

Prisoner Reentry: Addressing the Challenges in a Chemical Dependency Program

Jeff Footer

GRC Master of Social Work Program

of

Nazareth College and SUNY Brockport

SWK 631

Richard Russell, PhD, CSW

May 3, 2010

Abstract

People are shaped by prison life, which has its own culture, unique social relationships, conflicts, norms and community life. An estimated 650,000 inmates every year will leave a secure housing unit where they are told what to do and the next day they are on the streets with no guidance. Almost two-thirds of prisoners that reenter the community will return to prison. Research has indicated the importance for Chemical Dependency Programs to broaden their services to include addressing criminal thinking/behavior, social skills, life skills and other barriers that keep offenders from successfully re-entering the community as productive citizens. A survey design approach was implemented to examine the specific needs, risks and barriers of individuals returning from prison. All 22 participants are adults, returning from prison and in a Chemical Dependency Program. The results suggest there is a need to develop a Reentry Program within Chemical Dependency Treatment.

Prisoner Reentry: Addressing the Challenges in a Chemical Dependency Program

Judge Marks of Drug Court had a meeting in the spring of 2009 with Unity Health Chemical Dependency Program at Evelyn Brandon Health Center to discuss the increase of offenders reentering the community due to the reversing of the Rockefeller Law and in need of chemical dependency treatment. Judge Marks increased her staff in drug court to help with the influx of offenders that will be returning. In April 2009 Mike Bleeg from the Safer Monroe Area Reentry Team (SMART) requested to meet with myself and manager Jennie Militello of the Chemical Dependency Program at Evelyn Brandon Health Center. This meeting focused on the concerns of what services other than chemical dependency treatment is needed. Mike shared that SMART was created in March 2009 to begin networking with various agencies and looking at solutions.

I am employed at Evelyn Brandon Health Center as an addiction therapist supervisor and we are seeing an increase of offenders coming out of prisons due to the reversing of the Rockefeller Law. In the past at Evelyn Brandon Health Center offenders who came out of prison and their clean time had been all in a structured environment were placed in either relapse prevention or aftercare treatment. There is this assumption that if the patient has clean time in a structured environment, this person does not need full outpatient treatment. However, after several weeks many of the patient's report a use and they continue to struggle with their recovery.

This project explored the needs of individuals being released from prison, reentering the community and in need of a chemical dependency treatment program. At the end of my Master's Project the answer to the question: Is there a need for a separate chemical dependency program track that not only addresses addiction but the specific needs, risks, barriers and criminal thinking of individuals being released from prison and reentering society was answered. I also explored what are the effective practices and treatment related services needed to help the individual become a productive citizen of society.

For an individual to be successful in treatment and have a healthy program of recovery they must begin to change their behaviors and criminal thinking. During a managers meeting the question was asked, what is needed to help patients begin to change offending behavior while they are in our chemical dependency treatment program? As I reviewed my Masters Project and

shared the focus of the project with my manager and director they shared interest and support for the project. When a person is successful in treatment and is working a healthy recovery program they have begun to change behaviors and their thinking process. Successful completion of treatment for this project will be measured by length of abstinence from all mood altering chemicals, increase in patient's quality of life, decrease in relapse and an increase in treatment retention.

For treatment to be effective it must address all needs of the patient, not just their drug/alcohol use. The goal of treatment is abstinence along with learning how to live in society. At Evelyn Brandon Health Center we see many of the offenders reoffend within months after starting treatment. Results from data collected and analyzed indicate there is a need for the development of a Chemical Dependency Reentry Program. This program will address the specific issues and needs of individuals reentering from prison and in need of treatment for Chemical Dependency.

Literature Review

Researching the specific needs of offenders coming out of prison and in need of a chemical dependency treatment program will help in determining if there is a need for a specific program to be developed to address those needs. Persons who are released from prison may need help with such skills as money management, shopping, cleaning, cooking, interpersonal discussion, constructive assertiveness and impulse control (Williams, 2005). One place to begin training in these skills is in chemical dependency treatment.

