



*Development of a Skills-Based  
Psychotherapy for Impulsivity,  
Emotional Lability, and Self Injury*

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# OBJECTIVES

Following the presentation, participants will be able to:

- Describe the background and development of  a manualized, skills-based, integrated psychotherapy
- Describe the practical application of 
- Cite the benefits of using an evidence-informed, highly structured intervention to reduce impulsivity and enhance emotional stability in justice-involved patients

# DISCLOSURE

- No financial Conflicts of Interest



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## The Development and Implementation of Dialectical Behavior Therapy in Forensic Settings

Lisa G. Berzins and Robert L. Trestman

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*As a result of deinstitutionalization, currently there are three times as many men and women with mental illness in U.S. jails and prisons than in mental hospitals. Appropriate treatment of this population is critical to safety within correctional institutions, successful integration of offenders into the community upon release and a reduction in recidivism. Dialectical Behavioral Therapy (DBT), originally developed by Linehan for chronically parasuicidal women diagnosed with Borderline Personality Disorder, has been adapted for many other populations over the past decade, including male offenders in correctional institutions. This article presents a rationale for use of DBT in a correctional environment and reviews DBT implementations in correctional settings in North America. Because all of the initiatives thus far have been driven by clinical need, there are no published adaptations of DBT modified for and generalizable to correctional settings.*

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The need for mental health treatment within the United States criminal justice system has never been greater. By midyear 1998, an estimated 283,000 mentally ill offenders were housed in the nation's prisons and jails (Ditton, 1999). As a result of deinstitutionalization, currently there are three times as many men and women with mental illness in U.S. jails and prisons than in mental hospitals. Moreover, the severity of mental illness of those incarcerated is increasing. While inmates suffering from severe

evidence that mentally ill offenders in prisons commit more infractions, serve longer sentences and are more likely to be victimized than inmates who are not mentally ill (O'Connor, Lovell & Brown, 2002). Mentally ill inmates assigned to The Washington State Program, mandated by the state legislature to provide services for mentally ill offenders, committed infractions at three times the rate found among general population inmates (O'Connor et al., 2002). Fifty-three percent of



Behavioral Sciences and the Law  
Behav. Sci. Law 27: 787–800 (2009)  
Published online in Wiley InterScience  
(www.interscience.wiley.com) DOI: 10.1002/bsl.889

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## Treatment of Impulsive Aggression in Correctional Settings

Deborah Shelton, Ph.D., R.N.<sup>\*</sup>,  
Susan Sampl, Ph.D.<sup>†</sup>,  
Karen L. Kesten, M.S.<sup>‡</sup>,  
Wanli Zhang, Ph.D.<sup>§</sup> and  
Robert L. Trestman, Ph.D., M.D.<sup>¶</sup>

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*Journal of Child and Adolescent Psychiatric Nursing*

Journal of Child and Adolescent Psychiatric Nursing ISSN 1073-6077

### **Impact of a Dialectic Behavior Therapy—Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents**

Deborah Shelton, PhD, RN, NE-BC, CCHP, FAAN, Karen Kesten, MS, Wanli Zhang, PhD, and  
Robert Trestman, MD, PhD



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# CHALLENGES: TRANSITION FROM RESEARCH TO PRACTICE

- Costs of training
- Staff turnover
- Optimum language level
- Costs and copyright issues



# INNOVATION



- An integrative skills training model informed by a number of theoretical approaches & models-
  - Primarily a cognitive behavior therapy (CBT) model
  - Includes motivational interviewing principles & practices to enhance motivation for change
  - Infused with elements of cognitive neuro-rehabilitation, in consultation with correctional neuro-cognitive researcher, D. Fishbein (Fishbein et al., 2009).
  - Theories of criminal behavior, including relevant examples in participant workbooks.

Fishbein, Diana, et al. "Deficits in behavioral inhibition predict treatment engagement in prison inmates." Law and human behavior 33.5 (2009): 419.

# CBT for a Correctional Population

- There is substantial support in the literature for the use of CBT in the treatment of criminal conduct (Thigpen, 2007; Wilson, Bouffard, & Mackenzie, 2005).
- Several meta analyses support the use of CBT to reduce criminal recidivism (Pearson, Lipton, Cleland, & Yee, 2002).
- Group oriented CBT reduces criminal behavior 20-30% compared to control (Wilson, Bouffard, & Mackenzie, 2005).



