

Investigating the Perceived Needs and Barriers upon Release from a County Correctional
Facility Between Two Age Groups

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Table of Contents

Abstract.....4

Introduction.....5

Review of the Literature.....6

 Incarceration: A Growing Problem.....6

 Historical Trends.....7

 Parole.....7

 “Get Tough” Legislation.....8

 The War on Drugs.....9

 Legislative Shift.....9

 The Cost of Incarceration.....10

 Financial Cost.....10

 Individual Cost.....11

 Mood Disorders.....11

 Suicide.....11

 Family Systems.....12

 Recidivism.....12

 Criminogenic Needs.....13

 Basic Needs.....13

 Housing.....14

 Peers, Family, and Belonging.....15

 Alcohol and Drug Treatment.....16

 Education and Employment.....17

Reentry Programs.....	19
Transition from Jail to the Community Model.....	20
Risk-Need-Responsivity Model.....	20
Drug and Reentry Courts.....	21
Evidence-Based Models.....	21
Summary.....	23
Method.....	23
Participants and Setting.....	23
Instrumentation and Materials.....	24
Procedures.....	25
Data Analysis.....	26
Results.....	26
Discussion.....	30
Implications.....	30
Limitations of the Study.....	31
Recommendations for Future Research.....	32
Conclusion.....	32
References.....	34
Appendix A - Survey.....	39
Appendix B - Recruitment Letter.....	41
Appendix C - Statement of Informed Consent.....	42

Abstract

This quantitative study was developed to identify the needs of male inmates upon release from a county correctional facility. Additionally, these individuals identified obstacles that they may face when re-entering their communities. The researcher examined the relationship between age and the various needs and barriers that may affect an individual's success when released from jail. Results showed that none of these relationships were statistically significant. However, frequency statistics displayed an overwhelming need for family support, regardless of age. The need for education, and safe and stable housing in order to avoid recidivism were also observed, regardless of age. Participants tended to perceive unemployment and unsupportive family relationships to be the most challenging barriers to successful reintegration into society. It is recommended that reentry plans adequately address both needs and barriers to better prepare inmates for release, especially regarding family work.

Investigating the Perceived Needs and Barriers upon Release from a County Correctional Facility Between Two Age Groups

An estimated one in every 35 adults was on probation, parole, or incarcerated in prisons and jails in the United States in 2012 (Bureau of Justice Statistics, 2012). In 2012, the number of people incarcerated in state and federal prisons and local jails was 1,571,013, and 735,601, respectively (Bureau of Justice Statistics, 2012). This means that a total of 2,306,614 people were incarcerated in the United States in 2012. The growing number of people who are incarcerated means that an increasing number of individuals are being released as well. An estimated 700,000 men and women are released each year (Mallik-Kane & Visser, 2008).

When these individuals transition back into their communities, they often reoffend and return to jail or prison (Knollenberg & Martin, 2008). There is a lack of research on release planning (Barbee, 2010; Listwan, Cullen & Latessa, 2006). Because of the significant risk of recidivism, release planning for inmates is imperative. Clinicians are ethically obligated to prepare these individuals for successful transitions into their communities.

The purpose of this quantitative study was to explore inmates' perceptions of their needs and barriers upon release and examine any differences that may exist between older and younger age groups. As such, the researcher sought to answer the following questions. What are client perceptions of their needs and barriers upon release from jail? How does age affect client perceptions of these needs and barriers?

This study is important as it will inform practitioners of various trends found in the different age groups so that release plans can be arranged accordingly. With more attention paid to release plans, individuals may make smoother transitions back into their communities, which ultimately decreases the likelihood that they will reoffend (Barbee, 2010; Listwan et al., 2006).

Review of the Literature

Incarceration: A Growing Problem

The United States has the highest documented incarceration rate in the world (Schmitt, Warner, & Gupta, 2010). The increasing number of people incarcerated is a growing problem. It has tremendous societal, financial, and moral costs to society, and the families and individuals within it.

Due to the increasing number of individuals who are incarcerated and consequently released, it is important to help the individuals with reentry, which is their transition from prison or jail back into the community. A successful reentry is defined as abstinence from criminal conduct (Phillips, 2010). Successful transitions back into the community help to decrease recidivism, which has numerous costs to society, families, and the incarcerated individual.

Released individuals can face many challenges when reintegrating back into their communities, including finding appropriate housing, continuing education or obtaining employment to become financially secure (Halsey, 2008). Individuals may also need assistance with family and peer relationships, drug and alcohol abuse/dependency, and learning respond more healthily to personal tragedy. It is important to consider these factors with the clients so that a plan may be created to help address these barriers.

The review of the literature will explore these various needs and barriers, but first it will establish the growing problem of incarceration, and consequently, recidivism. Historical trends, and the financial and individual costs of incarceration will be reviewed, along with information regarding reentry programs that can help to decrease re-arrest.

Historical Trends

A lot has changed in corrections during the past century, most notably the shift from parole and the medical model to a focus on the war on drugs and tough on crime laws (Barbee, 2010; Seiter & Kadela, 2003; Weiman, 2007; Wikoff, Linhorst & Morani, 2012). Currently, we are in the midst of another paradigm shift, which places emphasis on rehabilitation and reentry (Lattimore, 2007).

Parole. From the early 1900s until the 1950s, the country sentenced offenders with open-ended release dates, which were determined by parole boards (Seiter & Kadela, 2003). An emphasis was placed on rehabilitation and reentry, and many inmates participated in various programs such as therapy, drug and alcohol treatment, and educational and vocational programs, in order to get a favorable parole ruling. Extensive release plans were created to ensure that the inmates were prepared to reintegrate into their communities.

In the 1950s, the accepted model of reentry was industrial parole, which held that inmates were to secure employment, which would provide structure and discipline, thus keeping the parolee out of legal trouble (Listwan et al., 2006). This began the paradigm shift from parole being a helping profession to a policing one (Seiter & Kadela, 2003). When America shifted to a post-industrial economy, employment opportunities diminished for low-income populations. This steady loss of employment opportunities forced industrial parole to be reevaluated. This, combined with the increasing jail and prison populations, especially the growing number of minorities, created a paradigm shift to post-industrial parole. Parole officers now offered supervision and surveillance. This placed more of an emphasis on monitoring individuals and less focus on helping them to become successful members of their communities.

Parole has its limitations and in some ways it contributes to the increasing incarceration population. Parole requirements became more strict, which made it easier for parolees to violate their parole (Wikoff et al., 2012). More parole infractions contributed to the growing prison population. Furthermore, after completing their sentences in prison, released inmates are no longer under parole supervision, making it impossible to monitor and support them in reentry. Lastly, the growing number of individuals released each year has put pressure on the growing caseloads of parole officers (Listwan et al., 2006). An estimated five million individuals are currently supervised through either probation or parole (Kelly & Stemen, 2005). Parole officers are overworked and stressed, which affects their ability to provide meaningful intervention in assisting individuals with reentry (Listwan et al., 2006).

