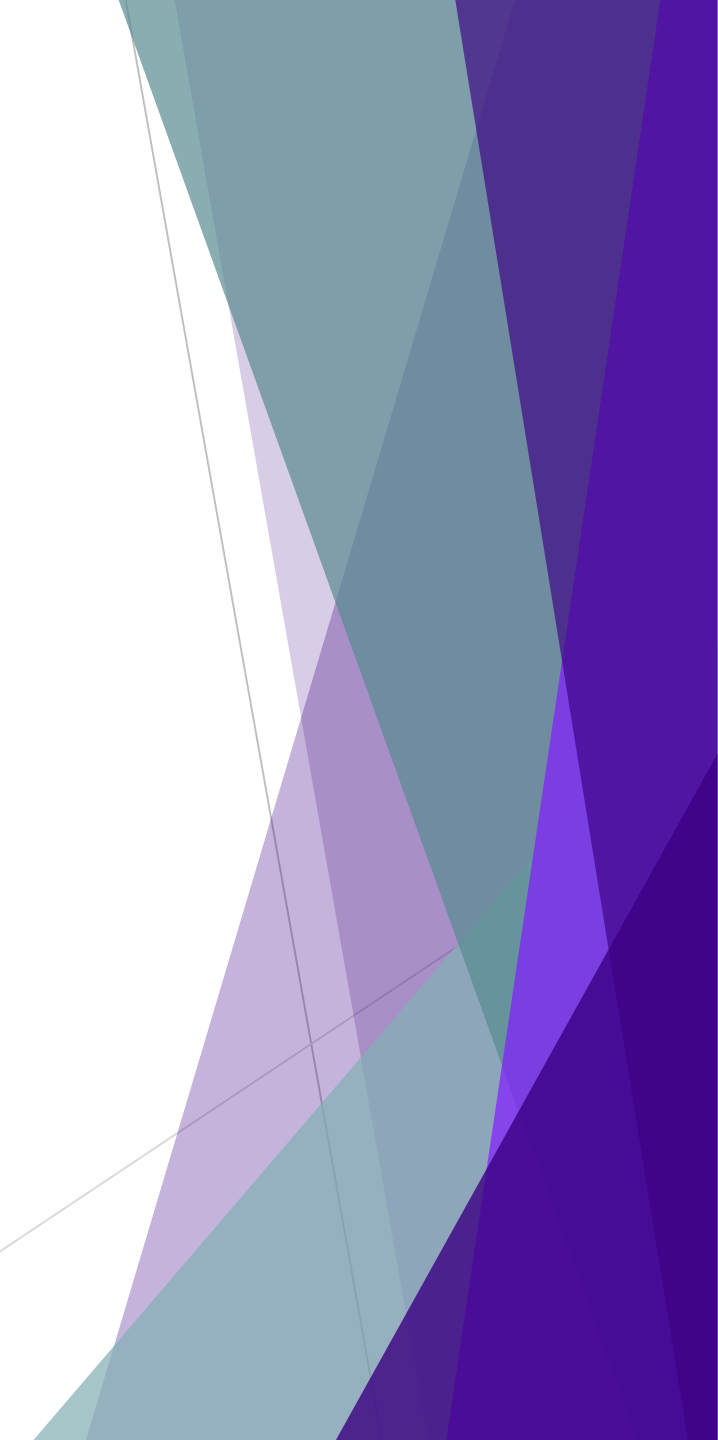


# Youth Profiles

Treatment Engaged

Treatment Resistant

Sample Size



# Youth Demographics to Date

- ▶ 2014 to 2017
- ▶ 55 referrals
- ▶ 8 to 18 years of age
  - ▶ Average age: 15.9
  - ▶ STD: 2.012

# Variables Collected and Analysed

- ▶ Trauma
- ▶ Attitudes that Support Behaviours
- ▶ Child Welfare Involvement
- ▶ Domestic Violence
- ▶ Mental Health Disorders
- ▶ Community Safety Plan
- ▶ Parental Involvement

# Findings

Cognitive Distortions

Trauma

Supportive Attitudes of Offense

# Findings

## Successful Completion

- ▶ 91% Parental Involvement
- ▶ 87% Strong Community Plan
- ▶ 80 Minimal Trauma
- ▶ Identification of Cognitive Distortions
  - ▶ Implicit Theories?

## Non engaged

- ▶ 92% Attitudes supportive of behaviours
- ▶ 89 High level of trauma
- ▶ 85% Child Welfare involvement

# What we did not Find

- ▶ Domestic violence
- ▶ Fixation on violence
- ▶ The role, if any, of cognitive distortions
- ▶ Mental Health