# Motivational Interviewing (MI)

- **MI** is a client-centered approach designed to address ambivalence and elicit motivation for change (Miller & Rollnick, 2002)
- MI can enhance motivation to change maladaptive behaviors (Chambers et al., 2008; Howells & Day, 2006)



## Structure & Design

- 32 Skills training group sessions
  - twice weekly, for 16 weeks (or can be provided weekly)
  - 75 minutes in length
- Potential for rolling admissions
- Clinical tools:
  - Participant workbook
  - Facilitator manual
  - Checklists to be used for fidelity monitoring & supervision
- Two-day Training (didactic and experiential) for masters-prepared clinicians
- Freely available, public domain materials

**developed  
for justice  
involved  
individuals  
with  
behavioral  
disorders**

- Concepts & language are simplified given potential cognitive limitations
- Numerous icons included in the participant workbook- especially useful with TBI or verbally limited participants
- Illustrative examples & coping behaviors relevant to correctional situations
- Facilitator manual supports engaging difficult-to-engage participants: shaping by reinforcing any movement toward the desired behavioral change

# Overall Principles

- Reinforce personal responsibility for behavior
- Identify strengths & build on them
- Appreciate & respect individual differences, capabilities, & limitations
- Look for multiple opportunities to teach the connections between thoughts, feelings, & behavior:  
“Your feelings don’t make you act a certain way- you choose how you respond to situations.”

## **Session Components**

- Review of real life practice exercise from previous session (10 – 15 min.)
- Practice Focusing or ABC Skills (Functional Analysis) (10 – 15 min.)
- Introduction & rationale for new topic/ skill (10 min.)
- In-session practice exercise (15 min.)
- Assign new real life practice exercise (5 min.)

## **Functional Analysis of Behavior in Corrections: Empowering Inmates in Skills Training Groups**

*Susan Sampl, Sara Wakai, Robert L. Trestman, and Edward Michael Keeney*

### Abstract:

Functional analysis is designed to improve the effectiveness of cognitive behavioral treatment. Functional analysis involves identifying the sequence of an antecedent stimulus (A), a behavior (B), and that behavior's consequences (C) (Nevin & Mace, 1994; Welches & Pica, 2005). Functional analysis has been incorporated as a fundamental skill within a group-based coping skills training program for offenders, START NOW (Sampl & Trestman, 2007). Participating inmates learn to use the ABC system to break down, understand, and manage their behavior. Clinical explanation, tips, and examples are provided regarding the application of functional analysis within skills training groups, focusing on situations incarcerated offenders are likely to face.

# A Process Evaluation of START NOW Skills Training for Inmates With Impulsive and Aggressive Behaviors

Journal of the American Psychiatric Nurses Association  
17(2) 148–157  
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DOI: 10.1177/1078390311401023  
<http://japna.sagepub.com>



Deborah Shelton<sup>1</sup> and Sara Wakai<sup>2</sup>

## Abstract

**AIM:** To conduct a formative evaluation of a treatment program designed for inmates with impulsive and aggressive behavior disorders in high-security facilities in Connecticut correctional facilities. **METHOD:** Pencil-and-paper surveys and in-person inmate interviews were used to answer four evaluation questions. Descriptive statistics and content analyses were used to assess context, input, process, and products. **FINDINGS:** A convenience sample of 26 adult male (18) and female (8) inmates participated in the study. Inmates were satisfied with the program (4-point scale,  $M = 3.38$ ,  $SD = 0.75$ ). Inmate hospital stays were reduced by 13.6%, and psychotropic medication use increased slightly (0.40%). Improved outcomes were noted for those inmates who attended more sessions. **CONCLUSIONS:** The findings of the formative evaluation were useful for moving the START NOW Skills Training treatment to the implementation phase. Recommendations for implementation modifications included development of an implementation team, reinforcement of training, and attention applied to uniform collection of outcome data to demonstrate its evidence base.