“Get tough” legislation. The “get tough” policies of the last few decades and the growing number of repeat offenders have substantially increased the number and length of criminal sentences, which has had a considerable impact on the prison and jail populations (Barbee, 2010; Seiter & Kadela, 2003; Wikoff et al., 2012). Such laws include mandatory minimum sentencing, which force judges to issue stern and unreasonable sentences regardless of individual circumstances that merit less severe sentences (American Civil Liberties Union, 2013). Additionally, the three-strikes law, intended to punish violent repeat offenders, has contributed to the growing number of incarcerated individuals. This law sentences individuals to 25 years to life after three felony charges. These “get tough” laws have increased the number of individuals incarcerated for non-violent offenses, most notably drug offenses (Schmitt et al., 2010). Non-violent offenders make up 60% of the jail and prison population.

These “get tough” laws” are placing non-violent offenders into jails and prisons, when these individuals may better benefit from probation that is grounded on casework (Weiman.

2007). Having effective alternative options to incarceration may help the increasing recidivism rates and help keep individuals out of jail/prison. Repealing these laws would decrease the length of sentences for non-violent offenders, and encourage community corrections programs by way of parole and probation (Schmitt et al., 2010). Parole and probation would have to be reformed themselves, finding alternatives to re-incarceration with minor violations. This would require a shift from punishment, deterrence and incapacitation, and back to the focus on casework and rehabilitation of the early 1900s (Seiter & Kadela, 2003).

The War on Drugs. During the implementation of the “get tough” laws, the war on drugs was unfolding. The War on Drugs targets marginal or low-level drug offenders who have committed both fewer and less serious crimes (Weiman, 2007). This contributed to the mass incarceration of urban minority males (Boyd, 2007). Out of the 2.3 million people who are incarcerated, 93% are male, and 7% are female (Bureau of Justice Statistics, 2011). African American males have a 32% chance of serving time in prison during their lifetime, compared to a 17% chance in the Hispanic population, and a 6% chance for the Caucasian population. The formerly incarcerated population bring with them criminal records which limit their opportunities regarding employment and earning potential (Weisman, 2007). It is argued that rather than incarceration, these marginal drug offenders would be more appropriately suited for alternative options, such as drug courts or probation (Listwan et al., 2006; Schmitt et al., 2010; Weiman, 2007).

Legislative shift. In 2002, the federal government gave 100 million dollars to the states to help them to develop more effective reentry programs (Burke, 2001). In 2003, the Serious and Violent Offender Reentry Initiative (SVORI) was established to help inmates who are perceived to pose a significant threat to public safety (Lattimore, 2007). The SVORI led the way for more

programming for these inmates. Among these initiatives were the Prisoner Reentry Initiative, which focuses on employment for released inmates, and the Marriage and Incarceration Act, which focuses on programs that aim to strengthen families. The Second Chance Act of 2007 provided correctional and community agencies with incentives to develop reentry programs. (Wikoff et al., 2012). This federal grant money allowed these agencies to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, and other services to incarcerated, or previous incarcerated individuals. Initiatives such as these place a clear and renewed focus on rehabilitation and reentry.

The Cost of Incarceration

Incarceration has many detrimental consequences to society, families, and individuals. Corrections costs our country billions of dollars per year. Inmates and their families experience grief and loss, and familial stress and disruption (American Civil Liberties Union, 2013; Barbee, 2010; Weiman, 2007).

Financial cost. Building more and larger facilities is not fiscally sustainable and has been only a temporary solution to address the growing inmate population (Barbee, 2010). In 2008, federal, state, and local governments spent an estimated \$75 billion on corrections (Schmitt et al., 2010). An estimated \$20,000 is spent per inmate on operating costs alone (Lattimore, 2007). In states like New York and California, the cost is even higher, as those facilities provide rehabilitation programming for inmates. If each non-violent offender was on probation or parole, the cost would range from \$1,300-\$2,800 per year (Schmitt et al., 2010). On a larger scale, after factoring in probation and parole costs, a 50% decrease in non-violent offender inmates would save the federal, state, and local governments \$2.1 billion, \$7.6 billion, and \$7.2 billion annually, respectively.

The cost of incarceration is not solely limited to monetary costs. Ways in which incarceration can affect individuals are expounded in the following section.

Individual cost. While incarcerated, inmates experience tremendous grief and loss, ranging from the loss of time, dignity and human potential to family disruptions and burdens (American Civil Liberties Union, 2013; Weiman, 2007). Most notably, inmates experience depressive symptoms, suicide, family stress, and adjustment difficulties (Arditti, Lambert-Shute & Joest, 2003; Frank & Agguire, 2013; Schnittker, Massoglia & Uggen, 2012).

Mood disorders. Incarceration is strongly related to mood disorders, specifically major depressive disorder, bipolar disorder, and dysthymia (Schnittker et al., 2012). This may be attributed to poor coping skills, relationship conflicts with other inmates, the deterioration of relationship quality with loved ones on the outside, and the jail or prison environment, such as the inmates' loss of freedom and social roles, isolation, and confinement (Turney, Wildeman & Schnittker, 2012). These factors can contribute to feelings of despair and put the individual at risk of committing suicide.

Suicide. Suicide is the leading cause of unnatural deaths in local jails (Bureau of Justice Statistics, 2010). In the United States, suicide in prison is responsible for more than 200 deaths each year, and in jails, for more than 300 deaths each year (Bureau of Justice Statistics, 2005). The high suicide rates can be attributed to the nature of incarceration, specifically isolation and the loss of social support (Frank & Aguirre, 2013). Other factors in the jail environment that can contribute to suicide are bullying, conflicts with other inmates, disciplinary infractions, and unfavorable verdict or sentencing decisions (Frank & Aguirre, 2013; Kovasznay, Miraglia, Beer & Way, 2004). Furthermore, inmates are usually in crisis mode, and this can be exacerbated by the presence of mental illness or substance abuse. They may experience feelings of

hopelessness, pessimistic attitudes and a loss of future options, and limited coping skills, which also can contribute to suicide.

Family systems. Incarceration does not only distress the individual, but can put stress on the family system, especially when children are involved (Arditti et al., 2003). An estimated 800,000 inmates have children at home (Bureau of Justice Statistics, 2008). These youth may experience traumatic separation, depressive symptoms, poor academic performance, an increased high school dropout rate, emotional stress, substance abuse, inconsistent quality of care, family disintegration and instability, aggression, delinquency and criminal behavior, such as gang membership (Aaron & Dallaire, 2010; Arditti et al., 2003; Nichols & Loper, 2012; Tasca, Rodriguez & Zatz, 2011). Furthermore, adults in the family may experience adjustment difficulties, emotional stress, substance abuse, parenting strain, work-family conflict, financial stress, and social stigma (Arditti et al., 2003). The stressors that families experience when a loved one is incarcerated places even more importance on addressing the incarceration crisis.

