2019

An African American Male Perspective on Medication, Schizophrenia, and Crime

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The Office of the Provost

Walden University
2019

Abstract

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MPhil, Walden University, 2019

MA, Argosy University, 2007

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

November 2019

Abstract

Mental health disparities in African American males contribute disproportionate rates of incarceration treatment access. There is a significant need to revise current mental health practices to address treatment barriers. The purpose of this study was to understand whether medication management could reduce criminality in violent African American males diagnosed with schizophrenia. A phenomenological examination of psychiatric perceptions and psychological treatment coupled with race was performed, utilizing the critical race and rational choice theory. Two research questions were developed to understand effective medication management and what barriers are present that cause noncompliance resulting in criminal activity. A hermeneutic phenomenological approach was used examining 8-10 mental health and criminal justice professionals' perceptions of medication and its effects on violent schizophrenic African American males. Anonymous questionnaires with pre-addressed stamped envelopes was sent to a national counseling center and a law enforcement agency. Data were analyzed through the application of qualitative research data, coding, and development of themes. Fifty questionnaires were mailed out, and 11 responses were returned. Three themes of medication management, medication knowledge, and managing care were explored. Data analysis and results coincided with previous research. Positive social change will be affected through professionals enforcing early intervention and education of the effectiveness of medication and how it can reduce incarceration.

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Dedication

First and foremost, I want to thank my Lord and Savior Jesus Christ with whom all things are possible.

This research is dedicated to my one in a million mother, Peggy Matthews. Thank you for instilling in me patience, independence, love, perseverance, and the will power of doing anything I put my mind to. I would not be half of the woman, mother, and professional that I am today without you. I dedicate this study to my daughter Ahlaila Rachelle Matthews Dasher. You are my lucky charm, my best friend, my reason for living and wanting to be a better mother.

I also dedicate this study to my husband Roland Owen Dixon II. Thank you for having faith in me when I lost faith in myself throughout this process. Thank you for giving up date nights, and us spending time together, thus allowing me to finish my homework. You have been a constant in my life since I started at Walden University. My best friend, Troy Tomlinson, thank you for making fun of me as a "long term and never graduating" student. Your sense of humor helped me on days when I wanted to do nothing but cry.

Christina Crawford, thank you for our "gossip" conversations. The breaks allowed me to have greater mental clarity and not be as frustrated. Neka Glover, thanks Lady Bug. You have taken me out and allowed me to be me during this long journey. Last, to my family and friends not mentioned, I love you from the bottom of my heart. I cannot say thank you enough for pushing me to be a better mother, scholar, and overall achiever.

Acknowledgments

I would like to acknowledge my doctoral team. Dr. Sandra Caramela-Miller, you have made me cry a lot over the years, but also laugh. You have made me a better researcher and writer. Dr. Andrea Goldstein, thank you for not giving up on me during the years. Dr. Eric Hickey, while we have never met, thank you so much.

I would last like to acknowledge the professor that made me fall in love with forensic psychology, Dr. Joseph Grillo. Thank you for introducing me to this field of psychology.

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Chapter 1: Introduction to the Study

Introduction

Incarceration rates of individuals with serious mental illnesses, especially minority groups, are significantly higher than the general population. Approximately one million individuals with serious mental illnesses (SMI) who do not have access to adequate treatment are arrested in the United States each year (Al-Rousan et al., 2017). Scholars have not sufficiently researched potential medication interactions, criminality, and active psychiatric symptoms of African American males (Al-Rousan et al., 2017). Medication prescribed to individuals with schizophrenia combats active symptomology (Grover, Chakrabarti, Kuljara, & Avasthi, 2017). The lack of medical implications as it pertains to compliance in African American males solidifies the need for current research (Al-Rousan et al., 2017).

A SMI alone increases the risk of incarceration (Grover et al., 2017). Individuals with an SMI diagnosis face substantial challenges, including substance abuse, unemployment, and homelessness (Al-Rousan et al., 2017). Individuals with physical and mental impairments are frequently burdened with a lack of access to treatment given stigmatized status, racism, unemployment, and disability, which may influence criminal behavior. Medication compliance is one method used to address such behavior (Grover et al., 2017).

The use of medication as it pertains to criminality and violence may correlate with symptoms of the disorder (Corrigan et al., 2017). Despite treatment improvements for individuals who have access to medication, people with schizophrenia who exhibit

violent behaviors may not be compliant with their prescribed medications (Corrigan et al., 2017; Volavka et al., 2016). There is great potential for research regarding compliance with medication regimens to reduce criminality and violent behavior (Quinn & Kolla, 2017; Volavka et al., 2016).

The implications for positive social change as a result of the current research could be significant. Effective medication management within this population could have a major impact on reducing criminal behaviors (Corrigan et al., 2017). The effectiveness and research of race specific treatment techniques are scarce despite high African American male incarceration rates (Horn et al., 2018; Ngage & Agius, 2016). Implementation and use of psychotropic medication specific to violent offenders has not been thoroughly researched (Ngaage & Aguis, 2016).

Reasons for medication noncompliance may help mental health professionals develop effective treatment options. The reduction of incarcerated African American males, predicting violent behavior, treating substance abuse and preventing medication noncompliance are paramount goals (O'Reilly et al., 2017; Pinna et al., 2016). Information on effective treatment may be beneficial to clinicians and criminal justice policy makers in analyzing treatment. Effective behavioral techniques in the criminal justice and mental health field should be analyzed (Punch & James, 2017).

Current findings, perceptions of medication noncompliance, and the lived experiences of African American males' criminality coupled with schizophrenia are apparent (Ngaage & Agius, 2016). The results are useful for clinicians developing new therapy and treatment techniques. Law enforcement officials will benefit by improving

training and behavioral methods when confronting individuals with mental illnesses (Punch & James, 2017).

The social implications of this research will help mental health professionals understand schizophrenic African American male's compliance with medication on controlling violent behaviors. A phenomenological approach is utilized by addressing disparities in the incarceration rates of African American males with schizophrenia. Lived experiences, perceptions of African Americans view regarding mental illness, medication, criminality, and treatment can be improved. Critical race theory serves as the lens for examining perceptions and behaviors relevant to racial discourse. The rational choice theory serves as a guide for framing the analysis of medication choices, race, and criminal behavior.

Background

Risk factors associated with individuals diagnosed with schizophrenia include environmental, medication noncompliance, and substance abuse (Debost et al., 2016; Rund, 2018). The existence of several risk factors, schizophrenia as a diagnosis, has become a common theory as why this population commits violent acts (Mittal, Patel, Dave, Tiwari, & Parmar, 2017). The criminal justice system's interaction with this specific population, coupled with treatment provensions have been investigated (Debost et al., 2016; Rund, 2018). Violent criminality is disproportionately common among individuals diagnosed with schizophrenia. These individuals are often involved in the criminal justice system due to active symptoms of schizophrenia (Mittal et al., 2017).

First episode psychosis, coupled with various factors such as demographics, race, family, and other health issues, are associated with schizophrenia (Karabekiroglu, Pazvantoglu, Boke, & Korkmaz, 2016). First episode psychosis and schizophrenia should be diagnosed as soon as possible to prevent further episodes, which could lead to violence (Jayaram, Hopwood, & Pantelis, 2017). There is currently a lack of research specific to African American males diagnosed with schizophrenia (Ngaage & Aguis, 2016). Treatment barriers in certain ethnic groups may cause criminal and violent behavior (Karabekiroglu et al., 2016). Barriers include language, treatment accessibility, and treatment cost. All could account for the lack of prescribed medication, medication management, and overall healthcare among these groups (Corrigan et al., 2017). African Americans do not seek treatment voluntarily, which may indicate a link between lack of treatment and criminal activity (Ngaage & Aguis, 2016; Rund, 2018).

Assessment tools have been developed to identify risk factors known to increase violent behavior in those diagnosed with schizophrenia (Debost et al., 2016; Kashiwagi, Kikuchi, Koyama, Saito, & Hirabayashi, 2018). Experts have identified risk factors and implemented treatment to reduce violent behavior and criminality (Debost et al., 2016; Kashiwagi et al., 2018). The Historical-Clinical-Risk Management 20 (HCR-20) has been particularly useful when predicting violent behavior among individuals diagnosed with schizophrenia (Ho et al., 2013). The HCR-20 has been beneficial in helping prevent long incarceration periods coupled with ensuring community safety (Dickens & O'Shea, 2017). Assessment instruments such as the Violence Risk Appraisal Guide (VRAG) are

effective in assessing the risk of violence and predicting recidivism behavior in forensic settings (Magaletta & VandenBos, 2016; Kashiwagi et al., 2018).

The lack of treatment structured around medication compliance, individuals diagnosed with schizophrenia, and its influence on violence and aggression has not been sufficiently researched (Al-Rousan et al., 2017). Research addressing various preventions of schizophrenia includes primary, secondary, and tertiary prevention (Al-Rousan et al., 2017). Specific research on olanzapine, clozapine, and haloperidol as antipsychotic medications have been used to determine medication compliance in the sample population (Corrigan et al., 2017). Secondary prevention focuses on pharmacological treatment and techniques utilized to reduce violence in those diagnosed with schizophrenia (Al-Rousan et al., 2017). Tertiary prevention of schizophrenia focuses on aggression, agitation, and violent behavior in individuals diagnosed with schizophrenia (Corrigan et al., 2017).

Despite reports suggesting men are more likely than women to develop schizophrenia, no evidence has indicated one sex or ethnic group will develop the disorder and symptomology more commonly than another (Shafrin et al., 2017). Professionals originally perceived the mental health hospital environment to be sufficient in managing the symptoms and individuals diagnosed with schizophrenia (Al-Rousan et al., 2017; O'Donahoo & Simmonds, 2016). Individuals who committed crimes were placed into the penal system in lieu of health facilities due to reduced programs and locations. Prisons have therefore become facilities to house individuals with severe mental disorders (Shafrin et al., 2017).

The growing numbers of individuals diagnosed with schizophrenia, medication management and overall continuity of care have become central concerns (Shafrin et al., 2017). Various psychotropic medications are used to reduce active symptoms of schizophrenia, which lead to criminal activity (O'Donahoo & Simmonds; Tiihonen et al., 2017). Clozapine is a medication used in both the criminal justice system and community to help reduce aggressive and violent behavior (Corrigan et al., 2017). Individuals diagnosed with schizophrenia displaying violent behavior, may not be in compliance with medication and treatment (Corrigan et al., 2017).

Problem Statement

The lack of medication compliance by individuals diagnosed with schizophrenia places African Americans at risk for violent behavior, incarceration, and medication noncompliance. Less than one percent of African American males receive diagnoses of schizophrenia each year (Hamilton et al., 2018; Nellis, 2016). Individuals with severe mental illness are prone to violence and higher incarceration periods compared to those without a diagnosis (Hamilton et al., 2018; Nelis, 2016). African American males are five times more likely incarcerated compared to other racial groups (Hamilton et al., 2018; Nelis, 2016).

Factors including schizophrenic symptoms, reluctance in seeking treatment, bias, and the risk of violence associated with schizophrenia put African American males diagnosed with schizophrenia at a higher risk for criminal behavior (Faerden et al., 2018; Ngaage & Aguis, 2016). African Americans account for one of 10 individuals incarcerated (Hamilton et al., 2018; Nelis, 2016). Individuals with severe mental

illnesses can be dangerous and violent compared to individuals who do not have a diagnosis (Hamilton et al., 2018; Ngaage & Agius, 2016). Eighteen percent of African Americans diagnosed with schizophrenia are prone to committing violent crimes (Shafrin et al., 2017). The likelihood of criminality and conviction among African Americans is predicted at a rate three times higher than in other racial groups (Shafrin et al., 2017).

African Americans have been reluctant in seeking psychiatric treatment (Al-Rousan et al., 2017). The reluctance may be attributed to beliefs within this race about psychiatric symptoms (Shafrin et al., 2017). This reluctance may be attributed to bias often shown towards specific ethnic groups (Al-Rousan et al., 2017). A diagnosis of schizophrenia can be a contributing factor of criminal behavior and convictions among males (Roche et al., 2018). These factors collectively place African American males diagnosed with schizophrenia at a higher risk of criminal activity and incarceration.

Most researchers have not openly searched for violent offenders who are diagnosed with schizophrenia (Al-Rousan et al., 2017), so there is a gap in the research on violence associated with schizophrenia. Studies focusing on psychotropic medication, its effect on violence in those diagnosed with schizophrenia, has not been thoroughly researched (Al-Rousan et al., 2017). The lack of studies surrounding whether medication could reduce violent crime in those diagnosed with schizophrenia is prevalent (Shafrin et al., 2017).

Evidence based programs for therapeutic approaches exist to reduce violence in individuals (Corrigan et al., 2017). Most recent research on African Americans diagnosed with schizophrenia is based on risk factors associated with the disorder

(Farrington, Gaffney, & Ttofi, 2017). The need for conducting research on violence associated with schizophrenia among African American males diagnosed with schizophrenia continues to be researched (Shafrin et al., 2017).

Purpose of the Study

A phenomenological inquiry documenting perceptions and effectiveness of medication management on criminality focusing on African American males diagnosed with schizophrenia provides the lens to this qualitative research. In this qualitative study, a phenomenological approach into the psychiatric and psychological treatment coupled with race was examined. The premise of this qualitative study was to understand whether criminal activity might be reduced with effective medication management.

The targeted population are African American males who suffer from active symptoms of schizophrenia. The goal is to reduce arrest and criminal conviction of violent crime among African American males who are diagnosed with schizophrenia. New information may serve to aid psychology professionals in developing further assessment tools and provide earlier prevention and treatment for individuals diagnosed with schizophrenia.

Research Questions

Research Question 1: How does the use of psychotropic medication affect criminal behavior in African American males?

Research Question 2: How are the perceived effects facilitators and barriers of using psychotropic medication for symptom management in schizophrenic African American males?

Theoretical Framework for the Study

The theoretical framework for this study combines rational choice theory and critical race theory. Rational choice theorists support the idea that people act out of reason, making decisions based on the associated costs and benefits (Jaynes & Loughran, 2019; Loughran, Paternoster, Chaflin, & Wilson, 2016). Rational choice theory presents reason as the driving factor towards a choice (Jaynes & Loughran, 2019). Rational choice theorists derive explanations in which systematic tendencies and trends are developed in pursuit of those goals. The rational choice theory refers to a rational choice with respect to the achievement of a goal (Jaynes & Loughran, 2019). Human motivations are goals and needs, which manifest in individual preferences is a premise of rational choice theory (Owumi & Raji, 2013). The rational choice theory was utilized to understand the mental health-seeking behavior among individuals.

The use of critical race theory serves as one applicable theoretical framework. This theoretical framework intersects with a variety of social issues, particularly those related to power and the law (Delgado & Stefancic, 2012). The critical race theory is central to a person's subjective experience of the world (Brown, 2003). Critical race theorists assert racism is normal and ordinary in society, and integral to institutions and social practices (Brown, 2003). Race is a significant concept, and critical race theory thereby constitutes an important ground for this research. A more detailed explanation of these theories is discussed in Chapter 2.

Nature of the Study

The nature of this qualitative study was to identify themes related to schizophrenia, crime, and medication compliance in African American males. The inclusion criteria begins with the ability to read, write, and understand English. Participants must be 18 years of age or older, provide consent, interact with African American males who are diagnosed with schizophrenia. Participants must have experience with African American males who have actively taken prescribed medication with a criminal background, and be able to convey their lived experiences verbally.

Mental health professionals who have interaction with individuals diagnosed with schizophrenia were contacted. Mental health professionals selected had interactions and experience with African American males diagnosed with schizophrenia in order to generate a sample of participants. The utilization of interpretative phenomenology was be used in obtaining the data. This form of data collection has provide an interpretive analysis.

