ABSTRACT

PERCEPTIONS OF FACTORS AFFECTING RECIDIVISM AND RECOVERY

Recidivism is an issue that affects us all. Unfortunately, the average rate of recidivism in the United States is currently 43.3%. Many factors affect recidivism such as a lack of education and treatment of substance abuse and mental health disorders. These factors can, in turn, result in feelings of hopelessness. Labeling theory is one way society separates and controls classes of people stigmatized as less desirable than the social majority. Social workers need to take a more active role in empowering these individuals who strive to lead a pro-social lifestyle. This study addressed the topic of recidivism in the state and national prison systems, and possible causes of the behavior that start the revolving door cycle of incarceration. The benefits of providing an education as well as treatment of mental health and co-occurring disorders to the inmates while incarcerated will be discussed, as well as the impact of education and treatment on the individual and the communities in which they live.

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PERCEPTIONS OF FACTORS RELATED TO RECIDIVISM AND RECOVERY

by

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CHAPTER 1: INTRODUCTION

This chapter will introduce the issue of recidivism in our state and national prison systems. The topic of recidivism is widely discussed in the literature and there has been much said regarding the ways to lower the recidivism rate. This thesis will present rates of recidivism, discuss the role education and treatment play in the reduction of recidivism, and present findings from individuals who have experienced prison first hand and their perceptions of the role that education and treatment have played in their not returning to prison, some after a lifetime of criminal behavior. At the end of 2013, there were approximately 6,899,000 individuals incarcerated in adult correctional facilities in the United States (Glaze & Kaeble, 2014). In the United States, we have the fourth largest population in the world, and the second highest prisoner rate, with 698 prisoners per 100,000 of the national population (The Statistics Portal, 2015).

The problem of recidivism affects each and every one of us; some on the micro level, some on the mezzo level, and some on the macro level. On the micro level, the individual may be suffering with an untreated mental illness and/or substance abuse issue that continues to plague their behavior in a way that increases hopelessness and factors that have a role in a person going back to what they know, criminal behavior. On the mezzo level, the community is affected because once released, these individuals return home without anything in their lives being different other than the fact that they are older and ‘wiser’ than when they went in. With no education or other marketable skills, they go back to committing crimes in the very neighborhoods in which they live. On the macro level, prisons remain overcrowded, and huge amounts of state budgets go to
keeping these individuals incarcerated rather than on things that can improve the quality of the lives of those individuals not incarcerated.

**Problem Statement**

According to the Pew Center on the States (2011), the recidivism rates among adult criminal offenders across the United States are alarmingly high. They range from 22.8% in Oregon to 61.2% in Minnesota with an average of 43.3% across the country. These numbers are too high, and must be lowered. The big question that comes to mind is, “How do we reduce recidivism in the state prison system?” The literature is clear that the answer is education. Along with education, we must instill hope into the lives of the hopeless and give them a reason to want to change and have a life worth living. Along with a traditional education, High School Diploma/General Education Development (GED), or a college education, there are some individuals that will require treatment of their mental health problems or their substance abuse problems. This will not be the case for all, only for some.

As professional social workers, it is our duty to look at the seriousness of the issue of recidivism and use the National Association of Social Workers (NASW) Code of Ethics (National Association of Social Workers, 2015) to guide us in addressing this issue. At the heart of the problem, recidivism is a question of social justice. These individuals have a right to live free lives. As professional practitioners and as a profession, it is our duty to empower them to live a pro-social life. Other than clinical work at the county or state level, or some work in a substance abuse treatment facility, there is more that needs to be done to help these individuals and address the problems that cause recidivism.
Purpose of Study

The purpose of this phenomenological study was to understand the participants’ journeys towards prison, and later towards recovery. The concept for this thesis stems from the researcher’s own experiences and desire to help people achieve an improved quality of life. The state of hopelessness causes many problems including drug use, lack of desire to treat mental health problems, family crises, and of course, recidivism. Using a phenomenological approach, the researcher interviewed individuals who have been to prison, whether once or multiple times, who may or may not have a mental illness or substance abuse problem. This thesis sought to understand the choices the participants made to be free from prison, free from mental illness, free from addiction, and to live the life they once dreamed of living.

The goal of this study was to give a voice to the once voiceless, and show that there is a way out of prison, either the concrete and metal prison run by the state, or the one created in the minds of those who feel hopeless.

Conceptual/Theoretical Framework

The theory used to address the issues that caused some of the participants to make choices that led to incarceration is labeling theory. Labeling theory is common in the field of criminology, and is used to explain the behaviors of an individual’s criminal behavior (Becker, 1963). The focus of this study was on the stigmatization, and internalization of that stigma, of some members of our society whose behavior is deemed ‘deviant’ by other members of our society. According to some labeling theorists, it is the label itself, not the behavior of the individual, which should be the primary concern (Akers & Sellers, 2009). Becker argued that it is society’s reaction, not the action of the person, which makes the label itself detrimental and facilitates the beginning a criminal lifestyle. The field of social
work should focus on the effect such labels have in an effort to promote positive change.

According to Bernburg and Krohn (2006), when an individual is labeled, either formally or informally, the chances of their becoming involved with a deviant social group increases. It could be the label itself, not the individual that causes the consequent deviant behavior. In other words, those labeled as deviant, will seek out others with similar labels. The principle of homophily, people associating with others, who are similar to themselves on several levels, is an important aspect in the development of interpersonal and intimate relationships (Warr, 2003). As a result, the labeling of these individuals not only includes them in some groups, but more importantly, the label serves to exclude them from other groups (Bernburg & Krohn, 2006).

Perhaps it is the exclusion from the ‘non-deviant’ groups in society that lends a hand to the current rates of recidivism experienced in the United States. If those released from prison were able to integrate into society more readily upon release, the transition from prison to society may not be as difficult, and thus the chances of success may be higher.

Methodology

This study used a qualitative method of research, snowball sampling, with individuals who have a history of mental illness and/or substance use, and incarceration in prison in order to conduct interviews. The process began with three women, one with no mental illness or substance abuse history, and two with co-occurring mental health and substance use disorders. From these three women, the researcher was introduced to others with similar histories and interviewed them as well. The three initial participants were identified based on previous
knowledge of their crimes, substance use, hopelessness, recidivism and a personal relationship with the researcher.

The interviews were recorded, with the permission of the subjects, and then transcribed. For those that were not recorded, because of the geographic location of the participant, the interview was typed as the participant talked. Once transcribed, the data was analyzed and will be discussed in a later chapter.

**Research Question**

The question that framed the research is, “What are the perceptions of the participants as to the roles that education and treatment played in their not returning to prison?” The research examined the causes of the behaviors that led the participants down the road to a prison sentence, and the steps they took to end the cycle.

**Limitations of the Study**

The first limitation of this study was due to the small number of participants included in the study. Based on the sample size and selection method of participants, the results of this study are not sufficient to generalize to the whole population of individuals currently incarcerated in state prisons, or those individuals recently released. The common themes discovered in this research study are only indicative of the shared, lived experiences of the participants in this study.

The second limitation of this study was that the instrument used in the research has not been empirically tested, and therefore its reliability or validity may be in question. However, the interview guide does have face validity due to the fact that the interview questions asked directly correlate to the research question guiding this thesis.
Implications for Social Work Practice

The implications for the field of social work are tremendous. The NASW Code of Ethics charges us, in the preamble:

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. (National Association of Social Workers, 2015)

It goes on to describe that a vital task in the field of social work is that one be vigilant in their attention to the internal and external forces that shape and develop the lives of individuals served. The field of social work is entrenched by principles including, “service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence” (National Association of Social Workers, 2015). It is these principles, that when embraced by social workers, are the key components to changing the lives of our clients, their families, and their communities.

Our goal, for the field of social work, needs to be to lower recidivism on a micro, mezzo and macro level. This goal starts with the client, and by addressing the issues that most affect their ability to lead a pro-social life and remain out of prison. By making programs available in the community to further the goals of recovery, and by addressing the issue of recidivism and assisting individuals in establishing a life worth living, social workers have the potential to change the lives of many while embodying the core values established by our profession. By empowering the individual, we will, in turn, empower the communities. Only then can we make a difference in the way society sees, treats, and interacts with this population of individuals.
Summary

Recidivism is an issue that affects us all. Unfortunately, the average rate of recidivism in the United States is currently 43.3%; almost half of those released, return. Many factors affect recidivism such as lack of education and treatment of substance abuse and mental health, resulting in unemployment and thus hopelessness. Labeling theory is one way society separates and controls classes of people stigmatized as less desirable than the social majority. Social workers need to take a more active role in empowering these individuals who strive to lead a pro-social lifestyle, or a life that parallels that of the rest of society.

