

Recidivism and Mental Illness: Correctional Strategies to Reduce Recidivism in Offenders with
Attention Deficit Hyperactivity and Borderline Personality Disorders

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Abstract

Mental illness is a broad and all-encompassing term to describe impairment in daily functioning. The criminal justice system has become a social institution responsible for the care, custody, and treatment of individuals who suffer from mental health disorders and engage in criminal behavior. Correctional facilities and field offices, who supervise criminal offenders are duly impacted by this population of offenders. Line staff, including correctional officers and probation and parole agents, are not always prepared nor do they necessarily understand when they are encountering an inmate or an offender, who is suffering from mental illness. As the number of criminal offenders who are also mentally ill increases, there is a drastic need to implement both training and policies changes to adjust to this population of offenders.

Keywords: mental illness, recidivism, probation and parole, correctional strategies, training

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I. Introduction

Overview of Mentally Ill Offenders and Recidivism Rates

According to the Bureau of Justice Statistics, 83% of inmates, who were released in 2005, were rearrested within nine years of their release from prison (Alper et al, 2018). Offenders with a diagnosed mental illness have higher rates of recidivism when compared to their counterparts (Deinse et al, 2018). The Wisconsin Department of Corrections defines recidivism as, “following an episode of incarceration with the WI DOC, to commit a criminal offense that results in a new conviction and sentence to WI DOC custody or supervision” (Tatar & Jones, 2016, p. 5). The most recent recidivism rates in Wisconsin were published in August of 2016. According to Tatar & Jones (2016), recidivism in the state decreased by 27.2% between the years of 1990 to 2011.

The data published by Tatar & Jones (2016), categorized recidivism rates by gender, age, race, time period between release and new conviction, length of prison stay, risk level, and original offense. There is no data presented regarding offenders with a mental health diagnosis. Male inmates between the ages of 20 and 29 had the highest rates of recidivism. The difference in recidivism rates between Black and White offenders was only 1% in 2011 and 75% of inmates who were released between 2000 and 2011 returned to supervision by the Wisconsin Department of Supervision within 21 months of their release date. Those who served more than 5 years were the least likely to commit a new criminal offense and inmates, whose original offense was a property offense were the most likely to re-offend. Those who were convicted of the following offenses were the most likely to return to criminal behavior; 2nd Degree Sexual Assault of a

Child, Burglary – Building or Dwelling, Manufacture/Deliver Cocaine, and Operating While Under the Influence – 5th or 6th offense.

The task of supervising criminal offenders in the community and addressing recidivism can be challenging, especially when the offender is diagnosed with a major mental illness. Individuals, who are suffering from Attention Deficit Hyperactivity Disorder or Borderline Personality Disorder, are more likely to be placed into custody for technical violations of their community supervision and are more likely to commit a new offense, during their supervision (Abracen, et al 2014).

Statement of the Problem

The Wisconsin Department of Corrections reported 39% of male inmates and 86% of female inmates incarcerated in 2018, were diagnosed with a mental illness (WI DOC DAI, 2019). The Division of Community Corrections supervised a total of 66,248 offenders as of June 30, 2019, but the yearly review publication fails to list any type of programming, specifically directed towards individuals with a diagnosed mental health disorder (WI DOC DCC, 2019). There is currently only limited training opportunities for probation and parole agents in Wisconsin related to mental illness. Also, caseload numbers for this position are high and the time available to spend with this population of offenders can be extremely limited.

Purpose of the Study

The purpose of this research is to explore the current policies and procedures, as they relate to offenders in the community, who also have a significant mental illness. These policies will also be evaluated as to their effectiveness when compared to recidivism rates of this

population. Finally, a discussion of the best and most reliable evidence-based practices will be conducted. Specific offender populations and recidivism rates will be explored as this population also comes with limited resources in small or rural communities. Correctional professionals, community mental health providers, law enforcement, county jail administrators, correctional officers, and institution social workers all have contact with offenders who suffer from mental illness and need to be prepared to implement effective correctional strategies, which are effective for this specific population. Reducing recidivism in specific offender populations, will ultimately reduce costs associated with the custody and community supervision.

