FROM A CORRECTIONS-BASED THERAPEUTIC COMMUNITY TO RESIDENTIAL COMMUNITY REENTRY: A QUALITATIVE STUDY OF OFFENDERS’ LIVED EXPERIENCES

Dissertation

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Carole Lynn Harvey, M.S.S.A.

Graduate Program in Social Work

The Ohio State University

2011

Dissertation Committee:

Bette Speziale, Ph.D., Advisor

Rudolph Alexander, Jr., Ph.D.

Virginia Richardson, Ph.D.
When the prison gates slam behind an inmate, he does not lose his human quality; his mind does not become closed to ideas; his intellect does not cease to feed on a free and open exchange of opinions; his yearning for self-respect does not end; nor is his quest for self-realization concluded. If anything, the needs for identity and self-respect are more compelling in the dehumanizing prison environment.

ABSTRACT

During the past several decades, there have been increasing efforts to identify ‘what works’ in corrections so that recidivism can be reduced. However, studies exploring the metaphorical ‘black box’ of reentry remain limited. This qualitative, grounded theory, research project sought to understand the lived experiences of offenders who are reentering their residential communities after graduating from a corrections-based therapeutic community. Twenty-five men and women were recruited from therapeutic communities in two prison-based and two community-based correctional facilities. The participants reentered residential communities in seven counties in Ohio. Semi-structured interviews were conducted and the constant comparative method was used to analyze emerging data. In the final stage of data analysis, themes were organized under the therapeutic community experience and the reentry experience. A negative case is also discussed. Findings indicate that the therapeutic community modality is viable and prepares offenders for reentry. TC emphasizes a transfer of learning so that offenders can apply newly acquired knowledge and skills successfully as they adapt to their residential communities. However, it is also important for residential communities to provide health and social services as well as social support to meet individuals’ needs and facilitate their continuing development.
DEDICATION

This study is dedicated to the men and women who generously gave their gift of time so that their stories of healing, connectedness, and resilience could be told.

This work is dedicated to the amazing women in my life, both here and in spirit, who taught me fearless tenacity: Jeanne Harvey Welsh, Donna Fowler, Carol Crawford, May Snider, Judge Cathryn Harrington, Kathleen Kinney, Dr. Candace Paulucci, Helen Majors, Elaine Surber, Donna Hershberger, Dr. Marianne Findley, and Virginia O’Keeffe.
I wish to acknowledge the invaluable contribution of my advisor, Dr. Bette Speziale, whose dedication to passionate mentorship, academic integrity, and localized knowledge is both mystifying and humbling. My gratitude is extended to my committee members who have provided grounding serenity and remarkable inspiration. And, I am indebted to Dr. George DeLeon, a standard bearer for me as well as the field.

I want to thank the countless friends, family members, and coworkers who didn’t choose this journey and, yet, never hesitated to encourage, console, or challenge me. I will always appreciate Nancy Albright and the “Youth Bureau girls” who first gave me the dream to achieve my doctorate degree; Sue Krieg Shugart and Penny Senyak, who first inspired me to fiercely advocate for the disenfranchised; Kim Wilson, Bonnie Weider, Mark Abrom, Suzanne Crall, DeeDee Houdashelt, Pastor Barry Scott, and my brother, George, who gave me the perspective I needed to keep going; and, Judge Roger Wilson, who gave me the redirection I needed to finish. May everyone be so blessed in their lives to have companions like these.
VITA

November 23, 1958……………….Born: Columbus, Ohio

1980……………………………Bachelor of Science, Rural Sociology,
The Ohio State University

1992……………………………Masters of Social Science Administration,
Case Western Reserve University

1981-1983 ……………………Diversion Specialist
Van Wert County Juvenile Court, Youth Bureau

1983-1986 ……………………Counselor / Prevention Specialist
Van Wert Alcohol and Drug Council

1986-1992 ……………………Prevention Coordinator / Clinical Coordinator
Ashtabula County, Lake Area Recovery Center

Union County Department of Human Services

1998-2008 ……………………Program Director
West Central Community Correctional Facility

2003-2006 ……………………Adjunct Instructor, The Ohio State University

2008-present ……………………Chief Clinical Officer
Amethyst, Inc., Columbus, Ohio

PUBLICATIONS


FIELDS OF STUDY

Major field: Social Work
# TABLE OF CONTENTS

Abstract ........................................................................................................................................... ii

Dedication ......................................................................................................................................... iii

Acknowledgments ............................................................................................................................ iv

Vita..................................................................................................................................................... v

Chapters:

1. Statement of the Problem ...................................................................................................................... 1

2. Significance of the Problem .................................................................................................................. 7

3. Review of Literature ........................................................................................................................... 11

4. Methods ............................................................................................................................................. 21

5. Findings ........................................................................................................................................... 47

   A. The Therapeutic Community Experience ......................................................................................... 48

      I. Entering with Multiple Motives ........................................................................................................ 48

      II. Surviving or Thriving ....................................................................................................................... 65

      III. Interacting with Caring Staff ......................................................................................................... 72

      IV. Being Responsible and Accountable ............................................................................................. 82

   B. The Reentry Experience ..................................................................................................................... 108

      I. Feeling the Anxiety of Initial Reentry .............................................................................................. 108

      II. Seeking Jobs and Financial Stability .............................................................................................. 133
III. Building Functional Relationships and Social Support..............151

IV. Experiencing Unmet Needs ....................................................182

C. Negative Case Analysis..........................................................189

6. Discussion of Findings.............................................................204

7. Implications for Future Research............................................221

References..................................................................................225

Appendix A: Interview Schedule.................................................233
LIST OF TABLES

Table 1. Study Sample 24
Chapter 1:

STATEMENT OF THE PROBLEM

Nearly 60% of offenders will return to incarceration within three years of being released, a rate relatively unchanged since 1990 (U.S. Department of Justice, Bureau of Justice Statistics, 2011). Crime has not only created overwhelming problems in its own right; it is becoming overshadowed by the tremendous challenges associated with the revolving door at a prison’s gate, that is, recidivism.

During the past several decades, there have been increasing efforts to identify ‘what works’ in order to interrupt this destructive riptide. However, while knowledge-building focuses on rearrest or reincarceration outcomes of any particular treatment program, it can lose sight of the “active ingredients” in the program as well as the concerns of program integrity and participants’ needs for a specific type of program. In 2005, the Center for Substance Abuse Treatment declared, that “a clear understanding of the treatment ‘black box’ remains elusive; models that describe effective treatment processes need [to be] developed” (p. 211).

The generally accepted principles of effective correctional programming involve assessing a level of risk for re-offending using both static and dynamic, dichotomous measures, then targeting the ‘criminogenic needs’, or dynamic risk measures such as antisocial attitudes (Cullen & Jonson, 2012; Lowenkamp, Latessa & Smith, 2006; Lowenkamp & Latessa, 2005; Latessa & Holsinger, 1998). Nonetheless, there is...
seemingly limited attention given to the offenders’ access to, or use of, social and psychological resources during a correctional program intervention and post-release. Perhaps, as importantly, are questions related to why they don’t use resources available to them. There is less consideration given to the offender’s understanding of his or her circumstances, treatment experienced while incarcerated, and the role, if any, those treatment experiences played in reentry success or failure.

DeLeon (2000) has taken extensive steps to identify the active ingredients within the TC modality. His work has developed concepts and components common to both the “addiction TCs” and the “democratic TCs”. Yet, it remains unclear exactly how therapeutic communities, or many other offender programs, work to affect reentry success, or for whom. Although the problem continues well into another decade, there are strides. In Substance Abuse Offender Report, Warren, Harvey, DeLeon & Gregoire (2007) report early findings about the relationship between offender interactions during a TC program and recidivism. Again, though it is encouraging that the knowledge about offender treatment is recognizing that the social interaction may influence offender reentry success, the conclusions are primarily based on results from quantitative research studies.

Cellini (2002) observes that a combination of supportive and cognitive-behavioral interventions, along with medication management, is receiving more support. As he notes: “after years of relatively poor treatment outcome data with this very difficult population, the integration and combination is reflecting a shift in our underlying perception and way of thinking about these types of treatment concerns” (p.79). As sound as his argument about effective practices appears, the claim that the criminal justice field is experiencing a
paradigm shift may be overstated. Practitioners and researchers may well be acknowledging more client-centered approaches, yet, continuing to do so, using politically popular outcome criteria such as a reincarceration event or a news headlines, may reduce important findings to overgeneralized conclusions. Model programs that value the offenders’ definition of success are still needed.

Innovations designed to address the rehabilitative needs of offenders have included the therapeutic community (TC), a modality that emerged nearly fifty years ago to treat the addicted and mentally ill populations. Earlier literature was descriptive in nature and produced by practitioners to explain a new approach to treatment. Only later did “outsiders” begin to explore and evaluate the dynamics within these treatment milieus (Manning & Rawlings, 2004). It was the earliest of experiences in therapeutic communities that informed the corrections field (O’Brien & Henican, 1993; Jones, 1979; Yablonsky, 1967). However, assessment of program success and outcomes is currently limited to quantitative instruments and methods. There remains a gap in research that generates qualitative data.

DeLeon (2001) credits the development of TCs in American correctional settings to the “overcrowding prisons, influx of drug offenders, and the documented success of early therapeutic community prison models” (p.92). He agrees that the extent to which ‘addiction TCs’ have been studied in the USA reflects the “social, political, and scientific context of substance abuse treatment” (DeLeon, 2004, p. 92). More work needs to be done. Contemporaries are calling for continued work to better understand how the therapeutic community modality influences change in offenders.
Lees, Manning & Rawlings (2004) reviewed 8,160 book, conference and journal references during the period 1974 – 1997, from 30 different countries, in order to identify evaluative studies with “with an emphasis on post-treatment outcomes” (p.45). Of the 294 references selected for closer review, 52 were considered to have “acceptable” levels of rigor; and, of those, 10 were randomized, control trials. The discussion of this meta-analysis recognized that much of the strongest research is conducted in the United States and, in addition to evidence of effectiveness of the therapeutic community modality as a whole, the type (“addiction” or “democratic”) of the TC accounted for much of heterogeneity of effect. Once again, practitioners and researchers are left to dissect the treatment methods; yet, they do not consider input from the participants with whom they interacted during the delivery of these milieu methods.

Indeed, even with rigor, understanding the TC therapeutic process has been somewhat of a challenging process in itself. Manning (2004) discusses the problem that arises when research caves to the “temptation to measure what can be measured, rather than what theory suggests we should measure” (p.113). DeLeon (2004) adds: “The unique recovery goals of the therapeutic community are changing lifestyles and identities” (p.95). Because of this, treatment is designed to mitigate deficits in social competence and self-presentation by enabling an offender to “reproduce the kind of interactions he/she had trouble with in the past so that these can be observed and reflected upon . . . The research questions go beyond a simple dose-response model of medical treatment” (Manning & Morant, 2004, pp.29-31).
To further convolute these outcomes, limited attention in previous research has been given to other life experiences that may occur during an offender’s reintegration into his or her community, raising questions about researchers’ conclusions that it was a particular program that has had an impact on the offender’s success. When the rare qualitative study emerges that gives attention to residents’ experiences and perceptions, its sample involved current residents of therapeutic communities or recent dropouts (Loat, 2006; Thunnissen, Remans & Trijsburg, 2006; Rawlings, 2004; Rapoport, 1960). The retrospective perceptions of a program’s impact – years later – has been abandoned. To understand the change process during reentry and community reintegration, we must also understand the meaning that an offender has given his / her lived experience in the therapeutic community.

These are issues and conundrums, and left unaddressed, they can result in program administrators, funders, and policy-makers putting energy into ineffective components of the offender treatment process. Worse yet, treatment programs, the criminal justice system, and funding communities could be focused in one direction (i.e., pre-release interventions) when more effective solutions lay in thoroughly exploring community integration. In addition, without a better understanding of the reentry experience, released offenders will continue to be trapped in the revolving door of reincarceration.

The criminal justice field cannot adequately reverse the trends of reincarceration without a more complete understanding of correctional treatment and the community reentry experience from the offenders’ perspective. Therefore, it was the aim of this qualitative study to explore the lived experiences and perspectives of men and women who
have participated in a therapeutic community in a correctional institution and reentered their residential communities upon discharge from such a program.
Chapter 2:

SIGNIFICANCE OF THE PROBLEM

Crime and incarceration, especially exacerbated by substance abuse, is costly. The National Institute of Drug Abuse (NIDA) estimated the cost to society of drug abuse in the year 2002 was $181 billion. Of that figure, $107 billion (or 60% of costs) were associated with drug-related crime. The report further contends that untreated substance abuse adds significant costs to communities, including violent and property crimes, prison expenses, court and criminal costs, emergency room visits, child abuse and neglect, lost child support, foster care and welfare costs, reduced work productivity, unemployment, and victimization.

The National Institute of Health (2007) released a landmark scientific report showing that effective treatment of drug abuse and addiction can save communities money and reduce crime. According to NIDA Director, Dr. Nora D. Volkow, in the April 2 press release:

The survey shows that far too few programs and services exist, and the ones that do exist are only offered to a handful of offenders. Since offenders are four times as likely as the general population to have a substance abuse disorder, treating the offender population could measurably lower the demand for drugs in our society, and reduce the crime rate. (p.2)
Dr. Volkow continued to state that studies show that treatment cuts drug abuse in half, drastically decreases criminal activity, and significantly reduces arrests. Estimates are that for every dollar spent on addiction treatment programs, there is a $4 to $7 reduction in the cost of drug-related crimes (National Institute of Health [NIH], 2007, p.2).

According to the U.S. Department of Justice, Bureau of Justice Statistics [USDOJS] (2007), over seven million people were under some form of correctional supervision in 2005; and, by the end of 2007, 2.3 million offenders were incarcerated in federal, state, and local institutions. Although the number of violent crimes, property crimes and firearm crimes has declined, the number of drug arrests continues to rise. Drug arrests in the United States have doubled since 1988 for adults and juveniles and approximately 20% of those in state institutions and over half of federal prisoners are drug offenders (USDOJS, 2007). Additionally, one-third of property offenders, and 10% violent offenders, report committing their crime to get money for drugs; and, in 2006, 5.3% of the 14,990 homicides were committed with circumstances known to be narcotic related. The Bureau reported that approximately 30% of victims of violent crimes and workplace violence believe the offender was under the influence of alcohol and/or other drugs (USDOJS, 2007).

In 1984, we were spending $35 billion on police, judicial and corrections functions. By 2004, the expenditures had risen to nearly $194 billion (NIH, 2007). According to the National Institute of Health, in a report released in April, 2007, less than 10% of offenders are receiving any substance abuse treatment at all.
In Ohio, the prison system is currently operating over capacity with an operating budget of over 2 billion dollars. During 2007, the inmate population surpassed 50,000 and continues to remain at those levels, while the number of offenders on community supervision is reported to be another nearly 27,000. Drug offenses account for 26% of these annual prison commitments. Yet, according to the Ohio Department of Rehabilitation and Corrections 2010 Annual Report, the department spends $5.38 of the offender per diem cost ($68.01) on mental health, substance abuse recovery and education services combined, down from the $5.97 per diem spent in 2006 (ODRC, 2011). According to the Urban Institute (2007), 65% of Ohio offenders have served more than one prison term. The cumulative effect of reincarceration is strangling the criminal justice system.

Further, based on annual statistics, approximately 1600 offenders are released back into their communities every day; the need to prepare them for successful reintegration is paramount (Travis, Solomon & Waul, 2001, p.1). Relapse and reincarceration leave collateral damage, in addition to the economic costs, including family disruption, public health and social services burdens, homelessness, and labor market dilemmas. In April, 2007, findings were released from a study sponsored by the Urban Institute. Researchers followed 294 offenders for the year after returning to their Midwestern community. “Many of the men lived in temporary housing arrangements; less than half were employed full or part time. Drug and alcohol abuse plagued many. A year later, 40 percent reported being rearrested, and 15 percent were back behind bars” (Visher & Courtney, 2007, p.9).
According to Burke & Tonry (2006): “Huge numbers of individuals complete their prison sentences each year and return to communities throughout the nation. In 2003, some 656,320 individuals, more than the population of Washington, D.C., were released from state and federal prisons, three times more than the 226,000 released in 1983 and half again more than the 457,000 released in 1994 . . . this massive movement of individuals from prison back to communities has sparked public interest” (p. 13). New legislation is being introduced in Ohio, for example, to provide the sentencing courts more community-based alternatives to incarceration in a state institution (Johnson, 2007). Building a solid, broad-based foundation of knowledge about what can make a real difference for offenders is a critical and urgent need.
Chapter 3:

REVIEW OF LITERATURE

Historically, Dr. Maxwell Jones is considered one of the first to recognize the humanizing elements of a social milieu that he referred to as ‘community psychiatry’ (Kooymans, 2001; DeLeon, 2000; Toch, 1980; Rapoport, 1960). He introduced and observed the therapeutic influence of a shared experience within a European military hospital. Similarly, it was the concept of ‘multiple leadership’ that Jones (1968) considered vital to therapeutic community practice, the idea that patients could assume responsibilities within the group and practice new roles.

Although one of the first TCs in the United States began with dramatically different leadership, the therapeutic power of a group was no less apparent in Synanon in California in 1958. Yablonsky (1967) recorded the words of Chuck Dederich, Synanon’s founder, when he described group influence on individual behavior change:

I had set up a Wednesday night ‘free association’ discussion group . . . I could detect considerable lying and self-deception in the group [and] I began to attack viciously. The group would join in, and we would let the air out of pompously inflated egos, including my own. The group process seemed to carve [the person confronted] down to a sense of reality and this was felt to be therapeutically beneficial . . . As a result, people seemed to grow before my eyes (p.49).
The way feedback is offered a group member has evolved since these aggressive confrontations. The techniques have changed, yet, the essence of the therapeutic community approach has remained constant. The social interaction, predicated on the exchange of peers’ observations of, and feelings about, another group member’s behaviors, contributes to individual change.

In 1959, Manhattan State Hospital hosted a research conference on therapeutic communities, reporting on therapeutic communities already operating in psychiatric wards for several years in the eastern United States and Canada. The medical group assembled recognized the emerging benefits and positive outcomes for the chronically hospitalized psychiatric patient (Denber, 1959). By the late 1960’s, a second generation of TCs grew from the Synanon model for addiction treatment, most notably, DAYTOP (O’Brien & Henican, 1993) and Phoenix House (DeLeon, 1974), both taking root in New York City. In 1975, a school teacher in Toledo, Ohio, frustrated by the lack of resources for her autistic adolescents, obtained a grant and established a therapeutic community for autistic adults called Bittersweet Farms (Giddan & Giddan, 1991). Regardless of the population, building a sense of community was recognized as a treatment element and process.

As Perfas (2004) noted, the therapeutic community is a social system. The therapeutic community modality is grounded in social psychiatry, cognitive behavioral approaches, psychodrama and self-help approaches, creating a community as the context and agent of change (DeLeon, 2000). DeLeon (1994) explained that “TC offers a systematic treatment approach that is guided by an explicit perspective on the drug use disorder, the prison,
recovery and right living. The primary therapist and teacher in the TC is the community itself” (p.18).

The TC methods are designed to address the criminal associations and lifestyle that often contribute to an offender’s rearrest or reincarceration. Because this treatment modality is both a social environment and social experience, this study was particularly interested in understanding offenders’ perceptions of how this milieu may have influenced, if at all, their psychosocial functioning when they return home.

Roberts (1997) discussed the logical matching between therapeutic community treatment and offender as “a second chance to accept social values and . . . [change] a state of disconnected alienation” (pp.3-4). Further, “sociology and psychology give clear indications that destructive behavior is almost always a consequence of the restraining, constraining, or preventive effects of social relationships” (Roberts, 1997, p.4). Therefore, the community orientation of a TC is well-suited for an offender who has experienced painful, maladaptive relationships and/or is “embedded in an antisocial lifestyle” (DeLeon, 2000, p.63). Therapeutic communities add a social restoration component to the cognitive-behavioral methods that are touted as ‘evidence-based practice’ in reducing recidivism (Pearson, Lipton, Cleland, & Yee, 2002; Pearson & Lipton, 1999).

Significant improvements in recidivism, as well as other behavioral outcomes, have been demonstrated as a result of more contemporary TC research efforts (Center for Substance Abuse Treatment, 2005; Warren, Harvey, DeLeon, & Gregoire, 2005; Dietz, O’Connell, & Scarpitti, 2003; Butzin, Martin & Inciardi, 2002; Patmon, 2002; Lipton, 2008).
Pearson, Cleland, & Yee, 2002; Rawlings, 2001; Ravndal, 2001; Inciardi, Martin & Surratt, 2001; Galanter & Kleber, 1994). Even one of the earliest outcome studies (DeLeon & Jainchill, 1981) demonstrated psychological and social improvements, for both male and female substance abusers, two years after participating in a therapeutic community program.

Substance abuse treatment professionals working collaboratively addressed the multiple, complex needs of substance-abusing offenders (Center for Substance Abuse Treatment, 2005). The connection between criminal activity and substance abuse is considered strong, the consequences of crime related to substance abuse called substantial, and the costs of drug-related crimes labeled devastating. The Treatment Improvement Protocol (TIP) makes specific recommendations and best practice guidelines, based on literature. Among these recommendations is the following:

Offender characteristics and environmental factors used to estimate the likelihood future criminal behavior are termed ‘risk factors’ [and] once risk factors are identified, research indicates that structured and intentional cognitive-behavioral approaches can address offenders’ ‘criminogenic needs’ related to their risk factors (Center for Substance Abuse Treatment, 2005, p.51).

A hallmark of effective correctional programming includes the degree to which criminogenic needs are addressed (Lipton & Thornton, 2000; Andrews & Bonta, 1998). Using DeLeon’s (2000), explanations of how methods in a therapeutic community relate to these targets – and possibly reducing recidivism – a few examples of criminogenic targets are as follows:
Effective programming for offenders promotes prosocial associations and identification with anti-criminal role models. DeLeon (2000) explains how residents in a TC are expected to demonstrate prosocial behaviors, establishing themselves as role models for newer residents. There are behavior reinforcers present in a community for those who become role models. Because staff is considered community members, they are expected to be role models for residents as well, and residents are encouraged to learn from all staff.

Another program target is to reduce problems associated with alcohol and other drugs and relapse prevention skills. Not only do group sessions address substance abuse issues, but residents are also expected to explore the problems that may have led to their criminal lifestyle. Additionally, they are expected to explore and their feelings while living in the community, thereby becoming aware of how they lead to relapse behaviors. Residents in a therapeutic community are expected to practice refusal skills and recovery-oriented decisions. Abstinence is not a goal during treatment in a TC – it is a prerequisite (DeLeon, 2000).

Effective programs also address criminogenic needs by reducing anger / hostility and promoting prosocial feelings. Along with the ‘process groups’ in a therapeutic community to assist residents as they learn to identify and express their feelings appropriately and even find some origins to those feelings that are triggers by events in a TC. All residents participate in morning meetings and energizers and other community building activities that focus on fun, laughter, and positive feelings. DeLeon (2000) considers the use of celebrations and affirmations as vital, therapeutic tools.
Another example of a criminogenic target in correctional programming is to *improve problem-solving skills and promote positive attitudes towards family, work, and school.* A tenet of therapeutic community is “work as therapy” (DeLeon, 2000). All residents have an assigned job in the community that provides them the opportunities to practice employment skills and learn to communicate with others more effectively than they have in the past. When problems arise in the community, or arise for a resident involving issues “on the outside”, residents are expected to practice new skills learned in group and/or ask for help from others. There are rewards in place for residents who accomplish work or school milestones. When functioning well, a therapeutic community can recreate a functioning family, providing daily opportunities for residents to practice effective communication and interpersonal skills that may be instrumental in their strengthening their own families at home. When they are available and accessible, family members of residents are often involved at some point in a resident’s stay, again, to promote family problem resolution and open communication.

Another important issue, when working to improve outcomes for the offender population, is the effectiveness of treatment when the treatment is mandated. The consensus and expert panels for the TIP Series recognize the potential impact of the level of coercion on treatment retention and completion (Center for Substance Abuse Treatment, 2005). A review of 11 studies that were conducted over the past 20 years found mixed results: five studies reported the coerced group having better outcomes, four studies failed to demonstrate a significant difference between the groups, and two studies reported worse outcomes for the coerced clients (p.86). Of particular relevance to this
study is that it was not noted whether – or which - studies considered, or measured, client motivation or readiness to change.

Specific to the population of interest, there has been significant work that has revealed relationships between offender motivation and program completion. DeLeon (2000, 1994), and Kressel, DeLeon, Palij, & Rubin (2000) have studied client motivation and readiness as it pertains to offenders entering a corrections-based therapeutic community. Their work has resulted in the development and validation of an instrument, the ‘CMR’ (“Circumstance, Motivation, and Readiness”). Certainly, there are sound reasons for being concerned with client engagement, motivation, readiness for change, and program retention: they are related to an increased likelihood of participating in aftercare and improved outcomes as they relate to recidivism and relapse (Wexler, Melnick, & Cao, 2004; DeLeon, Melnick, Thomas, Kressel, & Wexler, 2000; Martin, Butzin, Saum, & Inciardi, 1999).

Motivation is recognized as a dynamic condition with both internal and external factors. A number of recent studies support the idea that motivation is a consistent predictor of treatment engagement and retention. Two studies found that offenders with higher motivation and readiness scores were more likely to enter aftercare programs, less likely to be reincarcerated, and that the desire for help and treatment readiness were positively associated with indicators of ‘therapeutic engagement’. (Hiller, Knight, Leukefeld, & Simpson, 2002; Melnick, DeLeon, Thomas, & Kressel, 2001). Further study by Czuchy & Dansereau (2000) found that offenders who received ‘treatment readiness training’ were more likely to be engaged in the treatment program.
Gregoire & Burke (2004) explored the relationship between external coercion and readiness to change among an outpatient population of substance abusers, and found that legal coercion was associated with increased readiness to change, and with treatment completion. In a subsequent study, these authors found that legally coerced persons were more likely than non-coerced persons to report abstaining from alcohol and other drugs in the 30 days prior to a six month follow-up interview, and to demonstrate reduced addiction severity at follow-up (Burke and Gregoire, 2007).

The National Institute of Corrections has maintained an extensive library online of research related to successful offender reentry. In one such article, Burke & Tonry (2006) write:

The corrections field now has solid evidence of the kinds of programs that are effective in reducing the likelihood of re-offending. But the significant challenges of reentry will not be resolved simply by putting programs in place, no matter how well designed. Common sense alone dictates that offenders must be linked with programs appropriate to their specific needs and they must be motivated to participate (p.16).

As previously mentioned, much of the literature pronounces “what works” with the treatment of the correctional population, yet, limited studies have examined issues beyond events of reincarceration or relapse after two and three years post-release. Latessa & Holsinger (1998) acknowledged that reincarceration may not provide the entire picture, but, “it is the most practical definition” (p. 23) of recidivism. Thus we may, in fact, be only measuring what we can easily measure.
Wilson (2007) underscored this issue in his work with ‘Project Greenlight’, an 8-week prison reentry program that “drew exclusively from the literature on correctional interventions about the services that offenders need to succeed when they return home. Participants showed worse outcomes for every type of recidivism at six and twelve months after release, (pp. 2-3), even when compared to an inmate population who received no intervention. Wilson noted how the program was designed to do everything right and still seemed to fail. As he searched for possible explanations for these findings, he reconsidered how offender characteristics may have impacted the results. Again, quantitative data can only create a partial picture of recidivism.

Even the research specific to therapeutic communities has, since the 1980’s, focused on outcomes, measurable events related to a graduate’s relapse, employment, reincarceration, or hospitalization events. As attention turns to gaining a better understanding of the “black box” in the treatment process, it is increasingly critical that the literature represent the offender’s perspective and lived experience as well.

Qualitative study can provide a “careful elucidation of the complex and dynamic nature of therapeutic community culture and practice” (Manning & Morant, 2004, p.31) with the potential to expand an appreciation of the social systems within which the offender interacts during and after incarceration. These methods are not new to the field of research of therapeutic communities; much of what was first understood about TCs is attributed to field research and participant-observation (Yates, Rawlings, Broekaert, & DeLeon, 2006; Yablonsky, 1967; Raporport, 1960). Rawlings (2004) discusses the value of qualitative methods, as a complement to quantitative methods, in this way:
This information could be used to create standard research forms to be completed before, during, and after treatment, and which ascertain the extent to which residents fulfill these criteria of success when they leave or perhaps a year or two after they leave [and] later analyzed statistically to show the level of success in treatment. This analysis may show that certain types of residents seem to be less successful than others, or that a longer stay is more likely to produce change than a shorter one. But while the statistical findings may be able to state that positive change is related to the length of time in treatment, or that the community is better at treating certain types of patients, they will not be able to say why this is. Thus a further study would be required, this time more in-depth and qualitative, to try and answer these questions (p.139).

