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Correctional Nursing Interventions for Incarcerated Persons with Mental Disorders: An Integrative Review

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The authors explore the current state-of-the-art of correctional nursing by summarizing the types of interventions employed by nurses, across studies, designed to assist this challenging group of patients. This examination of evidence-based interventions implemented and tested by correctional nurses provides a better understanding of their role and function. Correctional health is a nurse driven system, yet a minimal amount is known about the nurses who practice in these environments or about their contributions to the practice of mental health nursing in correctional environments. An integrative review utilizing PRISMA guidelines examined five databases (Medline/PubMed, PsycInfo, PsychArticles, Sage Criminology, and Academic Search) for peer-reviewed articles that fit selected criteria. Of 324 references identified, 16 studies met criteria. Following assessment of strength of evidence, only eight studies offered scientific proof of the effectiveness of nursing interventions. Nursing interventions implemented in correctional settings targeted incarcerated persons with behavioral and psychological symptoms. Interventions included psycho-education, environmental adaptations, and behavior therapies. The centrality of nurses in correctional health care emphasizes the significance of understanding their role and function in this setting. This integrative review revealed that correctional nurses are actively engaged in providing therapeutic, evidence-based interventions in the health care of incarcerated persons. Of interest, seven of the eight studies focused on incarcerated persons with mental health or substance use issues. Nurse led interventions such as CBT, labyrinth walking, and yoga aim to improve coping and adaptation of incarcerated persons.

All correctional facilities and prisons are different, but they do have one thing in common: they have nurses. As the largest group of healthcare providers in the correctional system (Stamler & Yiu, 2012), correctional nurses are engaged in providing health care service to a vulnerable population in a unique environment. Flanagan and Flanagan (2001) noted that correctional health is a “nurse driven system” (p. 68). The authors seek to learn what the current evidence shows about the role of correctional nurses by exploring and summarizing the interventions they use in the delivery of health care. Our research question was: “What nursing interventions are being conducted by correctional nurses for persons with an incarceration experience with health and/or mental health problems?” This integrative review (Cooper, 1982) aims to examine the current state-of-the art of correctional nursing by summarizing the types of interventions employed by nurses across studies designed to assist this challenging group of patients. More specifically, the aims were: (a) to describe those evidence-based interventions implemented and tested by correctional nurses, and (b) to explore what interventions are used by correctional nurses in the care of the persons with health and/or mental health issues to better understand their role and function. For the purpose of this paper, an incarceration experience is defined as any point in time that a person has interface with the criminal justice system.

REVIEW OF LITERATURE

Correctional health is a nurse driven system (Flanagan & Flanagan, 2001), however, what we know about the role and function of correctional nurses is lacking with regards to evidence-based practice. It is important to the profession of nursing to learn about the role and function of nurses who practice in these environments and about their contributions to this field of health care (Powell, Harris, Condon, & Kemple, 2010). Nurses are the largest group of health care providers in the correctional system (Stamler & Yiu, 2012). Providing health care in corrections can be challenging for nurses who have become one of the primary healthcare providers in correctional facilities (Almost et al., 2015; Hale, Haley, Jones, Brennan & Brewer, 2015; Powell et al., 2010). As there are some distinctions between correctional and traditional environments where nurses practice, there is value in understanding the role correctional nurses have in this setting (A. L. White & Larsson, 2012).

METHOD

The guidelines set forth by Cooper (1982) for an integrative literature review as a research process were followed when the literature was searched and studies analyzed. Five stages guide
this research process: (a) problem formation, (b) data collection, (c) evaluation of data points, (d) data analysis and interpretation, and (e) presentation of results (Cooper, 1982, p. 291). Following these guidelines ensured that scientific rigor was applied to the literature review and helped decrease researcher bias. The researchers chose to analyze the current literature to improve understanding of the available evidence for correctional nursing interventions as a way to understand the role of correctional nurses in the care of persons with health and/or mental health problems who are incarcerated.

Stage 1: Problem Formation

Our research question was: “What nursing interventions are being conducted by correctional nurses for persons with an incarceration experience with health and/or mental health problems?” The aims were: (a) to describe those evidence-based interventions implemented and tested by correctional nurses, and (b) to explore what interventions are used by correctional nurses in the care of the persons with health and/or mental health issues to better understand their role and function.