In a review of the literature, the study addresses the topics of recidivism in the state and national prison systems and possible causes of the behavior that starts the cycle. The benefits of providing an education as well as treatment of mental health and co-occurring disorders to the inmates while incarcerated will be discussed, as well as the impact of education and treatment on the individual and the communities in which they live.
CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter will explore the literature on recidivism in the state and national prison systems and possible causes of the behavior that starts the cycle of the revolving prison door. The review of the literature will include information about the rates of recidivism in the state and national prison populations across the country. Also reviewed are the benefits of providing an education and treating mental health and co-occurring disorders for inmates while incarcerated, as well as the impact of education and treatment on the micro, mezzo, and macro levels. The costs of incarceration versus education, recidivism, challenges, societal perspectives, treatment, education, hope, social work practice and program needs, and labeling theory will be discussed.

The Costs of Incarceration Versus Education

In 2002, there were more than 1.5 million people incarcerated in adult correctional facilities. The costs of incarceration vary dramatically, however, according to Hrabowski and Robbi (2002), the approximate cost of incarcerating 100 inmates for 4 years is $10 million. If we spend another $1 million, these same inmates can leave prison with a baccalaureate degree. If one takes into account the reduction of recidivism to a mere 15% for those inmates with baccalaureate degrees, 85 of the 100 will not return to prison, and taxpayers will not be responsible for them again (Hrabowski & Robbi, 2002). Also according to Hrabowski and Robbi (2002), in the past, inmates incarcerated in a state prison had access to financial aid benefits that allowed them to pursue an education at a local or online college. With a return of correctional education, a number of goals could be achieved: a better quality of life upon release from prison, an
opportunity to positively contribute to society, an increased saving of taxpayers’ money, and a reduction in crime. This study also demonstrated that with an Associate’s degree, recidivism is reduced to 13.7%, with a Bachelor’s degree, 5.6%, and with a Master’s degree, recidivism is reduced to 0% (Hrabowski & Robbi, 2002).

The population of inmates incarcerated at the end of 2013 was estimated at 6,899,000 people nationwide. This equates to 1 in 35 adults or 2.8% of the adult population in the United States who were incarcerated (Glaze & Kaeble, 2014). As of October 31, 2015, in the state of California, there were 127,945 total inmates in custody in the state’s adult institutions (California Department of Corrections and Rehabilitation, 2015).

**Recidivism**

According to Pew Center on the States (2011), the recidivism rate among adult criminal offenders across the United States is alarmingly high. They range from 22.8% in Oregon to 61.2% in Minnesota with an average of 43.3% across the country. These results are based on inmates released between 2004 and 2007. During that time, Oregon released 4,202 inmates, Minnesota released 5,189 inmates, and the total number of inmates released from all state prisons was 567,903 (Pew Center on the States, 2011). As stated in the Pew Report, Louisiana Governor Bobby Jindal said:

Without education, job skills, and other basic services, offenders are likely to repeat the same steps that brought them to jail in the first place. We need to address the problem of the rate at which offenders become repeat offenders in order to keep our communities and families safe. (p. 2)
The issue of recidivism in the United States is one that pervades our country from the microsystem to the macrosystem.

According to Durose, Cooper, and Snyder (2014), there were 404,638 prisoners released from 30 state prisons in 2005. Of those released, 67.8% were arrested within three years of release, and 76.6% were arrested within five years of release. These arrests included a violation of probation or parole, or a new offense (Ubah, 2004; Warr, 2003).

One theme echoed repeatedly in the literature is that though there are several definitions for the term recidivism, there is no indication that a universal definition of recidivism exists. According to Fabelo (2002), as cited in Rose, Reschenberg, and Richards (2010), Fabelo chose to include parole violations in his definition of recidivism. There are some researchers that use reincarceration, on a city, county, or state level, as the measure of recidivism, while others propose that reincarceration is a measure of police activity not one of success (Rose et al., 2010). According to Stevens and Ward (1997), the reincarceration for any criminal offense is a straightforward definition for recidivism.

Challenges

The problem of recidivism affects us all, from the neighborhood on the mezzo level, to the entire country on the macro level. According to Schweitzer (personal communication, November 2009), when an inmate is released back into the community without new skills, treatment, or education, they return to the same low-income neighborhoods, with the same lack of education and job training that they faced prior to their incarceration. They go back to what they have done in the past, which is, committing crimes. In the neighborhood, the result could be an increase in burglaries, robberies, or vandalism; at the macro level, taxpayers
become responsible for housing them repeatedly. At the macro level, the state and federal government agencies that have the control and power to change policies fail to take the steps necessary to address recidivism head on (Schweitzer, O., personal communication, November 2009). Unions, companies, and organizations that dictate their wishes, not what is in the best interest of the inmates, their families, the communities they live in, or society itself that drive these governments. It is proposed to be more cost-effective to educate these individuals and give them hope for a brighter future and a chance to live a more productive life when released from prison (Schweitzer, O., personal communication, November 2009).

Societal Perspectives

When society considers educating inmates, some people may question as to why inmates should be educated. Even Mike Moore, a director from a prison in South Carolina, states, “Convicts should not get free education” (as cited in Stevens & Ward, 1997). It was not until he was presented with the statistical data proving that recidivism was reduced to 4% when inmates were educated, instead of the usual 33%, that he changed his mind about correctional education (Stevens & Ward, 1997). One objective of a prison education system is to give the inmate hope for a better life and to improve their chances of succeeding once released. These programs are only one way of equipping them for success (Rose et al., 2010). According to Ubah (2004) “most rehabilitative and reintegrative correctional philosophies see prison inmate college education as an effective approach to reduction of offender recidivism rate” (p. 73). The most common goal for prisons in this country is rehabilitation. However, there are an increasing number of non-rehabilitative laws being passed that argue past history and certain
characteristics are stronger predictors of reoffending than is a lack of education (Stevens & Ward, 1997). The ultimate challenge to rehabilitative reform was Martinson’s essay titled “What Works? Questions and Answers About Prison Reform” (Martinson, 1974). In his essay, Martinson criticized studies that did not align with his opinion, and summarized his work by conceding that only in isolated instances are rehabilitation efforts useful in the reduction of recidivism (Ubah, 2004).

In response to Martinson’s essay later known as “Nothing Works” and his 1979 article titled, “New Findings, New Views: A Word of Caution Regarding Sentencing Reform” several studies demonstrated that rehabilitation and correctional education are effective in reducing recidivism (Jancic, 1998). According to Welsh (2002), the population in the United States’ prisons increased at a rate greater than 300% between the years of 1980 to 1996, and the government has spent more tax dollars building prisons and less on education. Welsh’s study examined access, quality, success, state commitment, and maturity in the postsecondary educational programs before and after Pell grants were taken from inmates.

A major argument against correctional education surrounds the issue of money. It was argued that correctional education will cost taxpayers more money, and that inmates will take funds away from students who attend college campuses (Hrabowski & Robbi, 2002). Research showed that in 2002, incarceration in New York State costs taxpayers $25,000 per year, and it only costs $2,500 per year to send them to college. Based on these statistics, Hrabowski & Robbi (2002) argued their case to have legislators reinstate Pell grant eligibility for inmates, and increase support once they are released from prison.
Treatment

According to Conrod and Stewart (2006), the number of treatment practices available to effectively treat individuals with a co-occurring disorder is woefully inadequate. There is, however, agreement amongst professionals that there should be an integrated approach that combines addiction as well as psychiatric treatment modalities (Conrod & Stewart, 2005). One way to increase compliance by clients suffering from co-occurring disorders is to use cognitive behavioral skills in an effort to manage the symptoms associated with withdrawal from substances (Conrod & Stewart, 2006). One key trait of many personality and behavioral disorders individuals are diagnosed with is impulsivity (Feldstein & Miller, 2006). If the impulsive nature of the client can be better managed, treatment plans have a more favorable outcome. Cognitive behavioral skills training centered on the impulsivity may have a direct influence on other symptoms such as anxiety, sensation seeking, and other risky behaviors being impacted as well (Castellanos & Conrod, 2006).

There are a variety of psychosocial risk factors that attribute to mental health and substance use disorders. These risk factors include a low socioeconomic status, low education levels, isolation, and poor cognitive functioning (Mueser, Drake, & Wallach, 1998). Another perspective is that genetic, interpersonal, or contextual factors may increase co-occurring disorders. Something as simple as the loss of a job for someone with a lack of education or skills could intensify both aspects of the co-occurring disorder (Khlat, Sermet, & Pape, 2004). There are also those who subscribe to the school of thought that mental illness and substance use have a “mutual influence” over one another. Substance use triggers psychological symptoms and psychological symptoms trigger substance use (Hides, Dawe, Kavanagh, & Young, 2006).
Another method used to treat individuals with co-occurring conditions is the use of a modified therapeutic community (MTC) that has been successful in the treatment of substance use. This approach takes some of the essential philosophies of the therapeutic community approach and adapts them for the treatment of individuals with co-occurring disorders (Sacks, Banks, McKendrick, & Sacks, 2008). A structured routine, personal responsibility, the use of peers and mentors, gradual change through treatment phases, teaching self-reliance in the areas of employment and living skills, and the encouraging of a pro-social lifestyle through positive social interactions (Sacks et al., 2008). This method was developed in the 1990s when 50-75% of those in treatment for substance abuse were found to also have mental health diagnoses. This method worked particularly well for those individuals that were on a psychotropic medication regimen (Sacks, Sacks, de Leon, Bernhardt, & Staines, 1997). According to Cherry (2008), the integration of treatment modalities for those individuals with co-occurring disorders is still in its infancy. Many practitioners see no way of treating the individual, and individuals with co-occurring disorders are looked upon as failures in both mental health and addiction systems. Today, there have been breakthroughs, in the use of ‘best practices’ from both fields to better treat those clients with co-occurring disorders (Cherry, 2008).