Research to date has provided some general principles for assisting offenders re-entering the community and in need of a chemical dependency treatment program. Many who are released from prison are mainly uneducated, have no skills, criminal mind set, no place to go and a weak connection with family and community. Often, drug abusing offenders have problems in other areas such as family difficulties, limited social skills, educational and employment problems (Chandler & Fletcher, 2007). Further research will need to be done on identifying treatment programs that respond to the needs of the person re-entering the community from prison and in need of chemical dependency treatment (Havens, Mooney, Staton, & Duvall, 2009).

According to studies that were conducted over time, one question keeps coming up, “What motivates some offenders involved with drugs/alcohol to reach out for help and others do not” (Havens, Mooney, Staton, & Duvall, 2009). During my research a common theme is the need to have chemical dependency programs along with educational, vocational, and other programs that address the needs of the person re-entering into the community. People will continue to stay in the Justice System unless there are adequate chemical dependency treatment programs that address not only the addiction, but the criminal behavior and lifestyle as well (Taxman, 2009). Research has indicated that the majority of offenders who have a problem with addiction are in need of a chemical dependency treatment program that addresses criminal thinking, behaviors and values in the group setting.

When offenders are released from incarceration they often will be experiencing many problems, which include unemployment, lack of education, mental health, criminal behavior, poor living environment and no sober support (Fletcher & Wexler, 2006). Chemical dependency treatment programs will need to be able to address not only the addiction disorder, but antisocial behaviors, criminal lifestyle, values and other needs that may come up during treatment (Taxman, 2009). Research has indicated that there is a need for chemical dependency treatment programs to also link the person to appropriate services in the community.

Studies have indicated the importance for chemical dependency programs to broaden their services to include addressing criminal behavior, social skills, life skills and other barriers that continue to keep offenders from successfully re-entering the community as productive citizens. Continuing care for the person who has a chemical dependency problem and facing multiple barriers during their transition back into the community is essential for continuous recovery and becoming productive citizens (Whitten, 2006). One way for this to work is to address the services needed for the person reentering while they are in chemical dependency treatment. Referring the person out to services as they are identified will also help in providing the support needed for their recovery.

Reviewing the research has indicated that if a person reentering into the community is provided with safe housing, food, transportation, mental health and chemical dependency treatment that not only focuses on the addiction, but also on the criminal behavior, attitude and life skills will help to increase a person’s chance of long term recovery (Baumohl & Speigman, 2003). People in treatment for addiction will need to be linked with services that will help in

their recovery. Studies indicate that a combination of services provided in the community coupled with addressing criminal behavior, addiction and looking at why some people reoffend while in treatment will help increase patients being successful in treatment. Implementing services that will address the needs of a person being released from prison is an important part of effective chemical dependency treatment program (Pendergast, 2009). Studies have indicated that it is difficult to focus on the criminal thinking/behavior and specific needs of the offender when non-offenders are included in the group sessions. Sometimes the non-offender cannot relate to the needs of the offender or the needs of the offender are not addressed at all.

Chemical dependency programs that include parenting skills, family involvement, addressing criminal behavior and linking to outside services have been shown to improve the success rate of a person's reintegration into both family and community (Visher & Travis, 2003). During chemical dependency treatment the person is reminded that they need to change people, places and things. With this is the idea that if the person does not change their lifestyle, chance of success in treatment is diminished. There is a need for services and programs in chemical dependency programs that will address mental health, addiction, housing, employment and criminal behavior, attitude and lifestyle (Gibney, 2008).

On May 8, 2008 during a public hearing on the Rockefeller Drug Laws, William Gibney shared that probation, parole and treatment programs often lacked proper re-entry planning and coordination. Around 11% of people being released from the criminal justice system end up in homeless shelters or on the streets two years after being released (Martin, 2009). Reviewing the literature indicates the need for treatment programs that will address housing, criminal behavior, lifestyle, education, family and ways to begin to make those changes. There is a need for treatment programs that will specifically address the needs of the person coming from the criminal justice system and help them begin looking at ways to adjust to a life after incarceration (Wilkinson & Bucholtz, 2003). It is important to understand that people being released from incarceration take with them their experiences in life, needs, self-defeating behaviors and attitude. People are shaped by prison life, which has its own culture, unique social relationships, conflicts, norms and community life (Visher & Travis, 2003).