Stage 2: Data Collection

The databases entitled Medline (PubMed), PsycInfo, PsychArticles, Sage Criminology, and Academic Search Complete were searched for articles that fit the research criteria. Five combinations of key phrases were entered into the databases: “nursing interventions,” “incarcerated participants,” “prisoners,” “inmates,” “corrections,” and “criminal justice involved.”

Inclusion Criteria

Articles were selected based on the inclusion criteria. To be included in this integrative literature review, the studies had to meet the following criteria:

1. Studies involved individuals who were involved in some phase of the criminal justice system: Currently incarcerated, paroled, or undergoing court-mandated treatment.
2. Studies had interventions that involved nursing staff.
3. Studies were qualitative, quantitative, or mixed methods.
4. Studies were available in the English language.
5. The studies must be in print in a peer reviewed academic journal between the years of 1980 and 2015.

Studies were excluded if the intervention did not involve nurses, did not have an English language version, was a literature review, commentary, conference abstract or book, or was published before 1980 in order to ensure relevancy and applicability of the interventions being examined.

Stage 3: Evaluation of Data

The initial database search resulted in 324 articles. A flow chart documenting the systematic steps involved in the search strategy can be found in the diagram in Figure 1. After removing the studies that were duplicates of studies previously found (n = 106) there were 218 studies left to examine. All studies published in a language other than English (n = 5) were rejected. The 213 potentially relevant remaining articles were examined for those studies that involved the criminal justice system (incarcerated, paroled, court-mandated treatment), which resulted in 89 remaining articles.

All literature reviews (n = 8), commentary (n = 8), books (n = 1) and conference abstracts (n = 1) were discarded. Af-
ter these were discarded, 71 articles that included participants who were involved in some aspect of criminal justice remained. Of these 71 articles, 29 remaining articles examined clinical interventions targeting participants who were involved in the criminal justice system in some capacity. The 29 remaining studies were further examined to determine if the interventions involved nursing staff. Only 23 articles contained nurse-led interventions, the five \((n = 5)\) that did not involve nurses were removed from the review. The 23 articles were further examined to ensure that the interventions were being scientifically tested. Studies that simply described, or suggested interventions, but did not test the effectiveness of the interventions were rejected \((n = 5)\). This screening yielded 18 studies that offered scientific proof of the effectiveness of the interventions; however, two additional studies were rejected due to deficient information regarding methods used or treatment intervention. Of the resulting 16 studies, a review of quality of methods was completed and strength of evidence grades was applied \((West et al., 2002)\). Two studies were judged to have insufficient quality, six judged to be moderate in quality and eight assessed as high quality \(see references for notation on rating\). Only the eight assessed of highest quality are included in this final analysis. These studies are outlined Table 1.

**Stage 4: Data Analysis and Interpretation**

A descriptive analysis revealed that the sample sizes ranged from six to 13 for qualitative studies, 21 to 510 for quantitative studies and a sample size of 14 participants for the mixed method study. There were two studies on adolescents \(14–18\) years old, one study on older adults \(54–70\) years old, and five studies on adult \(18+\) populations. Only one study included both genders while two studies focused only on females and five studies targeted only males. The settings where the study took place also differed. Of the eight high quality studies examined, six were in the prison setting, one was in a jail, and one study was in a correctional hospital. Further demographics on the types of studies and settings are shown in Table 2.

The theories and therapies that guided the nurse-led interventions included \(overlapping\) categories: cognitive behavioral therapy \((n = 1)\), dialectical behavioral therapy \((n = 1)\), behavior modification \((n = 2)\), recreational therapy \((n = 1)\), psycho-education \((n = 1)\) groups that taught skills to manage stress and ways to cope with stressors, exercise \((n = 2)\) such as yoga and walking, and environmental manipulation \((n = 1)\) where furniture was strategically moved and positioned to foster socialization among participants.

