



*Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Chart of Study Identification and Selection*

Systematic review of studies evaluating interventions targeting criminogenic risks for justice-involved people with serious mental illness

Study	Country	Study Design	N	Intervention	Facilitators	Sample characteristics	Assessment points	Substantive findings
Ashford et al. <sup>32</sup>	U.S.	Quasi-experimental	N = 76	MCSTAR	Not reported	Mean age of treatment group = 35.8 ( <i>SD</i> = 11.8); Mean age of control group = 40 ( <i>SD</i> = 10.7); 76% male, 51% White, 16% African American, 26% Hispanic, 5% Asian, 1% Other; 70% schizophrenia; 30% major mood disorder	Pre-treatment, 12-months posttreatment	Statistically significant pre- and post-test mean changes were found for MCSTAR participants on the CSS-M total scale and all subscales with the exception of the CSS-M ICO subscale. Significant differences were observed for the HIQ Total scale and the Authority, Anonymous, Overgeneralization, and Attribution of Hostility subscales. Results from an ANCOVA showed that the intended treatment group had significantly fewer arrests than the treatment-as-usual group ( $F [1,72]= 16.8, \eta_p^2 = .19, p < .001$ ). Participants in the treatment-as-usual group had fewer probation violations than those in the study's intended treatment group ( $F [1,73]= 16.6, p < .0001, \eta_p^2 = .38$ ).
Carr & Cassidy <sup>36</sup>	U.S.	Descriptive	N = 167	CREST	Not reported	Mean age: 36 ( <i>SD</i> = 10.5); 81% male; 56% African American, 25% Caucasian, 16.2% Hispanic; 62% psychotic disorder, 18% bipolar disorder, 6% depressive disorder, 78% comorbid substance use disorder, 17% comorbid personality disorder	Not reported	Treatment completers were not significantly different from non-completers on demographic or psychiatric variables. Non-completers had significantly higher LSI-R Accommodation risk scores ( $z = -2.09, p = .04$ ), and significantly higher LSI-R Alcohol and Drug-Related risk scores ( $z = -2.73, p = .01$ ). Logistic regression results indicate that scores on LSI-R Alcohol/Drugs ( $OR = 1.25, [95\% CI: 1.01, 1.54]$ ) and participants' age at admission ( $OR = 1.0, [95\% CI: 1.00, 1.09]$ ) significantly predicted non-completion. LSI-R total scores were not found to predict attrition, nor were the Financial or Accommodation subscales.

Clarke et al. <sup>48</sup>	U.K.	Quasi-experimental	N = 32	R&R	Multi-disciplinary team	Mean age = 37.4 ( <i>SD</i> = 10.1); 100% male; 72% schizophrenia, 22% schizoaffective disorder, 6% bipolar disorder	Pre- and posttreatment	Results of an ANCOVA demonstrated that R&R and control participants had significantly different posttreatment scores on the SPSI Total ( $F = 15.8$ , [95% CI: 6.31, 25.29], $p = .002$ ), CRI Emotional Discharge scale ( $F = -9.78$ , [95% CI: -14.57, -5.00], $p < .001$ ) and CRI Approach Summary Index ( $F = 4.62$ , [95% CI: 2.43, 6.81], $p < .001$ ). No significant group differences were observed for the CPII after applying Bonferroni corrections.
Cullen et al. <sup>35</sup>	U.K.	Descriptive	N = 42	R&R	Hospital staff	Mean age = 36.5; 100% male; 26% White British, 33% Black Caribbean, 14% Black African, 5% Asian, 12% Other; 81% schizophrenia, 12% schizoaffective disorder, 3% other psychotic disorder	Baseline, posttreatment	Using a cutoff of 30 sessions (30 or more sessions = completer, less than 30 sessions = non-completer), 21 patients completed the R&R program, and 21 were classified as program non-completers. Two multivariate logistic regression models were conducted. The first demonstrated that psychopathy ( $OR = 13.19$ , [95% CI: 1.34, 129.49], $p < .03$ ) and recent violence ( $OR = 5.90$ , [95% CI: 1.16, 29.96], $p < .03$ ) predicted noncompletion. The second demonstrated that APD diagnosis ( $OR = 5.97$ , [95% CI: 1.26, 28.24], $p < .02$ ), and recent violence ( $OR = 9.48$ , [95% CI: 1.71, 52.52], $p < .01$ ) were significantly associated with treatment noncompletion. The Clinical and Risk Management subscales of the HCR-20 did not predict noncompletion in either model. Neither the PANSS Positive and Negative subscales nor the HCR-20 Historical subscale were found to predict noncompletion in univariate models and were not examined in either multivariate model.