**Education**

It is important to state that the education level of inmates upon entering the prison systems are far below the average of the rest of society, and the majority are unemployed or underemployed prior to arrest (Stevens & Ward, 1997). Those opposed to prison education programs argue that school cannot undo the criminal behavior learned in the streets. They also argue that inmates give up their rights to
certain privileges when they are incarcerated (Stevens & Ward, 1997). Perhaps part of the problem with education in general in the United States is that people look at education as a privilege and not as a right.

In a study by Stevens and Ward (1997), the authors tracked inmates who earned their Associate or Bachelor Degree in prison. Then they compared the recidivism rates of those inmates to that of inmates who did not attend school. The results were compared to the data collected in similar studies conducted in thirty other states. The evidence showed overwhelmingly, that those inmates who earn a college degree have a tendency not to recidivate upon release. Additionally, the data indicated that it was cheaper to educate an inmate than incarcerate them (Stevens & Ward, 1997). According to Rose et al. (2010), the Inviting Convicts to College Program (ICCP), which was developed together with a state prison in Wisconsin and the University of Wisconsin, Oshkosh is one such education program that prepares inmates to enter college once they return to the community. While this program looks good on paper, the only way to truly know the value of any program, one must look at the standards of that program (Rose et al. 2010).

According to Jancic (1998), the seminal work of Martinson (1974) fell short in its examination of correctional education. There are four reasons Martinson claimed that achieving an education while incarcerated had no affect on recidivism. First, these programs were irrelevant to life after prison. Second, the programs that were offered taught techniques that were no longer used in the various fields of study. Third, these programs could not reverse the impact of incarceration. Lastly, an education did not fit into a criminal lifestyle. Once Martinson’s (1974) words were written, they could not be taken back. This caused the shift in corrections from an approach of rehabilitation to the belief in just
punishment as the answer. The media took Martinson’s perspective and accepted what he believed as truth, and society, in turn, accepted what the media had decided was truth.

Jensen and Reed (2006) evaluated research conducted from the mid-1990s to the present on correctional education programs and their effect on recidivism rates. In five of the six studies they examined, they found education to be effective in the reduction of recidivism. Data in three of the five studies were found to be statistically significant, and those studies that were not statistically significant, showed a correlation between education and lower recidivism (Jensen & Reed, 2006). These results showed that Adult Basic Education (ABE) and GED or high school diploma attainment is ‘what works.’ When addressing vocational training, the findings were mixed, and it was difficult to verify the impact it had. The results of a college or postsecondary education were inconclusive because it was not known whether education itself, or the motivation of those who participated in the program caused the reduction in recidivism rates (Jensen & Reed, 2006).

Pell grants were established in 1972 in an effort to provide low-income families the ability to afford the cost of tuition for undergraduate degrees. It was through the Pell grant program that many students, including prison inmates, were able to afford to get a college education (Welsh, 2002). Because inmates were able to benefit from the Pell grant program, some 43 states offered Associate degree programs, 31 of those programs offered Baccalaureate degrees, nine offered Masters degrees, and three offered Doctoral programs. In 1994, the Omnibus Crime Bill abolished inmate access to Pell grants and these prisons no longer offered the extensive programs, if any college programs at all (Welsh, 2002). According to Ubah (2004), further examination is required in response to
the elimination of Pell grants to inmates, on the micro and mezzo levels. Based on the literature, one can conclude two things; as education increases, recidivism decreases, and as education decreases based on the elimination of Pell grants to inmates, recidivism increases. There is also evidence that shows educating inmates gives them hope for a better future by increasing their chances of employability (Ubah, 2004).

**Hope**

Nietzsche wrote, “Hope: it is in truth the worst of all evils, because it protracts the torment of men” (Nietzsche, 2002, p. 71). The literature paints a different picture. Individuals, who have hope, live more productive lives than those who feel hopeless. Hope provides a reason to wake up, do better, and strive to live life to the fullest. Hope gives individuals options they did not previously consider. Hope makes one a better problem solver, helps people manage situations they once found challenging, and allows people to cope with many illnesses and disabilities (Weingarten, 2010).

Riskind (2006) stated that hopelessness could be described as one important aspect and risk factor in some individuals who suffer from mental illness. This hopelessness also plays a role in the dehumanization of individuals such as those currently incarcerated or recently released from prison. According to one theory, there are two components to hope (Snyder et al., 1996); the first is *will*, and the second is *way*. *Will* is a determination to have a positive outcome in an effort to meet goals in the present and future, and *way* is the skill necessary to obtain those goals. Hope is imperative in order to live a psychologically sound and well-functioning life. Without hope, one cannot focus on the positive aspects of life.
Those individuals are, in some ways, predisposed to psychological problems and physical disorders (Riskind, 2006).

According to Riskind (2006), one way to develop hope is the use of cognitive behavioral techniques. One approach is the “silver lining technique” in which the client is taught to find even the smallest positive piece in any given situation. When an individual has hope, a more optimistic outlook is possible. This approach teaches individuals to be resilient and will empower them to let go of any powerlessness or hopelessness they may experience as a result of things not going as planned (Riskind, 2006).

**Social Work Practice**

Social workers need to advocate for their incarcerated clients, and help show what will work, and what obviously has not worked for this population. The literature conclusively shows that education reduces recidivism to as little as <1% if given the opportunity to receive a college degree (Hrabowski & Robbi, 2002). While this data is from only one state, Texas, it provides some direction on achieving the same results in other states. According to the NASW Code of Ethics (2015), Section 6 addresses Social Workers’ Ethical Responsibilities to the Broader Society, and specifically 6.04-Social and Political Action states:

Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.
Program Needs

The correctional education models found in various institutions throughout the country prior to the elimination of Pell grants, offered many classes from GED, vocational training, and job-readiness to Associate, Bachelor, and Master’s degree programs (Stevens & Ward, 1997). The elimination of Pell grants by the 1993 Violent Crime Control and Law Enforcement Act, the Higher Education Reauthorization Act of 1994, and the Omnibus Crime Bill of 1994 caused a cut to correctional education programs resulting in an aftermath that was so overwhelming, the costs are too great to ignore (Ubah, 2004). In 1979, Martinson reexamined his previous works and recanted his earlier statements and reported that more programs than previously stated were valuable and there were treatment programs that had significant effects on recidivism (Ubah, 2004).

According to Stevens and Ward (1997) correctional education programs served a number of purposes. First, the correctional education programs were created to positively change the lives of inmates who participated in these programs. Second, the programs maintained a basic duty to freedom of inquiry, and third to study, evaluate and respond to all variables regarding the individual, the system, and society. There were also benefits related to increased employability for the inmate, and reduced recidivism for the community.

A meta-analysis done by Chappell (2004), looked at research conducted between the years 1990 – 1999 on post-secondary correctional education and recidivism. Chappell’s study supported the fact that higher education did indeed result in lower recidivism. It also showed that further research should be done to identify which programs would most benefit the inmates. This would allow inmates who serve a sentence that is less than the required time to complete and earn a degree, the same educational opportunities as inmates who serve longer
sentences (Chappell, 2004). Moreover, Chappell’s findings stated that institutions of higher learning might find it beneficial to work with correctional institutions in an effort to fulfill their mission statement or commitment to serve their community.

Like Chappell (2004), Tewksbury and Stengel (2006) stated the necessity of finding programs best suited for inmates to meet their specific needs. Along with unemployment or underemployment, there is also the stigma of being a convicted felon. This stigma alone is a major cause of hopelessness. The combination of a lack of education and job skills only serves to intensify their sense of hopelessness. According to Tewksbury and Stengel (2006), the positive psychological influence of getting an education may also lower the number of infractions on the yard and serve as motivation to develop a level of self-esteem previously unknown.

**Labeling Theory**

Labeling theory is common in the field of criminology, and is used to explain criminal behavior. The focus of labeling theory is on the stigmatization of some members of our society whose behavior is deemed “deviant” by other members of our society. According to some labeling theorists, the behavior of the individuals labeled is not what is at issue; the label itself is the primary concern (Akers & Sellers, 2009). Becker (1963) argued that it is society’s reaction, not the action of the individual, that is the stepping stone in the development of a criminal career and focused on the effect of such labels.