**Qualitative Studies**

Two \((n = 2)\) qualitative studies remained in the review. The first described the effects of Puni art on the self-esteem of geriatric prisoners \((de Guzman et al., 2010)\). Purposive or convenient sampling was used, with an appropriate sample size that reached saturation of data and allowed for comparison themes to be identified. In this study, data were collected using Puni art and in-depth interviews that were transcribed verbatim. Triangulation of data and respondent validation was done. In the second study, use of Newman’s Theory of Health as an Expanding Consciousness guided nursing interventions to heighten awareness of patterns of interaction between incarcerated adolescents and their environment. It was in the context of the nurse-patient partnership that trust developed and where patterns of interaction emerged and were recognized.

In both studies, incarcerated persons felt they benefitted from the nursing interventions that included group sessions on ways to cope, identifying patterns of risk reduction for young adolescents who were in prison for serious offenses, and using Puni \(art therapy\) to help increase self-esteem with a geriatric population.

**Quantitative Studies**

The five \((n = 5)\) quantitative studies reported in Table 2 document nurse-led interventions in the correctional setting that include: dialectical behavioral therapy-corrections modified \((DBT-CM)\), cognitive behavioral therapy \((CBT)\), psycho-education, seclusion reduction, and yoga. Half of the studies reported significant results from the interventions under investigation. The findings for CBT and the corrections modified DBT interventions continue to confirm that these types of interventions are effective with this population and in these environments. For example, Coffman and Kugler \((2012)\) studied incarcerated women preparing to reenter the community showed a significant decrease in risky sexual behaviors by using CBT as an intervention to change risky sexual thoughts. The DBT-CM study \((Shelton et al., 2010)\) was a secondary analysis that implemented a corrections-modified DBT intervention with incarcerated male adolescents with impulsive and aggressive behaviors. This study found significant results from this intervention based on a decrease in incidents of aggressive behaviors evidenced by a decrease in number of disciplinary tickets. Psycho-education and yoga interventions were also beneficial. The study by A. L. White et al. \((2012)\) explored the effects of psycho-education on the importance of follow-up treatment for latent tuberculosis infection with males in a county jail. Results showed that both the education and the promise of an incentive did improve follow-up treatment after release. The study by Harner, Hanlon, and Garfinkel \((2010)\) found that exercise, in the form of Iyengar yoga, was also beneficial in marginal decrease in anxiety and in perceived stress over the 12-week intervention for incarcerated women. Baldwin’s \((1985)\) study rearranged furniture to facilitate psychosocial interactions in a correctional hospital with modest effects.

