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## Utilizing an Evidence-Based Treatment Program for Offenders with Mental Health Disorders to Demonstrate Interprofessional Social Work Practice

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**Utilizing an Evidence-Based Treatment Program for Offenders with Mental Health  
Disorders to Demonstrate Interprofessional Social Work Practice**

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SWK 895: Integrative Capstone

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### **Abstract**

Sixty-four percent of jail offenders, 54% of state prisoners, and 45% of federal prisoners have a mental illness (Taylor, 2022). Mental illness increases the risk of recidivism. Individuals with mental illness have limited access to appropriate treatment. They are more likely to respond negatively to the prison environment. This can lead to infractions and solitary confinement. In addition, 51% of incarcerated individuals, whether they received mental health treatment or not, are likely to experience recidivism (Pflueger et al., 2015). The practice of interprofessional social work inside the American prison system is desperately needed. The following paper proposes an evidence-based treatment program that is coordinated by an interprofessional social worker. This includes an explanation of how interprofessional social work practice can be used to facilitate collaboration among diverse professionals for program effectiveness.

## **Utilizing an Evidence-Based Treatment Program for Offenders with Mental Health Disorders to Demonstrate Interprofessional Social Work Practice**

There has been a steady increase in the number of individuals who are incarcerated in the United States since 1975. Between 1980 to 2000, the United States saw a 300% increase in the number of individuals who were incarcerated (Patten, 2016). To put this into perspective, the state of California alone now has a higher number of incarcerated individuals than the entire country of France. The War on Drugs and tough-on-crime federal policy era in the 1980s specifically targeted the incarceration of individuals facing drug-related charges. Because of this, nonviolent offenders now make up 94% of the offenders that are placed into federal penitentiaries every year (Patten, 2016).

Along with the War on Drugs, during the period of the Civil Rights Movement, the process of deinstitutionalization began to occur. A push for individuals with mental illness to be moved out of psychiatric hospitals and back into the community started during this period. This push was based on the idea that hospitals for the mentally ill were cruel and inhumane, the thought that the development of antipsychotic medications offered a cure for mental illness, and the desire of saving money. Unfortunately, the country has not seen the results they predicted/wanted from this movement. Individuals with mental illnesses still do not have adequate help, medication has not cured the problem, and, as a nation, we are still spending a significant amount of money on treatment, incarceration, etc. (Yohanna, 2013).

Combining the issues that stemmed from both the War on Drugs and the deinstitutionalization of mental health hospitals, the United States saw a dramatic increase in not only incarceration, but also in the number of individuals who were incarcerated that have mental illnesses. Of the total United States adult population, 21% have been diagnosed with a mental

illness. When looking at incarcerated individuals specifically, the proportion is much higher. Sixty-four percent of jail offenders, 54% of state prisoners, and 45% of federal prisoners have a reported mental health issue (Taylor, 2022).

### **Significance of Mental Health in Corrections**

Upon the initial arrest of an individual, screening needs to be done to detect any existing mental illnesses. Screening systems that are currently in use in some prison systems do not always correctly diagnose someone due to reliability, validity, and applicability issues. Further, in the cases where mental health upon arrest is correctly diagnosed, prisons oftentimes do not have enough funding in their budget to provide adequate care and appropriate treatment. Offenders with mental health diagnoses also have diverse, more complex needs than offenders with no mental health diagnoses. Offenders with mental illness require different treatment, medication, and support when compared to the general population of offenders.

When individuals with mental illnesses are incarcerated, they are unlikely to comply with the medication regime that they should be on. Combined with having limited access to appropriate treatment, offenders with mental illness are more likely to respond negatively to the physical environment of the prison and exhibit aggressive behavior. This can lead to infractions and solitary confinement. Research has shown that being placed in solitary confinement is detrimental to any individual's mental health, regardless of their mental status before going in, but solitary confinement is especially detrimental to individuals with pre-existing mental illnesses. Being placed in isolation can lead to exacerbation of their mental health symptoms and conditions and it is a vicious cycle that continues to repeat itself (O'Keefe & Schnell, 2007).

### **Significance of Mental Health in Society**

Once someone is released from incarceration, they must integrate back into society. This is an especially difficult task to accomplish with offenders who have a mental illness. A study conducted by Pflueger et al. (2015) examined a population of 259 offenders with mental illness to see how many received treatment and what the average recidivism rate was. Out of the sample, 109 of the offenders received no mental health treatment at all. Forty-three received treatment, 78 were transferred from arrest to treatment, and others were referred to a mandatory psychiatric hospital. Out of all the individuals who were incarcerated, whether they received treatment or not, 51% of them experienced recidivism.