According to Bernburg and Krohn (2006), when an individual is labeled, either formally or informally, the chances of that individual becoming involved with a deviant social group increases. It could very well be the label itself, not the
individual that is most influential in producing the consequent deviant behavior. If an individual is told repetitively that they are worthless or a troublemaker, they will seek out others who are being told the same thing. It is this interaction with others of the deviant group that leads to the deviant behavior. The principle of homophily, people associating with others, who are similar to them on several levels, is an important aspect in developing interpersonal and intimate relationships (Warr, 2003). As a result, those labeled as deviant will seek out others with similar labels. Not only does such labeling identify individuals with some groups, more importantly, it excludes them from other groups (Bernburg & Krohn, 2006).

**Summary**

The literature is clear about the effects of education on recidivism. Most studies, excluding the seminal work by Martinson (1974), show that recidivism is reduced with the attainment of some type of education. Whether the inmate receives a GED or a Master’s degree is not the issue. Any form of education causes a reduction in recidivism. A factor that needs to be addressed is the access to financial aid for inmates. Without a means to pay for their education, inmates cannot obtain an education. If the inmate has no source of income or social support to assist in the costs of an education, they will remain uneducated, or undereducated. If nothing changes, nothing changes. Since the elimination of Pell grants, inmates are leaving their respective institutions with no other skills to aid them with employability than they had when they arrived in prison. The 1993 Violent Crime Control and Law Enforcement Act, the Higher Education Reauthorization Act of 1994, and the Omnibus Crime Bill of 1994 took away the only options inmates had at making changes before release.
CHAPTER 3: METHODOLOGY

Introduction

This chapter will discuss the method used for the research, including the participants in the study, the instrument used, and the methodology used to obtain the data. The benefits, risks and management of the risks, compensation, and limitations, including validity and reliability will also be discussed.

This study explored the participants’ perceptions of the barriers to maintaining a life outside of a correctional institution and ways to address these barriers in order to achieve a better quality of life. At the forefront of the issue of recidivism are the lack of individual resources and the hopelessness present upon release when facing life with no new life skills or education; a life no different than what a person had before prison. The study used snowball sampling and employed the use of individual interviews. Participants were recovering, female and male ex-felons from wide-ranging demographic backgrounds, geographic locations, and varied experiences with incarceration and community supervision, as well as those individuals who have successfully completed supervision and reintegrated into society.

Methodology

Criteria for Study’s Participants

Six women and one man between the ages of 39 to 54 were chosen based on the criteria that they had previously been incarcerated at the state level on one or more occasions, and must also have had a history of substance use and/or co-occurring mental health conditions. No other criteria were required for inclusion in the study.
Instrument

The instrument was developed by the researcher and includes demographic and open-ended questions (see Appendix A). The questions were chosen to facilitate a conversation aimed at discovering the perceptions of the participants when looking at several concerns. These concerns included the role of education and treatment in their staying out of prison, the challenges of pursuing a pro-social lifestyle and the changes made in an effort to avoid returning to an anti-social lifestyle. The demographic questions the researcher inquired about related to the age, gender, racial/ethnic background the subjects most identify with, their socioeconomic status and level of education. The open-ended questions explored their criminal history, including arrests and dispositions of each arrest, and any behavioral health or co-occurring disorders. In addition, the length of sobriety/clean time and the process involved in obtaining continuous abstinence were examined. Other areas of inquiry involved challenges faced by each participant in the pursuit of their current education, and life upon release from prison. The participants’ perceptions for best practices, both inside and outside of prison, for successful reintegration into society were elicited during the interviews.

The method used in recruiting individuals for this study was the use of snowball sampling. The three initial participants were chosen based on their criminal history, their behavioral health and co-occurring history, and a personal relationship with the researcher. Additional participants were introduced to the interviewer via the three initial participants. After determining that they met the criteria to participate in the study, each participant was read the informed consent and stated that their participation was voluntary. They were also asked for permission to be audiotaped during the interview for accuracy in transcription. The interviews were conducted in various locations: in the homes of the
participants, at a coffee shop, and via telephone in two of the cases. The interviewer traveled to each destination to meet with the participants where each interview lasted between 45 to 60 minutes in length.

**Potential Benefits**

There were no benefits for the participants regarding their agreement to take part in the study. However, participation gave each individual an opportunity to share his or her story with others; sharing experience, strength, and hope with others is considered part of the recovery process. The benefit to the field of social work is to contribute to knowledge building and discovering ways in which to reduce the rate of recidivism, work towards social justice, and bring dignity and quality of life to individuals trapped in the cycle of addiction, untreated mental illness, and incarceration.

**Potential Risks**

There were minimal psychological, social, physical, economic, or legal risks anticipated as a result of this study. None of the participants stated that they experienced the need to debrief after the interview process; therefore no other services were required.

**Management of Risk**

All information collected by the interviewer remained confidential, meaning that no identifying information was revealed in the analysis of the data or in the reporting of the interviews. The interviews were used to identify common themes among the participants, and the interviewer kept all information, recordings, and transcripts in a secure location for the duration of the study. All recordings were properly disposed of once the participants approved the
transcripts. Direct quotes were used to show commonality, and identifying information was omitted from the report.

Subject Compensation

There was no compensation given to the participants, as participation was voluntary.

Research Question

The research question that framed this research was, “What are the perceptions of the participants as to the roles that education and treatment played in their not returning to prison?”

Data Analysis

Upon completion of the interviews, the researcher transcribed the interviews for participants’ approval of the messages conveyed during the interview process and used an analytical inductive approach to identify all common themes that emerged from the data. The data were further used in an attempt to provide a basis for programs to benefit inmates in state prisons and those individuals recently released. The goals of this research study were to find how best to reduce recidivism and learn how to restore hope in the lives of individuals who have been trapped in the cycle of hopelessness, incarceration, deficit education levels, and a lack of behavioral health services.

Limitations, Validity, and Reliability

The first limitation of this study was the small number of participants included in the study. Based on the sample size and selection method of participants, the results of this study were not sufficient to generalize to the whole population of individuals currently incarcerated in state prisons, or those
individuals recently released. The common themes discovered in this research study were indicative of the shared, lived experiences of this study’s participants.

The second limitation of this study was that the instrument used in the research has not been empirically tested, and therefore does not have reliability or validity. However, the interview guide contains face validity due to the fact that the interview questions asked directly correlate to the research question guiding this study.

**Protection of Human Subjects**

The researcher for this study completed the online Human Subject Assurance training and received a certificate of completion (see Appendix B). The training gave the researcher the necessary knowledge required in an effort to do no harm while conducting research with human subjects. A proposal was submitted to the Department of Social Work Education at California State University, Fresno for departmental approval prior to beginning the interview process (see Appendix C). In addition, the student researcher was the only person with access to the personal data collected as a result of this study, and no personal information was shared with anyone. No identifying information was disclosed at any time during the interview or data analysis process. Participants were assigned a number, which was kept in a separate file. A complete informed consent form was developed explicitly for this study by the student researcher and is available upon request from the principal investigator or researcher (see Appendix D).

**Academic Background and Experience**

The primary investigator, Betty Garcia, Ph.D., LCSW, earned a Ph.D. from Boston University and has taught SWRK 292, the thesis/project class, for several
years. Moreover, Dr. Garcia has conducted qualitative research, and has authored and co-authored several books and journal articles.

The student investigator, Michele Dodd, earned a Bachelor of Science in Criminology from California State University, Fresno. She has conducted previous research and presented that research at the American Society of Criminology Conference.

**Consent Form**

The participants were asked to participate in the study and upon acceptance of the invitation were required to read and agree to the terms set forth in the informed consent that was developed by the researcher (see Appendix D).

**Key Terms**

According to the literature, there is no common definition for recidivism that is universal. The definition used varies depending on the research conducted. For this study, *recidivism* is defined as any re-arrest with subsequent charges filed including a new charge filed by the District Attorney or a violation of parole or probation filed by a Parole or Probation officer. The time frame used to measure recidivism varies as well. According to Durose et al. (2014), they use either three years or five years as a benchmark.

*Hope* means different things to different people. For the purposes of this study, hope is defined as a double faceted emotion that has both cognitive and affective properties. The cognitive property involves clarifying the necessary information that is significant to the desired outcome of some experience in one’s future, and the affective property requires the individual to generate an alternate reaction or feeling than their current state of being (Groopman, 2005).

*Hopelessness*, on the other hand, is the lack of hope one feels as a result of past
experiences that have left them feeling as if there is no way out of their current situation. If a change can occur in the cognitive processes, one can bring about a change in the affective responses one experiences. This is not an easy undertaking, and in many cases will require the assistance of others to point out strengths that are present in the individual being treated.

Co-occurring disorders or behavioral health are the terms used to describe the co-existence of mental health and addiction disorders. This term has replaced dual disorder and dual diagnosis. As treatment has evolved and become more precise, so has the language that is utilized (Psychology Today, 2014). As the term implies, co-occurring is used to describe one or more substance and mental health disorder.

