Conceptualizing Restorative Justice for People With Mental Illnesses Leaving Prison or Jail

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Individuals with psychiatric disabilities who are involved in the criminal justice system face a number of challenges to community integration upon release. There is a critical need to develop and evaluate interventions for these individuals that connect them to the community by enhancing naturalistic social connections and helping them to participate meaningfully in valued roles. The purposes of this article are to describe, provide a theoretical rationale, and propose a conceptual model for the use of a particular restorative justice model, circles of support and accountability, to meet this need. We describe the principles of restorative justice (repairing harm, stakeholder involvement, and the transformation of community and governmental roles and relationships) and how these map on to elements of the circles intervention. These elements include a focus on community participation, positive social support, democratic decision making, collective ownership of crime problems, and connection to community-based resources. We then suggest how changes in identity transformation, moral development and motivation, and collective efficacy might mediate relationships between these intervention elements and community integration outcomes. Finally, we encourage the systematic evaluation of the circles intervention for people with mental health conditions leaving custody and provide recommendations for policy and practice.

Public Policy Relevance Statement
The combined challenges associated with experiencing a mental health condition and justice system involvement put those with psychiatric disabilities leaving custody particularly at risk for social and community exclusion. Interventions like circles of support and accountability have the potential to positively impact both justice-involved individuals and the larger communities in which they live, but have not been implemented or studied for those with mental health conditions. By describing, providing a theoretical rationale, and proposing a conceptual model for the use of circles for this group, this article accomplishes a requisite step in advancing policy developments in this area.

Community integration, an important priority for mental health service systems, is the "opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else" (Salzer, 2006, p. 1). A community integration perspective favors individuals' self-determined choices about how they participate in valued roles in their communities over participation that is forced or limited to a specific type of setting or social group. It encompasses *physical integration*—the degree to which individuals are present in various settings and activities—*social integration*—the extent to which individuals are able to engage in social exchanges and relationships—and *psychological integration*—the subjective sense of belonging to a community (Salzer, Baron, Menkir, & Breen, 2014). Although the enhancement of opportunity for community integration is at the heart of psychiatric rehabilitation, numerous studies suggest that those with psychiatric disabilities graduate from academic programs, work, and recreate at disproportionately low rates compared to those without mental health conditions (Baron & Salzer, 2002; Davidson & Stern, 2013; Lipskaya-Velikovsky, Jarus, Easterbrook, & Kotler, 2016; Mojtabai et al., 2015). Further, 80% of individuals with psychiatric disabilities report feeling lonely, a proportion that is significantly greater than that reported by members of the general population (Badcock et al., 2015).

Over 25% of people with psychiatric disabilities who receive services in the public mental health system will become involved in the criminal justice system at some point during their lifetime (Cuellar, Snowden, & Ewing, 2007; Fisher et al., 2006; Fisher et al., 2011) and 16% of people in prison and 14% to 31% of people in jails have a serious mental illness (Ditton, 1999; Steadman, Osher, Robbins, Case, & Samuels, 2009; Teplin, 1990; Teplin, Abram, & McClelland, 1996). This is an important point in discussions of community integration, because people with psychiatric disabilities who are involved in the criminal justice system face barriers to community integration that are typical for justice-involved people and challenges that are unique to their status as individuals with a mental health condition and criminal record. Similar to others with criminal convictions, justice-involved people with psychiatric disabilities experience denial of general assistance benefits due to past offenses, hiring practices that render them ineligible for employment, and justice system policies and surveillance practices that restrict or discourage participation in community-based activities (Barrenger, Draine, Angell, & Herman, 2017). They also face unique community integration challenges related to their mental health conditions such as lack of access to community-based mental health resources, poor coordination of care between service systems, and the multiple stigmata associated with having a mental health condition and a criminal history (Baillargeon, Hoge, & Penn, 2010; West, Vayshenker, Rotter, & Yanos, 2015). Further, the narratives of these individuals reflect difficulty with access to positive, supportive relationships (Harper, Kriegel, Morris, Hamer, & Gambino, 2017), which is associated with additional integration barriers, such as economic instability (Harding, Wyse, Dobson, & Morenoff, 2014). These combined challenges result in poorer community integration outcomes than what would be expected for people in the criminal justice system who do not have a psychiatric disability or for people with psychiatric disabilities who do not have any criminal justice involvement (Batastini, Bolanos, & Morgan, 2014; Senior et al., 2013). For example, finding safe and affordable housing and employment are pressing issues for most people with psychiatric disabilities (Draine, Salzer, Culhane, & Hadley, 2002). The difficulties associated with finding housing and employment are heightened for justice-involved people generally (Grossi, 2017); however, justice-involved individuals with psychiatric disabilities are even more likely to experience homelessness and unemployment than other individuals who are returning to the community (Baillargeon et al., 2010).

In the case of justice-involved people with psychiatric disabilities, community integration is an especially important treatment target for several reasons. First, research has found very low rates of community involvement among these individuals after release from incarceration (Wilson, Barrenger, Brusilovskiy, Draine, & Salzer, 2017) and very high rates of criminal recidivism (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009; Lovell, Gagliardi, & Peterson, 2002; Messina, Burdon, Hagopian, & Prendergast, 2004; Wilson, Draine, Hadley, Metraux, & Evans, 2011). Yet, existing interventions have not been able to obtain a population-consistent impact on participants' subsequent involvement in the criminal justice system (Morrissey, Meyer, & Cuddeback, 2007; Osher & Steadman, 2007; Skeem, Manchak, & Peterson, 2011; Steadman & Naples, 2005).

Second, prior research suggests that interventions focused on increasing community integration could positively impact criminal justice recidivism. For example, a study of positive adult behaviors, including volunteerism, interpersonal interaction, and engagement in work and school activities, demonstrated that these behaviors were negatively related to involvement in crime and substance use in young adults from high crime neighborhoods (Kosterman et al., 2005). Similarly, there is empirical evidence that involvement in 'helping' activities is associated with reduced recidivism rates (Bellamy, Rowe, Benedict, & Davidson, 2012; LeBel, Richie, & Maruna, 2015).

Third, community integration is a central target of psychiatric rehabilitation services generally because it is linked to a number of positive mental health outcomes. Participation in personally meaningful activities, such as employment and leisure, is associated with psychological health-related outcomes in the general population (Kachan et al., 2015; Kim, Heo, Lee, & Kim, 2015; Sato, Du, & Inoue, 2016), and with perceived recovery, quality of life, and life meaning among individuals with mental health conditions (Burns-Lynch, Brusilovskiy, & Salzer, 2016; Kaplan, Salzer, & Brusilovskiy, 2012). The size of one's social network and satisfaction with social support are tied to both objective (i.e., psychiatric symptoms, social functioning) and perceived recovery among individuals with psychiatric disabilities (Thomas, Muralidharan, Medoff, & Drapalski, 2016). Having a sense of belonging is also related to greater perceived mental health (Na & Hample, 2016) and is a strongly valued experience among those with psychiatric disabilities (Barut, Dietrich, Zanoni, & Ridner, 2016).

The rising number of individuals with psychiatric disabilities in prisons and jails has encouraged the development of mental health services that focus on reducing further involvement in the criminal justice system by stabilizing and treating an individual mental illness. The services that have been developed so far include pre- and postjail diversion services (Broner, Lattimore, Cowell, & Schlenger, 2004; Compton, Bahora, Watson, & Oliva, 2008), specialty community supervision caseloads (probation or parole; Skeem & Louden, 2006; Skeem et al., 2011), mental health courts

(Cosden, Ellens, Schnell, & Yamini-Diouf, 2005), and reentry services (Osher, Steadman, & Barr, 2003). Although many of these services have had a positive impact on participants' mental health, as noted previously, none have been able to achieve a consistent impact on criminal recidivism. Further, these services focus more prominently on symptom management rather than community integration.