Cullen et al. <sup>34</sup>	U.K.	RCT	N = 84	R&R	Hospital staff	R&R group: Mean age = 35.4 ( <i>SD</i> = 11.4); 100% male; 80% schizophrenia, 14% schizoaffective disorder, 7% psychotic disorder; 34% White, 48% Black, 8% Other; Treatment as usual group: Mean age = 35.4 ( <i>SD</i> = 8.4); 100% male; 85% schizophrenia, 10% schizoaffective disorder, 5% other psychotic disorder; 30% White, 52.5% Black, 18% Other	Baseline, posttreatment, 12 month follow-up	At posttreatment, linear regression analyses showed that R&R participation was a significant predictor of change scores on the SPSI Impulsive/Carelessness subscale ( $\beta = -2.28$ , [95% CI: -4.04, -0.52], $p = .01$ ) and Avoidant subscale ( $\beta = -2.28$ , [95% CI = -4.06, -0.50], $p = .01$ ), and the total SPSI score ( $\beta = 1.06$ , [95% CI: 0.14, 1.98], $p = .02$ ), indicating larger improvements in the R&R group than the TAU group. At 12-month follow-up, linear regression analyses demonstrated a significant effect of treatment group on SPSI change scores for impulsive/carelessness style scale ( $\beta = -2.12$ , [95% CI: -3.89, -0.36], $p = .02$ ). Participation in the R&R group was associated with less improvement in the negative problem orientation subscale than TAU ( $\beta = 1.86$ , [95% CI: 0.45, 3.27], $p = .01$ ). Treatment effects were not found for the CPII, NAS, BAI, or IRI at posttreatment or follow-up.
Cullen et al. <sup>33</sup>	U.K.	RCT	N = 84	R&R	Hospital staff	Same as Cullen 2012a	Baseline, posttreatment, 12-month follow-up	Negative binomial regression ITT analysis found that rates of verbal aggression ( $IRR = 0.49$ [95% CI: 0.28, 0.85], $p = .01$ ) and leave violations ( $IRR = 0.37$ [95% CI: 0.16, 0.84], $p = .02$ ) were significantly lower for the R&R than the TAU group. No significant effects were found for R&R on substance use. During the 12-month follow-up period, the R&R group engaged in incidents of verbal aggression significantly less often than the TAU group ( $IRR = 0.56$ , [95% CI: 0.34, 0.91], $p = .02$ ). No significant effects were found for R&R on physical violence, substance abuse, or leave

C-Y Yip et al. <sup>37</sup>	U.K.	Quasi-experimental	N = 59	R&R2MHP	Not reported	Treatment group: Mean age = 37.9 years ( <i>SD</i> = 10.10); 100% male; Treatment as usual group: Mean age = 38.7 ( <i>SD</i> = 9.7); 100% male	Baseline, 16-18 weeks	violations during the 12-month follow-up period. At posttreatment, ITT analyses using ANCOVAs found significant differences in R&R2MHP participants on MVQ total and subscale scores ( $F = 6.26, p < .05, d = 0.52$ ); WAYS total and subscale scores ( $F = 35.56, p < .001, d = 1.19$ ); SPSP-RS Positive Problem Orientation ( $F = 10.73, p < .01, d = 0.80$ ), Rational Problem-Solving ( $F = 6.72, p < .05, d = 0.85$ ) and Avoidance style ( $F = 4.20, p < .05, d = 0.43$ ) subscale scores; and DBSP total and subscale scores ( $F = 11.86, p < 0.01, d = .77$ )
Erikson et al. <sup>38</sup>	U.S.	Descriptive	N = 130	FACT	Not reported	Mean age: 34.3 ( <i>SD</i> = 10.1); 83% male; 69% African American, 22% White, 6% Hispanic, 3% Other; 77% schizophrenia, 12% bipolar 94% psychosis not otherwise specified, 9% schizoaffective disorder	Posttreatment	Poisson regression identified three significant predictors for the number of arrests at posttreatment: history of arrest for violent crimes before treatment ( $ARR = 1.13, p < .01$ ), eviction from residential placement during treatment ( $ARR = 0.67, p < .01$ ), and presence of antisocial traits ( $ARR = 3.24, p < .01$ ). Total number of arrests before admission, number of arrests for violent crime during treatment, number of times on parole before admission, missed treatment appointments, and substance abuse before or during treatment were not found to predict posttreatment arrests.
Hodgins et al. <sup>39</sup>	U.K.	Descriptive	N = 28	R&R	Trained therapists	100% Schizophrenia; 100% male	6 months	89 % of participants did not attend any R&R sessions, and 11% attended only one session. During the 6-month follow-up period, 14% of participants were convicted of criminal offenses, 57% were in contact with the police, 36% engaged in physically aggressive behavior, and 32% experienced physical victimization. 14% reported misusing alcohol, and 43% reported using illicit substances.