Homophily, the principle of people associating with others, who are similar to themselves on several levels, is an important aspect in developing interpersonal and intimate relationships (Warr, 2003).

Summary

The aim of this study was to conduct a qualitative, narrative study of men and women who have experienced previous involvement with the police, courts, corrections, and behavioral health. The objective was to give a voice to the once voiceless, and discuss ways the participants used in an effort to remain out of prison, either the concrete and metal prison run by the state, and/or the one created in the minds of those who feel hopeless. The goal was that the information gained from this study would depict the perceptions of the participants in reducing recidivism; the role hopelessness plays in recidivism, and the appropriate response to that hopelessness. If people have something to strive toward, hope prevails. If hope prevails, a better quality of life ensues. The state of hopelessness has
historically caused numerous problems including drug use, lack of desire to treat mental health problems, family crises, and recidivism.
CHAPTER 4: RESULTS

Introduction

This chapter will present an analysis of the data gathered from the interviews with the seven participants. The questions were chosen in an effort to narrow the scope of research and remain focused on the research question: What are the perceptions of the participants as to the roles that education and treatment played in their not returning to prison? Table 1 shows the details of the demographic information collected during the interviews.

Table 1

Demographic Information

<table>
<thead>
<tr>
<th>ID #</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>SES Childhood</th>
<th>SES Current</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>53</td>
<td>Female</td>
<td>White</td>
<td>M</td>
<td>M</td>
<td>GED/CAADAC</td>
</tr>
<tr>
<td>P2</td>
<td>54</td>
<td>Female</td>
<td>White</td>
<td>UM</td>
<td>L</td>
<td>AA</td>
</tr>
<tr>
<td>P3</td>
<td>39</td>
<td>Female</td>
<td>White</td>
<td>M</td>
<td>L</td>
<td>GED</td>
</tr>
<tr>
<td>P4</td>
<td>47</td>
<td>Female</td>
<td>Black</td>
<td>M</td>
<td>M</td>
<td>GED/AA/CAADAC</td>
</tr>
<tr>
<td>P5</td>
<td>45</td>
<td>Male</td>
<td>White</td>
<td>UM</td>
<td>M</td>
<td>GED</td>
</tr>
<tr>
<td>P6</td>
<td>48</td>
<td>Female</td>
<td>White</td>
<td>M</td>
<td>LM</td>
<td>BS</td>
</tr>
<tr>
<td>P7</td>
<td>45</td>
<td>Female</td>
<td>White</td>
<td>UM</td>
<td>LM</td>
<td>MS</td>
</tr>
</tbody>
</table>

Note. M=Middle Class; UM=Upper Middle Class; LM=Lower Middle Class; CAADAC=California Association of Alcohol and Drug Counselor; AA=Associate Degree; BS=Bachelor of Science; MS=Masters Degree; GED=General Education Development

The common themes that emerged from the participants included: trauma, invisibility, hitting bottom, the prison experience, resiliency, and the journey of recovery.
Theme 1: Trauma and Invisibility

For many, the journey to prison began with childhood trauma including parental substance use or mental illness, physical abuse, and sexual abuse or rape in the case of two of the participants. Many of the participants expressed a variety of traumatic issues including:

- “[It] very much helped me get away from the unhappy childhood.”
- “I was raped, and I asked him not to touch me again. I was brought back to that experience.”
- “My stepfather was very abusive and I started being raped at age 10.”
- “My stepfather sexually abused me for about four years, I didn’t even realize what he was doing was wrong. In fact, I didn’t realize it until much later in life.”

While not all participants experienced these types of trauma, it was clear that for many, trauma was present in their past. Some, like one of the participants above, did not see their current life or experiences as traumatic. For them, such experiences were the norm. It was only after experiencing and re-living the resulting effects of the trauma that they began to see those experiences as damaging and painful. Many of the participants had extensive drug and alcohol histories, and substance use was a way to escape their inner pain and current reality. The substance use in some of the stories was the catalyst for the criminal behavior that followed.

While incarcerated, the inmate saw himself or herself as just a number perpetuating the invisibility of their lives as they have in the past. There was no apparent way out of their lifestyle prior to incarceration, because of the lack of positive family support. The lack of support systems made them, “just another
bum on the street.” Additionally, not one of the participants reported having been given the opportunity to process their childhood trauma, or the trauma caused by the commission of a violent crime and consequential incarceration with a mental health professional. One participant stated:

I put in to see psych services, and told them I didn’t want to be medicated. They medicated me; I took the first dose, and lost four days. I didn’t take the medication again, and I didn’t go back to psych services.

Another participant stated, “I took a psychiatric evaluation, but they never focused on what I had done and how I had processed it. If a cop kills someone, they immediately get counseling. Why doesn’t that happen for other people?” Because the system does not see them as human, they remain invisible. The lack of family support or services was not available to them prior to prison, and in many cases, was still unavailable after prison. No one seemed to “see” what was happening, and no one helped.

**Theme 2: Hitting Bottom and the Prison Experience**

The participants’ paths to prison and the crimes committed were as varied as the individuals themselves. One common theme, however, was that each participant committed violent offenses as an adult. Two participants talked about having a juvenile record. One served time in a juvenile facility while the other received probation. Three of the participants had long histories of misdemeanors such as prostitution related charges, battery, domestic violence, public nuisance, loitering, petty theft, underage intoxication, and possession of a controlled substance. The felony charges that led to their incarceration included:

- 1st degree murder, later reduced on appeal.
- 2nd degree murder.
- An individual being shot during an altercation in a bar.
- A car accident, while under the influence where someone died in the accident.
- Armed robbery.

The length of sentences varied according to crimes and the participants’ behavior during incarceration. Table 2 shows the various sentences, the amount of time served, what state they did time in, and how long each individual has been released from prison. All participants were under the influence of drugs and or alcohol, and in several cases, past trauma was a contributing factor.

Table 2

<table>
<thead>
<tr>
<th>Sentences and Time Served</th>
<th>Length of sentence</th>
<th>Length of time served</th>
<th>Length of time since release</th>
<th>State where incarcerated</th>
</tr>
</thead>
<tbody>
<tr>
<td>LWOP-Reduced on appeal</td>
<td>18 years</td>
<td>7 years</td>
<td>California</td>
<td></td>
</tr>
<tr>
<td>16 years to life</td>
<td>26 years</td>
<td>3 years 6 months</td>
<td>California</td>
<td></td>
</tr>
<tr>
<td>33 years</td>
<td>23 years</td>
<td>6 months</td>
<td>Arizona &amp; California</td>
<td></td>
</tr>
<tr>
<td>Various felony convictions</td>
<td>21 years</td>
<td>13 years</td>
<td>New York &amp; Oregon</td>
<td></td>
</tr>
<tr>
<td>15 years</td>
<td>14 years</td>
<td>5 years</td>
<td>California</td>
<td></td>
</tr>
<tr>
<td>25 to Life + 10 reduced to 12</td>
<td>5 years 8 months</td>
<td>15 years 6 months</td>
<td>California</td>
<td></td>
</tr>
<tr>
<td>6 years</td>
<td>3 years 6 months</td>
<td>28 years</td>
<td>Nevada</td>
<td></td>
</tr>
</tbody>
</table>

*Note. LWOP=Life without the possibility of parole*

When asked about their substance abuse history, one participant stated, “I did everything under the sun. I finally settled on heroin in prison, I loved to alter my reality. I was instantly addicted.” Another stated:

At an early age I started drinking and using, and that was all I wanted to do. It very much helped me to get away from the unhappy childhood and help
me to become a different person. All of my crimes were committed under the influence.

One other participant stated, “At 16 I had a baby and thought I was fat and started smoking crack. At 18, I was arrested and went to prison. I had been getting high before the fight that led to my incarceration happened.”

For some, ‘the bottom’ did not happen with the first prison sentence, or the subsequent trips to prison. Three of the participants’ did not change their behaviors for a substantial amount of time after release from prison. One participant said when asked how continuous abstinence was achieved:

The last time I used, I started out drinking at 6:00 am, and by noon I was smoking meth in the dressing room of a strip club. Three days later I called my husband because I was tired of getting high. I either had to go to treatment, or he was going to leave me. I was afraid to lose my house, car, bank accounts, and the security I had finally found.

Another participant stated that she still struggles with substance use, even after being home for more than a decade.

All of the participants shared one issue regarding their incarceration. None of them received appropriate mental health services. Some requested talk therapy, and all the participants who sought services while incarcerated discussed being medicated instead of treated. That was the extent of the services they received while incarcerated. This lack of mental health services was not limited to those incarcerated in California, but also for those incarcerated in Arizona and Nevada.

Another commonality of the prison experience was the lack of rehabilitation services. Only one of the seven participants, when released from prison, felt they had the means to change their life because of the education they received while incarcerated. One participant stated, “Everything is outdated in
regards to technology and what they have to teach you. The California Department of Corrections and Rehabilitation (CDCR) is not rehabilitative, they are more debilitative.”