Research has shown with the increase in the number of people being released from incarceration the need for the criminal justice system, community, and various treatment programs to rethink how they will provide the services that will address the needs of the person

being released from prison (Wilkinson & Bucholtz, 2003). There is a need to look at all individuals involved in the criminal justice system when developing reentry programs. Review of the literature indicates a link between criminal activity and substance abuse. Many times substance abuse problems are rooted in family dysfunction, employment problems, educational problems, criminal activity as well as other issues. These factors begin to help explain why within a certain period of time almost two-thirds of prisoners that reenter the community will return to prison (Morrison & Luecke, 2005).

Research indicates there is a need for aggressive programs to strengthen family ties, change criminal behavior, attitude, beliefs and provide adequate educational and employment programs. Chemical dependency treatment programs are a great way to begin working on the needs of people coming out of prison (Morrison & Luecke, 2005). Studies indicate that people being released from prison face a multitude of problems and issues when coming back to the community. Individuals leaving prison want the same thing as everyone else, employment, connecting with family, education, and a chance to make a difference in their lives. Unfortunately, many times the person is unable to connect with programs that can address these issues. The majority of the time what will happen is that individuals are released back to the community without having the appropriate skills to become productive citizens (Petersilia, 1999).

An estimated 650,000 inmates every year will leave a secure housing unit where they are told what to do and the next day they are on the streets with no guidance (Listwan, Cullen & Latessa, 2006). People that are released from prison will have many obstacles to overcome when returning to their community. Studies discussed that many individuals are released with unresolved health, emotional, substance abuse problems, along with few social skills and a criminal mindset. It has been found that the majority of prisoners will be released with no coping skills back to a community and treatment programs that are ill-prepared to meet their needs (Williams, 2005).

While reviewing the literature studies indicate that to develop a program that will be successful it will require an understanding of the unique needs of the various individuals leaving the prison system. Many people are released from prison without being prepared for reentry into the community. During the literature review many articles discussed the importance of knowing what the needs are of the person reentering the community. There is a need for women reentering

the community to be able to enter programs that will address domestic violence, substance abuse, parenting skills, lifestyle changes and criminal thinking (Kruttschnitt & Gartner, 2003).

Chemical dependency treatment that can focus on looking at the criminal behavior, lifestyle as well as the violence is effective for the person being released who may have a history of violent crimes (Carmichael & Bauer, 2007). Studies indicate that when individuals in the justice system are connected with chemical dependency treatment that addresses addiction, criminal behavior and the other needs of the individual treatment is more effective. In order for the person to change their lifestyle, criminal thinking, attitudes and beliefs the individual must engage in a therapeutic change process (Carmichael & Bauer, 2007). There are different risk factors for the person being released from incarceration and chemical dependency treatment programs will need to address these risk factors to make a difference (Williams, 2005).

Over a period of time it has been found that one type of treatment that is effective when working with individuals being released from prison with a chemical dependency problem is cognitive behavioral therapy by addressing the needs of the person and including family (Listwan, Cullen & Latessa, 2006). Recent studies indicate that there is a correlation between providing access to a higher level of education and continued recovery. It has been documented that the level of education achieved by a person while in prison and then access to education post release does have a direct and profound impact on the individual being able to change their lifestyle and criminal thinking (Martin, 2009).

Studies have shown that cognitive behavioral therapy programs for the person being released from prison are designed to change the criminal thinking that creates the criminal behavior. Many of the treatment programs will utilize cognitive behavioral therapy, but only those treatment programs that specialize in treating the person being released from prison will the criminal thinking be addressed (Gist, 1995). It is important to address the criminal thinking because it contributes to the relapse and returning to the criminal behavior and lifestyle. Another service that is mentioned in the literature review is the importance of providing case managers for people who are being released from prison. Case management can be provided through probation, parole, treatment or an outside agency such as Treatment Accountability for Safer Communities (TASC) (Gist, 1995).

Research indicates that chemical dependency treatment needs to develop a program that will focus on the risk factors that are associated with criminal behavior/thinking. Clinicians when

working with a person released from prison will need to focus on helping move the client from legal compliance of parole/probation conditions to willing participation in treatment (Gist, 1995). The time has come to continue to look at and conduct research on reentry programs for better guidance with not only what is working, but what else can work (Visher, 2006). As the research continues to look at what programs are effective in addressing the needs of the person being released from prison it opens up opportunities for developing more programs to provide the best care for the client (Bushway, 2006). Treatment providers who incorporate certain cognitive behavioral skills training to help recognize the criminal thinking and behavior that leads back to the use of drugs may help increase patient's success in treatment (Wanberg & Milkman, 2008).