# Future Study

Cognitive Distortions

Implicit Theories Model

Checklist pre screening

# Cognitive Distortions

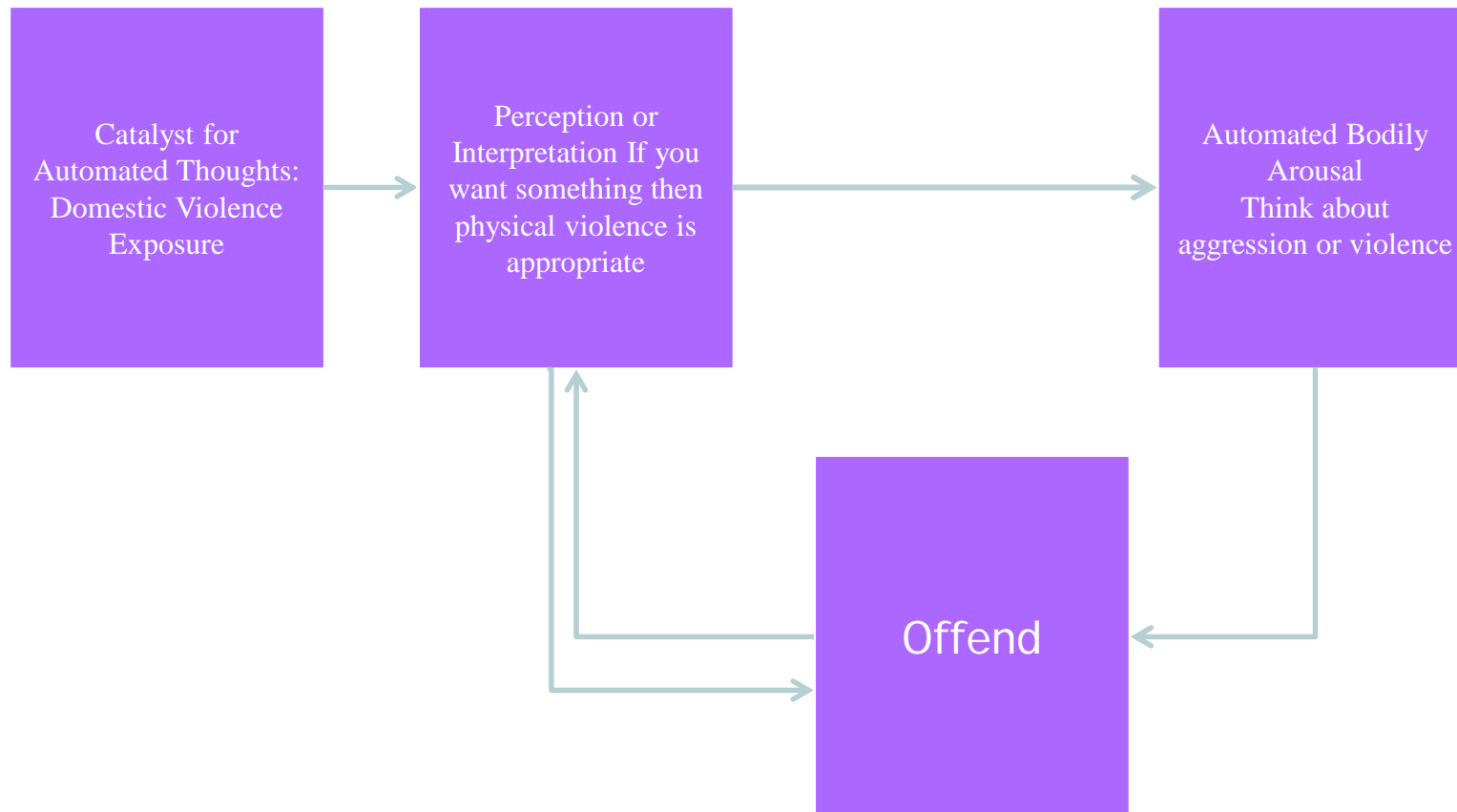
- ▶ This is a term that describes a process whereby our mind makes us believe something false is actually true. This process is typically utilized to support one's negative emotions or thinking. These inaccurate thoughts allow us to believe that our decisions or actions are sound and rationale. Their real tangible output is that they shelter us from negative personal feelings or from believing we are bad or wrong.



# Implicit Theories

- ▶ Implicit Theories Model describes or supports the idea that behaviours are chosen and can be understood through the lens a variety of theories.
- ▶ Ward (2000) described an Implicit Theories Model to identify and understand why one would engaged in sexualize offenses.
- ▶ We believe the following theories of his model have application to violent behaviours, specifically:
  - ▶ (a) uncontrollability, (b) entitlement, (c) women are dangerous, (d) nature of harm, and (e) dangerous world comprised of Factor 1 (revenge) and Factor 2 (children are trustworthy companions).

# Imagining Integrative Models



# Checklist Pre-screening

- History of previous violent behaviours (implicit theories screening)
- Mental health diagnosis
- Substance use
- Family dynamics
- Family stress
- Protective factors

# Next Steps

- ▶ Continue to collect data
- ▶ Use Implicit Theories Model checklist to identify the specific areas of focus
  - ▶ Determine which models better predict future risk and efficacious treatment outcomes
- ▶ Work with community partners to develop a 'menu' of community supports to:
  - ▶ Better prepare and engage youth for treatments
  - ▶ Support youth and family that do not remain committed to treatment

# Case Study Instructions

- ▶ Divide into four groups
  - ▶ Mental Health
  - ▶ Child Welfare
  - ▶ School
  - ▶ Police
- ▶ From the lens of your service mandate:
  - ▶ What information will you focus on?
  - ▶ What information would you want to know?
  - ▶ Which provider likely has that information?
  - ▶ What are the privacy issues?
  - ▶ What would be the plan of action?
  - ▶ What would be the community safety plan?

# Case Study #1: Composite

SC is a 14 year old male who was referred to the high risk program via threat assessment. The reason for referral includes SC allegedly brought a concealed weapon to school (screwdriver), held it up to the throat of another student while making a lethal threat. SC was also alleged to have threatened the janitor by taking the screwdriver out and stating he would “stab him repeatedly and watch him bleed out”. When SC was apprehended, police found a ski mask and other tools in his bag.

## Case Study #2: Composite

BW is a 13 year old male who was referred to the high risk program via threat assessment. The reason for referral includes BW threatened to blow up his family home while under the influence of substances. BW engages in regular drug use and has obtained the company of a delinquent friend group. BW's mother reports that BW broke down the front door while intoxicated, and that when she attempted to leave the home he threatened to smash her car windows.

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QUESTIONS ???? ?