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Introduction

Decreased criminal recidivism, particularly resulting from new crimes with new victims, is the measure most consistently desired by programs, policymakers, and funding agencies for justice-involved individuals with mental illness. This one measure captures both improved client stability and public safety, while providing support for the promised decreased jail-day FRVW VDYLQJV UHTXLUHG WR VXVWDLQ FRQWLQXHG ¿QDQFL resources (Almquist, 2009; Milkman, 2007).

Evidence-based practices (EBP) with track record of effectiveness in treating serious mental illness, co occurring substance abuse, trauma, and motivation challenges have been utilized with some success forensic populations (CMHS National GAINS Center, n.d.). However, recent reviews of offender-focused an jail diversion programs found that many EBPs, such as Assertive Community Treatment, may achieve symptom reduction but not decrease criminal recidivism (Morrissey, 2007; Case, 2009; Skeem, 2009). In fact, studies indicate that offenders with mental illness share diagnoses and treatment needs similar to those of individuals with mental illness who do not commit crimes. However, with reference to recurrent criminal behavior, offenders with mental illness share the same risk factors for offending as their non-mentally ill counterparts (Epperson, 2011).

In this document, we review the leading offender recidivism targeted intervention paradigm: Risk/ Needs/Responsivity (RNR). RNR proposes that to address the community behavior of offenders:

- the intensity of treatment and supervision should match the Risk level for re-offense
- the treatment provided should match the individual Needs most clearly associated with criminality
- and the intervention modalities should match t to which the individual is most Responsive (Andrews, 2010).

In particular, we focus on criminal thinking, one of LGHQWL¿HG ‡QHHGV · DQG VW interventions from the worlds of criminal justice PHQWDO KHDOWK WKDW ZHUH target the thoughts, feelings, and behaviors asso with criminal recidivism.

We focus on criminal thinking one of the identified needs and structured cognitive-behavioral interventions from the worlds of criminal justice and mental health that were created or adapted to specifically target the thoughts, feelings, and behaviors associated wi criminal recidivism.

Risk

Varying treatment intensity and supervision as a cli tool is familiar to most providers and is consis with the risk principle. Risk-focused options incl residential vs. outpatient treatment; clinic vs. programming; outreach services, such as intensiv management or assertive community treatment use of outpatient civil commitment or other form community leverage to improve patient compli (Douglas, 2001; Monahan, 2005). Underlying t options is the clinical algorithm that the greater concern, the greater the need for structure. This pa the algorithm in the criminal justice world of increas supervision intensity with increasing risk of crimina The documented successes of court-based mental diversion programs and specialized probation ma

the result of the intense supervision provided by the criminal justice system, even though the programs may

Participation of offenders with mental illness in Options (intent-to-treat and completed cohorts) was associated with reduced arrests, including violent arrests, compared to a mentally ill offender control group. The Options groups tended to receive more technical probation violations compared to the control, but this may be

staff with a cultural competence framework within

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