With regard to study methodology, the research designs utilized in these quantitative studies were appropriate to the research question under investigation. The study designs included randomized control trials \((n = 1)\), secondary data analysis \((n = 1)\), nonrandomized repeated measures \((n = 2)\), and a single subject A-B-A-B experimental design \((n = 1)\). Sampling,
<table>
<thead>
<tr>
<th>Authors/Year</th>
<th>Purpose</th>
<th>Intervention Characteristics</th>
<th>Methodology</th>
<th>Findings</th>
<th>Efficacy / Study Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldwin, 1985</td>
<td>To evaluate impact of furniture rearrangement to facilitate psychosocial interactions in a maximum security corrections hospital</td>
<td>8-week intervention divided into 4 periods of 14 days. Staff rearranged ward furniture on intervention units to promote group interaction; leisure time resources made available Sample: 200 female &amp; male</td>
<td>Quantitative: ABAB design non-randomized with control group Dep Var.: Correctional Institutions Environment Scale (CIES): seclusion rates; points earned and incidents rates</td>
<td>A decrease in seclusion rates/ incident rates on intervention units; and increase in points earned. No causal relationship established. Staff/residents perceived benefit from CIES- based interventions.</td>
<td>Changes in the quality of the environment did promote more social interactions among patients and greater involvement of staff Quality: High</td>
</tr>
<tr>
<td>Coffman &amp; Kugler, 2012</td>
<td>To change risky relationship thoughts with the intent of reducing HIV-risk behaviors of persons in prison</td>
<td>CBT - 5 group sessions prior to release and one face-to-face or telephone follow up after release. The actual time to complete 5 group sessions unknown. Sample: 243</td>
<td>Quantitative: Repeated measures randomized design: 3-time points of measurement (baseline, 30, 90 days post) Dep Var.: unprotected sex, risky relationship thoughts; self report</td>
<td>The intervention significantly reduced risky relationship thoughts; overall effect of the intervention on unprotected sex was not significant</td>
<td>The desired outcome of reducing risky relationship thoughts were felt to decrease unprotected sex Quality: High</td>
</tr>
<tr>
<td>de Guzman et al, 2010</td>
<td>To describe the effects of traditional Filipino art on the self-esteem of older incarcerated persons in prison</td>
<td>WK 1: initial interview with doodles of pre and post incarceration; WK2: Puni art; WK 3: evaluation via doodling, elicitation, and interview Sample: 6 elderly male inmates</td>
<td>Qualitative: phenomenology using constant comparative method (Glaser, 1985)</td>
<td>From the reflected images the following themes emerged: material, matter, melancholy, mind and mirror which are indicators of low self-esteem</td>
<td>Puni making as a recreational activity was perceived to improve self-esteem Quality: High</td>
</tr>
<tr>
<td>Harner, Hanion, &amp; Garfinkle, 2010</td>
<td>To address the feasibility of providing a gender-responsive exercise intervention incarcerated women in prison</td>
<td>Iyengar yoga program: two weekly sessions (120 min./session; 4 hrs./week)- total of 24 yoga sessions (12 weeks) with strengthening, balancing poses, relaxation techniques Sample: 6 elderly female inmates</td>
<td>Quantitative: Repeated measures design with purposive sample Dep Var.: three self-administered questionnaires (BDI-II, PSS &amp; BAI)</td>
<td>Depression scores declined: M = 24.90 to M = 5.67. Anxiety scores decreased M = 12.00 to M = 6.25, but increased at week 12 to M = 7.33 (termination of the program)</td>
<td>Challenges: scheduling conflicts. Participants experienced a decrease in both anxiety and depression; at termination, anxiety increased Quality: High</td>
</tr>
<tr>
<td>Author, Year</td>
<td>Title</td>
<td>Summary</td>
<td>Methods</td>
<td>Outcomes</td>
<td>Quality</td>
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<td>Pharris, 2002</td>
<td>To improve pattern-recognition of behaviors and discourse as agents of change for participants in prison</td>
<td>Using health as expanding consciousness (Neuman’s HEC theory), this study sought pattern recognition in young male adolescents arrested for murder. Sample: 15 adolescents</td>
<td>Qualitative: Phenomenology Hermeneutic-Dialectic method Data collection spanned 18 months. Interviews ceased when data reached saturation. Interviews lasted from 1-3 hours</td>
<td>Pattern recognition appears to engage adolescents and be of particular value to adolescents who have experienced trauma, abuse, and neglect.</td>
<td>Reconceptualization of nursing interventions requires a leadership role by juvenile facilities</td>
</tr>
<tr>
<td>Shelton, Kesten, Zhang, &amp; Trestman, 2011</td>
<td>To test the implementation of DBT modified for a state correctional facility</td>
<td>A 16-week DBT-CM program that includes 4 skills modules: mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. Sample: 38 adolescent males</td>
<td>Quantitative: Secondary analysis to evaluate level of aggression in an adolescent population.</td>
<td>Significant changes were found in physical aggression, distancing, coping methods and a number of disciplinary tickets for behavior.</td>
<td>The intervention can help manage disruptive behaviors and improve safety while enhancing quality of life. Quality: High</td>
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<td>M. C. White et al., 2002</td>
<td>To improve adherence to TB treatment in persons with latent TB infections after release from jail.</td>
<td>Participants on isoniazid therapy would receive a single education session that would be repeated every two weeks while in jail until released. Length of session not given. Sample: 510 males</td>
<td>Quantitative: Randomized Control group - intervention, incentive and control. Dep Var: BPAQ, OAS-M, Brief Psychiatric Rating scale, and disciplinary tickets</td>
<td>Both education and the promise of an incentive improved follow-up treatment after release, but education intervention provided better results than the incentive. Education can be used as an effective strategy for follow up treatment. Adding an incentive significantly improves follow up visits at the clinic. Quality: High</td>
<td></td>
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<tr>
<td>Zucker &amp; Sharma, 2012</td>
<td>To pilot test a labyrinth walking curriculum in a county correctional setting.</td>
<td>A 6-week labyrinth walking program included 90 minute sessions composed of lecture, labyrinth walk, and journal writing. Convenient Sample: 14 male adults</td>
<td>Mixed Methods</td>
<td>The intervention was feasible, cost effective and used few resources. Preliminary evidence supports the intervention – a decrease in systolic BP; increase client satisfaction, yet no significant change in pre/post QOL.</td>
<td>The intervention increases awareness of stress, reinforces healthy ways of coping and potentially improves incarcerated persons physical and mental health Quality: High</td>
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Strength of evidence grades and definitions (AHRQ, West et al., 2002):
High: high confidence that the evidence reflects the true effect. Further research is very unlikely to change our confidence in the estimate of effect.
Moderate: Moderate confidence that the evidence reflects the true effect. Further research may change our confidence in the estimate of effect and may change the estimate.
Low: Low confidence that the evidence reflects the true effect. Further research is likely to change the confidence in the estimate of effect and is likely to change the estimate.
Insufficient: Evidence either is unavailable or does not permit a conclusion.
Innovative forms of physical and environmental interventions such as labyrinth walking, yoga, and furniture rearrangement were implemented and tested along with evidence-based interventions such as CBT and DBT. The findings, based on the evidence from this integrative review, showed that these treatment interventions have demonstrated positive benefits most noted in the quantitative and mixed methods studies (see Table 2).