Mental illness comes with a great cost including a high risk of recidivism for offenders. When individuals are released from incarceration, they face many barriers to the integration into society not only with maintaining their mental health, but also with housing, employment, etc. This continuous cycle of being released only to be re-incarcerated is very expensive. In the United States, over \$60 billion is spent annually on prison systems. The percentage of this amount that is spent on first-time offenders is significantly lower than the amount we spend on repeat, or recidivated, offenders. These needs result in a diversion of funds that could be invested in community mental health treatment, education, and other services for the benefit of offenders and society as a whole (Zoukis, 2014).

### **Need for Interprofessional Social Work Practice**

While generalist social workers have the capacity to advocate for the needs of offenders with mental illness, interprofessional social workers have the additional capacity to mobilize interprofessional teamwork around this population within the criminal justice system. The application of interprofessional social work is informed by Iachini, Bronstein, & Mellin's (2018) Model of Interprofessional Collaboration. The achievement of goals that cannot be achieved

solely by one professional requires collaboration among professionals across disciplines by using five constructs (interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process). This model can be effectively applied in combination with other evidence-based practices through interprofessional social work practice (EKU, 2022). The ultimate goal of interprofessional social work practice is to ensure that interprofessional teamwork is culturally responsive, aligns with social work values and ethics, and facilitates services that are delivered with and on behalf of shared clients (EKU, 2022).

Iachini et al. concur that interprofessional collaboration is especially important in the criminal justice system due to the complex needs of offenders along with the limited capacity of adequate treatment offered by the system. When applying interprofessional social work in the criminal justice system, social workers help individuals across different professions work together to best meet the needs of individuals who are included on interprofessional teams. Relying more on an interprofessional approach in work with offenders who have a mental illness allows social workers to apply leadership practices that honor human rights at both the individual and the systemic levels in order to advance social, economic, and environmental justice.

The remaining paper will describe how the practice of interprofessional social work can mobilize the power of interprofessional teams through a model treatment program in a prison setting. This intervention ultimately strives to dismantle the repetitive, vicious cycle of structural oppression that is impacting offenders with mental illness.

### **Applying Interprofessional Social Work in a Prison Mental Health Program**

When it comes to treatment for offenders with mental illness, ideally, the treatment should be separate from incarceration altogether (Navasky & O'Conner, 2005). In today's world,

however, interprofessional social workers recognize that the social welfare policies surrounding criminal behavior and mental illness are so intertwined that this is next to impossible to implement. There is little to no access to mental health services in the community after being convicted of a crime, which undermines access to continuous care and recovery.

Interprofessional social workers can play an integral role in facilitating mental health treatment program inside of a prison. This approach could be a stepping-stone to thorough, comprehensive, and inclusive community mental health treatment programs and policies.

### **Screening and Eligibility Criteria**

Interprofessional social workers rely on practice-informed research and research-informed practice. A model interprofessional mental health treatment program includes a sound screening process to determine program eligibility. There are key components that need to be considered when choosing a screening process—it must be reliable, valid, and applicable to criminal justice settings. For interprofessional social workers, this requires the use of experience, theory, and research from multiple professions to choose an effective screening tool. One recommended screening tool is the Correctional Mental Health Screen, or CMHS. This tool has a version designed for male offenders and a version designed for female offenders—which is very important considering the difference in needs that males and females face. Utilizing a “one size fits all” screening tool for both males and females would not be inclusive of the diverse needs of all offenders. The CMHS has an 80-86% success rate in detecting mental health issues and it is 61-71% accurate in specifically identifying diagnoses (SAMHSA, 2019).

### **Critical Components of Treatment**



Dvoskin & Spears (2004) delineate critical components of a mental health treatment program in a correctional setting which align with the Iachini et al. (2018) Model for Interprofessional Collaboration. These components are blended and expanded upon to demonstrate how interprofessional social workers can play an integral role in supporting a new team approach to the provision of mental health care for offenders in and outside of prison.