When people are released from prison they have needs for basic life skills, such as managing everyday living, learning how to communicate in a healthy way, coming to terms with societal expectations (Field, 2008). During the literature review the consensus is that treatment should address the factors that are associated with criminal thinking/behavior. Criminal and addictive thinking patterns are not only similar, they feed each other. Criminal thinking patterns will lead to addictive thinking patterns and vice versa (Casanova, Johnson, Lehman, Moriarity, & Schersten, 2002). To provide the best care possible for the offender reentering into the community who has a chemical dependency problem, one must choose a chemical dependency program that will address criminal thinking/behavior, basic needs of the offender and be able to refer out for any other services needed (Sherin & Mahoney, 2008).

Research Questions

There were many questions raised during the literature review. I chose the following to explore further: First, in Chemical Dependency Treatment is there a need for a separate chemical dependency program track that not only addresses addiction but the specific needs, risks, barriers and criminal thinking of individuals being released from prison and reentering society? Second, what does it take to help begin changing criminal thinking/behavior while in a Chemical Dependency Treatment program? Third, are relapse risk factors different in offender populations and how should chemical dependency treatment deal with these risk factors?

Specific Aims of the Project

Project Design

This project was conducted to gather and explore data on the specific needs of individuals returning from prison and in need of entering a chemical dependency treatment program. This project analyzed data and information to determine if there is a need to develop a specific prison reentry chemical dependency program that will address the needs of individuals returning from prison. This project included literature reviews, a mix-method design, which was composed of quantitative and qualitative questions. The quantitative data was entered into SPSS and analyzed.

The qualitative data was analyzed by using the Grounded Theory Method. There were four qualitative questions on the survey. The questions asked participants to share how they view success in treatment and would they attend specialty groups to address the multiple needs of people reentering from prison. In addition, participants were asked if they have any recommendations for services and what they would be. These questions provided further information in the patient's own words on what services are needed to address the needs of people reentering from prison into a chemical dependency treatment program. This will further help to assess the proposed hypothesis for this project.

The methodology in this project is descriptive and explorative which will identify and explore relationships between variables. Identifying the specific needs, risks, barriers of individuals returning from prison that are not being addressed currently in chemical dependency treatment program will help support the development of a prison reentry program. Identifying specific needs, risks, and barriers of individuals returning from prison will provide insight into why certain individuals will reoffend in a short period of time while in treatment.

Variable and Hypothesis(es)

The dependent variable is perceived treatment success with reentry in a chemical dependency treatment program. The independent variables are the specific needs, risks and barriers that are not being addressed in chemical dependency treatment such as basic life skills, social skills, criminal and prison thinking/behavior.

- Treatment success will increase with the introduction of social skills specialty groups.

- Treatment success will increase with the introduction of a Chemical Dependency Program that will address addiction as well as criminal thinking behavior.
- Treatment success will increase with the introduction of case management.

Methods

Sample and Participants

The population is male, from twenty years to fifty years old and reentering from prison. The demographic section will help to further identify specific needs, risks and barriers within certain populations and demographics. The sample size is 22. Participants will be attending Chemical Dependency Outpatient Treatment at Evelyn Brandon Health Center. When a participant first enters treatment they will have an evaluation completed to gather information for treatment. If the participant meets the criteria for the survey the evaluators contacted primary investigator to set an appointment.

Instrumentation and Evaluation Tools

I utilized a questionnaire developed by (Mike Bleeg and the Safer Monroe Area Reentry Team for questions 1-21) and self-authored for questions 22-25 (Appendix A). At this time there is no way to rate the validity or reliability of this instrument. During the data analysis portion, reliability can be measured by running a procedure through SPSS to produce a reliability coefficient.

Procedure

During the evaluation information is gathered pertaining to the legal system. At this time the evaluator will be able to identify if the person is coming out of prison and on parole. Once the individual has started treatment they meet with their primary counselor for orientation. Writer met with counselors, reviewed the project and provided each counselor with a packet which included survey, release and explanation of the survey.