A significant finding of this review was that all of the therapeutic interventions that remained in the review, were of sufficient quality to be judged as “evidence-based,” focused on issues related to coping and adaptation of individuals to their environments and seven of eight studies address mental health and or management of their behaviors.

Five studies conducted utilized quantitative approaches, and it was among these that the “statistically significant” findings were easily seen. This may be related to use of standardized instruments, larger sample sizes, and control groups. This does not diminish findings from the qualitative and mixed method studies. Qualitative methods may be useful with specific populations that are challenged by issues of literacy or loneliness (Ferszt, Salgado, DeFedele, & Leveille, 2008; Krissman & Torres, 2004). It may be that interviews are akin to therapy in and of itself for persons with mental health issues (Parsons & Warnroobins, 2002). In-depth interviews do offer participants an opportunity to verbalize their thoughts, feelings, emotions, and offer an opportunity to clarify any misunderstandings of what they are sharing. It may also be that nurses prefer this type of data collection.

The general characteristics of studies conducted by correctional nurses included interventions that had an average duration of three weeks to six months, with sessions lasting from 45 minutes to two hours, and meeting 1–2 times per week. There were a few exceptions to the duration of the intervention based on either lack of information provided by the authors or in one study (M. C. White et al., 2002) involvement in the sessions on tuberculosis education was dependent upon length of time in the jail.

Another descriptor of these studies of interest was that seven of eight studies aimed at mental health (n = 7), and one included post-release measures (n = 1). Two studies examined the management of inmate behaviors (Baldwin, 1985; Shelton, Keston, Zhang, & Trestman, 2011) while providing skills to manage unsafe situations to staff. Depression, anxiety and low self-esteem were prevalent (de Guzman et al., 2010; Zucker & Sharma, 2012), leading researchers to design interventions for self-care and coping skills to improve mental health and well-being. Program specifics are limited due to insufficient information provided in some qualitative studies under examination (Coffman & Kugler, 2012; M. C. White et al., 2002) and influenced the ultimate quality ratings of these studies.

Aim 2

The correctional nurse is often employed in an environment that is isolated, restrictive and challenging where there is constant pressure to expand his or her scope of practice to meet new
needs and demands of the incarcerated person (ANA, 2013). This unique environment can be stressful and it may limit the range of available interventions requiring correctional nurses to creatively remove barriers that can constrain their practice. Correctional nurses are actively and directly involved in the treatment intervention for persons incarcerated and those in the community who had an incarceration experience. They need to be competent and educationally prepared to manage all types of health care issues and fulfill a wide range of roles that differ from nursing in other settings (Shelton, Weiskopf, & Nicholson, 2010). Nurses are exposed to individuals with mental illness, aging individuals, women, men, youth, and culturally diverse individuals, and each group has unique healthcare needs (Stamler & Yiu, 2012). Medical conditions are prevalent in the prison population, with clients commonly diagnosed with psychiatric disorders, substance addiction, and infectious disease (Stamler & Yiu, 2012). The major thrust of nursing care in correctional settings includes screening activities, providing direct health care services, analyzing individual health behaviors, teaching, counseling, and assisting individuals in assuming responsibility for their own health to the best of their ability by promoting self-care activities to the best of their ability and knowledge.