**Theme 3: Resiliency and the Journey of Recovery**

Several factors affected the participants’ ability to positively change their current trajectory in life. The research data showed a lack of support from family and availability of social services. In addition, the lack of education and job skills contributed to the participants’ inability to find employment. Institutionalization, low self-esteem, lack of desire to change, past traumas, and the culture where they lived were some of the barriers to positive change. These issues, coupled with untreated mental illness and co-occurring substance use, decreased the chances of positive change for most of the participants. Somehow, the participants found the drive and tenacity to come through to the other side with a sincere desire to change their current situations and live life differently.

The interview data showed that each participant possessed a level of resiliency, as demonstrated by their willingness and motivation to overcome their current circumstances and believe that life could get better. Resilience describes those individuals who prosper despite the presence of unfavorable conditions (Waxman, Gray, & Padron, 2003). Some of the participants’ personal histories were marked by trauma, separation, and isolation. While two participants came from a higher socioeconomic status, their outcomes were similar to those from other socioeconomic backgrounds. Regardless of their income level or socioeconomic background, they were all impacted by trauma, mental illness, and substance use. These circumstances, in most cases, led to shame, guilt,
degradation, and the inability to conform to society’s rules and led to a prison cell for their crimes against the state.

Many of the participants are leading very productive lives, and a few are still struggling with the transition from prison to freedom. One of the participants is successful in the field of research, one is a drug and alcohol counselor who took her first vacation at the time of this writing, and yet another of the participants has turned to academia in an effort to make a difference is her life as well as the lives of those she touches. These individuals overcame seemingly insurmountable circumstances and odds to rejoin society as productive members in hopes of maintaining their current freedom.

In this regard, the participants shared in a common process of recovery. According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2015), recovery is “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” However, there were significant steps that were taken in order to empower themselves to remain on the journey of recovery. One participant stated, “I bought into the drug and alcohol program while I was in in prison.” Another stated, “This time I was really tired of my life, I was missing so much to drugs and alcohol. The longer I stayed clean, the more hope I had for a better future.” Some of the common subthemes included 12 step meetings and relationships with people on the same positive path, religion or some form of spirituality, and receiving services for the first time. One participant simply stated, “I got beat into reasonableness. I couldn’t live like that anymore.” One participant stated, “Getting long timers into programming immediately upon arrival at CDCR and allowing them to get an education while incarcerated, gives them the opportunity to counter the negative, life long implication of being an ex-felon.”
Education

The data showed that prior to their incarceration in prison, these individuals were uneducated and/or grossly undereducated. One of the participants took the proficiency exam at age 16 and attempted to join the military at 18. The ability to enlist in the military was restricted due to not having a High School Diploma or GED. As a result, one participant began down the path to prison. Later, at age 32, she took the GED test and passed. One of the participants earned an associate degree and went on to earn her California Association of Alcoholism and Drug Abuse Counselor Certification. Two of the participants received their GED while in prison, and another received a GED after being released from prison. Another has earned a bachelor’s degree, and another earned a master’s degree since release.

Mental Health Treatment

Not all of the participants self reported or have been clinically diagnosed with mental illness. There seem to be fewer stigmas attached to being a recovering addict or alcoholic than as an individual with mental illness. The data showed that four of the seven participants had received a mental health diagnosis that included depression, anxiety, stress, Post Traumatic Stress Disorder (PTSD), and agoraphobia. In one case, there was a self-report of depression and anxiety, though no diagnosis was made by a mental health professional. Two cases reported no mental health problems. Also of interest was reference to Post-Incarceration Syndrome by one of the participants. Though not listed in the DSM-5, Post Incarceration Syndrome, refers to a constellation of symptoms similar to those of PTSD, depression, anxiety, antisocial personality disorder, and is common to individuals incarcerated for long periods of time (Liem & Kunst, 2013). Three of the seven were prescribed medication for their mental illness.
When asked about any mental health treatment, one participant answered, “I still have not received any help. Parole has done nothing to help. There are no services. The services offered before you parole are just a bunch of smoke and mirrors.” Another stated, “The services I receive now are not from California. Here I get free mental health treatment and low cost prescriptions from the state. I’m glad I didn’t parole to California, because of the stories from friends who did parole there.” This participant went on to say:

I had no idea that any of this mental health stuff was going to happen to me. I can’t even leave home by myself. It is almost impossible to cope with on your own. If it weren’t for the free mental health treatment, I would be back in prison.

Substance Use Treatment

The participants more readily identified their own substance use than mental health disorders. Their stories varied regarding the age of onset on the use of substances and the type of substances. Beginning with alcohol at an early age, all seven participants used some form of illegal drugs and alcohol. One participant was eight when use began on a regular basis. The average age for five of the participants was 13 and one participant “used some drugs” in high school. The substances used ranged from alcohol and marijuana, to cocaine, crack, heroin, mescaline, angel dust, LSD, and crystal methamphetamine. One participant who did not identify as an addict or alcoholic, did state she uses alcohol to self medicate anxiety. At the time of writing, five of the seven participants were in recovery. Two of the seven did not identify as a drug addict or an alcoholic. The length of clean time/sobriety ranged from 7 months to 20 years.
More than half of the participants commented about the need for individualization of mental health and substance use services. One stated, “Help the people that want help. Not everyone wants to change, and that’s okay.” Another stated, “One size does not fit all” when it comes to treatment of mental illness or co-occurring disorders. Yet another exclaimed:

How many of the women incarcerated in Chowchilla have mental health issues, substance abuse issues, and trauma issues to start with? I would say about 80%! Then you add Post Incarceration Syndrome to that, and those that didn’t [have mental illness] before, now do. Those that did [have mental illness] have been compounded!

12-Step programs such as Alcoholics Anonymous and Narcotics Anonymous have worked for countless alcoholics and addicts worldwide. Instead of hoping they ‘get it’ when they are released, give inmates the tools necessary for success once on the outside. One participant said, “It’s like giving a woman who is six months pregnant, a condom.”

Summary

The challenges faced by the participants upon release from prison were numerous. Three items were identified in analyzing the interview data: 1) trauma and invisibility, 2) hitting bottom and the prison experience, and 3) resiliency and the journey of recovery. These stories demonstrate that the unavailability of mental health services and substance use treatment often lead to relapse and then recidivism. The lack of transitional housing, financial assistance, family or social support, as well as minimal or relevant education and jobs skills all combine to make life outside of prison even more difficult than the prison itself. One of the participants stated:
I think that I am unique because I have such extensive human capital. I have family and friends that have supported me through this whole ordeal. Most people didn’t have the human capital to begin with, or they destroyed it through their addictions.

According to the participants, in regards to the transition from prison to society, having or getting an education, as well as treatment and other social services would provide the tools necessary to have hope for a more productive future outside of prison. One participant stated, “Create programs that elicit change. Individual centered programs, and not policy centered programs. One size does not fit all.” Another participant stated:

All of us do things for different reasons, and we all need different resources in order to recover…most of us are under educated with high IQs and have pre-existing mental health issues. All of those things need to be addressed, and we all need to be treated with dignity and respect.

When asked what wisdom or words or advice the participants would tell other inmates stuck in the hopelessness found behind the prison walls or in their own minds, suggestions were offered that the field of social work would be well served by addressing them in order to better serve this population. One participant said, “Don’t minimize the need for therapy in any form. [You can tell them] YOU WILL NEED HELP! It is an adjustment you are not prepared for.” Another stated, “You are responsible for your own change, because the state of California doesn’t give a fuck!” These comments suggest that in order to help this population formulate a plan of action to rejoin and become successful in society, they should be given the means necessary to achieve such goals.

Four of the seven participants also talked about hope and forgiveness. One stated, “Give yourself [sic] a break. You are worth more than you have every
given yourself credit for. Take advantage of all the opportunities they give you to make a better life.” Another stated, “Don’t believe the lie. You don’t have to be your past mistakes or decisions. You get a do over…trust the process.” Still another suggests, “Make use of every single positive programming opportunity you have whether or not you think it applies to you. You will meet others who are interested in changing their life, and those are the people to surround yourself with.” The fourth stated, “Do not give up on yourself [sic]. Don’t settle for the hand that you may feel like you’re dealt in life, you can cash those cards in and make a different life.”

There appears to be a lack of programs geared toward preparing inmates to be released from prison, as well as a means to find a job and appropriate housing. Services to assist with housing, employment, and financial resources should be available to those requiring such services. One participant stated, “They [those in charge at the prison] should look more closely at how they prepare you to leave prison.” Another participant stated, “Give inmates and parolees a chance to have a better life by teaching them a useful trade.” Another participant stated: Transitional housing should be paid for by the state, but should be designed to address the transitional issues created by doing a long time. Putting individuals who have done 18 years into a program with individuals who have done two years is counter-productive. They don’t have the same issues.