As is the case with the focus of the proposed empirical investigation, qualitative strategy and methods have been deemed most appropriate.
Chapter 4:

METHODS

This study used a grounded theory strategy to explore offenders’ lived experiences during reentry into their residential communities. McNabb (2004) stated, “The primary objective of all grounded theory research is to develop theory out of the information gathered, rather than the testing of predetermined theories through a process of experimentation” (p.383). Although grounded theory strategy and its associated methods have experienced evolution and increased in definition, it is distinguished from other qualitative strategies and methods, not only by theory generation, but also the use of a constant comparison between data and emerging themes (Charmaz, 2006; Denzin & Lincoln, 2005; Denzin & Lincoln, 2003; Willig, 2008; Strauss & Corbin, 1998).

Grounded theory is appropriate for studying issues related to social justice such as those that are the foci of this research project: the lived experiences of offenders who have experienced a therapeutic community and reentered residential communities upon release. Charmaz (2006) argues that this qualitative strategy is not tied to a single epistemological position or constrained by an interactive process with allegiance to procedural rigor. She offers an alternative to a positivist template for grounded theory, and advocates for “a systematic approach to social justice inquiry that fosters integrating subjective experience with social conditions in our analysis – attentiveness to ideas and
actions concerning fairness, equity, equality, democratic process, status, hierarchy and individual and collective rights” (Charmaz, 2005, p. 510).

Grounded theory emerged from the in-depth interviews that focused on the offenders’ perspectives about both their therapeutic community experiences and their residential community reentry experiences. These lived experiences were the foci of interview questions.

Sample

Although therapeutic community programs exist in juvenile justice facilities and halfway house programs, this investigation was concerned with the adult felony offender who was a member of a therapeutic community program during incarceration in a state correctional facility or community-based correctional facility. Because federal and state measures of recidivism are applied at three years post-release, and, because this study involved developing localized knowledge related to the offender’s reentry into a residential community, program graduates who were discharged at least three years prior were recruited from therapeutic community alumni groups, and the therapeutic community programs in correctional settings in Ohio.

Eligibility for participants in this study was based on the following criteria:

(1). had been released from incarceration at least 3 years;
(2). was involved in, and graduated from, a therapeutic community (TC) during incarceration in Ohio;
(3). was not on official supervision, i.e. probation or parole, at the time of data collection
Participants identified themselves in response to flyers which were distributed by the investigator to TC program alumni coordinators, and at alumni events. Recruitment flyers detailed the aim of the study, criteria for inclusion, right to voluntarily withdraw from the study, and a statement of the estimated time commitment. A phone number and email address were provided so that an interested TC graduate could initiate contact with the investigator. The phone was not answered or used by anyone other than the investigator. Four alumni coordinators and TC program staff were responsible for the first thirteen contacts.

A telephone script was designed to review the participation criteria with the interested caller as well as the aim of the study, estimated time commitment involved, and amount of incentive. Once the caller expressed an interest to participate and the investigator determined his / her eligibility, a meeting time and location was agreed upon. All participants were asked to identify a location that was convenient with which they were familiar and comfortable.

Twenty-five men and women participated in this study, sixteen men and nine women. Two individuals contacted the investigator, but were not eligible. All study participants were graduates of four different corrections-based TC programs, two programs were embedded in state prison institutions and two programs were operated as community-based correctional facilities (CBCF). The participants lived in seven different residential communities in Ohio at the time of interview: thirteen lived in urban areas, four in suburban communities, and eight lived in rural areas. Although six participants had a
period of incarceration since release from the TC, all study participants were released from any official supervision and did not have any pending charges.

<table>
<thead>
<tr>
<th>Demographic Attributes</th>
<th>N (25)</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>64</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>13</td>
<td>52</td>
</tr>
<tr>
<td>White</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>Biracial</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS Graduate / GED</td>
<td>17</td>
<td>68</td>
</tr>
<tr>
<td>Advanced Education / Training Since HS or GED</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Advanced Education / Training Since Reentry</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Childhood</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Described as “stable”, “good”, “loving parents”, “normal”</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td>Described with ambivalence or included neglect or abuse</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td><strong>Age of First Use (Alcohol / Other Drugs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 12 years</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>12 – 17 years</td>
<td>13</td>
<td>52</td>
</tr>
<tr>
<td>18 - 23 years</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Age of First Arrest</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile Offense</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>18 – 28 years</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>29 – 39 years</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>40 – 50 years</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Age of First Felony</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 28 years</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>29 – 39 years</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td>40 – 50 years</td>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 1. Demographic attributes of study participants
Table 1. Continued

<table>
<thead>
<tr>
<th>Number of Incarcerations Prior to TC Stay *</th>
<th>incarceration events, including jail sentences</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7</td>
</tr>
<tr>
<td>1 - 2</td>
<td>6</td>
</tr>
<tr>
<td>3 - 10</td>
<td>10</td>
</tr>
<tr>
<td>More than 10</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Incarcerations After TC Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>New offense(s)</td>
</tr>
<tr>
<td>Conviction on charges prior to TC stay</td>
</tr>
<tr>
<td>Probation / Parole violation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relocated at Reentry</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>60</td>
</tr>
</tbody>
</table>

As seen in Table 1, demographic information was collected so that each participant could be socially situated. The participants in this study ranged in age from 28 to 58 years old at the time of the interview. The average age was 47; the median was 48 years of age. The average age of the participants’ first felony offense was 31.75 years of age and the average number of prior incarcerations was four (of those who reported prior incarceration, or 72% of participants). At the time of interviews, seven participants had been in their home communities longer than ten years, and eight had been home for less than five years. The average number of years out of a correctional institution is 8.2 years.

Nearly fifty percent of the study participants entered a correctional-based therapeutic community at the age of 40 or older; three were in their 20s; and ten were 30 - 39 years of age. The alumni connection among the participants was evident as five participants were responsible for additional calls to the investigator from other alumni who had heard about
the study. The study sample is 52% Black, 44% White, and 4% Biracial; no ex-offenders of Hispanic, Asian, Native American or other ethnicity contacted the researcher.

As a general comparison, the average age of the felony offenders entering a state institution in Ohio during 2010 was 32.44 years of age, nearly 55% White and 43% Black. Even though 7.6% of all incarcerated offenders are women, the percentage is increasing. Last year in Ohio, 13% of new commitments were female offenders (Ohio Department of Rehabilitation and Correction, 2011). In this study, 36% of the sample is women.

Four participants did not have children and six had minor children living with them at the time of the study. Two female participants have experienced the death of a child and one woman has lost permanent custody of a child. Of those participants with children (21 participants, or 84% of all participants), fifteen had children who were minors while they were incarcerated and two reported being involved with the child welfare system during their incarceration. All, but one, of the thirty-nine grown children represented by the study cohort have completed high school and there are eighteen children of the study participants who were minors at the time of the study. There are a total of fifty-nine children represented by the twenty-five participants, impacted in some way by having at least one parent who has a felony record.

Although nine participants (36%) reported juvenile offenses, the average age of first arrest was 26 years. Thirteen participants, just over 50% of the study group, reported that their first arrest and first felony were the same event, that is, as adults, their first felony
was their first arrest. One participant’s first arrest and felony occurred when he was 50 years old. Three others were in their forties.

Without exception, the participants identified the age when they first abused alcohol or other drugs. The average age of first use for this group was 11 years. Of the group who recalled substance abuse at a very young age (under 10), the use varied from sniffing glue at 4 or 5 years of age, to drinking wine with the family, or drinking beer or smoking cigarettes at home or with family members. School athletics was mentioned in stories of early “pill popping”, either for body building or pain relief. Nonetheless, twenty-two (88%) of the participants described themselves as persons in recovery from alcohol / other drug dependency. Two participants reported abstinence from drugs other than alcohol, and one participant abstains as part of his recovery from a gambling addiction.

There was no greater diversity among the study participants than how they described their childhood, their birth order, and their experiences in school as children. While there were two participants who were aware, as children, of the family affluence and influence, there were also participants who were in families of 6 - 8 children and separated from siblings because of poverty or abuse. Seven participants were aware of parental mental illness or addiction – a few men and women shared their survivor stories of sexual abuse, having occurred seemingly regardless of familial stability, composition, or income. One described surviving the trauma of her mother’s attempt to kill her and, another, his last visit with his mother, hours before she committed suicide. One participant described how his parents, who were retired, relocated, building a large home near the city where he was incarcerated and planned to live upon release, so that they could better support him
during his reentry. Participants comprised a cast of the youngest, middle, and eldest children. One quarter of the study participants were the youngest in their family and, if the youngest girls and youngest boys are added to that lot, that group accounts for a third of all participants. Another 25% of participants are the oldest child in their families. Three participants were the only child in their families; two of them were adopted at a very young age. There was one participant who has a twin.

More than half the participants (60% of those in the study) described themselves as high achievers in school, whether as athletes, academics, or musicians. However, even in that group, there were the students who got along well in school because they claimed to having been good at manipulating school staff. Two participants described the painful childhood experience of being bullied and one was aware of struggling in school with a learning disability, eventually dropping out. Lastly, and no doubt not surprisingly, ten participants also described relatively good school achievement until their alcohol / other drug abuse began to spiral out of control.

Six, or nearly a quarter of all participants, did not complete high school, simply stopped going and could not describe a precipitating event or remember being expelled. One participant was certain of dropping out in 7th grade; two participants reported leaving school in 9th grade (one after a first arrest) and two dropped out in 11th grade, one to take care of a chronically ill family member. All of those who did not complete high school have since achieved their General Educational Development (GED) – half of them earned a GED while in a therapeutic community, one in the military; and, two of them have
since achieved advanced degrees. Three participants held advanced degrees before their felony offense.

Even though the study interest is the reentry experience for participants, the single shared experience for all participants was a stay in a therapeutic community (TC) program during their incarceration, or any one of their incarceration stays. At the time the participants were incarcerated (1991 – 2008), TCs were operating in prisons for men and women as well as five community-based correctional facilities in Ohio. During that time, there were approximately 510 beds available for male offenders and 180 for female offenders, or, 65% correctional-based TC beds were available to men and 35% for women. The beds, by gender, available in the five TCs from where the study participants graduated were approximately 64% men and 36% women. The ratio of men to women in this study is 64% / 36%.

All participants, save three, were employed at the time of interview, earning (of those who shared their average income) an average of $15.23/hour. One participant is a full time student, working seasonal jobs, and two are currently receiving or applying for disability. Prior to incarceration, two participants held law enforcement careers, two had been recruited by or played for professional sports teams, one had accomplished a long career as a registered nurse prior to her felony arrest, and one was a recorded musician. Nearly half (11) of the participants have returned to their communities and taken work in the helping professions; six are employed at correctional facilities where they were once incarcerated. For the most part, ex-offenders are pursuing careers different from those they had before incarceration and some are giving back to their communities through
volunteering, teaching, and speaking in the TC programs from which they graduated. Since reentry, one participant has become an ordained minister, and, another, a licensed independent social worker.

Of the ten participants who decided to relocate, one decided to move in order to continue pursuing an education after starting college in prison. Six of them moved into some sort of transitional or halfway house environment before making the decision to stay in that same community. The other three made the decision to move closer to other graduates of the therapeutic community program or members of their family. Ninety percent of the participants who relocated upon release had never lived in that community.

By far, most of those who did not relocate upon release decided to move in with family or friends – eleven of the fifteen (73%) returned to their home community and lived with a spouse or parent(s), even if they had different living arrangements at the time of the interview.

Eight of the participants (32%) were incarcerated in the county of their childhood and/or residence at the time they were sentenced. All of these study participants were incarcerated in a community-based correctional facility (CBCF), which was designed to keep offenders close to their home. One participant had moved to another state before returning to complete his sentence in the same community where he grew up and was residing with his parents at the time of the interview. Seven of the twenty-five participants made the decision to stay in the same county upon release.

Participants were asked about their significant relationships prior to incarceration and whether those relationships had weathered their confinement, TC involvement, and
subsequent release. Five of the twenty-five participants reported that they were involved in the same intimate relationship. Two female participants were in the same relationships once they were released, but did not return home to live with their husband / significant other. One husband was incarcerated at the time of her release and the other was still living in their hometown when she decided to relocate. At the time of the interviews, both women had been reunited with their husbands. There are three male participants who were married or dating prior to incarceration. They returned to live with or marry those same women, and were married to them at the time of the interviews.

In regards to race and the participants’ experience, there appeared to be little difference between the rates of recidivism. Two of the thirteen (15%) Black participants recidivated while three of the eleven (27%) White participants were reincarcerated. There was some difference between race and educational history. While 100% of White participants reported being high school graduates, 54% (7 of 13) of Black participants reported the same.

In regards to gender, again, there are few distinctions between the groups. The women experienced the onset of alcohol / other drug abuse at an average age of 12.8 years while men in this study started abusing alcohol / other drugs at an average 11.4 years of age. And although women were generally older when they committed their first felony, at age 32.7 as compared to 30.6 years of age for men, women and men were nearly the same age when they entered a TC program at an average of 37.1 and 37.5 years of age, respectively. Within the study sample, 55% of women relocated upon release while 31% of men moved away from their home community where they lived
prior to incarceration. Sixty-six percent of the female sample and forty-four percent of the men are Black. Five of the men in the study were reincarcerated after their TC participation while one of the women in the study reported the same.

Sampling

As previously mentioned, established criteria for participation were used at the initiation of this study. Also, snowball sampling resulted in five of the participants referring the next twelve participants. Two TC graduates contacted the investigator, but had been released from incarceration less than three years prior, making them ineligible for study participation.

As Charmaz (2006) noted, theoretical sampling is characteristic of the grounded theory strategy and contributes to study rigor. Emerging ideas, meanings, events, and behaviors were challenged and/or elaborated. Sampling continued until no new categories, or variations of existing categories, were generated. In other words, theoretical sampling continued until there was a theoretical saturation (Willig, 2008). Data collection went on until there was a growing awareness that there were no real surprises, that the patterns presented were repeating themselves as with a “notion of convergence” (Shank, 2002, p.131).

In this study, data continued to be collected, taking into account categories that emerged during earlier data analysis, and filling those data gaps by seeking additional participants who could provide relevant information. Questions that surfaced during the data analysis process included: Do younger participants have a different reentry
experience or TC experience? How is the reentry experience different for CBCF and prison TC graduates? How does the reentry experience influence perspectives about continued drinking or drug use – or does it? Therefore, theoretical sampling involved contacting previous study participants and asking about additional potential participants, specifically young graduates and/or men who might offer new information related to the aforementioned questions. When seven additional interviews failed to corroborate the new, divergent coding, but, rather continued to reflect earlier comparisons, sampling was concluded after twenty-five participants had been interviewed. (More discussion of theoretical sampling follows in the Data Analysis section.)

Data Collection

_Semi-structured Interview Schedule_

Semi-structured interviews were used to discover the participants’ perspectives. Rather than direct the data to test a preconceived theory or idea about what the offenders’ perceptions may be, the interview schedule gave “respondents considerable control over the direction of the interview itself” (Prasad, 2005, p. 25). At the center of the research question of interest is the aim of understanding the meanings offenders have given to their reentry experience. An interview schedule was submitted to and approved by The Ohio State University’s Institutional Review Board.

The interview structure included main, probing, and follow up questions. Rubin & Rubin (2005) described the main questions as the “scaffolding of the interview, the skeleton of it” (p. 134). These main questions in the interview schedule ensured that the
area of interest was explored thoroughly and were established well before the interview process began. The goal was to provide the participant the opportunity to describe his / her lived experiences and perspectives without leading or limiting the answer. Main questions in this study covered circumstances surrounding the participation in a TC, preparation for reentry, early reentry experiences, current life circumstances, and perspectives related to how lived experiences impacted the reentry experience (See Appendix A).

Probing questions were asked in order to encourage the participant to elaborate on or clarify a response. They were, for the most part, spontaneous and “critical for getting beyond rehearsed accounts and prefabricated renditions” (Padgett, 2008, p.108). Examples of probing questions included clarifying initial responses related to incarceration and the participants’ TC entrance since there appeared to be variation in sentencing and how participants heard about TC as an option. Probing questions provided participants the opportunity to elaborate on their relationships. For instance, one participant described his relationships as “good”, followed with the question, “can you tell me what good means to you?”. When participants talked only about family relationships, probing questions encouraged them to talk about friends and coworkers. During one description of a participant’s inordinate efforts to stay clean and sober, he said, “If you want it bad enough, you’ll get it. I walked to get my dope. I remember in the ’78 blizzard I wanted dope so bad I took my couch out of my living room and carried it on my back to go get my dope.” A simple probing question, “what did you do with the
couch?”, provided the clarification necessary to fully understand the lengths to which he went in order to get money for his drugs of abuse.

Follow-up questions, according to Rubin & Rubin (2005), are vital to examining particular concepts, intriguing themes, apparent inconsistencies, or ideas that the participant may have presented and can be asked during the interview or subsequent interviews. The primary concern was to allow the participant sufficient time to tell his/her story without interruption while ensuring that there is also sufficient detail to understand the meaning that has been given an experience. Follow-up questions in this study were especially necessary after it became clear that simply asking participants the number of incarceration experiences was not sufficient to understand the context of their reentry or reincarceration. Examples of follow-up questions included: “Tell me about your first felony”, “Describe your legal history for me, including convictions and incarcerations”. One face-to-face second interview was held and lasted ninety minutes. Nine other participants were contacted by phone in order to ask follow-up questions. Those contacts averaged thirty minutes in duration. At the end of each initial interview, participants were offered their choice of $15 gift cards from grocery stores, restaurants, or home improvement and office supply stores.

**Interviewing**

Meetings for the face-to-face interviews were scheduled at local cafés, bake shops, small restaurants, churches, offices, and community-based correctional facilities. Three participants requested to meet in their homes. Interviews were scheduled at seven
o’clock in the morning, seven o’clock in the evening, and at times in between, on weekdays and weekends.

Each participant reviewed the consent form and was allowed time to ask questions. After s/he indicated understanding of the consent terms, the IRB-approved consent form was signed. Participants were assured of the option to not answer a question, answer a question with as much or as limited detail as they wished, or stop the interview altogether.

Since the investigator, in a professional role, has been a part of a corrections-based therapeutic community, the common experience was expected to provide an interview rapport. Padgett (2008) recognized the benefits of studying the familiar including rapport, respondent access, and topic knowledge. One of the strengths of grounded theory strategy is the attention to the interaction between the investigator, the participant and the data. It was equally important during this study that the investigator maintained field notes for reflection about the relationship (rapport) with the participants. While the investigator is not an “insider” to this study population, that is, an offender who has been incarcerated in a therapeutic community program and/or reentered her community after a period of incarceration, her relationship to the data as a treatment professional was expected to enhance this work (Morant & Warren, 2004). Menzies & Lees (2004), described the advantages of a researcher having been part of the therapeutic community staff as going “some way to establishing the collaborative relationship” (p.158). DeLeon (2000) described the staff in a TC as community members and, as such, the investigator was able to build rapport having shared a common language with the respondents.
However, the challenge to the investigator was to pursue clarification about “TC-specific” language, rather than making assumptions based on her experience. For example, when participants referred to the jobs they held while in the TC, i.e. “head of house” or “expeditor”, attention was given so that each TC experience in a particular job could be explained by the participant. When participants talked about encounters, they were asked to explain an encounter as they understood it.

Rubin & Rubin (2005) describe the art of sustaining a “conversational partnership” (p.79). Here again, the interviews were strengthened by philosophical assumptions that the grounded theory methods include, rather than preclude, the researcher’s experiences, perceptions and biases that touch the interview partnership process. An example of this occurred as an increasing number of participants described how their experiences in a TC were dramatically different from their experiences in the general prison population and contrasted the reentry experience from each. Although discussed at length in the data analysis section, the investigator explored the comparisons and contrasts in more depth based on her perceptions that the distinctive elements of TC were vital for full understanding of the reentry experience.

All interviews were audio-taped with the participant’s coded identifier written on the tape and then transcribed by a professional transcriptionist who agreed to the ethical boundaries of confidentiality. Transcriptions, likewise, did not include identifiers such as names or residence. Interviews were generally an hour and a half in length. Six interviews lasted two hours. The face-to-face follow-up interview was ninety minutes in length. Audio-tapes and identifying information are stored in a locked file cabinet in the
investigator’s home office. Transcriptions are stored electronically in a flashdrive, also stored in the locked file cabinet. The participants were each assigned a pseudonym; names chosen had meaning in the investigator’s life and were not similar to any participant’s name.

Data Analysis

Analysis of the data collected began after the first interview was completed and transcribed. Notations related to non-verbal gestures or participants’ utterances were made on the transcriptions. Memo-writing offered an additional opportunity to make notations with initial comparisons to other transcription data, initial coding of transcriptions, and early development of categories. Each transcription was assigned a letter and number series so that, without identifiers, the investigator could access a specific participant for follow-up questions when necessary. Transcriptions were read, without coding, three times, in order to grasp the participants’ experiences as a whole and to prevent overlooking data and decontextualizing data. The investigator was able to experience each interview as an unabridged journey and to create memos about a participant’s complete story. Memos included notes such as: “spirited in word and deed!”, “emotions run deep”, “didn’t have money – had money – didn’t seem to matter”, and “wondering if it is anger or hurt?”

Analysis was a dynamic process vital to the grounded theory methods, allowing the investigator to label lines of a transcribed interview by which the next interview would be compared. The process is referred to as coding and involved early, descriptive categories
of the offenders’ lived experiences. Rubin & Rubin (2005) refer to the initial open coding stage as “recognition” in which markers for concepts, meanings, and events are identified (p. 207). “By engaging in line-by-line coding, the researcher makes a close study of the data and lays a foundation for synthesizing it” (Charmaz, 2005, p.517). In this study, an example would be coding a line of transcription with words such as: “moved schools in 6th grade”, “husband was victim in her case”, “high at bus station”, “here we go again”, and “job similar to TC”.

Single labels in coding were eventually aggregated into categories, “the grounded theory term for a theme or pattern that arcs across large swaths of the data. Although most codes will serve out their duty in the descriptive trenches of analysis, an occasional one will jump to higher levels” (Padgett, 2008, p.157). The study aims to accurately reflect the similarities, as well as diversity, of the offenders’ experience in a therapeutic community and reentry home. One similarity that emerged quickly among the interviews was the participants’ description of general prison populations, regardless of a men’s or women’s prison, as well as the descriptions of the seemingly life-changing experiences in the TC program. Categories emerged to include: “went to TC to look good”, “learning from encounter”, “TC responsibility”, and “’street’ on the (prison) yard. An early difference that appeared was the informal network of female TC graduates across the state and their ability to gather large groups of alumnae while the informal networks of men appeared more clustered geographically. Nevertheless, networks of support existed more so for prison-based TC graduates so participants from CBCFs were sought to fill a conceptual gap involving support networks.
The constant comparative method was utilized to ensure the coding process integrated and linked data rather than simply homogenized it (Willig, 2006, p.34). The investigator found similarities in the data, but also explored the differences and examined the subcategories that emerged. During this process, data was compared to data and categories were compared to categories throughout the life cycle of the study (Charmaz, 2005, Janesick, 1998). Categories related to participants’ preparation for reentry emerged. What initially appeared to be coding related to the early decision-making as participants prepared to return to the community, evolved into the feelings experienced during this critical period of a participant’s reentry. Participants described feeling “excited but anxious” and others recalled feeling “scared” and, yet their decisions were sometimes the same, i.e. where to live upon release. Through the constant comparison method, focused coding provided specific quotations in transcripts to support emerging themes such as, “feeling fear and anxiety and making critical decisions”. Themes began to emerge about the experiences of connectedness and the transfer of learning from the TC experience to the reentry experience.

In addition, special attention was given to the possibility of a negative case, one where the emerging themes did not fit. “The identification of such instances allows the researcher to qualify and elaborate the emerging theory, adding depth and density to it, so that it is able to capture the full complexity of the data on which it is based” (Willig, 2001, p. 35). Padgett (2008) described the role of negative cases to both dispute and develop an emerging theory. As interviewing continued, a participant contacted the investigator because he was called by another graduate who lived in the same small
community. He said he “would be happy” to be interviewed but wasn’t certain how he could meet because he takes care of his baby and doesn’t drive. However, he then added that the investigator was welcome to “come over anytime”. As the interview commenced, many of the participant’s statements and stories seemed similar, i.e. he described the TC experience and contrasted the general prison yard experiences, and he described the employment he was able to acquire while he was at the TC program. But, then, as his interview continued, he described the absence of a strong, sober support network, ongoing, chronic medical needs, and lack of health and social services. He described the fragility of his life circumstance. Other participants who were already interviewed as well as the alumni coordinators were asked if they might know other male graduates who were younger, who had been incarcerated since their TC experience, or perhaps weren’t “doing as well as they were”. Seven additional interviews were conducted, only serving to reinforce previous themes and the common lived experiences of other participants.

Charmaz (2006) raises the issues surrounding negative cases that emerge during theoretical sampling and the temptation to “import” them by seeking out cases that might further theoretical sampling (p.102). In this study, categories began to be constructed through comparison methods of data analysis that explicated and refined the similarities and differences within categories, themes and subthemes. However, one case surfaced that did not fit the analysis and offered disconfirming evidence rather than serving to perfect developing themes (Padgett, 2008). Because of the number and severity of
complex needs, John’s experiences have been separated and discussed later in this document as a negative case analysis.

After themes were identified, an external audit was included to assist with the challenge of collapsing and synthesizing themes. At one point, it appeared that the category, “money”, was emerging as a theme – that participants experienced multiple triggers and risked relapse when they had money and when they didn’t have any money. As the external audit continued with the advisor, it was decided that issues were not central to money as a theme, but rather, the issues involving money and income were embedded in themes of feeling anxiety at reentry, finding employment, and building functional relationships.

Rigor

Diverse methods are used in qualitative research to ensure rigor. The major methods for ensuring rigor in this qualitative research project included triangulation, situating the sample, theoretical sampling, negative case analysis, maintaining an audit trail, and external audit.

This study utilized triangulation to enhance trustworthiness and credibility of findings. Willig (2008) defines triangulation as examining the same phenomenon from diverse viewpoints. The sample of participants was recruited from multiple sites with graduates of four different therapeutic communities in Ohio. In addition, triangulation of theories including relational-cultural theory and the ecological perspective provided differing perspectives from which to interpret the findings. Trustworthiness was also enhanced
because the participant sample was situated in sociocultural context by gathering rich demographic data that included life circumstances and childhood descriptors. Theoretical sampling and negative case analysis ensured maximum variation to the extent possible. The negative case in this study deviated from other cases on multiple levels and points to the possibility of other cases like it, important in further research on the reentry experience. Additionally, an audit trail provided documentation of the entire trajectory of this research project and the constant comparative method during data analysis enhanced trustworthiness.

An external audit by the principal investigator, the doctoral advisor, contributed to this research project’s credibility. Judgments about the relationships and reasonableness of data, categories, and themes, as well as the supporting excerpts from interview transcripts were made in consultation and strengthened the discussion of findings. Other research relevant to the TC and reentry experiences was integrated into this study’s methods and construction of knowledge. Credibility was also enriched by the integration of relational-cultural theory, as well as the ecological perspective. Whenever possible, the investigator gave voice to the participants and used thick description in relating the reentry experiences. Whenever necessary, the investigator contributed her voice to the interpretation and translation of data. This project’s credibility depends, in part, on clear delineation of all perspectives.

Charmaz’s (2006) grounded theory strategy ensures that data collection and analysis is a collaborative effort to ensure the participants’ perceptions are given voice. Reflexivity was an important element throughout the interview and analysis process, a contributing
factor to the study rigor and integrity. Lincoln and Guba (2003) described reflexivity as a process of critical reflection during the data collection phase, a “conscience experiencing of the self as both inquirer and respondent, as teacher and learner” (p.283). The investigator’s reflections on the process helped prevent pre-existing ideas and expectations from driving the coding and analysis. The investigator recorded observations, thoughts, and feelings throughout the interviewing process, careful to review her reflections for possible threats to losing the participants’ voices during the interview. Field notes recorded the processes during data collection and observations about the setting, interviewee and researcher (Charmaz, 2006). For example, during this study, notes were made related to the participants’ descriptions of the overwhelming positive TC experiences. In her fear of appearing to have bias about the growth experiences of TC, it was later clear from the notes that there were probing questions that went unexplored in the first couple interviews. The investigator was able to respond differently to the subsequent participants and pursue understanding of the TC experiences more fully and intentionally.