Significance of the Study

This specific research will contribute to the field of corrections by providing recommendations for policy and procedural changes for probation and parole agents, who supervise mentally ill offenders in the community. Reducing recidivism in this population will lower incarceration costs. This can be achieved through implementing increased education and training to line staff, decrease technical violations committed by offenders, increase community awareness, and protect the public by reducing mentally ill offender's risk to re-offend.

Research Methods

A literature review from numerous academic journals as well as statistical data will be provided. Secondary analysis of evaluative, non-reactive, and qualitative research will be presented. The outcome of this research is intended to provide detailed and evidence-based correctional strategies that are effective in reducing the recidivism of mental ill offenders and stop the revolving door of both county jail and correctional facilities. This research will also

specifically focus on offenders who are diagnosed with borderline personality disorder and attention deficit hyperactivity disorder. Training and education of criminal justice professionals, who work with his population will also be thoroughly examined.

Secondary analysis of previously published academic works will be conducted on correctional strategies implemented to reduce recidivism in populations who are diagnosed with a mental illness. Specific attention will be placed on the diagnoses of borderline personality disorder and attention deficit hyperactivity disorder, as these disorders have the highest rates of recidivism. The secondary analysis will also include statistical information regarding the scope of the research problem and information regarding the symptoms of both disorders.

II. Literature Review

The Bureau of Justice Statistics reports 1 out of 55 adults in the United States were under correctional supervision at the end of 2016 (Kaeble, 2018). This correctional supervision occurs in the community and the criminal offenders are under probation, parole, or extended supervision. These individuals under supervision may also be suffering from a significant mental illness. Recent studies have evaluated which correctional strategies are effective in reducing recidivism for this challenging population. Specialty mental health probation practices have received increased attention since 2003. More recently policy proposals have been suggested to also reduce the population of mentally ill offenders in correctional settings. Skeem, Encandela, & Louden's research (2003) was the first study to address probation agents specializing in the supervision of criminal offenders with a serious mental illness.

Skeem et. al. (2003) organized their findings into three areas; strategic, relationship, and contextual to compare how specialty probation officers and traditional probation officers influenced compliance and recidivism for seriously mentally offenders on supervision. Their findings supported specialty agents have increased compliance and may potentially reduce recidivism as a result of the strategies implemented, the respectful relationship tailored to the offender's needs, and where the agency's goal is rehabilitation. The methods used by Skeem et. al. (2003) included a series of focus groups to complete a qualitative approach, which could then result in future quantitative outcomes. Manchak, et. al. (2014), sought to examine the

effectiveness of specialty probation supervision several years later through a multi-method, longitudinal study.

In 2014, only two prior studies had focused on specialty mental health correctional strategies for probation supervision. Manchak et. al. (2014), intended to expand the knowledge of correctional strategies for serious mental health offenders by examining specialty caseloads, which were designed to improve offender outcomes. This research focused on the ability of the probation agent to develop quality relationships with the offender, coordinate mental health treatment for the offender, and increase compliance to reduce violations committed by the offender. Manchak et. al. (2014), compared 176 traditional probations to 183 probations supervised by a specialty agent. The offenders were interviewed three times over the course of a year and the agents completed surveys throughout the year.

Specialty agent caseloads were roughly half of their traditional counterparts and therefore specialty agents were afforded the ability to spend more time with their offenders in both frequency and duration. Specialty agents were also able to implement positive compliance strategies through coordinating services for the offenders on their caseloads. Offenders who were supervised by specialty agents were more likely to receive mental health treatment as well as access to dual-diagnosis treatment in the community. Offenders were twice as less likely to have a formal violation when compared to their traditional counterparts (Manchak, et. al., 2014). Finally, the researchers concluded specialty mental health can be implemented in community corrections to improve access to service and reduce violations of probation (Manchak, et. al., 2014).