In the following chapter, I will examine the highlights of the findings and how the literature supports this study as well as discuss the implications for future social work practice. In addition, the limitations of this research, proposed policy changes to empower this population, and recommendation for further research will
be discussed for the purpose of creating greater social justice for individuals getting out of prison.
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

In this chapter, I will examine the highlights of the findings, how the literature supports this study, and the implications for future social work practice. In addition, the limitations of this research, proposed policy changes to empower this population, and recommendations for further research will be discussed for the purpose of creating greater social justice for individuals getting out of prison.

One topic the seven participants made clear was that there is a disconnect between societal expectations of those released from prison and the realities of life after prison. These individuals are expected to secure housing and employment, yet they do not have the necessary family or social support to find affordable housing, and many do not have the skills to successfully find a good-paying job. In the case of four participants, they had the family support required to secure a stable, healthy environment to move to, yet the other participants struggled to find that stability. In regards to employment, only one of the participants was self-supporting upon release. Three of the seven participants found jobs that did not pay enough to make their ends meet. Two participants struggled after release to find employment that did not require disclosure of their ex-felon status. One participant is unable to work due to the severity of her mental illness.

Another topic all seven participants agreed upon was the lack of mental health and/or co-occurring substance abuse treatment programs. They reported that the state is quick to medicate those they diagnose with mental illness; however, they do not provide individual talk therapy or group sessions to aid in the management of symptoms. The mental health services provided in the prisons are sub-standard according to the participants’ experiences. Social work education teaches client centered treatment, and based on the self-reports of the participants,
the current practices of the state prisons does not match the professional practice standards of the field.

In California, the In-Prison Substance Abuse Treatment (SAT) Program is a prison program aimed at lowering recidivism through drug and alcohol treatment. The SAT program is available to inmates that meet the eligibility requirements which are as follows: “Inmates who have a moderate-to-high risk to recidivate, with a medium-to-high need for substance abuse treatment, and are within 7-12 months of release” (California Department of Corrections and Rehabilitation, 2016). While this program exists, the length of the program is a mere 150 days, and the individual must be within a year of release. This is one example of a program that turns away individuals who could benefit from long-term treatment because they are not within the required period of time to be released.

There should be an integrated approach that combines addiction as well as psychiatric treatment modalities (Conrod & Stewart, 2005). One way to address the issues affecting those individuals with co-occurring disorders is to help these individuals develop the cognitive behavioral skills necessary to learn how to manage the symptoms associated with withdrawal from substances (Conrod & Stewart, 2006). For example, impulsivity is one trait that individuals with personality and behavioral conditions suffer from (Feldstein & Miller, 2006). If the impulsive nature of the client can be better managed, treatment plans can have a more favorable outcome. Cognitive behavioral skills training centered on the impulsivity may have a direct influence on other symptoms such as anxiety, sensation seeking, and other risky behaviors (Castellanos & Conrod, 2006). Also, this type of programming should include an aftercare component once the inmate is released. Repetition and continuity of care are vital aspects to the successful treatment of these individuals. The tools learned prior to release are reinforced
and further progress is made in successful reintegration into society. The aftercare component is a crucial factor in any recovery program, and may be more crucial for this population. Aftercare would provide the structure and stability necessary for individuals newly released from prison. One option may also include a transitional housing component for those who would require such services.

**How the Results Match the Literature**

According to the literature, education is the best defense against recidivism in addition to providing treatment. A study done by Jenkins, Steurer and Pendry (1995) to measure the success rate of individuals released from prison based on their ability to secure employment found that the better the education an individual receives in prison, the more apt they were to find employment. Also, there were a small number of individuals who achieved a 100% success rate of securing employment once released who had completed a college education (Jenkins et al., 1995). Stevens and Ward (1997) showed that if an inmate can earn a degree, either an associate or bachelor, they reduce their chances of recidivating. Another study showed that there was a reduction in recidivism of 22% within 5 years of release by taking even just one college class (Burke & Vivian, 2001). Still yet another review of articles published between 1969 and 1993 showed that in 85% of the articles the higher the education level, the lower the recidivism level (Stevens & Ward, 1997).

As cited in Pew Center on the States (2011), Louisiana Governor Bobby Jindal said:

> Without education, job skills, and other basic services, offenders are likely to repeat the same steps that brought them to jail in the first place. We need
to address the problem of the rate at which offenders become repeat offenders in order to keep our communities and families safe (p. 2).

The issue of recidivism in the United States is one that pervades our country on all levels from the microsystem to the macrosystem. In regard to education in the United States, people view education as a privilege and not as a right.

The results of this study are consistent with the findings in the literature. In the case of three of the participants, they have earned college degrees and have found employment in their chosen fields. The completion of their educational programs was the key to successful reintegration into society, two of which were incarcerated for 18 years and 26 years respectively. Two of the participants have acquired job skills that allow them to provide for themselves in a way that was never before possible. One of the participants who was in need of job training and only worked part time, said this of her current situation, “my family offered me a roof over my head, and help so that I can grow and develop without a bunch of pressure.” The last of the seven participants is currently unable to work due to her mental health problems.

**Implications for Social Work Practice**

**Micro Level**

As mentioned previously in this chapter, social work education teaches client centered treatment. As social workers, we should be working with the person in the environment and meeting our clients where they are. If that individual is only capable of reducing symptoms of mental illness from daily to four times a week, that is what should be addressed. The client should not be forced or required to do more than they are capable of. The value of dignity and worth of person is crucial in assisting this population. According to the National
Association of Social Workers (2008), the principal of respecting the individual and being ever mindful of our individual differences should be what guides our practice. As a social worker, one should seek to enhance the self-efficacy of the client, and empower the individual to make positive changes. The current prison policies are in direct opposition to the field of social work’s stance in regards to empowerment, social justice, and dignity and worth of person (National Association of Social Workers, 2015).

**Mezzo Level**

While there is a lack of qualified mental health clinicians, it is recommended that the prison policy regarding mental health and substance use services be changed to meet the need for such services. One such need is to provide more trained clinicians to meet the demand. In the case of one of the participants, she “caught the bug” while she was in the drug program in prison, and that assisted in her successful transition from inmate to productive member of society.

**Macro Level**

Many members of the prison hierarchy, politicians, and society have an attitude of indifference or a prejudice toward this population such as those represented by the participants in this study. Both the literature and this study show that given the needed support and appropriate services, there are individuals who desire change and are willing to go to any lengths to make positive changes. As social workers, we need to empower, support, and do what can be done to ensure that these individuals successfully meet their goals. The participants have long been invisible, in terms of family or friends seeing that they needed preventative care and/or the appropriate intervention, due to the traumas they
experienced. With the lack of family support or intervention of crucial services, they instead became a number on the prison yard and property of the state.

As social workers, the ethics of our practice are entrenched in a set of tenets that include, “service, social justice, dignity and worth of person, importance of human relationships, integrity, and competence (National Association of Social Workers, 2015). These are the principles that can assist social workers in dealing more effectively and compassionately with persons from this population.

**Recommendations for Future Research**

**Program Development**

There are two limitations to this study; the first limitation is the small number of participants included in the study. Based on the sample size and selection method of participants, the results of this study are not sufficient to suppose that all individuals currently incarcerated in state prisons, or those individuals recently released have the same feelings regarding their experiences. The common themes discovered in this research study are only indicative of the shared, lived experiences of the participants in this study. The second limitation is that the instrument used in the research has not been empirically tested, and therefore its reliability or validity may be in question. However, the interview guide has face validity due to the fact that the interview questions asked directly correlate to the research question guiding this study.

Based on the limitations of this study, having a larger sample size including individuals from other states and both genders would provide a more complete picture of the shared experiences of the population affected by mental illness and/or co-occurring substance use disorders. This is one area that could be further
researched in an effort to inform the development of programming initiated prior to release.

**Mental Health Diagnosis**

An area for further research is in the creation of a diagnosis for the symptoms associated with Post-Incarceration Syndrome. According to Liem and Kunst (2013), there has been a great deal of research done regarding mental illness and the prison population, but there has not been enough done regarding how some inmates may develop mental illness as a direct result of their incarceration. PTSD-like symptoms appear to be prevalent in this population, however these symptoms do not truly encompass the entirety of the symptoms some inmates experience. Research has suggested that there needs to be further exploration of these grouping of symptoms as found in this population and have and have currently termed this potential diagnosis Post-Incarceration Syndrome (PICS) (Liem & Kunst, 2013).

The question remains if the symptoms that they are experiencing are associated with substance use, or if the unique grouping of symptoms could be better understood by the proposed diagnosis including the symptoms associated with PICS? Further research is needed to better understand how to better serve and empower this population.