Ethical Considerations

No participants were recruited or interviewed for this study until all official documents had been submitted and approved by the Institutional Review Board at The Ohio State University. This study was planned so that it adhered to Willig’s (2008) assurances for ethical study. Every participant was provided a brief description of the study, given full disclosure of the contact information, and was presented with the
opportunity to ask questions before giving written consent and before any data was collected and recorded.

The research questions were carefully constructed in such a way as not to deceive the adult, mentally-competent participants about the study’s intent. The participants volunteered to be interviewed and the interview process did not cause distress or harm to any participant, evidenced by participant non-verbal cues and by participants’ accounts. To date, no untoward events, as a result of participation in the study, have been reported, and no complaints have been made. Every participant was informed that he or she could withdraw from the study process at any time. In addition, the “right to withdrawal” statement was included on the IRB-approved consent form.

Each participant has access to any publications that are developed from this study. Not only will information gathered during this study be held in the strictest of confidence, any identifiers of participants have been removed from the data.

Limitations of the Study

This research project had delineated parameters and was, therefore, limited in scope. There were several participant experiences that were not explored fully, specifically traumatizing events such as sexual abuse, severe neglect, termination of parental rights, and death of children. The traumatic experience of a child’s death or lost custody of a child was described by three female participants. Further investigation of these experiences, particularly by gender, would enhance the field’s understanding of how trauma, including grief and loss, influences the social support needs of participants, their
continuing recovery in residential communities, and the communities’ ability to offer related professional services.

The generally-accepted risk factors leading to criminal behaviors that are dynamic in nature, as opposed to static risk factors that will not change with time (e.g. number of previous incarcerations), are considered criminogenic targets/needs. Previous quantitative research has found that targeting these risk factors will significantly reduce recidivism. A limitation of this study is that it did not expressly connect main questions to the criminogenic targets and, therefore, did not explore how such needs relate to recidivism and community reentry experiences.

This qualitative research study included twenty-five men and women from four therapeutic communities in Ohio, an appropriate sample size for grounded theory that generates localized knowledge. However, additional qualitative studies for the same purpose are needed in other states and countries which use the TC modality with offenders in order to understand the maximum variation of community reentry experiences in diverse cultural and social contexts.
Chapter 5:

FINDINGS

The journey from incarceration to a permanent living environment upon release was rarely linear and fraught with expected and unexpected obstacles. However, participants were forthcoming with what they saw as contributing to their success during that trajectory. Considering that 72% of participants had been incarcerated and returned to prison at least once before their admission to a corrections-based, therapeutic community, it was evident during interviews that they were willing to articulate and share candidly what occurred and what they did differently during their last reentry experience.

The final result of the concurrent data collection and data analysis process led to the emergence of several themes. However, when reviewing those themes with the dissertation advisor, who served as an external auditor, it became clear that some related to participants’ perspectives on and lived experiences within the TC community, and others related to their perspectives on and lived experiences within their residential communities. Participants emphasized consistently how their TC learning transferred to their adaptation to their residential communities. Therefore, in consultation with the advisor, and with the intent to enhance clarity and understanding, the decision was made to organize the emergent themes as subthemes under two major themes: I. The Therapeutic Community Experience and II. The Reentry Experience.
Under Theme I, The Therapeutic Community Experience, are the following subthemes: A. Entering with Multiple Motives; B. Surviving or Thriving; C. Interacting with Caring Staff; and D. Being Responsible and Accountable. Under Theme II, The Reentry Experience, are the following subthemes: A. Feeling the Anxiety of Initial Reentry; B. Seeking Jobs and Financial Security; C. Building Functional Relationships and Social Support; and, D. Experiencing Unmet Needs.

Lastly, as data analysis progressed to the final stage, it was apparent that an atypical case emerged among the participants. Therefore, Negative Case Analysis is included at the end of this section.

I. The Therapeutic Community Experience

A. Entering with Multiple Motives

How the participants came to enter a therapeutic community emerged as a theme. A fairly common saying over the years in the addiction recovery field and the Twelve Step community might be that “you can’t help them until they want help” or “they haven’t hit bottom yet”, referring to an addict’s inability to achieve sobriety and recovery without a particular level of motivation or without a number of significant consequences. There might even be the temptation to screen potential clients based on some motivation scale or treatment prognosis, only deeming the highly motivated to enter a treatment program. There is literature that addresses the merit of coerced treatment as well. From the participants’ vantage point, rarely did they recognize that they were seeking treatment when they entered a corrections-based therapeutic community (TC) environment. Other
than the few who were relieved to find treatment, participants were not searching out sobriety. As one participant said, “I didn’t go thinking recovery”.

In fact, some of them had been involved in alcohol / other drug detox or treatment episodes before their last incarceration and had lost hope that treatment would impact their lives. Eighteen of the twenty-five participants described the perceived safety of a TC as well as the perception that TC would offer the possibility of earning a shorter sentence as a primary motive to entry. It all sounded “comfortable” as one participant described what she thought of TC when she first arrived to prison.

Bonnie had escaped a disruptive childhood and a “very strict, very church-oriented” family friend with whom Bonnie lived during her teenage years until she got married at 20 years old. Her husband introduced her to alcohol and new friends introduced her to illicit drugs. Bonnie was convicted of her first felony and sent to the Ohio Reformatory for Women (ORW) at the age of 21 on a fraud charge, passing bad checks to pay for crack cocaine. She heard about having a room of her own, not having to share a dorm with other inmates. For her, TC not only meant earning “good days” (time taken off sentence for active participation in qualifying programs); but, most importantly, it meant dealing with her fears of being in the general prison population. She had multiple oppressive relationships in her life before this and describes the attraction of a therapeutic community: “I think for real, I was young. I really didn’t think I had a problem at first. I was comin’ in ‘cause it was safe. It was safe.”

Jeanne’s motivation mirrored, in many ways, Bonnie’s. Jeanne had grown up “always different”, bussed to an integrated school and trying to fit in, then back to her
neighborhood school, trying to fit in. Selling drugs to fit in with neighbor kids, “sneaking around” to fit the image she thought her mother wanted, Jeanne was now in prison, trying to fit in. “I really wasn’t cut from the same cloth; ‘course, I tried to BE cut from the same cloth. I was terrified to even be in prison. So [the TC] seemed like the right place to go to. To be safe.”

Two participants were employed in law enforcement at the time of their felony offense and were clearly seeking an alternative to the general prison population – there was no question in their minds when offered the opportunity to be included in the TC program. Both of them recall having people involved in their case looking out for their “safety”.

Greg was 40 years old and was facing the possibility of prison. As he observed: “It’s all bad. They [former law enforcement officers] usually end up at Lucasville or Warren – that’s what I heard.” Jimmie was 50 years old and remembers the fear of entering a therapeutic community even after he knew he would not be in the general prison population. He knew he could defend himself if he needed to, but his “biggest fear” was if he would “have to do that every day. I didn’t know anything about a TC, so that was my biggest concern”.

Another was Randy who, when asked ‘what do you remember most?’, smiled and simply said, “it was the best sleep I ever had; it was like a vacation. And without the use of any narcotics to sleep or anything. I think I was at ease here. I knew I was safe.”

Another reason for choosing to enter the TC was the enhancement of their image to those with power and authority. Participants described a time when they were sentenced for a range of years, i.e. 5 – 15 years, and would need to present themselves in front of a
parole board hearing to determine their actual release date. This process was referred to by multiple participants as “making boards”. It seemed to be a fairly common belief that participating in programming while incarcerated looked good and might even play a part in their early release.

Jody was 35 years old, convicted of her first felony, drug trafficking and drug abuse. She was sentenced to 3 – 25 years in the Ohio Reformatory for Women. Jody began to seek help from her peers, “other girls who’ve been in and out so many times, like a revolving door. They told me how to work the system”. She recalled, nearly 10 years later, how she had heard that inmates get their own room in TC and how “a lot of programming would look good”, so, she “pretended” to want treatment. Jody described her commitment to getting accepted into the program, “I was trying to be cunning and sneaky and meet criteria. I’d shlep through it and pretend to act like I was gonna give them anything they wanted, but, really, in my mind, I was like, really, really, bullshit. I was trying to work the system.”

Similarly, there were the study participants who weren’t looking for treatment, but a way to make incarceration just a bit more palatable. Kim, 38 years old and convicted of her third felony, only knew of Tapestry, the TC program at ORW, as “cleaner and safer, and it was a better place to be in the prison, as far as what you have to go through”. Jeanne was attracted for the same reason, although, in an orientation to TC, another possibility occurred to her. She sat and listened to the presentation about TC offered to inmates when they first arrive at ORW and remembered thinking, “Safety was my first thing, I think, survival, safety. And you’re gonna help me be better? Ok, let me try it! I
don’t know that I wanted them to teach me how to not drink, but I just wanted to not continue to do the things I was doin’.”

Donna, sentenced for the attempted murder of her husband at the age of 41, had lived a long life filled with abusive relationships. She had narcotics and other drugs to numb her emotional and physical pain since she was 13 years old. But, unlike many of her peers, she had also come from a relatively isolated life of affluence. By the time she came to prison, she was angry. Donna described how she perceived she would be safer in the Tapestry TC, safer from getting involved in any altercation in a crowded dorm:

I was in a dorm with 100 other women, with different cultural backgrounds, and I was angry; I was mad at God, I was mad at the circumstances that I was the only one in an abusive relationship that went to prison. So, this girl came into my cubical. She was out of place, she kicked over my cup of coffee, by accident, and I was so full of rage, I knew that if I didn’t do something different, I was going to catch another case. I was ready to explode! I dropped the kite [a request slip] to Tapestry not for recovery, but so I could get out of the dorm. I was so positive that I had the most unfair jury trial, and I knew that if I hurt someone in prison, that it would not look good if I went back for a new trial.

While Donna was not looking for a treatment environment, she was seeking a way to control her rage and clearly perceived that the TC had this to offer. In addition, Donna knew, if she was aggressive towards her peers, she would not get an opportunity for a new trial. Again, the motivation to enter a TC program was not related to her drug abuse. “I knew I had a problem, I just didn’t care!”
There were other participants who had completed a TC program while at a community-based correctional facility (CBCF). These facilities were designed as prison diversion programs for non-violent felony offenders, but, often become a transitional placement between prison and home for offenders who are granted early judicial release. As a diversion or transition from prison, an offender is agreeing or “volunteering”, to participate in a treatment program at a CBCF. Going home with time served, i.e. no further incarceration, is contingent on successful completion of the 4 – 6 month correctional program. Should they be discharged unsuccessfully, they are transferred to a state correctional institution to complete their original sentence. For them, a CBCF stay often shortened their incarceration by a year or more. The external motivation to be successful in the CBCF program is evident.

One such participant was Steve. Steve had been sentenced to four years in prison at the age of 30 because of charges involving prescription drugs. He wasn’t seeking drug treatment or, it seems, any treatment at all: “We pleaded out. I had to come here and complete this program. I didn’t know anything about this place. Never even heard of it.” Steve was aware that if he failed the program he would be remanded back to prison to complete his sentence; but, he responded, “if I’d gotten kicked out or something like that? Oh, yeah, but I would never have had to spend four years. I know that.” He seemed so certain that he will never get in trouble again, certain he has suffered enough consequences and has quit using drugs before he got as bad as other people:

My parents did not bail me out, let me stay in there. But I was on Suboxone [medication commonly indicated for opiate withdrawal], so that wasn’t too bad.
Some of these people come in there, I’m like, oh, my good golly. Wow! I do not want any part of - especially these heroin addicts. I’m telling you right now, if I see somebody selling heroin, I’m going to crack them in the head. There weren’t no way in heck I’m doing this again. I mean, I don’t know how these people get out, keep going doing this. I mean, what in the world! I don’t understand it. I don’t.

Participating in a CBCF meant Steve and others like him would get a shorter time behind bars. Pete agreed that his motivation to enter a corrections-based therapeutic community had very little to do with treatment and everything to do with sentence reduction: “No, it was a choice that I had, of course. But, it wasn’t hard to make it. Four years [or] six months at the most?” For Pete, however, deciding to opt for a shorter sentence was only part of the motivation to enter a TC. His leaned on his faith and today gives testimony to how Divine intervention helped guide him to treatment.

Pete retold his last experience in a county jail, where he was waiting to be transported to a CBCF. But someone in the jail got paperwork mixed up and was directing the transportation officer to a prison. Pete had told them he was supposed to go to a CBCF and not prison; but, he was not believed. Then, before he could leave the jail, he had a medical emergency. “When you are in jail, it don’t matter what you say. You can be telling the truth and nobody listens to you”, he explained, “they said that I had been trying to smuggle drugs into jail and of course I wasn’t”. When he returned from the hospital to jail and was put in a “little cell”, he started to pray. Pete “finally said a prayer that was _not_ , Lord do everything for me”, but instead, “Lord I don’t want to be who I am
anymore. Please have mercy on me and help me”. Pete is certain today that his faith in God has been instrumental in his getting to treatment in a TC.

Others, too, seemed to sense that their participation in a TC program might provide the support they needed. What is not always clear is if they knew exactly what they would do or accomplish with the support they were seeking.

Although a familiar sentiment, Rick was seeking a shorter sentence. However, he was also seeking support to stop abusing cocaine that he had started using to “put a Band-Aid on an opiate addiction”. Rick’s narcotic drug abuse began after he sustained a shoulder injury and, later, a car accident. “I chose this, because honestly, of the shorter sentence, and I knew I needed help.” Besides, he added, “prison scared” him. Rick had grown up in a small community with two parents who eventually divorced when he was 16 years of age. He began drinking and smoking pot as a “weekend warrior”, a self-described “hippie”. An average student, Rick worked every day during his senior year, but, his drug abuse escalated. “Pot was my best friend”, he said, but, then again, so was “LSD and mushrooms”. During his 20’s, Rick had several DUI convictions and had moved his car from the scene of accidents to avoid other arrests. At 29 years of age, and facing his first felony for passing bad checks to pay for cocaine and “black market oxyies”, Rick had a choice of serving 18 months in prison or successfully completing a TC program and getting out in less than 6 months. “Honestly, my lawyer and even the probation department, said ‘you don’t wanna go to prison. We can offer you this’. I mean, I knew I needed help. They knew that I probably wouldn’t do well in prison, ‘cause you can probably just find anything you want in there.”
Still, there was the occasional comment from participants related to wanting things to be different. They may have had previous alcohol / other drug treatment experiences or they knew they didn’t want to continue to return to prison. This was true for more male, rather than female, participants in this study. While, generally, the women were seeking safety, the men in this study often described a moment of truth.

Gene was one of these participants. He had been in jail on lesser charges over a dozen times and now faced a 3 – 15 year sentence on a drug-related offense. The middle of five children, he knew of life with many friends and the love of his family. Cocaine had brought him to prison at the age of 35. “I was just tired of messing over everybody that cared about me mostly. I was just tired of people not wanting to be around me”, Gene said. He continued, “I’d smoked crack for twelve years prior to coming to prison. I was the worse crack head that you would ever see. I didn’t change my clothes, wash up and take baths properly. My self-esteem was just in the pits”. Gene knew the difficult reality that his life had changed because of drugs. “Here was a guy who was on top of the world at once. Everybody wanted to be around. And, then the next thing you know, I would knock on people’s door and the peephole would disappear, but they wouldn’t let me in. I just wanted my life back”. He remembered wanting to get help from the time he arrived at a state correctional facility, but wasn’t sure how to find it. Then, he described the circumstances that caused him to enter the TC:

I’m looking around and I’m looking at these guys just walking around with shirts pressed, high jeans, haircuts, just looking neat. Then, I’m looking at these other guys laying around here with wrinkled clothes, just like they hanging on the
block. I asked a guy and said, ‘What do you do?’ He said, ‘[we’re] in this program, a therapeutic community.’ I didn’t know what it was. It was that they had something you wanted to get. Them were the guys I wanted to hang around versus these guys. I know how to do what these guys are doing. I want what this guy is doing.

Gene had been raised in a self-described middle class home and excelled in high school sports. His drug use didn’t begin until his senior year, after the sports season, and worsened so badly within months that he didn’t show up for summer football training at the college where he had earned a full scholarship. He recalled his parents getting him out of trouble in the past; but, there he was, he remembered, faced with a decision to figure this out for himself. There was an apparent paradoxical nature to Gene’s image, an image from the streets and the respectable, middle-class image of himself that he wanted to rebuild. Inmates in the general population served as a negative reference group for that epiphany and TC seemed a way to obtain his goal.

For others, like Ian, a street image of the drug and criminal lifestyle is much of what he knew. The youngest of five boys, he was raised by a single parent who “did all she could”. He had his first drink at seven years of age when “the older guys on the corner” would pass him the bottle. Ian felt accepted and grown up. “I was on their level ‘cause I was 11 or 12 years old. But, that image led to whatever crimes they were committing; they didn’t have any inkling or a thought about taking me along.” He followed his older brothers and others into “petty crimes, stealing cars, and breaking into buildings”. He dropped out of school in 9th grade and continued to abuse alcohol, marijuana and opiates.
Reflecting on this time of his life, Ian is aware that his mother had a diminishing influence in his life. “So, once a male reaches a certain age, they’re resistant to anything coming from a female. Because now I considered myself to be a man and I know you can’t really deal with me because I’ve been out on these streets.” Ian’s first felony was at age 18. With the exception of a couple months out before being arrested again, he spent the next nearly 21 years incarcerated. The next to last arrest was directly related to drug possession as he struggled with a crack addiction and served ten years. Ninety days later and using again, he was arrested. He realized that something had to change. “I was in the backseat of the police car, my decision to finally just surrender. I can’t do this no more. This don’t work for me.” Ian describes the last trip to the general prison population:

I was on the yard with the rest of my buddies that I hung out with. We were at the picnic table playing cards. While we were playing cards, I could hear the people that are next in line in my ear, talking. You know, making the jokes, talking the slick talk. And I could hear just from the tone and voice this was an older, older, much older guy. So, when I turned around and looked, I saw an older guy standing there — maybe in his late 60’s — head full of gray hair, gray beard, and I just thought, ‘Wow, if I don’t stop doing what I’m doing, that’s going to be me.’

So, I got up and walked away and went over to [the TC].

Certainly, the participants reflect the diversity and non-discriminating nature of drug addiction, including the moment they felt ready to confront recovery. Some described the safety or support they were seeking, that of something they remembered having
experienced in their past, while others seemed ready to experience something they were seeking most of their lives.

Brian’s story goes something like that. He described his mother as a “Christian southern girl” who seemed to stumble into bad relationships. She married and had children; but, eventually left her husband and moved back with her mother in the south. It was Brian’s father who “came and got her” and moved the family to another state. Brian’s father and mother never married, in fact, once she was aware of his criminal activity, she moved Brian and his siblings again to live with her brother in Ohio. “I was that little guy that stayed with him [Brian’s uncle] when they left; I stayed until they came back. But, my brother and sister went on to school and my mother went to work. So, I always trying to do the best I can for her attention.” He started lighting cigarettes “off the stove” and getting “beers out of the freezer” for his mom’s friends at weekend parties, “running back and forth and dancing for them”. When he was in grade school, his mother married and he remembered getting competition for her attention:

You’re already the baby for eleven years, you’re spoiled, you’re used to getting what you want. The step-father we had, he wasn’t our father, so he was hands off. I guess he felt like we were going to say, ‘You ain’t my father.’ He was just there for my mom. So, I went out looking for a role model as a father in high school. I seen these guys with shiny shoes and nice cars—and he was working hard and didn’t have a car and was giving his money to my mother for us to have a place to stay, food to eat, and clothes to go to school, and I didn’t even realize that the man was doing what a responsible man would do. The man with the shining shoes
might look good for the moment, but next week he might not be there ‘cause he’s doing some kind of wrong. The glamour, the glitz, the lights. I was continuously trying to keep up, doing everything and having everything. Eventually, you gonna have to do wrong—cause my mother wasn’t rich. I started getting tailor-made pants. I wanted all that kind of stuff. So, you start doing things to get it and you start being around people that do that.

A high school graduate, Brian’s drug abuse moved from alcohol and marijuana to pills, cocaine and eventually heroin. At 19, he got his first felony, a robbery conviction. At 24, he entered his first of multiple treatment programs. There would be six more felonies before, in his late forties, he was sent to another state institution for his last felony, failure to comply. With tearful hindsight, Brian described how God put the right people in his path. He asked the judge for a treatment program and the judge told him to “find one in the penitentiary”. When he arrived at prison, Brian remembered being sent to the kitchen to work. “I don’t work in no kitchens with nobody!” So, when he refused to work, he was put in “the hole” (isolation). “When I was in the hole—again, God did for me what I couldn’t do for myself—I heard this guy talking about the TC program…‘Man, they make you iron your clothes and stuff! They want you to look presentable, man!” Brian knew he “needed to get my life together” and, when he heard the stories about the TC, he wanted to go “because that’s the way my mother raised me. I didn’t come all the way to animalistic behaviors”.

Similarly, Adam wasn’t seeking treatment when he entered TC; nonetheless, he was looking for something to change in his life. Like others, Adam described a childhood of
struggles of poverty and violence. There were five incarcerations before his last. He had “become numb” when he was sent back 90 days after release and was assigned the same unit, same bed. “There was a guy that I remembered that asked me was the penitentiary my home”. Adam recognized that he needed to do “something different” when another offender spoke to him on the bus to prison. “Aren’t you too old to be doing this?”.

Everybody was like ‘such and such is back.’ I never knew what it felt like—because when I was on the other side watching the other guys come back through that revolving door, I was like, ‘Man, can you believe that such and such just came through that door?’ That person became me.

Linda had some degree of ambivalence about treatment as well, but, was searching for a way to look good to the parole board and learn how to drink socially. She started drinking at “six or seven” years of age and survived a disruptive, abusive childhood.

Linda dropped out of school in the 7th grade; her drug use escalated from alcohol and marijuana to heroin. While she had more than 20 arrests and multiple jail stays, her first felony conviction, voluntary manslaughter, occurred when she was in her late 30’s. Her husband had experienced prison and “knew all the rules” so she sought advice from him. It wouldn’t be a surprise, then, for her to sign up for the TC program when she heard their presentation in the admissions unit.

I signed up because I thought I had a problem. I also signed up because you hear all these rumors and stories about, you know, you need to get all these programs under your belt because you got to go to the parole board. So, both of those were reasons why I really signed up…So, I’ll get all these programs in and, you know,
I got to go to the parole board, so I need to look good for them. When you go in, you’re thinking about ‘how am I going to get out?’ I did think at that point I had a problem. Did I want to stop using? No - absolutely not. But, could they tell me a better way to do it? Yes. That’s what I thought.

The sense of safety was prevalent among stories of motives to enter a TC while incarcerated. Jody’s experience, described earlier, did get her into TC where she stayed the average length of time, nearly two years. But, then, as she was being transferred to general population, she devised a plan to spend her days back in TC. She found herself in general population “with those hoodlums! And the people who didn’t give a crap and, well, I kinda did give a crap by then. I wasn’t totally changed, I was still in prison. So, I still had some prison mentality, I mean, you still had to survive.”

Jody’s story is significant because it speaks so well to the ulterior motives of entering prison-based treatment and to the life-long search for safety. She had grown up in what-she-knows-now-to-be a family with organized crime ties. Her father was not home to protect her and her mother was violently abusive. When Jody would get locked in the closet “for hours”, there was always wine to drink in there. She remembers drinking before she went to school. When she married, she was with another violent person and remembered broken bones, isolation, emotional and verbal abuse. She tried to go to a shelter, but, when he found her, the shelter asked her to leave because other residents might be put in harm’s way. She tried to poison him. But, he retaliated by tying her up, naked, and throwing her in a hole before their young daughter called the police. Jody
didn’t express her need to change. Nonetheless, she went to great lengths to feel safe. She had never felt safe.

She was told she was not allowed back into the TC program. “When I got into population, I was starting to follow, well, I was back in prison. I was doin prison things and I’d wink at girls from TC that were doin’ prison things.” Jody would leave her dorm unit in general population and go back to TC to do work as an “inside alumna”, a support group for women who have graduated the program but have not served their entire sentence. “The sergeant, running that facility, they thought I was workin’, they thought that was a job. When they found out what I was doin’—they were going to put me in the hole for lying. All because I wanted to go back, because I knew I was regressing.” She finally asked for help from the TC staff, again, aware that she was going back to her old behaviors, behaviors that, once she was out, would get her high again. “So, I had 2 months to go—I won my board—it’s probably been 9 months. They had this new rule, if you had just this much to go, you were sent to pre-release [another institution]. I didn’t want to go. I didn’t want to leave [TC].” She considered getting in trouble, because, if she was sent to the hole, she would be disqualified from going to the pre-release institution and might have a chance to return to the TC. Fortunately for Jody, she had made some changes. She trusted someone to tell her plan, and she listened as that staff person explained the consequences of going to the hole, including going back to the Admissions Unit and losing her chance at the next availability in a halfway house.

There was the rare participant for whom being accepted into a therapeutic community meant a drug and alcohol treatment program in a controlled, residential environment.
And that meant an overwhelming sense of relief. Diana was the quintessential cheerleader, high school sweetheart to the quarterback, who had quit drinking and smoking, as he asked her, so she could continue to date him. The youngest of many children, her parents were older and four of her siblings had already moved out of the house. Diana described herself as “codependent”, always working to make sure things “looked good” or that she took care of the people in her life. Even after starting a family, starting a career in nursing, and “tolerating” her husband’s drug abuse, she was “trying to paint the picture perfect, happy family, we’ve got everything together, you know, all that bullshit”.

Things changed for Diana nearly overnight. As her husband’s drug addiction had taken hold, she began to smoke crack with him and she stopped working for nearly a year. “My judgment was clouded with alcohol or whatever and I must have just said the hell with it and tried it and from then on him and I were together like Bonnie and Clyde.” Her husband “befriended” an elderly woman, taking checks from her. He would then drive Diana to a store to cash the checks, threatening to kill them both if she didn’t comply with his demands. When he went to prison, she was given five years ‘community control’, and returned to work as a nurse, abided by probation rules, and raised their children. But, when he was released, she began stealing drugs from work for him as well as going to a “pain doctor” when her sister asked her. Her sister died of an overdose about a year before Diana was arrested. It was difficult for Diana to relive this time of her life, sometimes just simply stopping to cry quietly. “The whole time I was in nursing and I wanted to get help so bad, but I didn’t know how to go and talk about it. I had my
nursing career to think about and my children. So, when I got caught, it was such a
relief.”

**B. Surviving or Thriving**

What does appear true for the participants is that the TC lived experience is very
different from living in a general prison population. Participants described environments
that were distinctively different, despite the glaring reality they were still incarcerated.
When asked, “what do you remember most?”, those interviewed frequently responded
quickly with, the staff and relationships, or the responsibility and accountability. They
also referenced the lessons. Listening to their stories of identity transformation brings to
light the therapeutic value of thriving in community with others.

The TC community expectation to hold one’s self and others accountable violates the
street code of silence, of not “snitching”. The TC value that everything is earned defies
the immediate gratification of the drug and criminal lifestyle. The TC view of addiction, a
disorder of the whole person, requires a person regain trust in order to self-disclose, ask
for help, and offer feedback – again, this requires a TC member to set down the defenses
assembled to protect the addiction. It might be easy to assume that the highly structured
day, the involved system of rewards and sanctions, might also be present in any
correctional setting that deprives a person of his or her freedoms. Not so is the case, at
least for this cohort of study participants, nearly three-fourths of whom had been
incarcerated prior to entering a therapeutic community behind bars. They know the lived
experience of being in the general prison population as well as the feelings attached to returning to prison.

As participants described the TC milieu, they often described an environment that was drastically different than that experienced in a state correctional facility. Given their vivid examples, it appears that their drug and criminal lifestyles simply accommodated the prison setting. The same theft, con games, drug-trafficking, drug use, bullying, and other behaviors from the streets occur in prison. Participants used the verb, “survive”, when they talked about being in general population and how they could have become more competent at illegal activities. As Linda said, “There’s a lot of crime right on the yard. They was stealing from CFS [“Central Food Service”], stealing from everywhere. They were selling stuff on the yard, buying stuff on the yard, making hooch. I could have learned how to be a better criminal if I was in general population”.

