America incarcerates about one in every hundred adults and people with mental illness disproportionately find their way into jail and prison. There are over 300,000 people with serious mental illness currently incarcerated in the US. Consistent with studies in other jurisdictions, we have found prevalence rates of mental illness in Connecticut’s jails to be many times greater than those in our communities: the lifetime history of mental illness in men was 65% and for women was 77% (Trestman et al., 2007). Many suffer substantial functional impairment (Barry et al., 2014). How can we help justice involved people with mental illness live healthier, more functional lives? Clearly, punishment through incarceration does not enhance recovery. My colleagues and I wondered if providing incarcerated people with new skills and an understanding of how and when to use those skills might be a better approach. To answer this question we decided to develop an intervention designed for use with incarcerated individuals with mental illness who have a range of problems, particularly with impulsivity and emotional lability. Created with funding from the National Institute of Justice, START NOW is a skills-based therapy designed to treat offenders with behavioral disorders. The intervention primarily employs a cognitive-behavioral and motivational interview-focused treatment approach in a group setting. It employs no jargon, is written at a fifth grade reading level, is available in Spanish and English, is gender-specific, and is trauma-informed.

START NOW uses iconic imagery and structured repetition, and integrates motivational interviewing to effectively engage the widest possible range of participants. Developed by clinicians at UConn Health, with guidance from a national expert panel, the intervention grew from a research program in 2007 into a widely disseminated intervention today. START NOW is in active use throughout Connecticut’s Department of Correction and in facilities in at least eight other states, including New Jersey, Maine, California, and Arizona. In collaboration with DMHAS, START NOW has been adapted for use in Alternative to Incarceration programs and has been in consistent use for several years. It has been adapted and translated into German and is currently undergoing a randomized clinical trial, funded by the European Union, for conduct disordered teenage girls in Germany, Switzerland, and the Netherlands. We are now working with New York State and the Federal Bureau of Prisons to implement START NOW in their facilities later this year. Through the support of Dr. Michael Norko, Director of the Forensic Services Division of DMHAS, we are now beginning to work with a committee of the National Association of State Mental Health Program Directors (NASMHPD) Forensic Division to adapt START NOW for use in forensic psychiatric hospitals.
Why has this intervention received such attention and dissemination? Quite a few reasons. First, it is free. We created START NOW and placed it in the public domain (available at http://cmhc.uchc.edu/programs_services/startnow.aspx). Correctional systems are universally cash poor, so this is an important issue. Second, the training is very straightforward and can be implemented well by masters prepared clinicians using the detailed, step-by-step, facilitator manual. Third, we worked with experts in implementation science to devise effective strategies to make START NOW sustainable in the real world. Fourth, clinical supervision and fidelity monitoring are incorporated and made relatively simple. Fifth, participants and facilitators actually like START NOW; we have hundreds of satisfaction surveys in addition to anecdote supporting that conclusion. And finally, START NOW does indeed work. Comments provided by various START NOW facilitators include the following: Two inmates were overheard, one guy telling the other who had recently been arguing with a third inmate, to “Think about your START NOW skills, and remember your ABC’s”. You could watch the growth taking place during participation in START NOW. The patient completed all four units, and was moved to a higher functioning block. He has also begun involving himself in increased constructive activities. One clinician has been a facilitator for over 5 years, and has led over twenty START NOW groups. He notes that he enjoys the program and feels that it gives group leaders excellent starting points that can be elaborated on based on both the abilities and the needs of group members. “You can ex and upon the material depending upon the level of comprehension… [We] have low functioning to high functioning patients”.

START NOW is composed of 32 sessions clustered into four units, with each session designed to last about 75 minutes. Unit 1 is called “My Foundation: Starting with Me” and lasts for 10 sessions. This unit works to develop and enhance self control and ability to cope effectively with stressors. Elements of this unit include identifying a treatment goal, increasing wellness skills, developing acceptance of self and situation, enhancing spirituality, sense of values, and establishing personal boundaries. There are two primary skills emphasized early in this unit: Focusing and ABC. These skills are then reinforced through subsequent practice throughout the remainder of START NOW. The first skill, focusing, is a basic form of mindfulness. It involves actively paying attention to the present, by using one’s senses and being attuned to one’s surroundings.