The utilization of data through the hermeneutic phenomenological research method as described by van Manen (2014) was collected. Phenomenology is method best suited for researching and understanding lived experiences of individuals (van Manen, 2014). Anonymous questionnaires were mailed out to mental health and criminal justice organizations. Informed consent was ensured for each participant's privacy, safety, and comfort. Each participant was informed on the consent form the projected time allotted complete the questions. A time cap of forty-five minutes was estimated to complete all

questions. One extra question was provided to allow professionals to add information not addressed in the previous questions.

Mental health and criminal justice professionals completed the questions in the privacy of their homes, work, et cetera (etc). For research purposes, it will be best if further concepts and phenomena, and methods for measurement are determined after the questionnaires and historical investigations are collected. Content analysis was performed to develop themes, and gain a deeper understanding of the behaviors and thought processes of the population. Specifically, information for themes and define the phenomena further, as the themes and phenomena may change throughout the research.

Definitions

African American describes a person or persons having roots from Africa. Additionally, these are individuals born in the United States of America (USA) who are descendants of African slaves. African American and Black are used interchangeably (U.S. Census Bureau, 2018).

Aggression is behavior an individual displays in which they seek to conduct bodily harm on another individual who does not welcome the harm (Repple et al., 2017).

Antipsychotic is a medication used in treating psychosis along with other mental health disorders (Conus et al., 2017). Additionally, antipsychotics are medications used with an individual's diagnosis such as bipolar disorder and schizophrenia that display various characteristics such as aggression (Conus et al., 2017).

Delusion is a condition in which an individual is not able to tell what is true and rational (Joyce, 2019). Delusions are ideas and beliefs held by individuals, which are not true; however, the individual believes they are.

Hallucinations are the seeing, hearing, or feeling of things not present, and which others cannot see (Hayward, 2018).

Male describes an individual born with X and Y-chromosomes, to include having a penis, scrotum, and testicles.

Psychosis is a person's inability to separate what is real and what is not. Psychosis may be a symptom of mental illness, the side effect of substance abuse, or stress (Joyce, 2019). Furthermore, psychosis is a disorder where the individual loses the ability to think, communicate effectively, and behaves inappropriately.

Schizophrenia is the presence of abnormalities to include delusions, hallucinations, disorganized thinking, grossly disorganized or abnormal motor behavior, and negative symptoms.

Violence is behavior displays of rage, aggression, and physicality. Examples of this include robbery, rape, and murder (American Psychiatric Association, 2013). These are acts that can lead to serious physical injury to another, and they include the use of various weapons (Repple et al., 2017).

Assumptions

The first assumption is the diagnosis of schizophrenia. Given the changes in the Diagnostic and Statistical Manual of Mental Disorders fourth edition, text revised (DSM-IV-TR), compared to the current fifth edition (American Psychiatric Association, 2013)

knowing which manual was used to determine the diagnosis is paramount. There have been 40 different definitions of schizophrenia utilized in the DSM (Gronholm et al., 2017). Regardless of the diagnostic criteria used, patients with whom mental health and criminal justice professionals have interacted with were accurately diagnosed with schizophrenia.

The second assumption relates to the mental health professionals who have consented to participate have experience with the population and understand the purpose of the study. A third assumption pertains to whether or not the professionals will be truthful in providing accurate information about the population in question. Professionals' refraining from bias, especially in primary data, is paramount to the validity of the research. Fourth assumption is that participants will provide honest answers to all questions.

Scope and Delimitation

The scope of this research included reading and dissecting mental health and criminal justice professional's experiences with African American males with criminal backgrounds. Mental health and criminal justice professionals had knowledge of the diagnostic criteria of schizophrenia and prescribed psychotropic medication. A diagnosis of schizophrenia poses a great risk to commit violent crimes (Mittal et al., 2017). This population can be extremely dangerous and display physical aggression and anger (Mittal et al., 2017). Violence increases among individuals with a diagnosis of schizophrenia who do not receive treatment (Darmedru, Demily, & Frank, 2017).

A delimitation for this research included external factors such as substance abuse, medical, and other mental health disorders as a cause for violent behavior. The purpose of this research was to determine whether medication management is effective in reducing criminality and violent offenses in African American males diagnosed with schizophrenia. Medication has been effective in reducing reoffending. Insufficient research has indicated its ability to reduce violence and criminality (Mittal et al. 2017). When professionals speak about their experience with the population being studied, substance abuse and other co-occurring disorders are not factors in their violence and criminal history.

The population for this phenomenological study was African American males diagnosed with schizophrenia who have criminal backgrounds. Mental health and criminal justice professionals who have experience working with this population were utilized. The exclusion of other racial groups, sexes, and genders were utilized in this phenomenological inquiry. The theoretical framework on rational choice theory by Cornish and Clarke (1987) and critical race theory by Delgado and Stefancic (2012) are utilized.

Participants based on their education, experience, and credentials as it pertains to criminality, mental health, and anti-psychotic medication were chosen. Participants not meeting the research criteria were not included in this study. The possibility could be considered for future studies. African American males under the influence of illegal substances were not included.

Limitations

The first limitation was information obtained focused on African American males specifically. This limitation makes the study race-specific, as it will not apply to every racial or ethnic group. The focus on one race and gender causes conceptual limitation as race-specific. This type of research can be misleading when compared to other races and ethnicities.

Information gathered was primary data, which is also a limitation of the study. Primary data can be extremely time-consuming from preparation, disseminating, and gathering all the information. When conducting primary data collection as the source of research, having individuals answer truthfully without bias is a limitation. Individuals who agreed to complete the anonymous questionnaires may provide inaccurate information. Participant's may rush through the questions, provide inadequate answers, or cover up the truth about their experiences

The primary diagnosis of schizophrenia is important. There were no other medical conditions and co-occurring disorders in the cases these mental health professionals disclose. The comorbidity of substance abuse, medical conditions, another mental health diagnosis, and schizophrenia is high in the United States (US) when compared to other countries (Corrigan et al., 2017). External factors such as substance abuse can increase the likelihood of an individual committing violence (Al-Rousan et al., 2017).

Significance

The types of offenses associated with mental illness vary from violent to nonviolent (Roche et al., 2018; Schappell, Docherty, & Boxer, 2016). African Americans are clinically diagnosed at a higher rate than other groups such as Latinos, even after covariates and other affective disorders are taken into account (Roche et al., 2018). African American males diagnosed with schizophrenia are more prone than the non-diagnosed population of criminality and violent behavior (Roche et al., 2018). The development and studying of African American males diagnosed with schizophrenia, without any external factors (substance abuse, mental retardation) is significant (Al-Rousan et al., 2017).

Research may provide data to law enforcement agencies and lawmakers to help with developing future laws regarding various mental health populations (Gronholm et al., 2017). The criminal justice community may benefit from research as they decide whether and in what ways to prosecute criminal offenders and other mental health populations (Corrigan et al., 2017). Research in this area may aid psychology professionals in developing further assessment tools and provide earlier prevention and treatment for individuals diagnosed with schizophrenia (Morrison, Meehan, & Stomski, 2016; Roche et al., 2018).

A greater understanding of influences and effective medication management in African American males diagnosed with schizophrenia could reduce arrest and criminal conviction rates in African American males (Morrison et al., 2018). African Americans may be treated effectively and humanely within the criminal justice and mental health

system (Morrison et al., 2018). African Americans may also be treated less effectively and humanely outside of the criminal justice and mental system. Treatment may allow African American males to avoid entering this system, live healthier, happier, and more productive lives.

Summary

Research on schizophrenia, coupled with the population that displays aggressive behavior and violent crimes was introduced in chapter 1. A gap in research exists regarding the effectiveness of psychotropic medication management to reduce criminality and violent behavior in African American males diagnosed with schizophrenia. The rational choice theory (Cornish & Clarke, 1986) and critical race theory (Brown, 2003) were utilized to conceptually frame a greater understanding of medication compliance with this specialized population. This exploration is important because of its potential significance in the psychology field for clinicians, and law enforcement officials (Gronholm et al., 2017). This will also aid African American males diagnosed with schizophrenia in receiving efficient and effective treatment.

Active symptoms of schizophrenia such as hallucinations, delusions, and active psychosis have been a focus on criminal behavior (McCarthy-Jones et al., 2017). Effective medication management on active symptoms of schizophrenia as it pertains to reducing criminality in African American males was researched. The research on medication management, while scarce, is an effective way to provide guidance and support to psychology and other medical professionals.

Research is presented regarding schizophrenia and schizophrenic symptoms in chapter 2. There is an exploration of criminality and violent behavior among African American males, especially those diagnosed with schizophrenia. The presence and use of the theoretical frameworks regarding pharmacological treatments for schizophrenia, with an expanded discussion of rational choice and critical race theories is presented.

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Chapter 2: Literature Review

Introduction

African American males who experience schizophrenic symptoms have become a special subset of people experts now consider more violent than other schizophrenic patients (Mittal et al., 2017). Schizophrenic patients are often admitted to isolated, locked units due to the threat of harming others (Al-Rousan et al., 2017). The lack of medication compliance by individuals diagnosed with schizophrenia places this population at risk for violent behavior, incarceration, and medication noncompliance (Kannisto et al., 2017).

A significant gap exists in the present body of literature concerning the discussion of African American males diagnosed with schizophrenia and documented potential violence perpetrated by this illness (Al-Rousan et al., 2017). The intent of this research was to understand African American male's perspective diagnosed with schizophrenia and crime by understanding mental health and medical professionals that have experience with the population.

The dehumanization of mentally ill people is alienating (Al-Rousan et al., 2017). Some may be treated as though they are potentially dangerous, which discourages those deserving of treatment from accessing it (Al-Rousan et al., 2017). African American males suffering from schizophrenia are predisposed to violence (Mittal et al., 2017). Further research on African American males diagnosed with schizophrenia inclination to violence and how their adherence to medication is needed (Kannisto et al., 2017).

Most people diagnosed with schizophrenia are not considered violent, but the risk for violence increases among certain subgroups (Mittal et al., 2017). Many crimes committed by individuals diagnosed with schizophrenia are not distinguishable from others (Mittal et al., 2017). Schizophrenics are subject to increased risk and committing violent acts due to specific psychotic symptoms (Kannisto et al., 2017). Younger males diagnosed with schizophrenia have shown to have a long history of self-destructive behavior coupled with substance abuse (Mittal et al., 2017). Research is necessary to understand factors that encourage people with schizophrenia to be violent excluding external factors such as substance abuse.

Racism and discrimination can be explained through using social contexts in critical race theory (Mittal et al., 2017). Mental health practitioners have experience understanding why African-Americans suffer from schizophrenia to the point of committing violence (Mittal et al., 2017). Why African American males decide to avoid medical help and be prone to violent behavior can be analyzed through in-depth review of the rational choice theory (Kannisto et al., 2017).

Research on schizophrenia and violence is presented within this chapter. The strategy by which information is collected, the application of critical race theory and rational choice theory are presented within the research. The main causes of mental disorders in African Americans, males specifically, as well as the stigma associated with these disorders are reviewed to synthesize evidence found in the current literature.

Racism is found both in legal and medical institutions as well as penal institutions of incarcerated males (Mittal et al., 2017). Criminological research being performed on

this subset of the population is reviewed, leading to an additional review of novel approaches to delivering psychiatric help. Summaries and conclusions reflecting racism, mental health, and medication compliance are the main points of the literature review.

Literature Search Strategy

Limited research on medication compliance of violent African American males diagnosed with schizophrenia has been conducted. Previous studies have been conducted on the risk factors associated with schizophrenia and violence coupled with external factors (Mittal et al., 2017). In order to provide relevant literature for this study, databases JSTOR, Google Scholar, Academic Search Complete, Psyc ARTICLES, Psyc INFO, SAGE Premier, EBSCOhost, APA PsycNET, Google Books, SocINDEX with full text, and ProQuest were searched. Key search terms which pulled up literature on different online databases included *schizophrenia, African American males, violence, psychotic symptoms, medication compliance, critical race theory, rational choice theory, phenomenology, psychiatric disorders African American, preferences mental illness African American male*, *psychotropic medication*, *African American Male violence*, *antipsychotics*, *schizophrenia,* and *psychiatric disorders of African Americans.* The years of research cover a time period of 2003 to 2019. The theoretical foundation covers a time period from the discovery of the theory in 1982 to present literature in 2019.

Historical research on theoretical foundations, most recent research on the subject and peer-reviewed articles allows for up-to-date pertinent information. This provides the most accurate research in order to reveal information on the most recent trends within African American communities, violence, as well as the latest treatments for mental

health issues. Thorough and accurate research applicable to the subject matter is imperative to this study.

Theoretical Foundation

This research is grounded on the premise of the rational choice theory and critical race theory. Racism is a part of society, social practices, and institutions as researched by previous critical race theorists (Mittal et al., 2017). The theoretical theories are used to present the framework which current information on psychiatric illnesses expose disparities behind why African American males exhibit violent behavior and its association with schizophrenia.

Rational Choice Theory

Race and ethnicity are highly considered in contemporary criminology research, which can be viewed in the context of rational choice theory (Paternoster, Jaynes, & Wilson, 2017). The rational choice theory influences medication-taking decisions, which can depend on strategic pricing, education, and dosing schedule of medicine (Paternoster et al., 2017). The rational choice theory provides a lens in which both issues can be scrutinized within the context and resolving violent behavior of African American males diagnosed with schizophrenia.

Factors related to medication non-adherence, include depression and the severity of side effects (Kannisto et al., 2017). Interventions and various techniques are required to make patients adhere to their medication schedule, along with motivational tactics.

There are no well-known ways to keep track of patient adherence, wherein reminder systems are mostly ignored (Kannisto et al., 2017).

Medication taking decisions are subject to rational choices widely influenced by the patient's decision making skill, whether intentional or unintentionally (Paternoster et al., 2017). A consistent psychiatric medical schedule should be implemented to understand the importance of medication compliance (Kannisto et al., 2017). Behavior displayed by mentally ill patients within the context of rational choice theory would bring clarity in the criminal justice and psychology arena (Paternoster et al., 2017).

Rational choice theory can be the framework in which social forces are utilized arena (Paternoster et al., 2017). The influence of delinquency and crime becomes a driving force in developing solutions and techniques preventing violence by mentally ill patients (Monahan, Vesselinov, Robbins, & Appelbaum, 2017). Ethnic succession is an important theme in criminology (Monahan et al., 2017). There is a huge impact when different populations move between neighborhoods due to different societal and economic events (Monahan et al., 2017).

African American males make decisions on accepting or denying themselves medical health (Boulware et al., 2016; Yoon, Coburn, & Spence, 2018). The notion of racism is a common underlying problem. Racism is driving force behind why African American males may react negatively to psychiatry, especially if help comes from outside their community or from a different race (Boulware et al., 2016; Yoon et al., 2018). Different ethnicities have experienced oppression in various forms. Cultural

history has separated minorities from non-minorities, as it pertains to the interaction healthcare practitioners (Yoon et al., 2018).

The influences of neighborhood racial intersectionality, predispositions to violence, geographic and demographic background, add to violence (Jaynes & Loughran, 2019). Patients adhere to medicine based upon weighing psychosocial, socio-cognitive influences, potential benefits, and dosing frequency (Kannisto et al., 2017). Research is needed to find solutions for helping African American patients choose healthcare (Holmes et al., 2016; Jaynes & Loughran, 2019). Solutions are needed for medication adherence, the reduction of negative stigma, and medication perception (Holmes et al., 2016; Jaynes & Loughran, 2019).