Another participant, John, had completed a food service certificate while in the TC and didn’t have any conduct reports written about him. With help for his Attention Deficit Disorder, he complied with rules and graduated earlier than expected. But, his drinking continued and another drunken driving conviction put him in a prison’s general population. John remembered not having to make his bed in prison, but, also that “there’s more drugs in prison than there are in the street.” Because inmates roll their own cigarettes, John explained, “So you hide it in your cigarette pouch. They don’t check everybody’s pouches. You mix it with a little bit of tobacco, and it de-stinks the smell, but you still get the buzz off it.” In sharp contrast to his stay in a therapeutic community, John provided a detailed description of getting drugs in the state institution.
You got your good guards, you got your bad guards. Bad guards will sneak and make money, because you know their lunchboxes get checked. All [inmates’] food boxes come in they open your peanut butter, stab around it with a knife and then throw the knife away and give you your peanut butter. When you come in with your lunch box, I mean you might have a CO check it, go through it, ‘what are you eatin’ today?’ Check your sandwich. ‘Oh, I got me a big ol’ fat turkey sandwich.’ But then you don’t realize, in a mashed down, compressed tight thing is a half-ounce of weed [marijuana] in the middle of a turkey sandwich. See what I’m sayin’? Stuff gets thrown over [prison fence]. Inmates are allowed to work outside the fence with guards, ok? Now you get other inmate’s honey just drive by and throw it into a can. When they’re picking it up, throwing it into the back, well yes, they’re searched when the inmate comes back through. But if the inmates smart enough, and the guard’s not paying attention, and there’s not a full camera, the fences ain’t too far apart. If it’s [bag with drugs] got enough weight on it, you get it over there through that, and into the yard. And if you got somebody into the yard, it’s quick. Prison’s don’t think.

John described his interactions with other inmates as well. He said, “you get the wrong crowd in there, you borrow something off somebody, they threaten you, make you get money on your books, they stand with you when you go to the store to make sure you get their stuff.”

One participant, Mark, sent to prison at age 20, described general population like this: “It’s a very coarse place; very coarse, very abrasive. You know gentleness and kindness
is perceived as weakness. It’s a dog eat dog world in there. It’s just a different society behind bars, it really is.” That description of the environment might be expected; nevertheless, since prosocial relationships and associations are an integral part of addressing criminogenic targets, there was a disconnect between rehabilitation and correction in this study. As Mark described:

> It was just so shameful and so degrading. It’s not somewhere where you can find a chance to really connect with folks, and establish a relationship. It’s more, I’m here doing my time. You’ve gotta be so apprehensive, as to what is this person’s agenda; do they have an agenda? Are they trying to get close to me so they can extort me.

As participants described the life in prison, in general population, they seemed to have lost some of their humanity as well. If one’s drug and criminal lifestyle hadn’t already contributed to compromising identity or creating an identity associated with a subculture, the corrections environment disconnected one from a sense of self and also from others. As so many said in so many different words, they wrapped themselves in the defensive armor of a person that would help them “survive”. Adam noted, “I know how to play cards, I know how to run a store, I know how to play football tickets; I was a chameleon. I could come in and fit right in”.

In contrast, Mark had been raised in a self-described “pretty traditional Christian home, with values and morals, and right and wrong.” The expense of his drug abuse in high school increased, resulting in his eventually selling items that belonged to his parents and a felony conviction at age 19. With several probation violations, he was
sentenced to prison. Mark was not prepared for the invasion of their bodies. “I mean, you get poked, and pricked and prodded. People shouldn’t be subjected to that stuff. Like going in you gotta get stripped down butt naked, and turn around, bend over, and cough, like lift up your junk. These guys are just standing there.” Mark was able to articulate a sense of “self-esteem” but also a very real sense of loss of dignity, of control, of respect. For Mark, the idea of going to “the hole” for not complying with correction staff orders was “no way to live”. It seemed, then, to be incongruous when complying with orders since it wasn’t how he wanted to live either. “You can be all hard and not gonna listen to the system. But at the end of the day, you’re gonna do what they say”.

Tom recalled a life with three siblings and two parents, a truck-driving father, family dinners and vacations, and an active childhood in school athletics. He adjusted seemingly well to multiple disruptions with family moves and school changes. Yet, Tom also described an early adulthood when he didn’t have “much supervision” or accountability. Until his felony conviction for drugs and guns when he was nearly forty years old, Tom became accustomed to getting what he wanted when he wanted it, and knew his lifestyle wouldn’t change dramatically in prison. “The penitentiary had become a part of me”. His identity as a con man was reinforced in prison.

I would have gotten immediate gratification out in the yard. What I wanted I would have got. You see what I mean? If I wanted to indulge in homosexual tendencies that is what I would have did. If I give you one, you give me two back. They run, they kind of run the store. So, I give you a pack of cigarettes and, on state day, you had to give me two packs back. And, so. that is what I saw.
A dope boy. He started running the store. So, really he is still selling dope. The guys in general population, most of them did and dabbled and, you know, always some get-over scam.

Tom even contrasted something as seemingly simple as the phone and phone privileges in general population and therapeutic community. With the hindsight of recovery, he was able to describe to what lesser degree he needed to change who he was in his addiction.

I’m on the phone trying to control something. I’m on the phone. I’m on the phone. I’m on the phone. I’m trying to run my household from in the penitentiary. You know. We [in TC] couldn’t ride the phone like that. But, it showed me when I was in the county [jail], I seen how the phone was, how could I say this, detrimental to your recovery. Because what it did was kept you in an outside state of mind and your world is inside. You’ve got to adapt to being inside and forget about outside or you are not going to make it. And you can’t change. A miracle can’t happen, you know, because you still got these same people in your life. How can a miracle happen?

Gene agrees. At some point, the realization comes that the structure within the correctional therapeutic community was very different from the structure in general population and the dissimilarity began to contribute to his identity change as well as his behavior change.

I was, from the start, gabbing [“talking tough” on the prison yard]. I was, from the start, doing the two for one. I was going to be on the streets again. The real bottom. TC didn’t even allow me to cuss. I wasn’t allowed to swear. If I
threatened somebody, they was putting me out. If I’m out on the yard, that’s how it worked. The strong survive; the weak get stepped on. I knew I was one of the stronger ones. I could easily survive out there—easily. But, I didn’t want to live like that anymore. They wouldn’t allow me to be the bully and the one-being-in-charge kind of guy I had always been. I was the kind of guy who had to run everything.

Ian, as well, had multiple experiences in general population before entering TC and is aware today how the self-centeredness of his addiction perpetuated during incarceration.

“You don’t know how to do relationships. You have a one-dimensional attitude and thinking process about everything, and it don’t include nobody else. It’s all about self.” Ian’s sense of who he was was someone who did drugs and went to prison. “I’d already established this path for my life. And, when I would come across people, that’s pretty much how they treated me.” Being in general population, like others, was doing time “the way its set up to be done”.

Pete recognized the differences from the general prison environment and the TC, how the latter was an affront to the drug and criminal lifestyle: “You can still carry the same attitude of I’m bad, you know, because you can fight in prison. You can hustle in prison”.

There was also one participant who had served time in a federal prison. As Suzie explained, being in a federal prison was not comparable to a state correctional institution, bein’ in a federal prison was like bein’ away at college. I remember we had the tennis, the tennis yard, and we had the racquet ball court. It was a coed. We not
bein’ held accountable for anything! Wow! You can go skating. And, so we
was like, ok, so it was like, no consequences. None! So once I got my out date,
and ok, I’m back out and I’m back stealin’.

C. Interacting with Caring Staff

The human need to connect was no less present in the participant stories. They gave a
voice to the role relationships played in their lives, from the time they were children and
the peers to whom they gravitated. The effects of trauma, when the trust they placed in
others had been sometimes violently betrayed, were evident as participants retold stories
of a rage suppressed or fear diverted into a life of placating others. Participants who
described the “average, middle class family”, with no apparent reasons to escape to
alcohol and other drugs, often also described the relationships that they were in involved
alcohol or other drugs, regardless of whether those were neighborhood friendships,
significant relationships, or familial relationships. They wanted to “fit into” a
relationship, to connect, with a fun crowd, a rich crowd, or perhaps just the group they
found themselves in at work or at home.

No matter, participants’ substance abuse and chemical dependency ironically left them
disconnected from others and from themselves. The drug and criminal lifestyle, as well
as life in general population, reinforced a mistrust of others. When they describe the
distinctive, lived experience of a TC, they described the therapeutic element of
relationships in the community. In particular, the relationships with staff members was a
powerful change agent in their TC experience.
No participant’s description of the staff in a TC paralleled Donna’s first response to “what do you remember most?”:

I was nurtured, I was loved. I had never had that before! And they would cheer me on when I did something right. They would tell me when I was obviously going off in the wrong direction. And I remember learning to become a role model by studying someone who had it all together. And I would look at her, and I would think, Ok, I don’t know to handle the situation. What would she do? And I would picture what she would do and then I would do it. And it was really cool because, nobody in my entire life has ever been a role model for me. I became my mother [abusive], because there was no one else to become like. She was my teacher. And TC undid Mom. We got Mom out of the way. And let me be who I could be; all that I could be.”

Donna’s sexual abuse started at the age of five and, while she was surrounded by affluence, she never remembered feeling “good enough”. Donna blamed herself for the abuse she survived from her parents and her husbands. When she was incarcerated, she recalled an experience in general population that triggered her trauma response. Again, the meanings attached to interactions with staff are elevated for offenders who may have relationship histories similar to Donna.

We had a corrections officer who was just as evil and mean as the day is long. And we were all sound asleep and he came into the cubicle and started banging on the metal lockers and screaming, “Tell me who did it! You’re all getting’ up, and you’re gonna confess!” is what he was saying, and I started shaking, and
trembling and that didn’t stop for two days. I was terrified, because that’s exactly the type of thing my abusive husband would do.

She never remembered hearing that she had done “anything good” until she entered TC. When Donna described the staff there, she called them all by name as she might her closest friends. She remembered, fondly, the relationships with the “three most powerful women I’ve ever met”. Not only did she begin to “envision a role model” when she worked with the TC staff, she began “the process” of working on changing a paralyzing, self-deprecating identity. Donna and others began to believe the praise that they were given was genuine.

The male participants were the ones who vividly described identifying with the TC staff, instilling in them a sense of “trust” and “hope”.

Ian, whose role models were primarily the older boys in his neighborhood and his older brothers, was quick to identify the important role TC staff played in his recovery. He talked about “the counselors” and how dramatically different he experienced them than the “regular staff” whom he had “total distrust, dislike for”. The identity he had assumed while he was immersed in the drug and criminal lifestyle was finally challenged. He became more familiar with “[staff] that had been in prison that were working there. It removes the myth [that] all I could ever do was use drugs and come to prison. If they can do it, guess what, why can’t I? ” Ian talked so impassively about thinking he would not ever get the “opportunity to do anything different”, prior to entering a TC milieu. He didn’t seem to expect anything different from anyone. Because, he explained, “number
one: I’d already established this path for my life. And, when I would come across people, that’s pretty much how they treated me. These people [staff in TC] didn’t.”

The identification with staff began with the realization that staff had their own alcohol, other drug, and incarceration histories that they had been to the school of “hard knocks”. When the staff members were more credible, it was easier to trust them and the TC process, according to those interviewed. Participants gave staff their attention and followed direction. As Brian said, “I started making identifications that they wasn’t just no person with no degree on the wall, these people have lived the life I’m talking about. And all the things they talked about was making sense”. George added, “Being around people just like me who had turned their lives around because everything that they were doing confirmed in me that this is easy for me. I can do this”. Offenders were better able to value feedback, positive or constructive, from these staff members.

A “butterfly effect” occurred. Participants could remember simple affirmations, seemingly-random, face-to-face interactions between them and TC staff members. It may have been one passing pat on the back or a genuinely kind word of encouragement. It may have been the ‘way to go’ after demonstrating courage, taking a risk, and sharing one event from their history. It is the smallest of gestures that prompted personal insights and moved them toward transforming themselves and their behaviors. Every participant, save one, described at least one interaction with a staff member that caused them to think or feel differently about their identity, capacity to change, their circumstance or about others, even when those interactions may have been five years ago or longer.
The connections to staff provided participants an opportunity to experience positive, functional relationships, to learn how to interact with others in appropriate and validating ways. Prior to these interactions, as Mark noted, “Everybody else pretty much shunned [them] away [and] could really care less if they were there or sitting in a gutter somewhere”. These significant connections also offered TC residents the chance to practice healthier relationships, with the ultimate objective of preparing them for employment, parenthood, and/or partnerships. Participants like Mark, Adam, Bonnie, Brian, and Randy, noticed how much the staff cared. “They cared more about you being there than regular prison staff,” stated Mark, “It’s the first time in my life I remember bonding with some people [and] they didn’t put us down.” Later discussion will describe how their relationships outside of prison have been influenced by the interpersonal experiences inside TC.

Adam remembers the impact on him as the staff invested time into his changing attitudes and behaviors. He recognized early in his stay that there were staffs who “had been in [his] shoes” and when “they shared their stories that gave [him] a lot of strength to stand up and finally shake off some of [his] masks. He realized that he was able to say ‘hey, I can be who I am’. I cried. It was like them counselors cared about who we were and cared about what was going on with us.” When Adam recalled being “able to be humble”, he felt safe enough to let go of the defenses and image that perpetuated his drug and criminal lifestyle. As his trust in staff grew, so did seem his ability to accept criticism of his lifestyle. When a counselor in TC let him “have it” about not examining
himself with authentic focus, Adam interpreted that the confrontation was an expression of caring rather than denigration:

[a staff member] giving me some tough love and just guiding me and letting me know that, hey, if I want to continue being a knucklehead, don’t waste his time, you either can get serious or somebody else needs that seat that you’re sitting in. That’s when I really started getting busy because, and if we wanted to play games, they didn’t have time for that. They was in the life-saving business and they addressed all the behaviors that we had. They gave us assignments.

In family systems of some offenders, there are primary rules to live by, rules that actually maintain the dysfunction and addiction by keeping secrets. Rules such as “don’t talk”, “don’t trust”, and “don’t feel” may not be posted on the refrigerator or spoken so overtly, but, children like Jeanne learn that it is “not ok” to talk about what they see, think, do or feel. And, if they did, there were consequences. Jeanne had learned in her family that an image of being a “perfect family” was more important than being authentic or genuine. She described the staff as the healthy family she never had. “I remember that the counselors were loving people. They treated us like a family, a family member. I didn’t even know what that felt like! ‘Cause my family growing up was so, you know, you don’t talk about stuff, everything was so secret, and you don’t tell nobody”.

Although a similar experience as many others, George tearfully recalled, even after being back in his home community for nine years, the turning point on his first day in a TC occurred when he realized that his life could be different. Through his tears, pauses, and clenched hands during the interview, George talked about the staff response after he
had finally shared some of the experiences that brought him to prison, not the experiences as the “tough guy” on the street, but, those that hurt and hurt others. “Afterwards, [a staff member] came up to me and he hugged me. I hadn’t been hugged in so long and, and, I started healing, you know, that alone was enough to start looking at myself and talking about me being molested and some of the sick stuff that I did”. It was clear that George was more able to trust the relationship with staff, trusting that they were not going to hurt him as others had. George was in his early forties at the time he was able to experience this epiphany. Like Adam, George was increasingly able to accept confrontational interventions from staff:

[A TC counselor] pushed me. I mean, he used to call me in his office and look me in the face and said, I remember one time he said this, he said “[George], I think you are full of bullshit. I think you are just bullshit man.” Shit, [I’d only been there] for three weeks. It caught me off guard. He looked me straight in the eye. But, anyway, I learned a lot. I learned a lot.

Without the belief that this counselor had his best interest at heart, George may have heard this confrontation as just another challenge on the streets. But, George described this experience without defense or having had the time to build a defense. What may have been a “getting in your face” dispute, ending in a physical altercation, was, at that point in his TC experience, accepted as a challenge to do better.

Brian’s experience was very similar. Brian had seven prison numbers including federal prison and, as mentioned before, multiple residential treatment experiences. “My head was very very hard”, he would say and explained how he accepted being
encountered because he could hear the care and concern. Brian remembered how the staff treated him.

Care and concern and love. I really heard it then. No matter what you do in life, if it’s not out of care and concern and love, people aren’t going to hear you or feel you. That’s what I was doing. I was hearing them and feeling them. That was pretty significant. I just started crying and stuff because it was so real. The realization had come to me and I started hearing the birds and the trees and the information started jumping out of the books at me because now I see this thing works.

For Bonnie, the insights, the learning of new behaviors and attitudes, came about slowly too. Her ability to trust staff, listen to them and take their direction came after she had already been to the TC program once before for a year. It was her first incarceration and an experience, as she described it with laughter and a sarcastic twist that seemed a strange sort of freedom as compared to her life of isolation, abuse, neglect, and oppression. By her own admission, she was young and had never been around so many people. “All these different people! I was just a big kid experiencing things in this world!” Bonnie would quip about the degree to which she clowned her way through her incarceration and TC stay, certain she would not let that happen again. Not lost on her, however, was that she was in an environment where it was safe to make mistakes. When Bonnie returned to prison, she was sent to TC and found the courage to face the staff.

I knew it was safe. I felt that someone actually cared. They cared about what we were doin’. I don’t know it was just safe. And [a staff member] was just standin’
there at the door when they brought me there, and all I could do was just cry. And I just broke down, because I was devastated! But they was there with open arms. They told me, go on upstairs. It’s goin’ be all right. And I guess that was it. I just started working, ‘cause these people are there.

The connection offenders clearly make with staff provides them, as healthy relationships should, the permission to be who they are without the pretense of being tough or being funny to cover up negative, deeper feelings.

It was Steve who seemed to describe, best, how he valued staff authenticity. He provided some insight into how he was going to decide to listen to what advice or direction staff had to offer him while he was incarcerated because he found staff that was “real”. Steve had lived three “separate lives”, keeping secrets from everyone and keeping track of who knew what about who he was. These compartmentalized identities involved using increasingly amounts of pain medication, being connected to people who had it, and using increasingly riskier ways to get it. All the while, he was rising up his career ladder and interacting within professional circles from whom he hid his pill abuse. His family was “great – very blonde”. He had been active in sports and was the oldest of his siblings. Now he was hiding his high-stakes opiate dependency from them as well.

Steve had sacrificed his authentic self for his drug addiction. He talked about connecting with a “real staff member” because he “had conversations with him, good ones. He knows a lot of people that [Steve] knew”. He valued the time he was given to spend in an individual session with a staff member so that, as he put it, he “could sit there and look you in the eye and you look me in the eye, and let’s be real”. That connection and
relationship offered Steve validation, somehow, that he may have made mistakes but wasn’t a mistake. “I’m a good person throughout, before all this”, he would add.

The opposite was true as well, that when the client-staff rapport didn’t exist, TC participants, like Steve, responded very differently. Steve leaned back in his chair, folded his arms, and described one of the staff members with whom he interacted by recalling, “he’s got an Associate’s degree, and barely ever drink a beer in your life, you’re going to try to tell a bunch of people that’s been hooked on alcohol, pills, this and that. I get chills thinking about it. I didn’t even listen to him. Wouldn’t even listen to him”. While Steve experienced relationships with different staff differently, and in such sharp contrast to one another, it does seem that, no matter what, relationships matter.

The relationships that Linda learned to trust and establish in the TC setting still matter to her. She continues to stay connected to TC staff and her peers, nineteen years post-release. One of her compelling experiences was during the time she was working to get her GED. Linda had dropped out in 7th grade and described an-almost debilitating embarrassment and shame about her low educational attainment. Simply asking for help to study her math assignments was “embarrassing” for her. Then, she started to see other women asking for help and thought it might be “ok” to ask too. When she failed her GED test, she was given “all this support” and encouragement to keep trying. “You know, you can do it!, you can do it!”, Linda described, “you know, little stuff like that. Just little bitty things and things that you think would not have made a difference, would have made a big difference for me”.

81
For certain, many participants came to the TC disenfranchised and disconnected especially from their prosocial peers. If they were working and leading otherwise constructive, productive lives, they described the “double-life” they led to sustain their addictions. The lies and deception obstructed genuineness and honesty from the supportive relationships in their lives. There were participants who were professionals with advanced degrees and training and had accomplished much prior to their felony arrests. They described the painful progression of addiction and, ultimately, breaking the law. One participant, an officer of the law, himself, for many years, recalled the day he turned himself in to authorities, “I did wrong. I admitted it. I couldn’t deal with it anymore. I could not deal with it”. His gambling addiction had progressed to stealing from his employer, believing all the while that he would “pay them back”. For him, as well as other participants including a nurse, a lawyer, or an accomplished musician, relationship restoration began with the relationship-building practice they had in a therapeutic community. TC staff played a crucial role in helping them understand they were still worthy of being loved and capable of being honest and responsible in a significant relationship.

**D. Being Responsible and Accountable.**

Everyone has responsibilities in a therapeutic community. The responsibility to actively participate is one. Offenders are assigned job roles which, not only share the tasks of daily operation and maintenance of the community, but also, provide
opportunities to practice dependable, prosocial, judicious, and mindful behaviors and
attitudes.

TC residents are assigned tasks or jobs in the TC. Although not particularly different than being assigned tasks in any other part of the institution, TC participants not only completed a task that needed to be done, they achieve a sense of accomplishment and have the opportunity to process any meaning the job held for them. The job, and/or the process of completing the responsibility, is expected to be related to some therapeutic change needed or made. With one exception, study participants found this aspect of the experience helpful.

For example, Randy was assigned “HOH”, or “Head of House”, sometimes referred to as “Senior Coordinator”, who “has the responsibility for the community” culture and behaviors. The HOH is expected to role model prosocial behaviors, demonstrate leadership skills, and communicate effectively with peers and staff. The HOH is often asked to share responsibilities for giving TC visitors tours, speaking in front of the entire resident community, and speaking to staff on behalf of his/her peers. The HOH is expected to be held accountable not only for his / her own behaviors, but also those of others.

Randy, self-described as ‘shy’, had been through two detox episodes for opiate addiction in the several years before incarceration. Within months of his second detox, he attempted suicide with an overdose of pain medication. He talked about his seeking isolation from others, particularly his family, because he was causing them pain. Randy remembers “not wanting that job!” He did not like to or want to speak in front of people
and, at 32 years of age, thinking about a job in TC such as the HOH, Randy knew it was “MORE people I gotta talk in front of!” However, he came to value the experience that he so feared and explained it as a turning point in his recovery process. He described the confidence to associate with others.

I think I was glad for the opportunity, ‘cause I had to work on being assertive and some of my work from my counselor that he gave me. That was one thing I knew I needed to be able to do, and do a little more public speaking. So it kinda worked out with HOH, being in front of ninety people, bringing stuff to the counselors that they needed. I didn’t turn down anything; when they asked, I knew I had to do it in order for me to change.

Jeanne remembered how much she learned when she was given the responsibility of the laundry room while in the TC. She recalls how she wanted everything to look good, an image that she had worked to establish for many years. As a young girl, she had attended Catholic school and later was enrolled in a “college preparatory school” away from her home. She never felt that she fit in with the neighborhood kids or at the neighborhood school. Always feeling different, Jeanne was “finally” allowed to attend the school in her neighborhood where the expectations were lower and she didn’t have to work for good grades. Eventually, as she worked to be accepted, she was led down a road of sneaking around, hanging out with kids who weren’t in school and selling drugs. Nevertheless, Jeanne was always aware that her mother wanted a “perfect little person” and, as much as Jeanne didn’t want to be that, she didn’t want to disappoint her mother. So, now, in the laundry crew position, she was responsible for a small group of peers also
assigned to the laundry room. Jeanne knew how to make things look good. She took responsibility for everyone’s work and thought that she would get the approval she had been seeking for so long. She would tell them, “you don’t know how to mop a floor, you don’t know how to do this”. She came to realize that she “didn’t know what their life was like and didn’t care”, instead, doing all their work for them.

That diligent work ethic Jeanne demonstrated in the general prison population would have earned her praise. It would have also likely resulted in another resentment, her “resenting the slackers”. Much like the pattern of behaviors she adopted from her mother, Jeanne stepped in, did the work, and then resented the person who she had just shoved out of the way. But, the expectations in the TC included building healthy relationships with others and experiencing insight about behaviors or attitudes that have resulted in the drug and criminal lifestyle. To her surprise, Jeanne was “encountered”, or confronted by staff and peers, for taking over and taking care of everyone else. Jeanne recalls:

They’re [the staff] like, you did all their work for ‘em! And they [peers] got to tell me how that made them feel! When I went and did all that work for ‘em, when they wanted to do their own work, and get their own accomplishments, and grow! I took all their growth away from them. But you know what? That’s kinda what my mom did to me. ‘Cause she was always cleanin’ up my mess; she would always step in. I really cared about these people. I wasn’t really trying to do nothing bad to them. Actually, I thought I was saving us all! Our little group was goin’ to look real good; everything was cleaned up and everything. But that was
not the purpose of this whole routine they had. So that was the beginning of me doing work! Because you couldn’t have told me what I was doin’. I had to form a relationship with these women who were on this crew. And then try to supervise them in this job function, and hear from them how I made them feel. That was the last thing I wanted to do was to hurt anybody. And just to hear from them that I took away their growth - oh wow! That was not what this was supposed to be about. But then as I did that work, I related that to my mom. This was the first time in my life, when I went to prison, that I had to stand up and do what I needed to do for me! She couldn’t do nothing! So I had to do it myself!

Because she was given an opportunity to assume this role, Jeanne was able to see her behaviors and attitudes in a different light. She was able to experience and confront issues that had become barriers to long-term change. As Jeanne retold her story, she laughed at herself. She expressed how this simple task opened her “eyes to so much that was getting in her way to feeling better” about herself. She laughed at how such a lesson came from “just” the laundry room.

Linda also expressed the gratitude for having responsibilities in the TC milieu. She “didn’t really know anything about having a disciplined life”, and remembers “they had all these rules and all this stuff to do and just thought it was a bunch of BS”. Linda was not confident that she could comply, follow the rules, and graduate from the program. “But, I did. I got up when they told me to get up and I went to group when they told me to go to group. I was rebellious, fighting, kicking and screaming all the way. But I did
it.” Linda is proud to talk about how, even today, she expects punctuality of herself and the staff she supervises, nearly twenty years later.

When George was “promoted” through a variety of responsible positions in the TC, he didn’t think he “needed this to build confidence”. Initially, he assumed the jobs to which he was assigned were simply a way to make him feel good about himself. George remembers telling the TC staff, “I’ve had some victories despite all the loses because I was a good ball player. We won a city championship. I don’t need this [position].”

Over time, he was able to discover lessons that came with his responsibilities. George had been assigned to work in the office when he started to hear parts of conversations between staff. He began to understand that freedom or sobriety would not preclude other problems arising in his life. George said, “I understood that they had problems and issues going on too, but they knew this life was better than the other life. Being around people just like me who had turned their lives around because everything that they were doing confirmed in me that this is easy for me”. He was able to learn, by watching staff, that “problems don’t go away”. Now, along with the confidence that he thought he had before was a confidence that he could change the way he responded to problems and challenges. “I was convinced that if I held on I would be all right”, George remembered.

Bonnie, too, was the “big kid” who was expected to contribute to the community. By her own admission, she “always made jokes and made shit funny”. She had adapted to her life circumstances by being a clown and being the boss. “Everybody just had to do it my way”, she would say, shaking her head as if to relive a life she had long given up. “I’m so controlling”, she would add, “And got in a lot of trouble for that!” When Bonnie
was assigned to the service crew, it was a demotion of sorts from a job of greater responsibility and a job with a better “image”. The service crew was primarily responsible for general cleaning tasks around the unit. The service crew assignment proved to be a valuable component of Bonnie’s treatment. “I mean I got to learn how to talk to people, learned that I don’t always have to be the head or the attention person”.

Doing service crew work also taught Bonnie about humility. She smiled, “I always thought that bein’ humble meant being weak. And I was never going to show that I was weak”. She described the lessons of being demoted from a job role with more responsibility to one with perhaps more physical challenges. She was able to talk about the concept of teamwork and how that will help her in future careers on the outside. Since TC participants have the option of returning to general population, Bonnie also recognized that she had learned not to give up. She recalled, “When I got busted down to service crew, I wanted to leave, and they’re like, ‘No!’’. But I got to see about being accepted and being humble. This is what I got to do if I want to live”.

Jody, the TC participant who was finally feeling safe and who would do most anything to stay in the TC program, related how she continued to break rules, even as an “inside alumna”, while holding the job of secretary for the TC. She would “warn” the peers to whom she felt closest that they were going to get a “concern slip dropped” on them, and, tell them which staff or peer wrote the slip. She thought she was helping her friends and was reminded that she was simply helping them build a defense and justification for the behaviors being addressed with a concern slip. She was continuing behaviors that she thought would persuade others to like her, behaviors that might result
in a relapse or reincarceration once she was released. Jody had been demoted before as a learning experience while she was a resident of TC; but, this time, there was some insight to go along with the consequence.