During orientation the primary counselor has this information and reviews the project with participants. If participants are interested in the project they will review and sign the consent form. Participants completed the survey by answering quantitative and qualitative questions. Writer met with some participants while they were in group and reviewed the project and criteria for participation. Writer set appointments with participants who were interested. At this appointment primary investigator explained the project, reviewed and had participants sign

consent form. Participants completed the survey by answering quantitative and qualitative questions.

This project was conducted at Unity Health Chemical Dependency Program Evelyn Brandon Health Center. The time frame was two months beginning in February 2010. The survey was done as part of the treatment experience and participants had an opportunity to share what they experience as needs, risks and barriers while in treatment.

Confidentiality of participants and their responses were maintained by not recording any names of participants except on consent forms and the master list which was locked in the primary investigator's office. All results were collected and identified by assigning the same number to each page of the survey. The master list will only be used to ensure that no child participated in the Master's Project. The survey was done in the privacy of the primary investigator's or primary therapist's Office.

Primary Investigator and Primary Therapist shared with participants that their feedback will help to improve on services already in place and possibly help with the development of other services needed to address concerns of participants. This primary investigator and primary therapist of participants will be the only people who will see the completed survey. No names will be on the survey. Data was kept in a locked filing cabinet by the primary investigator. Data, consent forms and master list will be destroyed by shredding when the research has been accepted and approved.

Results

The following quantitative data was analyzed by univariate analysis using descriptive statistics (i.e., frequency data, averages, percentages, etc.). All participants were male (n=22 yielding 100%). No female participants were surveyed due to the focus of this survey. The average age was 39.09. The range of years was 20 – 50 years old (Appendix B). The sample comprised of 27.3% (n=6) White/Caucasian, 54.5% (n=12) Black/African American, 13.6% (n=3) Latino and 4.5% (n=1) Native American (Appendix C). Participants surveyed identified marital status as 54.5% (n=12) never married, 13.6% (n=3) married, 13.6% (n=3) separated and 18.2% (n=4) divorced (Appendix D).

Univariate (frequency and percentages) were analyzed to ascertain whether there is a need for a separate chemical dependency program that not only addresses addiction but the

specific needs, risks, barriers and criminal thinking of individuals being released from prison and reentering society? Not surprisingly, the percentage of participants who shared they would attend specialty groups that focused on addiction, risks, specific needs, barriers and criminal thinking outnumbered the participants who shared they would not. Hypothesis is that treatment success will increase with the introduction of a Chemical Dependency Program that will address addiction as well as criminal thinking. The analysis is depicted in Table 1.

Table 1 (Appendix E)

Univariate

While in treatment would you attend specialty groups that address the multiple needs of people reentering from prison?

*Results indicate that 90% of participants indicated they would attend a program addressing the multiple needs of people reentering from prison into the community.

	FREQUENCY	PERCENTAGE
YES	20	90.9%
NO	2	9.1%
TOTAL	(N=22)	100%

Univariate (frequency and percentages) were analyzed to ascertain what participants identified as needing support with when leaving prison and reentering society? Hypothesis is that treatment success/retention will increase with the introduction of social skills specialty groups.

The analysis is depicted in the following Tables:

Table 2 (Appendix F)

Univariate

SOURCE OF INCOME: (n=22)

*Results indicate that the majority of participants identified public assistance/social services, SSI/SSD and food stamps as their main source of income.

	FREQUENCY/YES	PERCENTAGE
SSI/SSD	4	18.2%
RELATIVES/FRIENDS	3	13.6%
PUBLIC ASSISTANCE SOCIAL SERVICES	15	68.2%
SOCIAL SECURITY	1	4.5%
FOOD STAMPS	15	68.2%

Table 3 (Appendix G)

Univariate

HOUSING NEEDS: (n=22)

*Results indicate that the majority of participants identified safe affordable housing followed by permanent supportive living as important when leaving prison and reentering into the community.