Critical Race Theory

The critical race theory applied to African American males enforce internalized stigma, which is a significant reason why many avoid medical help (Jaynes & Loughran, 2019). Minority writers should begin writing to share their experiences with racism and the legal system to express their narratives (Corrigan et al., 2017). Issues revolving around discrimination within mental health facilities or hospitals. African Americans received less care and less quality treatment from healthcare workers of a difference race in some facilities (Corrigan et al., 2017).

The notion each race has a unique ethnical origin, changing history, and unitary identity, varies as each group can be identified as non-stereotypical (Yamaguchi et al., 2017). The combination of overlapping identities, allegiances, and loyalties exists in everyone (Gronholm et al., 2017). The coexistence of these multiple identities are cause

for tension (Gronholm et al., 2017). Different experiences of oppression and historical information separate ethnic groups from Caucasian Americans, where they are less capable to communicate with one another. Factors that underline racism and discrimination among racial groups, as well as highlight the influence in society serves to explain the various causes of tension in the mental health field (Al-Rousan et al., 2017).

The critical race theory is a systemized framework in which phenomenological research of African American males diagnosed with schizophrenia can be dissected by bringing meaning to the reason why they are violent and deny psychiatric healthcare (Gronholm et al., 2017; Williams, Priest, & Anderson, 2016). Social, economic, and political factors identifiers, which contribute to schizophrenic illness, is paramount to social stigma and aggression (Gronholm et al., 2017). Preventative treatment could be analyzed in the context of this theory. Current research coupled with preventative treatment keeps information on African American males suffering from schizophrenia within the context of critical race theory.

Hermeneutic Phenomenological Research Applied to Minority Research

Hermeneutic phenomenological research provides a lens for the establishment of a properly formatted methodological groundwork and ethical discovery issues (Crowther et al., 2016). Hermeneutic phenomenological research is used to provide a lens for biases and paradigmatic assumptions to be addressed without greatly impacting the design. The aim of phenomenology is to understand personal perceptions and African Americans lived experiences, as a qualitative method that demystifies the human experience (Shafrin et al., 2017).

Four qualities of phenomenology can best describe the approach, which includes the description, intentionality, reduction, and essences of its use (Reid, 2018). The description is simply portraying the phenomena in an easily understood and near-universal manner, within the context of the research paradigm. Reduction involves bracketing or "suspending" phenomena so they can be looked back on in a meaningful way (Levitt et al., 2018). The essence is the origin of a person's experience, the solid idea behind their actions. The intentionality deals with an individual's desire or motivation behind his or her conscious actions (Reid, 2018).

The use of phenomenology aids in creating fundamental archetypes for spatiality, temporality, self-awareness, and inter-subjectivity as it applies to psychiatric patients (van Manen, 2014). These framework analyses have been used to identify true intentions found past the conscious attitudes and illusion of mentally ill patients (van Manen, 2014). Psychiatric disorders and its nature, which is complex and often unexplainable, can be utilized through phenomenological practices and applications (Kannisto et al., 2017).

Review of Relevant Literature

The discovery of how African American men diagnosed with schizophrenia can be treated within an appropriate mental healthcare program was reviewed. Topics explored include racial differences, which may prevent African Americans from receiving proper healthcare, as well as reasons why they may not be able to work with a healthcare physician outside of their race. Demographic and environmental factors concerning African American males background identifies how violence can be developed in schizophrenic patients.

The ability of a patient to continue medication is a major problem among mentally ill individuals (Boulware et al., 2016; Yoon et al., 2018). Many reject their psychotropic medicine (Kannisto et al., 2017). The reasons why patients do not take medicine, and how medicine adherence can be improved upon are included (Boulware et al., 2016; Yoon et al., 2018). African American are known to be high risk for developing mental illnesses, along with other factors such as stigma and cultural behaviors, which discourage them from seeking mental healthcare. The factors that influence outcomes of African American mental health patients diagnosed with schizophrenia is explored in Chapter 2.

Exploration of an African American's Risk for Schizophrenia

Socioeconomic oppression is current throughout society due to racial differences and cultural misunderstandings (Shafrin et al., 2017). African Americans struggle more and may be predisposed to mental health issues (Shafrin et al., 2017). Socioeconomically disadvantaged adolescents and children were two to three times more likely to develop mental health problem (Brody, Chen, Miller, Kogan, & Beach, 2017). The environment and circumstances many African Americans find themselves in, stress factors influence their emotional and mental well-being as it pertains to violent behavior (Brody et al., 2017).

Rural African American youth who lived in poor socioeconomic environments would develop higher levels of allostatic load (Bey, Jesdale, Ulbricht, Mich, & Person, 2018). Allostatic load is considered a measure of physiological wear and tear on the body (Bey et al., 2018). Psychosocial competencies are created to cope with the high-

risk conditions concerning low socioeconomic status (Berger, Juster, Westphal, Amminget, Steiner, & Sarnyai, 2017).

Rural African American adolescents at age 19 displayed high psychosocial competence beneath heightened socioeconomic status (Berger et al., 2017). The adolescents displayed risks and fewer adjustment problems in addition to high allostatic loads (Berger et al., 2017). Resilience is apparent on the surface but internally other problems lay deep within because of high allostatic loads (Berger et al., 2017). African Americans are less likely to receive quality mental healthcare (Corrigan et al., 2017).

Treatment strategy combinations target the variety of disorders African Americans experience. Frequent housing adjustments due to economic pressures, interpersonal and institutional racism, inconsistent employment status, and difficult accessing pediatric and adolescent medical care is marginalized (Berger et al., 2017). These students experienced lifetime challenges within their rural environment, which lead to self-regulation and psychological adjustments to obtain academic achievement (Bey et al., 2018; Juster et al., 2016).

Consider allostatic loads African American youth encounter, it is perceived the body's system stabilizes itself throughout a stressful lifestyle, where a biological toll is taken on which causes long-term health repercussions (Bey et al., 2018; Juster et al., 2016). Changes within the body may incite problems to include effects on immune functioning, hypothalamic-pituitary-adrenal axis, lipid metabolism, fat deposition, sympathetic adrenomedullary system, and immune functioning (Berger et al., 2017; Juster et al., 2016). The burden of physiological and internalized problems, African

American rural youth and adolescents developed high levels of psychosocial competence and emotional self-control exercising unique characteristics (Juster et al., 2016).

Rural African American youth exhibited a strong commitment to hard work considering high allostatic loads (Juster et al., 2016). Their determination to succeed, physical and mental vigor when tested for psychosocial competence in their schooling while living in high-stress environments is present (Juster et al., 2016). The successful appearance in handling difficult life circumstances, indicators of covert physiological and psychological stress are apparent (Berger et al., 2017).

African Americans remain overrepresented in inpatient and emergency services (Betancourt, Green, Carrillo, & Owusu, 2016; Hayes, Riley, Radley, & Mccarthy, 2017). Shrinkage in outpatient treatment, inadequate opportunities for outpatient care, or lack of welcome within the mental health system is present. Healthcare expansions and subsidized purchase of coverage would increase the availability African Americans have to treatment (Hayes et al., 2017). Many mentally ill African Americans will not attempt to access mental health treatment despite their access to healthcare benefits (Betancourt et al., 2016; Hayes et al., 2017).

Minorities Experience Mental Healthcare Inequality

Ethnic and racial minority groups experience disparities and are significantly less likely than non-Latino and Caucasian Americans' to have access to mental health treatment (Wilson, Thorpe, & LaVeist, 2017). African Americans who utilize services have much lower odds receiving quality depression care compared to non-Latino Caucasian Americans (Al-Rousan et al., 2017). Those who would benefit from treatment

often end up missing the opportunity to improve their health (Corrigan et al., 2017). The lack of national samples creates a gap in research especially concerning the amount of diagnostic quality and indicators (Hayes et al., 2017). There is a need for policies to improve mental health access to combat disparities driven by racial and ethnic issues (Hayes et al., 2017).

Mental health disorder symptoms vary across racial groups, where clinicians were not trained to expect certain results (Wilson et al., 2017). This has often led to clinical misdiagnosis. Untrained clinicians could be the cause for African Americans, Latinos, and Asians to mistrust healthcare professionals as well as developing multiple concerns about how competent providers are (Wilson et al., 2017). This could decrease the sense of comfort these groups have when speaking with professional healthcare providers.

The quality of mental healthcare revealed disparities between ethnic groups and non-Latino Caucasian Americans for some chronic conditions is visible (Wilson et al., 2017). This inequality persists despite current efforts in enhancing the quality and access to treatment of mental illness. Thirty-three percent of non-Latino Caucasian Americans who suffered from depression had access to quality depression care and treatment (Al-Rousan et al., 2017). Ten percent of African Americans, 25% of Latinos, and 19% of Asians had access to the same care (Hayes et al., 2017).

African Americans, Latinos, and Asians were 9 to 23 percent points less likely to access mental health treatment. Within this group, they were less likely to receive quality depression treatment compared to non-Latino Caucasian Americans who had the same

noticeable characteristics (Wilson et al., 2017). Inequality and discrimination in the mental healthcare system are widespread (Alcala & Cook, 2018; Boulware et al., 2016). The possibilities to identify factors that encourage discrimination can be explained with further research. This would be utilized to retain and attract more African American males who are in dire need of access to proper psychiatric care.

Factors of Patient Adherence to Medication

Instances of non-adherence are estimated to be more numerous in marginalized groups. There is an estimation that 50% of patients are prescribed meditation don't adhere to therapy (Kannisto et al., 2017). Estimations include large percentages of noncompliance and adherence. Eighty percent of individuals display medication non-adherence due to return symptoms compared to 25% of individuals that adhere to a medication regime (Allen et al., 2016; Hickling, Kouvaras, Nterian, & Perez-Iglesias, 2018).

Most interventions available today have a modest effect on improving adherence (Kannisto et al., 2017). There is no standard on what model adherence should be, thus a gap in literature regarding a measuring system or definition is present (Kannisto et al., 2017). Without consistent literature on the subject, it is harder to discover the levels of adherence of mentally ill patients (Kannisto et al., 2017).

The results of poor adherence include failure to obtain remission, suicide treatment resistance, death from medical co-morbidities, poor prognosis, and psychiatric complications (Hickling et al., 2018; Priester et al., 2016). Other factors associated with non-adherence are vast (Kannisto et al., 2017). They span from increased aggression to

the patient's self and others, increased psychotic symptoms, higher costs, more inpatient and outpatient services, as well as relapse which can end up in re-hospitalization (Hayes et al., 2017; Lincoln et al., 2016). Some individuals fear hospitalization, the increase of health care cost, and prolonged stays in facilities as a reason of non-adherence (Allen et al., 2016; Hayes et al., 2017).

75% of individuals diagnosed with schizophrenia stopped taking their prescribed medication within 18 months (Hickling et al., 2018; Allen et al., 2016). Relapse is common among patients who fail to take their medications. This can be prevented by educating the public on risks of partial adherence (Allen et al., 2016; Hickling et al., 2018). A proper campaign to minimize negligent adherence would help enhance the effect of psychiatric treatment (Kannisto et al., 2017).

Patients are rational beings that make decisions based upon benefits and repercussions of treatment options available (Kannisto et al., 2017). This belief is in alignment with the premise of the rational choice theory and individuals making rational choices regarding their treatment (Jaynes & Loughran, 2019). The rational patient, thus, would decide to adhere based upon an internal, possibly emotional decision caused by the factors associated with the medicine they are prescribed (Kannisto et al., 2017). Health decisions tend to be implicit and unconscious. Most often these decisions are not pre-planned, but rather reactionary and natural behavior. This is behavior entirely based on the benefits coming from the medicine itself.

The emotional factor of the patient has as a major impact on the health decision-making process (Kannisto et al., 2017). Clinicians should take into account the emotional

state of mental health patients. The lack of communication between patient and clinician creates more risk for non-adherence (Allen et al., 2016; Roche et al., 2018).

The steps that precede intake behavior are not observed by researchers (Holmes et al., 2016; Joyce, 2018). Mental health patient attitudes and opinions of medication prescribed, should be taken into consideration in trying to encourage adherence. The greater the insight about patient's mental disorders, the more positive about the medication they are taking (Holmes et al., 2016; Roche et al., 2018). The patient should have a positive relationship with the physicians they work with during their treatment. Individuals who have mental diseases often do not receive benefits from evidence-based practices that are currently available because they do not fully adhere or seek help (Kannisto et al., 2017).

Clinicians should consider the clinical status of a patient, psychological, physiological, pharmacological, and interactional factors could be influencing a patient (Lincoln et al., 2016; Roche et al., 2018). Healthcare professionals should carefully assess the level of adherence in patients, as well consider closely monitoring dose adjustments of the drug (Morrison et al., 2018). Most clients are prescribed an original drug when clinical problems occur, which does not necessarily solve the problem.

Patients tend to overestimate their adherence level, and inadvertently display a lack of attendance to their medical program (Holmes et al., 2016; Morrison et al., 2018). In a study on schizophrenic patients, 55% of patients rated themselves 100% adherent, but when a pill count was performed, only 40% were adherent (Lincoln et al., 2016; Roche et al., 2018). A plasma drug concentration test on the patients showed even

smaller adherences levels of 23% (Morrison et al., 2018). This information proves lacking medication adherence effects medication management and the management of symptoms.

There are a variety of factors which influence medication adherence (Kannisto et al., 2017). Some causes of non-adherence may be tied to healthcare providers and treatment itself (Shafrin et al., 2017). A significant number of patients are not benefiting from pharmacotherapy, which weighs in on societal costs, as well as a hike in mortality and morbidity (Joyce, 2018; Lincoln et al., 2016). One approach for healthcare providers was to provide message service reminders for those who unintentionally lack adherence (Kannisto et al., 2017). A study was conducted on mentally ill patients in Finland medication compliance and 66% of the participants refused the program (Kannisto et al., 2017).

A more tailored approach to target medication non-adherence of each patient is needed as conducted in the Finland study (Kannisto et al., 2017). Interventions may also have been applied to patients for whom they are not suited (Kannisto et al., 2017). Interventions are often aimed at all patients, regardless of whether they are adherent or not (Kannisto et al., 2017). The inefficiency and cost to include patients who have no or only minor problems in being adherent with their treatment, and the indiscriminate use of interventions dilutes their effect (Kannisto et al., 2017).

Non-adherence to medication is dependent on the stage of treatment, how complex the treatment was, as well as the motivation a patient could muster (Shafrin et al., 2017). Throughout each stage of treatment, a patient suffering from a mental illness

may end up using too much or too little of their medication at the wrong time, or they may not start their treatment at all by not filling a prescription. This could be both intentional and unintentional, as some patients may intentionally decide that the treatment is not necessary (Kannisto et al., 2017).

The more complex a treatment plan, the higher risk of non-adherence (Jaynes & Loughran, 2019). Low motivation could be a major reason for patients abandoning complex treatments (Kannisto et al., 2017). Other problems can include the patient's memory, such as not understanding instructions or forgetting to imbibe their medication (Shafrin et al., 2017). A simpler medication regime, as well as little reminders can help patients continue to take their medication on time each day, are necessary (Kannisto et al., 2017).

The number of medical dosages taken daily is highly influential in whether a patient would continue taking their medication or begin to exhibit non-adherence (Shafrin et al., 2017). One factor was not the only reason a patient changed their behaviors towards prescribed medicine, there were various other factors that influenced their decisions (Jaynes & Loughran, 2019; Lincoln et al., 2016). A reduction of dosage frequency would not increase a patient's adherence to a medication if other events were discouraging them. Serious side effects could be a huge de-motivational factor to prescribed medicine.

A better understanding of various factors that influence mental health patients would provide future interventions and better program design (Lincoln et al., 2016; Roche et al., 2018). Similar to Lincoln (2016), Shafrin et al. (2017) agreed adherence or

non-adherence is the result of rational choices. Price and medication cost, number of dosages required, and medication education could influence adherence. Shafrin et al., (2017) agreed adherence could be improved by documenting individual treatment preferences that enhance behavior as a method for understanding patient preferences.