# Evaluating START NOW: A Skills-Based Psychotherapy for Inmates of Correctional Systems

Linda Kersten, M.Sc., Andrew M. Cislo, Ph.D., Miranda Lynch, Ph.D., Kirsten Shea, M.B.A., Robert L. Trestman, Ph.D., M.D.

**Objective:** This study investigated whether higher attendance in a skills-based group therapy program designed for inmates was associated with fewer rule infractions as reflected in the number of disciplinary reports received in a state correctional system.

**Methods:** Administrative data were provided by the Connecticut Department of Correction and Correctional Managed Health Care at UConn Health, the system's health care organization. This was a retrospective cohort analysis of START NOW program participation events from 2010 through 2013 (N=946). Participants were adult male and female inmates, both sentenced and unsentenced, with and without recorded psychiatric diagnoses. The number of disciplinary reports was documented for up to six months after program participation. Incident rate ratios are presented from zero-inflated negative binomial regression models. Predictive margins examined variation in the effect

of sessions attended on disciplinary reports in the postprogram period across security risk groups and primary psychiatric diagnosis groups.

**Results:** For each additional session of START NOW completed, a 5% reduction was noted in the incident rate of disciplinary reports. The effect of program participation was robust to all model considerations. Inmates with higher overall security scores appear to benefit most from program participation. The program was also found to be effective across primary psychiatric diagnosis classifications.

**Conclusions:** START NOW was shown to be an effective treatment option for reducing disciplinary infractions by inmates.

*Psychiatric Services in Advance (doi: 10.1176/appi.ps.201400471)*



## Psychiatric Hospitalization After Participation in START NOW

TO THE EDITOR: START NOW is a 32-session, skills-based, group psychotherapy for inmates of correctional systems. We previously found that inmates who completed more program sessions had fewer subsequent disciplinary infractions during incarceration (1). However, because the effect on clinical outcomes remained unknown, we tested whether number of sessions completed is predictive of number of inpatient psychiatric days up to six months after program participation. The study was approved by the UConn Health Institutional Review Board (no. 14-132-2).

We included program participation events occurring from 2010 through 2013 (N=953). Zero-inflated negative binomial regression was used. Standard errors were adjusted for clustering within the individual because an individual could participate in the program more than once. The need score for mental health care (assigned by UConn Health psychiatric staff) was used in the logistic portion of the two-stage model. Because our earlier study found significant variation in program effect across security risk groups (scores assigned by the Connecticut Department of Correction), we examined both main and conditional effects of number of sessions completed across security risk groups.

START NOW appears to have had a beneficial clinical effect, particularly for inmates with higher security scores. Each session completed was associated with a 5% decrease in subsequent hospital days. Although the findings are promising, two limitations should be noted. First, inpatient psychiatric hospitalization was a relatively rare event. Although we had a sufficient sample size to pursue this investigation, larger samples would increase confidence in the program's clinical effect. Other measures of clinical effectiveness are also warranted. Second, unmeasured external forces concurrent to START NOW may have influenced later hospitalization (for example, other programming). However, the findings strongly suggest a beneficial program effect on hospitalization and contribute to the modest literature on evidence-based correctional psychotherapy (2).

### REFERENCES

1. Kersten L, Cislo AM, Lynch M, et al: Evaluating START NOW: a skills-based psychotherapy for inmates of correctional systems. *Psychiatric Services* 67:37-42, 2015
2. Gannon TA, Ward T: Where has all the psychology gone?: A critical review of evidence-based psychological practice in correctional settings. *Aggression and Violent Behavior* 19:435-446, 2014

Andrew M. Cislo, Ph.D.  
Robert L. Trestman, M.D., Ph.D.

Each session completed was associated with a 5% decrease in subsequent hospital days.

For each additional session of START NOW completed, 5% decrease in the incident rate of disciplinary reports.

# Sessions	0.95*** (0.01)
Constant	-0.37*** (0.95)

\*\*\*  $p < 0.001$

START NOW is effective at reducing disciplinary reports across diagnoses and with comorbidity.