Research in the correctional rehabilitation field has found that the development of positive social supports and natural supports improves the reentry and integration process after release from incarceration (Baumer, O'Donnell, & Hughes, 2009; Tolson & Klein, 2015). This has led to the development of several interventions. In their Citizenship Project, Rowe and colleagues (2009) designed a group-based intervention for those with co-occurring disorders and criminal justice involvement that included a didactic, skill-building component, a valued role project, and wraparound peer mentor support to increase access to community-based resources and facilitate integration. Other approaches, such as citizenship community supervision, integrate community-based supports into more traditional correctional supervision methods to enhance the justice-involved individual's connections outside of the criminal justice setting (Pearson, McDougall, Kanaan, Torgerson, & Bowles, 2016). Another group of interventions, typically referred to as *restorative justice* interventions, is characterized by service strategies that promote the development of positive social ties that provide the social, emotional, and instrumental supports needed to facilitate integration efforts (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005). Like the Citizenship Project (Rowe et al., 2009) and citizenship community supervision (Pearson et al., 2016), restorative justice practices focus on community integration, but achieve this aim by engaging community members as the primary drivers of the intervention. Although a growing body of research supports the use of restorative justice approaches in criminal justice settings, this intervention approach has yet to be applied to people with psychiatric disabilities involved in the justice system. The aforementioned challenges to community integration suggest that restorative justice interventions may be particularly beneficial for this population, especially by helping individuals build, strengthen, and extend positive social support.

One restorative justice model that has the potential to positively impact the community integration efforts of people with psychiatric disabilities after release from incarceration is circles of support and accountability (Wilson & Prinzo, 2001). This intervention has been used in community integration efforts of ex-offenders, most notably among people convicted of a sexual offense (Bates, Macrae, Williams, & Webb, 2012; Cesaroni, 2001; Wilson, Cortoni, & McWhinnie, 2009; Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007). However, it has not been implemented or evaluated among justice-involved people with psychiatric disabilities. Requisite steps in the development of this intervention as an evidence-based practice, generally, and for justice-involved people with psychiatric disabilities, specifically, are to describe the intervention elements, explicate the theoretical basis for its use as an intervention to address community integration after release from incarceration, and provide a conceptual model of the intervention that identifies treatment targets and links them to expected outcomes. We address each of these objectives in the subsequent sections.

Restorative Justice and Circles of Support and Accountability

We propose that conceptualizing crime response according to a restorative justice framework offers promise for addressing barriers to reentry and enhancing community integration. This framework seeks to respond to crime from the perspective of solving an underlying social problem that causes crime, namely by restoring positive, functional relationships that support community integration efforts, but which are typically harmed by crime and its punishment (Zehr, 1990). Justice system experts, researchers and authorities have seen promise in these intervention models. Thus, they have been implemented in countries across the globe, with concentration in former Commonwealth nations of Great Britain, such as Canada, Australia, and New Zealand (Braithwaite, 2014; Butler & Maruna, 2016; Fox, 2015b; Paterson & Clamp, 2012).

A particular restorative justice model, called circles of support and accountability (hereinafter referred to as *circles* or a *circle*), might be particularly well suited to address the specific challenges of return to community from prison or jail. Circles are small communities of support, typically comprising laypersons, that are intentionally built around an individual undergoing a specific challenge or transition (i.e., focal person; Wilson & Prinzo, 2001). A primary goal of circles is to enhance opportunity for community integration. For example, Jay (2003) described the application of circles to assist young adults with intellectual, physical, and psychiatric disabilities with the transition to adulthood by supporting them with achieving their community participation goals. Bradley (2000) has advocated for the use of circles for individuals with developmental disabilities to assist them with making social connections within the community, acquiring access to services and supports, and minimizing health and safety risks. One study, which used circles to enhance community-based practical, emotional, and spiritual support among African Americans with serious medical conditions, found that participants of circles reported having fewer unmet needs and needing less help finding community resources and services at postassessment compared with participants in the comparison condition (Hanson et al., 2014).

Similar to the general field of circles, research on circles within the criminal justice context has yielded promising findings pertaining to community integration outcomes. For example, Bates et al. (2012), who evaluated the impact of circles among 60 individuals convicted for sex crimes, found that many were encouraged and supported to obtain employment and education and to access resources to meet basic needs (e.g., housing support, financial assistance). Further, approximately 50% of the sample reported greater engagement in age-appropriate relationships, an improvement in family relationships, an increase in their support networks, and a reduction in loneliness and social isolation. Qualitative findings also support the role of circles in promoting community integration among those convicted for sex crimes (Fox, 2015a; Höing, Bogaerts, & Vogelvang, 2013).

Although evidence suggests that circles may improve community integration within and outside of the criminal justice context, there is very little explication of theory for how circles can work as an intervention. Guided by Bazemore's theoretical writing about restorative justice practices in general (Bazemore & Erbe, 2003; Bazemore & Maruna, 2009), and depicted in Figure 1, we describe the principles of restorative justice and how these map onto ele-
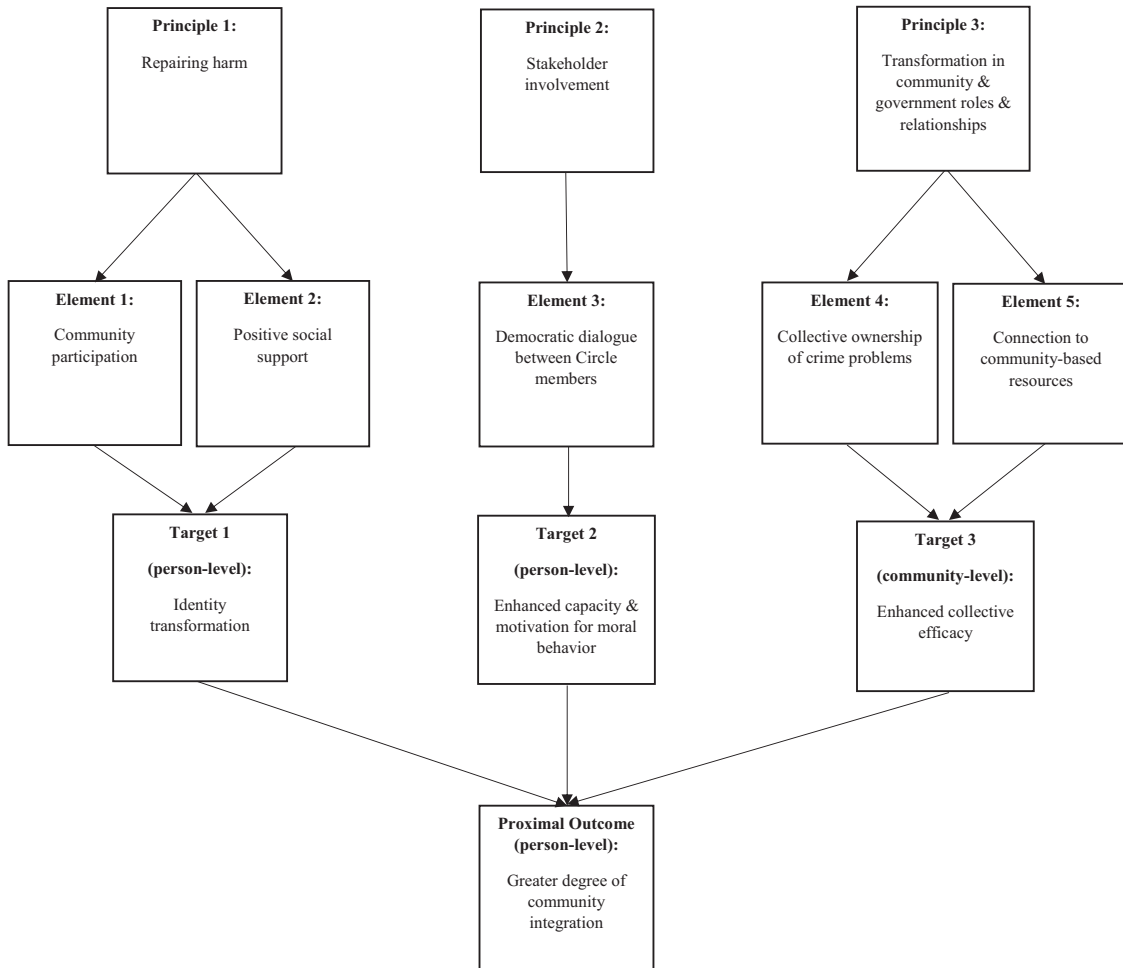
Principle 1:

Repairing harm

Principle 2:

Stakeholder involvement

Principle 3:

Transformation in community & government roles & relationships

Element 1:

Community participation

Element 2:

Positive social support

Element 3:

Democratic dialogue between Circle members

Element 4:

Collective ownership of crime problems

Element 5:

Connection to community-based resources

Target 1

(person-level):

Identity transformation

Target 2

(person-level):

Enhanced capacity & motivation for moral behavior

Target 3

(community-level):

Enhanced collective efficacy

Proximal Outcome

(person-level):

Greater degree of community integration

Figure 1. Restorative justice principles, and elements, targets, and proximal outcomes of the circles intervention.

ments of the circles intervention. We then identify treatment targets for the intervention that, when successfully addressed, explain how the intervention elements may impact key community integration outcomes.

Principles of Restorative Justice

Through a restorative justice approach, community integration is achieved by helping individuals to take responsibility for their crimes, as opposed to being punished for their actions. In this model, taking responsibility for a crime involves three main principles: repairing harm, stakeholder involvement, and the transformation of community and governmental roles and relationships (Bazemore & Maruna, 2009).

Repairing Harm

Repairing harm is a primary goal in restorative justice. It assumes an all-encompassing healing process that happens between justice-involved persons, victims, and communities that have been affected by the criminal behavior or activity that took place. Identifying the harm and repairing it using this community-based

approach aligns with social support theory (Cullen, Wright, & Chamlin, 1999) and the concept of relationship building. These theories suggest that the support from family, friends, and community members will aid in repairing harm through interconnectedness and building community ties that will foster a full integration upon release from prison.

Stakeholder Involvement

Repairing harm cannot be fully effective without the involvement of community stakeholders, which is the second principle of restorative justice. Increasing the participation of community members not only enhances support to the justice-involved individual but enforces the use of democratic decision making and investment in the outcome of a community (Bazemore & Erbe, 2003).

Transformation in Community and Government Role and Relationships

Historically, responsibility for crime control has been viewed as lying within the purview of the criminal justice system (Gill,

1964). However, the causes of crime are diverse and interconnected, spanning both individual (e.g., self-efficacy; Brezina & Topalli, 2012) and contextual factors (e.g., social and physical disorder of the community; Skogan, 2015). Reliance on the criminal justice system alone to fully ameliorate crime problems ignores the need to modify contributing factors that could be addressed through community members' collective ownership. Further, integration does not usually occur through government surveillance, but rather through the collective roles of a community. However, the current justice system does very little to accommodate this concept. Through the transformation of these roles and relationships, criminal justice structures are changed, leaving individuals and communities empowered (Gill, Bazemore, & Schiff, 2006). Subsequently, communities have the opportunity to be a part of the decision-making process about addressing the harm done and responding effectively (Bazemore & Maruna, 2009).

Circles Intervention Elements

The elements of the circles intervention reflect the underlying principles of restorative justice. Particularly related to the principle of repairing harm is the circles' emphasis on fostering community participation and the giving and accepting of positive social support between the focal person and other circle members. Stakeholder involvement is manifested by a democratic dialogue among all circle participants. Finally, circle members operate on a philosophy that assumes collective ownership of crime problems, and connect the focal person to community-based services, which promote transformation in community and government roles and relationships.

Community Participation

The World Health Organization's International Classification of Functioning, Disability, and Health Framework (World Health Organization, 2001) describes community participation domains such as daily living (e.g., shopping), social relationships, education and employment, civic engagement, and leisure. In mental health research, the construct is typically distinguished from "functional outcome" or "community functioning," given that it is based on how individuals choose to spend their time in areas of community living, rather than how well they perform various tasks. Thus, community participation is best measured by instruments that assess time use in community participation domains (Birchwood, Smith, Cochrane, Wetton, & Copestake, 1990; Salzer, Brusilovskiy, Prvu-Bettger, & Kottsieper, 2014).

Restorative justice research conceptualizes community participation as a way for the focal person to make amends for crimes that have been committed (Bazemore & Erbe, 2003). It moves individuals away from being passive recipients of correctional treatment and rehabilitation to active contributors to their communities, thereby facilitating community integration. Thus, the promotion of community participation is considered to be a primary goal of the circles intervention. This may be achieved through discussing the focal person's community participation interests and the resources and natural supports available to help him/her pursue them, making and reviewing a plan for participation, problem-solving obstacles to participation, or even participating

with the focal person in a desired area. As proximal predictors of community participation among individuals with mental health conditions include beliefs about the self and others as well as motivation for task-related behavior (Thomas, Luther, Zullo, Beck, & Grant, 2016), circle members might especially focus on eliciting and helping the focal person modify dysfunctional beliefs about participating in community life, and helping him or her identify areas of community participation that are personally important.

Positive Social Support

Although various definitions exist, we conceptualize positive social support according to Cullen et al.'s (1999) theory as it applies to criminology, consistent with other restorative justice research (Bazemore & Erbe, 2003). In this context, *positive social support* is the "provision of affective and/or instrumental (or material) resources . . . [through] intimate or confiding relationships" (Cullen et al., 1999, p. 190). A number of positive social support measures of this nature have been validated for use with individuals with mental health conditions, such as the Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983; Sarason, Sarason, Shearin, & Pierce, 1987) and the Medical Outcomes Study Social Support Survey (Sherbourne & Stewart, 1991).

Positive social support is likely to have the strongest impact on community integration outcomes when it is not limited to that provided by professionals but also includes assistance from informal or natural supporters. Although professional relationships can usefully complement natural supports (Tsai, Desai, & Rosenheck, 2012), they are often time-limited, hierarchical, and planned. By contrast, relationships that develop organically through familial, friendship, or community ties enable justice-involved individuals to maintain connections once professional services are terminated and offer greater opportunity for these individuals to give, rather than simply receive, support (Bazemore & Erbe, 2003). Like active contribution to society through community participation, it is this reciprocity that allows individuals to make amends for past crimes and to experience positive change. In the context of the circles intervention, positive social support is provided to the focal person by other members in the form of validation, encouragement, and information about resources. As the structure of circles is intended to be nonhierarchical in nature, the focal person should also be given the opportunity to provide support to other members. Additional resources, for example, housing, food, and financial assistance are expected to be garnered as individuals become more active and connected within the community (Harding et al., 2014).

Peer Involvement in Circles

Justice-related peer support, defined as support provided by those with lived experience of a mental health condition and criminal justice involvement (Baron, 2011), may be integrated into circles by including peers as circle members. Peers "draw upon their lived experiences to share 'been there' empathy, insights, and skills . . . serve as role models, inculcate hope, engage patients in treatment, and help patients access supports [in the] community" (Chinman et al., 2008). Peer specialists who have personal experience with the criminal justice system are in a unique position to provide supports needed for successful community living after

release from jail or prison (Baron, 2011). Although additional quantitative research is needed, evidence of the effectiveness of justice-related peer support is promising (Collica, 2010; Kaplan, 1988; Rowe et al., 2007). Including peers as circle members may help to promote the focal person's self-determination, hope, and community participation, as well as encourage mutuality and equality among all participants.