Oh, lessons are so hard learned! And, [staff] found out and I was so ashamed, because they made me tell everything in front of the whole group. My job was on the line. Then I would have gotten kicked out of my nice cozy place [but] they gave me another chance. I was demoted. Like I was demoted [before]. I was senior coordinator and ended up on service crew! I got demoted again. It was a milestone right there! Not only did I let [staff] down, I let myself down. As nice as they were – I had to tell everyone in the house – I got demoted and had to work myself back up and, I’m thinkin’, oh my God, what the fuck did I do!”

Gene remembered the service crew too. But, unlike some of his TC peers, Gene “really got humble” and then decided he wanted to stay on the service crew. “I had to start from the pits, doing the toilets and all that. It taught me. I knew that’s where I needed to be. I wanted to stay in the restroom where nobody else wanted to be”. For Gene, serving the TC community in this capacity was his “way of giving back to all of the crazy stuff that [he] had done”. Nevertheless, one of the essential tenets of the TC modality is ‘work is therapy’ and, for Gene, he began to want more and different responsibilities.

Then, after a while, I wanted to move up. I wanted to get other positions once I got an understanding of what the therapeutic community was all about and how there was a hierarchy and, how you advance. You earn privileges. I liked that
system. I was able to earn the right to use the phone. My work and my actions would allow me to earn stuff. So, I knew I was getting better. I was doing things that was allowing me to get better.

The responsibility and the accountability in a therapeutic community environment certainly played a role in residents learning about their behaviors that may have prevented successful reintegration into their home communities.

Rick, for example, is now working as an administrator of a homeless shelter program and credits the responsibilities he had in TC for doing a good job today. Now in his fifties, he has been in his home community nearly ten years. In his current position, Rick deals “with a lot of homelessness, alcoholism, drug addiction, dealing with difficult people”. Although he admits not realizing it at the time, he now understands how “TC prepared [him] for that”, he said persuasively. Rick remembered how he learned to take time before he reacted to others, reactions that often had gotten him in trouble in the past. Rick was given responsibilities in TC that required him to communicate with staff about events and requests in the resident community. He especially recalled his contact with correction officers (COs) and the practice of new prosocial behaviors:

A lot of COs wouldn’t like TC. They thought we was privileged in some kind of way. In their mind we had it easier, so they would make it rough on residents that was in TC and the program. So, a lot of times I’d find myself in the security office and the CO is like yelling at me for something somebody else did. So, I had to, you know, remain calm, take it in, make sure I got what they said, so in the morning I could report to staff what happened. So, those difficult times with
those difficult COs really groomed me to do the job that I’m doing. Some of the COs would hate themselves to realize that, hey you helped me.

It was clear, as Rick described his responsibilities in TC and his current employment, that he was very proud of his accomplishments and humbled by the many staff and peers who helped him. He credited the job roles he was given and the challenge to learn from each experience as he performed those jobs.

Among the many responsibilities assigned in a prison-based TC is the job to speak to new inmates in the admissions unit about the TC unit. The crew is referred to as “the orientation department”. At some point in his stay, Ian was given this task. At forty-one years of age, and incarcerated most of his adult life when he entered TC, Ian had also lost hope of accomplishing much more in his life. He not only saw himself as a person who committed felonies, he was a career felon. Ian described his responsibility in the orientation department as his “first face-to-face experience of doing something that other people valued as being productive”. Anyone could hear the pride in Ian’s voice as he recalled the many inmates that would show up for his presentations. Ian said, “When I would go over and speak, the numbers signing up would be like twenty or thirty guys. When I didn’t go over, it would be maybe one to five guys. So, really, these people coming had that same connection with me. They could identify with me.” It was this sort of experience that validated Ian’s efforts to change his behaviors, attitudes, and identity. He continued:

Some of them knowing me from doing time years and years ago, it made a difference. And, one thing about TC, when you spend some time in TC and you
come across people that haven’t seen you in six months or a year, before you say a word, they recognize the change. They recognize that difference, that pureness, that sincerity about you. And, it just goes without saying that it feels good to the person that I am, that I’m rebuilding myself, and being who I was finally meant to be.

Within the structure of a therapeutic community is the essential component referred to as the learning experience, an assignment generally given as a result of violating a community expectation or rule. The assignment is intended to help the TC participant focus on managing an aberrant behavior and shape new behavior. Preceding or accompanying a learning experience might be corrective feedback, often called, a “pull up”, referring to pulling up, or raising, one’s awareness. When learning experiences did not prove successful in changing behaviors and attitudes of the drug and criminal lifestyle, residents were “encountered”, when their behaviors are addressed by a close circle of staff and peers. An encounter serves as the opportunity to confront behaviors and to offer affirmation to the TC member who is the subject of the intervention.

Participants in this study whose awareness was raised through a learning experience or encounter considered these experiences pivotal points during their treatment stay. An articulate, talkative, welcoming Suzie, home on disability now, remembers some of her first learning experiences at a time in her life when she wanted to maintain her “perfect” image.

I was always, didn’t wanna talk. I was more like, quiet. Just ‘act as if’, you know. And people won’t know, people won’t know that you really dumb, and
don’t know nothin’. So just ‘act as if. Be pretty, be this, be that, you know? She [a TC staff person] made me stop makin’ my hair look perfect every day. I had to walk around with my clothes not ironed ‘cause I always had creases in my blouse, and my lil’ shorts. And everything was just so perfect, hair perfect, you know. And she just tore all that image down, you know? And she was like, there’s more to you than that! You know, and, she brought it out! I didn’t think so then, but years later, when I was facing different situations, I seeing how I just came out. I was able to speak up for myself, started talkin’, you know, just being strong”.

Suzie recalled how some other experiences in TC challenged her to learn, and have insight, about how her past was deeply affecting her behaviors and attitudes. She credited her assignments to “different jobs to bring out different characters” in herself. She credited the encounter experience for much more. In addition to participating in an encounter for her peers, Suzie was individually encountered. She explained: “Learning how to confront people, learning how to speak up for myself, bein’ encountered and not able to take responsibility for that, you know.” The encounter process included peers closest to Suzie.

And when some of my closest friends talked on me, I was like, ‘how can you all betray me?’ So that betrayal came back up again. And I was like, these people care about me. How can they say this about me? You know, when they are supposed to care about me! So now I’m goin’ back to my mother; betrayal, abandonment, all those issues was comin’ up and it got to be too painful.
She left the encounter, but, in time, would be a part of additional encounters. The encounter process created feelings in Suzie, feelings that were painful reminders of all that she had avoided dealing with for many years. “I was just like, I didn’t want to feel. I didn’t want to feel so I did everything I could not to feel what I need to feel. Because everything that was set up in TC, you have to feel.” As much as it sounded uncomfortable and difficult, Suzie offered the description of encounters as an example of something positive about her TC experience. She added,

   Everything they had, the structure, everything, some type of feeling was gonna’ come up. Good, bad, you know, whatever! But in the beginnin’ it felt real bad, because I didn’t wanna feel. I didn’t know, I didn’t know a name to what I was feelin’, you know. So I learned how to name my feelins’ you know. And say I’m angry, or I’m sad.

She had learned a vocabulary for expressing her feelings, something that would benefit her in her relationships upon release. Suzie had learned the TC idiom, ‘behavior change is unstable without insight and insight is insufficient without a felt experience’.

   Likewise, Linda recalled, with a smile and conviction, a learning experience that still influences her life today. As mentioned earlier, her responsibilities influenced her punctuality, and so did the learning experiences that accompanied those responsibilities. Linda was working to achieve her GED, doing her homework and fulfilling job responsibilities in TC, and “hating” to get up in the morning.

   I used to hate morning meetings, I hated getting up, and then I hated, like, today, I was really busy. I had school and I had a job. I had a lot of stuff going on at one
time. So, I would have to leave at the cottage and go to these places and I would forget to sign out. I would just leave. So, I had that consequence probably ten or fifteen times — I wore this sign with the sign-out sheet on it. And, today, that has paid off for me because I’m not too late for many things. I’m pretty much on time, and I understand now why it’s important to be on time.

Linda expressed gratitude for the insights she experienced about the importance of being aware of her behaviors, even when she is busy juggling many other responsibilities. The learning experiences became employability skills.

Other participants remembered the insight brought about by resolving childhood conflict or trauma in the group setting. Adam described his experience of being the focus of an encounter, then, later, a TC group called, a “probe”. He explained that “a probe group would include a smaller group of peers than an encounter. Its function was to ask the individual questions” about the experiences that have brought the member to the TC.

He began, at age “twelve or thirteen”, smoking marijuana and drinking. His first baby was born when he was thirteen years old. The physical and sexual abuse he endured from his mother began when he was young too. “It was like I could never do anything right”, Adam explained, “She was always hollering and screaming at me. I took whippings for everybody, ‘cause I was the oldest. I was the only boy. There was a lot of I’m like my father; I’m no good.” Adam understands now what he did to fit in. “I can tell you I was a thief, a liar, and cheater. I saw people doing things, hustling, getting high, smoking marijuana, drinking, and whatever else and I did them things in order to be a
part of what everybody else was doing.” Adam “stayed in a lot of trouble” as a teenager: he stole a car and got into an accident, he “sold pills”, he set “fire to a house”.

By the time Adam entered a TC environment, he was in his forties. His first “write up”, as he called it, was when a peer wanted the newspaper he was reading. When Adam told the peer to wait, the two became verbally “aggressive” towards one another. Adam admitted that he acted hostile. The peer “went downstairs and got this real long shank and came back upstairs and was running through the hallways”. It was Adam who was addressed for “threats to physical violence and all types of arguing in the hallways and creating noise”. He recalls his confusion because this sort of interaction had become the norm for Adam. “I said, no, but, wait a minute! [But, I realized] there’s some people in this program that have never seen nobody get stuck and killed. You know what I’m saying. That didn’t click in to me. And, they put me in the encounter and they addressed me on types of behaviors”.

Adam was aware that he was in an environment that expected him to examine his behaviors, not simply receive another consequence for them. He learned that he was expected to share the responsibility for a peaceful community, a lesson that could be applied to his home community upon his release. As he continued to struggle with his current behaviors, especially interpersonal behaviors, he participated in the probe that expected him to look beyond his alcohol / other drug abuse for insight into his behaviors and reactions. For Adam, letting down his defense mechanisms, enough to hear the feedback offered, was the first accomplishment. He looked down at his coffee, out the
window of the restaurant, and spoke softly, as he explained his experience of coming to understand how he could change.

I was in the penitentiary [when] my daughter wrote me a letter. She was thirteen years old. She said: ‘For you to be an adult, you can make some of the worst choices in your life’. And it didn’t kick in. It didn’t kick in. I kept doing what I was doing. And young guys was addressing me and older was addressing me. And, I just become, light me up, let me see who I really am. It was like I had to reach down inside my mountain, grab the bottom of my feet, and turn myself inside out so I could clean all the garbage out of me. The issues of the abusive home, I got a chance to deal with that. Because what I found out, the drugs was only so much of my problem. It was probably for the drugs I never dealt with them [issues of abuse]. Stuffing my feelings. Just taking my feelings and stuffing them into — and I learned how to pull them out [during] my probe. The probe was, it like probed into my life and allowed me to pull out all the issues that I would never talk about, hiding secrets and things like that. And, actually, they put that chair in front of me and let me talk to my mom, and I cried. And it hurt. And I was just scared. It took me for a loop. And, I talked about being molested. We were kids growing up and he done something to me that I didn’t have no understanding. It was, like, all I know what that he was trying to make me have oral sex with him and it was, like, ‘what?’ And, all I remember was that I woke up and, I looked around and I was, like, ‘what did he do to me?’ I took that and pushed that down and never told [anyone].
During his past legal interventions, (e.g. pre-sentence investigation, probation, incarceration), Adam had never talked about his feelings or even identified them. He had never talked about the feelings of fathering a child when, at the time, he still “believed in storks”. It wasn’t until the intervention groups in TC that Adam understood that he had been reacting to other people with the anger or rage that he was holding onto from his history. Adam has found a more peaceful way to live; he was gracious and friendly during his interview. “We can make our amends, but everybody’s not going to forgive us. I understand it today. I gotta move on with my life.”

For Randy, and others, insight came about vicariously. He related the experience he had when he was involved in another TC method, called a “therapeutic peer reprimand”, or “TPR”. Although the format differs among TCs, a TPR usually involves giving a resident feedback about his / her behavior and not providing the resident an opportunity to offer explanation or feedback in return. A TPR is usually reserved for residents who have had multiple interventions and now face discharge. The community of staff and peers were addressing the behaviors of another resident who had been “acting out” when Randy realized that the same words had been said by his family at a time when he had continued to abuse opiates. He continued to explain,

For some reason I felt like I was up front, and I heard these words from my family telling me what I was doing. It just hit home, and I completely broke down, was crying for awhile, and couldn’t be brought out of the crying, ‘cause I just felt the pain, you know, of him [peer being addressed], but also what they were telling him; that he didn’t actually know what he was doing. It just hit home; I felt, it
felt, desperation, yeah, you know, why are you doing this? You know, it was just, it was very, very helpful.”

Another study participant, Tom described his responsibility to help facilitate an encounter process. Staff and TC residents confront behaviors that are typically indicative of the drug and criminal lifestyle, rather than that of someone working to achieve recovery and successful reentry into his / her home community. Tom had agreed that he was another offender “coming to TC to try to get out of the penitentiary”. He said he entered the TC program to enhance his chances at the parole hearing; however, along the way, the expectations started to make changes in the way Tom viewed his behaviors and life.

“A funny thing happened in TC”, Tom smiled. He described the encounter process as “the heart and soul of the program” and how much he came to understand his own behaviors by listening to others encountered about theirs. He came to understand how much easier it was to accept feedback when he wasn’t the focus of the encounter, the person being defensive about his behaviors and attitudes.

The guy who was getting encountered might not have got something, but the guys around, and we used to call this a carom shot. The guys around would be saying I could see that in myself; because you are not being directly addressed. It is easy for you to say ‘Oh I see that’. So it is easy. Now you might not admit it, but you are sitting there like, I know that, I know that behavior. That is the crap I used to do. Hey, I don’t want to be like him. So that brings on kind of change. That is how it worked for me. That brought about some change.
Interestingly, the process of recovery for TC residents, or ‘members’, is described as more than any one event in the setting. Participants recalled when or how they had the opportunity to talk about how a particular activity affected them, related to them, or identified “old” behaviors that were not prosocial or recovery-oriented. Some participants journaled about their experiences. Some talked about it with staff in an individual session.

Tom described the encounters and how he transferred someone else’s learning to his life, by reflecting on the events later in his bunk. He began to see his life differently from the one he had led as an adult when he was drinking and breaking the law to maintain an addiction to Tylenol #4. He remembered family vacations, two hard-working parents, and school athletics. He remembered being the “spoiled middle child” with a genetic predisposition to alcoholism. The longer he was in the program, the more time he had to reflect on his current and past behaviors, “seeing behaviors and seeing [his] life”. He remembered “going back at count time and sitting on that rack and thinking about what was real and what wasn’t real, what was important and what wasn’t important. And seeing guys go home and come back, and you say, when I get my shot I’m not coming back.”

As ex-offenders spoke about their participation in a therapeutic community while incarcerated, it became clearer that there is a prosocial-social learning element in this milieu. Jody, who described her “milestones”, or epiphanies, consistently remembered how she would learn about herself through watching others during encounters. Like Tom, Jody recognized how defensiveness prevented her from benefitting fully when her
behaviors were directly confronted, but, how she came to find forgiveness and insight from listening to others. Jody had described her disruptive, abusive childhood and an addiction that took her from her children. She described her identity when she entered the TC: “I was a horrible person, just horrible. I didn’t care about anybody, other than myself’. She entered TC feeling different from her peers, referring to them as “losers and crackheads”. But, in her first written assignment, she started to find out that she “had more in common with these people” than she originally thought. Jody was asked to make a list of the losses and consequences she had experienced during her alcohol and other drug abuse. Although the object of her addiction was different, Jody realized that she “didn’t like authority whatsoever, was a bad person, sold drugs, was makin’ money, was sellin drugs, guns”, anything she could get her hands on. “[She] didn’t care”. Like her peers, she also began to understand that what happened to her when she was young wasn’t her fault.

Then, Jody was participating in someone else’s encounter. She remembered how she “got to focus and pay attention”, guessing that it was related to her not being the person addressed directly. In fact, she added, that she “never really had a milestone” in her own encounter. But, then, while listening to an encounter about a peer’s relationship with her mother, Jody had a moment of insight. The peer angrily accused the staff member who was facilitating the encounter of “blaming everything” on her mother.

And, [the staff member], looked at her and said, ‘no, your mother was doin’ the best she could do at the time she was doin’ it because she didn’t know any better than she was taught’. And I thought about it and it didn’t even hit me until I
started doin’ something else, and, that was the point, the point when I forgave my mother. After all these years, when I wished her dead, I wished I was part of her death, I wanted to kill her – all that – the only reason I probably didn’t do that at the time, I mean, I’d shot people and didn’t care, only reason I couldn’t is I didn’t know where she was at. When I forgave her, that lifted a huge burden, I didn’t have to be mean to other people anymore.

By relating her own experiences to those of her peers, Jody had learned lessons and experienced insights about how her past relationships influenced the course of her life. She came to realize that she had been abused her entire life. “Because I left right after graduation, got married to an abusive man, I was a prisoner my whole life,” Jody reflected cogently. Her husband had stabbed her and didn’t “allow” her to leave the house with their children. She understood that she “was abused and started abusing people back.” She was tearful as she remembered the broken bones, broken spirit, and altered identity. It was during another encounter when Jody recalled, “I was listening to somebody’s encounter about their abusive husband and how she went back like a thousand times because, like me, she didn’t know any better. I realized that I didn’t know any better”.

Another participant, Pete, described the moment that he realized the depth of his delusional self-image which he worked so hard to maintain in his addiction and criminal lifestyle. Like one of the participants who had experienced substance abuse treatment in the past, Pete also recalled how he managed to “stay high the whole time” because his bogus friends would bring him “oxycontin pills during the breaks”. He had experienced
“great” family relationships and the achievement of a college scholarship for sports, even though he dropped out as his drinking and drug abuse increased. At the time of his incarceration, his sixteen-year-old daughter was living with her grandparents since both Pete and his wife were trapped in their respective addictions. He was in his late forties when he entered the TC. During one of the activities in the program, participants were asked to put a picture of someone significant to them on the wall. Pete described the epiphany he experienced during that time. He confronted the inflated image he had maintained, realizing that his identity had also been trapped by his addiction.

You know, when you live that lifestyle, you have this attitude to be a man you have got to not take nothing off of nobody. You got to be able to con anybody, you know, you can talk anybody into anything and flat out you are the baddest man on the planet. You never lost a fight. But, gradually they try to help you realize that being a man, here we are locked up in this place while our wives or maybe whoever is taken care of your kids. You are the big man, who ain’t even able to take care of your kids, I mean, it broke me down what we did with the picture, where you had to go get a picture of the person who has always stood by your side no matter what. And I had to go get a picture of my son and walk around in the circle. I couldn’t make it around, a couple of the guys grabbed me. My legs was . . . it tore my heart out, the fact that here I am. I’m claiming to love this boy so much and I’m locked up. That is giving me goose bumps now. It is like, you really start to realize what in the world am I doing. What have I done?
In contrast to his TC experience, Pete described his experiences when he was incarcerated multiple times before for DUI, driving under the influence. “I would be doing cocaine so I could stay up all night and then go and sleep, take a bunch of valiums before I go into jail and sleep all day”. Pete repeatedly described how differently his incarceration experience was when he used the time to address the addiction and addictive behaviors or attitudes that resulted in his arrests. From Pete’s perspective, sleeping through his incarceration was easier, but, it certainly didn’t provide the opportunity for change.

Some learning experiences were more serendipitous. Kim describes how she learned a lesson about recovery during the group’s morning meeting. In the therapeutic community setting, a ‘morning meeting’ mimics a morning routine that is designed to start the day in a positive way. The member community gathers, along with all available staff, for a morning reflection, thought for the day, exercise, or other fun, lively activity. When Kim was asked what she remembered most about being in a TC, she didn’t hesitate and talked about her morning meeting experiences. She described the meeting activities as, sometimes, being “just silly”, doing things to “enjoy life without the use of drugs”. Kim started to learn to “enjoy life no matter where you were”. She started to not take herself so seriously. “You might do the hokey pokey or you might act like Tina Turner - that was one of our favorites or something like that. So you had to do something to know that, no matter how serious life is, you can still have fun”.

Curiously, an outsider, visiting a TC for the first time and out of context, might look at a morning meeting like the one Kim described and mock the silliness as trivial or
humiliating. Kim clearly articulated the valuable lessons she received from such deceptively simple activities. Serendipitous truths evolved from the TC experience.

For everything about being in a therapeutic community that Steve did not like or find valuable, Steve did appreciate the structure. “That was the structured part of what I, I didn’t like it, but it helped. Getting up at this time, and you’re lining up, and blah blah blah blah blah. It helped. It did.” From Steve’s perspective, it was this routine and regular schedule that helped him get his “life back on track”.

The egocentrism of the drug and criminal lifestyle seemed to be the cloak worn by so many of the participants as they entered a correctional facility. For some, like Jody, being self-centered meant they were out to survive regardless of who was hurt in the process. For others, like Jimmie, the self-centeredness caused him to first focus on the grave nature of his crime, how much he lost, and then on the guilt and shame too heavy for anyone to forgive or for him to move on. Jimmie’s experience in a TC helped him put his life into perspective by realizing that his problems were not so horrific that they were unmanageable without drinking or gambling. “I think it was positive”, Jimmie said, “I think I did a lot of good for other people. I didn’t have any problems, compared with some others. It could have been worse. And, no matter what situation you’re in, there’s always somebody out there worse off then you are.”

There was another element in the therapeutic community which was oddly absent in participants’ stories, that is, until Ian spoke. When Ian mentioned that he took pride and had confidence in his decision to enter a TC, that he “was still respected on the yard” [general prison population], it seemed a natural progression to ask about the perception
that there are interventions in TC that are considered humiliating. Did he want to speak to that? Ian looked up with a perplexed expression and a cracked smile: “How would you compare? I got seven prison numbers. Look at what I’ve done to me. Sure, starting out I felt like I’d been brainwashed. Because I couldn’t figure out how is it these people know all the buttons to push to get me to come around like this.”

Ian had learned the importance of following rules. “I was a rule breaker, which initiates and becomes breaking laws. If I follow the rules, maybe I won’t have such a problem following the law.” It seemed evident that, somewhere in the TC process, Ian was getting “it”, experiencing insights, and self-awareness, and identity transformation. He explained, “I learned about being okay and being honest about who I am through being in group, from doing assignments, from giving disclosures to the rest of the facility”.

Pregnant before she was fifteen years of age, Jeanne recalled that she had been taken to get an abortion and then never talked about it again until she entered the TC program. Like others in the treatment community environment, she was helped to face secrets and emotional numbness that had been with her for years. Jeanne had started drinking “at a very early age, probably because of the traumatic experience” and managed to avoid feelings of loss, grief, or shame. “I never got a chance to tell anybody how I was feelin’ when all that was goin’ on. And that point I just started drinkin’ more”, she offered. Once Jeanne felt the safety of the group to share some of her most painful experiences, she was overwhelmed with the unconditional care, concern, and positive regard. She continued to describe her immersion, “I just wasn’t used to everybody talkin’, and
huggin’, and feelin’ all over. That just wasn’t what I was used to. So I got introduced to
that and I kinda liked the way it felt, you know”. Jeanne experienced genuine, nurturing,
supportive relationships within the TC environment and felt better prepared to recognize
such authentic relationships once she returned home.

George expressed the profound impact from a simple gesture of affirmation by a peer
and encouragement expressed by a staff member. He described his first day in the TC
program when he began to interact with other men differently. George, a fifty-something
military veteran, struggled to hold back the emotion as he retold his story, pausing along
the way, as if to keep back tears.

Wow. [pause] I remember when you first came in you had to do a five minute
seminar [about yourself] around a group of people, and if you didn’t do the
seminar you couldn’t get in the program. And, I didn’t want to do the seminar.
But, I remember getting ready to get up and walk out and [a staff member] said
‘so, you are just going to take the punk-ass way out and go back and keep doing
what you’re doing?’ And he said, ‘Sit back down’. So, I sat back down and [a
peer] said, ‘Man, just try.’ [pause] And it was the first time that I stood up in front
of a group of men without drinking or a needle in my arm and expressed the way
it hurt when I lost my mother. [paused, took a deep breath] You know, it hurt, but
it was freeing.

The lessons in a TC surely don’t come from a workbook; rather, they emerged from
the lived experiences with other persons in the milieu. A foundational need for healthy
relationships is the ability to trust another person. Bonnie described how she started to experience faith in others that led to self-disclose and ask for feedback from the group.

I started listening. I guess when I really started sharing about the sexual abuse, it kinda lifted up, I started trusting people. And they started showing care. At first, I’m tryin’ to be Billy Bad Ass, and they’re doin’ what they have to do. It was just crazy. But then I started gettin’ that trust and started believin’, and that was it. And I haven’t been back [reincarcerated].

Because the lessons in a TC need to transfer to real-life situations in a member’s home community for success, it is important that participants have the opportunity to relate each experience to something similar on the outside. No one explained this any better than Pete when he related how stealing, borrowing or selling a piece of candy in the TC setting related to his drug and criminal lifestyle.

The hustle pretty much gets squelched in [TC]. It turns into being a piece of candy or a french fry or something like that and then you get busted for that even in there. You get caught no matter what you do. And, it just changes you over time. It doesn’t happen overnight and it probably doesn’t happen to everybody. But it changes your overall outlook on what an adult is and what a responsible parent is and basically being a man.

II. The Reentry Experience

A. Feeling the Anxiety of Initial Reentry
The reentry experience was rarely simple for the study participants. It started before they were released as they prepared themselves for critical decision-making, with feelings of apprehension, anxiety, excitement, and impatience.

As the release date grew closer, participants described the struggle with feelings that created a threat to relapse in their past: fear and nervousness, or excitement and celebration. They could evoke memories of feelings and thoughts that sometimes consumed them just before or just after they left incarceration. Speaking as so many did, Rick recalled, “I was excited about going to be free and be with my family. But I was still scared that, you know, that I was gonna use again.”

For 56% of the participants, their release date was known months ahead while others had only weeks to prepare for this day. Nine of the participants went before a parole board, at least once, before they were given a release date. Some participants were certainly more anxious, fearful, or excited than others; but, with rare exception, everyone could identify with some degree of anxiety. The reentry experience began as participants made plans and decisions about who will pick them up, where they will live, what work will they do, and how will they get there.

Ian didn’t experience multiple trips to the parole board, with the hopes of getting a release date. He had a release date for the sentence he was serving from the time he was incarcerated. But, he would have a parole board hearing because he was on probation at the time of his last new offense which is considered a probation violation (PV) for which he had to answer. Ian had been engaged in the TC program for nearly six months when his PV hearing was held. He “felt free because [he] understood [he] had the skills to
manage now. To control and discipline [him]”. Nonetheless, he was also feeling the fear of going home before he was ready.

So, I went to the Parole Board and I asked them, for the first time, not to let me go. I didn’t want to go home. I wasn’t ready. Because whatever was happening in this program back here, it was working, and I needed a little more time to get comfortable with really internalizing. [The Parole Board] gave me five more months.

Ian made different decisions on the first day out. Once he served the additional five months granted him by the parole board, he was feeling “more committed” to his decisions.

I displayed that in my behavior; in the way I conducted myself in the program [then] I got out. I was released to [a halfway house]. I’d been released several times before to halfway houses, but what happens is when I get dropped at the bus station—they got a bar in there—so that’s where the process starts. And, I never make it to the halfway house. Or, I make it there long enough to cuss everybody out and leave. This time, I didn’t go to the bar. This time, I got off, I went right where I was supposed to go, got on the [local, metro] bus, and went to the halfway house. Signed myself in and got the room packet, and went about doing what they expected me to do to make it out of there.

Twelve participants, nearly half of the interviewees, were aware of decisions they made when they had been incarcerated and released in the past, anxious to do things differently. Because Bonnie had been released from prison three times before, she
generously and vividly compared her feelings as she was preparing for reentry the last time. For Bonnie, she recalled being released in the past and how she knew things needed to be different when she found herself in prison again. She stated, “I knew I needed treatment, ‘cause after I got out, I started doin’ the same things. I started getting’ high. You know, just off the hook. You know how they say you pick up where you left off and it was 10 times worse? That is so true.”