\*\*\*  $p < 0.001$

\*  $p < 0.05$

Personality Dx	<b>3.96***</b>
	(1.23)
Substance Use Dx	<b>2.20*</b>
	(0.85)
Psychotic Dx	<b>3.03***</b>
	(0.99)
Mood Dx	<b>4.24***</b>
	(1.26)
Anxiety/PTSD/Other Dx	<b>5.40***</b>
	(2.15)
Number of Diagnoses <sup>c</sup>	<b>1.13*</b>

\*\*\*  $p < 0.001$ , \*  $p < 0.05$

# Fidelity Monitoring

## Quality Assurance Form: START NOW Session 1: Understanding START NOW Skills Training

Date: \_\_\_\_\_ Facilitator (s): \_\_\_\_\_ Facility: \_\_\_\_\_ Group ID: \_\_\_\_\_ Length of group (#min.): \_\_\_\_\_

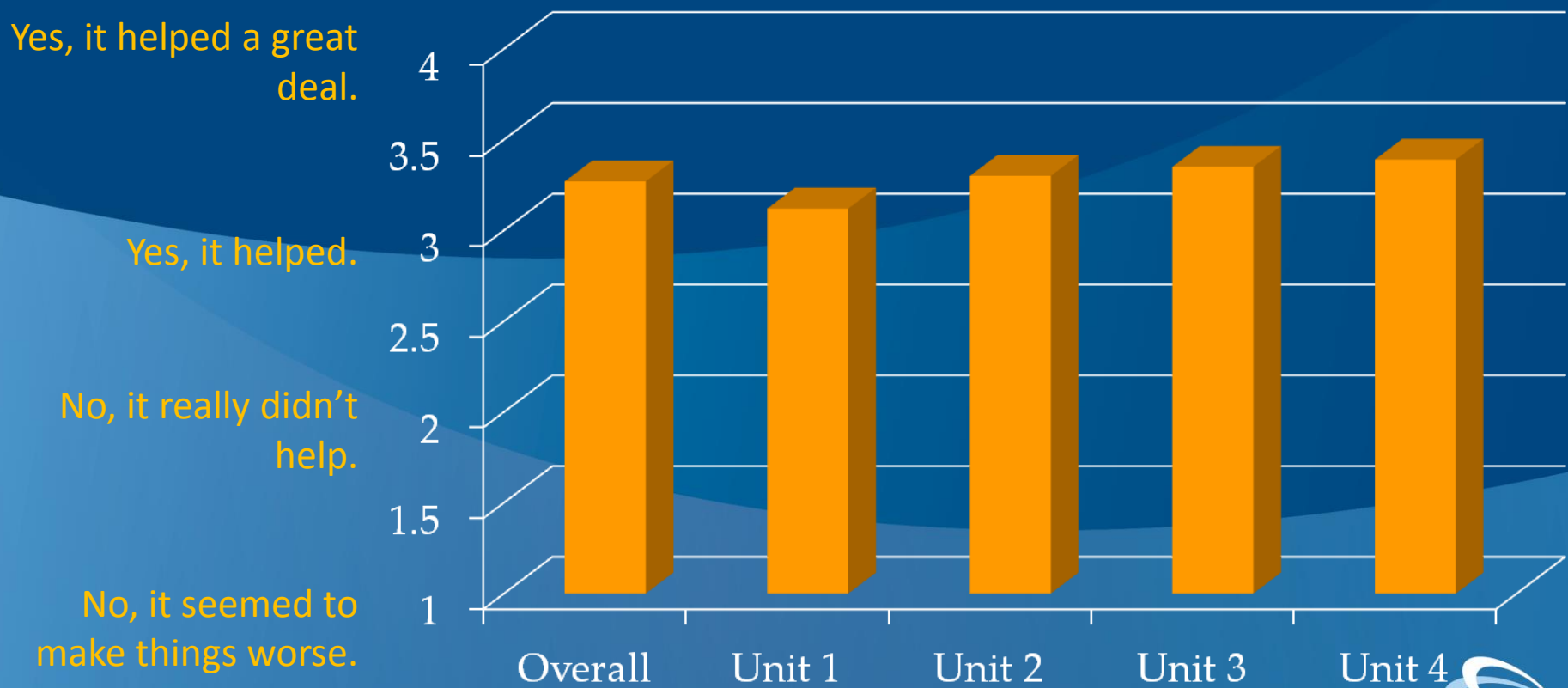
Ratings: 0=Not Covered; 1=Very ineffective; 2=Ineffective;  
3= Acceptable; 4=Effective; 5=Very Effective

