

PREPARING THE OFFENDER FOR REENTRY

Patricia A. Zapf, PhD
Special thanks to Alix McLearn, PhD

Learning Objectives

Upon completion of this session, participants will be able to:

- Identify three potential barriers to successful reentry;
- Identify three model programs for successful reentry; and
- Identify key areas of need for lower functioning offender populations about to reenter the community.

What is Reentry?

- The inevitable consequence of incarceration
- Reentry is a broad term referring to the transition from jail or prison to the community
- Includes persons released under supervision as well as those returned directly to the community

Reentry: Basic Data

- Nearly 650,000 people are released from US prisons each year
 - This is an increase of 350% over the last 20 years
- Nearly 7 million people are released from US jails annually
- Approximately 2/3 of those released reoffend within three years
 - This population has increased fourfold in 30 years
 - More than 95% of incarcerated persons are eventually released
- As many as 15% of incarcerated persons meet criteria for a severe mental illness
- Rates of head injury are significantly higher than in the community
- Majority of ex-offenders return to a small number of communities, many of which face economic disadvantages and high crime rates

Reentry: Basic Data

- ☐ Nearly half of those in jail earned less than \$600/mo just prior to incarceration
- ☐ Majority have a history of substance abuse
 - ☐ 75% of inmates have a substance use problem
 - ☐ 74% of inmates on probation/parole at re-arrest met criteria for substance a/d
 - ☐ Only 10% in state prisons and 3% in local jails receive treatment prior to release
- ☐ 55% have children under 18
 - ☐ About 2% of all US minors have a parent in prison
- ☐ 2 out of 3 lack a high school diploma
 - ☐ 40% have neither a diploma or a GED
 - ☐ Only about 1 out of 3 gets vocational training while incarcerated

Reentry: Basic Data

- More than 1 in 3 jail inmates report some form of physical or mental disability
- About 1 in 5 is released from prison with no community supervision
- They return to communities where resources are lacking:
 - 200 shelter beds for more than 10,000 homeless parolees (CA)
 - 4 MH clinics for 18,000 psychiatric cases (CA)
 - 750 treatment beds for 85,000 released substance abusers (CA)
 - Only 24% of organizations providing services for reentry were found in the six communities to which most offenders return (IL)
 - No services were located in 2 of the 6 communities
 - Half of the prison and jail population is from only a handful of neighborhoods with the most concentrated levels of poverty and nonwhite populations in the state (CT)

Relevant Alaska Statistics

- Incarcerated population in Alaska has grown by 70% in the past 25 years
 - This rise is not mirrored in overall population growth
 - In 2008 Alaskan corrections population declined slightly
- Alaska has the highest rate of FAS among a network of monitored states
- Alaska has higher than average rates of TBI and substance abuse

6 Core Areas for Reentry

- Report of the Re-entry Policy Council identified 6 core areas for reentry
 - Group of 100 leading policymakers, practitioners, & advocates from across the country
 - Public Safety
 - Workforce
 - Victims
 - Health
 - Housing
 - Families & Community

Barriers to Successful Reentry

After serving a sentence, many prisoners report continued punishment in the form of legal prohibitions and social stigmas

- Many states allow employers to deny jobs to persons who were arrested, but not convicted of crimes
- Felony drug convictions can bar access to public assistance such as food stamps, housing assistance, and student loans
- Past convictions prevent employment in many fields, even those that have no logical connection to the offense
- Alaska was ranked 35th in a rating of state barriers to reentry success
- Necessities such as a food, shelter, transportation, education, and employment are inter-related such that a barrier in one area affects other areas

Top 3 Barriers: Employment

- Employment
 - Poor basic education and marketable skills
 - Insufficient opportunity for vocational or educational programs in jail or prison
 - Work assignments while incarcerated that do not correspond to available jobs in the community
 - Inadequate job opportunities in the communities to which offenders return
 - Statutory and regulatory barriers (as well as employer concern) regarding employment of those with records
 - Lack of coordination between workforce systems and departments of correction

Top 3 Barriers: Housing

- Housing
 - Complex family situations (domestic violence, ambivalence)
 - Acute shortage of affordable housing
 - Exclusion of those w/ criminal records from public and low-income housing
 - Unwillingness of community to accept housing units for offenders
 - Lack of transitional and supportive housing

Top 3 Barriers: Treatment

- Treatment: Addiction
 - Proliferation of outdated or non-validated instruments that do not measure addiction treatment needs accurately
 - Number of people incarcerated who have a history of substance abuse that far exceeds availability of treatment
 - Treatment programs that frequently do not adhere to evidence-based treatment modalities
 - Difficulty recruiting and retaining qualified, culturally-competent treatment professionals
 - Lack of coordinated service delivery and aftercare to prevent and respond to relapse