Unlike the previous times, Bonnie was anxious to stay out and described how her decision-making had evolved. She had already made the decision that she wanted to continue residential treatment once she was released and knew she would have to wait in a shelter until there was a room in residential treatment. She also already knew that she would be taken by prison staff to the same metropolitan bus station where she had been released before. She had made several of the critical decisions that would require her to relocate to a larger community, more than an hour from her family home. Bonnie described how the three release experiences differed. The first time she was released from prison, she described herself as “cocky”, planning to go back to abusing alcohol and other drugs. Bonnie said, “I knew what the hell I was gonna go do. I knew I was goin’ out to party, and couldn’t nobody stop that. I already had that plan down pat.” When she was released again, she chose to have her ex-husband pick her up. “There’s always a price, when you have somebody come get you,” Bonnie continued, “And then him thinkin’ oh, she’s been locked up and that crazy shit. So that wasn’t really on my mind. I wanted to go out, and hang out and see people and go home, and try to be around

111
people.” Bonnie was released for the last time thirteen years after her first incarceration. She remembered her feelings that day:

Fear. Fear of really not wanting to mess up. The fear and just makin’ sure that I didn’t fall back in the same trap. So in order to do that, I was not goin’ back home. I was not callin’ the same people. I had to do somethin’ different. And that’s why I let ‘em drop me off at the bus stop and I called an alumnae sister. So, just that determination that I wanted something different the last time.

Bonnie had described, just before, how her TC experience had given her the gift of humility, had confronted her need to be in control, and had addressed the sarcastic front that defended her addiction. Her work on a TC crew taught her to communicate more effectively with others rather than choosing to clown around or be “in charge”. Like others, she was leaving prison for the last time with self-awareness, sober support, and the motivation to value both.

It sounded almost routine when so many participants described how their state-provided transportation off prison grounds was to the bus station in the middle of a nearby city, often hundreds of miles from their home communities. Fourteen of those in the study reentered the community from a prison stay, so, unless there was someone at the prison gate to meet them, they were taken to the bus station. Adam made reference to the bus station as it became, metaphorically for many, the first decision to do things differently upon release. He had reasons to be nervous at reentry; he had been incarcerated and released a half dozen times before. Adam remembered that day when he arrived at the bus station in the middle of a city he didn’t know.
I told myself I was going to buy some dope and try to sell it because I felt like I was alright now. But, let me tell you. When I hit [the city] and I seen I was in a place that I had never been before, people I didn’t know, and then I’d never seen a police helicopter where I come from. I was like, wow, wait a minute. I don’t think I want to do this!

There was someone there to meet Adam when he got off the bus and he knew he had “a place to stay with no money in your pocket”. He admitted, “Hey, I was scared, I was scared. When I got here, I only had the clothes on my back and a bag of mail. And, a pair of gym shoes, that’s all I had. But, you know what? I was finally doing some things that I never tried before.”

It was that moment that everything changed for Adam. “Everything about [TC] clicked in”, he said, “Give yourself a chance. And, now I changed. My mind said ‘get your bag of dope selling’, but, I remembered what my counselor said, ‘quit listening to myself’ ‘cause listening to myself was what got me inside the penitentiary.” Adam described the conflict inside himself on that first day out. “And, I got outside that door, and guess what? Another voice said, ‘you don’t want to sell dope. You’re going back to the penitentiary’. I listened to that. But, the other part that kept on saying, ‘Oh, man, don’t pay him no attention’ — I turned him away.” It was apparent, as Adam described those first hours out of prison, how quickly a different decision could have dramatically changed his reentry experience. By his own admission, the staff he encountered in the therapeutic community gave him words to replace old thoughts, confidence to examine his life with authenticity and sobriety, and the tools to live more peacefully with others.
Tom had described his behavior during the five years before his incarceration as he started selling marijuana, then crack cocaine, to support his addiction to Tylenol#4. Tom explained, “Throwing rocks at the big house. Because I’m not working, I don’t have like ten hours a day [pay for ten hours]. I have to make up about ten hours a day. So, what do I do? I started selling dope”. But now he was preparing to leave, after eight years of incarceration. He recalled the fear he felt as he prepared for reentry:

The fear was good. It was a healthy fear. Because I had lost my fear. Because I was invincible. I’m going to the projects with two girls, jewelry and a BMW. I’m saying ‘Somebody rob me, somebody kill me, or let me kill you’. You see, I had no fear and that’s bad when you have no fear. You see, so I learned that fear could be a healthy fear.

Tom also described the pressure he started to sense, a pressure to do well and not to fail. After all, he had left prison five times before. He was aware of all of the “eyes, from staff down to the newest guy in the program, they were looking at me, ‘what he going to do now?’ And I think I had gotten to the point where there just was no going back”. Tom remembered thinking, “You can’t go back. So, all I could do was go forward. All I knew was to go forward”. The decisions Tom would make were going to be critical if he was to have a different reentry experience. Even the most simplest of decisions become challenging as an offender returns to the community.

As Tom retold the story of his reentry, he became increasingly more animated and, as if he was passing on the advice, he continued with hand gestures to add emphasis and passion in his voice:
A counselor told me, ‘when you leave you are going to have to start making decisions’. She said ‘You know, just simple stuff like going to a restaurant. You are going to have to start making decisions. Just don’t panic. Just take it slow. Just take it slow.’ My son came and picked me up from prison. The first place we stopped was a waffle place and I’m sitting there at the waffle place and I’m going over the menu and her voice comes to me about ‘just take your time’. You know, no rush. Just take your time. And I kind of laughed because I’m looking over the menu, [and realized that] for the last eight years I didn’t have to order nothing!

The respect Tom had developed for staff advice in the TC had prepared him for reentry with new patience and self-awareness.

Jeanne had made all the plans she could while she was still incarcerated, planning to do things differently than after her previous releases from prison. In addition to over two years in a TC program, she had achieved her GED diploma, earned college credits in office management, and prepared a resume. She had made the decision to enter a residential treatment center for women as soon as she was released. And, yet, Jeanne experienced fear. She looked back on the experience and explained, “I was excited I was going home. But as the time neared, I was afraid. I was thinkin’ there’s some things I haven’t worked on yet, the relationship stuff. I don’t think I had an opportunity to work on why those were the way they were, like with men”. But, Jeanne was able to look back and be grateful for the lessons she learned and was taking with her. She had learned that she didn’t have to always be perfect. And she didn’t have to take care of everyone
else at the expense of taking care of herself. For Jeanne, her need to be accepted had led her to relapse in the past and relapse led her to incarceration. She was also aware of issues she would need to address if she was indeed going to stay in her home community, not relapse, and, ultimately, not recidivate. Jeanne remembered, “I would say to the [TC] counselor [that] I don’t know how I’m gonna handle certain things. And she’d say, ‘you’ve got the tools! Just take the tools!’ And I’m like, no, wait! There’s a whole part here we didn’t go through!”

The “tools” to which Jeanne referred are strategies practiced in a therapeutic community. Tools might include: a “bench”, a place to take a time out when emotions are running high; encounter tools, ways to address someone else’s behaviors in a way that feedback might be better received; “be receptive”, an attitude of being open to feedback; a “relating table”, a method of two individuals who are experiencing conflict and finding common ground; a “push up”, an affirmation given to someone else to recognize and reinforce his/her positive behaviors; and a “pull up”, corrective, immediate feedback to address and extinguish someone’s unwanted or self-destructive behavior. Tools are taught and practiced throughout a structured TC day. In addition, residents in a therapeutic community are held accountable to practice tools in order to establish, develop, and sustain more authentic relationships with others.

Linda remembered feeling “ready” to go home after nearly seven years of incarceration, five years of which was spent being immersed in a therapeutic community. But, Linda had come to realize while she was in the TC that it may not be safe for her to be close to her family members who were involved with alcohol and other drugs. “It felt
like, to me, that I was [already] giving up a lot and I’m going to be with my family, but I had to think about my sobriety. The truth be known, if I would have went home, I would have relapsed. I had to look at it honestly.” Linda made the decision to have a friend, an alumna of TC, pick her up at the prison gate and go to a halfway house. Her peers in the correctional facility helped her get ready. “The girls got me ready. I’ll never forget this: they put my hair up and put a sock in my hair and made me a French roll. I’m like, ‘I got a sock in my hair!’ My hair all done up and stuff. I’ll never forget it!” Linda learned, as others had in TC, to let go of a tough image and connect with her peers in a way she never had in the past. She had been incarcerated for attempted murder and heroin had been her drug of choice.

It was Linda’s day of release. She described how she was feeling, “[My friend] picked me up and we went to [a grocery store] and I stood in the middle of [the store], just looking around and my heart was racing so fast! Oh, what am I supposed to do now? I was so nervous. I was a nervous wreck that first day.” Another simple decision turned into an overwhelming experience. In her past, Linda would have medicated uncomfortable feelings with alcohol or other drugs; but, this day, she was able to tolerate discomfort and make a conscious decision not to use.

Greg was excited to get home to his girlfriend and new baby, born while he was incarcerated. “I was thinking about what I was going to do that day. My feelings as it got closer was like the night before Christmas when you were like 10”, he said. But, Greg remembered the apprehension he felt as well, “I was afraid. I’m not going to lie. I was
afraid of being sucked right into that again, anxiety and fear. I thought, ‘I’m not gonna kid myself’.

He had made the decision to return to the family home that he had inherited several years prior when his mother passed away. As an only child, adopted as an infant, and his father already deceased, Greg described a time when “things got out of control” after his mother died. He had given up a career to move in and care for his mother and, when she died four years later, Greg had turned to drinking and using drugs with old friends. He was on probation for a felony conviction of ‘nonsupport of dependents’ when he violated his probation rules and subsequently was incarcerated. Now that he was going back home, Greg knew that his downward spiral began in that same place, and he knew he’d have to do things differently. While in the TC program, Greg learned to be more wary of people in his life and to be more trusting of a “small circle” of family and friends.

Having experienced significant losses, Greg decided to invest in “genuine” relationships. He made arrangements for his girlfriend to pick him up and together they went to visit an elderly relative with whom he had felt close in the past. He remembered learning in TC how “something big could come of something small” and was careful not to get complacent. Soon after, Greg was attending Alcoholics Anonymous (AA) meetings five or six days each week and busying himself with home repairs, volunteering at church, and looking for work. He responded to his fear of relapse by getting involved with people whom he trusted. “I busted my behind”, Greg said, “I’ve learned to take what is given to me and work with it and do with it the best I can to make it work for me. It’s not up to me to lie to somebody else and say it’s going to get easier, because it’s not.”
Even while Jimmie had had regular contact with his wife during his incarceration, he remembered the anxiety of reentry. He and his wife had committed to staying together and moving forward. This had been his first and only felony, his only incarceration. He had just lost a lifelong career because of his offense and could only hope he wasn’t going to lose his wife. But, for Jimmie, the questions continued to play over and over in his head as he prepared to go home:

You know I was happy to be leaving, but I didn’t know what life would be like once I got home again. And yeah, my family visited me, and I talked to my wife almost every day. I thought things were going to be ok, but you don’t know. You don’t know until you get there. It’s just odd. You know, what are you thinking of me? And are you going to put up with me? Even though I knew in my own mind, I’m not going to do anything, at least to the best of my ability. They don’t know that. Obviously there’s a big trust issue.

Jimmie reported that his wife is devoted and their marriage is as strong as ever, even though he still seemed a bit surprised. They have overcome several hurdles together since he returned home, most recently, his donating a kidney to her and taking care of her during her recovery. Although he was one of few study participants who was returning home to his family, he was not alone in his fears about how things would be when he returned home.

Gene’s experience was typical of the participants, although many in the study had less advance notice that they were being released. Gene did not know he was being released until he successfully went in front of the parole board. He hadn’t been given much
encouragement from others to expect an “outdate” after going to the parole board. Gene recalled, “Everybody was telling me, ‘you might as well get comfortable, because nobody goes home their first time to the board with two felonies’. I was, like, ‘Wow’ I just done everything I was supposed to do”. Gene’s anxiety about reentry began. “When I went to the board, they paid me [“paid” is the term referring to being given a release date]. So I knew 60 days prior to going home. I was nervous. I didn’t know if I could live successfully without drugs and alcohol”.

Gene knew he had a safe place to live at his parents’ because, retired, they had decided to relocate while he was incarcerated. But now he was faced with being released to a community that he didn’t know. There were many things, at that anxious moment, Gene didn’t know. He made several critical decisions quickly.

I didn’t know if I was going to be able to get a job with a felony on my record, any of those answers. I went to meetings every single day. I let people know I had just moved here. I let people know I had just got out of prison at the meetings. I let people know I was looking for jobs and employment. My dad pretty much drove me everywhere I needed to go because I didn’t have a driver’s license.

Another participant, Rick, knew he had a supportive parent and he thought he wanted to continue the college education he started while incarcerated. As prepared as he thought he was, Rick was surprised when he walked into a store on the day of release. He remembered,
I did almost have an anxiety attack in [the department store] the first day. Just because, all it was because the count time. You know you look at your watch and it’s 3:00, I gotta go for count! And I’m like, wait a minute, I’m not in there anymore! So it just takes some time for the transitional period that you got used to something, and then when something’s different it kind of throws you off for a little bit.

Again, the simple, most ordinary, events in everyone’s daily life become extraordinary experiences for offenders struggling to reenter their home communities successfully.

Rick explained that he was inspired by listening to and watching TC staff members who had been incarcerated in their past. As he observed, “they had allowed me to have the ability to be able to see things to get to the other side.” He learned in TC that immediate gratification was an issue for him and always led him to relapse. Rick said, “If I wanted it, I got it. And if I wanted it, the more I wanted it, the more I thought it was good for me and probably the worse it was for me. But, it [TC] taught me about immediate gratification.” Rick practiced patience during reentry so “something different” didn’t throw him off and back into a drug and criminal lifestyle.

Another participant was preparing to leave prison after staying nearly thirteen years on her first and only felony. Donna had been in the TC for four years when she was told she couldn’t stay in the program any longer. So, Donna busied herself while in the general prison population, volunteering and working to practice the recovery and relapse prevention skills she had learned in TC:
I was very active. I taught aerobics two hours a day. I was in Cairos [a faith-based program]. I used all my time in positive ways. I was also a business class member, and I sold my artwork, which is how I came out with a little bit of nest egg. [So, I was] impatient to get out. Impatient to take on in the world with what I’d been given for tools [from TC]. I certainly had enough time in prison. Way more than enough. I felt like an over-baked cake.

Similarly, Pete felt ready to return home. He was the other study participant who, upon release, returned to live with his girlfriend and they married a year later. As Pete was making the decision about where to live when he reentered the community, he noted that he “wasn’t scared at all”. Because a family member had been willing to take responsibility for his mortgage, he knew he “had a place to go”. He added, “I had a house to go back to, my son, my daughter, people who were ready to support me. I had my church which I knew I was coming back to. See, my path afterwards was really an easy one and it is almost not fair”. Now that Pete continues to volunteer his time, going back to the TC to offer Bible study and testimony for recovery, he is aware that many offenders do not have the same “advantages” when they are released. Pete spoke empathically about other offenders who continue to struggle with limited housing and employment options as they prepare for release.

Another participant who credited his successful reentry experience to his faith in God was Brian. He had “about a year” to prepare, going through a parole board hearing then getting released to go to a county jail to await a hearing on a federal case. In testimony to his growing faith, Brian talked about his transition experience:
When they get me in there [county jail], they take me to an on-site hearing [via videoconference]. They spring the papers up there to me, they serve me, and they send the papers to the police department. I’m praying, I’m doing all the things I can to stay sane in that crazy deal they had me in. When they take me downstairs to see the on-site hearing, nobody showed. Not one of the opposing police officers or nobody against me showed. The guy who was running the tape recorder said ‘Man, I sent everybody a notice.’ So, again, God showed me that he was working in my life. All I had to do was keep going forward and doing the next right thing for the right reason.

It was clear that Brian had made the decision to adopt a new perspective on his circumstances. He attributed his growing awareness to the confrontations he received in the TC, confrontations that challenged him to think differently about the events in his life, past and present. He described experiences in the TC when he was able to resolve conflicts without becoming aggressive or being “put in the hole” (isolation). Brian also described the lessons he was able to remember from his TC experience about criminal thinking, relapse prevention, and communication. He decided that he didn’t “need to be disrespectful [or] loud” and he decided he wasn’t going to relapse because he was angry or discouraged. Brian explained that he had “too much information to be that stupid to walk away. I got to walk through this thing. I had plenty of evidence that God was working in my life. I know I’ve been stupid all my life, but I’m at the end of my rope now.”
The transition from incarceration to a permanent living circumstance in a home community is frequently filled with a roller coaster of emotions and a series of transitions and living environments rather than a simple move directly to the home an offender left at the point of incarceration. Regardless of the decision about where to live, participants generally were aware of options, even if the options included one less desirable situation over another. Additionally, the settlement process was often related to sober, supportive relationships to which a participant was connected during reentry.

Kim had known the hopelessness of being released and coming back to prison. In a fifteen year period, Kim had three prison “numbers” (prison stays) and three residential treatment or halfway house stays. While she had difficulty during the interview identifying what was different about the last release, Kim recognized some of her obstacles during earlier reentry experiences. “I wanted to use. This has been a really long painful process because of coming back to a small town; I had experiences of getting out of prison and having doors slammed in my face. So I hadn’t seen anything that was really gonna make a difference”. She had returned to her community and went to live with family members and she had gone to a halfway house; but, it didn’t keep her clean and sober.

Five years had passed since her last reentry experience when Kim was rearrested. She had a chance to get the charges reduced from a felony to a misdemeanor. This would give her the opportunity to avoid prison and be put on probation (also known as “community control”), but she “couldn’t stay clean” so the felony conviction was imposed. Punishment was not a deterrent to relapse in her addiction. Kim recognized,
“Then also, not blaming, but there were people in my life that didn’t want me to stay clean, including my husband, and then, later on [his] saying, ‘I didn’t know.’ Yes he did! He would come [over] ‘cause he wanted to get high!’ She looked back on her reentry experiences with a sense of defeat. “I was trying panically to clean my urine, but I couldn’t even stop using long enough to let the stuff that you’re ‘sposed to use to clean your urine work!”

As Kim prepared for reentry during her last incarceration, she admitted that she was “tired of using”, and, “was getting out of the game”. As Kim described her struggles, it was evident a new Kim had emerged, one who “owned” her choices and took conscious control of her life and her relationships. She acknowledged that she was the only one who could make things different for her. The frenetic people-pleasing, caretaking, and blaming was not going to keep her free from the drug and criminal lifestyle. She had been confronted during her experiences in the therapeutic community and treatment about doing what she thought others’ expected, saying what she thought others’ wanted to hear and responding to others with misdirected anger. Kim described the inhumane conditions to which she was subjected in county jails that were in such sharp contrast to the recovery she was offered in TC settings. Kim learned she had to be responsible for setting boundaries with other people in her life.

So when I came home, I really was a new human being. I really had to take care of me, not letting people put their expectations on me. I didn’t volunteer to do anything. I went to meetings but I didn’t do all those things that I do now. When I first came home, I said, people, I can’t do anything, because I just need to be
ministered to, and not just pick up where I left off. Because busy doesn’t mean
recovery. So I had to let them know that I was not going to allow people to
dictate to me that way. You know, I’m not gonna do anything. I’m gonna go to
meetings and I’m gonna go to church. I had the cross addiction. I ate and gained
tons and tons of weight that I didn’t realize ‘cause you don’t get mirrors in
county. I had to learn to like me, despite being in a different body.

Kim was able to get connected with a community member who was able to help her
secure a job and other community members offered her rides until she got her license
back. “I came out, and I said what I need is the thing that I haven’t had before was
employment. And so I was able to get hooked up with a job.” She had practiced and
been held accountable for asking for help in a therapeutic community; but, in previous
reentry attempts, Kim had continued to think she was going “to prove” she could succeed
in spite of and without others. Kim had become a recidivism statistic after her last TC
experience even though she had been given the tools – she described them; she knew
them inside and out!

But, Kim had left treatment and continued to be angry at, “blaming”, the world for
things that had happened to her and for her circumstance. When she described her last
arrest, she described the vicious cycle of addiction and how she came to accept that her
life wasn’t going to improve without her making different decisions. She described how
she accepted a new reality of interdependence with others during her last reentry.

Donna did eventually get released and set about completing the reentry plan she had
made. Her first move during reentry was to stay near her daughter and family since she
had been offered a job in their area while she was still incarcerated. She had been raised in a family of means and getting work was not the barrier that others often experience, possibly because of the professional connections her family enjoyed. However, transportation was an obstacle she needed to overcome. Donna was taking the bus to work while she made efforts to get her driver’s license.

I concentrated greatly on getting my driver’s license. That was quite a humble experience. My daughter, my granddaughter, and all of their friends would stand and watch me practice the maneuverability. And I would get a little bit miffed about that and say, ‘don’t you guys have anything better to do with your Friday nights besides watch me!’ So when I got my driver’s license, I said to my daughter, take me to a car dealer, I’m gonna buy a car. No credit, no nothing. And I drove off an hour later with a car!

Donna’s ability to negotiate her way through the reentry process was testimony to skills she practiced and the hope she experienced in the TC milieu.

It became strangely curious to participants how, in the face of evidence that freedoms had been taken away, that a crime-free lifestyle doesn’t always come after one incarceration. The deterrent of incarceration for some participants was nearly a myth. For Mark, he described the feeling of getting released with no thought of, or preparation for, recidivism.

I was excited. I was ready to get back on with life you know. You feel like, I’ve been sitting in timeout for so long. I’m so ready to do all these things. And I just figured I’d go out, start working, get on with it, get married and stuff. I was still
on probation. And the drinking crept back in [but] I was excited and I was ready
to go out there and just start livin’ my life. I really did not think that I would
violate my probation.

Mark did violate probation. He recalled, “I was out and it was around my birthday, like,
‘oh what the heck, I’ll have a drink’. It just opened the door. Then, I didn’t have the
sobriety, so did it really matter. The drinking became progressed really, really quickly
after I took that first drink.” He was incarcerated again and made different decisions the
next time he was released. Mark decided to move in with a friend. “I had accountability
living with him. He told me that if I was gonna live with him, he was gonna keep me
accountable to not drink. You know, he was a good support. He wanted to see me
succeed”, Mark said, “So I would not advise people to go live with their parents after
they get out unless they have to. I mean, you’re just stepping right back into a broken
record that you’ve been hearing for the last years of your life.”

After nearly a year, Mark moved again, into a significant relationship and the drinking
started again. He remembered, “I guess my life just kind of becomes unmanageable with
alcohol”. Even with a job, Mark started stealing from the store where he worked and
selling items to get more money for drinking. He had learned about addiction and the
drug and criminal lifestyle in the TC program, but hadn’t connected his drinking to his
criminal behavior until one led to the other again. Mark described learning tools in TC to
“build better relationships and being a better person”, but, again, thought once he got on
with living, his drinking wouldn’t be a problem.
His parents contacted his probation officer and Mark entered a residential, faith-based treatment program two hours from home for eight months. Describing how he was able to establish some “neat” relationships, have “people dive into” his life, and make some money doing construction work, Mark stated, “I got some neat opportunities there. I guess you’d call it another stepping stone in my life”. He acknowledged that the program reminded him of the lessons he learned in the therapeutic community, that he was “better prepared” to talk in groups, and more receptive to feedback. Mark also acknowledged that he was young when he first entered the TC, barely able to legally drink and wanting to still figure out how to avoid consequences.

Like Mark, Jody felt “ready” to leave, not only the institution, but the halfway house she entered immediately after release. She stated, “When you get out, you got a lot of decisions.” She thought she was prepared too. She remembered the times, before release, when she was put into the general prison population, watching other women break rules while she didn’t. She recalled thinking she was able to make better decisions. She exclaimed, “[It was] most horrifying experience of my life because, talk about ghetto, out of control people!” Jody was anxious to be released from the halfway house too, “that place was chaotic!” she said. But, what Jody may not have been prepared for were the feelings that would be the driving force to some of her next series of decisions about where to live. She explained, “When I got out, I was really mad, because I looked around and no one waited for me! I don’t know why I thought people should’ve waited for me or, shouldn’t have carried on with their lives til I got home, but they did. I was really mad!” Jody seemed to be aware, even at the time, that she needed more support. She
relived the feelings during that experience, “I was mad because the alumnae wasn’t what I thought it was supposed to be! Providing support, the older alumnae, they weren’t really participating. So, there was like nine of us all looking around sayin’ like, “what the fuck!”

Nonetheless, unlike the decisions that Mark made, Jody had managed to get two entry-level jobs in food service and shared expenses with a friend she had met in TC. She learned the value of her peer relationships while in TC and had hoped that simply staying with peers would help her on the outside. She also had the support of a probation officer (PO) who she respected and liked.

However, her friend from TC wasn’t working and eventually relapsed. Jody said, “She had people there, everyone was kickin it – so I was kickin it with ‘em! [It] left me two hours sleep. There was drinkin’ and stuff involved, and, a couple other girls, when they got out, they kind of regressed too”. Jody remembered the lessons she had learned about taking responsibility for her actions and decided she had to move if she was going to be successful.

Since Jody’s children, who lived about two hours away, had already been “pressuring” her to move closer to them, and Jody didn’t want to get in trouble again, she moved within months of getting out of halfway house. Her parole supervision was transferred to another county, but, her jobs weren’t. She had begun to trust others around her in the TC; so, logically, she had believed a family member who told Jody that there would be a job for her. There wasn’t. She had lost custody while in prison and her children were with her ex-in-laws close by. Her ex-husband, who went to prison for trying to murder her,
was also living near the children where Jody was moving. Jody described her lack of support, saying she “had no alumnae” and a “horrifying, fuckin’ parole officer [who] was so degrading [and] treated all her people like shit.” Jody wanted to go to school and her parole officer told her, “you’ll never become nothin’ – you have a felony”. She said, “I was known as ‘offender’, [my PO] didn’t call me by my first name. She told me she didn’t believe in rehabilitation. So, I was out to prove that I was exactly what she was makin’ me, exactly what I became”.

In time, Jody had started “scamming” to make money. The anger and defeat that she had come to understand while in TC was grounded in a lifetime of abusive relationships presented itself again. She remembered her moment of truth, her “milestone” during reentry: “In the middle of the night, I was out, makin some money, and, I got jumped, robbed. I had broken bones, they left me in a gutter. I wasn’t discovered for over, I think, 36 hours. My head was busted open. I figure they just thought they killed me”. Her encounters in the community had become much more lethal than the TC encounters; but, Jody was able to experience the same sort of epiphany. She described how she began to accept responsibility just as she had done in the TC. She had heard the TC idiom, “trust the process”, a hundred times and now understood what it meant to her in reentry.

Since she could not get supervision transferred back to where she knew she’d have the support of TC alumnae, Jody waited out the eighteen months when she got released from parole. “I had to make some decisions. I had to regroup and it didn’t go over well with my kids, I had to leave. I didn’t leave them, I had to leave my situation. I had to move
back”, Jody remembered, “I had to get reconnected. I couldn’t do this anymore, I was gettin’ too old for this crap. So, I had to make the decision to leave the kids”.

Jody did get reconnected to support and employment back in the community where there was a TC alumnae group developing. After a couple months, she moved into her own apartment. Reflecting on her bumpy road to reentry, Jody smiled and said, “It’s hard to trust the process when you have so much stuff thrown in your face. Its just life. I had to go through it and now that I really wanted to change, all that positive stuff was coming back to me. That’s the honest truth”.

When George was asked, “how was this reentry different from other reentry experiences?”, he shook his head and looked out the window of the quiet coffee shop where he was interviewed, then, formulated his emotional response:

Well, there were many times that I went to jail that I was tired, that I wanted to be different. I prayed. I wrote out plans only to a week later be back drinking and using drugs. The difference for me was that they [TC] gave me some tools, they gave me some options. I never had options. They allowed me to cry. [tearful pause] They allowed me to cry. The last time I had cried before TC was when I found out my mother had committed suicide and I didn’t even cry at her funeral. I couldn’t even cry. I was so locked up inside of myself that I was scared of me. But, [the TC] helped me so much. I owe so much. That is why when [staff] calls me, I go back [to speak to new residents].

George had the opportunity to grieve his mother’s passing within the safety of the TC, to grieve so many losses associated with his traumatic childhood. As he spoke, his eyes
revealed a boy who protected himself from feelings of hurt, sadness, and vulnerability with a wall of anger for so long that George had become a man whose repressed grief was encased in a cocoon of rage and fear. He described the unconditional positive regard, respect, and care that surrounded him in the TC that helped him feel safe to express a range of emotions again.

