International Journal of Law and Psychiatry 54 (2017) 98–106

Contents lists available at ScienceDirect

International Journal of Law and Psychiatry

The development and efficacy of a group intervention program for individuals with serious mental illness in jail

Corey M. Leidenfrost [a,b,*], Ronald M. Schoelerman [b], Michael Maher [b], Daniel Antonius [a,b,c]

[a] University at Buffalo, State University of New York, Buffalo, NY, USA
[b] Erie County Forensic Mental Health Services, Buffalo, NY, USA
[c] New York University School of Medicine, New York, NY, USA

ARTICLE INFO

Article history:
Received 25 January 2017
Received in revised form 10 May 2017
Accepted 7 June 2017
Available online 24 June 2017

ABSTRACT

Providing cost-effective means to treat the influx of individuals with serious mental illness entering the correctional system is a major challenge. Failure to provide appropriate mental health treatment may lead to poor outcomes, including recidivism and suicide. Group intervention is an effective and cost efficient way to provide mental health treatment. However, it has been understudied in jail settings. To meet the needs of jail-inmates with serious mental illness, an eight-week group-based module curriculum was developed and studied through analyses of perceived usefulness, retention of key material, and associations with cognitive ability, improvement in psychiatric symptoms, and level of motivation. One week after the completion of a group session, the participants remembered the group topic and at least one key point from the group the majority of the time. Better recall of group material was associated with better overall cognitive ability and motivation at discharge. Participants found the groups to be *somewhat* to *extremely useful* 88.4% of the time. Higher levels of usefulness were associated with reduced psychopathology and psychiatric improvement, as well as higher motivation at discharge. The findings provide support for the group intervention and implementation in a jail setting. Further implications are discussed.

1. Introduction

Decades of downsizing or closing state-run psychiatric facilities without adequate treatment alternatives in the community has resulted in increased rates of individuals with serious mental illness entering the criminal justice system. Subsequently, this has resulted in higher numbers of individuals with serious mental illness receiving psychiatric treatment in correctional settings, rather than in psychiatric hospitals (Bloom, 2010). Moreover, those with serious mental illness are disproportionally represented in correctional facilities compared to the general population (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2010). The increasing rate of incarcerated individuals with serious mental illness has created a greater burden on an already taxed mental health delivery system that is ill-prepared to provide adequate services and treatment (Torrey et al., 2010). The obstacles are even greater in jail settings, where the window of opportunity to provide adequate treatment is limited due to shorter lengths of incarceration and lack of resources.

Recent research indicates that only about 45% of jail facilities offer treatment for those with serious mental illness, with a lack of resources and funding limitations cited as major constraints in proving mental health treatment (AbuDagga, Wolfe, Carome, Phatdouand, & Torrey, 2016). Failing to provide treatment may come with significant consequences, including increased risk for psychiatric destabilization and suicidal behavior, challenges related to discharge planning, and higher likelihood of recidivism (Lamberti & Weisman, 2004). Group interventions have become common means to provide mental health treatment for inmate populations in both state and federal prisons (Morgan & Flora, 2002). It is cost-efficient and largely considered to be effective (Hills, Siegfried, & Ickowitz, 2004), despite a dearth in outcome research demonstrating the *true* efficacy of this intervention (Morgan et al., 2012; Osher, Steadman, & Barr, 2003). In a national survey of state correctional facilities, only 16% of mental health departments reported that they conducted any assessment of the efficacy of group treatment (Morgan, Winterowd, & Ferrell, 1999). A recent meta-analysis found that only 26 of 12,154 studies actually reported on efficacy outcomes (Morgan et al., 2012). Despite the lack of research, the available findings suggest that group interventions in correctional facilities are generally beneficial for inmates, with broad improvement across problematic symptom areas such as behavior, personality functioning, adjustment to the correctional setting, and psychiatric symptoms (Morgan & Flora,

* Corresponding author at: University at Buffalo, Department of Psychiatry, 462 Grider Street, 11th Floor, Buffalo, NY 14215, United States.
E-mail address: coreylei@buffalo.edu (C.M. Leidenfrost).

http://dx.doi.org/10.1016/j.ijlp.2017.06.004
0160-2527/

2002; Morgan et al., 2012). However, most studies have not examined people with serious mental illness and were not conducted in a jail setting. In fact, a recent survey of 230 county jails across 39 states revealed that group psychotherapy for those with serious mental illness was offered in <10% of the facilities studied (AbuDagga et al., 2016) and we know little about the efficacy of these programs.

Adding to the problem, the research literature provides limited evidence-based guidance regarding the key elements to include for group interventions to be effective in jail settings. Some recommendations, however, do exist. For example, some have emphasized the importance of prescreening inmates prior to admission to a group intervention (Morgan et al., 1999), while others point out that it may be beneficial to have a more open admission policy and accept inmates who are self-referred and/or mandated (Morgan & Flora, 2002; Morgan et al., 2012). Reports also suggest that an eclectic approach to the curriculum can be beneficial, in which elements of cognitive behavioral therapy (Morgan & Flora, 2002) and homework are used to emphasize the practice of new skills (Morgan & Flora, 2002; Morgan et al., 2012). In addition to these recommendations, group interventions can also target specific problems commonly found among incarcerated seriously mentally ill individuals, including recidivism, substance use, and proper discharge planning, as well as overall satisfaction with treatment.

