Translating Interventions that Target Criminogenic Risk Factors for use in Community Based Mental Health Settings

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Abstract This study explored facilitators and barriers associated with engaging criminogenic interventions in community mental health service settings. Focus groups and guided large group discussions were conducted with 46 consumers, providers and administrators. Results suggest that participants were generally supportive of offering criminogenic interventions to justice involved persons with serious mental illness in community based mental health service settings. Key issues to consider when engaging criminogenic interventions in community mental health service settings include identifying sustainable funding sources, providing adequate training for staff, and tailoring the delivery and pace of the content to the particular treatment needs of SMI participants.

Keywords Intervention research · Criminal justice involvement · Community mental health services

Introduction

Over 25% of people with serious mental illnesses (SMI) in the public mental health system will become involved in the criminal justice system at some point during their life time (Cuellar et al. 2007; Fisher et al. 2006, 2011). This situation has led to the development of numerous mental health services, recently termed *first generation services* (Epperson et al. 2014), which are designed specifically to address this criminal justice involvement. A distinguishing feature of first generation mental health services is that each tries to reduce criminal recidivism among service recipients through the provision of mental health treatment (Epperson et al. 2014). However, despite substantial investments in the development of these mental health services on the federal, state, and local levels, they have yet to achieve a consistent impact on participants' future criminal justice involvement (Morrissey et al. 2007; Osher and Steadman 2007; Skeem et al. 2011; Steadman and Naples 2005). In fact, the service models most closely aligned to traditional mental health treatment have the weakest evidence of impact on criminal recidivism (Skeem et al. 2011).

This lack of impact has prompted discussion about what is missing from current mental health services for justice involved persons with SMI. One answer, which is amassing a growing body of research, is that mental health services need to incorporate interventions that explicitly target behaviors associated with criminal offending (Calysn et al. 2005; Epperson et al. 2011, 2014; Fisher et al. 2006; Lurigio 2011; Morrissey et al. 2007; Skeem et al. 2011; Wilson et al. 2014; Wolff et al. 2011, 2013).

This body of research began with a study that was recently replicated, which found that people with SMI face the same risk factors for criminal recidivism as offenders without mental illness (Bonta et al. 1998, 2013). These risk factors are derived from the Risk-Need-Responsivity Model (RNR) and include: anti-social behavior, anti-social personality, anti-social cognitions, anti-social associates, substance use, family conflict, school or work problems,

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and lack of pro-social leisure activities (Andrews and Bonta 2010).

Other research suggests that justice involved persons with SMI face higher levels of criminogenic risk factors than offenders without SMI (Girard and Wormith 2004). Research has also found that justice involved persons with SMI have levels of criminal thinking and attitudes that are higher than offenders without SMI (Morgan et al. 2010; Wilson et al. 2014; Wolff et al. 2011, 2013).

The growth in understanding of the nature and the extent of criminogenic risk factors among justice-involved persons with SMI has led some experts to suggest that these risk factors represent a set of co-occurring problems that need to be addressed in the next-generation of mental health services that are being developed for justice involved persons with SMI (Epperson et al. 2014). One approach to addressing criminogenic risk factors in this next generation of services is to incorporate existing evidence-based interventions that engage treatment methods that directly target criminogenic risk factors into the continuum of community based mental health services for justice involved persons with SMI (Rotter and Carr 2011; Skeem et al. 2011).

Some of the best known evidence based interventions for criminogenic risk factors include Reasoning & Rehabilitation (R&Ross and Fabiano 1985), Moral Reconation Therapy (MRT; Little et al. 1991), and Thinking for a Change (T4C; Bush et al. 2011). These interventions work best with individuals who have higher levels of criminogenic risk factors (Landenberger and Lipsey 2005). Each targets one or more of the criminogenic risk factors associated with the RNR model (i.e., antisocial behavior, personality, cognition, and associates). They also all use a similar treatment format that includes some combination of cognitive restructuring, cognitive skills training, problem-solving therapies, and structured learning experiences, which are delivered in a structured, time-limited group-based formats (Milkman and Wanberg 2007; Landenberger and Lipsey 2005). Several meta-analyses have supported the effectiveness of R&R, MRT, and T4C in reducing recidivism among general offending populations, with reductions in recidivism for participants in these programs ranging from 20 to 55% (Landenberger and Lipsey 2005; Pearson et al. 2002; Wilson et al. 2005).