An indicator for potential non-adherence to medication in schizophrenic patients was the attitude towards the medication (Shafrin et al., 2017). Predictors of patient adherence include social support, insight level, positive and negative symptoms, side effects, and the relationship with the physician (Hayes et al., 2017). Other important factor includes beliefs of a person's disorder. The general attitudes of medication both positive and negative have causal about the disorder.

Seventy-one percent of patients refused medication due to side effects (Hickling et al., 2018). Thirty-three percent were forgetful in taking medicine, while subjective symptom improvement made up 52% of the sample for drug discontinuation (Hickling et al., 2018). Twenty-seven percent of participants had one positive aspect of psychosis that caused them to leave their medication. Adherence was displayed in 75% of the participants (Shafrin et al., 2017).

Perceptions and beliefs of medication have huge implications for whether a patient may decide to continue psychological medicine or discontinue it (Lincoln et al., 2016; Roche et al., 2018). Increased attention to these factors can aid in preventing relapse among patients. New techniques are needed for improving adherence to medicine and medical care. African American patients often drop out of programs for reasons not

fully understood by researchers (Kannisto et al., 2017). The factors that motivate decisions of patients concerning their medicine need to be taken into consideration.

An Investigation of Healthcare Avoidance in Ethnic Minorities

The quality of care being less for minority groups may be due to the different symptoms or responses between cultural groups, which can lead to misdiagnosis (Corrigan et al., 2017). Latinos are more likely to somatize psychiatric distress through cultural idioms that are unique to their culture (Gronholm et al., 2017). Ethnic groups frequently face losing pay from work due to mental illness. The association with stigmas of mental disorders this population faces, is subject to temporary or unstable employment (Gronholm et al., 2017).

Racial minorities have been known to take time off from work and lacking substantial health benefits (Hayes et al., 2017). Limited workforce opportunities and lack of funds to provide for mental health service costs are problems that minorities encounter (Corrigan et al., 2017). The mistreatment of health professionals towards racial minorities is an issue due to lacking empathy (Hayes et al., 2017).

Caribbean Blacks and African Americans differ from other minority groups and have various levels of use for professional services and informal support (Gronholm et al., 2017). One thousand and ninety-six African Americans and 372 Caribbean Blacks in a study on professional services or informal support, 41% used both professional and informal support, 14% used professional services alone, 23% used informal support alone, and 22% did not seek help at all (Gronholm et al., 2017). The two groups were

similar, in that no differences existed between whether they received professional services or informal support (Hayes et al., 2017).

Men among Caribbean Blacks and African Americans had noticeable differences from women concerning their approach to receiving help (Hayes et al., 2017). Individuals who had severe disorders in the past 12 months, co-morbid mental illnesses, and substance abuse disorders, as well as female individuals, were more likely to accept both professional services and informal supports (Gronholm et al., 2017). Men were more likely to accept informal help (Gronholm et al., 2017). Other factors that influenced patterns of behavior in seeking mental healthcare were age, marital status, and socioeconomic status. There still is an unmet need within this group due to the lack of professional healthcare (Hayes et al., 2017).

African American women may seek help from a wide range of sources, while men tried to substitute help with informal networks (Hayes et al., 2017). These informal support networks were not fully equipped to aid in the delivery of therapy for serious mental health disease (Gronholm et al., 2017). Younger African American men and women had more difficulty receiving mental healthcare and experienced more barriers to professional services (Gronholm et al., 2017). Disorders in young adults are less severe than other age groups, and that young adults could rely on a support network with less formal approaches (Gronholm et al., 2017).

Minorities with mental illness may only receive treatment if they become a burden to their family, incarcerated, or are referred by a doctor (Carver, Morley, & Taylor, 2017). These types of circumstances access barriers that ethnic minorities

experience, while non-Latino Caucasian Americans view mental illness quite differently (Hickling et al., 2018; Lincoln et al., 2016). A healthcare system without focus on barriers that ethnic minorities experience would not change the patterns of disharmony and differences between how racial minorities and non-Latino Caucasian Americans are treated (Carver et al., 2017).

The diagnostic bias of African American patients may be a cause to reject mental healthcare issues amongst other areas (Carver et al., 2017). There is a need for early onset and enhanced screening instruments that are standardized and successful for this population in order to provide accurate evaluations (Immonen, Jaaskelainen, Korpela & Miettunen, 2017). Many problems stem from the inability to recognize unique biological characteristics that affect the responsiveness of the patient to medications (Carter et al., 2017). This population requires psychotherapy that is inclusive of racial identity, and clinicians and psychotherapists require the ability to establish rapport with outside ethnicities (Immonen et al., 2017).

Some of the misdiagnoses that are common among African Americans include alcoholic hallucinations (Carter et al., 2017). Failure to have accurate substance abuse history of an African American patient, the healthcare worker may attribute these symptoms to a mental health disease (Shafrin et al., 2017). The diagnostic bias of the client has led to hypomania symptoms being diagnosed with schizophrenia (Carter et al., 2017).

Substance abuse is prevalent in large populations in low-income areas across many cities, and the withdrawal can cause paranoid psychosis and delirium (Immonen et

al., 2017). Other issues African Americans experience include cocaine-induced mood disorders that cause suicidal tendencies, and heightened dysphoria (Carter et al., 2017). Professionals could avoid the misdiagnosis of these symptoms through a toxicology screen, which needs to be considered as an important diagnostic tool (Immonen et al., 2017)

African American clinicians were more likely to diagnose African Americans as schizophrenic than non-African American clinicians (Carter et al., 2017). This was because clinician's believed hallucinations were present, but this was avoided when they considered substance abuse issues as the cause for hallucinations (Immonen et al., 2017). Non-African American clinicians saw negative symptoms related to the symptoms of schizophrenia, while African-American clinicians did not see this relationship (Immonen et al., 2017). This indicated cultural influence has a major impact on diagnostic judgments, due to the perception of schizophrenia (Hickling et al., 2018; Lincoln et al., 2016).

Improvements to the relationship between healthcare practitioners and African American patients are critical in understanding effective healthcare (Hayes et al., 2017). Clinicians have to be prepared and trained against the anti-psychiatry attitude and labeling African Americans may have been exposed to or adopted (Hickling et al., 2018; Williams et al., 2016). Clinicians should be aware of techniques patients have utilized to cope with psychosocial stresses built up over the years. Other problems include the differences in life experience and backgrounds that separate therapist and patients (Corrigan et al., 2017). The therapist should learn to understand nonverbal and verbal

behaviors through a probing interview to be more intuitive to the patient's needs. Clinicians should be able to understand the issues behind racial identity within psychotherapy (Hickling et al., 2018; Lincoln et al., 2016).

Many low-income minorities find themselves in situations that could be attributed to racism (Williams et al., 2016; Yoon et al., 2017). Negative cultural stereotypes have led to unpleasant self-evaluations, which have destructive effects on the psychological and emotional well being of those individuals (Williams et al., 2016; Yoon et al., 2017). Racism adversely interferes with mental health status in a variety of ways, and discrimination itself can cause physiological and psychological responses, which can cause mental health diseases (Williams et al., 2016; Yoon et al., 2017). Racial attitudes and perceptions may change over time, however, negative racial stereotypes continue to exist and become a part of societal institutions and policies.

African Americans have different attitudes toward psychotherapists. African Americans perceive many barriers to treatment based on lack of affordability, trust, culture, impersonal service, and knowledge (Hayes et al., 2017). Psychologists are aware of separate patterns existing among ethnic clients and their perception of mental health services (Hayes et al., 2017). The relationship between ethnic clients and perceptions of mental health providers is necessary for participants to have more appropriate responses (Hayes et al., 2017). Americans use mental health services inconsistently, where the overuse or underuse of inpatient services was mostly dependent on the setting or the problem.

African Americans perceive psychologists as viewing African Americans as *crazy*, which is a stigmatic labeling for their mental illness (Williams et al., 2016; Yoon et al., 2017). Patients were able to overcome mistrust and stigma when their therapist did not display an overwhelmed demeanor when told about their issues (Boulware et al., 2016; Yoon et al., 2017). Healthcare providers and patients could develop personal connections to reduce mistrust (Hardeman, Medina, & Kozhimannil, 2016; Hayes et al., 2017). Perceived racism is often linked to adverse physiological and psychological outcomes between African American patients and mental healthcare practitioners (Hardeman et al., 2016; Yoon et al., 2017). There is a positive correlation between psychological distress and racism (Hardeman et al., 2016; Yoon et al., 2017). Racism and discrimination were most generally related to poor health status and that it was most strong concerning mental health in comparison to physical health (Hayes et al., 2017; Sehgal, 2016).

Deconstructing Racism in Mental Healthcare

Social psychological literature dealing with aversive racism has categorized different forms and manifestations of common racism. The main groups of micro aggressions include micro insults, micro invalidations, and micro assaults (Lilly, 2018; Sehgal, 2016). The biases and prejudices that exist in this industry can become a systematic process of conditioning new physicians into a culture of bias (Lilly, 2018; Sehgal, 2016). Therapists who are more effective at delivering minority clients are those who are aware of culturally diverse clients (Lilly, 2018; Sehgal, 2016). Those aware of their own racial and cultural being, which includes assumptions, stereotypes, or biases,

can influence worldviews. Racism and failing to understand racial influences can change service delivery of mental health therapists (Lilly, 2018). Mental health therapists will continue to be unaware of their prejudices and unwittingly provide less quality care for minority patients (Lilly, 2018).

Racism is more likely to be disguised or covert in the United States. During modern times, racism has transformed from outward and obvious hatred that is visible to all (Lilly, 2018; Sehgal, 2016). The difference between an application of aversive racism and implicit bias is paramount (Hardeman et al., 2016; Zeiders, Landor, Flores, & Brown, 2018). These biases are difficult to quantify or identify because of their subtle, unlabeled, and hidden traits.

Research, classification and covert forms of racism are an investigative necessity to understand how it functions in society (Lilly, 2018; Sehgal, 2016). A general sense of distrust is the common reaction African Americans have towards treatment (Boulware et al., 2017; Zeiders et al., 2018). Authorities in the field should understand how discrimination develops between practitioner and patient, and how to establish better rapport during mental health treatment (Hardeman et al., 2016; Lilly, 2018).

African Americans Associate Stigma with Mental Illness

The stigma surrounding mental illness has the ability to restrain services in racial and ethnic communities (DeFreitas, Crone, DeLeon, & Ajayi, 2018). African American males often refrain from psychiatric help due to this stigma (Gronholm et al., 2017). Few African Americans seek treatment from outpatient providers in the mental health sector, and those who do are at risk of dropping out (Gronholm et al., 2017). Public stigma

represents discrimination and prejudice that targets a particular group separate from a larger population (DeFreitas et al., 2018).

Older adults with mental illness will increase in the next 20 years, where one in five or over 15 million people will have a psychiatric, mood, or anxiety disorder (Cheng, Wang, McDermott, Kridell, & Rislin, 2017). Researchers should learn how imperative it is to create new cultures of acceptance in mental illness. Little is known about racial differences concerning stigma in older adults with mental health disorders (Gronholm et al., 2017).

Stigma is socially complex and includes structural, public, and self-components that can directly affect individuals with mental illness (Corrigan et al., 2017). Stigmas and its effects can spread into the support system, community resources, and provider network of the mentally ill individual as well (Gronholm et al., 2017). Programs that aid in promoting family engagement, cultural competence, and mental health illness could aid in reducing the negative impact stigma has on care seeking (Corrigan et al., 2017). Policy changes would help in the promotion of government agendas that aid in providing mental healthcare.

Stigma is rooted in the perceptions of dangerousness, incompetence, and blame. Perceptions of danger become fear, blame becomes anger, and incompetence can be perceived as a burden (Corrigan et al., 2017). The emotional reaction of the public by ill perceived ideas is what creates the stigma. The result is discriminatory actions such as not renting property or employing those who have a mental illness (Corrigan et al., 2017). African Americans and Latinos have expressed more comfort in speaking with specific

mental health professionals in contrast to non-Latino Caucasian Americans despite stigma associated with mental illness (Gronholm et al., 2017).

The stigma stretched across a variety of health problems and regarded the differences in attitudes towards mental healthcare treatment found in ethnic and racial adults who were older. Mental health issues associated with stigma included common problems such as anxiety disorders, depression, and at-risk alcohol usage (Corrigan et al., 2017). Asian Americans and Latinos displayed far greater shame and embarrassment when diagnosed with a mental illness than did non-Latino Caucasian Americans. Asian Americans had difficulty seeking out mental health treatment compared to other ethnic groups (Gronholm et al., 2017).

Older adults are more likely to experience mental illness as stigmatizing compared to younger adults, which also creates issues with removing barriers to mental healthcare (Cheng et al., 2017). African Americans, Latinos, and Asian Americans hold onto more stigmatizing perceptions concerning mental healthcare (DeFreitas et al., 2018). Research on how to create customized interventions that are effective in reducing negative perceptions of mental healthcare is needed.

Asians, Latinos, and African Americans were more likely to experience greater rates of depression than non-Latino Caucasian Americans, and African Americans were more often diagnosed with dual-diagnosis than Non-Latino Caucasian Americans (DeFreitas et al., 2018). No significant differences exist between African Americans and non-Latino Caucasian Americans concerning their stigma and shame dealing with mental illness (DeFreitas et al., 2018). The possibility is present that many of the older

participants were not represented in African-American adults, who may have been unwilling to accept mental health services at all.

Research data on older African Americans have justified why adults are reluctant to accept mental health services or were reluctant to mental health services and prefer counseling over medications (Corrigan et al., 2017). The older African Americans who did access psychiatric services were more likely to obtain outpatient care that did not include medication (Gronholm et al., 2017). This could be attributed to the deep roots of stigma ingrained in the elderly and adult African American community when dealing with mental illness (Corrigan et al., 2017). This could account for the disconnect of patients, adhering to, seeking out psychiatric or psychological treatment, and medication compliance (Gronholm et al., 2017).

Asian societies, much like African American socities, are incredibly dissuaded by the stigmatization associated with mental illness due to the societal obligation of establishing family honor and saving face (Corrigan et al., 2017). The minority community views mental illness as a threat to the family harmony and honor, not simply as a personal matter (Corrigan et al., 2017). Association with psychological disorders would bring disappointment and shame before a family (Corrigan et al., 2017). This could be similar to why African Americans feel stigma towards mental illness, although not as formally as Asians.

Latinos specifically feel greater embarrassment or shame when diagnosed with an alcohol abuse problem or a mental illness (Corrigan et al., 2017). These social norms towards mental illness are also seen in dealing with depression (Corrigan et al., 2017).

Latinos acknowledge depressive disorders as a sign of weakness or a disappointment to their family (Corrigan et al., 2017). This sense of shame is associated with the responsibility that Latinos endure to support and remain committed to their family. Admitting to having a mental illness may cause disappointment, or be considered a burden (Corrigan et al., 2017).

The creation of the labeling theory only worsened the stigma perpetuated by mental illness through the creation of discrimination and prejudice by family members and patients (Angermeyer & Schomerus, 2017). Those with a diagnosable mental illness suffered from an internalization of stigma or a self-stigma (Gronholm et al, 2017). The public attitude influences the individuals to struggle with a negative self-perception, which leads to negative consequences (Gronholm et al., 2017). The main key to reducing self-stigma is through the promotion of personal empowerment, as well as programs being led by social service providers and peers (Angermeyer & Schomerus, 2017). Face-to-face contact is significantly more effective in encouraging empowerment over stigma as opposed to contact by video from mental illness counselors (Corrigan, et al., 2017). Seemingly, interacting with the person who is stigmatized helped to disconfirm stereotypes (Corrigan, et al., 2017).