Recidivism

In 2007, nearly 1,180,500 individuals on parole were at-risk of reincarceration (Bureau of Justice Statistics, 2002). An estimated 30% of released inmates are rearrested within the first six months after reentry (Knollenberg & Martin, 2008). After one year, the percentage rises to 44%, and to an estimated 60% within the next year. Reentry is becoming more of a focus in corrections as recidivism becomes more of a concern.

While incarcerated, many inmates have every intention to turn their lives around and never return to prison/jail upon release (Gaum, Hoffman & Venter, 2006). Recidivism and the growing number of repeat offenders implies that once inmates are released, they encounter various barriers that keep them from their goal of leading crime-free lives. It is critical to

explore client needs, and to address potential barriers so that they have a better chance of reintegrating into the community successfully.

Criminogenic needs. Criminogenic needs are offender characteristics that are directly connected to criminal behavior (Brooks Holliday, Heilbrun & Fretz, 2012). It is commonly accepted that effective interventions should address criminogenic needs, which are dynamic and are linked with decreased rates of recidivism (Brooks Holliday et al., 2012; Listwan et al., 2006). These criminogenic needs or attributes can include poor problem solving, substance abuse, high hostility and anger, criminal associates, pro-criminal attitudes, orientation and values, and antisocial patterns such as impulsiveness. In addition to criminogenic needs, basic needs must be met to help the clients achieve their goals and transition back in to their communities successfully.

Basic needs. Ward and Stewart (2003) argue that rehabilitation should shift its focus from criminogenic needs to exploring barriers that prevent clients from leading lives free from crime. Additionally, treatment should help clients in exploring the skills, beliefs, values and supports that they need in order to lead fulfilling lives. Addressing various barriers such as education, vocational training, social supports, and the opportunity to pursue identified goals can help the client to meet his/her basic needs. If basic needs, such as relatedness, autonomy, and competency are not met, the result may be an increased risk of harm in the future. Once barriers are addressed and basic needs are met, clients have a better chance of leading balanced lives that consist of healthy and loving relationships with others, enjoyable work, creative pursuits, and positive self-regard (Listwan et al., 2006; Ward & Stewart, 2003)

Clients have a plethora of needs upon reentry, including housing, health care, transportation, job skills, addiction treatment, life stability, solutions for homelessness, civic re-

involvement, battling stigma, and community reentry programs (Barbee, 2010; Clark, 2007). Without support in these areas, individuals have a greater chance of becoming incarcerated again.

Housing, family and peer group dynamics, drug and alcohol abuse/dependency, financial circumstances, education and employment, and destructive responses to personal tragedy have been identified as playing a significant role in recidivism (Halsey, 2008). It is important to note that many released inmates make great efforts to avoid conflict and stay out of trouble, but often are released into the unhealthy environments from which they came (Lattimore, 2007). These barriers, each on their own, and even greater together, can make it difficult to avoid re-offending. Not addressing these barriers will not yield a successful reintegration into the community. The next several sections will explore various needs and barriers that affect recidivism.

Housing. Having a safe and stable place to live has been identified as a need upon release (Halsey, 2008). Delays in attaining housing can create stress, anxiety, loss of hope, feelings of helplessness, and may lead the individual to resort to prior risky behaviors (i.e. drugs and alcohol, return to drug dealing, street violence).

Having a criminal background can be an obstacle for released inmates when obtaining housing (Clark 2007). Many landlords are inclined to turn away housing applicants with criminal backgrounds. There is an assumption that these applicants have poor values and are dangerous and endanger the welfare of the community.

Additionally, problematic housing placements can be a barrier to successful reentry. Released individuals may be forced to take whatever housing opportunities are available, such as returning to a dysfunctional familial environment, or into short-term crisis care plans/shelters (Halsey, 2008). Many inmates are aware that if they have to return home that they will quickly

resort to old unhealthy habits. Shelters can be perceived to be just as restrictive and controlling as jail/prison, as they have rules such as curfew, drug-testing, meal times, etc. These options seem to extinguish the hope of a successful future, as released inmates yearn for independence and a fresh start, and fear that being in unsafe and unhealthy environments will suck them back into committing crime (Halsey, 2008).

Peers, family, and belonging. While incarcerated, inmates are told to associate with new people, places and things upon their release (Halsey, 2008). In order to be successful, they must identify with healthy, non-offending individuals, as criminal behavior is often linked with the unlawful behavior of one's friends (Forste, Clarke & Bahr, 2011). They are asked to discard what is perhaps the only thing that has provided them with a sense of importance, value, and belonging in their lives (Halsey, 2008). Released individuals need to fulfill their human need of belonging, which can be difficult to do healthily if they lack supportive family and friends. Re-prioritizing these relationships can be challenging, as these relationships may be with family members, or individuals whom the clients have known their entire lives. Released inmates have identified how it is easier to return to those circles when they are lonely, discouraged, and seeking support, security, or a bolstered self-esteem. They have returned to lives of crime in order to attain a sense of security, honor, recognition and respect.

Experiencing traumatic events and having little support or coping skills may also impact one's risk of recidivism. Young men with criminal history are more likely to experience unnatural deaths of family and friends, and are more likely to be leading dangerous lifestyles (Hasley, 2008). This can be attributed to numerous factors, including alcohol and drug dependency, lack of proper health care and medical services, and living in dangerous and volatile

neighborhoods. Many individuals lack the support systems to help them grieve or cope in a healthy way, which can lead to re-offending.

Family absence can also have an impact on the individuals risk of recidivism (Listwan et al., 2006). Having a healthy bond with family can help to curb criminal behavior, and reduce strain and promote self-control and predictability. Strengthening the family can help the individual obtain the support and care needed. Having family support and parental responsibilities has been connected to inmate perceptions of optimism regarding life after release (Visher & O'Connell, 2012). Released inmates identified the importance of relying on family and friends for emotional and financial support, housing and job contacts and assistance (Weiman, 2007).

Alcohol and drug treatment. Phillips (2010) found the desire to use alcohol or drugs as the most commonly identified barrier to a successful reentry. These individuals noted that they returned to using because they did not have access to treatment. This demonstrated the importance in linking inmates to treatment during the release planning process. Individuals may relapse for a variety of other reasons, usually as a way to cope with their own pain or stress (Halsey, 2008; Phillips, 2010). In addition to an addiction or dependency on alcohol or drugs, individuals may be addicted to selling and distributing drugs, and the power and money that comes along with it (Halsey, 2008). Some may even see it as a necessity in order to provide for themselves and their families. Because the desire to use or sell drugs has been identified as a barrier to successful reentry, having access to treatment during and after release is imperative to relapse prevention (Listwan et al., 2006).

The formerly incarcerated population is likely to struggle with drug or alcohol abuse/dependency and may have a co-occurring mental health diagnosis (Basile, 2005).