Democratic Dialogue Among Circle Members

As members of the community, circle members are considered to be key stakeholders, who, along with the focal person, are to be engaged in a democratic discussion, particularly as it relates to decision-making. Especially important is the ability of the focal person to contribute as an equal to these discussions. As individuals with mental health conditions and criminal justice involvement are a particularly marginalized group, the opportunity to have their voices heard can be quite powerful. Democracy in circle meetings can be achieved by structuring meetings according to one of several formats. For example, circles can use sequential formats, in which speakers talk in order around the circle, or members may use a talking piece that designates whose turn it is to speak (Wachtel, 2014). Members can also protect against the development of power differentials through their own self-disclosure rather than solely relying upon questioning of the focal member. Finally, all decisions are arrived at by consensus. Decisions are made by taking into account and balancing the needs of all stakeholders.

Collective Ownership of Crime Problems

The circles intervention assumes that community members have a primary responsibility to prevent and control crime (Bazemore & Erbe, 2003). Although circle members hold the focal person accountable for adhering to agreed upon plans to prevent future offenses, they also acknowledge the complex and dynamic influences contributing to criminal behavior and are committed to doing their part. Circle members may affirm and reinforce normative behavior, develop new plans with the focal person, provide positive social support, and connect the focal person to community-based resources that can also help censure harmful behavior and build relationships needed to promote community integration (Bazemore & Erbe, 2003).

Connection to Community-Based Resources

A fundamental tenet of community integration is that, to the degree possible, opportunities for participation are created in the community rather than in an institution or agency. For example, competitive employment is more preferable than a sheltered workshop, going to a social event at a church or community center is favored over an agency-organized gathering, and going shopping at a department or grocery store is preferred over selecting from items available within an institution. Similarly, a marker of community integration is interaction with a variety of community members instead of only other program participants (Salzer et al., 2014). Therefore, circle members focus primarily on connecting the focal person to community-based resources and supports.

These are selected based on the focal person's stated community participation goals, as well as features of the resources and supports themselves, such as their accessibility. For example, if financial constraints are a barrier to community participation, circle members can help the focal person find and access low-cost resources or brainstorm about how to obtain funding for higher cost options. As mentioned previously, connection to mainstream resources not only helps to promote the community integration of the focal person, but facilitates the transformation of community and government roles and relationships. Community members assume greater responsibility for crime prevention by actively contributing to the integration and inclusion of individuals with mental health conditions who are leaving jail or prison, and exerting informal social control by reinforcing positive social norms and setting tolerance limits (Bazemore & Erbe, 2003).

Targets

We propose that there are three targets that connect the elements of the circles intervention to community integration outcomes. Two of these targets (i.e., identity transformation and enhanced capacity and motivation for moral/healthy behavior) apply at the person level; that is, they are change processes lying within the focal person. The final target, collective efficacy, is relevant at the community-level, affecting families, friends, community and neighborhood members, and others.

Identity transformation. On the basis of the concept of recovery capital (Lyons & Lurigio, 2010), social capital theory (Portes, 1998), and social identity theory (Tajfel & Turner, 2001), we posit that community participation and the giving and receiving of positive social support impact community integration outcomes through associated changes in identity. The construct of recovery capital grew out of the substance use literature, but has clear implications for recovery in the context of mental illness. It is the "resources that can be accumulated throughout time (e.g., health, mental health, housing, crime free [status], employment, strong family and social relations, and life satisfaction)" as individuals move forward in recovery (Dennis, Foss, & Scott, 2007, p. 587). Social capital is considered to be a central element of recovery capital, and refers to the benefits and resources that arise out of participation and membership in various social networks and other social institutions (Portes, 1998). Finally, social identity theory states that individuals tend to embrace the values and norms of groups in which there is a subjective sense of belonging and to devalue those of groups to which they feel that they do not belong (Tajfel & Turner, 2001). Following these theories, as formerly incarcerated individuals with psychiatric disabilities build recovery and social capital through participation in community-based activities and involvement in reciprocal, supportive relationships, they are able to establish new reference groups, thereby replacing former identities with those of law-abiding citizens who are both accepted by and able to give back to the community. To the degree that individuals have the opportunity to form and express these new identities, community integration is expected.

Enhanced capacity and motivation for moral behavior. We use Kohlberg's theory of moral development (Kohlberg & Hersh, 1977; Kohlberg, Kauffman, Scharf, & Hickey,

2010) and the resulting Just Community movement as a framework for conceptualizing the relationship between democracy in the circle process and community integration outcomes. According to moral development theory, (1) moral reasoning evolves over time in a series of progressive stages, and (2) higher stages of development are associated with a greater capacity for empathy, stronger desire for justice, and increase in moral behavior (Kohlberg & Hersh, 1977). Kohlberg discovered that moral development occurred when individuals were engaged in moral discussion and democratic decision-making. He proposed that exposure to these discussions expands individuals' capacity to consider diverse points of view and select the fairest and most just solution (Kohlberg et al., 2010). Additional research has highlighted the role of moral motivation, the "willingness to bridge moral insights to pro-social and moral action" (Oser, Althof, & Higgins-D'Alessandro, 2008, p. 407) in producing moral behavior. Participation in democratic environments can build feelings of loyalty and trust and cultivate moral motivation as well (Kohlberg et al., 2010; Oser et al., 2008). Taken together, this research suggests that as the focal person participates in democratic decision making as part of the circle process, s/he might develop a more sophisticated moral reasoning ability, and a greater commitment to engage in moral behavior. This enhanced capacity and motivation for moral behavior, in turn, is expected to increase opportunity for physical, social, and psychological integration within the community.

Collective efficacy. Circles provide a mechanism for community building through the development of ties both within and outside of the group (Bazemore & Erbe, 2003). As these relationships develop and community members take greater ownership for crime problems, communities can be expected to grow in collective efficacy. *Collective efficacy*, defined as the capacity of community members to exert informal social control in support of the common good (Bazemore, 1998; Sampson, Raudenbush, & Earls, 1997), is viewed as a form of social capital at the community-level that can lead to the reduction of crime (Bazemore & Erbe, 2003). Informal social control refers to a variety of actions that community members take to signal unacceptable behavior and maintain public order. It can function at multiple levels within a community, from families to street blocks to whole neighborhoods, and is strengthened by repeated exposure between individuals, which allows for the development of norms, trust, and group cohesiveness (Groff, 2015). With sufficient repetition, Circles may lead to regrowth or restructuring of social networks that can exert informal social control, potentially causing restorative practices to leak into other social structures (Bazemore & Erbe, 2003). In addition to having clear implications for crime control, the relationship building and collective efficacy gains that occur as part of the circle process are expected to increase the capacity of community members to facilitate the inclusion and integration of those with psychiatric disabilities leaving custody.

Proximal Outcomes

Community Integration Outcomes

Given the aims of circles and restorative justice, we suggest prioritizing outcomes that are intimately connected to change and progress for the focal person. These outcomes might include increased time spent in community spaces, such as colleges, workplaces, or religious organizations (i.e., physical integration), a more diversified social network (i.e., social integration), and a greater sense of trust and affiliation with fellow members of the community (i.e., psychological integration). These outcomes signal integration in community life, the ultimate goal of the circles intervention model. As suggested by previous research (Bellamy et al., 2012; Burns-Lynch et al., 2016; Kachan et al., 2015; Kaplan et al., 2012; Kim et al., 2015; Kosterman et al., 2005; LeBel et al., 2015; Na & Hample, 2016; Sato et al., 2016; Thomas et al., 2016), improvement in this area has the potential to impact more distal outcomes, such as recidivism rates and mental health and wellness.