Methods implemented against stigma included educational strategies by the United States government, including books, flyers, public service announcements, movies, videos, podcasts, Web pages, audiovisual aids, and even virtual reality (Angermeyer & Schomerus, 2017). The main goal of these campaigns was to target specific demographic groups to undermine broader stereotypes that signify stigmatization

(Angermeyer & Schomerus, 2017). The campaign had many benefits, being both affordable and with a broad reach. The interaction with stigmatized mentally ill individuals led to lesser levels of prejudice (Gronholm et al., 2017).

Social activism was another approach to reducing stigma. Those who engaged in discrimination were discouraged through shaming (Gronholm et al., 2017). This approach minimizes harmful media representations of mentally ill individuals. Although some studies are unintentional, backlashes occurred where these prejudices became worse or remain unchanged (Angermeyer & Schomerus, 2017). More research is needed to understand how to create an appropriate target for these campaigns, as well as more improved forms of intervention. The degree of exposure to anti-stigma campaign is especially important (Corrigan, et al., 2017). More resources are necessary to expand beyond self-reports to document behavioral change (Corrigan, et al., 2017).

Understanding African American's Perceptions Approach to Mental Illness for Solutions

Mental healthcare practitioners working with African American patients and their families must be aware of multiple contexts in which the care is taking place (Mills & Fernando, 2017). Mental health workers must also understand social factors and ethnic characteristics that interplay within the treatment (Breslau et al., 2017). Some demographic traits of African Americans have an effect on their ability to be treated, including biological, psychological, and socio-cultural influences (Mills & Fernando, 2017). Cumulative factors stemming from oppression and socioeconomic disadvantages, elderly minorities are predisposed to poorer health (Breslau et al., 2017). There are fewer

financial resources such as pensions or social security, higher rates of functional disability, and less access to health insurance (Mills & Fernando, 2017). This places more demands for caregiving to minority families with mentally ill family members, which surpasses European American families (Mills & Fernando, 2017).

The distinction of psychological conditions from culture related situations in clinical practice were difficult for various reasons (Breslau et al., 2017). Medicaid and other healthcare companies desired a reduction in the treatment session's clients could seek with mental health services (Breslau et al., 2017). Clinicians were not able to diagnose psychological conditions that were separate from the cultural context in adequate time. Many diagnostic treatments did not screen for cultural variables, thus cultural syndromes were not identified (Mills & Fernando, 2017). Reimbursement for clinical work that assessed cultural variables was not seen in private insurance such as Medicare and Medicaid (Mills & Fernando, 2017). This made it expensive for clinicians who did not receive payment for the assessment and treatment that is better targeted to the ethnically diverse populations.

Large populations of African American caregivers have limited resources despite being employed, which make it difficult to support their mentally ill family members (Breslau et al., 2017). Educational campaigns to engage the African American community with more awareness of mental disease can help improve the culturally competent framework (Mills & Fernando, 2017). Engagement of community support may aid in removing fear and negative perceptions in mental health (Breslau et al., 2017). Cultural implications should be better understood, rather than applying recent findings

without properly identifying if it is a successful course of action (Mills & Fernando, 2017).

Clinical training among physicians working with African American clients would help make healthcare providers more experienced in dealing with race-related trauma and stress (Mills & Fernando, 2017). The psychological toll of those who are constantly exposed to racism and oppression aid in comprehending an individual's shame and powerless feelings (Mills & Fernando, 2017). Counseling could include adaptive coping mechanisms to teach African Americans about resistance and empowerment, which can expedite their ability to overcome mental illness (Breslau et al., 2017). Anti-racism activism can be utilized in the training of psychologists and mental healthcare providers.

Summary

Effective medication management can be applied to reducing violence and criminality among African American patients who have schizophrenia (Breslau et al., 2017). Effective medication management is important among mental health patients (Kannisto et al., 2017). There is a literature gap regarding proper medication adherence. There have been over 57 million prescriptions written in the United States over the last 6 years and it continues to increase (Hickling et al., 2018). A variety of factors discourages African American males from accepting mental healthcare (Hayes et al., 2017). This includes stigmatic associations with mental illness, costs of treatment programs, and access to healthcare professionals (Kannisto et al., 2017). Factors also include a lack of quality health care, trust, racial differences, and communication between physicians (Hickling et al., 2018).

The utilization of the critical race theory and rational choice theory underline data in a way that can be explained within the context. This literature review serves as a lens into the background on how African American males can be exposed to mental illness, discrimination in the mental health field, as well as violence (Hayward, 2018). Mental health professionals are able to provide insight on medication compliance within the context of the racial choice theory.

African American males may be at risk for mental disease, as they struggle more and are considerably more oppressed in American society (Breslau et al., 2017). Adolescents and children are two to three times more inclined to develop a mental health problem given societal oppression. Adolescents living in high crime rate areas made them predisposed to violence (Berger et al., 2018). The allostatic load of adolescents is a huge detriment to their emotional and physical well-being and often remains undetected by family members and teachers (Brody et al., 2017). African Americans are less likely to obtain mental healthcare (Brody et al., 2017).

Medication adherence among mentally ill patients is only half of those diagnosed (Kannisto et al., 2017). Marginalized groups, such as ethnic minorities, were at higher risk of having fewer adherences to their medication (Mills & Fernando, 2017). Schizophrenic patients had many issues with the continuation of their medication. A variety of issues were the cause behind their inability to continue their clinical program (Mills & Fernando, 2017). This included ideas and beliefs concerning mental illness and medication, difficult side effects, how people perceive them, and paranoia concerning medication (Kannisto et al., 2017). A variety of factors that influenced mentally ill

patients were medication difficulties, unwitting factors, forgetfulness, and misunderstanding directions (Corrigan et al., 2017). The returns of psychotic symptoms following taking prescribed medication are additional factors in non-adherence (Kannisto et al., 2017).

Approaches to solutions can include mental health practitioners understanding the demographic personalities they are treating. Ethnic, social, and emotional factors are important to the relationship developed between patient and physician (Breslau et al., 2017). Physicians are not able to relate to many ethnic patients, as they cannot understand the socioeconomic disadvantages individuals have experienced (Kannisto et al., 2017). Cultural norms may be completely lost to medical practitioners who feel as if they are not able to connect to their patients. African Americans prefer leaning on their social network as opposed to receiving help from mental healthcare practitioners. The lack of trust is a major reason why many African Americans deny help from healthcare professionals. Community health workers who can deliver services for minority clients may aid in increasing treatment interventions and adherence (Roche et al., 2018).

African American males are often misdiagnosed with schizophrenia unnecessarily. What can be considered withdrawal symptoms from alcohol and drugs are confused as episodes of psychosis (Hickling et al, 2018). African Americans in general experienced far more stress, alcohol, drugs, and toxic exposure than non-ethnic groups (Jaynes & Loughran, 2019). They were more likely to develop a mental illness and have their illness misdiagnosed as schizophrenia (Jaynes & Loughran, 2019).

Clinicians are in dire need of additional training to improve their ability to treat African Americans diagnosed with schizophrenia. Mentally ill African Americans have led to high dropout rates, general medical adherence, low-quality mental healthcare, and a less meaningful relationship with their physician, which discourages them from accepting care (Mills & Fernando, 2017). The rationale and reasoning behind motivations for an African American diagnosed with schizophrenia to choose violence is unknown. Whether medication will aid in reducing violence in African American males remains unknown.

The issue of whether effective medication will reduce violence in African American males diagnosed with schizophrenia was addressed. Results could lead to developing methods for increasing the effectiveness of mental health treatments in African American males. This study may aid in the treatment of other racial and ethnic groups. Whether or not treatment adherence can be improved upon is only possible with further research on African Americans decision-making concerning their treatment. How much racism plays a part in repelling groups from mental health treatment is left to be understood. African American perceptions towards their diagnosis, treatment, and mental health practitioners are further explored in this paper.

The methodology for understanding how violence can be reduced in African Americans males diagnosed with schizophrenia and the effects of medical adherence serves as the lens in this qualitative design. This will bridge the gap in the current literature concerning this disease within African American males. A greater

understanding of medication effects on criminality will bridge the gap in the literature concerning this disease within this demographic group.

The next chapter will include descriptions of the instrumentation and ethical considerations regarding the sample. Protocols for data collection, methods, recruitment for participation, a plan for analyzing themes from the dataset, and the role of the researcher. The research design and rationale is explained in greater context. An explanation of how hermeneutic phenomenology is the best-fit research method coupled with the theoretical framework to gain insight into treatment and adherence of violent African American males diagnosed with schizophrenia.

Chapter 3 - Methodology

Introduction

The diagnostic criteria for schizophrenia defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), includes symptoms of delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior that lasts for longer than six months and creates social or occupational dysfunction (American Psychiatric Association, 2013). African Americans are diagnosed with schizophrenia three times the rate than Euro-Americans (Mittal et al., 2017). African Americans males who have been diagnosed with schizophrenia are four to six times more likely to commit violent crime, compared to the general population (Al-Rousan et al., 2017).

A detailed explanation of the research design and selection rationale is defined within the central phenomenon. The researches' design is viewed from an emic perspective to understand the group. Biases and assumptions are addressed by strategies preventing bias in the research. Methodological procedures include inclusion criteria for participants, sampling, recruitment strategies, data collection procedures, and data analysis methods. The final section provides an overview of methods used to ensure internal and external validity.

Research Design and Rationale

Research Question 1: How does the use of psychotropic medication affect criminal behavior in African American males?

Research Question 2: How are the perceived effects facilitators and barriers of using psychotropic medication for symptom management in schizophrenic African American males?

The phenomenon of study is whether psychotropic medications compliance impacts the violent tendencies among African Americans with active schizophrenia symptoms. A qualitative, hermeneutic phenomenological approach was used to investigate the phenomenon. Qualitative research is interested in collecting information that is expressed through words and observed actions of key members within a population (Symon, Cassell, & Johnson, 2018). Quantitative researchers are primarily interested in systematically approaching data from an etic perspective (Symon, Cassell, & Johnson, 2018). Qualitative researchers are primarily interested in gaining a better understanding of a population from an emic perspective (Symon, Cassell, & Johnson, 2018).

Qualitative research leads to the formation of research questions and subsequent developments that will be eventually either rejected or accepted (Mittal et al., 2017). Qualitative research emphasizes the meaning behind words to better understand why a phenomenon is occurring, whereas quantitative research is interested in the generalizability of finding (Mittal et al., 2017). Qualitative information serves a

functional purpose to quantitative research by offering further information to explain the meaning behind the numbers (Symon, Cassell, & Johnson, 2018). Phenomenology is used to focus on lived experiences of African American men diagnosed with schizophrenia.

Qualitative research is inductive in nature as the researcher extrapolates information from data collected to build theory (Symon, Cassell, & Johnson, 2018). The overall goal of phenomenology is to gain an understanding of the population being studied (Symon, Cassell, & Johnson, 2018). This inductive process begins with qualitative research in the information gathering stage. This usually involves either semi-structured or open-ended questions and field notes that are taken while observing the phenomenon of interest (Levitt et al., 2018). The next step in the research process involves data analysis. The researcher will engage in theme finding by looking for patterns that emerge from comments made by participants in the study (Levitt et al., 2018). The final stage of the inductive process is when generalizations or theories are presented based upon literature review.

The critical race theory involves broad investigation into the factors associated with racial disparities, while the rational choice theory is grounded in the belief that actions are the result of rational choice (Jaynes & Loughran, 2019). The critical race and rational choice theory necessitate understanding factors involved in the decision making process of mentally ill patients. The decision to use the hermeneutic phenomenology method for this study is in congruence with the theoretical framework, especially when

considering the focus placed upon the interpretive elements involved in data collection and analysis.

Role of the Researcher

The researcher, in qualitative research is responsible for collecting data. Professionals are required to adhere to being respectful of people's time, rights, and personal beliefs (Levitt et al., 2018). Professionals are not to inflict or enforce any of their biases regarding religion, politics, and cultural differences. The researcher will serve in an emic role. Nine questions were developed so they could be answered anonymously. The anonymous questionnaire has been disseminated to criminal justice and mental health professionals who have experience working with African American males that have a diagnosis of schizophrenia and a criminal background.

Research participants will not have a personal or professional relationship with the researcher to ensure continuity. Participants will be licensed in the mental health, social work, or medical field. Participants, if employed in the criminal justice system will have at least 3 years of experience with the population of interest. The location of the participants will be a deciding factor to ensure there are no personal or professional relationships. Participants will be advised their participation is voluntary.

Researchers using phenomenological methods engage in some form of reflexivity (Levitt et al., 2018). The exact process is somewhat different when comparing descriptive phenomenology with hermeneutic phenomenology (Levitt et al., 2018). Unlike descriptive phenomenological reflexivity, where biases and assumptions are

bracketed, reduced, and then set aside (Reid, Brown, Smith, Cope, & Jamieson, 2018). Those following hermeneutic phenomenological method of reflexivity do not bracket or set aside their biases and assumptions, instead they are incorporated into the interpretive process (Levitt et al., 2018).

Self-reflection is an important element to the phenomenological method. Researchers should not fall victim to naval gazing by placing their personal experiences and understandings over those of the participants (Levitt et al., 2018). Phenomenological researchers should engage in reciprocal reflexivity to avoid falling into the naval gazing trap (Reid et al., 2018). Phenomenological researchers simultaneously reflect upon their own personal experiences and understandings while maintaining awareness of the participant's perspectives and how the two viewpoints intersect (Levitt et al., 2018). Researchers are better equipped to determine how interactions could potentially impact overall findings by maintaining constant awareness regarding any relationships between interviewers and those being interviewed (Levitt et al., 2018).

Methodology

Participant Selection Logic

The methodology for this qualitative study is grounded in hermeneutic phenomenology. Relevant themes related to schizophrenia, compliance with prescribed psychotropic medications, and crime are examined. The primary data collection method utilized in this study involves the completion of 9 questions with selected participants who can read, write and understand English. The target demographic for this study were

professionals who have experience with African American men, 18 years of age or older. These professionals had experience working with individuals having criminal backgrounds, diagnosed with schizophrenia, and prescribed psychotropic medication either in prison or the community.

The selection of research participants utilizing hermeneutic phenomenological method was dependent upon whether individuals have lived experiences relevant to the phenomena (Lauterbach, 2018). The sampling method for determining eligible participants will be purposive. Potential participants will be selected based upon specific inclusion criteria. There are seven primary purposive sampling methods that a researcher can choose from when individuals who have specific characteristics are required for the research objective (Sarstedt, Bengart, Shaltoni, & Lehmann, 2017). The seven purposive sampling techniques include the following: maximum variation sampling, homogeneous sampling, typical case sampling, extreme/deviant case sampling, critical case sampling, total population sampling, an expert sampling (Sarstedt et al., 2017).

African American males who are diagnosed as schizophrenic and have a criminal background are the focus of this study. Homogeneous purposive sampling method was implemented to identify potential participants in the study (Sarstedt et al., 2017). Participants for this study was located by contacting mental health and criminal justice agencies that interact with individuals who are diagnosed with schizophrenia and have a criminal history. Once a sample of potential participants was received, mental health and criminal justice professionals whose interactions with clients include those who meet the

aforementioned inclusion criteria was selected. Purposive sampling of 8-10 participants will ensure the qualitative researcher reaching saturation. Anonymous questionnaires with the mental health and criminal justice professionals offer unique perspectives on the effects that medication management has on the criminal behavior of African Americans diagnosed with schizophrenia.