R&R, MRT and T4C were developed for use among general offending populations in correctional settings such as prisons and other structured forensic settings. In order for these interventions to be used with justice involved persons with SMI in community based mental health settings, their delivery needs to be tailored to the particular treatment needs of this client population (people wth SMI; Bonta et al. 1998; Morgan et al. 2012; Young and Ross 2007) and the new service settings where these interventions will be delivered (community mental health services; Rotter and Carr 2011; Skeem et al. 2011). Some research is examining how to address the partcular treatment needs of people with SMI during the delivery of two interventions for criminogenic risk factors (R&R and T4C; Wilson et al. (in press); Young et al. 2010). However, much is yet to be learned about the individual, organizational, and system level factors that need to be addressed to support the use of interventions for criminogenic risk factors in community mental health service settings (Rotter and Carr 2011).

This is an important area of research because as many as 1 million people with SMI are on community supervision at any given time (Crilly et al. 2009; Ditton 1999; Glaze and Herberman 2013) and research has found high levels of criminogenic needs in this population (Skeem et al. 2011). Given the fact that most justice-involved persons with SMI receive their clinical services in community mental health agencies, these agencies could provide interventions for criminogenic risk factors alongside traditional mental treatment services. However, since criminogenic interventions were developed for delivery in a different service setting, research needs to identify factors that can facilitate the use of interventions for criminogenic risk factors in this new service delivery system.

To fill this gap, we present findings from an exploratory research project that examines factors that need to be addressed in order to maximize the use of interventions for criminogenic risk factors with justice involved persons with SMI in community mental health service settings. The specific research questions that will be addressed in this paper include: What factors need to be addressed to maximize the feasibility of delivering interventions for criminogenic risk factors in community based mental health service settings? What issues need to be addressed to facilitate clients' acceptance of interventions for criminogenic risk factors in community based mental health service settings?

Methods

The present study is part of a larger research project that examined the supports needed to engage interventions for criminogenic risk factors with justice-involved persons with SMI. The first part of this larger study engaged intervention development activities that focused on creating a targeted service delivery approach designed to support the delivery of interventions for criminogenic risk factors to justice-involved persons with SMI (Removed for blind review). The second part of this research project, being reported here, used qualitative research methods, including two focus groups (Morgan 1988) and one World Café exercise (Brown and Isaacs 2005), to explore stakeholder perspectives on factors that facilitate and hinder the use of

interventions for criminogenic risk factors in community mental health settings.

Sampling and Recruitment

The World Café exercise took place during a half-day stake holder conference in November 2013 that was part of the larger research project. Participants were selected because of their clinical or policy leadership roles in regional or state level agencies serving the target population. All 30 conference participants participated in the World Cafe exercise, including 12 mental health system or agency staff (40% of participants), six probation or court personnel (20%), six representatives from various state agencies (20%), and six researchers (20%). Nineteen (63%) stakeholders were female and 11 (37%) were male.

Participants for both focus groups were recruited from a large community-based mental health center that serves clients with SMI involved in the criminal justice system. Participants for the consumer focus group were recruited via signs that were posted in various public areas of the mental health center. Further, a member of the research team met with clients in several therapy groups to discuss the upcoming focus groups. Mental health treatment providers were recruited to the study through study flyers and discussion with members of the research team. Both focus group discussions were held in September 2014.

The consumer focus group had a total of eight participants (six males, two females). The average age of participants was 44 years old. All participants had a self-disclosed mental health diagnosis in the Schizophrenia spectrum or Major Affective disorder, and all had some history of prior criminal justice involvement. Sixty-three percent had previously participated in group therapy (in general), and 25 percent had participated in an intervention for criminogenic risk factors (e.g. T4C). The provider focus group also had eight participants (one male and seven females). The majority (63%) of participants had facilitated group therapy in the past, and one participant had experience facilitating T4C. Participants' number of years of experience working in the mental health services field with criminal justice involved individuals ranged from 0 to 20+ years, with the majority of participants working 4 years or less.