Individuals with substance abuse are more likely to become incarcerated than those who are not addicted to alcohol or drugs (Mallik-Kane & Visser, 2008). Nearly 80% of those incarcerated have substance abuse (Centers for Disease Control and Prevention, 2001). Only 10%-12% of inmates participate in substance abuse programs while incarcerated (CDC, 2001; Mallik-Kane & Visser, 2008). Individuals are more likely to relapse upon reentry when they lack treatment or community-based referrals when they are released.

Generally, alcohol and drug treatment is effective in reducing recidivism (Mallik-Kane & Visser, 2008; Seiter & Kadela, 2003). Receiving alcohol and drug treatment while incarcerated has been shown to increase inmates perceptions of optimism regarding their reentry success (Visser & O'Connell, 2012). In-facility rehabilitation seems to be a necessary component in aiding the client in achieving a successful reintegration into society. Therapeutic communities within correctional facilities are most effective when complemented by aftercare services, such that the progress made in jail or prison can continue to be supported once the client is released (Lattimore, 2007; Setier & Kadela, 2003; Vogel, Noether & Steadman, 2007). Criminal activity, re-arrest, and the likelihood of relapse after release decrease significantly following participation in intensive in-facility therapeutic communities.

Education/employment. Individuals may resort to illegal means in order to obtain financial security, because it can be difficult for those with criminal backgrounds to make enough money to meet their needs (Boyd, 2007; Hasley, 2008). The formerly incarcerated population may not have a secondary education, vocational skills, or legitimate work experience (Basile, 2005). These individuals may be underemployed or unemployed. This speaks to the need for job development and placement, especially because a criminal record can be a barrier in attaining a job. Another barrier in finding employment can be discrimination against the

formerly incarcerated population (Boyd, 2007). Many employers are apprehensive in hiring individuals with criminal backgrounds, as they assume that they are not trustworthy or dependable (Listwan et al., 2006). Obtaining and keeping employment can help provide the individual with responsibility, financial stability, and discipline, thus providing a buffer to crime when they are under financial stress to pay existing fines and bills (Hasley, 2008; Listwan et al., 2006).

Additionally, many inmates have education deficits and lack basic educational skills (Listwan et al., 2006). Many individuals who are incarcerated have not had a quality education, or may not have a secondary education at all (Basile, 2005; Boyd, 2007). There are, however, opportunities for inmates to earn their GED while incarcerated, and some facilities may even offer college-level courses.

Cognitive behavioral therapy can help individuals to work on problem solving skills and thinking patterns (Basile, 2005). Many reentry programs focus mainly on employment and education. It is important for individuals to understand the consequences of their behavior and identify healthy alternatives, and cognitive behavioral therapy can be one way in which clients can achieve this (Brooks Holliday et al., 2012; Hasley, 2008; Listwan et al., 2006).

Additionally, vocational training and work release programs have been shown to be effective in reducing recidivism (Seiter & Kadela, 2003). These programs help clients to better their job readiness skills. Educational programs in general do not seem to have an effect on recidivism rates. They can, however, increase achievement scores, and possibly reduce recidivism for individuals with the lowest levels of academic achievement. There is a lack of educational programs that collaborate with aftercare services to connect clients with community

agencies. The shift to reentry programs helps to place a focus back on aftercare services and release planning.

Reentry Programs

Reentry programs include all programs and activities that focus on preparing the incarcerated population to return to the community as law-abiding citizens (Wikoff et al., 2012). Reentry programs can address client needs and address various barriers that they may encounter to decrease recidivism. Reentry programs should be comprised of three phases; institutional phase, the structured reentry phase, and the community reintegration phase, which are designed to help clients to successfully reintegrate into the community, with the hope of reducing recidivism (Brooks Holliday et al., 2012). The institutional phase occurs while the individual is incarcerated and depends on the current needs of the inmate (Listwan et al., 2006). The structured reentry phase occurs upon release and adapts to the individuals changing needs, placing them with relevant agencies in the community. The community reintegration phase helps the individual with aftercare and maintenance. Individuals are supported as they practice pro-social skills and behaviors when faced with daily stressors and frustration.

Reentry is a developing field and providing resources and services to inmates in transition to the community has not always been a major focus in prisons and jails (Barbee, 2010; Listwan et al., 2006). Generally, mental health professionals prioritize mental illness recovery, institutional functioning, and personal growth over reentry and risk-need (Bewley & Morgan, 2011). Shifting from sole reliance on community corrections, the field of reentry has been getting increased attention, due to the growing concerns about recidivism (Brooks Holliday et al., 2012). Empirically supported reentry practices are rare. What is known, is that a successful reentry should be a shared responsibility which involves the offender, government

departments, schools, workplaces, family, peers, and neighborhood social service organizations (Hasley, 2008, Weiman, 2007).

The following sections will explore various reentry models that have been shown to be effective in reducing recidivism.

Transition from Jail to the Community model. The National Institute of Corrections has developed the Transition from Jail to the Community (TJC) model to help prepare inmates for release (Barbee, 2010). The TJC model suggests that reentry plans should be created with the inmate early on, rather than a few weeks before their release date (Barbee 2010; Vogel et al., 2007). It is even suggested that reentry planning begin at intake (Gibson & Duncan, 2008; Thompkins, 2010). When inmates participate and are invested in their plans, they are more likely to have a successful transition back to their communities (Forste et al., 2011). Being involved in their post-release plans may increase their feelings of control and self-efficacy.

The TJC model is based on risk and need assessments, grounded on evidence-based practices, and is committed to collaboration with community-based services (Barbee, 2010). This model encourages continuity of care and suggests better outcomes when community-based agencies (health, mental health, substance abuse, job skill development, housing authorities, etc) are involved with inmates while in jail, upon release, and during their reintegration into the community. (Barbee, 2010; Listwan et al., 2006). This suggests a shift in the current corrections paradigm, where it is common that inmates receive a disjointed delivery of services.

Risk-Need-Responsivity model. An additional model that is emerging in the reentry field is the Risk-Need-Responsivity (RNR) model (Brooks Holliday et al., 2012). The RNR model occurs in the institutional phase of reentry and assesses the individual to guide the type and duration of services they would most benefit from (Listwan et al., 2006). This model

matches the intensity of intervention to the inmate's risk of recidivism (Brooks Holliday et al., 2012). Therefore, inmates with a higher risk will benefit from more contact and intensive intervention that match their abilities and styles (Listwan et al., 2006). Additionally, programs should target criminogenic needs, as research has shown that attending to these needs can decrease the likelihood of illegal behaviors (Brooks Holliday et al., 2012).

Drug and reentry courts. Other useful models in decreasing recidivism are the drug and reentry courts. Drug courts were created in response to the crack epidemic, which exist to provide judicial supervision, ensuring that individuals participate in treatment and remain clean (Knollenberg & Martin, 2008). Drug courts force community collaboration between the court system, public agencies, and community-based organizations, which help the client to avoid incarceration. Research has shown that participation in drug court reduces recidivism from 38% to 16.4% (Kelly & Stemen, 2005; Knollenberg & Martin, 2008).