Another study participant, Randy, explained the decision he faces every day, the decision to stay clean and sober. Randy made that decision during his stay in TC. He had detox and treatment experiences prior to incarceration and TC, but, explained that he continued to use opiates throughout those experiences. Even after an intentional opiate overdose, Randy was given opiates after he complained of “back pain”. However, in TC, he learned the importance of knowing his “triggers”, the events in his everyday life that might trigger a drug craving or relapse. He said, “Just seeing, hearing the sound of a pill bottle. I could hear it in someone’s purse, and I wondered what it was, and stuff like that. I mean, I recognize it, I think, laugh a little now, since I’m home, and just think, but I don’t dwell on it”. He credited the “awareness thing” that he took from TC, from having jobs in TC he didn’t think he could accomplish, and from internalizing the impact that his drug use had on those he loved the most. Randy lives, peacefully, with triggers today.

B. Seeking Jobs and Financial Stability

Once participants knew where they would live after incarceration, employment and/or securing an income became a concern. However, finding employment was not a task without obstacles. As might be expected, participants acknowledged that a felony record
made reentry more challenging. In some cases, the felony prevented them from finding housing or a job they needed. Even temporary agencies would either not place them because of their felony convictions, or not place them because of the gap in their resumes, a gap attributable to time spent in prison.

There was also gratitude expressed by participants when they were able to find a living arrangement that offered a reprieve from having to generate an income immediately. Nonetheless, employment, regardless of income, became complicated by a felony record, the lack of employment history, and, sometimes, transportation. Fortunately, many of the study participants were also leaving incarceration with employment soft skills, learned in the TC. Because of the community expectations, TC residents have the opportunity to practice the skills that will assist them in the world of work: being punctual, having a structured day, getting up early, being receptive to corrective feedback, offering corrective feedback, practicing good hygiene, risking and accepting mistakes, taking time to affirm someone else, accomplishing a difficult task that they might have never done before, experiencing teamwork, asking for help, learning to lead and to follow, having a sense of humor, resolving conflicts, taking responsibility, and enjoying a day’s work.

Tom didn’t realize the job training he was receiving at the time. But, as he returned home, he was able to understand how being part of a TC structure prepared him for employment as director of a shelter program. Tom had moved into several positions while in the TC program. As “expeditor”, he served as “the patrol of the house” and was responsible for collecting “reports” from the service crew, “if staff needed something, it
was ‘hey expeditor!’". And, so you were security so to speak, if you want to call it that.”

Tom learned to accept the responsibility of every job given him in the TC. He was promoted several times. As he was given additional leadership positions, Tom risked becoming entangled in conflicts with his peers or staff.

And all this showed me how to deal with difficult people in a difficult time. So, it prepared me for the job that I’m in. And I implement some of [TC] stuff in our policies at the shelter. You don’t work, you don’t save your money, we ask you to leave. So, I’m dealing with a lot of homelessness, alcoholism, drug addiction, and difficult people. [TC] kind of, not at that time did I realize it, but [TC] prepared me for that. Because, you know, it was just crazy. A lot of COs wouldn’t like [the TC]. They thought we was privileged in some kind of way in their mind we had it easier, so they would make it rough on residents that was in [TC] and the program. Alot of times I’d find myself in the security office and the CO is like yelling at me for something somebody else did. So, I had to, you know, remain calm, take it in, make sure I got what they said, so in the morning I could report to staff what happened. Those difficult times with those difficult COs really groomed me to do the job that I’m doing.

Suzie agreed that being assigned jobs while she was in the TC prepared her for work, “The TC played a BIG, big role. I think what they had given me, like all the job positions, which teach us different things that we needed to grow. It has been important comin’ out here and [being able to] live life on life’s terms”. Suzie learned to accept all of her emotions while in TC, accept others rather than expecting them to do her harm as
so many did when she was young. She described her ability to be more accepting of her circumstances and, even though she is no longer able to get around as she’d like or drive or work, Suzie extends herself to others as she can. She continues to sponsor others in recovery and maintains contact with TC alumnae. Suzie is living the life presented to her and appeared to only focus on changing the things she can. She demonstrated acceptance for family members who live with mental illness, having a sense of humor about how she had tried to control so much in her life before.

Brian also saw a relationship between his TC experience and his current job. Although physical labor isn’t what he wants in his late fifties, Brian emphasized the lessons he learned that he applies to his current situation. He said, “I really don’t like it. It’s a job for a 25 or 30-year-old guy. But I learned, through the [TC] program that I was in, that perseverance is a must in life. You’re not always going to like what you have to do”. Brian had jobs and tasks in TC that he didn’t like; he made the connection to being successful in his residential community involves the same acceptance and tenacity.

Like Suzie, Brian appreciated the new “square life, it feels real good right now”. He has learned to “continue doing the right thing and have faith, [to] look better working at a job that you don’t like and being responsible as an adult and taking care of yourself.” He continues to work, coping with the murders of his nephew and younger brother since he’s been home, and living with Hepatitis C, a “bad liver”, and high blood pressure. Brian is committed to making better decisions for himself and practicing a new work ethic.

You can’t walk into an establishment trying to get another job without a job. So, I got to keep on hanging in there, and I believe that God don’t let things happen for
no reason. I ask Him every day to give me the strength to do it. And, I’m still able to lift all this stuff. I’ve got [serious health conditions] and I’m still maintaining each and every day. Perfect attendance for eight years. The only time I left was when my brother got killed. I’ve never been late. I’ve never left early. And, I’ve never been late coming back from lunch. And, that’s [TC] right there. Being accountable for your actions.

While a third of the participants reported that their felony record was an obstacle to employment, Ian chose a different perspective of the part his felony record has played in his reentry. He had learned in TC things can be different and a “positive attitude” has helped along the way. When he was demoted in TC, he was able to talk about his feelings and was challenged to take responsibility for his actions, regardless of how he felt at the time. Ian also learned that another job or task came along, and, when he made a mistake, he had another opportunity to do it differently next time. He developed in TC an ability to tolerate the frustrations and disappointments of life.

I have new coping skills that allow me to be prepared for failure, disappointment. I’ve lost some jobs because of my record, and those are things that happen to every day people every day, everywhere. I don’t have to let them shatter me. It’s not the end of the world. Just my outlook [that] bad things happen to good people. For me, it’s like, more the law of compensation. This is retribution for the person I used to be. I earned it. Today, I live my life according to the blessings I want to receive.
After release, Ian relocated and spent his first months in a halfway house, and then transitional housing, while he secured a job with a temporary agency. “I was living in a situation where I wasn’t feeling any pressure about not having consistent pay and money to pay for room and board. It gave me time not to feel stress, that pressure, or have to go and make an irrational decision or choice to get money.”

When Ian explained how this was different from some of his previous release experiences, he equated money with freedom. He said, “Most people coming out want to move too fast, they want to be free. They want to be free, not just in the name of freedom, but for them free to move and go about doing a lot of things that you don’t need, really, to be doing”.

Ian practiced patience, “step by step”, during this reentry. He relocated from his home community, nearly 100 miles away, and has made his home in that area for over five years, moving only when he married. After working with temporary agencies, Ian eventually secured employment in a therapeutic community program and, then, at the TC from where he graduated. He serves as a testimony for TC residents today.

In other cases, for seventeen participants, it was surprising that their stories did not indicate the felony record as a barrier. When asked, “what have been some of the barriers to your success?”, participants may have thought first of not having transportation or money; but, more often than not, the answer was staying sober. Staying away from alcohol / other drugs was an employment obstacle bigger than the felony record. If participants had an employment record prior to incarceration, it was riddled with absenteeism, poor performance, accidents, poor attitudes, blaming others for their
mistakes, and simply walking off jobs in a fit of anger. The sobriety and recovery, more often experienced in the TC program for the first time, gave study participants the ability to take responsibility, the gift of gratitude for the work they have, and the ability to simply keep coming back to the same job. Sobriety took away the absenteeism because of hangovers or binges. Sobriety gave them an accident-free employment record because they were not coming to work high or drunk. TC not only gave participants the tools to improve their employment opportunities, but also, the tools to stay clean and sober.

Nevertheless, money emerged as an issue that was a double-edged sword. Both having money, and not having money, became triggers for newly released offenders, luring them back to using or becoming tempted to re-engage in illegal activities to get money. To have money – to not have money - both conditions were described as triggers for relapse. For the offenders who returned to the community and did not enter a transitional living or halfway house environment, it was challenging not to give in to the temptation of easy money. Several of the study participants, like Mark, Jody, and John did give in to that temptation for awhile.

John, for example, went to his home community after his release from a CBCF TC program. He had a new baby and no income. “I looked for a job, you know?” he said, “My dad helped me get my license back, and helped me get a vehicle to help me get a job and all that. But, I mean, with [a felony] on my background, it doesn’t help you getting’ no job. To them that’s a prison, that’s all.” So, John got work doing odd jobs and being paid cash. “We didn’t have the money to do anything or go anywhere,” John said, explaining why he decided to live at his girlfriend’s mother’s home. He remembered, “I
don’t know, I couldn’t get a job, two, three months. Got into it with doin’ some crack cocaine and all that crap, and I went back to mom.” It wasn’t long after John’s relapse and selling drugs that he was back in prison.

Jody’s story demonstrated how quickly the house of cards can fall without solid financial and emotional support. She explained, “You have a lot of strikes against you – people don’t want to hire you, people don’t want to rent to you, you’re broke, you either have broken ties or your family ain’t shit or, my case, my family was states away cuz I wasn’t allowed to move back home”. She had gotten out of prison, stayed six months in a halfway house while she worked in food service and saved money. Jody found a place to live with another alumna. But, when extended family members started to promise her a job if she moved the 150 miles to live closer to them, she packed up.

So, I was left with no job, using up my savings. I couldn’t find a job. There was no alumnae [there]. I didn’t drive, didn’t have a car, couldn’t get my license. It was supposed to be taken away forever because I was drug dealin’ using my license. So, I didn’t want to get caught drivin’ so I was usin’ the bus. I was, like, permanently disabled, tryin’ to find somethin’, in a little town. Being a felon. So, I started a drug scam. I needed money. My kids were counting on me. Went back to selling crack.”

Her slip back into the criminal lifestyle resulted in her hospitalization. It was there that Jody came to realize that she needed to do things differently and to draw on what she learned in the TC. Eventually, Jody did find work, riding the bus and waiting tables, second shift. “It was hard and it was a long commute, but I ended up doin’ it. They let
me work my bus hours, so, I was able to pay my rent, but that’s all I did. I tried to find a second job but didn’t”. Once her parole was complete, Jody moved back to the community where she went upon release, closer to TC alumnae, she began working and attending school. She was able to get work as a medical assistant and has been working full time for nearly ten years.

Jody still acknowledged her felony record as an obstacle today. She said, “Because, look, I was in the nursing program and I am this close to completely my RN and I got kicked out of the program because there was a bill signed if you’re a felon, you can’t be a nurse.” So, today, Jody is paying back student loans for a degree she cannot attain. She admitted, “I was very depressed about that, very depressed. In fact, a lot of times, when I get depressed or in a corner, my first thought is selling drugs because I was good at it. Today, still to this day”.

Randy understood the issues that money could present him during reentry, recalled the plans he had made while he was still incarcerated. “I made the decision about my money situation ‘cause I got disability for my back injury and it went into a bank account. I gave my mom and dad the rights to go get my money and deal with my bills, and handle my money for awhile.” It was “almost 8 months” after Randy was released that he “started getting a credit card or debit card”.

When he had stolen from his parents in the past, Randy explained, he had been “justifying” that he “wasn’t doing anything wrong” because would pay them back. He knew he had to earn their trust back and he knew that having access to money was a relapse trigger. “Before I had a checking account, but I wrote bad checks on it. I was
honest that it was a trigger, having that money. I think it helped them [his parents] out too. Even though they don’t want to enable and stuff, they always wondered what was going on.” Randy proudly stated, “Now I have a checking account, and there’s nothing wrong with it. No bad checks and got it balanced and everything”. Like Adam had, Randy brought to like the tenets of TC and recognized that taking care of his money and debts was a process and practicing delayed gratification was a key to his success.

Upon release, Randy continued the job that he started during incarceration while on work release. But, after suffering a knee injury on the job and not finding other work, he made the decision to return to school. He had been presented with multiple challenges in TC and practiced solving problems. Living in a rural area with no public transportation, Randy’s challenge was going to be getting there.

I knew I needed to do something because idle time was key issue with me. And going to school helped, and they [the school admissions staff] didn’t really look bad on it, you know, my felony. I was up front with ‘em and told ‘em everything. The obstacle was the license thing. I don’t know how they expect you to find work when you don’t have a license. It doesn’t make sense to me, and it still doesn’t. Why they do that, you know, for three years, when they - I don’t know, it’s hard, you know?

Randy ultimately did get his license back by writing his sentencing judge. He smiled and said he learned that in TC, “asking for what I need!” He continues to be a full time student.
Similar to Randy, Rick made the decision to postpone seeking full time employment so that he could continue the higher education he began pursuing while incarcerated. He moved nearly three hours from his parents, secured work on campus in a work-study program, and rode his bicycle in order to get around. He acknowledged that the “financial thing” was a challenge during reentry, both having money or not having money. “We were both students,” Rick said about his dating while in college. “She was a nursing student; we were both poor. In my past relationships, I was used to being able to take my girlfriend to dinner and to do all kinds of stuff, and that just wasn’t the case.”

Rick also recognized the temptation of breaking the law to make extra money. “To be brutally honest, I could get a bag of pot and sell it, and make $50 bucks a week, to help supplement my income, and you know, you just smack yourself in the face, and say look where you just came from!” You wanna go right back there? Again, he demonstrated that he had learned the value of delayed gratification and consequential thinking in the TC; returning to a drug and criminal lifestyle was no longer an option for Rick and others.

Adam also believed that money was a hurdle he needed to overcome during successful reentry. “I think one of the things that I was able to get over was wondering about how I was going to be able to have money, how I was going to be able to pay the bills, bill collectors, people that I used to owe.” He said how things are different for him today because he “was able to be and just accept life as it was. Sit and make a plan. Set goals.”

He relocated upon reentry so that he could go to a transitional housing environment, over an hour from his home community. He spent his first day out washing dishes at a
restaurant that was owned by a fellow alumnus. “I was having a ball”, Adam said, “I was washing dishes, I was eating good, I was having fun. But, you know what? When he [the owner / alumnus] was in there, he turned the heat up on me; and he kept reminding me of dumb stuff that I would say and dumb things that I would do.” Adam was reminded about “cussing in front of customers or taking food when [he] could ask for something”. Adam recognized that he needed to continue to be held accountable, just as he was in the TC program, so that he could be successful in the work world.

He acknowledged the sense of family he feels being around other alumni and the strength they provide him. “There was a struggle. Pressure was a big problem for me. It was like, if I got into too much pressure, I would definitely run. Take off and run and say I’m not dealing with that. But, today, I can walk through the fire.” Today, Adam is a manager in food service. He was rightfully proud of how different that work and money management is for him: “Today, it’s like $10 to everybody who I owe until it’s paid off. I was able to orchestrate that, people sit down and help me. I’m out on the other end, meeting my fears head on. Head on and walking.”

While not having access to money or feeling too much pressure were obstacles for Adam upon reentry, he does not believe that his felony record has been the same barrier. He said, “Actually, I’ve been honest on all my applications and people have just given me a chance”. Regardless of whether the felony record directly prevented participants from attaining employment and self-sufficiency, the felony record clearly carried with it a stigma that was difficult to overcome. A participant may have experienced other social barriers to employment opportunities and, now, there was another label, ‘felon’.
Kim had also been through the reentry process multiple times and now she works in the employment field, helping unemployed find jobs. She has a unique perspective since she experienced her own struggles to secure work when she came home. Kim had earned her Master’s in Social Work and Juris Doctorate degrees prior to incarceration and has been pursuing her Ph.D. in Family Studies since returning home. “I had someone who wanted to hire me and their supervisor said no, would not even consider an ex-offender! He hadn’t even seen what it was [her resume]! No, just because I was an ex-offender!”

Kim knew that she needed someone to invest in her, take a chance and give her a job. “Whatever it was, none of this other stuff, I needed a job,” Kim described the exasperation, “Then, another one, by the time he had to go up the ladder to fight for the hiring, the job was gone! He couldn’t get me cleared in the two weeks”. She came back to her home community and recalled the tremendous difficulty she experienced, even holding two advanced degrees. “I think I got on at [a fast food restaurant] at one point in time, and, to be real honest, with a law degree, washing dishes in [fast food] on third shift is a HARD SELL.”

Kim was aware of the stigmas she encountered, yet, she was also committed to staying in her home community. “I believe in the concept that I’m supposed to be able to get up in the community where I fell. And that’s the true meaning of restoration. I shouldn’t have to go someplace else to get up”, Kim stated. She understood there was a challenge, making changes in her life in a small community. “They couldn’t understand what it took, or what toll. I always have to think, I came back, even after the second time, and working in a factory with other people who were actively using, standing on the concrete
making something.” Kim believed that not only was her felony record a stigma, she believed that “racism and sexism” played a part in her struggles to reintegrate into the community. “You know, I’m insulted that somebody would tell me that I wasn’t eligible to work. Give me a break!” Kim continued, “You know, this whole thing of the ‘second chance’, like [she hears], ‘we can’t find good employees, and we can’t do this’. Well, that’s a lie, you’ve eliminated them [excluding ex-offenders from a work pool]. And because you don’t have that stigma [you haven’t committed a felony], you don’t know.”

As an employment specialist, Kim now works with employers to hire ex-offenders and continues to see the barriers for those reentering their community. “We ought to be able to talk about it,” she said with passion. Like Mark, Kim would like to see a more open dialogue with employers to prevent the stigma, and easy dismissal, of resumes that include a felony offense.

Greg believed that having a felony record presented an obstacle when he returned home. While he was grateful that he owned the house that he had inherited and did have the financial security of a trust fund, he still wanted a job. He had been a professional athlete, had completed college and had a career in law enforcement. “The [felony] record limited the positions that I could take, my employment. I’m very qualified. It took many amounts of tenacity. I gave up wants [to focus on his needs]. So, I started my own company.” Greg started doing landscaping work with a used truck, trailer and some mowers, but not a license. His client list was growing and he would borrow equipment and rides to complete the work.
I didn’t get my license back until about a year later. You’re talking about a tough ride. I was calling people from the church, would take me to work, and doing what I had to do. When I first came in, I was using his [a friend’s] truck, his trailer, hauling mulch, hauling rock and the things that they ordered, and having so many hours to get it back ‘cause he had some things to do. So there was some days when I had him just come, we’d unload the trailer, he’d leave, and I worked till 9:30, 10:00 at night. I’d walk home 13½ miles. That’s tenacity.”

Greg ultimately gave in to the demands of self-employment when friends from church offered him work, with steady hours, in their company. He had returned to a church that he attended as a child when he returned home in efforts to stay sober. Another friend from AA helped him with the money to pay his $335 reinstatement fee for his drivers’ license. In less than three years, he paid back child support in excess of $25,000. As content as he seemed with his life now, Greg knows that, even with a safe, sober place to live, he could not have accomplished his successful reentry experience with the support of his God and the friends he met in TC, in AA, and in church. He recognized that his circle of friends would be very different had he continued to abuse drugs.

Mark was another participant who eventually started his own freelance construction business because work was too difficult to find with a felony on his record. “I was riding my bike to Subway, to the ice cream store, and all these different places where I was living, applying for work. Looking for work was my biggest [obstacle].” Mark talked about the pressure to find work. “You gotta have money to survive. Money’s not the most important thing in life, but it makes life easier. So, yeah, finding work was
important to me.” But, Mark clearly became defeated. “I tried applying to a lot of traditional jobs, a lot of different places. And by the time I got to the HR Department, ‘I’m sorry but we can’t hire you. We want to, but we can’t.’ I stopped applying at places that I knew would background check.” When he lost a sales opportunity, Mark said, he became increasingly frustrated that employers, from his perspective, don’t get to know someone with a felony rather than excluding everyone with a record. “I understand that people don’t want to get burned. Sit down and get to know your people a little bit maybe”, he stated.

But having a felony has prevented success in other areas of reentry as well. Linda identified her felony record as the barrier, but, not to employment. Even though she has secured a variety of unskilled and skilled jobs since leaving prison nearly twenty years ago, Linda continues to experience hurdles because of her felony. She reflected, “I think the biggest obstacle always is this, you know, my record. It’s a constant obstacle because I can’t get through some doors other people can get through.” She recently pursued her Masters’ Degree from a large state university that prohibited her from completing her field placement at the university-affiliated counseling center because of a felony conviction. “I could go to school there, but I can’t go to their placement. So, I should have taken it to a higher level, but I didn’t feel like it. You know, pick your battles”, Linda said. Whether because of rationalized acceptance or defeat, Linda chose not to pursue the issues that obstructed her from achieving her goal as a licensed social worker and clinical practitioner. In her recovery, she has chosen paths of peaceful existence, but,
it was clear, as her voice and head dropped, she felt the sting of a “felon-stigma” twenty
years after returning to the community.

There were two study participants who not only lost their jobs, but also careers, as a
direct result of their felony offense. For Jimmie and Diana, finding employment during
reentry meant applying their skills to a new field.

While Jimmie was able to return to his home and marriage, without the pressure for
immediate income, he knew he would need to seek employment. The obstacle for him
was finding the courage to be among people again. Jimmie explained, “I didn’t want to
go out. I wanted to stay hidden. I didn’t want to face anybody that I knew.” The shame
of losing his career became as big a barrier to successful reentry as his felony conviction.
Jimmie eventually started work through a temporary agency and was hired full time by
one of the manufacturing companies to which he was assigned. Since that time, he has
been promoted as a supervisor. But, Jimmie didn’t forget how different the reentry
experience is for others. He explained,

They have no money, they have no job. They have no place to live. They have to
go right back to it. How are they gonna change that, you know? Sitting there,
even though you’ve just gone through a TC, and you’re out on the street. I didn’t,
but my environment’s a little bit different. I don’t have to worry about how I’m
gonna pay the rent, or the electric, or whatever. And they get discouraged, and
gonna go out and start drinkin’ or druggin’ because it’s gonna relieve my pain for
a minute, and I’m gonna forget about it, and you’re gonna be right back in it
again. And then I’m gonna go out and start dealin’ a little bit because money’s a
motivator, and that’s where I can pay my rent. And it’s true. I’ve seen it all those years. And the economy’s not great and it’s not gonna get any better for a while, we all know that. Who’s gonna give ‘em a job where they can make a decent living?

Diana spent four months in a halfway house after participating for nearly two years in TC correctional programs, both in prison and a CBCF, and was involved in a reentry program upon release. While she was given “the first week or two” before she had to go on a job search, she also didn’t feel the pressure that others did to make enough money to be self-sufficient. She and a woman who Diana had met in the TC program decided to get an apartment together. She explained that there were still challenges to getting to work without a license, “We saved up money and the apartment was $535 a month. Neither one of us had a license, so it was right on the bus line. It was first time I had ever ridden a city bus in my life in a big city, [being] from a small town.

Through her connections with the reentry program, Diana was able to secure a position in a factory and has been promoted to a second shift supervisor, a very different career from her previous work as a registered nurse. She continues to be hopeful that she will return to her original work and has applied to get her nursing license reinstated.

Her husband has been released from prison and relocated with Diana. The breadth of her new understanding in TC of enabling and codependency has provided Diana a cautious confidence during her reunification with her husband, a confidence that she will recognize the signs that her marriage is not growing along with their sobriety. Diana has learned the value of the Twelve Step fellowship, attending AlAnon as well as AA.
C. Building Functional Relationships and Social Support

We are social beings out of necessity. We all have a need to connect. Never was this clearer than when participants identified the factors that helped them succeed and helped them stay out of jail or prison.

Confronting old relationships and establishing new ones, at the point of reentry, seemed to be an inevitable process of successful transition into a home community. Contact with other graduates of TC proved a saving grace for fifteen participants, six other participants credited their sober relationships in the Twelve Step fellowship, and three others acknowledged their family relationships. The participants’ process of reintegration into a normative culture required safe, supportive, and authentic relationships and some sort of identification with a prosocial culture. The therapeutic community experience seemed to have a profound effect on participants’ ability to establish, rebuild and/or sustain these relationships. The experience was equally powerful to help graduates recognize the sometimes-painful realities of their dysfunctional relationships, ones that had to be abandoned in order for their recovery and reentry to be successful. The new identity emerged in the participants’ rich descriptions of the journey home, wherever that was. Participants described coming into relationship with a TC community of staff and peers; but, now, they had to transfer those relationship skills to their home communities.

The TC milieu provided the participants with the tools to be in healthier relationships: listening to others, being honest about their feelings and thoughts, identifying emotions with a broader vocabulary, trusting others, communicating in conflict peacefully or
rationally, confronting behaviors in others, affirming others, practicing compassion, caring about others and what happens to them, doing for others, giving back, expressing gratitude, asking for help, feeling free to cry or laugh, feeling worthy in relationship and risking hurt by expressing love.

The fear that Tom felt upon release diminished when he thought of all the support he had in his corner and drew on that strength. He explained, “You know what I mean? I had them pushing me because, at that time, like it or not, I had become a role model [in the TC] and there just wasn’t no going back. I could feel the pressure of them like, you can’t go back”. Tom described a sense of responsibility not to let down the people he had come to care about. He remembered an article that he read while incarcerated about Samuel L. Jackson and explained how it helped him. He explained, “And he [Jackson] was saying ‘I consider luck when preparation and opportunity meet.’ I started thinking back. I always had opportunities, I just didn’t have the preparation. You see what I mean? Because just maybe [when he failed the parole board earlier], I wasn’t ready to come home.

But, Tom finally felt prepared from his TC experience for reentry. He felt the support from the staff and peers he was leaving and was aware that he would need to find the same support on the outside. He continued, “To be honest, the penitentiary had become a part of me. I knew what I had coming. I had mastered the routine. Now I’m going to start from scratch”. Tom has been back in his home community for more than a half-dozen years now; but, he can still remember the advice he was given as he prepared for release:
What [a TC staff member] was telling me was you done came in here and got all therapeutic and we done changed. But, when you go home the people you are going home to, they are going to remember the person that left, not the person that is coming home. Because they haven’t been here to see your transformation. Don’t go out there and try to push your stuff on them and try to make them change because you’re going to start doing what they are doing first before they try to start doing what you’re doing. And that was my most valuable lesson right there on my way out the door.

Like the other participants, Tom understood that he couldn’t expose himself to old drinking and drugging friends. He couldn’t change them and he was only responsible for changing his behaviors and attitudes. “You see, because now we don’t have no fronts. Looking back, my friends were connected on what dope we did. It just got, in addiction, my friends really were my associates. Because I didn’t really even like them.” Tom was now able to distinguish the relationships that were going to prevent relapse and help him be successful. He applied what he learned from the TC program that he “had to surround [himself] with people trying to do what [he] was trying to do.”

Additionally, Tom applied what he learned to his family relationships as well. His son, a young adult, was a pre-teen when Tom was incarcerated. When he returned home, he realized his son had also turned to alcohol and other drugs. He explained his decision to respond differently, “You know, my thing was I never came out trying to tell him what to do. All I did was do what I’m supposed to do and let him see what I was doing.”
Being a positive role model for his son apparently had an impact. Recently, Tom’s son did get sober and regained custody of his young child.

Emotional development was another outcome of Tom’s TC experience. Tom said that he learned the importance of being compassionate, learning “what compassion is.” He explained the lessons for his relationships:

Even in a hostile, even in a hostility mode of the encounter process, I learned we used to do these patch-ups. And, I learned that the patch-up was more important than the encounter. Because after you tore the guy to shreds you had to be able to send him out with something to look forward to. You can’t just send him out with a ‘you’re a nut, you idiot, you are never going to be right’. You have to send him out with some hope.

Another participant, Randy, also quickly added to his story of reentry how important it was to have support from others. He recognized the value of feeling invited to call TC staff upon release and added, “The aftercare here helped greatly, because they didn’t just kick you out [and], you’re on your own. You can come back if you need anything, they’d accept calls.” Randy added that the “support groups, meetings and stuff like that were important because [he] didn’t have any idle time” and seemed to be “always doing something” with others who were in recovery.

Nonetheless, Randy hedged his bets, established a safety plan for any possible relapse. He explained how he learned the worthiness of accountability in TC and applied it to his life. “I told family and friends”, he said, “that if they do not hear from me every other day, something’s wrong with me. I was up front, ‘cause I knew. Even people I know
now, and if they don’t call you back, and they hide out, something’s not right.” George described the same element in his sober social support: “There are certain people that I don’t talk to within two or three days, even though they know I’m clean, they come to my house. You know? I was never held accountable [like that] before.”

