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

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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 disproportionately 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,
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 reincarceration 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 these 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 worries and signs of an impending psychiatric decompensation or crisis, where group members offer examples of their own worries and signs. During discussion, participants work on developing a safety plan to address their worries and 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

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