Skeem, Manchak, and Peterson (2011) also reviewed numerous correctional strategies for addressing the mental health needs of offenders in the community by studying published empirical evaluations of implemented programs. This article reviewed additional policies and programs beyond specialty mental health caseloads. Criminal justice and mental health models were reviewed as well as their impact on recidivism. No reduction in recidivism rates were reported in jail diversion programs or Forensic Intensive Case Management. A small reduction was found in Forensic Assertive Community Treatment and specialty mental health community supervision. The largest reduction in recidivism were found in Mental Health Treatment Courts, only 42% were rearrested after completion of the program when compared to the control group at 57% (Skeem et. al., 2011) and Re-entry Programs or jail aftercare programs were measured at a 5% recidivism rate (Skeem, et. al., 2011).

An offender who is not successful under traditional probation supervision may be incarcerated in a county jail or enter a state correctional facility. Mulvey & Schubert (2017), proposed numerous correctional strategies to address the disproportionate number of mental ill offenders who are incarcerated at the county and state levels of the criminal justice system. These proposals include increasing access to mental health services in correctional settings, divert seriously mentally ill offenders out of the criminal justice system, expand mental health training to criminal justice professionals, collect data at each stage of the criminal justice process to identify offenders with mental health needs, and finally provide aftercare to offenders who are returning to their communities (Mulvey & Schubert, 2017).

Lamberti (2016) evaluated the effectiveness of leverage-based diversion interventions at reducing recidivism in this population of offenders. Compulsory mental health treatment or the

use of legal leverage was found to be ineffective in gaining an offender's compliance with needed or recommended services to reduce recidivism. The purpose of this research was to inform its readers of another strategy involved in the case management of individuals with serious mental illness, who are receiving services in the community. Lamberti (2016) found only 18% of criminal offenses committed by individuals with mental illness are due to symptoms of their disorder. His research also found a gap in knowledge for both corrections and mental health professionals. According to Lamberti (2016) the goals, values, and methods used by each set of professionals with this population is vastly different.

This research calls for a collaboration between the two disciplines. According to Lamberti (2016) the following process can be implemented on each side of the spectrum for justice involved adults who also suffer from mental illness. The process should also overlap, an evidence-based correctional strategies and mental health treatment is coordinated to reduce the recidivism of this population. This process includes engagement, assessment, planning and treatment, monitoring, problem solving, and transition. Lamberti (2016) found this process to be an effective strategy, which can be implemented to reduce recidivism. These strategies can influence future programs, policies, and the criminal justice process for this group of offenders.

Lamberti (2016) provides information regarding what has not worked in the past and calls for two disciplines to combine their efforts to implement collaborative policies and programs to further reduce criminal behavior in this population. This research also supports previous findings of the lack of training provided to correctional professionals regarding mental illness.

The literature on this topic specifically mentions borderline personality disorder as one of the illnesses, in which offenders have high rates of recidivism. Qualitative research regarding borderline personality disorder was conducted by Dammann et al (2011). The purpose of their study was to analyze the self-image in patients diagnosed with borderline personality disorder. Dammann et al (2011) were interested in how patients with this disorder described themselves when compared to others without the disorder. Symptoms of this disorder include impulsivity, instability, and identity disturbances (Dammann et al, 2011). The qualitative research method was chosen due to the lack of empirical research on this topic.

The findings included patients who are diagnosed with this illness, describe themselves in altruistic terms and others are characterized in negative terms. The participants in this study did not express positive emotions and were found to have emotional dysregulation. These participants also were categorized with interpersonal relationship difficulties. This was the first known qualitative study regarding the self-image of individuals with borderline personality disorder. This study is relevant to my research topic as individuals with borderline personality disorder are present in the criminal justice system. The symptoms of their disorder and how they perceive themselves is important for the criminal justice professional working with this population to understand.