Top 3 Barriers: Treatment

- Treatment: Physical & Mental Illness
 - Inconsistent/ineffective screening/ID of prisoners for health and/or mental health disorders
 - Narrow focus on emergency treatment needs rather than long-term health and public health
 - Compartmentalized, uncoordinated treatment of co-occurring disorders
 - Inadequate communication and cooperation between correctional health officials and community service providers
 - Limited capacity of existing community-based services and general reluctance of providers to serve people with criminal records
 - Delivery of services and use of medications that do not reflect the most current, evidence-based practices
 - Shortages of qualified health care professionals in prison and jail, and high cost of medications

Special Needs of Cognitively-Impaired Offenders

- Research findings are mixed with regard to the relative risk value of various cognitive impairments and their association with societal reintegration
- Certain variables make success challenging for cognitively-impaired offenders:
 - Inability to work due to intellectual and/or mental health issues
 - Symptoms preclude educational advancement
 - Reliance on public support systems
 - Certain treatments may be costly or intermittently available
 - Comorbidity issues
 - Resources for this population are scarce
 - Family/caregiver burnout

Best Practices

Face validity does not necessarily equal programmatic success

- Data-driven programs are essential
- End ineffective programs, even if they "sound good"
- Adoption of an interactionist perspective
 - Intensive programming only for high risk offenders

Prison reform

- Paradigm shift necessary to return pendulum swing to rehabilitation versus punishment focus
- Reentry does not begin when the inmate leaves the facility
- Every staff member must be involved in reentry, and every interaction is a learning opportunity

Empirical Evidence: What Works?

- ☐ Cognitive-Behavioral Therapy
 - Targeting criminogenic needs and model fidelity are key to treatment success
- ☐ Education
 - Meta-analytic studies show varying effect sizes, but clearly support the relationship between education and decreased recidivism
- ☐ Vocational Training
 - Offenders require realistic employment training that can provide a living wage
- ☐ Social Support Networks
 - Prisoners cite family support as an important factor in reintegration, and evidence suggests such support is positively related to job retention and other success
- ☐ Substance Abuse Treatment
 - Drug treatment is correlated with lower recidivism rates

Treatment Targets for Lower Functioning Offenders

- Procriminal attitudes
- Procriminal associates
- Impulsivity
- Risk taking
- Limited self-control
- Poor problem-solving
- Poor educational and employment skills
- Drug and alcohol dependence

Treatment Approaches for Lower Functioning Offenders

- Modeling
- Graduated practice
- Role playing
- Reinforcement
- Resource provision
- Detailed verbal guidance and explanations
 - making suggestions, giving reasons, cognitive restructuring

Staff Approaches to Lower Functioning Offenders

- Meta-analysis results by Andrews et al. 1990
"Treatment staff...relate to their clients with warmth, flexibility, and enthusiasm, but with clear messages about the unacceptability of procriminal attitudes, behaviors, and associations"

Blue Ribbon Programs

- Orange County Jail of Orlando, FL
 - This 3,300 bed facility employs 70 instructors who offer basic education, drug treatment, life skills training, and vocational training
 - In addition to decreasing violence during incarceration, the program's effects on recidivism are evident up to 18 months post-release
- Better People of Portland, OR
 - This program combines MRT with job placement and ongoing job support services
 - One-year job retention rates average 62%
- ☐ Safer Foundation of Chicago, IL
 - Providing support for over 30 years, this program offers individualized case management (substance abuse and mental health treatment), job training, and education
 - A 2006 study found 3-year recidivism rates for the state were 51.8%, but only 24% for Safer clients

Current Reentry Climate

In the last five years, both government and private entities have placed significant focus on reentry initiatives

- In January 2004, President Bush announced the Prisoner Reentry Initiative
- In February 2008, the U.S. Conference of Mayors hosted the largest national reentry summit
- In April 2008, the Second Chance Act was signed into law

Offender Reentry Issues

- Reentry is a process that starts when the offender enters the system
- Standardized assessments that map onto real skill set areas should be utilized to identify strengths and weaknesses
- Work, criminality, education, family, and drug treatment needs should be targeted throughout the incarceration period
 - Higher risk inmates benefit from higher intensity intervention
 - All interventions should be individualized to avoid wasting scarce resources

Offender Reentry Issues

- Principles of Criminal Thinking Elimination apply to reentry:
 - CBT education, accountability, and planfulness are important
 - If these issues do not change during incarceration, they are unlikely to change when the inmate returns to his or her former environment
- Many agencies forget to involve the offender in release planning
- Whenever possible, outside supports should make contact well prior to release

Staff Reentry Issues

- Reentry readiness is not only the responsibility of community or treatment staff
 - Administrators must encourage ALL staff to adopt this mindset
- Staff require education about community resources
- Staff require education about disabilities
 - Not all cognitive impairments are readily recognizable
- Interagency collaboration is key
 - We often create our own disappointments by failing to consider whether release planning is realistic based on the offender's skill set and the availability of resources
 - While collaboration is key, someone needs to take the lead (diffusion of responsibility = slipping through the cracks)

Activity

- Divide into groups
- Each group will receive the vignette of a fictional offender
- Identify the needs of the offender that will be addressed prior to release and in what way they should be addressed
- Identify the needs of the offender that will be addressed after release and in what way they should be addressed
- Share responses