While not as common, reentry courts operate under the same design as do drug courts (Knollenberg & Martin, 2008). Reentry courts were developed to support released inmates and to assist them with reintegration into their communities. This is done by holding them legally accountable regarding alcohol/drug treatment, encouraging community collaboration, and providing monitoring and supervision.

Evidence-based models. Receiving treatment both while incarcerated, and post-release in the community, can have an impact on reducing recidivism rates. Aftercare is crucial, while it helps to establish supports for the client to better address his/her challenges.

It is best-practice to operate from cognitive behavioral and social learning models regarding successfully reintegration into the community (Brooks Holliday et al., 2012; Hasley, 2008; Listwan et al., 2006). Additionally, therapeutic communities and drug treatment,

vocational programs, correctional industry programs, and adult education services in jail/prison have been shown to be effective (reducing recidivism by 5-15%) (Lattimore, 2007; Vogel et al., 2007). Drug courts, drug treatment, intensive community supervision, and employment training and job assistance have been effective services for individuals once they are released back into the community (Lattimore, 2007). An individual's intention to change and to live a crime-free life is associated with the specificity of the release plan created to aid in their successful reentry (Forste et al., 2011). Additionally, reducing criminal behavior is linked to how much control the client perceives he/she has over his/her own life, as well as self-efficacy, or the extent to which an individual believes in his/her ability to reach goals.

Because recidivism is such a growing concern, an individual's reintegration in to the community is critical. It is common practice to release inmates without release plans or agency referrals that may help support them (Barbee, 2010; Bewley & Morgan, 2011; Listwan et al., 2006). It is suggested that inmates receive reentry services that address transportation, housing, relevant treatment and programming, and that help establish a pro-social support network (Knollenberg & Martin, 2008). Some facilities have reentry aftercare coordinators, whose responsibility it is to connect inmates with their parole officers, education and employment services, and numerous community agencies (Gibson & Duncan, 2008). Reentry aftercare coordinators provide support and referrals to newly released individuals. Although not all facilities offer reentry after coordinators, their role helps to highlight the need for referrals and connecting inmates to community agencies. It is evident that successful reentry programs involve community collaboration after the inmate is released.

Summary

As revealed in the literature, while incarcerated, individuals, families, and communities suffer. Reentry programs work to keep individuals out of jail/prison so that they can become productive members of society. An increasing number of individuals who are incarcerated naturally leads to more individuals being released each day.

When inmates are released, they face a crossroads. Without the proper support, they may find themselves unable to effectively deal with the various barriers that they encounter, thus forcing them to commit more crime in order to survive. Individuals who are incarcerated need assistance with their transition from prison or jail back into the community.

Helping individuals reintegrate back into their communities is crucial. It is important to know what the clients perceive as their needs, and what barriers they foresee. Once identified, counselors can begin to work with them on meeting their needs and addressing potential obstacles.

Method

The problem under investigation in this research project was to adequately address inmate needs and barriers when reentering their communities post-incarceration. The method section will provide an outline regarding how the research project was implemented, from the beginning stages of ideation to the final stages of data analysis. This section will address participants and setting, instrumentation and materials utilized to collect data, and the procedures utilized for study completion.

Participants and Setting

The participants in this research study were male inmates who were engaged in the rehabilitation program at a county correctional facility in Western New York. The participants

normally receive weekly individual and daily group counseling. The inmates engage in weekly therapy, psychoeducation, and chemical dependency treatment while they are incarcerated. In addition, they co-create reentry plans with their counselors to help them to transition back into their communities.

At the time of the study, the 64 men in the program were either locally sentenced inmates or men who have violated their probation. The majority of individuals lived in an urban setting, while others came from rural areas. Participants of the study were selected by default, as every male in the rehabilitation program was asked to participate in the study. Participation in the study was voluntary, and the researcher explained that their decision to participate or decline would not affect in any way jail services they received.

Out of 64 male inmates, 35 individuals completed the survey. The younger age group consisted of 18 males between the ages of 19 and 26. The older age group consisted of 17 males who were 27 years of age and older. The two age groups were separated by the arbitrary age of 26, based on the pre-determined division of age groups in the program. The Director of the rehabilitation program based this age division on general development level.

Instrumentation and Materials

The researcher developed a 26-item survey to identify the anticipated needs of inmates upon reentry, as well as potential barriers that they may face in meeting those needs (See Appendix A). Eleven items were designed to address inmates' needs in the following areas: family support, peer support, education, safe and stable housing, healthcare, vocational/job training, employment, substance abuse treatment, personal counseling, and two "other" items (Boyd, 2007; Forste et al., 2011; Halsey, 2008; Phillips, 2010; Ward & Stewart, 2003).

Participants were asked to rank these needs from most important to least important. Eleven

additional items were designed to explore which barriers may be the most challenging in successfully transitioning back to their communities. These items included, unsupportive family relationships, unsupportive peer relationships, lack of education, lack of safe and stable housing, lack of healthcare, lack of job skills, unemployment, lack of substance abuse treatment, lack of personal counseling, and two “other” items (Boyd, 2007; Forste et al., 2011; Halsey, 2008; Phillips, 2010; Ward & Stewart, 2003).

Procedures

As stated above, all individuals in the correctional rehabilitation program were asked to participate in the research study and their participation was voluntary.

Ethical considerations were maintained as the participants were debriefed on the purpose of the study and their rights to confidentiality before they completed the surveys. All participants received a recruitment letter (See Appendix B) and statements of informed consent (See Appendix C).

While in a group setting, the researcher distributed and read the recruitment letter to the program participants, which explained the purpose of the study, an outline of what the study entailed, and a statement explaining that participation is voluntary and anonymous. Next, a statement of informed consent was distributed to each male in the program. This statement addressed confidentiality, privacy, anticipated personal risks, and assurance that participation or non-participation would have no effect on any services received at the correctional facility.

The participants were encouraged to complete the surveys privately in their own bunk areas. After completion, participants returned the surveys to the researcher in a secure box. The researcher then transferred the results to a locked filing cabinet, to later be shredded upon

completion of the research study.

Data Analysis

The researcher manually entered the participants' survey responses into SPSS, a statistical analysis program. Descriptive statistical analyses were conducted using the data gathered from the survey. A frequency count of the raw data and chi-square tests were completed to explore inmate perceptions of their needs and potential barriers they may face upon release.

Results

Descriptive statistics and chi-square tests were used to better understand inmate needs and potential barriers that they may encounter when they reintegrate into their communities. The chi square analysis yielded no statistically significant results when looking at the relationships between age group and needs, and age group and barriers. When looking at inmate needs and barriers, the overwhelming responses related to family support contributed to the low frequency of responses for the remaining survey items. The skewed results precluded statistically significant relationships among age group and needs, and age group and barriers.