Abracen et al (2014), found serious mental illness to be positively related to recidivism rates. Their research was conducted with a sample of 136 residents, who were placed at halfway house operated by the Correctional Service of Canada. The study found high rates of mental illness in this high-risk population. Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder were specifically addressed in Abracen's research. ADHD is associated with substance abuse and anti-social behavior, which is also related to negative emotional

irregularity. Substance abuse is also classified as one of the risk factors, which contributes to recidivism (Abracen et al, 2014). Borderline Personality Disorder is also associated with failure to complete programming, which in turn leads to higher risks of recidivism. This increased rate of recidivism may also be related to the symptoms of BPD, which interferes with the completion of appropriate programming.

General and violent recidivism were measured in this study after a 42-month follow up period. Almost 62% of the participants received new charges during the follow up period and 37.5% were convicted of new criminal offenses. In terms of violent recidivism, 26.5% received new charges and almost 20% were convicted of violent crimes. The sample of participants were also assessed for mental health disorders. Half of this sample had previously been diagnosed with a personality disorder. The participants who were diagnosed with BPD and ADHD were significantly more likely to experience suspension of their community supervision, receive new criminal charges, or to be convicted of new crime. The findings of this study reported men with a diagnosis of BPD were six times more likely to re-offend when compared to the participants without the diagnosis (Abracen et al, 2014).

There is a re-occurring theme in the research presented above. This theme is increased education regarding mental health and access to treatment to address mental health symptoms. Also, individuals who are diagnosed with BPD and ADHD are more likely to violate their community supervision, commit a new criminal act or receive a new conviction. Regardless of the type of supervision an offender is under, those with identified mental health needs require a criminal justice professional who understands their unique needs and who can provide access to mental health care. Reducing recidivism in this population requires improvements to be made in not only policies but the number of services available.

Borderline Personality Disorder

It is necessary to also understand the diagnostic criteria and symptoms of both Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder. Symptoms of each disorder are related to the criminal behavior and potential risk of recidivism in this population. The Diagnostic and Statistical Manual of Mental Disorders or DSM (5th ed.) defines a personality disorder as, “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (APA, 2013, p. 645). The DSM-V identifies ten personality disorders and groups these disorders into clusters based upon similarities. Borderline Personality Disorder (BPD) is categorized as a Cluster B, which describes these individuals as, “dramatic, emotional, and erratic” (APA, 2013, p. 646). It is estimated, 15% of the population suffer from a personality disorder (APA, 2013).

The diagnostic criteria for Borderline Personality Disorder must also include at least five of the following behaviors to be present:

- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense interpersonal relationships
- Identity disturbances or unstable self-image
- Impulsivity in at least two areas of self-damaging behavior (substance abuse, sex, excessive spending, reckless driving, and/or binge eating)
- Reoccurring suicidal behavior, gestures, threats, or self-mutilation

- Mood instability
- Chronic feelings of emptiness
- Inappropriate and intense anger
- Stress related paranoia or dissociative symptoms (APA, 2013)

Moore, Tull, & Gratz (2017), also specifically addressed borderline personality disorder in their research. The impulsive behaviors, aggression, and emotional irregularities experienced in this population was analyzed. According to Moore et. al (2017), “not only is BPD associated with extensive impairment and disability, the symptoms of associated behaviors of BPD have strong relevance to the criminal justice system” (p. 26). Borderline personality disorder symptoms are positively related to criminal behaviors. This population is present in both county jails and state correctional facilities. Approximately 34% of the county jail population demonstrate behaviors associated with BPD. 55% of female inmates and 27% of male inmates in state or federal correctional facilities meet the diagnostic criteria for Borderline Personality Disorder (Moore, et. al, 2017).