Contents	Done?	Ratings	Comments
C1. Reviewed intro <i>(including reasons &amp; ways people resist change)</i>	none some fully	0 1 2 3 4 5	
C2. Reviewed "The START NOW Approach" <i>(including asking participants to choose statements)</i>	none some fully	0 1 2 3 4 5	
C3. Reviewed "The 4 START NOW Skills Units"	none some fully	0 1 2 3 4 5	
C4. Reviewed the "Welcome . . ." page & asked for commitment to comply with expectations	none some fully	0 1 2 3 4 5	
C5. Assigned a new real life practice exercise <i>(includes reviewing instructions, answering questions, &amp; asking for commitment)</i>	none some fully	0 1 2 3 4 5	
Process	Done?	Ratings	Comments
P1. Attempted to maintain the structure of group session, setting limits as needed	none some fully	0 1 2 3 4 5	
P2. Verbally reinforced & affirmed efforts toward positive change	none some fully	0 1 2 3 4 5	
P3. Demonstrated acceptance & empathy	none some fully	0 1 2 3 4 5	
P4. Attempted to involve all participants	none some fully	0 1 2 3 4 5	
P5. Rolled with resistance	none some fully	0 1 2 3 4 5	
P6. Emphasized practicing skills in real life	none some fully	0 1 2 3 4 5	
P7. Attempted to elicit change talk	none some fully	0 1 2 3 4 5	