	FREQUENCY/YES	PERCENTAGE
EMERGENCY HOUSING	1	4.5%
PERMANENT SUPPORTIVE LIVING	4	18.2%
SAFE AFFORDABLE HOUSING	8	36.4%

Table 4 (Appendix H)

Univariate

BASIC NEEDS: (n=22)

*Results indicate that the majority of participants identified transportation/bus passes, food/hot meals, personal hygiene products, laundry services, clothing and personal identification as their basic needs. The results indicate that many of the basic needs are not being met as the person returns from prison. Maslow's hierarchy of needs indicate that if the basic needs are not being met by the person, then the person is unable to focus on higher needs until the basic needs are met.

	FREQUENCY/YES	PERCENTAGE
FOOD/HOT MEALS	9	40.9%
CLOTHING	11	50%
SHOWERS	4	18.2%
LAUNDRY SERVICES	5	22.7%
SANCTIONS ELIMINATED	1	4.5%
MAIL/PHONE SERVICES	3	13.6%
PERSONAL IDENTIFICATION	6	27.3%
PERSONAL HYGIENE PRODUCTS	8	36.4%
TRANSPORTATION/BUS PASSES	13	59.1%

Table 5 (Appendix I)

Univariate

HEALTH CARE NEEDS: (n=22)

*Results indicate that the following health care needs are important to the person when reentering the community from prison.

	FREQUENCY/YES	PERCENTAGE
DOCTOR	9	40.9%
MEDICAL SERVICES	3	13.6%
DENTAL CARE	8	36.4%
MENTAL HEALTH TREATMENT	7	31.8%
MEDICATIONS	2	9.1%
EYE CARE/GLASSES	4	18.2%

Table 6 (Appendix J)

Univariate

INCOME SUPPORT NEEDS: (n=22)

*Results indicate that the majority of participants identified social services, SSI/SD/Disability, Section 8/Shelter Plus and securing rent as areas they need help with when reentering the community from prison. This is where a case manager would be helpful in helping the patient navigate the Department of Social services and other Agencies.

	FREQUENCY/YES	PERCENTAGE
SOCIAL SERVICES	12	54.5%
SSI/SSD/DISABILITY	3	13.6%
HEALTH INSURANCE	1	4.5%
HELP WITH CHILD CARE	2	9.1%
HELP TO SECURE RENT	5	22.7%
SECTION 8/SHELTER PLUS	3	13.6%

Table 7 (Appendix K)

Univariate

SELF-DEVELOPMENT NEEDS: (n=22)

*Results indicate that job readiness, job placement, money management and educational services were top priority for participants in this survey. It is important for chemical dependency programs to look at all the areas of self-development and begin to help the patient connect with these services. The more services the patient is connected with the better chance they have of completing treatment successfully. This is where a case manager would be helpful in providing the patient with guidance and support while helping them connect with the various services in the community.

	FREQUENCY/YES	PERCENTAGE
CASE MANAGEMENT	2	9.1%
JOB READINESS/TRAINING	12	54.5%
JOB PLACEMENT	9	40.9%
EDUCATIONAL SERVICES	7	31.8%
LEGAL SERVICES	1	4.5%
MONEY MANAGEMENT	9	40.9%
MENTOR	3	13.65
SPIRITUAL/RELIGIOUS SUPPORT	4	18.2%
FAMILY REUNIFICATION	2	9.1%
PARENTING TRAINING	1	4.5%
TIME MANAGEMENT	3	13.6%

Univariate (frequency and percentages) were analyzed to determine the living environment of participants reentering from prison into the community.

Table 8 (Appendix L)

What is your current living situation?

*Results indicate that 40.9% of participants have their own apartment or house and 36.4% are living with family.

	FREQUENCY	PERCENTAGE
OWN APT/HOUSE	9	40.9%
EMERGENCY HOUSING	1	4.5%
TRANSITIONAL HOUSING	1	4.5%
RESIDENTIAL PRGRAM	2	9.1%
HOME OF FAMILY TEMPORARY	4	18.2%
HOME OF FRIEND TEMPORARY	1	4.5%
HOME OF FAMILY PERMANENT	4	18.2%
TOTAL	(n=22)	100%

Univariate (frequency and percentages) were analyzed to ascertain whether participants were provided with a plan for safely reentering from prison into the community.

Table 9 (Appendix M)

Prior to release did you meet with someone to help you develop a plan for safely reentering the community?