Moore et. al (2017), found individuals with BPD symptoms are more likely to be arrested for violent behaviors, including intimate partner violence and wanted to examine the factors, which contribute to the involvement in the criminal justice system for these individuals. Specifically, Moore, et. al (2017), focused on the examination of emotional regulation as it relates to border line personality disorder and involvement within the criminal justice system. Participants in this research included 118 patients in a residential treatment facility, located in Mississippi. The research sample was predominately male and 91% had at least one prior criminal charge. The criminal offenses ranged from shoplifting to homicide. The participants

completed six separate questionnaires to assess aggression, symptoms of personality disorders, impulse control, and substance use. The findings of this study suggest individuals with Borderline Personality Disorder are more likely to be arrested due to the inability to control their impulses during a period of emotional distress.

Attention Deficit Hyperactivity Disorder

The diagnostic criteria for Attention Deficit Hyperactivity Disorder or ADHD is dependent upon a persistent pattern of inattention and/or hyperactivity-impulsivity. This pattern interferes with functioning or development for at least six months. This disorder is also characterized by six or more symptoms of each category (APA, 2013). Inattention can be described as making careless mistakes, difficulty remaining focused, appears not be listening, not following through with tasks, lack of organization, avoidance of lengthy tasks, losing items, easily distracted, and forgetful. Hyperactivity can be observed with the following behaviors: fidgeting, inability to remain seated, restlessness, inability to remain quiet or still, excessive talking, difficulty waiting, and frequently interrupting and intruding on others (APA, 2013).

This disorder begins in childhood and symptoms must be present prior to the age of 12. Symptoms must also be present in more than one environment or setting. Attention Deficit Hyperactivity Disorder occurs in most cultures, approximately 5% of children and 2.5% of adults. Risk factors for this disorder include low birth weight, smoking during pregnancy, history of child abuse, exposure to lead, infections, alcohol consumption during pregnancy, and is also highly heritable (APA, 2013).

Cahill et al (2012) studied the prevalence of Attention Deficit Hyperactivity Disorder in adult prison inmates. This study examined ADHD as it related to gender of inmates in adult correctional facilities. This study was conducted within the Colorado Department of Corrections and included almost 5,000 inmates. It was found inmates were more likely to be diagnosed with ADHD when compared to the general population; 10.5% versus 2-5%, respectively. Female inmates were more likely to be diagnosed with ADHD when compared to their male counterparts. Also, inmates were more likely to be diagnosed with the hyperactivity-impulsive subtype, with 48% of the population, 36% for the inattentive subtype, and 16% were classified under the combined subtype. Finally, Cahill et al (2012) found the presence of ADHD may impact rehabilitative programming negatively and inmates must be classified based upon this diagnosis for programming to be effective against recidivism.

III. Criminological Theory Application

General Strain Theory applies to the behavior of mentally ill offenders and offers an explanation to why this specific population enters the criminal justice system. This theory can be applied to both Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder. Robert Agnew developed his adaptation to Robert Merton's Strain Theory in the 1980's. Agnew's theory of criminal behavior expanded Merton's theory to modern society and expanded the focus of this theory. Merton's theory only included those in the lower socio-economic class (Tibbetts & Hemmens, 2019). Strain theory was developed during the Great Depression and proposed crime was significantly related to an individual's frustration when the American dream was not achieved. Merton's theory provides a foundation and explanation regarding the causation of the crime, stating frustration is the precursor to criminal behavior.

The premise of General Strain Theory applies to individuals of all social and economic class and states everyone experiences strain or frustration in their daily lives (Tibbetts & Hemmens, 2019). This theory focuses on the presence of negative factors or stimuli and the removal of positive factors in daily functioning. According to Agnew, failure to achieve goals, noxious stimuli, and the removal of positive stimuli leads to stress and ultimately feelings of

anger. The emotion of anger caused by strain or frustration is the basis for criminal behavior. But if an individual can apply positive coping skills to their frustration and anger, criminal behavior may be prevented (Tibbetts & Hemmens, 2019). Individuals who are diagnosed with Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder do not possess the required coping skills to address these feelings of frustration and anger, therefore they are predisposed to criminal behavior.