ABC is a version of functional analysis. It uses a structured method to break down patterns of behavior in such a way that increases the participant’s opportunity to think before acting and develop increased control. ABC stands for “Activator,” Behavior,” and “Consequence.” Participants use a formatted sheet of paper to look at their behavior in a systematic way, with the aims of increased recognition of triggers, anticipating consequences, and thinking before taking action. First, participants are introduced to this way of understanding their own behavior; the therapist helps them to “break it down”; reviewing recent episodes of behavior, focusing on both maladaptive and constructive behaviors. After developing familiarity with using ABC, participants are asked to regularly use this skill to break down their own behaviors. The therapist allots a portion of each session to ABC presentations. Participants are asked to use ABC to break down recent behavioral problems. The value of this approach is to illustrate that adaptive behaviors do not just happen, but are determined in the same manner as maladaptive behaviors; to reduce the likelihood that participants will see ABC as a punishment for misbehavior; and to provide opportunities to underline and reinforce positive behaviors. Ms. D has been incarcerated for over two decades. Ms. D notes that she thought she only had one emotion prior to START NOW—“anger.” However, she has learned that often times she utilized anger to mask other upset feelings such as depression or grief. Ms. D cites the ABC tool as one she continues to employ today. She states that she will “always have more to learn about myself and my emotions.” She indicates it has never been easy for her to identify upset feelings as they were perceived as weaknesses by family and friends.
“Now I recognize there is a place for depression and grief and everybody experiences these emotions at one time or another.” Unit 2, entitled “My Emotions: Dealing with Upset Feelings” is eight sessions long and focuses first on helping participants understand emotions. Included is material addressing how one’s interpretation of situations influences one’s emotions, learning ways to recognize and verbalize emotions, and understanding the functions of emotion. Participants practice skills for coping with emotions, using either appropriate action or through thoughts and imagery. In the final four sessions of this unit, participants learn to apply these skills to specific emotional difficulties including depression, anger, anxiety and grief. The curriculum “really forced me to slow down and “think things through.” The ABC exercises “helped me to think about things differently.” “I thought I only had one emotion before START NOW: anger.” Ms. C indicates she has learned that often times she utilized anger to “mask” other upset feelings such as “depression or grief.” “I’ve learned so much about myself and my emotions through START NOW.”

Unit 3 also consists of eight sessions and is called, “My Relationships: Building Positive Relationships.” Unit 3 works to develop and increase positive relationship skills, especially centered on improving a variety of communication skills: active listening, assertiveness, boundary setting, asking for support, and receiving both positive and negative feedback. In addition, participants learn to recognize and deal with destructive relationships, and with rejection.

Unit 4 is last, includes six sessions, and is entitled, “My Future: Setting & Meeting my Goals.” The first focus is on developing hope for one’s future. Subsequently, the material addresses the pragmatics of setting goals, breaking down the steps to meeting educational, vocational and other goals, and problem-solving skills to address barriers to meeting those goals. How do we know that START NOW works?

We recently published results of an evaluation of 854 patients treated in the Connecticut correctional system (Kersten et al., 2016; Cislo and Trestman 2016). We were able to demonstrate that, for both men and for women, across psychiatric diagnoses (including substance use disorders), people that participated in START NOW improved in two key objective measures: reduced risk of future misbehavior leading to disciplinary infractions, and reduced likelihood of future psychiatric infirmary bed day use (i.e., the correctional equivalent of inpatient hospitalization). There was a therapeutic dose-response relationship with each of these measures, with a 5% decrease in either measure for each additional START NOW session. Those participants who completed 16 START NOW sessions demonstrated a 49% reduction in subsequent risk of disciplinary infractions or infirmary use. When you think about the material included in START NOW, they are in fact consistent with the skills most of us were able to learn at developmentally appropriate ages as pre-teens, teens, and young adults. The intervention works to provide the skills needed to engage in healthy, prosocial activity. The methods used acknowledge the additional challenges many incarcerated people have: poor educational experiences, significant trauma histories, and substantial healthcare and social disparities. By combining the material with a supportive process, we have been able to assist thousands of people to date.

We look forward to working to test START NOW more fully to better understand which elements may need to be adapted, and which participants are most likely to benefit from treatment.
States besides Connecticut currently using the START NOW program include Maine, New York, New Jersey, Pennsylvania, Ohio, Minnesota, Arizona and California!