*Results indicate that 63.6% of participants did not have a plan for safely reentering the community from prison.

	FREQUENCY	PERCENTAGE
YES	8	36.4%
NO	14	63.6%
TOTAL	(n=22)	100%

Univariate (frequency and percentages) were analyzed to ascertain there is a need for parenting classes while in chemical dependency treatment program.

Table 10 (Appendix N)

Do you have children under the age of 18 in your home/residence?

* Results indicate 86.36% of participants reported not having children under the age of 18 in their home/residence.

	FREQUENCY	PERCENTAGE
YES	3	13.64%
NO	19	86.36%
TOTAL	(n=22)	100%

The qualitative data collected was analyzed by developing a matrix and using the Grounded Theory Method (Appendix O). Qualitative data will be coded to look for emerging themes. There were three general questions that participants completed during the survey:

Question one is what other type of services/support are you in need of while in treatment?

The general themes are supported by the written responses from the participants. The general themes are mental health “I need mental health/meds” and “I need to work on anger/conflict issues”, life skills “I need help getting employment”, I need help with financial issues” I need help with transportation issues”, family “I would like parenting classes” help with relationship issues” and housing “I need supportive housing” I would like a safe, stable living environment.”

Question two is what recommendations would improve services of the treatment program? The general themes are specialty groups “I would like to be in a group with other men who just came out of prison”, “address the needs of people leaving prison”, person centered “treat us as individuals, do not judge”, ask us and listen to us about treatment” and case management “I need help getting into school”, help with transportation/bus passes”, “help with services such as legal aid.”

Question three is how would you define successful completion of treatment? The general themes are employment/school/housing/medical “I would be employed”, I would have housing/be going to school” and “I would have medical insurance”, living independently in the community “ It would be living in a safe environment”, and “It would living independently” and

clean/sober/working a program/spiritual “It would be having a stable sober support network”, It would be staying clean/sober and completing my goals” and learning how to be honest with self/others and having a spiritual program.”

Discussion

After close analysis of the data collected over the past few months the results suggest there is a need for a chemical dependency reentry program at Evelyn Brandon Health Center. The results helped to identify areas that will need to be addressed while in a chemical dependency program. The results of the data analysis did fit with the theory and literature.

Results from analyzing the data was mostly consistent with what has been found past research. One area that surprised this investigator was the low response on needing case management. It was pointed out to this investigator that the response may be low because participants may already have a case manager or they may not have been out of prison long enough to realize they need one. Another area that was inconsistent with past data is participants indicating a need for parenting classes, which in this study is very low. During further analysis it was found that almost 87% of participants reported not having children under the age of 18 in their home/residence. This would explain the low response to this question.

Limitations

The survey is partially self-authored and the rest of the survey even though developed earlier this year has not been previously established for validity and reliability. Therefore the survey may not be a true measure of what is intended to measure. In addition, since this survey is a new tool, it is difficult to know if subsequent use will produce replicable results over time. It is the hope of this writer that the survey will be utilized by Unity Health System and various agencies in the future. If this happens then the reliability and validity can be established.

If I was to conduct a similar study in the future I would include the three chemical dependency sites instead of just Evelyn Brandon Health Center. I would include females in the next study. I had no control over who would be coming in for treatment. I would eliminate some of the questions and have follow up questions as needed, such as do you currently have a case manager or what is your perception of a case manager. It is important to understand how patients perceive situations.

Recommendations and Implications

In February 2010 a reentry program was developed at Evelyn Brandon Health Center that is addressing not only addiction, but the needs, risks, behaviors and criminal thinking of people reentering the community from prison. In March 2010 the program was implemented. There are currently 15 in the program and the program continues to grow. We are now looking at opening the phase 2 of this reentry program in May of this year. Evelyn Brandon Health Center purchased work books that are focused on the criminal thinking and addiction. The counselor has developed a syllabus for the program which is backed by literature and research. This syllabus and criteria for the program will eventually be presented to the marketing department at which time a brochure will be developed. Once the brochure is developed and approved it will be marketed to the various referral agencies in the community.