Agnew's General Strain Theory has also been applied to the violent behaviors of those diagnosed with serious mental illness. Robert Agnew continued his application of General Strain Theory to this specific population. Individuals living with mental illness experience multiple and frequent types of stress. This includes childhood trauma, criminal victimization, low or no employment, homelessness, and difficulty with interpersonal relationships (Link, 2016). Agnew and his colleagues found a positive relationship between strain and mental illness when applied to violent behavior. Link et al (2019) stated individuals with mental illness experience criminogenic factors at a higher frequency than those without mental illness. Also, early life stressors such as parents who abuse drugs, witnessing violence, and homelessness contribute to violent behavior later in life for this population (Link, 2019).

IV. Existing Programs

Motivational Interviewing

This correctional strategy is a client-centered approach to change. This strategy is currently trained, practiced and incorporated into supervision contacts by Probation and Parole Agents in the state of Wisconsin. This interview technique was developed in the 1980's and was originally designed to address substance use disorders. Motivational Interviewing or MI partners the professional with the client to address the positive benefits of changed behavior. Motivational Interviewing has five core principles. These principles include expressing empathy through reflective listening, develop discrepancies between the client's values and their behavior, avoid arguments and directive confrontation, adjust to the client's resistance rather than opposing it directly, and finally support self-efficacy and optimism (CSAT, 1999).

Lin (2018) sought to evaluate recidivism rates when motivational interviewing strategies were implemented by parole agents in Colorado. MI was found to significantly reduce the odds for re-arrest as well as the risk of being arrested for specific offenses involving violence, property, and illegal drugs. Lin (2018), found MI to also reduce the frequency of technical violations for the parolees sampled in Colorado. The Colorado Department of Corrections began implementing this evidence-based counseling strategy in 2010. Lin (2018) collected data from 50 parole officers, who were certified in motivational interviewing. Data was collected between

2010 and 2014. Data was also collected from over 7,500 parolees. Recidivism was defined by Lin as an arrest for a new crime or a technical parole violation within 18 months of release from prison.

Lin's analysis of recidivism rates in Colorado after the implementation of motivational interviewing found a significant reduction in those rates. According to Lin (2018), the overall odds of a parolee being rearrested for a new crime decreased by 35.7%. Violent offense rearrest rates were reduced by 35.6%, property offenses reduced by 60.5%, and drug offenses were reduced by 59.4%. The likelihood of technical violations was also reduced by 47%. The state of Colorado also hired more parole officers and diversified their agents into specialty caseloads, such as a unit organized to specifically focus on offenders who were absconding from parole. Overall, Lin (2018), found motivational interviewing had an impact on reducing different types of recidivism and parolees who were supervised by an officer using motivational interviewing techniques were less likely to engage in misconduct.

Dialectical Behavior Therapy

Dialectical Behavior Therapy or DBT is a current treatment method to address the symptoms and behaviors associated with Borderline Personality Disorder or BPD. The term dialectical refers to the tensions, which can occur between therapist and client as well as the rigid patterns of thinking displayed by individuals with BPD (DeCou, 2019). The development of DBT sought to address the lack of treatment compliance with individuals who have a diagnosis of BPD. DBT is a unique approach to cognitive-behavioral therapy and incorporates the five functions of treatment, biosocial theory, focus on emotions, dialectical philosophy, acceptance, and mindfulness (Chapman, 2006). This approach to therapy addresses the suicidal thoughts,

self-directed harm, and suicide attempts of individuals who are diagnosed with Borderline Personality Disorder (DeCou, 2019). DBT was developed by Dr. Marsha Linehan in the 1980's and emphasizes the need to, "fully accept clients as they are while actively helping them to change" (DeCou, p. 60, 2019).