Based on this integrative review, correctional nurses are providing interventions with the purpose of promoting self-care management and improving emotional, physical, psychosocial, and mental health well-being of this population not only while incarcerated but ensuring that skills learned can be translated to the community post release.

**DISCUSSION**

It was interesting to note that what emerged from this integrative review was that nurse led interventions and interventions in which nurses were involved primarily targeted those individuals with mental health problems. The treatment interventions described in this integrative review targeted CBT, DBT, psychoeducation, and exercises for symptom management related to stress and coping for persons who were currently incarcerated as well as for those who had transitioned to the community. Given the small number of studies identified, further research in this area is still needed. The number of studies identified may be a reflection of challenges to conducting research in these environments to improve research outcomes have been discussed elsewhere; Maruca & Shelton, 2015; Reagan & Shelton, 2015), or may be an artifact of the fact that the focus of most correctional nurses on clinical practice.

Future studies that build upon pilot studies would benefit from giving greater attention to problems identified such as recruitment and retention, resources to procure adequate sampling and instruments that are sensitive to the prison culture and incarcerated person’s day-to-day existence. There are times situations may be beyond anyone’s control that contribute to the problem of recruitment and sample size such as lockdowns, prison culture, difficulty getting information to potential participants, time factors, and competing for limited space. Fostering collaborative relationships with corrections staff by negotiating and educating them about the benefits of research will do much to minimize these potential barriers.

As reported in the studies reviewed, the role of the correctional nurse is multifaceted. Nurses are often the first healthcare professional to assess and care for persons with an incarceration experience who is suffering from a medical condition, mental illness, substance abuse or infectious disease (Stamler & Yiu, 2012). Correctional nurses, in the studies reported here, have identified a variety of opportunities and developed interventions to address needs identified in their assessments, such as healthy lifestyle changes, improving sexual health, coping with mental illness, self-care management, and securing health care treatment post release. Nurses are in a position of change agent as primary health care providers in criminal justice settings. The role of the correctional nurse allows them to design and implement treatment interventions that provide self-care management, education, and support to maintain ongoing health care both while incarcerated and in preparation for returning to the community.

**CONCLUSION**

This synthesis of the literature reports how nurses have contributed to clinical care in response to identified patient needs. The work completed by Shelton et al. (2015) incorporating evidence-based interventions into development of correctional nurse competencies has strengthen nursing roles within these challenging environments and improved clinical care. The benefits of providing criminal justice populations with effective interventions that targets self-care management, education and coping skills while incarcerated is the expectation that it will prepare them for the transition to the community. Studies reported conclude that effective interventions, in particular CBT and DBT and a growing body of evidence regarding psychoeducational or physical activities, such as exercise or yoga are gaining support among correctional nurses.

This review notes that findings suggest interventions can be of shorter length and duration and maintain beneficial outcomes. This is significant for clinical environments, where time is limited- in part because of how nursing roles are defined, and in part due to the ratio of nurses to patients, and should continue to be studied. Addressing safety concerns jointly with therapeutic effects is another factor that is likely to improve evidence-based intervention use. Interventions focused on providing education, self-care management skills with added resources through support systems are elements of programs worth further exploration.

This review also highlights the unique role of the correctional nurse in providing care to persons involved with the criminal justice system. With clinical practice grounded in the Correctional Nursing: Scope and Standards of Practice (ANA,
2013), the correctional nurse requires a strong knowledge base drawn from a variety of specialty areas: occupational nursing, psychiatric mental health nursing, emergency room nursing, and acute care to name a few (Shelton, Weiskopf, & Nicholson, 2010). We believe this study demonstrates the importance of recognizing the articulation of nursing clinical competency, which includes use of evidence-based practices, when working with this vulnerable population in such challenging environments.

Declaration of Interest: The authors report no conflict of interest. The authors alone are responsible for the content and writing of this paper.

REFERENCES

*high quality studies included in the integrative review; # moderate rating