### ***Building a Therapeutic Relationship***

The first component is to develop a therapeutic relationship between the offender and their mental health therapist. Dvoskin & Spears (2004) suggest that collaboration among the therapists and correctional officers is pertinent to creating a foundation for this therapeutic relationship. Correctional officers are essential because they are the professionals that spend the largest amount of time with the offenders—enabling them to witness the day-to-day experiences and interactions of the offenders that their therapists or social workers are not able to see first-hand. Therapists have a more holistic idea of how the offender is performing based on confidential information obtained through access to records and other providers. Interprofessional social workers can promote rapport between these professionals and with offenders. This involves being prepared to educate professionals and offenders about the value of other professionals on the team.

Social work support for communication between correctional officers and therapists not only enhances interprofessional collaboration, but also strengthens relationships with and on behalf of offenders who are extended members of the interprofessional team. For example, the use of interprofessional social work can ensure that correctional officers are not inappropriately applying therapeutic techniques and therapists are not performing daily punitive/safety tasks, as these tasks are outside their professional scope. While professional boundary blurring may be

necessary at times provided it is carefully coordinated with the team, an interprofessional social worker can reflect on the different expertise demonstrated by each professional and how these can be utilized to reach common goals with and on behalf of the offenders.

### ***Interprofessional Consultation***

The second component of an interprofessional mental health treatment program in a correctional setting is consultation. Consultation involves the expression of interprofessional collaboration by extending work among correctional officers a step further by incorporating the entire therapeutic staff onsite as well as providers as needed offsite and offenders. Therapeutic staff can consist of counselors, therapists, psychiatrists, medical infirmary staff, etc.

Interprofessional social workers help ensure that correctional officers maintain regular contact with the entire therapeutic staff regarding offenders' behavior and actions. Correctional officers are the professionals who spend the most time with the offenders, and in return, often form the best relationship with them.

Since therapeutic staff are not included in day-to-day operations of the offender's care, they can be viewed as arrogant by the offenders. This view forms a barrier in developing a therapeutic relationship. Interprofessional social workers can assist by recognizing the vulnerability that incarcerated individuals face from the loss of their personal independence. They can utilize this knowledge to make other professionals aware of the complex power dynamics inside the prison and the role that privilege and bias plays in this. This awareness among all professionals helps to develop trusting relationships among the offenders and staff as well as keeping the shared best interests of the offenders at the forefront of every interaction.

### ***Creating a Therapeutic Community***

The third component of an interprofessional mental health treatment program in a correctional setting is creating a therapeutic community. This treatment program would first and foremost have a separate housing unit for offenders for an environment that is supportive of mental health care. By creating a therapeutic community that utilizes interprofessional practice rather than a community focused solely on punitive measures, offenders with mental illness are given more direct support in adjusting and experiencing growth when compared to being housed in the general population. This support is carefully coordinated by an interprofessional social worker who ensures services are reflective of the individual and collective expertise of team members. Offenders are considered equal members on the team for whom care is being provided, which lays the foundation for shared responsibility for team outcomes.

Integrating cognitive behavioral therapy in these specialized housing units is a critical aspect of this component, as cognitive behavioral therapy has been found through a multitude of research to be one of the most effective methods of treatment for offenders with mental illness. The cognitive aspect of this intervention is demonstrated by teaching offenders how to identify the errors in their thinking and develop healthy decision-making skills. It also involves modeling of correct behavior, appropriate socialization skills, etc. that offenders can learn from. The behavioral aspect of this intervention is exhibited by utilizing incentives to reward positive behaviors and taking away of privileges such as phone time to discourage negative behaviors. This cognitive behavioral approach should be utilized in a group setting, rather than in a one-on-one setting, allowing offenders to learn these social skills amongst themselves while being supported by an interprofessional social worker.

For the therapeutic community to reach its full potential, it is necessary for interprofessional social workers to hold regular team meetings. The frequency depends on the

team's needs, but all team members who are involved in the care of offenders need to monitor the maintenance of the therapeutic community. This includes discussing the roles of each professional, reviewing the agreed-on goals of interventions, and reflecting upon what interventions or policies need to be changed/improved to meet these goals. Interprofessional social workers involve offenders in this process. It is believed that such involvement increases the potential for offenders to personally invest in the interprofessional mental health team's intervention and achieve success such as the continuation of treatment compliance upon release.

### ***Psychotropic Medication Management***

The fourth and final component an interprofessional mental health treatment program in a correctional setting is medication management. While a mental illness cannot be cured, they *can* be properly regulated with the correct medications. In utilizing the Correctional Mental Health Screen, a mental health diagnosis would be initially identified. The interprofessional social worker would then collaborate directly and indirectly by referral for additional psychiatric evaluation and medication management. Again, ongoing interprofessional collaboration is expected to involve key contributions from each team member, including the offender for progress monitoring. The offender explains how they feel and what their experience is like. Correctional officers describe behaviors, emotions, and actions that they witness. Counselors and therapists share topics that they have been working on with. Psychiatrists explain the diagnosis and medication regime. The interprofessional social worker facilitates full participation among these professionals to utilize the information in a way that effectively supports care delivery.