This approach is an outpatient treatment therapy, which includes individual psychotherapy, groups skills training, out of session coaching, and therapist consultation team meetings. DBT is designed to last approximately one year to target the self-harm behaviors present in Borderline Personality Disorder (DeCou, 2019). The five functions of this particular treatment approach include enhancing capabilities of the client, generally these skills to daily life, improving motivation and reducing dysfunctional behaviors, maintaining and enhancing the motivation of the assigned therapist, and finally structuring the treatment environment to improve client outcomes (Chapman, 2006).

Emotions and regulation of these emotions is central to Dialectical Behavior Therapy. According to the biosocial theory, individuals with Borderline Personality Disorder are born with emotional vulnerability and without the necessary coping skills learned in childhood, individuals are more likely to develop BPD. Children who are ignored or dismissed fail to develop appropriate skills to identify and address emotions. The lack of coping skills results in self destructive ways to respond to those feelings. Therapists who implement DBT, must also be skilled in the identification of emotions, the role of emotions in destructive behavior, and when the client is experiencing these emotions (Chapman, 2006).

The results of a clinical trial conducted by Dr. Linehan, who developed Dialectical Behavior Therapy, were published in 1991. These results may be dated, but they provide a

strong foundation for the implementation of Dialectical Behavior Therapy to reduce the symptoms of BPD and ADHD, specifically emotional regulations and consistency of treatment. Linehan found a significant reduction in suicidal behaviors and significant increase in patient retention. Psychiatric hospitalization also decreased in patients who received DBT. DeCou (2019), identified 18 studies, which analyzed the effectiveness of DBT. DeCou's meta-analysis had similar results to those of Linehan, nearly thirty years later. DeCou (2019), found individuals who received DBT were less likely to engage in acts of self-harm and reported less need for crisis intervention.

Opening Avenues to Reentry Success

Opening Avenues to Reentry Success or OARS is a program currently available in 51 of Wisconsin's 72 counties. Only 44 counties are utilizing this program. (Kaeding, 2019). This program supports inmates with serious mental illness with reentry to their communities and is a collaborative effort between the Wisconsin Department of Corrections and the Department of Health Services (WI DHS, 2020). This is a voluntary program for offender who are classified as either medium or high risk to re-offend. This program begins six months prior to an inmate's release from one of Wisconsin 36 correctional institutions. It presents a wrap-around or multi-disciplinary team approach, which includes the inmate, institutional social worker, an OARS program specialist, community-based case manager, and the assigned community corrections agent.

In 2018, there were 306 participants in the OARS Program (Kaeding, 2019). This is less than 1% of the total population of individuals on community supervision during this year, which was 66,196 offenders. This may be due to the requirements for participation in this program or

the lack of programming availability throughout the entire state. OARS programming is only offered to a limited number of participants, who are releasing to the community from a correctional institution and have at least six months of court ordered supervision. The participant must also agree to programming and show motivation as well as a willingness to engage in the treatment process.

Currently, OARS contracts with five agencies across the state, which provide case management. Participants may receive services for up to two years. These services can include educational program, employability resources, mental health treatment, and affordable housing. OARS Program goals include enhancing public safety by reducing revocation and recidivism rates, improve the continuity of care for offenders with mental illness, increase participation in meaningful and healthy activities, self-sufficiency for offenders, and decrease long term cost associated with offenders with mental illness (DHS, 2020).

Evidence-Based Practices and Policies

Samuel Walker (2015) describes evidenced-based policies as the, “most important development in corrections” (p. 308). Motivational Interviewing is an example of an evidence-based practice implemented by the Wisconsin Department of Corrections. These policies are based upon current research and the best data available. There are eight principles designed to ensure evidence-based policy making:

- Assess actuarial risk and needs
- Enhance intrinsic motivation
- Target interventions
- Skill train with directed practice

- Increase positive reinforcement
- Engage ongoing support in natural communities
- Measure relevant processes and practices
- Provide measurement feedback

Walker (2015) states these principles create enormous demands as well as increased challenges on criminal justice professionals. Walker also warns these policies have yet to show a decrease in crime and recidivism rates. This is evident in the community an offender returns to. These communities lack supportive structures and the current economic situation in the United States does not support implementation of more resources provided by public agencies.