Howden et al. <sup>40</sup>	U.K.	One group pretest-posttest	N = 25	VOTP	Not reported	Mean age: 32 ( <i>SD</i> = 8.06); 100% male; 76% schizophrenia, 24% dual diagnoses	Posttreatment	At posttreatment, 52% of participants had improvements in VRS scores and 60% of participants showed improvement in GAS-V scores. No participants demonstrated clinically significant changes in HCR-20 scores. 60% of participants had improvements in FAVT scores, and 28 had deterioration in FAVT scores. 52% of participants demonstrated clinically significant improvements in STAXI scores, whereas 24% had significantly worse STAXI scores at posttreatment.
Jotangia et al. <sup>43</sup>	U.K.	Quasi-experimental	N = 38	R&R2MHP	CBT practitioner	Treatment group: Mean age = 28.9 ( <i>SD</i> = 9.3); Control group: Mean age = 37.9 ( <i>SD</i> = 9.2); All participants: 100% female; 95% psychotic disorders, 5% mood disorders	Baseline, posttreatment, 3-months posttreatment	At posttreatment, an ITT ANCOVA analysis identified significant pre- to posttreatment differences between R&R2MHP and TAU participants on the LoC total ( $F = 10.11, p < .01, d = 0.99$ ). No significant differences were found for MVQ, NAS, DBSP, or SPSI-RS total scores, but two SPSI-RS subscales reached significance: Positive Problem Orientation ( $F = 10.11, p < .01, d = 0.51$ ) and Rational Problem-Solving ( $F = 19.51, p < .05, d = 0.81$ ). At 3-month follow-up, only the MVQ and LoC were administered. Participants in R&R2MHP showed persistent improvement on the LoC total score ( $F = 15.22, p < .05, d = 1.17$ ) but not the MVQ.
Lamberti et al. <sup>28</sup>	U.S.	RCT	N = 70	FACT	Criminal justice staff and clinicians	Mean age: 37.5 ( <i>SD</i> = 11.6); 61% male; 73% African American, 19% Caucasian, 8% Hispanic; 51% schizophrenia, 19% depression with psychotic features, 11% schizoaffective	Baseline, 12 months	Using an ITT analysis, a negative binomial regression model suggested that FACT group participants had fewer criminal convictions ( $B = -0.86, ME = 0.72, p = .023$ ) and spent fewer days in jail ( $B = -0.71, ME = 0.60, p = .025$ ) than control group participants. FACT group participants also spent more time in outpatient treatment ( $B = 0.59, ME = 0.29, p < .001$ ) and had more outpatient service contacts compared with control group recipients ( $B = 2.1, ME = 0.38, p < .001$ ). In addition, FACT participants had fewer hospitalizations ( $B = -1.1, ME = 1.0,$