For this program to work and be successful the size of the groups will need to be kept at 10-12 patients. This will allow for the patients in group to adjust and begin to build trust with the counselor and peers in group. There will be a case manager that will meet with patients as they enter treatment to see if patients need help with any area of their life. The implementation of this program will benefit the participants by providing them the best care possible and counselors will be able to utilize Person Centered and Evidence Based Practice.

References

- Baumohl, J., & Speiglmann, R. (2003). Substance Abuse and Welfare Policy at the New Century. *Contemporary Drug Problems* , 501-515.
- Bushway, S. (2006). The Problem of Prisoner (Re)Entry. *Contemporary Sociology* , 562-565.
- Carmichael, C., & Bauer, J. (2007, July 10). *Wisconsin Prisoner Reentry Programs*. Retrieved October 10, 2009, from Wisconsin Legislative Fiscal Bureau: <http://www.familyimpactseminars.org>.
- Casanova, C., Johnson, D., Lehman, S., Moriarity, J., & Schersten, P. (2002). *Criminal & Addictive Thinking, A New Direction: A Cognitive Behavioral Treatment Curriculum*. Minnesota: Hazelden Foundation.
- Chandler, R., & Fletcher, B. (2007, September 1). *Principles of Drug Abuse Treatment for Criminal Justice Population*. Retrieved October 2, 2009, from National Institute on Drug Abuse: <http://www.drugabuse.gov>
- Cullen, F., Latessa, E., & Listwan, S. (2006). How to Prevent Prisoner Re-entry Programs from Failing: Insights from Evidence-Based Corrections. *Journal of Correction Philosophy and Practice* , 1-4.
- Field, G. (2008). *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*. Rockville: Substance Abuse and Mental Health Services Administration.
- Fletcher, B., & Wexler, H. (2006). *National Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) Update and Progress*. Retrieved September 22, 2009, from National Institute on Alcohol Abuse and Alcoholism.
- Gibney, W. (2008). *The Rockefeller Drug Laws-35 Years Later*. New York City: The Legal Aid Society Criminal Defense Practice Special Litigation Unit.

- Gist, N. (1995, May 1). *Treatment Accountability for Safer Communities Model*. Retrieved October 10, 2009, from Bureau of Justice Assistance Fact Sheet: <http://www.ncjrs.gov>.
- Kruttschnitt, C., & Gartner, R. (2003). Womens Imprisonment. *Journal of Crime and Justice* , 1-81.
- Leukefeld, C., Oser, C., Havens, J., Mooney, J., Staton, M., & Duvall, J. K. (2009). Drug abuse Treatment Beyond Prison Walls. *Addiction Science and Clinical Practice* , 24-30.
- Martin, G. (2009). *The Fortune Society: ATI and Reentry Coalition*. New York City: The David Othenberg Center for Public Policy.
- Morrison, R. (2005, August). *Policy Brief: Offender Reentry*. Retrieved September 22, 2009, from National Association of State Alcohol and Drug Abuse.
- Pendergast, M. (2009). Interventions to Promote Successful Re-Entry Among Drug-Abusing Parolees. *Journal of the National Institute on Drug Abuse* , 4-12.
- Petersilia, J. (1999). Parole and Prison Reentry. *Journal of Crime and Justice* , 479-529.
- Sherin, K., & Mahoney, B. (2008). *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing*. Retrieved September 10, 2009, from Rockville: Substance Abuse and Mental Health Services Administration.
- Taxman, F. (2009, March 10). *Drug Treatment for Offenders: Evidence-Based Criminal Justice and Treatment Practices*. Retrieved September 10, 2009, from Subcommittee on Commerce, Justice, Science, and Related Agencies.
- Visher, C. (2006). Effective Reentry Programs. *Criminology and Public Policy* , 10-15.
- Visher, C., & Travis, J. (2003). Transition from Prison to Community: Understanding Individual Pathways. *Annual Review of Sociology* , 89-113.

Whitten, L. (2006). *Treatment During Work Release Fosters Offenders' Successful Community Reentry*. Retrieved September 22, 2009, from WWW.NIDA.org.

Wilkinson, R., & Gregory, B. (2003, October 5). *Prison Reform Through Offender Reentry: A Partnership Between Courts and Corrections*. Retrieved October 18, 2009, from Symposium on Prison Reform.

Williams, D. (2005). *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. New York : US Department of Justice.