Circles in Practice

Although the structure and content of circles is expected to vary slightly depending upon the needs of the focal person and the group make up (e.g., peer specialists vs. those without lived experience), fundamental circles elements described previously should be consistently observed. The following case example illustrates what a circle could look like in practice:

"Joe" was a person with a mental health condition who had recently been released from prison and was on parole when his circle commenced. Joe's circle comprised five members, one of whom was a peer specialist and four of whom were recruited from the community, including the focal person's neighborhood. The peer specialist also acted as the "Circle Keeper," who opened and closed the discussions by sounding a meditation bell. Circle meetings were held in a conference room at a peer-run facility. Tables were cleared so that members could sit facing each other in a circular formation. Meetings typically opened with a "check in" about each person's current state and an update of any notable events since last meeting. The conversation then progressed according to a preplanned agenda developed by the circle keeper. Discussions ended with a commitment from each member about what they would do between meetings, reflecting collective ownership of crime problems. A talking piece was passed in sequential order to facilitate democratic dialogue. Every attempt was made to keep power differentials from emerging among members. For example, questions that were asked to Joe were also answered by Circle members. Meetings generally lasted 60 min (with additional time as needed) and were held approximately every other week for 6 months.

Circle content was characterized by several recurring themes, including Joe's desire for and actual community participation, his sources of and satisfaction with social support, and his progress with meeting expectations of his parole. Discussions about community participation included Joe's community participation goals, his personal strengths for achieving these goals, and obstacles that stood in the way. Circle members provided feedback about their perceptions of Joe's strengths, recommended community-based resources and natural supports that could help him achieve his goals, and shared insights learned through their own struggles with community participation. For example, Joe mentioned that he used to enjoy going to concerts, but felt that he could no longer do this because of the presence of alcohol at most music venues. Circle members, especially those with similar experiences, encouraged him to open himself up to the possibility of going to a concert with trusted others (e.g., family members) who could support his sobriety effort. Similarly, Joe expressed that he enjoyed art, but felt he could not take classes at most venues because of limited financial resources. Circle members helped him think creatively about alternatives, including taking free classes at a local craft store. One circle member (the peer specialist) also accompa-

nied Joe to community-based activities (e.g., going to a dog park) where he had the opportunity to interact with others with shared interests. Circle discussions also focused on Joe's struggle with his self-confidence and tendency to focus on his mistakes and discount the positives in his life. Circle members empathized with this struggle, and provided encouragement and affirmations.

Throughout the circle process, Joe became more active in valued areas in his community. He started making contributions to his family by babysitting his nephew and repairing his mother's house, made a new friend at a dog park, and even ventured out to a music venue with a peer. As a consequence, Joe began focusing less on his limitations and mistakes, and more on his strengths, potential, and goals. He started to view himself as a person with something to offer others. Because of his progress, certain restrictions of his parole were lifted. Circle members were also empowered through accomplishments that were made by their collective efforts.

Conclusions and Implications for Research, Policy, and Practice

Implications for research. We have offered a conceptual model that may explain how circles may lead to positive community integration outcomes among justice-involved individuals with psychiatric disabilities. This is a developmental model that needs to be further refined and tested in future research. Using designs such as randomized controlled trials, it would be possible to compare individuals with mental health conditions leaving custody who take part in circles relative to those who are not involved in circles. Following the theories and findings discussed previously, these studies might focus on comparing groups based on levels of community participation, positive social support, and involvement in decision making, and examining processes such as identity transformation and moral development. These studies might also examine differences in outcomes such as physical, social, and psychological integration within the community.

Although potentially more difficult to assess, it would also be important to evaluate the impact of circles on the larger community in which justice-involved people with psychiatric disabilities live. At a microlevel, community members who participate in circles might be evaluated before and after the intervention relative to a demographically matched control group, especially to assess for changes in beliefs about ownership of crime problems, collective efficacy, and informal social control. Researchers would especially need to consider issues related to selection bias and restriction of range, given that those who volunteer to participate as circle members may be more likely to be high in these beliefs already. It may be necessary to not only randomize focal persons, but circle members as well. To assess the extent to which restorative justice practices "leak" into other social structures, representatives from groups and organizations within the community, such as families and friends of formerly incarcerated individuals, schools or workplaces, faith-based organizations, and others might also be evaluated within settings where circles are versus are not being implemented.

Implications for policy and practice. We recommend that policy and practice efforts focus on increasing the availability of restorative justice practices such as circles for individuals with psychiatric disabilities leaving custody. As research is needed in this area, an important part of these efforts would be the provision of research funding to programs that utilize restorative justice interventions so that these may be systematically studied.

With respect to implementation, restorative justice approaches can be structured as an integral part of justice system mechanisms, or they can be adjunctive efforts that could be completely independent of formal justice authority. It has been suggested that successful implementation of circles is facilitated by having corrections officials support (rather than direct) community members as they deliver the intervention, and by securing the cooperation of local police. This may require relationship building on the part of circle members so that corrections and police officers understand the value of the intervention and feel confident in members' ability to hold the focal person accountable (Fox, 2017). There are also specific recommendations for supporting circle members in effectively providing support and accountability. Although members have been recruited from a variety of settings, including colleges and universities, faith-based organizations, and criminal justice activism groups, it is recommended that they be properly vetted and trained to ensure that they can maintain objectivity needed to provide accountability, recognize high risk situations, and know the limitations and restrictions pertinent to the focal person and to their relationship with him or her (Fox, 2017).

Restorative justice approaches can also serve as a useful complement to existing psychiatric rehabilitation and other treatment programs. Although circle members and treatment providers could collaborate to connect the focal person to community-based resources (e.g., housing assistance programs, employment resources), circle members in particular could increase connections with natural supports and help build social capital. Where there are skill development needs, rehabilitation might focus on skills training, whereas circles could help the focal person put these into practice. For example, rehabilitation efforts might focus on improving social skills needed for successful community integration, whereas circles could help the focal person execute them in real-world situations. Finally, circle members could support and hold the focal person accountable in implementing plans that are developed with treatment providers, and vice versa.

Conclusions. Additional interventions are needed to address the multiple barriers to community integration faced by justice-involved individuals with psychiatric disabilities. We have proposed that crime response according to a restorative justice framework, and specifically the circles intervention, could offer a number of benefits to persons with mental health conditions leaving custody and to the larger community. By describing intervention elements, proposing a theoretical rationale for the use of circles to promote community integration, and offering a conceptual model based on hypothesized intervention elements, targets, and proximal outcomes, we hope that we can facilitate research, policy, and practice efforts in this important area.