Data Collection and Analysis

World Café Exercise

The World Café exercise is a method used to engage large group discussions around a focused topic (Brown and Isaacs 2005). It was used to facilitate discussion during the stake holder conference about implementation issues that would be encountered when engaging interventions for criminogenic risk factors in community based mental health settings. The World Café exercise began with an introduction from the study team during which time the process participants' were about to engage was explained. After the introduction stakeholders participated in several rounds of small group discussions. During each round of small group discussions participants were invited to join a table to discuss pre-selected topics. Each table had a host, a member of the study team, who introduced the topic of discussion for that table and took notes on the group discussion that ensued. There were a total of four topics that stakeholders were asked to discuss as part of this exercise, including: next steps in tailoring the delivery of interventions for criminogenic risk factors such as T4C to the needs of people with SMI; feasibility issues associated with engaging these interventions in community based mental health settings; acceptability issues associated with using these interventions in mental health settings; and other concerns or ideas. The participants each had a "Café Placemat" that was divided into four quadrants, one for each topic. Participants were encouraged to take their placemats with them to each discussion and to write their ideas and suggestions in the appropriate quadrant. These placemats were collected at the end of the session.

Each small group discussion lasted about 15 min. After each small group discussion was finished stakeholders joined another table until participants had an opportunity to discuss each topic. After the small group discussion rounds were completed, stakeholders reassembled as a large group and were given an opportunity to discuss the results of the small group conversations. The study team documented all conversations from this larger group discussion and the responses were combined with the written information from the placemats.

Consumer and Provider Focus Groups

The goal of both focus groups was to elicit participants' understanding of factors that would facilitate and hinder staff and consumer use of interventions that address criminogenic risk factors with justiced involved persons with SMI in community mental health agencies. The consumer focus group topics included: (1) general perceptions about Cognitive Behavioral Therapy (CBT) interventions/programming to address recidivism and (2) perceived barriers and facilitators to participating in group therapy (generally) or in a CBT program to address criminogenic risk factors (specifically). Topics of discussion for the provider focus group included: (1) issues of recruitment and retention for group-based CBT

programs focused on criminogenic risk factors for a population of justice involved persons with SMI, (2) implementation issues associated with using interventions that target criminogenic risk factors in a community mental health agency setting, and (3) training staff and workforce issues around implementing a group-based CBT intervention for addressing criminogenic risk factors.

Each focus group session lasted approximately 90 min and was held in a private meeting room located within the community mental health agency. The focus groups were moderated by one of the co-authors, and two doctoral students took notes that recorded the conversation verbatim. Participants in each focus group were given the opportunity to write down any comments to be privately shared with the research team if they did not feel comfortable discussing openly within the group setting. All focus group participants received an incentive of $30. Participants then completed a brief, anonymous questionnaire indicating demographic characteristics. Treatment providers reported their tenure working in mental health services and experience in facilitating group therapy. Consumers anonymously reported their mental health diagnosis, the number of times arrested as an adult, and experience participating in group therapy and in CBT-based programming to address criminogenic risk factors.

Notes from the focus groups and the World Café exercise were transcribed and collated. Open coding techniques (Emerson et al. 1995) were used to analyze focus group and World Café participants' responses. Members of the research team used consensual qualitative research methodologies in coding and analyzing the qualitative data (Hill et al. 2005, 1997). A team consisting of the PI, Investigator and two doctoral students worked collaboratively to analyze the data and reach consensus on emergent themes, which are further discussed below.

Ethics

Participants were given information about the goals and procedures for the project, and were informed about their ability to withdraw at any time without penalty. All participants in this study were provided informed consent. However, to ensure confidentiality, no identifying information was collected. The research was approved by Case Western Reserve University Social/Behavioral Science and the Northeast Ohio Medical University Institution Review Boards. The authors report no conflict of interest regarding the execution of this study, including the planning, sampling, data gathering, and data analysis performed as part of this research project. All authors certify responsibility for the contents of this manuscript.