When looking at the raw data and frequency statistics, several trends were observed. Figure 1 below displays that more than half of all inmates (17 out of 31 participants) identified family support as their most important need in order to avoid re-arrest, regardless of their age group. Additionally, 10 out of 15 (66.7%) of inmates in the younger age group identified family support as their most important need.

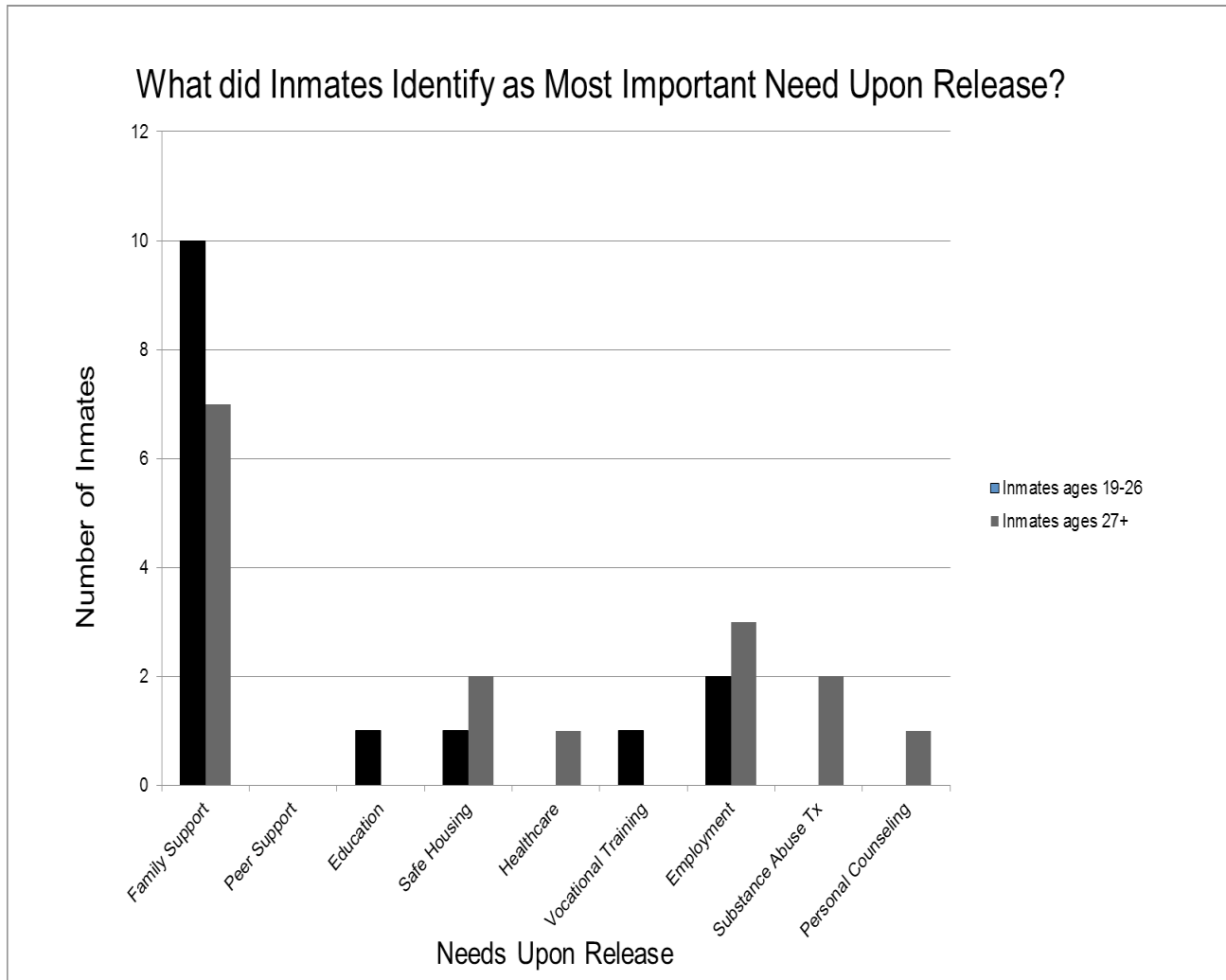


Figure 1. What did inmates identify as the most important need upon release?

Further examination showed that family support, education, and safe and stable housing were most frequently identified within the top three most important needs. Figure 2 below shows that a total of 20 participants (64.5%) identified family support among their most important needs, 12 of the participants belonging in the younger age group. Additionally, a total of 15 participants identified safe and stable housing among their top three needs, 9 of them belonging in the younger age group. Fourteen of the participants identified education among their top three needs, with an equal split of seven between the two age groups.