V. Recommendations

Motivational interviewing, Dialectical Behavior Therapy, and the Open Avenues to Reentry Success are current programs and treatment options to address and assist offenders with mental health needs. Evidence-Based Practices have also been implemented based upon data and research conducted on decreasing recidivism. The current programming, therapies, and correctional policies have received mixed reviews when assessing their impact on recidivism for offenders with serious mental illness. Education and training for probation and parole agents is one recommendation, which should be implemented immediately to begin reduction in recidivism rates.

Mental illness should also be considered as an additional risk factor and a criminogenic need when supervising offenders in the community. This inclusion of mental illness will provide correctional agencies with a better understanding of this population. Reducing recidivism for criminal offenders, who are also struggling with mental illness requires correctional strategies utilized by trained professionals in a multi-disciplinary team approach. The OARS program provides a comprehensive approach to increase the success of this unique population. It is recommended this program be available in all of Wisconsin's counties, even rural areas where other community resources are scarce. The Wisconsin Department of Corrections must provide in-depth educational opportunities and increase training for agents, who supervise this population. Agents who supervise this population must be senior level agents

with a smaller caseload, which will allow for evidence-based interventions to be applied in a consistent and effective manner.

The supervision of mentally ill offenders in the community must also include psychiatrists, psychologists, social workers, and case managers regardless if the OARS program is available or not. The inclusion of multiple team members will reduce the barriers and challenges this population faces upon release to the community or placement on probation supervision. Probation and Parole Agents do not provide therapy, therefore appropriate professionals must be included to deliver programming, such as dialectical behavior therapy to reduce recidivism.

VI. Summary and Conclusions

There are several gaps in correctional strategies regarding mentally ill offenders, especially those who are supervised in the community. The similarities in the symptoms for both Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder include impulsivity and lack of emotional regulation. General Strain Theory provides a foundation for criminal behavior in this population, when stress or barriers are presented. Stability and resources addressing the needs of those who are diagnosed with ADHD or BPD are key to reducing recidivism. These resources include housing, employment training, therapeutic interventions, and supervision conducted by an agent who specializes in this specific offender population.

Also, this research demonstrated the lack of education and training probation and parole agents receive prior to supervising this unique population. Probation and Parole Agents must be cognizant of the behavior displayed by their assigned offenders. Agents must be able to recognize behaviors as mental illness symptoms versus criminal behavior. This distinction will determine the appropriate response to violations, especially those considered to be a technical or a rule violation and not a new criminal offense. This skill can only be achieved through increased training and education for agents. Specialization and smaller caseloads are needed in order to reduce the recidivism for those offenders who are diagnosed with Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder.

Finally, the theoretical application of General Strain Theory provides explanation regarding the dynamics and stressors experienced by those who suffer from mental illness. The

criminal behavior and symptoms of borderline personality disorder and attention deficit hyperactivity disorder also lead to technical violations of supervision and should not be addressed with revocation procedures. Impulsivity and poor coping skills do not necessarily equal criminal behavior. These behaviors must be addressed through therapy and treatment as they are symptoms of mental illness. It is also necessary for probation and parole agent to recognize the difference between symptoms of mental illness versus criminal behavior or violations of community supervision. This can only be achieved through increased educational components, smaller caseloads, and multi-disciplinary team approaches to the supervision of mentally ill offenders. The outcome of this research provides essential information to criminal justice professionals regarding the most effective strategies to reduce recidivism in this specific population of offenders.

VII. References

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