**Summary**

One thing, more than anything else I am taking away from this research, is that once out nobody wants to go back to prison. Recidivism, at the level that it is at, may be due to the fact that these individuals feel trapped in their lives with no other means of escaping the revolving door of our state prisons. Once armed with the necessary tools to succeed without having to use substances or commit crimes,
this population will surpass even their own expectations. The participants shared their belief that they have to work twice as hard as the next worker to make up for the fact that they are convicted felons. With this drive and tenacity working in a positive direction, “lost dreams awaken, and new possibilities arise” (Narcotics Anonymous, 1988, p. 61). This chapter has discussed the highlights of the findings of the research, how the literature supports this study, and the ways in which the field of social work practice could benefit from this research. In addition, the limitations of this research, proposed policy changes to empower this population, and areas of further research were also addressed.
REFERENCES
REFERENCES


APPENDICES
APPENDIX A: QUALITATIVE INSTRUMENT
QUALITATIVE INSTRUMENT

The following is a list of the main questions to be asked during the interview process. Other follow up questions will be asked as required for clarification of subject answers.

**Four demographic questions:**

- How old are you?
- What racial/ethnic background do you most identify with?
- What socioeconomic background were you raised in?
- What is your level of education, and when did you achieve it?

**Eight open-ended questions:**

- Tell me about your criminal history.
- Tell me about your substance abuse history.
- Tell me about your mental health history.
- How long have you been clean/sober?
- What made it difficult for you to make a change sooner?
- What was different for you this time?
- If you could talk to the people in charge (prison, legislators) and they would listen, what would you want them to know about the difficulties of maintaining a life outside of prison?
- What would you tell other inmates in order to make a difference for them? Or for other people still doing time that would like a way out, but do not know how to get there.
APPENDIX B: CERTIFICATE OF COMPLETION FOR HUMAN SUBJECTS
The National Institutes of Health (NIH) Office of Extramural Research certifies that Michele Dodd successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 02/23/2015

Certification Number: 1703512
APPENDIX C: HUMAN SUBJECTS PROPOSAL
Human Subjects Proposal

Abstract

This study will look at recidivism rates, the barriers to maintaining a life outside of a correctional institution, and ways to address these barriers and achieve a better quality of life for those individuals released from correctional institutions. At the forefront of the issue of recidivism is the lack of individual resources and the hopelessness that is present upon release when faced with a life no different than the life one left behind upon being sent to prison. The study will use a qualitative method and employ the use of individual interviews with a group of recovering, female and male ex-felons from varying demographic backgrounds, geographic locations, and varied experiences with incarceration and community supervision, as well as those individuals who have successfully completed supervision and reintegrated into society.

Protocol

Purpose and Background

The state of hopelessness causes many problems including, drug use, lack of desire to treat mental health problems, family crises, and of course, recidivism. My goal is to give a voice to the once voiceless, and discuss the ways one can remain out of prison, either the concrete and metal prison run by the state, or the
one created in the minds of those who feel hopeless. Recidivism rates are inversely proportional to education. The higher the education, the lower the recidivism rate and vice versa. The hope is that the information gained from this study will explore how hopelessness plays a role in recidivism, and the response to hopelessness is education and treatment. If people have something to strive toward, hope prevails. If hope prevails, a better quality of life ensues.

**Subjects**

The total number of individuals to be used in the research will be 10-12 women and men between the ages of 18-60. The participants will be chosen based on the criteria that they have previously been incarcerated at the state level on one or more occasions, and may have a history of treated or untreated mental illness and/or a substance abuse disorder. No other criteria must be met prior to inclusion in the study.

**Methods**

The individuals will be recruited for this study by snowball sampling. The three initial participants will be chosen based on previous knowledge of their criminal history, mental health status, and prior substance abuse history. Additional participants will be introduced to the interviewer via the first three participants, and so on. Each participant will be asked to read and agree to the informed consent, state that their participation is voluntary, they meet the criteria listed above, and they will be asked for permission to be audiotaped during the
interview for accuracy in transcription. The questions to be asked during the interview will assist in ascertaining specific data required to complete the research. The instrument was developed by the interviewer and will not include invasive or harm producing questions. The interviews will be conducted at a location chosen by the participants to ensure their comfort and safety. The interviewer will travel to each destination to meet with the participants. Each interview should last between 45-60 minutes in length. Should more time be needed, the participant will be asked for permission and agree to continue.

Potential Benefits

There are no benefits for the participants for their agreement to take part in the study. However, the study will give participants an opportunity to share their hope with others. Sharing experience, strength, and hope with others is part of the recovery process, and this is in line with that philosophy. The benefit to the field of social work will be to contribute to knowledge building and discovering ways in which to reduce the rate of recidivism, work towards social justice, and bring dignity and quality of life to individuals stuck in the cycle of addiction, untreated mental illness, and incarceration.

Potential Risks

There are no anticipated psychological, social, physical, economic, or legal risks anticipated as a result of this study. Should a participant need to debrief after the interview, the interviewer will facilitate a meeting with a licensed clinician to
give them the means to debrief. This meeting will occur at an office in an area near the participant’s home.

Management of Risk

All information collected by the interviewer is confidential, and no identifying information will be discussed in the analysis of the data or in the reporting of the interviews. The interviews will be used to find common themes among the participants. The interviewer will keep all information, recordings, and transcripts in a secure location for the duration of the study, and the interviewer will properly dispose of recordings once the individual has approved the transcripts. Direct quotes will only be used to show commonality, and no identifying information will be used in the writing at all.

Subject Compensation

There will be no compensation given to the participants at all. Participation will be completely voluntary.

Academic Qualifications

The qualifications of the primary investigator are as follows:

- Holds a Ph.D. from Boston University
- Taught SWRK 292 for several years
- Conducted qualitative research

The qualifications of the student investigator are as follows:

- BS in Criminology
Research and presentation of a paper at the American Society of Criminology Conference
APPENDIX D: INFORMED CONSENT FOR INDIVIDUALS PARTICIPATING IN THE THESIS RESEARCH PROJECT EDUCATION AND TREATMENT: PERCEPTIONS OF FACTORS AFFECTING RECIDIVISM AND RECOVERY
My name is Michele Dodd, and I am a second year graduate student in the Social Work Education department at California State University, Fresno. I am working on my thesis in order to complete my course of study and earn a Master’s of Social Work degree. It is my goal to give a voice to those who have previously been voiceless. I would like to invite you to participate in my research study by agreeing to a 45-60 minute taped interview between just you and myself. All information disclosed during the will be completely confidential, and you will have an opportunity to read the transcript once it is prepared prior to my completing the study. You are free to discuss the study and your participation in it with anyone you choose. I will be available to discuss anything you do not understand, and answer any questions you might have.

The focus of my research is on individual perceptions of ways to reduce recidivism in an effort to show what is necessary for continued freedom for those who struggle to stay out of prison, and that there is hope for individuals who have previously been written off by society; individuals who have felt hopeless and felt like they had no choices to do anything different. I hope to show that there is a way to end the revolving door cycle of prison, and give those who want it, a better quality of life. It is my belief that by offering an education to the undereducated, and by treating any mental health and co-occurring disorders the cycle can be
broken. I hope to show that by instilling hope in the hopeless we can begin to keep people out of prison and lower the recidivism rate in California and across the country.

I will be using demographic and open-ended questions during a 45-60 minute interview for those that meet the criteria and are interested in participating. I have chosen individuals with prior criminal histories who have been to prison on one or more occasions and who may or may not have a mental illness and/occurring disorder. Your participation in this research study in entirely voluntary, and there will be no compensation given for your participation. It is your choice whether to participate or not, and you may change your mind at any time during the interview process and will be allowed to have your interview erased. Also, you may refuse to answer any of the questions and end the interview at any time. The questions to be asked will be given to you upon request of the interviewer. Once the interview has been transcribed, you will be asked to read the transcript, make changes if necessary, and sign the transcript agreeing to its completeness and accuracy.

There are minimal, if any, risks involved with this study, and the only benefits other than the opportunity to share your experience, strength, and hope with others is your contribution to knowledge building and discovering ways in which to
reduce the rate of recidivism. There will be no compensation or reimbursement at all.

The investigator will hold the recordings of the interview, as well as the transcripts, at all times. The information will be kept in a secure location with no outside access. The recordings will be destroyed once the transcripts have been read and signed by you. No personal information will be shared at any time during this research process. Quotes will only be used as part of the writing in order to show themes or patterns.

If you have any questions now or in the future please contact one of the following individuals:

Dr. Betty Garcia, Ph.D.
(559) 278-2550
bettyg@csufresno.edu

Michele Dodd
(559) 286-9626
ssmontanez@mail.fresnostate.edu
This proposal has been reviewed and approved by the Department of Social Work Education, which is a committee whose task it is to make sure that research participants are protected from harm. If you have any questions about the rights of research subjects, please contact Constance Jones, Chair, CSUF Committee on the Protection of Human Subjects at (559) 278-4468.

Certificate of Verbal Consent

I have had this document read to me, and I have had the opportunity to ask questions about it. Any questions that I have asked have been answered to my satisfaction, and I consent verbally and voluntarily to participate as a participant in this research.

Statement by the researcher/person taking consent

I have accurately read the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the study as it is intended.
I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily, and a copy of this ICF has been provided to the participant.

Print name of researcher

Signature of researcher

Date ____________________________
Fresno State

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