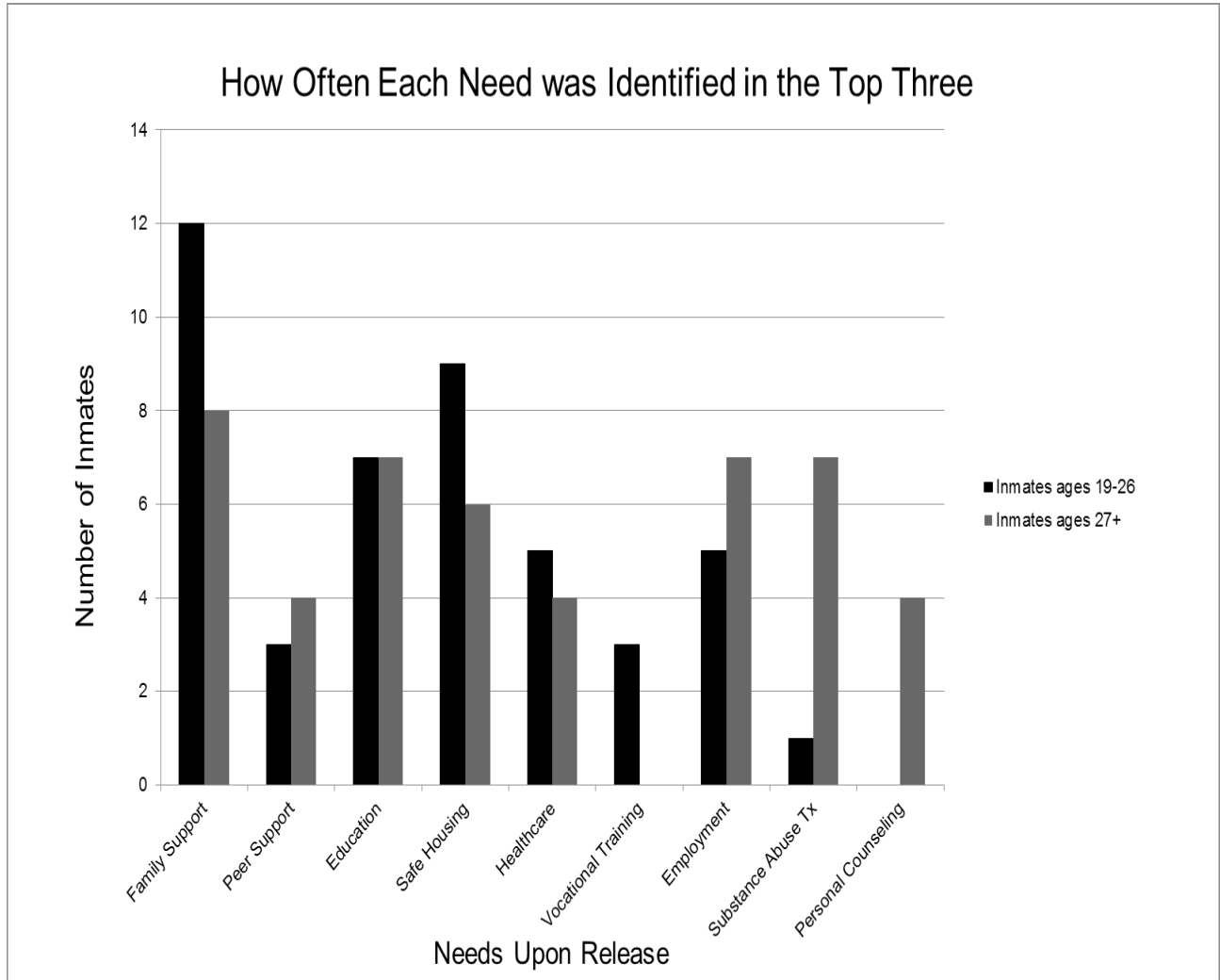


Figure 2. How often was each need identified in the top three?

Additionally, when potential barriers were examined unemployment and unsupportive family relationships were the most frequently identified among the top three barriers. Figure 3 below shows that 17 participants identified unemployment, and that 14 participants identified unsupportive family among their top three barriers.

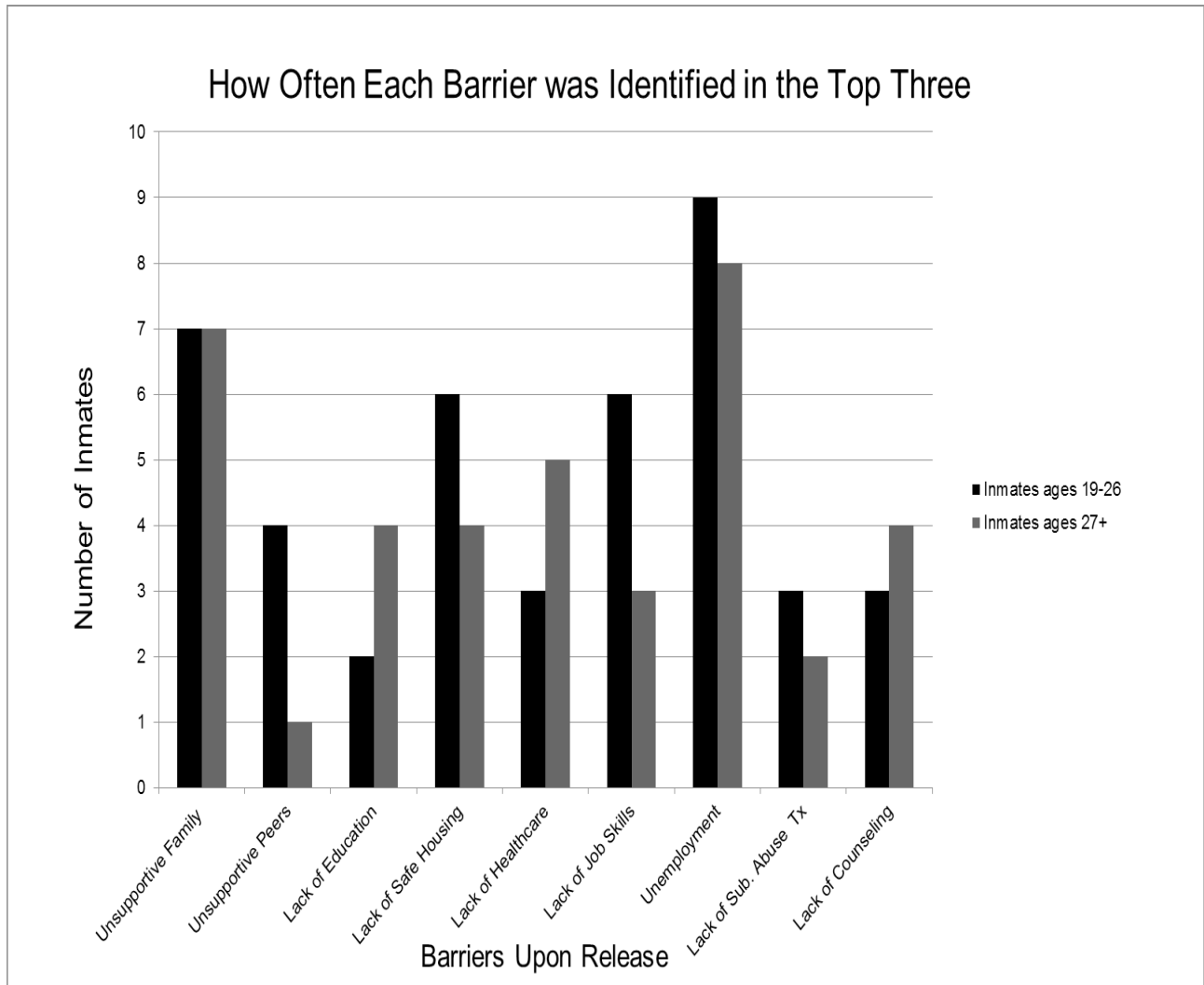


Figure 3. How often was each barrier was identified in the top three?

Although the results of the study yielded no statistically significant findings, clinically significant trends were observed. Most notably, regardless of age, there was an overwhelming need for family support. Education, and safe and stable housing were also most frequently identified as needs required for success upon release. Regarding perceived barriers to success, unemployment and unsupportive family relationships were the most frequently identified regardless of inmate age.

Discussion

The purpose of this study was to investigate male inmates' needs and barriers upon release from a county correctional facility. Furthermore, the researcher intended to examine possible differences between older and younger participants. Thirty-one inmates participated in the study by completing a 26-item survey that assessed their needs and potential barriers to success upon their reentry into their communities. While participant responses did not yield statistical significance, the results have clinical significance. Implications of the results are included below. Additionally, limitations of the study and areas for future research are discussed.

Implications

The overwhelming response for family support in order to avoid re-arrest upon release, displays the great need for family work. In addition to family support, education and safe and stable housing were most often among the top three needs that the participants identified. When looking at barriers, unsupportive family relationships and lack of education were most frequently identified among the top three barriers. Reentry plans should address these needs and barriers, along with any other concerns that the individual may have. Because each participant prioritized their needs and barriers differently, reentry plans should be created with the inmate so that the plan best meets his unique needs and barriers.