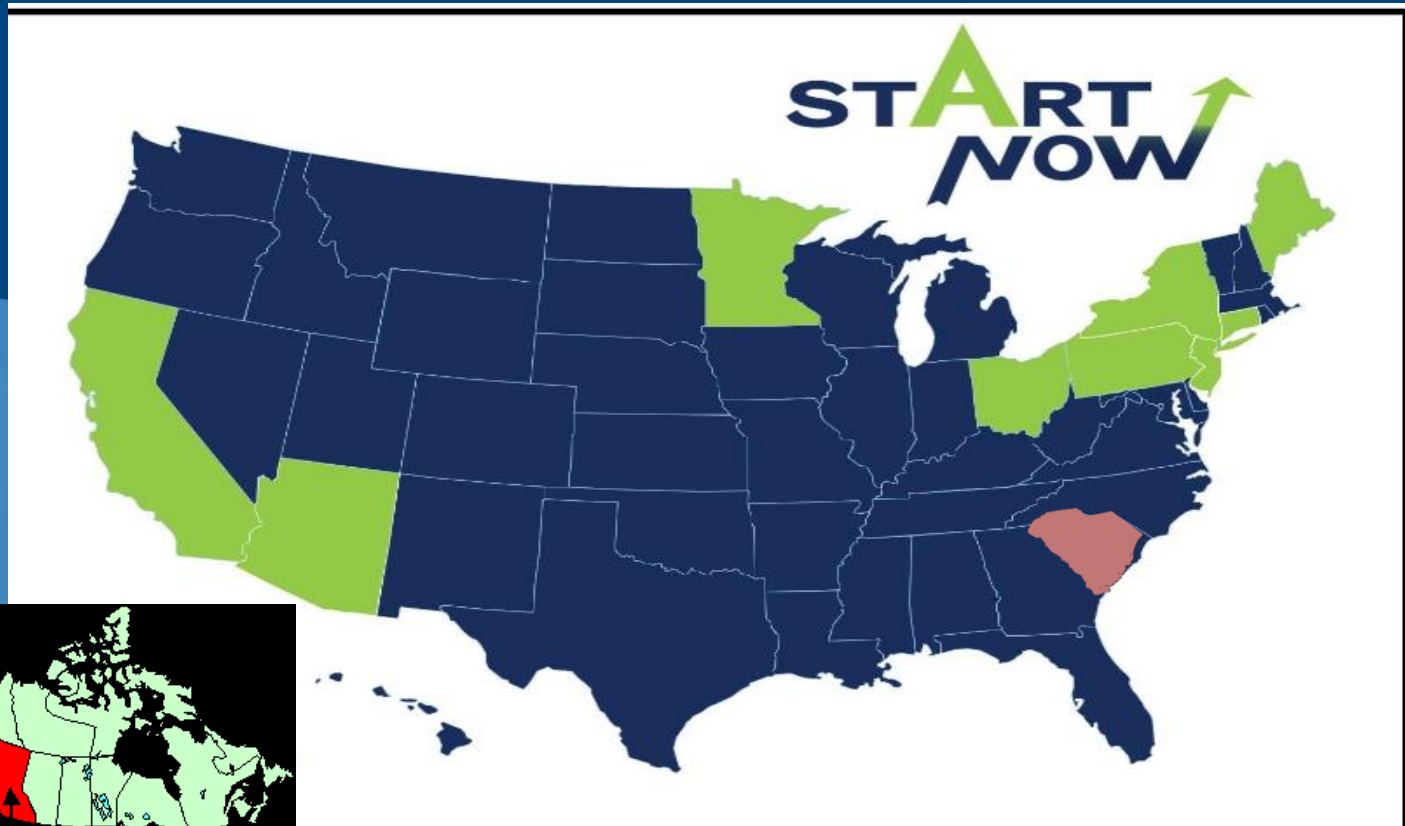
**Overall Comments:**

# Participant Satisfaction Data (N=619)

## Has participation in this START NOW unit helped you cope with daily life in prison/jail?



# In use in multiple state prison systems, jails, and forensic hospitals





- By simply changing the vignettes and using community-based wording in the Workbook handouts, ***START NOW*** is appropriate for justice involved individuals in community settings
- All of the logic used in developing ***START NOW*** applies to this population in the community as well as in institutional settings



## COMMUNITY ADAPTATIONS

- Conduct Disordered Teen Girls in Germany, Switzerland and the Netherlands (current EU sponsored RCT) in German
- Dually Diagnosed, Justice Involved Individuals in Connecticut DMHAS
  - Advanced Supervision and Intervention Support Team (ASIST)
  - Community Recovery Engagement Support and Treatment Center (CREST)



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# ASIST

## Alternative to Incarceration Program

- Significant effect for START NOW on reduced re-incarceration ( $b=-.024$ ,  $p=0.003$ )  
Cox regression, adjusted for illness severity
- Dose Response: Each START NOW session yields a 2.0% reduction in the odds of re-incarceration

Frisman LK, Lin H, Rodis E, & Grzelak J. Final Report: Evaluation of the ASIST Program. CT Department of Mental Health & Addiction Services, internal document, 9/12/11

# Formal Modifications for use in Forensic Psychiatric Facilities

- Nov 2015
  - Initial NASMHPD Forensic Division Conference Call
- January 2016
  - Authorization to proceed
- April- August 2016
  - NASMHPD Forensic Division committee worked to modify



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# FORENSIC MODIFICATIONS

- Workbooks for male only, female only, and mixed gender groups
- Modified vignettes and language for forensic settings
- Continues to be Public Domain, freely available



# Unit 1- My Foundation: Starting with Me (10 sessions)

- Focuses on developing increased self-control & ability to cope with stressors
- Includes setting a treatment goal, increasing wellness skills, accepting yourself & your situation, & enhancing your spirituality, values & personal boundaries.



# Unit 2- My Emotions: Dealing with Upset Feelings (8 sessions)

Includes:

- Recognizing & understanding emotions.
- Coping with emotions through actions, or through thoughts & imagery.
- Coping with depression, anger, anxiety & grief.



# Unit 3- My Relationships: Connecting with Others (8 sessions)

- Focuses on developing positive relationship skills including:
  - Listening skills
  - Assertiveness
  - Setting boundaries
  - Asking for support
  - Avoiding destructive relationships
  - Responding to feedback
  - Coping with rejection



# Unit 4- My Future: Setting & Meeting my Goals (6 sessions)

- Focuses on preparing for a positive future by:
  - Developing hope
  - Setting realistic goals & breaking them down into steps
  - Learning problem solving skills
  - Learning to set & meet educational & vocational goals



# NEXT STEPS

- Work with NASMHPD Forensics Division to disseminate and implement to interested agencies and facilities
- Adapt for use with non-forensic populations (e.g., OBOT)