Informed consent was implied and obtained from the participants in order to ensure they were aware of the study's objective. The participants were informed of how information will be used and their right to confidentiality. The right to refuse to participate in the study was explained on the informed consent form. Participants were informed via the consent form of how long it should take to complete the questionnaire. The questionnaires should take no longer than 1 hour (hand written or typed) to complete. In the event saturation has not been reached, there is a question which allows for professionals to add any information which was not stated in their answers.

Instrumentation

Primary source data were collected through an anonymous questionnaire. Anonymous questionnaires allow for anonymity in the work place. Anonymity reduces interview and interviewee bias. The primary research questions are the starting point for this phenomenological inquiry. The primary research questions guided the development of the anonymous questionnaires provided to the professionals.

The questionnaire was anonymous, thus allowing a comprehensive understanding of the professionals experience with the population of interest, while not compromising

their subjective perspectives. Secondary data to support research was obtained through literature review of previous studies investigating the effects of medication on the criminality in African Americans males diagnosed with schizophrenia.

Recruitment Procedures

Data were collected by contacting mental health and criminal justice agencies and professionals in the local Washington, DC, Maryland, and Virginia area. Data was disseminated via United States Postal Service. All packages included a self-addressed returned envelope, informed consent form, and questionnaire. Data were collected as the anonymous questionnaires were received. Professionals completed and returned the questionnaire have completed the data dissemination. There will be no follow up scheduled as the responses are anonymous. Question 10 allowed the participant to add any information that they would like to express.

The process of locating the professionals took place in three stages. First reaching out to facilities, organizations, and agencies in the geographical area. The second was ensuring mental health and criminal justice professionals had experience in the area, followed by obtaining a signed letter of agreement. Informed consent was explained at this stage as well as informing participants of risks and benefits of the study. A signed letter of agreement was received from one mental health and one criminal justice agency. A total of 11 anonymous questionnaires were received during the collection phase. Participants were provided with their own copy of informed consent, which reiterated voluntary participation.

Data Analysis Plan

Primary source data has been collected through anonymous questionnaires mailed to professionals. The completion and return of the questionnaires provided implied consent. The questions were designed to gain insight in the phenomena. Upon the return of 10 questionnaires, the coding process began.

The information was entered into the qualitative analysis software NVivo 12 for the purpose of identifying themes after 10 applicable questionnaires were received. NVivo was chosen to assist with theme finding for this study because, unlike Atlas.ti, NVivo allowed for hierarchal classifications of themes as they emerge. Information from the questionnaires was categorized and labeled in order to maintain the context of the participants lived experiences. This allowed for development of relevant themes.

The questionnaires were analyzed inductively using a cross-case approach as well as the hermeneutic circle approach. The hermeneutic approach involved constantly scrutinizing details of the transcripts' sentences and the entire text as a whole (Levitt et al., 2018). Coding of the questionnaires will occur in two cycles in order to advance the prioritization themes and identification of larger patterns. Questionnaires were read verbatim during the data collection process. The information was placed in NVivo 12 to develop and recognize any patterns and themes. Data coding served to identify themes, and the reoccurrence of themes.

Issues of Trustworthiness

Internal validity can be rather difficult given the subjective nature of interpretive phenomenological research studies (Belotto, 2018; Englander, 2016). There are some specific strategies that can be implemented to assist with checking the internal validity of a hermeneutic phenomenological study (Belotto, 2018). Researchers engaging in reflexivity, initiates research with self-reflection, which involves identifying biases and assumptions.

Through a practice known as reflexivity, phenomenological research begins with self-reflection at the precise moment when the decision to study a particular phenomenon has been made (Reid et al., 2018; Willis et al 2016). Self-refection is a continual process throughout the study that enables identification in any subjective beliefs that might impact how the investigation is conducted and interpreted (Knapp, Gittkueb, & Handelsman, 2017; Reid et al., 2018). Researchers using phenomenological methods engage in some form of reflexivity. The exact process is somewhat different when comparing descriptive phenomenology with hermeneutic phenomenology (Truijens, 2019; Willis et al., 2016).

Hermeneutic phenomenological research incorporates biases and assumptions into the overall research. Constant and rigorous methods, reviewing interpretations of the phenomena being studied offer a consistent method through which patterns in the data can be adequately identified (Belotto, 2018; Crowther et al., 2016). The participants reviewed their responses prior to placing their responses in the self-addressed stamped

envelope. This is another method to check internal validity in research (Reid et al., 2018; Vicary, Young, & Hicks, 2016). This could also be known as a peer reviewer.

The questionnaires were coded to ensure the validity is maintained. The completed codes provide a platform for depth analysis of the participants lived experiences, in context (Englander, 2016; Truijens, 2019). Direct quotes from the professionals will aide in the credibility and reduce researcher bias (Reid et al., 2018). The other primary data collected enable thick description of the phenomena being studied (Belotto, 2018; Englander, 2016). Information from multiple data sources will increase triangulation. Theory triangulation is applicable as there are two theoretical approaches utilized in this study.

Transferability

Transferability was achieved when enough questionnaires were received (Englander, 2016; Truijens, 2019). There needs to be adequate information received and documented to obtain transferability (Englander, 2016; Reid et al., 2018). The size of the participant study was large enough to generate themes and to draw generalizations. Mental health professionals across the United States should use research conducted to establish creditability and apply it to additional studies. The utilization of thick methods description enables other researchers to duplicate the research (Truijens, 2019).

Transferability was maintained when the research provided a highly detailed methods section, including the procedural information, a description of the setting, in the range of situational content (Englander, 2016; Reid et al., 2018). Transferability can be

used to obtain detailed information and documentation of data collected. Adequate and sufficient research should be documented throughout the research process by providing detailed descriptions of the participant's experiences (Mwangi & Bettencourt, 2017). Qualitative research should produce work providing enough research for those trying to duplicate the study using various variables (Mwangi & Bettencourt, 2017).

Dependability

Dependability can be used to report and repeat studies allowing for greater understanding in the research community (Mandel, 2018; Tong & Dew, 2016). Dependability at times can be interpreted differently by researchers (Mandal, 2018). Cross checking findings and methods ensure reliability (Mandel, 2018; Tong & Dew, 2016). Multiple sessions ensure pertinent information is not excluded from the research process. The information obtained was read, reviewed, and placed into coding programs (Mwangi & Bettencourt, 2017).

Properly stating the search strategies, the appraisal process and tools, and inclusion and exclusion criteria are fundamentally important. Trustworthiness in the dependability phase is imperative. Researchers shall create an audit ensuring all steps and processes are met (Mwangi & Bettencourt, 2017). Multiple strategies such as these increase trustworthiness during the qualitative process and investigation.

Confirmability

Confirmability is based on showing information from the study was obtained from data, not from researcher bias (Mandel, 2018; Tong, Palmer, Craig, & Strippoli,

2016). There are specific strategies to ensure researcher bias does not occur. Strategies such as investigator checking, quotes from primary studies, and study contributions aid in preventing bias (Belotto, 2018; Tong et al., 2016a). The strategies mentioned allow for synthesis of the research. The implementation of reflexivity throughout the entire research process will serve to check conformability and the study's dependability.

Hermeneutic phenomenological research asserts bracketing and setting aside one's experiences and understandings is not possible (Knapp et al., 2017). Researchers need to be critically self-aware of preexisting beliefs to adequately address how those assumptions and biases might impact the overall research process (Reid et al., 2018; Willis et al., 2016). The hermeneutic phenomenological method constantly assess how biases and assumptions are relevant to the phenomena being studied by keeping a diary of thoughts and interpretations of events throughout the entire research process (Reid et al., 2018; Willis et al., 2016).

Intercoder Reliability

Intercoder reliability is applicable at it pertains to content analysis. This type of reliability may not always insure proper and accurate validity, if it is not established, the data received from the study may not be valid (Belur, Tompson, Thornton, & Simon, 2018; MacPhail, Khoza, Abler, & Ranganathan, 2016). Multiple phases of the coding took place to obtain accurate data. Reliability increases when researcher code correctly in lieu of making up categories (Belur, et al., 2018; MacPhail et al., 2016).

Inter-rater reliability is sometimes referred to triangulation. Triangulation is a form of research which ensures the results in the study are reliable, can be reproduced, and consistent (Smith & McGannon, 2017). Inter-rater reliability ensures if two separate researchers conduct the study independently, both should be able to effectively code the data (Smith & McGannon, 2017). The overall goal of inter-rater reliability is to ensure when various researchers independently conduct research, develop coding, understand the codes, and agree the codes can be replicated (Smith & McGannon, 2017).

Ethical Procedures

Ethical considerations include confidentiality, informed consent, and remaining anonymous. Protecting personal information is imperative. Some previous strategies used have included data devices, component removal, and details pertaining to biographical information. The process of ensuring informed consent is read, written, documented, and explained is imperative.

This process will be guided by the principles as stated in the ethics guidelines such as justice, autonomy, and beneficence. Respect of not only the participants, but also the work is vital. Participants should understand their rights throughout this process, whether they chose to participate, and freedom to withdraw from the study will be explained in detail. The acknowledgment of informed consent ensures trust and integrity. The participants that chose not to participate will not complete and return the questionnaires, which honors autonomy. Doing no harm and ensuring no harm will come as a result of the study satisfies the principle beneficence.

Potential ethical violations should be confirmed and dilemmas stated. Informed consent shall be included in every aspect of the study. The participants were informed of being able to withdraw from the study at any time, and the research will not affect them as a professional. Participants were provided with the purpose of the study, the procedures, and the amount of time it should take to complete the questionnaire.

There are various strategies that can be implemented to protect the professional's information such as having a secure place to store the data, removing any personal identifiers for the professions, and the creation of pseudonyms for some of the names. This will ensure the information is confident on all levels. The participants were informed only the individual conducting the research has access to the data. The participants were informed that individuals reviewing and approving the work are the only other individuals who will have access to the data. The data has been secured on a computer and accessed by password only.

Summary

This study took place in the Washington, D.C. metropolitan area. The participants included professionals that have experience working with the population of interest. The beginning phase included introducing the study to eligible professionals working in the Criminal Justice and mental health arena. The research and contact information was provided by mail. Eligibility criteria was outlined for the participants and verified with interested parties.

The anonymous questionnaire included a series of questions to determine if effective medication management is a deterrent in reducing criminality in African American schizophrenic males. Open-ended questions allowed for extensive dialogue so professionals could express their experience working with the population. The responses were returned via self-addressed stamped envelopes upon participant completion. Coding was applied and applicable themes are identified. Successful themes were developed, and appropriate conclusions were drawn to answer the research questions.

Chapter 3 included a method discussion on the theoretical concepts and research paradigm applicable for this qualitative study. The recruitment process and sampling frame were highlighted. The methodology and specifics were identified in the data collection phase. The targeted demographic were African American males diagnosed with schizophrenia who have criminal histories and are currently taking prescribed psychotropic medication.

Information to answer the research questions was obtained through receiving anonymous questionnaires from mental health and criminal justice professional who have interactions with the phenomena of interest. Analysis of the data was interpretive and inductive in order to uncover themes and patterns to expound on the relationship between medication management and criminal behavior of African American men diagnosed with schizophrenia. This chapter highlighted the specific methods through which data will be collected and analyzed. The statistical analyses and investigation findings are reported and discussed in Chapter 4.

Chapter 4 – Results

Introduction

A diagnosis of a severe mental illness (SMI) increases the risk of incarceration (Grover et al., 2017). African American males are diagnosed with SMI at a higher rate than most ethnic groups (Al-Rousan et al., 2017). The research purpose is to understand the effectiveness of medication management on criminality in African American males diagnosed with schizophrenia. Specific areas investigated were violence, medication compliance, medication noncompliance, and schizophrenia. The qualitative research study was conducted using a phenomenological approach. The anonymous questionnaire was developed to allow professionals an opportunity to answer open and honestly.

Data were obtained through anonymous questionnaires then coded using NVivo 12 coding software for analysis. Research questions are as follows: Research Question 1: How does the use of psychotropic medication affect criminal behavior in African American males? Research Question 2: How are the perceived effects facilitators and barriers of using psychotropic medication for symptom management in schizophrenic African American males? The research questions were created to understand how medication management could reduce criminality in African American males diagnosed with schizophrenia.

Appropriate findings from criminal justice and mental health professional's perspective on the effectiveness of medication management on violent African American males diagnosed with schizophrenia are presented in Chapter 4. Anonymous

questionnaires were coded with direct quotation from the professionals. The replication of this study is possible by providing a detailed account of the research specifics and demographics. Various themes were discovered during the process of data analysis. Results yielded are confirmed while addressing the research questions to produce and support the data. Themes developed from Nvivo 12 are represented utilizing bracketing. Conclusions are understood by providing a comprehensive data analysis on how the study was conducted.

Setting

Notification and approval to conduct research was received from the Office of Research Ethics and Compliance, Institutional Review Board (IRB) for Walden University. Walden University IRB approval number is 12-28-18-0066323. Proposed study was approved by chair, committee member, and university research reviewer (URR) from Walden University.

Letters were written to US Probation in Washington, District of Columbia and Baltimore Washington Counseling Center (BWCC) in Millersville, Maryland. Introductions to the study, and the individual conducting the research were sent to the appropriate contacts responsible for research decisions. Multiple emails and phone conversations were conducted to inquire about the staff environment to recruit appropriate participants. A signed letter of agreement was provided, granting permission to contact the staff. Permission was granted to conduct research and send anonymous questionnaires to the staff at US Probation and BWCC. The time surrounding the

dissemination of the questionnaire to the last questionnaire being received was 10 weeks. In the first month, four responses were received, month two, five were received, and the last month, two were received.

The data setting was purposeful. Data was sent to two locations, as the participants were in Maryland and Washington, DC. Participants were instructed not to provide any identifying information such as their name, age, race, etc. All participants followed the instructions that were provided.

Demographics

Participant selection was determined by self-disclosure and experience requirements. Criterion required for participants was being a licensed mental health professional or law enforcement officer with at least 3 years of experience of working with violent African American males diagnosed with schizophrenia. Participants were required to have an understanding of medication use and compliance. Participants had various educational and professional backgrounds ranging from criminal justice specialist, mental health specialist, licensed professional counselors, licensed social workers, PsyD, PhD, and certified addictions counselors.

Criminal Justice and mental health professionals had current and past experience providing services to violent African American males diagnosed with schizophrenia. The participants were all employed or contracted to work with BWCC in Millersville, Maryland and US Probation in Washington, District of Columbia. The demographics of

those who chose to participate was not listed or stated during the selection process, as it is not needed for a phenomenological study.

The selection of the participants was determined by the criteria needed. Criterion required a license in their respective field, two or more years of experience working with violent African American males diagnosed with schizophrenia. The questionnaires were anonymous to ensure confidentiality. Responses were given numbers when coded and labeled D1 through D10. Each received questionnaire was assigned a random letter coupled with the coded number. Quotations were taken verbatim and applied to the respective number assigned during the coding process.

Table 1

Participant Demographics

Code	Name	Gender	Role
D1	J	Unknown	Unknown
D2	M	Unknown	Unknown
D3	R	Unknown	CAC/Probation Officer
D4	A	Unknown	Unknown
D5	C	Unknown	Unknown
D6	D	Unknown	Unknown
D7	F	Unknown	Unknown
D8	P	Unknown	Probation Officer
D9	Y	Unknown	Unknown
D10	B	Unknown	Probation Officer

In table 1, are the participant demographics. They were coded D1-D10 and random letters (J, M, R, A, C, D, F, P, Y, B). The only way that some of the roles are defined was based on the participant stating their profession in their responses. The 11th response received was not coded, as the participant did not meet research requirements.