Results

The discussion of findings from this study are organized as follows: (1) acceptability issues, which are defined as factors that maximize recruitment, retention and participation in interventions for criminogenic risk factors delivered in community mental health settings; and (2) feasibility issues, which are defined as factors that support the successful implementation and uptake of interventions for criminogenic risk factors in community mental health settings.

Acceptability Issues

Consumers, mental health treatment providers and general stakeholders endorsed a need for interventions for criminogenic risk factors to be offered to justice involved persons with SMI in community mental health service settings. Consumers and providers both noted that offering such programming in a community mental health setting could be a potential advantage related to recruitment because justice invovled consumers are already receiving other types of services in this setting. They also noted that adding interventions to address criminogenic risk factors to the existing mental health service continuum might help to prevent consumers from returning to jail. Stakeholders also noted that offering such programming is an opportunity to connect with services from other service systems within the community.

Participants identified a range of factors that could facilitate recruitment and retention in interventions for criminogenic risk factors when delivered in community mental health centers. Providers and stakeholders noted that mental health agencies need to develop methods that can be used to identify justice invovled consumers in need of these interventions. Specific suggestions included embedding assessment and referrals to interventions for criminogenic risk factors into agency intake processes, and educating staff about the availability of these interventions in order to increase referrals to these programs. Participants, particularly providers, noted that for interventions with this client population to be successful at engaging and retaining clients in this intervention the multiple, complex and integrated needs of justice involved persons with SMI must be considered during the delivery of these treatment services.

Participants also identified a number of supports that could be provided to maximize the participation and retention of justice invovled consumers in interventions for criminogenic risk factors. Some suggestions focused on providing consumers with the material and logistic supports needed to attend treatment (keeping the group size small, assisting with transportation, offering groups at vary times and days during the week). A second set of suggestions

focused on ways to increase consumer engagement in these interventions by incentivizing participation (peer leadership opportunities, embedding levels of achievement in the intervention with formal recognition of achievements, and providing incentives to consumers). Other suggestions focused on developing consumer investment in the intervention by ensuring that individuals receive a high quality service that is matched to their ability levels (providing highly trained interventionists, considering consumer's clinical needs in the pacing of intervention).

Feasibility Issues

The feasibility issues identified in this study are organized into three levels: staff, organization, and system level issues that require attention in order to engage and sustain the use of interventions for criminogenic risk factors in community mental health settings. With regards to staffing issues, consumers discussed the importance of having properly trained facilitators who have proven to be effective group leaders, and mental health treatment providers discussed how group facilitators must have a specific interest in and desire to provide this type of intervention.

Service providers also noted that the staff providing interventions for criminogenic risk factors will need organizational level supports to be successful. Specific supports that were identified include ensuring that staff are given adequate time to prepare and run each intervention session. Other suggestions related to organizational supports needed to facilitate staff's ability to provide the intervention included having multiple staff trained in the intervention so staff can work together in a collaborative fashion to provide the intervention over time, and providing forums for staff to share tips and lessons learned on facilitating the intervention. Stakeholders and mental health treatment professionals also noted the need to develop training and technical assistance programs that ensure staff receive adequate training and ongoing supervision and support in the use of the intervention over time. Participants noted these supports could be most effective if the training and consultation involved staff with a range of professional backgrounds, including clinical, substance abuse and criminal justice perspectives.

Finally, stakeholders and mental health treatment providers also identified several system level resources that would be needed to implement intervention for criminogenic risk factors in community mental health settings. First, these participants recognized that monetary resources would be needed to implement the recruitment and retention strategies discussed above (e.g. transportation, program incentives). However, participants also identified other system level monetary concerns that need to be addressed when engaging interventions for criminogenic risk factors in community mental health centers. For example, funding streams must support the training and continuing education costs associated with the intervention. Discussion of funding sources included an emphasis on finding stable funding to support these efforts. Stakeholder and provider participants suggested interventions for criminogenic risk factors might best be supported through grant or program funds, rather than through insurance programs such as Medicaid due to issues such as caps on services, and constraints on who and how many people can be reimbursed for providing a service through Medicaid. Participants also suggested exploring ways that the cost of paying for criminogenic interventions could be shared between the criminal justice, mental health and substance abuse service systems.