The need for family work is apparent in the overwhelming majority of men who identified family support as necessary to avoid recidivism. At the correctional facility where this study took place, family counseling is not available to the inmates. This seems to be a great disservice to the inmates, as it is clearly important to them and a key to their success upon release.

Release plans serve the clients the best when they address their unique needs and help to prepare them for the potential challenges that may hinder their success in the community. The ultimate goal here is to avoid re-arrest and to become productive members of society. Reentry is an emerging field, and more attention is being drawn to the importance of rehabilitation and preparation for release. Reentry plans are clearly important for the inmates to have and assist them with various government and community agency referrals. At the correctional facility where this study took place, only the rehabilitation program received this service. The majority of the general population at the correctional facility receive neither rehabilitative services nor release planning. These individuals are released with no tools and are, therefore, at more risk to become rearrested.

Limitations of the Study

There were certain limitations of this study that impact the findings. The method of selecting participants from a convenience sample affected the generalizability of the study. Furthermore, the results may not be generalizable given the sample size.

Additionally, the participants have spent a varying amount of time in the rehabilitation program, such that some have had more or less exposure to psycho-educational, substance abuse, and therapeutic programming. Similarly, they have had varying therapists, programs, and different treatment modalities, which may have affected the way in which they answered the survey questions. This study only involved male participants, which was an additional limitation.

The researcher created the instrument utilized in this research study and the validity and reliability of the survey have not been determined.

Recommendations for Future Research

There are countless directions in which future research can be taken, but it may be interesting to explore other various differences besides age, such as severity of charges, or number of offenses. Additionally, research in the area of aftercare is limited, and it would be beneficial to explore how effectively individual needs and barriers are addressed once inmates are released from jail. Furthermore, based on the findings of the study, it would be interesting to examine corrections programs that offer family counseling or other family work, and how those programs may affect recidivism for participating inmates.

Conclusion

Incarceration has tremendous negative impact on society, the family system, and the individual. When individuals are released from prison or jail, they may face many challenges when reintegrating back into their communities, and this study found that for these particular individuals, these needs and challenges most often revolve around family relationships, housing, employment, and education. It would be beneficial for inmates to have the opportunity to receive family counseling while they are incarcerated, as well as educational and vocational programming. When they are released, reentry plans should address continuity of services and refer individuals to agencies where they can take advantage of family work, education and employment opportunities and housing assistance. Furthermore, these needs and challenges will be different for each individual, and release plans should address the unique circumstances of each client.

More research is needed to comprehensively understand the impact of reentry programs and release planning on recidivism. It is clear from this study, however, that individuals face many challenges upon their release from jail, and may have limited resources to meet their many

needs. The researcher hopes that more attention will be given to assisting the inmate population so that they may have an increased chance of meeting their goals and achieving success in their communities.

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**Appendix A
Survey**

PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THE SURVEY

Age: _____

Race: _____

Current charge(s):

Previous charge(s):

Please list in order from most important to least important, what you think you will need in order to not engage in behaviors that may lead to your re-arrest.

Most Important

Family support

Peer support

Education

Safe and stable housing

Healthcare

Vocational/job training

Employment

Substance abuse treatment

Personal counseling

Other: _____

Other: _____

Least important

Please list in order from most challenging to least challenging, what you think may be obstacles that you may have to face when trying to remain out of jail/prison. (These do not have to be in the same order as above)

	Most challenging
Unsupportive family relationships	_____
Unsupportive peer relationships	_____
Lack of education	_____
Lack of safe and stable housing	_____
Lack of healthcare	_____
Lack of job skills	_____
Unemployment	_____
Lack of substance abuse treatment	_____
Lack of Personal counseling	_____
Other: _____	_____
Other: _____	_____
	Least challenging

Debriefing Statement

Thank you for participating in my survey. Some of the survey items may have been sensitive in nature. If after completing the survey you feel as though you need to speak with someone regarding your feelings, I encourage you to speak with myself or your counselor.

Appendix B

Recruitment Letter

Hello!

For those of you who do not know me, my name is Amanda. I am a graduate student in the Counselor Education program at the College at Brockport, and have been interning here since September. I am conducting a research project here in order to complete my graduate thesis project. I have proposed to research what inmates here believe they will need when they are released in order to be successful, and what obstacles might keep you from meeting those needs.

You are invited to participate in a survey specifically designed for this project. The survey is 26 questions long and should only take 5 minutes to complete. If you choose to participate you will be providing valuable information regarding your experience as an inmate and what needs and obstacles you face during reentry.

If you decide to participate, please complete the survey in a private location, such as an empty table or your bunk area.

Your participation is completely voluntary and you have the right to refuse to answer any questions. I will be the only person to see the surveys, and I will shred them when my research is complete. You may place the surveys in the secure box in the counseling office, labeled "Surveys", which I will collect and place in a locked filing cabinet in the counseling office.

If you do decide to participate, please read the informed consent form prior to the start of the survey. Completion of the survey signifies your consent.

If you have any questions regarding this study, please feel free to speak with me about it!

Thank you,
Amanda

Appendix C

STATEMENT OF INFORMED CONSENT

The purpose of this research project is to investigate some of the things that inmates at Monroe Correctional Facility believe they will need in order to be successful once they are released from jail, and what obstacles they might find get in the way of meeting those needs. This research project is also being conducted in order for me to complete my masters thesis for the Department of Counselor Education at the College at Brockport, SUNY.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below, completion of the survey signifies your consent. You may change your mind at any time and leave the study without penalty, even after the study has begun.

Do not put your name on the survey. Do not return the survey to any person, but place it in the secure box located in the counseling office.

I understand that:

- My participation is voluntary and I have the right to refuse to answer any questions. My participation or non-participation will have no effect on my counseling services, or any other services that I receive while at the correctional facility.
- My confidentiality is protected. My name will not be written on the survey. There will be no way to connect me to my written survey. If any publication results from this research, I would not be identified by name.
- There will be minimal anticipated personal risks or benefits because of my participation in this project. Fatigue and time to complete research instruments can be minor risks. Some of the survey items may be sensitive in nature. If after completing the survey I feel as though I need to speak with someone regarding my feelings, I am encouraged to speak with the researcher or my counselor.
- My participation involves reading a written survey of 26 questions and answering those questions in writing. It is estimated that it will take 5 of minutes to complete the survey.
- Approximately 100 people will take part in this study. The results will be reported in aggregate form only. The research will be used for the completion of a master's thesis by the primary researcher.
- Data will be kept in a locked filing cabinet by the primary researcher. Data and consent forms will be destroyed by shredding when the research has been accepted and approved.

I am 18 years of age or older. I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process.

Completing the survey signifies my consent.

If you have any questions you may contact:

Primary researcher: Amanda

Faculty Advisor: Patricia Goodspeed-Grant, pgoodspe@brockport.edu