### **Follow-Up Services After Treatment**

An interprofessional mental health treatment program in a correctional setting also has to be effective in preventing recidivism. This requires the continuation of mental health treatment after an offender is released. According to Navasky & O'Conner (2005), a similar program in an Ohio prison system suggested that offenders benefitted greatly by receiving treatment in a specialized mental health unit while they were incarcerated. Once they were released and no longer had structure, support, and a routine, a majority of program participants discontinued taking their medication and eventually returned to prison. To combat this issue, adequate follow-up care services must be implemented which extends this interprofessional mental health treatment program out into the community.

Davis et al. (2008) describe an effective aftercare program called the Assertive Community Treatment, or ACT program that would increase the potential for interprofessional team success. Every offender would be enrolled in the ACT program to ensure essential services such as adequate housing, clothing, food, and public assistance benefits are in place for all offenders who need them before they are released. Interprofessional social workers would coordinate this team of professionals in collaborating and brokering services with outside community agencies. Once offenders are released, they would meet on a regular basis with this team of professionals. Similar to the interprofessional team while the individual was incarcerated, the ACT team would consist of: a social worker, a case manager, an RN, a psychiatric specialist, a program manager, and administrative support staff.

Along with this, the social worker ensures that each team always had at least one professional on call in case the ex-offender experiences an emergency/crisis. The social worker also coordinates regular home visits by various members of the ACT team to ensure they are maintaining treatment compliance and help them in developing all needed skills to complete

everyday tasks. This includes skills that most consider as basic life skills- how to utilize public transportation, how to prepare meals, how to properly wash laundry, etc. Along with physical skills, the ACT team should also work with the client to develop positive and healthy social relationships in their community.

The interprofessional social worker facilitates program monitoring and evaluation through regularly scheduled team meetings, including when applicable professionals involved in the ACT program for offenders who have been released. The social worker gathers insight from all professionals and offenders (or ex-offenders) involved in each case to assess mutual objectives of the program, progress made by each individual, and what changes would be necessary to make the program more successful in accomplishing mutual goals.

### **Summary**

Mental health is an all-too-common problem in the criminal justice system. To properly address this issue, interprofessional social workers are needed in prison systems to coordinate effective interprofessional mental health treatment. This involves adequate screening tools to correctly diagnose offenders' mental illnesses. Specialized housing dedicated to only offenders with mental illness. Active collaboration between correctional staff and therapeutic staff. Cognitive behavioral therapy to teach/develop positive decision-making skills and reinforce positive behaviors. Psychotropic medication evaluation and management. Regular team meetings to ensure that mutually agreed upon goals have the best interests of the offenders at the forefront. Aftercare services that provide necessities along with a dedicated team of professionals to teach life and social skills. Every component involves requires the specialized practice expertise of interprofessional social workers.

## **Directions for Future Research**

On a broad scale, research is needed to determine if there is a significantly lower recidivism rate, which in turn would show a lower incarceration rate, with interprofessional mental health treatment in prisons. It is also important to determine if community mental health service utilization changes, such as an increase in the number of ex-offenders who are seeking and maintaining treatment. Before widespread gains can be realized, though, foundational research is needed to determine the feasibility of hiring an interprofessional social workers in prisons as well as specific ways interprofessional social workers can enhance existing mental health services. Such questions provide fertile ground for a pilot program that moves this proposed program from theory to evidence-based practice.

## **Conclusion**

Interprofessional social workers can facilitate effective interprofessional mental health teamwork by assessing, intervening, and evaluating the individuals, families, groups, organizations, and communities involved in this process. Interprofessional social workers can ensure that, i.e., each team member's caseload stays manageable, thus advocate for the team welfare to ensure conditions facilitate peak performance. Interprofessional social workers also ensure the strengths of every team member and their professional expertise are utilized while also providing accountability and support for offenders and ex-offenders upon release. This extends mental health treatment outside of the prison system to ensure that ex-offenders obtain and maintain the tools they need to avoid re-incarceration. For the strength of interprofessional team work to come to fruition, additional work is needed to plan and implement an effective interprofessional mental health treatment program that starts with further research.

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