McKendrick et al. <sup>42</sup>	U.S.	RCT	N = 139	MTC	Not reported	disorder, 10% psychotic disorder NOS, 9% bipolar disorder with psychotic features Same as Sacks et al., but propensity score analyses were used to match 70 participants with APD to a control group of 69 participants without APD	Baseline, 12 months post-prison release	$p = .042$ ) and number of hospitalizations ( $B = -1.68$ , $ME = 1.4$ , $p = .025$ ). No significant differences were observed between the groups in numbers of emergency room visits, arrests, or incarcerations. Propensity score methods were used to create matched groups of participants with and without APD. OLS regression analysis found positive treatment effects for participants with ( $\beta = .23$ , $p = .002$ ) and without APD ( $\beta = 0.15$ , $p = .004$ ). Positive treatment effects were also observed for general substance abuse ( $\beta = 0.23$ , $p = .01$ ) for patients with APD, but not for those without APD. Participants had improved frequencies of drug use regardless of APD status ( $\beta = 0.33$ , $p < .05$ ) Other significant treatment effects for participants with APD included reincarceration ( $\beta = 0.36$ , $p < .05$ ), and number of different drugs used ( $\beta = 0.28$ , $p < .05$ ). Among participants without APD, measures of general crime improved relative to a mental health control group ( $\beta = 0.19$ , $p = .02$ ). Large effect sizes were found for reincarceration rates among participants with APD (Hedges $g = 0.54$ ). No treatment effects were found for either group with respect to criminal activity, number of crimes committed, alcohol intoxication, frequency of alcohol intoxication, illegal drug use, or number of different impacts.
Rees-Jones et al. <sup>45</sup>	U.K.	Quasi-experimental	N = 121	R&R2MHP	CBT practitioners and trained mentors	Treatment group: Mean Age = 34.1 ( $SD = 8.5$ ); 100% male; Control group: Mean age = 35.5 ( $SD = 10.9$ ); 100% male	Baseline, posttreatment, and 3-month follow-up	At posttreatment, ITT ANCOVA analyses found that participants assigned to R&R2MHP scored lower than a TAU group on MVQ total ( $F = 11.05$ , $p < .01$ , $d = 0.24$ ) and subscale scores, SPSI-RS Rational Problem Solving scores ( $F = 6.21$ , $p < .01$ , $d = 0.33$ ), NAS-PI Cognitive Domain subscale scores ( $F = 3.13$ , $p < 0.05$ , $d = 0.02$ ), and DBSP total ( $F = 2.78$ , $p < .05$ , $d = 0.25$ ) and Social and Psychological subscale scores ( $F = 3.23$ , $p < .05$ , $d = 0.26$ ). Only the MVQ ( $6.96$ , $p < .05$ , $d = 0.23$ ) and LoC ( $F =$

							3.49, $p < .05$ , $d = 0.23$ ) were administered at the 3-month follow-up, where both improved.	
Sacks et al. <sup>41</sup>	U.S.	RCT	N = 139	MTC	Aftercare therapeutic community staff	Mean age: 34.2 ( $SD = 8.8$ ); 100% male; 49% Caucasian, 30% African American, 17% Hispanic, 4% Other; 96% Axis I or II disorder, 78% Axis I mental illness, 63% Axis I serious mental illness, 37% Axis II antisocial personality disorder, 90% Axis I substance abuse	Baseline, 12 months post-prison release	Results from a logistic regression ITT analysis indicated that participants assigned to receive MTC ( $OR = 0.26$ , $p = .01$ ) as well as the subset of participants who received MTC and aftercare ( $OR = 0.13$ , $p = .02$ ) had significantly lower odds of reincarceration than their counterparts in a control mental health group. Participants who received MTC and aftercare also had significantly lower odds of criminal activity ( $OR = 0.43$ , $p = .05$ ) and alcohol/drug offenses ( $OR = 0.36$ , $p = .03$ ) than those in the MH group, although these effects were not observed for participants receiving MTC as a whole (i.e. MTC only and MTC with aftercare). Log rank tests from survival curves indicated no statistically significant differences between participants assigned to MTC, those who received MTC and aftercare, and control group participants. Months in treatment was associated with lower odds of reincarceration ( $OR = 0.91$ , $p < .01$ ) and criminal activity ( $OR = 0.95$ , $p < .01$ ). An ITT analysis revealed no significant differences between MTC and a mental health control group on measures of symptom changes, treatment involvement, or medication usage. Both groups experienced significant decreases in symptom severity as measured by the BSI-Global Severity Index ( $t = 2.63$ , $p = .01$ ) and the majority of its subscales, but not the BDI or MAS. Significant improvements were also found for medication use (48 to 83%) and treatment involvement (37 to 66%) for the same time period. Relapse to substance use ( $OR = 1.95$ , $p = .005$ ) was a predictor of criminal activity generally as well as reincarceration specifically ( $OR = 2.11$ , $p = .013$ ), but changes
Sullivan et al. <sup>49</sup>	U.S.	RCT	N = 139	MTC	Aftercare therapeutic community staff	Same as Sacks et al. but reported that 26% had schizophrenia, 43% had bipolar disorder, and 53% had major depression	Baseline, 12 months post-prison release	



in BSI scores did not predict criminal justice outcomes.