References

Badcock, J. C., Shah, S., Mackinnon, A., Stain, H. J., Galletly, C., Jablensky, A., & Morgan, V. A. (2015). Loneliness in psychotic disorders and its

association with cognitive function and symptom profile. *Schizophrenia Research, 169,* 268–273. http://dx.doi.org/10.1016/j.schres.2015.10.027

Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: The revolving prison door. *The American Journal of Psychiatry, 166,* 103–109. http://dx.doi.org/10.1176/appi.ajp.2008.08030416

Baillargeon, J., Hoge, S. K., & Penn, J. V. (2010). Addressing the challenge of community reentry among released inmates with serious mental illness. *American Journal of Community Psychology, 46,* 361–375. http://dx.doi.org/10.1007/s10464-010-9345-6

Baron, R. (2011). *Forensic peer specialists: An emerging workforce.* Philadelphia, PA: Temple University Collaborative on Community Inclusion of People with Psychiatric Disabilities. Retrieved from http://www.tucollaborative.org/sdm_downloads/forensic-peer-specialists/

Baron, R. C., & Salzer, M. S. (2002). Accounting for unemployment among people with mental illness. *Behavioral Sciences & the Law, 20,* 585–599. http://dx.doi.org/10.1002/bsl.513

Barrenger, S. L., Draine, J., Angell, B., & Herman, D. (2017). Reincarceration risk among men with mental illnesses leaving prison: A risk environment analysis. *Community Mental Health Journal, 53,* 883–892. Advance online publication. http://dx.doi.org/10.1007/s10597-017-0113-z

Barut, J. K., Dietrich, M. S., Zanoni, P. A., & Ridner, S. H. (2016). Sense of belonging and hope in the lives of persons with schizophrenia. *Archives of Psychiatric Nursing, 30,* 178–184. http://dx.doi.org/10.1016/j.apnu.2015.08.009

Batastini, A. B., Bolanos, A. D., & Morgan, R. D. (2014). Attitudes toward hiring applicants with mental illness and criminal justice involvement: The impact of education and experience. *International Journal of Law and Psychiatry, 37,* 524–533. http://dx.doi.org/10.1016/j.ijlp.2014.02.025

Bates, A., Macrae, R., Williams, D., & Webb, C. (2012). Ever-increasing circles: A descriptive study of Hampshire and Thames Valley circles of support and accountability 2002–09. *Journal of Sexual Aggression, 18,* 355–373. http://dx.doi.org/10.1080/13552600.2010.544415

Baumer, E. P., O'Donnell, I., & Hughes, N. (2009). The porous prison: A note on the rehabilitative potential of visits home. *The Prison Journal, 89,* 119–126. http://dx.doi.org/10.1177/0032885508330430

Bazemore, G. (1998). Restorative justice and earned redemption: Communities, victims, and offender reintegration. *American Behavioral Scientist, 41,* 768–813. http://dx.doi.org/10.1177/0002764298041006003

Bazemore, G., & Erbe, C. (2003). Operationalizing the community variable in offender reintegration: Theory and practice for developing intervention social capital. *Youth Violence and Juvenile Justice, 1,* 246–275. http://dx.doi.org/10.1177/1541204003001003002

Bazemore, G., & Maruna, S. (2009). Restorative justice in the reentry context: Building new theory and expanding the evidence base. *Victims & Offenders, 4,* 375–384. http://dx.doi.org/10.1080/15564880903227446

Bellamy, C. D., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving back and getting something back: The role of mutual-aid groups for individuals in recovery from incarceration, addiction, and mental illness. *Journal of Groups in Addiction & Recovery, 7,* 223–236. http://dx.doi.org/10.1080/1556035X.2012.705703

Birchwood, M., Smith, J., Cochrane, R., Wetton, S., & Copestake, S. (1990). The Social Functioning Scale. The development and validation of a new scale of social adjustment for use in family intervention programmes with schizophrenic patients. *The British Journal of Psychiatry, 157,* 853–859. http://dx.doi.org/10.1192/bjp.157.6.853

Bradley, V. J. (2000). Changes in services and supports for people with developmental disabilities: New challenges to established practice. *Health & Social Work, 25,* 191–200. http://dx.doi.org/10.1093/hsw/25.3.191

Braithwaite, J. (2014). Hybridity in the Canadian craft of criminology. *Canadian Journal of Criminology and Criminal Justice, 56,* 399–416. http://dx.doi.org/10.3138/cjccj.2014.S01

Brezina, T., & Topalli, V. (2012). Criminal self-efficacy: Exploring the correlates and consequences of a 'successful criminal' identity. *Criminal Justice and Behavior, 39,* 1042–1062. http://dx.doi.org/10.1177/0093854812438345

Broner, N., Lattimore, P. K., Cowell, A. J., & Schlenger, W. E. (2004). Effects of diversion on adults with co-occurring mental illness and substance use: Outcomes from a national multi-site study. *Behavioral Sciences & the Law, 22,* 519–541. http://dx.doi.org/10.1002/bsl.605

Burns-Lynch, B., Brusilovskiy, E., & Salzer, M. S. (2016). An empirical study of the relationship between community participation, recovery, and quality of life of individuals with serious mental illnesses. *Israel Journal of Psychiatry, 53,* 46–54.

Butler, M., & Maruna, S. (2016). Rethinking prison disciplinary processes: A potential future for restorative justice. *Victims & Offenders, 11,* 126–148. http://dx.doi.org/10.1080/15564886.2015.1117997

Cesaroni, C. (2001). Releasing sex offenders into the community through 'circles of support'—a means of reintegrating the 'worst of the worst'. *Journal of Offender Rehabilitation, 34,* 85–98. http://dx.doi.org/10.1300/J076v34n02_06

Chinman, M., Lucksted, A., Gresen, R., Davis, M., Losonczy, M., Sussner, B., & Martone, L. (2008). Early experiences of employing consumer-providers in the VA. *Psychiatric Services, 59,* 1315–1321. http://dx.doi.org/10.1176/ps.2008.59.11.1315

Collica, K. (2010). Surviving incarceration: Two prison-based peer programs build communities of support for female offenders. *Deviant Behavior, 31,* 314–347. http://dx.doi.org/10.1080/01639620903004812

Compton, M. T., Bahora, M., Watson, A. C., & Oliva, J. R. (2008). A comprehensive review of extant research on Crisis Intervention Team (CIT) programs. *The Journal of the American Academy of Psychiatry and the Law, 36,* 47–55.

Cosden, M., Ellens, J., Schnell, J., & Yamini-Diouf, Y. (2005). Efficacy of a mental health treatment court with assertive community treatment. *Behavioral Sciences & the Law, 23,* 199–214. http://dx.doi.org/10.1002/bsl.638

Cuellar, A. E., Snowden, L. M., & Ewing, T. (2007). Criminal records of persons served in the public mental health system. *Psychiatric Services, 58,* 114–120. http://dx.doi.org/10.1176/ps.2007.58.1.114

Cullen, F., Wright, J., & Chamlin, M. B. (1999). Social support and social reform: A progressive crime control agenda. *Crime and Delinquency, 45,* 188–207. http://dx.doi.org/10.1177/0011128799045002002

Davidson, L., & Stern, E. (2013). Psychiatric/psychosocial rehabilitation (PSR) in relation to social and leisure environments: Friends and recreation. *Current Psychiatry Reviews, 9,* 207–213. http://dx.doi.org/10.2174/1573400511309030006

Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review, 31,* 585–612. http://dx.doi.org/10.1177/0193841X07307771

Ditton, P. M. (1999). *Special report: Mental health and treatment of inmates and probationers. (NCJ 174463).* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from http://www.bjs.gov/content/pub/pdf/mhtip.pdf

Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness. *Psychiatric Services, 53,* 565–573. http://dx.doi.org/10.1176/appi.ps.53.5.565

Draine, J., Wolff, N., Jacoby, J. E., Hartwell, S., & Duclos, C. (2005). Understanding community re-entry of former prisoners with mental illness: A conceptual model to guide new research. *Behavioral Sciences & the Law, 23,* 689–707. http://dx.doi.org/10.1002/bsl.642

Fisher, W. H., Roy-Bujnowski, K. M., Grudzinskas, A. J., Jr., Clayfield, J. C., Banks, S. M., & Wolff, N. (2006). Patterns and prevalence of arrest in a statewide cohort of mental health care consumers. *Psychiatric Services, 57,* 1623–1628. http://dx.doi.org/10.1176/ps.2006.57.11.1623

Fisher, W. H., Simon, L., Roy-Bujnowski, K., Grudzinskas, A., Jr., Wolff, N., Crockett, E., & Banks, S. (2011). Risk of arrest among public mental health services recipients and the general public. *Psychiatric Services, 62,* 67–72. http://dx.doi.org/10.1176/ps.62.1.pss6201_0067