Data Collection

Data collection took place from December 30, 2018 to March 20, 2019. A total of 50 questionnaires were sent to US Probation and BWCC. Instructions and the criteria to complete the questionnaire were included in each individual package. Eleven out of fifty responses were received back in the mail. As the questionnaires were sent anonymously, the only way to separate the responses sent by US Probation versus BWCC was stated if they referred to themselves as an officer.

The participants that chose to send responses back provided various detailed accounts of their experience with the population of interest. Ten of the eleven responses were applicable to study as the respondents had experience with the population. Appropriate questionnaires received were named. Participants were then coded and labeled as D1 through D10 to ensure anonymity. The researcher has maintained the original copies of the received questionnaires. All ten of the eleven responses were entered into NVivo for coding.

The data received was also entered into Excel in a grid format to see the responses per respondent. The responses were copied and pasted verbatim, so that all responses could be viewed on one document. This served as visual illustration of the responses to recognize categories and the emergence of themes. Complete responses supported the processing of data.

There were 50 questionnaires sent out between US Probation and BWCC. The request was written on the informed consent form to either hand write or type their

responses to the ten questions provided. Directions given to the participants requested that all responses are placed in the self-addressed stamped envelope and placed in the mail upon completion.

There was one questionnaire returned in which the individual completed the questionnaire attempted to answer the questions to the best of their ability. One of the ten questions asked if they had experience with working with the population of interest. The respondent stated that they did not have any direct experience with working, counseling, or providing any type of services to violent African American males diagnosed with schizophrenia. The respondent further reported that they had experience with medication management, however, not with this population.

Data Analysis

Questionnaires mailed to US Probation and BWCC contained a total of two pages. Each participant mailed back the self addressed envelope their responses, keeping the informed consent form for their records. Each questionnaire was scanned and saved as a word document. Each questionnaire was then added individually into Excel to maintain management of the responses. The responses were uploaded into NVivo 12. The utilization of Excel allowed for identification of repetitive statements, themes, and various categories. All files have been placed in a password-protected file.

The responses sent back were broken down into sections after sorting them for any patterns and repetition of words or statements. The questionnaires were read again in their entirety. Specific quotations were highlighted as multiple professionals utilized

specific wording. The professional's verbiage that appeared multiple times aided in various categories being developed.

Though the coding process and the assistance of the Excel spreadsheet various codes were established. Excel was used to highlight many of the reoccurring themes allowing for grouping. NVivo 12 was utilized to solidify the themes that were highlighted in Excel, as well as identifying any additional themes. The management and care of African American males with schizophrenia, managing medication, patient medication compliance, and self-medicating substance use and abuse were codes developed.

Data were analyzed, and it followed the guidelines of qualitative phenomenological research as discussed in Chapter 3. Accurate data analysis was conducted upon receiving ten anonymous questionnaires. The one additional question allowed for professionals to add information and to increase saturation on the subject. Only one discrepancy was received during the data analysis process. The one questionnaire was not factored into the data analysis, as the information reported was not prevalent to the study.

Table 2

NVivo Code	Theme	Categories
"I was a intern in Washington, DC at a day program where an AA male with Schizophrenia was receiving services. He was chronically in and out of jail and had a history of violence" "In my 20 years of experience working with this population, many of the offenders have been violent predators with offenses that ranged fro misdeamours to felonies" "I worked in the field of addiction and Criminal Justice for more than forty years" "My experience with working with African American men with Schizophrenia with criminal history is one varied"	Encounter with violent patients Connection between condition and violence Multiple contributing factors to behavior Personal roles in management	Managing care of African American Males
"Refused medication on a regular basis due to their paranoia. They would think the medications were poisonous" "They don't understand the seriousness of taking their mediation as prescribed; there is no one to hold them accountable" "The best support that can be provided is education that would be communicated under the umbrella of trust"	Correct dosage essential to success Education and communication Multiple types of support needed Non compliance and mental decline	Knowledge of Medication
"Reduction in active symptoms, greater relationship with family and friends" Medication helps if they individual is given the right dosage and medication management is involved" "Unpredictable, unable to maintain on a daily basis, more deviant behavior" "Effectiveness of group sessions among/with like individuals who have also been diagnosed with schizophrenia and haver a strong family support system".	Pros Cons Trust is a essential foundation Treatment reduces illegal behavior	Medication Management

Evidence of Trustworthiness

Credibility was maintained by asking for those that chose to participate to answer the questionnaire in their own words. There was also an additional question, which allowed for the participants to state their opinion on the topic of interest. Those that decided to participate and met the qualifications of the study provided their experience with the phenomenon. The criterion to participate was clearly stated, and the researcher information was provided should additional questions arise. The participants were given the opportunity to answer open and honestly.

Transferability

Transferability was achieved when 10 questionnaires were received. There were adequate responses received and documented to obtain transferability (Reid et al., 2018). Transferability was achieved when the research provided a highly detailed methods section, including the procedural information, a description of the setting, in the range of situational content (Reid et al., 2018). Transferability can be used to obtain detailed information and documentation of data collected. Qualitative research produced sufficient work providing enough research for those trying to duplicate (Mwangi & Bettencourt, 2017).

Dependability

Dependability was used to report and repeat studies allowing for greater understanding in the research community (Mandal, 2018). Dependability at times can be interpreted differently by researchers (Mandal, 2018). The data received was justified through utilizing direct participant quotations. Dependability was achieved by allowing

participants to answer in the comfort of their homes, work place, or any other establishment of their choice.

Confirmability

Confirmability was based on showing information from the study was obtained from raw data, not from researcher bias (Mandel, 2018). There are specific strategies to ensure researcher bias does not occur. Strategies such as investigator checking, quotes from primary studies, and study contributions aids in preventing bias (Belotto, 2018). The responses received were stated in the respondent's own words. Direct quotations were used to show data received to ensure confirmability.

Results

The research questions were as follows:

Research Question 1: How does the use of psychotropic medication affect criminal behavior in African American males?

Research Question 2: How are the perceived effects facilitators and barriers of using psychotropic medication for symptom management in schizophrenic African American males?

All responses received by the participants stated they had and have experience working with the population of interest. The questionnaires were anonymous, however, some participants stated their involvement with the population by stating their career in law enforcement or doing some type of counseling. Coding the responses line by line

developed the themes. The responses for both research questions were developed and sorted by research question 1 or 2.

Research Question 1: How does the use of psychotropic medication affect criminal behavior in African American males?

2. Can you explain your experience with medication compliance/review as it pertains to working with African American males diagnosed with schizophrenia?

6. Can you describe from your experience, how violence is related to schizophrenia in African American males?

7. What is your experience in supporting African American males that chose not to take their prescribed medication?

8. How effective is medication management of African American males diagnosed with schizophrenia in preventing criminal behavior?

9. Can you describe the pros and cons of medication for symptom management in African American males diagnosed with schizophrenia?

Research Question 2: How are the perceived effects facilitators and barriers of using psychotropic medication for symptom management in schizophrenic African American males?

1. Can you describe your experience working with violent African American males diagnosed with schizophrenia?

3. How often do you believe African American males diagnosed with schizophrenia fail to take their prescribed medication?

4. Why do you believe African American males diagnosed with schizophrenia fail to take their prescription?

5. Do you believe there is a stigma associated with African American males diagnosed with schizophrenia? If so, Why?

10. Are there any remarks or experiences you would like to add as it pertains to medication management in African American males diagnosed with schizophrenia?

Table 3

Medication Management

Themes	References
Communication and Education best support	3
Correct dosage essential to success	2
Insight on medication management	6
Multiple types of support needed	6
Non compliance and mental decline	7
Pros and cons of medication	13
Cons	6
Pros	7
Treatment Reduces illegal behavior	6
Trust essential foundation	2

Table 3 includes the reference of participant's responses as it pertains to maintaining and managing medication of African American males diagnosed with schizophrenia.

Table 4

Medication Knowledge

Themes	References
Compliance leads to stable life	2
High rate of non compliance	10
Non compliance reasons	28
Can manage without meds	1
Cost- access to care	3
Lack of education	3
Side effects	4
Stigma-Embarrassment	13
Unstable environment	4
Self-medicating	5

Table 4 references participant's responses as it pertains medication knowledge of African American males diagnosed with schizophrenia.

Table 5

Managing Care of African American males diagnosed with schizophrenia

Themes	References
Encounters with violent patients	27
Connection between condition and violence	8
Manageability based on strict treatment plan	1
Multiple contributing factors to behavior	8
Professional- personal roles in management	10

Table 5 references the participants experience with the management of care of African American males diagnosed with schizophrenia

Table 6

Participant Statements

Research Question 1	Example of Statements
How does the use of psychotropic medication affect criminal behavior in African American males?	**Question 2. Can you explain your experience with medication compliance/review as it pertains to working with African American males diagnosed with schizophrenia?** "With any person who suffers a form of mental illness, I find that whenever the person compliant with taking their medication and attending therpapy, their mental conditions appears to be stable allowing them to live a healthy life" "Calm words would be in this important exchange because the goal would be to have the client take the meds without any apprehension" "Most African American males do not have access to behavioral health services or insurance. Because of these reasons, most African American males are non-compliant with medication needs for schizophrenia and usually self-medicate with drugs and alcohol" "In my experience it is difficult for persons with mental health issues to remain totally compliant with medication. For most clients who decide to take medication, the side effects of the medication often times make a person stop using the medication"
	Question 6. Can you describe from your experience, how violence is related to schizophrenia in African American males? "In my experience, AA men with schizophrenia tend to become violent when their belief system is challenged by unknowledgeable staff, community members, etc., that believe they are helping the situation but they are truly aggravating the individual dealing with delusional thoughts" "Violence is related to schizophrenia because schizophrenia is a disease associated with the mind, that results in violent tendency that has been proven to lead to violence behavior" " From my experience, most of the inmates and offenders that I have counseled or had groups with, all stated that they committed their crimes when hearing voices" "Violence is related to schizophrenia due to the behavioral changes it causes. Such as delusions, hallucinations, aggressions, agitation, and self-harm and suicidal ideations and homicidal thoughts"

Research Question 2	Example of Statements
How are the perceived effects facilitators and barriers of using psychotropic medication for symptom management in schizophrenic African American males?	**Question 4. Why do you believe African American males diagnosed with schizophrenia fail to take their prescription?** "The stigma of mental health and not seeking out early intervention and believing medication will harm them" "Many of my African American male clients reported that they did not like the way that the meds made them feel. They also reported that they did not want anyone to know that they were in fact faced with a mental illness" "I believe they fail to take their medication due to the stigma around what it means to take medication". "Cost, unstable environment, lack of pro-social support and lack of discipline & self-medication of illicit drugs".
	Question 5. Do you believe there is a stigma associated with African American males diagnosed with schizophrenia? If so, Why? "Yes, in our county due to racial injustice AA men, generally speaking, tend to be labeled as 'violent' or people are fearful of the AA community" "Yes, I believe there is a stigma associated with African American males diagnosed with schizophrenia because of all the challenges the patient the family must endure as a result of a sickness they don't understand" "African American males with schizophrenia are ostracized by the society at large. They believe according to the African American males that I have encountered 'they are feared, overlooked, and treated differently" "I do believe there is a stigma associated with African American males diagnosed with schizophrenia. The biggest stigma is that they are even more aggressive and angry. African American males already have race and gender stigmas against them. Once a mental health diagnosis is added on additional stigmas are added to the equation as well"

Each table exemplifies the various codes, themes, and references that were expressed by the participants. One table provides direct quotations from the questionnaires received. There was sufficient data and references that were identified to

express medication compliance and how it pertains to violent African American males diagnosed with schizophrenia. There was only one questionnaire that is not referenced in the themes and the data analysis as they stated they did not have any direct experience with the population.

Summary

Medication management of violent African American males diagnosed with schizophrenia is a prevalent topic. The design of this research, the questionnaire developed, were created to understand if through effective medication management criminality could be reduced in violence African American males diagnosed with schizophrenia. The questionnaire was developed to aid the professionals in responding in their own voice, thus expressing their experiences with this population. The initial question allowed for an understanding of the type of experience the professional had with the population of interest. The subsequent questions were developed to address and reflect on the two research questions.

The use of psychotropic medication could be effective in reducing criminality based on medication compliance and knowledge. The data available states that violence occurs when beliefs and institutions are challenged. The utilization of psychiatric medication aids in reducing active symptoms of schizophrenia, which in turn reduces violent and criminal behavior. The use of medication can prevent searching for other drugs to help aid with active symptoms.

Symptom management is important for individuals diagnosed with schizophrenia. Psychiatric medication perceived, aid this population in continuity of care, medication management, and medication knowledge. These areas facilitate a process which focuses on understanding medication and its side effects, the benefits of medication, coupled with appropriate treatment. Perceived barriers included stigma of mental health and medication, cost of medication, lack of experienced professionals, and access to adequate health care.

A detailed account and conclusions of data received during the data collection is included in Chapter 5. A detailed deliberation addressing the sample size, participation, and development of the questionnaire will be discussed in greater detail. Theme developed will be reviewed and compared to allow for connections of other research. The findings are summarized in greater detail. Limitations of the study will be addressed and any further suggestions for research will be developed. The implications of this study as it pertains to law enforcement, medical, and psychological professions are acknowledged.

Chapter 5

Introduction

Violent crimes and increased incarceration of African American males diagnosed with schizophrenia continues to rise (Al-Rousan et al., 2017). A diagnosis of a SMI increases the likelihood of incarceration due to violent acts of crimes committed (Al-Rousan et al., 2017; Grover et al., 2017). A qualitative phenomenological study was conducted utilizing mental health and criminal justice professional's perspectives on medication management and criminality in African American males diagnosed with schizophrenia. Data were collected through a hermeneutic phenomenological method. The purpose was to provide professionals an opportunity to describe their personal perspective regarding medication management and criminality in African American males diagnosed with schizophrenia.

Mental health and criminal justice professionals were examined qualitatively. The utilization of a self-designed questionnaire was provided to professionals to document their experiences and perspectives working with the population. The professionals suggested how medication management could be effective in reducing criminal behavior. Professionals also suggested how race and negative stigmas associated with mental health aided in medication noncompliance.

Interpretation of the Findings

The questionnaire developed was designed to obtain mental health and criminal justice professional's perspective on working with violent African American males

diagnosed with schizophrenia. The research questions were reviewed when creating the questionnaire. The theoretical framework of the critical race and rational choice theory suggested that both frameworks have merit in the populations' decision making. The rational choice theory supports that individuals make choices regarding their mental health and medical choices (Jaynes & Loughran, 2019). The critical race theory supports individuals' decisions are associated with race and their mental illness (Jaynes & Loughran, 2019). Previous researchers have suggested most treatment barrier exist due to bias towards ethnic groups, lack of education, and stigma associated with a diagnosis (Al-Rousan et al., 2017; Brody et al., 2017). Results from the study support these concepts.

Responses were divided into two sections based on the research questions. The two research questions were divided into three categories, Managing care of African American Males, Medication Knowledge, and Management of Medication. The professionals that chose to participate in the study indicated they had the experience with the population. The current and previous literature is limited, as most professionals do not choose to work with violent offenders (Corrigan et al., 2017; Ngaage & Aguis, 2016).

The responses varied from professionals who chose to participate, and variations will be further addressed in the limitations and recommendations. Responses and findings surrounding medication management, pros and cons of medication, medication knowledge and the overall care of African American males were consistent with the literature.

The managing of care with African American males diagnosed with schizophrenia confirmed previous studies expressing concerns about provider availability, management of treatment plans, and their overall role in the management of the individual (Wilson et al., 2017). Encounters between violent offenders and mental health/criminal justice professionals agreed that regardless of having access to health care, many chose not to pursue treatment (Hayes et al., 2017).