Sullivan et al. <sup>50</sup>	U.S.	RCT	N = 139	MTC	Aftercare therapeutic community staff	Same as Sacks et al.	Baseline, 12 months post-prison release	An ITT analysis found that MTC subjects had lower odds of substance use ( $OR = 0.34, p = .01$ ), illegal drug use ( $OR = 0.43, p = .05$ ), and alcohol use to intoxication ( $OR = 0.34, p = .02$ ) relative to a mental health control group. Kaplan-Meier survival analysis indicated that those in the MTC group began using substances later than those in the mental health control group (3.7 months vs. 2.6 months). The MTC group also had a greater reduction in severity of drug use ( $\beta = -2.39, p < .05$ ) and frequency of alcohol used to intoxication ( $\beta = -0.69, p < .05$ ).
Wilson et al. <sup>27</sup>	U.S.	Qualitative	N = 24	TSDA	Licensed social workers and community-based mental health practitioners	Age range: 20 to 57 ; average age per cycle range: 31 years in Cycle 1 to 44 years in Cycle 2; 100% male; 92% African American, 8% Caucasian	Ongoing qualitative analysis	This qualitative study resulted in the development of five therapeutic strategies that can be used to adapt interventions to meet the needs of justice-involved people with serious mental illness: repetition and frequent summarizing, amplification, maximizing participation, low-demand practice, and active coaching.
Yates et al. <sup>46</sup>	U.S.	Mirror image design	N = 181	STAIR	Social workers or psychologists, staff trained as case managers	Outcomes provided for the subset of sample with psychosis ( $n = 143$ ) and mood disorders ( $n = 24$ ); demographic information was not available for this sample subset	Baseline, Posttreatment	No significant differences were found between participants who did and did not complete treatment with regard to psychosis, mood disorder, or comorbid substance use disorders. Other study findings disaggregated by specific disorders were not available.

Yates et al. <sup>47</sup>	U.S.	Descriptive	N = 145	STAIR	Social workers or psychologists, staff trained as case managers	Outcomes provided for subset of sample with psychosis ( $n = 41$ ), mood disorders ( $n = 6$ ), comorbid psychotic disorder and substance use ( $n = 83$ ), and comorbid mood disorder and substance use ( $n = 15$ ); demographic information was not available for this sample subset	Baseline, Mean follow-up time was 50.7 months	Outcomes were compared between participants who were rearrested, rehospitalized, and not rearrested or rehospitalized. Among participants with psychotic disorders, 9 of 41 were rearrested, 21 were rehospitalized, and 11 were not rearrested or hospitalized. Among participants with mood disorders, 1 of 6 was rearrested, 4 were rehospitalized, and 1 was not rearrested or rehospitalized. Among participants with psychotic and substance use disorders, 33 of 83 were rearrested, 32 were rehospitalized, and 18 were not rearrested or rehospitalized. Among participants with mood and substance use disorders, 4 of 15 were rearrested, 10 were rehospitalized, and 1 was not rearrested or rehospitalized. The presence of a psychotic disorder did not differentiate between participants who were rearrested, rehospitalized, or stable in the community. Other study findings disaggregated by specific disorders were not available.
Young et al. <sup>44</sup>	U.K.	Descriptive	N = 97	R&R2MHP	Not reported	Age range: 19-63; 100% male; 54% White, 14% Black Caribbean, 11% Black African, 12% Black Other, 4% Mixed Race, 2% Other. All participants had a history of serious mental illness, most commonly psychotic disorders (90%), mood disorders (9%), and developmental disorders (1%)	Baseline, posttreatment	Among participants who received R&R2MHP, logistic regression results suggested that those who received typical psychotropic medication had a higher odds of treatment completion, $OR = 7.62$ (95% CI: 0.97, 60.62). $T$ -tests revealed that treatment completers had lower baseline scores on the DBSP, $t(76) = -2.27$ , $d = 0.60$ . Among completers, improvement were found on the MVQ, $t(75) = 3.75$ , $p < .01$ , $d = 0.43$ ; SPSI-RS, $t(75) = -2.33$ , $p < .05$ , $d = 0.27$ ; NAS-PI, $t(75) = 2.09$ , $p < .05$ , $d = .23$ ; and DBSP, $t(62) = 2.16$ , $p < .05$ , $d = 0.27$ .