The aim of this study was twofold. First, we developed an eight-week group module-based curriculum for individuals with serious mental illness who were on a specialized treatment unit in a large county jail. Second, we examined the efficacy of these groups through analyses of the participants' perceived usefulness of group content, retention of the material presented, and whether these factors were associated with cognitive ability, improvement in psychiatric symptoms, and levels of motivation. We hypothesized that the group intervention would generally be perceived as useful. Additionally, we expected that better recall of group content and higher ratings of usefulness would be associated with greater cognitive ability, improvement in psychiatric symptoms, and higher levels of motivation.

2. Development of the group intervention

2.1. The group modules[1]

The group intervention and specific topics were developed based on identified needs of seriously mentally ill individuals in a jail setting, including continuity of mental health care and reduction of recidivism. There are a total of seven modules, with each module focusing on a different content area. The modules are presented weekly over eight weeks, with one module that covers goal setting and discharge planning concerns being presented twice (every four weeks), due to the importance of proper discharge planning. Consistent with Morgan et al.'s (2012) recommendations, groups are delivered in an open format and inmates may begin attending groups at any time during the eight week module rotation. Groups are offered continuously, returning to the first module after all modules have been completed. The module topics in order of delivery are *discharge planning and preparing for release* (week one and five), *safety planning* (week two), *courtroom behavior* (week three), *treatment compliance* (week four), *mental health and substance use* (week six), *anger management and dealing with conflict* (week seven), and *communication skills* (week eight). Each module contains similar elements encouraging standardization of delivery, such as inclusion of at least three learning objectives for the group, step-by-step facilitator instructions, in-group handouts, and homework assignments that are reviewed during individual sessions. Groups are facilitated by at least two trained clinicians, usually including a licensed master's level social worker or mental health counselor, a graduate-level social work intern or doctoral-level psychology intern.

2.1.1. Modules 1 and 5: discharge planning and preparing for release

Individuals with psychiatric disorders are more prone to re-incarceration versus non-mentally ill individuals (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009) and targeting factors contributing to continuity of care is essential to reducing recidivism (Osher et al., 2003). Osher et al. (2003) have asserted that discharge planning is the most essential element in providing a continuity of care between correctional facilities and the community. Despite this, Steadman and Veysey (1997) suggested that inmates with serious mental illness rarely receive this service.

The purpose of this module is to increase an inmate's insight regarding goal planning, set priorities to meet goals and to identify where the inmates may need particular assistance from a discharge planner. This module is offered twice through the group module rotation to maximize participant exposure to this information and ensure that discharge planning needs are identified early, consistent with recommendations in the literature (e.g., Osher et al., 2003).

Group members are introduced to Maslow's Hierarchy of Needs (Maslow, 1943) and are provided a handout depicting the needs triangle. While discussing the hierarchy, group members are encouraged to consider what steps they need to take to ensure completion of each stage upon release. In the context of the Hierarchy, goal setting priorities are discussed and inmates are provided blank goal setting forms to complete in-group. Group facilitators assist the inmates in completion of these forms. Inmates are encouraged to bring these goal setting sheets to meetings with the discharge planner and individual counseling sessions.

The second half of this module consists of a brief presentation by a discharge planner, which emphasizes targeting basic and immediate needs when released back into the community. The inmates are provided salient handouts regarding resources in the community, including food pantries, housing, and financial assistance.

2.1.2. Module 2: safety planning and coping

In this module, facilitators assist inmates in identifying the potential onset of a psychiatric crisis, utilize appropriate coping skills, recognize supports, and ultimately develop an individualized safety plan designed to prevent psychiatric emergency. This module integrates a cognitive-behavioral component that encourages exploration of automatic negative thoughts and healthy thought replacement. Handouts are designed to facilitate identification of antecedents, beliefs/thoughts, and consequences. Group discussion explores how an individual's perception of events may impact their reactions, including psychiatric symptoms. Group members are taught about the difference between an optimistic and pessimistic perspective and how this influences behavior. Other interventions are introduced, including relaxation techniques, development of other new stress coping skills, and utilization of healthy supports.

Group participation is encouraged through exploration of general warnings signs of an impending psychiatric decompensation or crisis, where group members offer examples of their own warnings signs. During discussion, participants work on developing a safety plan to address their warnings signs, including identification of coping strategies and support systems. Three types of supports are reviewed; social supports, knowledgeable supports that are aware of the individual's mental health needs and professional supports. Information regarding their psychiatric medication(s) and pharmacy round out completion of the safety plan.

2.1.3. Module 3: courtroom behavior

This module explores aspects related to the courtroom experience, including a review of appropriate versus inappropriate behavior in court, psychoeducation regarding the court process and court

[1] For complete description of the group modules and materials, please contact the first author.