Fox, K. J. (2015a). Theorizing community integration as desistance-promotion. *Criminal Justice and Behavior, 42,* 82–94. http://dx.doi.org/10.1177/0093854814550028

Fox, K. J. (2015b). Trying to restore justice: Bureaucracies, risk management, and disciplinary boundaries in New Zealand criminal justice. *International Journal of Offender Therapy and Comparative Criminology, 59,* 519–538. http://dx.doi.org/10.1177/0306624X13511403

Fox, K. J. (2017). Contextualizing the policy and pragmatics of reintegrating sex offenders. *Sexual Abuse, 29,* 28–50. http://dx.doi.org/10.1177/1079063215574711

Gill, C., Bazemore, G., & Schiff, M. (2006). Juvenile justice reform and restorative justice: Building theory and policy from practice. *Australian and New Zealand Journal of Criminology, 39,* 144–146. http://dx.doi.org/10.1375/acri.39.1.144

Gill, H. B. (1964). Crime control: Whose responsibility is it? *William and Mary Law Review, 30.* Retrieved from http://scholarship.law.wm.edu/wmlr/vol5/iss1/3

Groff, E. R. (2015). Informal social control and crime events. *Journal of Contemporary Criminal Justice, 31,* 90–106. http://dx.doi.org/10.1177/1043986214552619

Grossi, L. M. (2017). Sexual offenders, violent offenders, and community reentry: Challenges and treatment considerations. *Aggression and Violent Behavior, 34,* 59–67. http://dx.doi.org/10.1016/j.avb.2017.04.005

Hanson, L. C., Green, M. A., Hayes, M., Diehl, S. J., Warnock, S., Corbie-Smith, G., . . . Earp, J. A. (2014). Circles of care: Implementation and evaluation of support teams for African Americans with cancer. *Health Education & Behavior, 41,* 291–298. http://dx.doi.org/10.1177/1090198113512127

Harding, D. J., Wyse, J. J. B., Dobson, C., & Morenoff, J. D. (2014). Making ends meet after prison. *Journal of Policy Analysis and Management, 33,* 440–470. http://dx.doi.org/10.1002/pam.21741

Harper, A., Kriegel, L., Morris, C., Hamer, H. P., & Gambino, M. (2017). Finding citizenship: What works? *American Journal of Psychiatric Rehabilitation, 20,* 200–217. http://dx.doi.org/10.1080/15487768.2017.1338036

Höing, M., Bogaerts, S., & Vogelvang, B. (2013). Circles of support and accountability: How and why they work for sex offenders. *Journal of Forensic Psychology Practice, 13,* 267–295. http://dx.doi.org/10.1080/15228932.2013.808526

Jay, N. (2003). The circles network credo project. *Support for Learning, 18,* 24–28. http://dx.doi.org/10.1111/1467-9604.00273

Kachan, D., Fleming, L. E., Christ, S., Muennig, P., Prado, G., Tannenbaum, S. L., . . . Lee, D. J. (2015). Health status of older US workers and nonworkers, National Health Interview Survey, 1997–2011. *Preventing Chronic Disease, 12,* E162. http://dx.doi.org/10.5888/pcd12.150040

Kaplan, K., Salzer, M. S., & Brusilovskiy, E. (2012). Community participation as a predictor of recovery-oriented outcomes among emerging and mature adults with mental illnesses. *Psychiatric Rehabilitation Journal, 35,* 219–229. http://dx.doi.org/10.2975/35.3.2012.219.229

Kaplan, M. F. (1988). A peer support group for women in prison for the death of a child. *Journal of Offender Counseling, Services & Rehabilitation, 13,* 5–13. http://dx.doi.org/10.1080/10509674.1988.9963891

Kim, J., Heo, J., Lee, I. H., & Kim, J. (2015). Predicting personal growth and happiness by using serious leisure model. *Social Indicators Research, 122,* 147–157. http://dx.doi.org/10.1007/s11205-014-0680-0

Kohlberg, L., & Hersh, R. H. (1977). Moral development: A review of the theory. *Theory into Practice, 16,* 53–59. http://dx.doi.org/10.1080/00405847709542675

Kohlberg, L., Kauffman, K., Scharf, P., & Hickey, J. (2010). The just community approach to corrections: A theory. In P. Priestley & M. Vanstone (Eds.), *Offenders or citizens? Readings in rehabilitation* (pp. 228–229). Devon, UK: Willan Publishing.

Kosterman, R., Hawkins, J. D., Abbott, R. D., Hill, K. G., Herrenkohl, T. I., & Catalano, R. F. (2005). Measures of positive adult behavior and their relationship to crime and substance use. *Prevention Science, 6,* 21–33. http://dx.doi.org/10.1007/s11121-005-1250-0

LeBel, T. P., Richie, M., & Maruna, S. (2015). Helping others as a response to reconcile a criminal past: The role of the wounded healer in prisoner reentry programs. *Criminal Justice and Behavior, 42,* 108–120. http://dx.doi.org/10.1177/0093854814550029

Lipskaya-Velikovsky, L., Jarus, T., Easterbrook, A., & Kotler, M. (2016). Participation in daily life of people with schizophrenia in comparison to the general population. *Canadian Journal of Occupational Therapy/Revue Canadienne D'Ergothérapie, 83,* 297–305. http://dx.doi.org/10.1177/0008417416647158

Lovell, D., Gagliardi, G. J., & Peterson, P. D. (2002). Recidivism and use of services among persons with mental illness after release from prison. *Psychiatric Services, 53,* 1290–1296. http://dx.doi.org/10.1176/appi.ps.53.10.1290

Lyons, T., & Lurigio, A. J. (2010). The role of recovery capital in the community reentry of prisoners with substance use disorders. *Journal of Offender Rehabilitation, 49,* 445–455. http://dx.doi.org/10.1080/10509674.2010.510769

Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2004). One year return to custody rates among co-disordered offenders. *Behavioral Sciences & the Law, 22,* 503–518. http://dx.doi.org/10.1002/bsl.600

Mojtabai, R., Stuart, E. A., Hwang, I., Eaton, W. W., Sampson, N., & Kessler, R. C. (2015). Long-term effects of mental disorders on educational attainment in the National Comorbidity Survey ten-year follow-up. *Social Psychiatry and Psychiatric Epidemiology, 50,* 1577–1591. http://dx.doi.org/10.1007/s00127-015-1083-5

Morrissey, J., Meyer, P., & Cuddeback, G. (2007). Extending assertive community treatment to criminal justice settings: Origins, current evidence, and future directions. *Community Mental Health Journal, 43,* 527–544. http://dx.doi.org/10.1007/s10597-007-9092-9

Na, L., & Hample, D. (2016). Psychological pathways from social integration to health: An examination of different demographic groups in Canada. *Social Science & Medicine, 151,* 196–205. http://dx.doi.org/10.1016/j.socscimed.2016.01.007

Oser, F. K., Althof, W., & Higgins-D'Alessandro, A. (2008). The just community approach to moral education: System change or individual change? *Journal of Moral Education, 37,* 395–415. http://dx.doi.org/10.1080/03057240802227551

Osher, F. C., & Steadman, H. J. (2007). Adapting evidence-based practices for persons with mental illness involved with the criminal justice system. *Psychiatric Services, 58,* 1472–1478. http://dx.doi.org/10.1176/ps.2007.58.11.1472

Osher, F., Steadman, H. J., & Barr, H. (2003). A best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model. *Crime and Delinquency, 49,* 79–96. http://dx.doi.org/10.1177/0011128702239237