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*Note.* AS = Avoidant Style subscale of the SPSI-R:S; APD = antisocial personality disorder; BAI = Blame Attribution Inventory; BDI = Beck Depression Inventory; BSI = Brief Symptom Index; CPII = Crime Pics II; CBT = cognitive behavioral therapy; CRI = Coping Responses Inventory; CSS-M = Criminal Sentiments Scale–Modified; CSS-M ICO = Identification with criminal others subscale; DBSP = Disruptive Behavior and Social Problem Scale; GAS-V = Goal Attainment Scaling for Violence; HCR-20 = Historical Clinical Risk Management-20; HIQ = Hostile Interpretations Questionnaire; ICS = Impulsivity/Carelessness Style subscale of the SPSI-R:S; IRI: Interpersonal Reactivity Index; LoC = Locus of Control Scale; ME = margin of error; MVQ = Maudsley Violence Questionnaire; RCT = randomized control trial; SPSI-R:S = Social Problem-Solving Inventory- Revised, Short-Form; STAXI = State-Trait Anger Expression Inventory; VRS = Violence Risk Scale

## Appendix A

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Psychinfo: (“antisocial history” or “antisocial behavior” or “criminal behavior” or “criminal history” and “antisocial history” or “antisocial personality” or “criminal personality” or “antisocial traits” or “antisocial cognition” or “criminal cognition” or “antisocial attitude” or “criminal attitude” or “criminal thinking” or “antisocial thinking” or “antisocial associates” or “criminal associates” or “antisocial peers” or “criminal peers” or “antisocial friends” or “criminal friends” or “risk-need-responsivity” or “RNR” or “central eight” or “big four” or “crim\* risk” or “crim\* need” or DE “criminal behavior” or DE “criminal rehabilitation”) AND (“prison” OR “incarcerat\*” OR “jail” OR “justice-involved” OR “correction” OR “legal problem” OR “inmate” or “offend” or DE “parole” or DE “probation” or DE “prisoners” or DE “prison”) AND (“severe mental illness” or “serious mental illness” or “mental illness” or “mental health disorder” or “mental disorder” or “bipolar disorder” or “mood disorder” or “major depress\*” or “schizophrenia” or “psychotic” or “psychosis” or DE “mental disorders” or DE “mentally ill offenders”) AND (“intervention” or “treatment” or “therapy” or “group” or “psychotherapy” or “CBT” DE “treatment” or DE “intervention” or DE “group intervention” or DE “mental health services”)

CINAHL: (“antisocial history” or “antisocial behavior” or “criminal behavior” or “criminal history” or “antisocial history” or “antisocial personality” or “criminal personality” or “antisocial traits” or “antisocial cognition” or “criminal cognition” or “antisocial attitude” or “criminal attitude” or “criminal thinking” or “antisocial thinking” or “antisocial associates” or “criminal associates” or “antisocial peers” or “criminal peers” or “antisocial friends” or “criminal friends” or “risk-need-responsivity” or “RNR” or “central eight” or “big four” or “crim\* risk” or “crim\* need”) AND (“prison” OR “incarcerat\*” OR “jail” OR “justice-involve\*” OR “correction” OR “legal problem” OR “inmates” or “offenders” or MH “mentally ill offenders” OR MH “prisoners” or MH “probation” OR MH “correctional facilities”) AND (“severe mental illness” or “serious mental illness” or “mental illness” or “mental health disorder” or “mental disorder” or “bipolar disorder” or “mood disorder” or “major depress\*” or “schizophrenia” or “psychotic” or “psychosis” or MH “mental disorders”) AND (“intervention” or “treatment” or “therapy” or “group” or “psychotherapy” or “CBT” or MH “mental health services” or MH “counseling” or MH “psychotherapy”)

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“mental disorder” or “bipolar disorder” or “mood disorder” or “major depress\*” or  
“schizophrenia” or “psychotic” or “psychosis”) AND (“intervention” or “treatment” or “therapy