Discussion

The results of the exploratory research suggest that providers, consumers, and stakeholders in the public mental health system believe interventions for criminogenic risk factors could be an important addition to the continuum of services offered in this system. All three groups of participants in this study voiced support for efforts to integrate interventions that address criminogenic risk factors into the continuum of services that are offered in community based mental health services settings. However, a number of issues have to be addressed in order to support the use of these interventions in this new service setting. Chief among these issues is the need to identify and/or develop sustainable funding sources that provide the money needed to facilitate clients' participation in these interventions and the training and supervision needed to support staffs' proficiency at delivering these interventions over time. This concern highlights differences in how services are paid for in criminal justice settings, where these interventions were developed, and community mental health service settings.

Medicaid is one of the primary funder of services in the community mental health system, however, this funding source is not a viable payment source for some of the material and logistical issues that have been identified as being important to the provision of interventions for criminogenic risk factors in community mental health settings, such as supplies, staff prep time, and refreshments. Further the mandatory caps that some states impose on the number of services Medicaid recipients can receive in a given time period could impact service providers' decision to refer clients to this time intensive service, which is delivered at least two times a week over a 3 month time period.

These potential funding limitations point to the need to develop additional funding sources to help pay for the supports and resources identified in this exploratory research. The involvement of people with SMI in the criminal justice

system is a problem that is shared by the criminal justice, mental health, and substance use service systems. Therefore, joint funding streams are needed to support the delivery of an intervention that has the potential to reduce people with SMI's future involvement in the criminal justice system. Stakeholders in this exploratory research project identified a few ways that these systems could collaborate, but these suggestions do not solve all of the issues identified here. Therefore, it will be important for mental health providers to collaborate with these other systems of care as they develop their capacity to provide interventions for criminogenic risk factors.

Some other important issues that this research identified included the need for community mental health services to build mechanisms into the development and delivery of interventions for criminogenic risk factors that help to ensure the provision of high quality services. This includes developing the mental health systems knowledge of criminogenic risk factors and the infrastructure needed to conduct assessments of criminogenic risk levels among justice involved persons with SMI to identify individuals in need of these interventions. Potential consumers of this service also identified a number of concrete strategies that service providers could use to facilitate consumers' ability to attend and participate in these group based interventions within a community based setting, which could play an important role in ensuring that individuals who need this intervention have a chance to participate.

Limitations

The research presented here is preliminary in nature. It incorporates the perspectives of several different groups with varying degrees of experience with and commitment to the use of interventions that address criminogenic risk factors. This approach allows for input from a number of different groups related to the factors that need to be considered when using interventions for criminogenic risk factors in community mental health settings. However, despite the diversity of perspectives presented here, focus group participants were self-selected consumers and providers from a single service provider. Further, while the World Café participants offered a broader, systems-level perspective, all of the participants in this study are from the same state. This is an important limitation, because community mental health services are administered on a state level, so variations exist across states in how these programs are administered and funded. Therefore, it is important to engage more research on this topic in other areas of the country. It will be important for future research to also use other research methods beyond those used in this project, such as individual interviews, to explore the issues identified here in greater detail.

Conclusion

The goal of this exploratory project was to examine factors that could facilitate and hinder the use of interventions for criminogenic risk factors in community mental health service settings. The factors identified in this research have the potential to help public mental health systems' maximize staff uptake and client participation in interventions for criminogenic risk factors in community mental health settings. These factors also illustrates ways that the public mental health system can engage "criminologically informed" mental health services by providing opportunities for mental health practitioners to work closely with criminal justice partners to leverage the resources of both systems to meet the service needs of this client population (Munetz et al. 2013, p. 461).

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