Paterson, C., & Clamp, K. (2012). Exploring recent developments in restorative policing in England and Wales. *Criminology & Criminal Justice, 12,* 593–611. http://dx.doi.org/10.1177/1748895812441933

Pearson, D. A. S., McDougall, C., Kanaan, M., Torgerson, D. J., & Bowles, R. A. (2016). Evaluation of the citizenship evidence-based probation supervision program using a stepped wedge cluster randomized controlled trial. *Crime and Delinquency, 62,* 899–924. http://dx.doi.org/10.1177/0011128714530824

Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology, 24,* 1–24. http://dx.doi.org/10.1146/annurev.soc.24.1.1

Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M. J., Benedict, P., . . . Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services, 58,* 955–961. http://dx.doi.org/10.1176/ps.2007.58.7.955

Rowe, M., Benedict, P., Sells, D., Dinzeo, T., Garvin, C., Schwab, L., . . . Bellamy, C. (2009). Citizenship, community, and recovery: A group- and peer-based intervention for persons with co-occurring disorders and criminal justice histories. *Journal of Groups in Addiction & Recovery, 4,* 224–244. http://dx.doi.org/10.1080/15560350903340874

Salzer, M. (2006). Introduction. In M. Salzer (Ed.), *Psychiatric rehabilitation skills in practice: A CPRP preparation and skills workbook.* Columbia, MD: United States Psychiatric Rehabilitation Association. http://dx.doi.org/10.2307/j.ctt1x76dnq.4

Salzer, M. S., Baron, R. C., Menkir, S.-M. A., & Breen, L. (2014). Community integration. In P. B. Nemec & K. Furlong-Norman (Eds.), *Best practices in psychiatric rehabilitation* (2nd ed.). McLean, VA: Psychiatric Rehabilitation Association.

Salzer, M. S., Brusilovskiy, E., Prvu-Bettger, J., & Kottsieper, P. (2014). Measuring community participation of adults with psychiatric disabilities: Reliability of two modes of data collection. *Rehabilitation Psychology, 59,* 211–219. http://dx.doi.org/10.1037/a0036002

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277,* 918–924. http://dx.doi.org/10.1126/science.277.5328.918

Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology, 44,* 127–139. http://dx.doi.org/10.1037/0022-3514.44.1.127

Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships, 4,* 497–510. http://dx.doi.org/10.1177/0265407587044007

Sato, M., Du, J., & Inoue, Y. (2016). Rate of physical activity and community health: Evidence from us counties. *Journal of Physical Activity & Health, 13,* 640–648. http://dx.doi.org/10.1123/jpah.2015-0399

Senior, J., Birmingham, L., Harty, M. A., Hassan, L., Hayes, A. J., Kendall, K., . . . Shaw, J. (2013). Identification and management of prisoners with severe psychiatric illness by specialist mental health services. *Psychological Medicine, 43,* 1511–1520. http://dx.doi.org/10.1017/S0033291712002073

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social Science & Medicine, 32,* 705–714. http://dx.doi.org/10.1016/0277-9536(91)90150-B

Skeem, J. L., & Louden, J. E. (2006). Toward evidence-based practice for probationers and parolees mandated to mental health treatment. *Psychiatric Services, 57,* 333–342. http://dx.doi.org/10.1176/appi.ps.57.3.333

Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior, 35,* 110–126. http://dx.doi.org/10.1007/s10979-010-9223-7

Skogan, W. (2015). Disorder and decline: The state of research. *Journal of Research in Crime and Delinquency, 52,* 464–485. http://dx.doi.org/10.1177/0022427815577836

Steadman, H. J., & Naples, M. (2005). Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Sciences & the Law, 23,* 163–170. http://dx.doi.org/10.1002/bsl.640

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services, 60,* 761–765. http://dx.doi.org/10.1176/ps.2009.60.6.761

Tajfel, H., & Turner, J. (2001). An integrative theory of intergroup conflict. In M. A. Hogg & D. Abrams (Eds.), *Key readings in social psychology. Intergroup relations: Essential readings* (pp. 94–109). New York, NY: Psychology Press.

Teplin, L. A. (1990). Detecting disorder: The treatment of mental illness among jail detainees. *Journal of Consulting and Clinical Psychology, 58,* 233–236. http://dx.doi.org/10.1037/0022-006X.58.2.233

Teplin, L. A., Abram, K. M., & McClelland, G. M. (1996). Prevalence of psychiatric disorders among incarcerated women. I. Pretrial jail detainees. *Archives of General Psychiatry, 53,* 505–512. http://dx.doi.org/10.1001/archpsyc.1996.01830060047007

Thomas, E. C., Luther, L., Zullo, L., Beck, A. T., & Grant, P. M. (2016). From neurocognition to community participation in serious mental illness: The intermediary role of dysfunctional attitudes and motivation. *Psychological Medicine, 47,* 822–836. http://dx.doi.org/10.1017/S0033291716003019

Thomas, E. C., Muralidharan, A., Medoff, D., & Drapalski, A. L. (2016). Self-efficacy as a mediator of the relationship between social support and recovery in serious mental illness. *Psychiatric Rehabilitation Journal, 39,* 352–360. http://dx.doi.org/10.1037/prj0000199

Tolson, D., & Klein, J. (2015). Registration, residency restrictions, and community notification: A social capital perspective on the isolation of registered sex offenders in our communities. *Journal of Human Behavior in the Social Environment, 25,* 375–390. http://dx.doi.org/10.1080/10911359.2014.966221

Tsai, J., Desai, R. A., & Rosenheck, R. A. (2012). Social integration of people with severe mental illness: Relationships between symptom severity, professional assistance, and natural support. *The Journal of Behavioral Health Services & Research, 39,* 144–157. http://dx.doi.org/10.1007/s11414-011-9266-7

Wachtel, T. (2014). *Defining restorative.* Retrieved from https://www.iirp.edu/pdf/Defining-Restorative.pdf

West, M. L., Vayshenker, B., Rotter, M., & Yanos, P. T. (2015). The influence of mental illness and criminality self-stigmas and racial self-concept on outcomes in a forensic psychiatric sample. *Psychiatric Rehabilitation Journal, 38,* 150–157. http://dx.doi.org/10.1037/prj0000133

Wilson, A. B., Barrenger, S., Brusilovskiy, E., Draine, J., & Salzer, M. (2017). Community participation patterns of people with serious mental illnesses after release from jail: What are they and how do they measure up? *Journal of Psycho-Social Rehabilitation, 4,* 45–51.

Wilson, A. B., Draine, J., Hadley, T., Metraux, S., & Evans, A. (2011). Examining the impact of mental illness and substance use on recidivism in a county jail. *International Journal of Law and Psychiatry, 34,* 264–268. http://dx.doi.org/10.1016/j.ijlp.2011.07.004

Wilson, R. J., Cortoni, F., & McWhinnie, A. J. (2009). Circles of support & accountability: A Canadian national replication of outcome findings. *Sexual Abuse, 21,* 412–430. http://dx.doi.org/10.1177/1079063209347724

Wilson, R. J., McWhinnie, A., Picheca, J. E., Prinzo, M., & Cortoni, F. (2007). Circles of support and accountability: Engaging community volunteers in the management of high-risk sexual offenders. *Howard Journal of Criminal Justice, 46,* 1–15. http://dx.doi.org/10.1111/j.1468-2311.2007.00450.x

Wilson, R. J., & Prinzo, M. (2001). Circles of support: A restorative justice initiative. *Journal of Psychology & Human Sexuality, 13,* 59–77. http://dx.doi.org/10.1300/J056v13n03_05

World Health Organization. (2001). *ICF: International classification of functioning, disability, and health.* Geneva, Switzerland: Author.

Zehr, H. (1990). *Changing lenses: A new focus for crime and justice.* Huntington, IN: Herald Press.