The managing care of African American males included information based on participant's responses and the experience working with the population being researched. Many of the professional expressed their experience working in various settings, length of time working with the population, and how the experiences vary. Multiple professionals' experiences covered varied experiences from violent offenders with felonies, to offenders with misdemeanors. The participants all expressed awareness of the mental health aspect as well as the criminal justice aspect of working with violent offenders (Shafrin et al., 2017).

There were plentiful references that occurred multiple times in participant responses. The management of care in African American Males diagnosed with schizophrenia referenced having a connection between the mental illness and violence, having multiple contributing factors causing behavior. Participants also referenced the role of the medical or mental health provider being able to manage and enforce a treatment plan. Respondents answered differently as it pertained to having experience with managing African American males diagnosed with schizophrenia. One response

received stated, “ not only do you have to attempt to address the violent behavior, you must address the mental health issues first…mental health treatment is for the most part voluntary”.

The critical race theory as interpreted from the data, categories, and themes exhibit a positive correlation. The critical race theory applied to the data supports the themes that arose from the study. The connection between a mental health diagnosis, violent acts of crime, treatment plans and accessibility, and participation or lack of participation of medical professionals is confirmed. Violent offenders at times overlook the overall management of mental health, which effects treatment, social and economic factors, meaning of the behavior, and refusal of healthcare (Gronholm et al., 2017). Professionals self reported in the study “they have been provided a diagnosis with little to no psychoeducation around the diagnosis and given medication without explanation of the diagnosis and what and how the medication helps”.

The professional’s description of their experiences led to another category of medication knowledge. The current and previous literature on medication knowledge varies. There are various reason in which African American males decide not to take their prescribed medication. Current and previous studies have varied as to why individual are in compliance with medication. Previous research conducted regarding medication knowledge has various perceptions. The high rate of non-compliance of medication is attributed to stigmas associated with mental illness (Boulware et al., 2016; DeFreitas et al., 2018). One of the reasons that some ethnicities avoid healthcare and

mental health treatment is due to not having the treatment available. Most individuals with mental health disorders are diagnosed while incarcerated, and once released do not have the same healthcare access (Carver, Morley, & Taylor, 2017).

Professional responses varied as they addressed side effects of medication, negative stigma, embarrassment, access to care, and alternative medication (Gronholm et al., 2017). This could be considered a lack of knowledge pertaining their overall health. Responses received correlated with prior research in supporting mental health inequality, avoidance of health care of ethnic minorities, racism, and stigmas (Boulware et al., 2016; Corrigan et al., 2017; Lilly, 2018).

The responses were plentiful regarding medication knowledge of African American males diagnosed with schizophrenia. Some professional responses included their experience of working with offenders and their families have a " lack of mental health knowledge". Responses also included individuals being in denial of their diagnosis, ashamed and not wanting to be labeled, and not having appropriate follow up care when in the community. One professional stated, "there is a stigma associated with African Americans….mental health illness is an embarrassment and there is no need to speak".

Medication knowledge or the lack thereof correlates with both theoretical concepts of the critical race and rational choice theory. The rational choice theory coincides with the mentally ill individual failure to maintain compliance with their treatment and medication protocol (Kannisto et al., 2017). The critical race theory as

applied to the results support that most individuals avoid medical help due to institutional reasons (Boulware et al., 2016).

The concept of medication management has been studied in various fields. Professional responses varied throughout the data received. The professionals referenced various issues with medication compliance. References covered pros and cons of medication compliance, community and educational support, insight on medication, and the reduction of illegal behavior with appropriate treatment.

Data collected from the study confirms the literature previously reported in chapter 2. A large reason for medication noncompliance rest on the lack of education received, weighing the pros and cons of medication, trusting medical personal, and whether treatment reduces criminality (Allen et al., 2016; Kannisto et al., 2017). Previous studies concluded that medication compliance at times is not sustainable in the community after an amount of time (Allen et al., 2016).

In the data collection phase, professionals confirmed research previously conducted. Patient medication management varied based on individual attitudes, relationships with their professionals, and medication dosage (Holmes, Morrison, & Hughes, 2016; Kannisto et al., 2017). Historical literature coincides with the professional's responses of reasons of non-adherence and compliance with medication. Results from one respondent states, "medication management of African American males is extremely critical…the males that have medication tend to visit their counselors and psychiatrists on a more consistent basis".

Prior research surrounding insight on medication, education and support was also confirmed during the data collection phase. More than half of studied patients refuse to take their prescribed medication for various reasons (Lincoln et al., 2016; Shafrin et al., 2017). Professionals agreed with this in varying ways in reporting that African American males fail to take medication between 50-75% of the time. This also coincides with literature in chapter 2.

The rational choice theory confirms the professional responses in the data collection phase. Medication management and medication knowledge is imperative in trying to reduce criminality in this population (Paternoster et al., 2017). Racism, negative stigma, and medication perception are all areas that were mentioned in chapter 2 as well as the responses from the professionals.

Limitations

The results are currently generalized for the population of interest. Recruitment of participants for this phenomenological design took time given the nature of the study. Multiple mental health and criminal justice agencies were invited to partake in the study. More than 20 agencies and private practices were contacted to attempt to get a wide range of responses and a total of 2 agencies agreed to participate. This is another limitation of the study. The participants that chose to participate had complete anonymity. A limitation of this method is that there can be no follow up with the participants. This limitation prevented any further clarification of responses received.

A limitation of this study was restricting the population of interest to one race and gender. The possibility of multiple questionnaires not being returned could rely on the study being race and gender specific. The possibility of professionals having experience with other races and genders and not African American males diagnosed with schizophrenia proved to be a limitation. One questionnaire received and not used clearly stated that the professional did not have experience working with this population and race. A total of 50 questionnaires were mailed out between both agencies. 20% of questionnaires were returned, thus proving a study being race and gender specific may not yield multiple responses.

The data collected in the study was primary data that coincides with the limitation mentioned in chapter 1. The questionnaire was provided via mail and participants were able to answer at their leisure. A limitation mentioned in chapter 1 referred to bias and inaccurate information being reported. While, this may not be applicable for all aspects of the study, it is unknown if the responses were rushed. The questionnaire was short and exact, thus allowing for the professionals to answer open and honestly.

Data collected proved to be a limited due to the population of interest having a solitary diagnosis of schizophrenia. The professionals that responded were made aware of this limitation and they were able to give experiences of individuals in which they provided services. Some responses provided by professionals mentioned the use of illegal substances, however, they did not state if substance abuse was a cause for the diagnosis and behavior.

Trustworthiness as it pertains to the study was valid. The responses received were written by the respondents in the privacy of their home, work, etc. The respondents were able to read their responses and note any inaccuracies with their statements. The respondents were able to have their own copy of their results, as it was anonymous.

Recommendations

Recommendations for future studies are initiated with the limitations and methodology of the study. There was a limitation of not being able to ask secondary questions which arose from the responses during data collection. The research was anonymous, thus the results provided were the only responses that could be used during data collection. The individual conducting the research was only able to take the information received, and not be able to expend on any of the responses. Face to face interviews or phone calls would be beneficial in extracting more information.

The agencies were chosen to determine if there is a discrepancy between law enforcement agencies compared to mental health agencies. Many questions have arisen after reading responses from the participants. Future research on this topic from varying agencies throughout the United States would be beneficial. Future research that is conducted face to face or via telephone may allow for secondary questions to be asked and the data extended.

A beneficial direction for research would be to compare responses from professionals that work in urban areas compared to rural or suburban areas as well as geographical locations. Research and responses may vary based on education and

experiences of the professional's bases on their geographical location. A possible recommendation would be to extend the research throughout the United States and in high crime areas.

A recommendation for this study could include the use of substance abuse and how it affects medication knowledge and medication management. Many of the professionals and previous studies reference substance use and abuse as a precipitating factor in violence. Various responses and literature reference some type of secondary condition to justify violent behavior especially when schizophrenia is a factor. One of the many responses referred to medication knowledge and the lack thereof.

A benefit in continued research would be the possibility of including various correctional institutions and mental health agencies. The possibility of expanding research into the criminal justice system could affect recidivism rates of individuals released from jail or prison with no follow up for services. A recommendation could be the psychiatrist and case manager in the prison system scheduling appointments with the parole and probation officer and mental health provider so that services are not stopped upon release. Offender re-entry and treatment is a field that varies state to state, thus making system wide policies would assist with correctional change and future policies (Lucken & Fandetti, 2019). A benefit would be to compare incarceration based treatment to community-based treatment.

The results of the data collected suggest there are issues with medication knowledge, medication management, and overall continuity of care as it pertains to this

population. Research is recommended to expand services in the criminal justice system as well as community mental health services. Previous data shared that many professionals do not choose to work with this population, thus they are underserved and many timed underprivileged (Debost et al., 2016; Punch & James, 2017).

Future research is recommended to possibly reinstituting mental health facilities. Mental health facilities for individuals with criminal convictions, severe mental illness, etc., were closed, thus not allowing for proper treatment and education of mental health diagnosis. The possibility of having an educational component of symptoms and triggers may reduce the incarcerated population (Nellis, 2016).

Future research is recommended on how violence and schizophrenia correlate in the African American community. Previous research conducted addresses risk factors associated with schizophrenia as well as violence (Al-Rousan et al., 2017). There is not a lot of research that is race specific especially as it pertains to reducing crime in the community. Large urban areas are plagued with violence and mental health issues. There is a lack of research to aid in reducing high crime and criminal acts, especially when the individual suffers from a mental health disorder.

Future research is recommended to include how substance abuse and use coupled with additional mental health disorders attribute to violent behavior. This research was race specific, and diagnosis, specific, thus the addition of additional risk factors as a precipitating factor of violence would be beneficial. This recommendation would be

based on studying African American males with co-occurring disorders and the impact on criminality.

Implications

Future research of medication management, knowledge, and services that would reduce criminality in one of the highest populated races in prison would impact social change. Contributions could be beneficial by focusing on incarceration and mental health differences (Massoglia & Remster, 2019). Research on improving treatment services while incarcerated and in the community may enhance policies (Massoglia & Remster, 2019). Mental heath services, treatment and criminality are areas that need policy and procedure overhauls (Kannisto et al., 2017). There are multiple implications for this research at various levels to impact social change.

The potential for social impact at the individual level is large. There are numerous African American males that could benefit from this as well as additional studies. Minorities make up a large part of the penal system for various reasons. African American males with severe mental illness are prone to committing crimes due to active symptoms of their illness (Al-Rousan et al., 2017). One professional wrote " from a mental health stand point, and working with this population, much of the violence was due to their mental health disorder and the symptoms that they face". Early intervention of mental health treatment coupled with medication knowledge and maintenance could reduce a large population in prison (Massoglia & Remster, 2019).

One of the references mentioned from the professionals was having family support of individuals diagnosed with schizophrenia. Individual backgrounds vary, and family involvement varies. Allostatic load is considered with families of individuals with severe mental illness and violence. One professional stated "African American males have seen some sort of anger and violence right in their own homes. Mental illness can exacerbate these feelings of anger and violence". Families do not have mental health facilities to send their loved ones when they are not in compliance with medication. Professionals providing early intervention, knowledge, and medication maintenance can reduce the amount of families that have to go to jail or prison due to mental health causing violent behavior.

Mental health and criminal justice agencies would also benefit from this as well as future studies. One of the hardest populations to work with at times are those suffering from a severe mental illness. A diagnosis of a severe mental illness coupled with violence changes how treatment is offered. A professional stated " I notice that one the diagnosis of schizophrenia is confirmed, their future crimes and patterns tend to become more violent, irrational, and abrupt". Continuity of care across public, private, and federal sectors could reduce the mental health units, high recidivism rates, medication compliance and knowledge (Shafrin et al., 2017). Future studies researching this population as well as others would be beneficial.

Society is plagued with various types of violence. Jails and prisons are overcrowded with violent offenders who are diagnosed for the first time (Hamilton et al.,

2018; Nelis, 2016). Multiple agencies work with violent offenders with mental health disorders and provide treatment (Hamilton et al., 2018). Society has shifted focus on mental health treatment due to recent events to help in providing adequate treatment. Medication and treatment compliance of violent, mental health offenders are necessary.

There are numerous studies that focus on qualitative measures of mental health and criminality. Many of the studies focus on men or women with mental health issues, but there is a gap in present research that is race specific (Shafrin et al., 2017). The results from this and future research could provide alternative viewpoints of various races, sexes, and groups (Horn et al., 2018). Future research focusing on lived experiences of various groups may aid in effective versus non-effective treatment measures.

The results from this and future studies could aid multiple entities in the reduction of crime and increase mental health awareness. Future studies and having a greater understanding of the importance of medication management and criminality are beneficial. This may aid criminal justice agencies, mental health agencies and policy makers in the overall reduction of crime and increase medication compliance. Treatment of the mentally ill population remains imperative at various levels.

Conclusion

A qualitative phenomenological study was designed to collect data on medication management and how it pertains to criminality in African American males diagnosed with schizophrenia. There are various reasons why current research on this subject is not

race specific. Mental health and criminal justice professions experience with the population of interest served as the lens for this study.

Medication knowledge and compliance is an area that still calls for further research (Corrigan et al., 2017; Horn et al., 2018). This finding coincides with the participants of the study as well current research (Quinn & Kolla, 2017). The lack of medication knowledge and compliance in the African American community could be attributed to high crime rates and high incarceration rates in this population (Al-Rousan et al., 2017; Ngage & Agius, 2016). The reduction of criminality and violent behavior in this population is in need of continued research (Horn et al., 2018).

Continuity of care within this population is needed to reduce incarcerated and noncompliance African American males diagnosed with schizophrenia (Rund, 2018). This study as well as past studies addressing treatment barriers, risk factors, and violence needs continued research. Primary, secondary, and tertiary prevention of schizophrenia was mentioned in the professional's statements. Research and available information medications utilized for individuals diagnosed with schizophrenia provide what some consider a justification for not using medication.

Professionals mentioned briefly that one of the reasons individuals do not take their prescribed medication is due to the side effects. Research on well-known medications of schizophrenia including olanzapine and haloperidol are available for anyone to read (Al-Rousan et al., 2017). Most individuals focus on the negative aspect of the medication and not the benefits of the medication (Corrigan et al., 2017).

Secondary and tertiary prevention of schizophrenia also coincides with continuity of care as it pertains to treatment and the reduction of violence (Al-Rousan et al., 2017). Secondary and tertiary prevention focus on medication treatment, risk factors, violent behavior and the reduction of violence (Al-Rousan et al., 2017; Corrigan et al., 2017). These are all aspects of medication compliance and violence associated with the schizophrenia population.

The negative stigma associated with schizophrenia, especially in the African American community coincide with the critical race theory coupled with a premise of medication noncompliance (Jaynes & Loughran, 2019). The professionals from both the criminal justice and mental health system mentioned how prevalent stigmas surrounding mental health effects treatment. Research has been conducted that supports the notion that stigmas associated with mental illness can affect behavior.

A lack of medication knowledge and maintenance was identified as one of the reasons that African American males diagnosed with schizophrenia do not take medication and follow up with medical services. Current research and professionals support that half of individuals that are prescribed psychiatric medication do not adhere to their medication regime (Hickling et al., 2018; Kannitso et al., 2017). Proper medication knowledge and management could reduce the large amount of schizophrenic patients that do not take their medication. This is an area which needs additional research and policy change.

Mental health and criminal justice professionals appear open to making changes in the mental health and criminal justice community. Agencies have developed specialized units to attempt to address this forensic population. Professionals have expressed and described their experience with this population as well as the challenges faced. Professionals that participated in this study expressed their desire to make changes with this population so they can get the treatment they need and deserve. The professional's responses along with further research on medication management and violence prevention will possibly reduce crime and incarceration of one of the largest populations associated with both agencies.

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