Randy was able to earn the trust of people who were important to him. He added, “I’ve learned, who you hang around with is who you are. And who I hung around was bad, you know? They didn’t have anything for me.” His sentiment repeatedly resonated with other participants. “You run with dogs, you’re gonna get fleas!” said Steve. Diana quipped, “Two biggest obstacles is staying away from the old people, places and things. You hang around the barber shop you’re going to get a haircut. And I never put that common thing together before I went to a TC.” Brian shared the same opinion, “You keep going to the barbershop, sooner or later you’re gonna get a haircut. And, I ain’t even tryin’ to get no haircut! I feel bad sometimes, but you got to take this thing a little more personal than you always have and lead by example.”

These participants were all describing how relationships influence their recovery, for better or worse. They recognized that their relationships needed to change when they came home, especially if they planned to stay clean, sober, and crime-free. Kim came to discover when she tried to come home and maintain a relationship with her drug-abusing husband as did Donna when she attempted to live near a family that was enmeshed, waiting for her to come home and rescue everyone from financial despair and addiction. The reality came to George when he went to live with a woman who he knew in his “old life” and came to Jody when she thought she was “protected” by moving in with a friend.
from TC. The relationships in reentry matter – the ability to recognize and sustain healthy relationships matter even more.

Because nearly every study participant was released without a driver’s license, finding alternative transportation, as mentioned previously, is a key to getting the things needed for reentry. Things so many take for granted can become barriers to reentry success – like riding the bus. Suzie shared her experience and how the social support and helping behaviors of others played such a vital role:

I was in [the halfway house] the first couple weeks, so I was like doing testing, goin’ to meetings, being introduced to catchin’ the bus, because I was afraid to catch the bus. And someone had to go with me, my first bus ride. ‘Cause goin’ outside, I had a lot of phobias, you know, I always dealt with anxiety attacks. And, so it was real scary for me. She [a peer] had to catch the bus. I think I had to go downtown to Social Security, get a Social Security card. And, you know, those types of documents. And, she went a couple times with me, and after that, I did ok, I said, ‘we gotta do this’. So you know, that was just some self-talk.

Things I learned in [TC], you know. Standing up, being responsible for yourself, you know, and asking for help.

Once Suzie mastered riding the bus and figuring out bus routes with the help of others, she continued to get the other social sober support she needed, including the support to stay away from old places and people. She assumed a confident air about her as she waved her hand as if it was a magic wand and explained how she used available human resources: “meetings, sponsorships, working, staying away from all these places and
Brian talked about how his relationships have changed in reentry because of the lessons he learned in the TC. He had the experience of being on teams when he was assigned to different responsibilities in the TC. He learned to be less self-centered. Brian explained, “The jobs did that to me. It made me understand I had to get outside of myself. I didn’t want to be myself no more.” He sounded proud to be able to help other peers and, by drawing attention to their behaviors and attitudes, he could be more attentive to his own. He continued, “Through team work, we had to evaluate alot of people’s behaviors. Who are we going to encounter? Who needed more? Go through the slips and see who needs the most attention. I would take them to staff. I just got instrumental in trying to help people.”

But, Brian also learned that a sense of boundaries is important to genuine, healthy relationships. “I learned to leave people and their business alone and take care and do what I need to do. You can disagree and still be alright with one another. It’s a loving, a caring way that you talk to people. It’s your approach.” Emotional regulation was also evident. As he noted, “I don’t need to be disrespectful. If I’m truly trying to help somebody, then I don’t need to be loud and downright intimidating. I can be loving and caring and the person will receive the message I’m trying to give them.”

Establishing boundaries was critical to Brian, as well as the other participants, because he had not learned to take responsibility for how he was treated by others. Without a sense of personal boundaries, Brian’s feelings and self-concept were based on someone
else’s behaviors, opinions, or feelings. As a boy, Brian began to feel unlovable because he was not shown love; he behaved in ways to get attention because he didn’t know how to ask for attention. Brian began to understand while in the TC that other people didn’t “make” him angry. He was angry about what other people did. He understood that people treated him with disrespect because he was being disrespectful and that he didn’t have to feel resentful because his father abandoned him. He had a choice about how he was feeling and how to express his feelings. Establishing his own sense of boundaries meant Brian developed a more solid sense of self. He was free to define himself apart from others’ definition of him. He could let go of the hyper-vigilance that guided his feelings and self-perceptions based on what others did or how others were feeling.

Brian gave an emotional testimony to the part other persons have played in his positive reentry experience. His credibility rests in the hindsight of having experienced reentry seven times prior. He sought the support of other TC alumni and his mother and recalled, “If I hadn’t had alumni friends that was giving me the understanding. He was like, ‘You come live with me’ and ‘Here’s some money’ and taking me around. He was doing the same thing my mom was doing, so, if you didn’t have that help, that springboard [I can’t imagine succeeding].” Brian came to depend on alumni friends to express his feelings and get the support or feedback that he needed to make the next appropriate decision. He described how one alumnus made a difference on Brian’s first day back home:

He took me to my first meeting. I really needed to get to a meeting and [be surrounded by] recovery. I really needed to talk about my feelings then when I
first got out. Just because you went through all that treatment doesn’t mean you
don’t still get those thoughts of still going back, assassinating your life, bringing
chaos to your life. And, that’s what I think [TC] is, it shows you how to get in
touch with your feelings and take a look at yourself.

Adam was equally passionate about how his relationships have improved during this
reentry experience. He noted, “My relationships are way different because if people are
— if it’s not conducive to doing what I’m doing, I keep them away. I deal with people
that are doing right things, that are living right.” But Adam was quick to add, “I don’t
forget about the people that were just like me, I speak to them, if I can help them in some
type of way besides buying some drugs or help them manipulate the next person, I’ll try
to help them. I don’t forget where I come from.” And Adam seemed to be walking the
talk. He talked about a young man who he met while at the halfway house; the young
man had a guardian because he struggled with mental health issues as well as addiction.
Adam sounded so casual as he explained with compassion, “I just oversee him. I make
sure he takes his bath, trying to keep him on track. Give him some house chores and
things like that”. He told the story of a homeless man in his neighborhood who asked
Adam if Adam could tell him how to do what he did. The man, Adam said with such
gratitude, has been clean two years.

Adam gives credit to the TC program for his ability to connect with others. “I know
where I’m going. And, [TC] allowed me to know who I am today”, Adam said, “And
you know what, when my girlfriend tells me something, she’s seen me doing something,
or seen me acting out in a certain way, today I listen. I know how to sit down and listen
and say, you know what, she’s right.” He spoke with the confidence of a sober self-identity and an openness to receive feedback from others, feedback that could save him from relapse. When Adam stated, “Today, I learned how to respect my woman”, one couldn’t help but agree that he has learned to respect himself too.

Linda was one of the study participants who relocated upon her release. As much as she wanted to go back home and help take care of older, extended family members, she knew her recovery, sobriety, and reentry success would depend on her staying away. She also knew that, in order to be successful relocating to a city she didn’t know, she would need the support of others. In her addiction, Linda had not trusted others close to her in the way she’d have to trust them during her reentry. She remembered those first days in the community, “I had all these people in my little network, my peers, that was from [the city to which she planned to move] and they said ‘If you come here, we gonna support you, we gonna help you get on your feet, but you need to go to a halfway house’.”

Linda recalled the struggle to learn to accept unconditional care and concern. There were always ‘strings attached’ in past relationships, but, if she was going to succeed, Linda needed to function differently in relationship with others. She needed to accept help and emotional support, trusting that it was offered without an expectation that Linda must do something in return. She continued to describe learning to live interdependently,

So, I thought about it, and thought about it, and thought about it, and I was like, ‘Okay’. [She] was my best friend. We had this really big bond and we were going to be together. ‘Cause she got out a couple of years before me. So, she was setting up the things for me when I got out. She had everybody in place — who
was going to get my clothes, who was going to give me a ride to work, you know, where I was going to go. They planned my whole life! I had a lot of support. I had good support. Because, before incarceration, I didn’t really care. What I cared about a relationship is what I could get out of that relationship. What’s in it for me? And, that was it. That was my goal, my whole purpose. And, that was without knowing, or just anything. I didn’t really care about you as well. What are you bringing to my table? What’s you got for me? And now, instead of so much of what you got for me, what can I help you with? What can I do for you?

Linda enthusiastically described how her reentry, recovery, and relationships have contributed to her success. In particular, her social supports proved exceedingly helpful in pragmatic ways. When she arrived at the halfway house, there was a TC alumna already there; other alumnae were coming to pick them up to go job hunting and go to AA meetings. When she got a job, her best friend was there to take her to/from work as she learned the bus system. When Linda was ready to get her own apartment, her alumnae peers stopped her from making the decision to live near college campus bars. One alumna who was working as a resident manager in an apartment building took Linda to see the director of the housing program and secured unorthodox permission for Linda to move in with her [resident manager]. As Linda retold the stories related to her first year of reentry experiences, she expressed an overwhelming sense of gratitude and humility. She learned to give back to others. “I think I have good relationships with people in general”, Linda said,
I think the reason why I’m able to have good relationships with people is because I’m not judgmental and I’m willing to listen to other people. I want to be heard, but I want to hear somebody, too. So many people have cared about me. So many people have loved me and cared about me, unconditionally, and still do. And, without that experience I had in TC, I wouldn’t have *never* knew them people and I wouldn’t have *never* had them people in my life. You know, I’m not in these relationships where they begin and then I don’t see people. I stay connected to almost everybody in my life. You know? And that doesn’t mean that I give myself away, because I don’t. I don’t give all of me away in no relationship.

Like Linda, Suzie agreed, “Just dealing with people, period. You know. I am able to have better relationships”. Suzie has been in her home community, the same community where she grew up, for nearly eighteen years. She explained how she came to understand her attachment in relationships, “Because it all boiled back to my mom. Are they going to replace me with somebody else? Are they going to abandon me too? So I was able to work through those emotions, you know? And get better.” Suzie’s sponsor in her Twelve Step program helped her too, to let go of her fears of getting close to other people who might eventually leave her. She said, “That’s what my sponsor said, ‘you goin die? Whatchu goin’ do?’ You know, I needed people like that. I didn’t need somebody meek. Say God gives you what you need, both in [TC] and when I got out.”

Suzie continued to describe relationships with supportive people in her life. She recognized her struggle not to hold on too tightly to others, understanding that, in her
fear, she doesn’t “know how to share people.” Her feelings about herself and her emotional well-being were far too dependent on whether people were with her. One partner, to whom Suzie felt close, gradually became distant while trying to maintain supportive relationships to Suzie’s children. But, that ended too. She said, “in order for them to be able to move on, they had to disconnect from everyone in my family, and I was like, ‘How dare you!’ And my sponsor said, ‘Whatchu mean, how dare you?! She ain’t no punchin’ bag!’ And I began to heal a lot.” It was Suzie who was still learning appropriate boundaries. Suzie described the acceptance she has today, especially in regards to the relationships in her life, “I’m still in teachable moments with relationships ‘cause relationships have been the most painful areas in my recovery.” The TC modality gave Suzie the language and tools for building relationships and she acknowledged that it is up to her how she applies what she learned.

Mark contrasted his past relationships to those today. He described the strained relationship between him and his parents growing up, then, worsened by his stealing and reselling their property. He had felt so strongly that he couldn’t succeed during reentry by moving in with his parents; but, he has learned how to connect with them as an adult child. He explained, “I guess as I’ve become older and gone through some of the things that I’ve gone through in life, I’ve realized family and the relationships that you have in life are probably the most important thing.” Now that Mark is a father, he has a different perspective about his father and values the relationship. He added, “like my relationship with my parents, my dad especially, is gotten better, less about him being an authoritative
figure, and more like just about, like kind of building a relationship together. I think, maybe it was an outward manifestation, like, ok, he’s moving on with his life.

Even when Mark was incarcerated, he described the quality of the relationships, or connections, he had with staff and peers. Whether they were positive and supportive or invasive and abusive, Mark learned what he wanted in relationships while he was incarcerated. He said, “Relationships are really important to me. The friendships [with] people from church. And my wife, even though it’s hard for me to open up and talk with folks and you have all those fears of what people are going to think. But relationships are very, very important to me.”

Study participant, Pete, like nearly a third of the participants, frequently and genuinely referred to his relationship with God, crediting his reentry success to that relationship. His experience in a therapeutic community gave him the relationship-building skills to build a relationship with a higher power in his life, trusting in God’s plan for him and communicating more honestly with Him. Pete’s prayer life has improved since he has left TC – he doesn’t “pray with expectation” any longer. His prayers are now about communicating with a personal God, not about making requests of an omnipotent God.

Pete also experienced the value of a community in TC and has translated that learning to a faith community that offers him similar support and sense of connection. Members of his church provide helpful feedback, social interactions, and affirmation. As importantly, Pete is now open to accepting what others give him. He described his life path and “unanswered prayers” that have since revealed to him a better life than he had imagined. Interestingly, Pete’s drinking and subsequent offenses began with being fired
from a well-paying job at a large manufacturing plant. He said, “What if none of this would have ever happened? I would have never went back to school. I would have never, all this addiction and all this stuff would have just been baggage. The Lord is going to take that and turn all that into being something positive.” Pete is currently in school and described how his faith and faith community provide him with hope. He said, “Now, you have got this relationship going with the Lord, but maybe the Lord wants to just see how you are going to spend your time because you are claiming to love Him with your whole heart.” Pete expressed the gratitude that he has experienced during this past three-year reentry journey. He continued, with conviction, “And He does promise that if we seek Him first that all these other things will be granted upon you. He promises to meet our needs. So, I believe that.” Pete went on to explain how he believes that boredom is a “selfish” experience, when he is not centered on carrying out God’s will. He summarized his explanation with, “like, okay, I can’t figure out a way to entertain myself because I can’t do my drugs no more.”

George expressed a similar peace in God and the role his faith plays in his successful reentry. After all, George had multiple learning experiences and encounters in the TC that challenged him to look beyond what was in his control, to let go of controlling others, and to trust in others (including a higher power). “I wouldn’t even go to church while I was incarcerated. I was convinced that, if there was a God, that I wasn’t in his plans [because] as far as having people around me supportive [during previous reentry attempts], I did”, George said and then continued, “I mean, look at my track record. We done heard it before, so what I did was I quit trying and I cut them [drug-using friends]
loose. I had to cut some people loose and, when I cut them loose, God just blessed me. Then I won my disability.” (George had been sick with several chronic diseases, at times bedridden, since his military service fifteen years prior) It was obvious that George had accepted the challenge to his old perceptions while in TC and returned home with a new commitment to trust in God’s plan. George described his relationship with God during his early reentry period, before his disability pension had been restored and after he had lost hope of finding employment:

Let me tell you how God works. My wife told me, ‘You’d be a good car salesman.’ I looked at her and said ‘Yeah right’ [with sarcasm]. I called a friend who had been incarcerated and has a temporary service [in a neighboring city]. I called him and said ‘Man, I need a job’. He said ‘Look. I’ll get you a job Monday, but you would be a good car salesman’. I said ‘Why do you say that?’ He said he used to sell cars. I said, ‘Alright, I’ll see you Monday’. I went to church that Sunday and a woman about 80 years old walked up to me and peeked over her glasses and she said, ‘Boy, where do you sell cars at?’ I went and got a newspaper that day. This is true! I went and got a newspaper, went to [owner of a large dealership with multiple sites]. I told this guy, ‘I’ve been convicted of 43 felonies, I’ve been in prison 11 times, and I’m a recovering addict’. And he said ‘What makes you think you could sell cars?’ I said I used to go to New York and I would buy stuff [for resale], which was true. He said, ‘Man, you’ve got a lot of heart’. I said, ‘And I need a job. They just took away my disability and I need a job’. So he sent me over to [one of the car lots]. The first month I sold seven
cars, then nine the next month. [tearful pause] I made $97,000 my first year selling cars. God sends me so much.

George had humility about the accomplishments he has achieved during this reentry experience and gives much credit to the relationships in his life. He gives back and pays forward today. He said, “I am dependent upon almost everybody I know, but I’m that person that if they need to talk to. If it’s a major decision, they talk to me. A lot of people care about me.” With those words, George displayed the sentiment echoed by other participants, of being loved and validated by others. He recognized that, even if there were people in his past who reached out to him with genuine care and concern, he wasn’t able to accept their loving support. George had a history of self-sabotage, pushing away anyone who may have helped him. He destroyed many of his dreams while trying to forget memories of emotional, physical and sexual abuse with the anesthesia of alcohol and other drugs. His experience in the TC provided him with a connection to other people, to his God, and to his sense of self.

The participants also talked about the relationships that they experienced with probation officers. While there were four study participants who were released without any official supervision, for many, another positive sober support person during their reintegration into their home communities was the accountability of a probation or parole relationship. Likewise, when relationships with probation or parole were strained, it became another source of stress during the reentry experience. Ten of the twenty-one participants who were on supervision at reentry were also released from supervision.
earlier than expected, attributing this almost always to coming to their communities with a TC experience.

Linda “loved” her probation officer. She looked back on the relationship that started out a little tense, “the first day I met her I didn’t like her at all, she was all mean, and she was like, ‘I want to see you at 2:00 on Wednesdays, and I don’t care what you’re doing, you need to meet me at 2:00 on Wednesdays’. Linda described how she reacted, feeling overwhelmed and defeated, convinced she would lose the job in food service that she had just gotten. When she asked her probation officer about the day and time and how she was going to make her mandatory meetings, she reports that the officer simply told Linda that she’d “need to work it out with [her] supervisor”. Linda admitted that she responded, at first, as she would have always responded in the past, “I was really nasty. I said, [to her friend] ‘she is mean as hell! She wants me to stop my job, then they will lock me up’!” Her friend reminded Linda what she learned in TC, to accept direction, to accept feedback, and not to react but respond. Then, Linda did take her probation officer’s direction and she talked to her supervisor who simply told her, “Let’s just make Wednesdays your off day.” As Linda recalled her experiences, it was clear that she had, indeed, learned to listen to others, to respond rather than react. She remembered being told, “As long as you do what I tell you to do, you ain’t going to have no problems out of me. As long as you ain’t using drugs, ain’t committing crimes.” Nineteen years later, Linda referred to her probation officer by name and with admiration. She was released from supervision after one year instead of five.
Gene was released from supervision early too. “It was simple; it was easy,” Gene said with a shrug, “I had a parole officer—she loved me. She said if everybody was like me, she would have an easy job. I had no incidents, no problems, and I was working. She was coming to my parents’ house, especially when I was in a wheelchair [after a work-related accident].” While he acknowledged the tremendous support from his parents during reentry, Gene also recognized the value of the positive experience with parole. The supervision was simply another reason to do the “next right thing” that Gene had already learned in TC.

George heard similar feedback from his parole officer, “He used to tell me ‘if my other people were like you, I’d have an easy job.’ I never missed an appointment. I did anything he told me to do. If he told me to run up to New York I would have ran up to New York.” The relationship affirmed everything George was doing to make genuine changes during reentry. It is important to note that George attributed the success of his interactions with learning transformed from TC. He described taking direction from his parole officer just as he did from staff and peers in the TC.

Because of relocating, another participant, Donna, had three different parole officers in twelve months - and three positive experiences. She explained, “they were so thrilled to get someone from a therapeutic community, someone who had skills in dealing with life.” One of her parole officers, she reported, used to introduce her to other offenders who had been released from general population in prison so she could talk to them. “He said, ‘I got someone that needs to hear what you have to say,’ Donna said, “And he’d be bringin’ in this girl and she’s messin’ up, and she’s not getting’ right, and she’s getting’
high again.” Donna recalled the experiences with laughter, “And he says, ‘would you sit down and tell her how it’s done?’ I said, Sure!” She recalled these relationships as some of the few that she had also experienced being “treated with respect”. She thought she had two more years of supervision when her parole officer called and asked to meet her at a nearby fast food restaurant. Donna remembered the conversation from four years ago, “So he bought me coffee. He bought me coffee and he shook my hand and said, ‘It was a pleasure knowing you, I wish all of them were like you.’ And handed me my freedom papers!” Donna described her relationships with her parole officers fondly, “And they came away hopefully with the memory of something good that can come from prison”[TC].

Today, Donna is involved in a prison ministry program as a volunteer. She spoke with joy when she described her experiences traveling back to an institution, “the old timers circled around me, because they’d heard nothing but bad things that happen when you get out of prison. How these parole officers are trying to trap you so they can send you back. They didn’t ever get to hear it from someone who made it.” She repeated her advice to them, “I was telling them that parole is the easiest thing in the world if you just follow the rules! Piece of cake!” However, Donna attributed that success to the unconditional positive regard she experienced in TC. As she joyfully stated, “And it all began with someone nurturing me. Someone loving me. Someone tellin’ me that I was worth being loved. Someone believin’ in me.”

Another participant, Ian, described his relationship with his last parole officer proudly:
For the first time, it was no fear for me. I knew I would make it on parole. I had a good relationship with my parole officer because I could drop clean urine and I could be accounted for. If I had an appointment, I was there. Ten minutes early was always my policy. So, my P.O. was, after a while, more receptive to me, remembering my past preceded me. They were anticipating a guy that was going to be a major problem to them. I never made it off parole before. They were amazed because, she would sit and tell me, ‘It’s amazing, sitting here talking to you, while I’m looking at this.’ I said, ‘That’s because I stopped being that guy, that’s just not me today.’ And, after a while, she began to just deal with me as a person based on how I presented and conducted myself. I speak to them regularly now. They call on me to come talk to their parolees.

The changes Ian had made were evident and rewarded. He was encouraged to keep doing “the next right thing.”

Pete’s relationship with his probation officer was much like his other relationships he formed as he returned to his home community, guided by his faith, gratitude, and desire to give back. He had started to do community service, riding the church bus and picking up individuals and families on Sundays. His probation officer told him he couldn’t pick up one of his friends, a graduate of the same program as Pete. Pete recalled, “When it came to picking him up, like a buddy of mine that was in there [TC program] with me, he [PO] said, ‘no you guys can’t be together because you are both felons’, even though we was picking him up on the school bus.” So, Pete decided to some up with a solution that he and his probation officer could live with. He recalled, “Well I understand that. You
know. I said is there is any problem with my wife picking him up for church? No. And, so whatever the rules were, I just used a unique approach of just following the rules.” Pete had practiced tools in TC, like a “relating table”, resolving a potential conflict in a process that respects everyone involved and what they need.

Unfortunately, a few participants’ experiences on supervision were not so positive; but, nonetheless, provided striking contrast to the supportive relationships they experienced in TC. Steve had moved home with his parents, to the small town where he grew up, and was assigned a probation officer. He recalled, “I would go in there. He would make me take my shirt off and check my arms for heroin. First of all, ‘you don’t even know what I’m in here for, dude. I’ve never, ever, ever shot up heroin and you’re making me take my shirt off!’” Steve responded to his probation officer as he did in other relationships when he didn’t feel respected or trusted.

Steve didn’t hide his disrespect or filter his words when he described the confrontation between him and his supervising officer at a bar where he had gotten a job playing music one night, “I played New Year’s Eve. I even asked the bartender how long’s he been there. He said, ‘Since probably 4:00.’ Well about 10:45, 11:00, here he comes stumbling up there. He was lit up.” His probation officer asked Steve what he was drinking and then told Steve to report on Monday. “Yes,” Steve continued, “I wasn’t supposed to be in there doing what I was doing, I admit it. I admit that fully. I wasn’t drunk, I wasn’t this, I wasn’t that. But, your job ain’t to be out there drinking, coming up trying to find whoever your little boys are!” Steve had to do seven days in jail. He remembered his probation officer saying, “I’m going to put you in there for seven days and let you cool
down. That is the lowest fucking thing I’ve ever seen.” Steve’s frustration was evident, “I know I’m clean as a whistle and you’re going to try to this?! See, they can do whatever they want and it’s not fair. It’s not fair at all.”

Rick spoke about the disrespect he felt when he went to meet his probation officer after getting released from the TC program. He said,

It really ticks me off, and I still remember it to this day, unprofessional. I mean, what are we taught here when we’re [in TC]? You know, ‘hi’, and you put your hand out to shake. And you know what he said to me? ‘I don’t shake felon’s hands!’ And that was, and I was like, ‘well sir, I apologize but I was just taught this for about 6 months [in a TC], and I think the first time we meet would be OK.’ Right. And he just looked at me, and he did shake my hand. But you know somebody coming right out of [a correctional institution], that’s not how a PO in this county’s supposed to act toward them. You know, he could say, ‘ok, normally I don’t do this, but I’ll shake your hand just this one time’. I followed the rules. So yeah, except for drinking. You know, I rationalized that right out. But yeah, had I not been on probation, I may have decided, you know, because it was just easy to decide to start drinking, so it might have been just as easy to decide to do something else.

While Rick struggled with the stigma of being a felony offender and the prejudice of a probation officer, he was quick to acknowledge that reporting on supervision may have prevented him from going back to abusing illegal drugs.
Intimate relationships changed during the reentry process as well. As study participants learned about the dynamics of healthy and dysfunctional relationships, they also had opportunities to practice the basics of being in honest relationships with others. As they learned the importance of setting personal boundaries, they were also letting go of the self-destructive messages they received as children, often as a result of violent physical or sexual abuse. When they were entering into intimate relationships during reentry, participants risked “old” feelings or responses that could lead to relapse.

George also illuminated the commitment that it takes to make a different path upon release. He remembered so vividly being told on his first day in the therapeutic community when he wanted to quit that he was “taking the punk-ass way out”. He had described, with such emotion still today, the power of the affirmations that he received in the TC after he accomplished tasks he had thought were unattainable. George left the TC believing that he was cared about. He described the self-efficacy that came with a commitment to following through with the TC program and how that perception of self enabled him to set boundaries with others, seeking out authentic support.

As George prepared for reentry, he had accepted an offer to stay in a woman’s home, a woman he knew prior to incarceration:

She smoked weed. And she drank. And she was very domineering and over-bearing and I knew, I’ll be honest with you, I knew prior to coming home that my chances [of staying out were not good]. I needed somebody to help me. And, I accepted the help, but I knew it was going to be kind of hard when I got home. And, it was hard. She had to be in control of everything. She let me use one of
her cars, but it came with too much of a price. And then I was working, I was making $8.50 an hour. I would bring home like $260 or something like that and she wanted $150 of it. And I got tired of hearing about other men in her life. So, I left and I stayed in my car.

Although it was a painful story to retell, George’s commitment to a lifestyle free of drugs and criminal behavior was so strong that he chose homelessness over a household with a dysfunctional, substance-abusing partner. He had not only experienced supportive, nurturing relationships in the TC, George had learned to recognize a destructive relationship as well.

Dave explained how getting intimately involved with old relationships can lead to relapse as he retold a story of a friend’s experience.

He let an old girl get in the car for $5 to blow him, and then, knows [he] shouldn’t be doin’ that cuz next thing you know he says, ‘Well, I need to surrender because I did that again, and she pulled the stem out and I said, let me hit it, and now I done changed my clean date’.

Dave recalled an idiom in TC, “little things turn into big things”. He was animated and articulate as he gave examples of how an interaction that might appear relatively harmless could put him on the path of abusing people, alcohol, and other drugs. As if practicing a sermon, Dave explained the insidious nature of addiction and how addiction led him to criminal behavior. He had kept a check someone had sent him while he was in prison until the day he was released. “When I got out, I dropped my clothes off. I hugged
my father; I kissed my mother. I told them some outrageous lie and went and cashed that check and hit the block. My mother didn’t hear from me for six months.”

Today, Dave works to follow the example of his parents’ fifty-four year marriage, using the interpersonal skills demanded of him in the TC. With some resolve, he said, “I know what a good relationship is, I just can’t find one. My picker’s broke so I don’t try to pick anymore.” Dave conceded that, in his addiction, he was attracted to and involved in multiple, deceptive relationships with women to whom he lied and with whom he abused drugs. He added, “I don’t school but one woman at a time now. I used to. If we get into a relationship, I’m not going to cheat on you.” Dave understands that healthy relationships require honesty, loyalty, accountability, and communication. He recalled that the TC program reinforced what his parents taught him: “All they want to do is instill in you doin’ the right thing for the right reason, don’t be lyin’ and cheatin’! There’s always a consequence to pay.”

Rick remembered advice he was offered while incarcerated. He explained, “It was a seed that was planted there. My counselor had said, ‘if you get out of here, do not get in relationships for a year.’ I could see how you could get really emotionally attached.” Rick understood why he needed to seriously consider following that direction as he practiced setting boundaries in intimate relationships. He said, “Something goes wrong and then that’d just be the straw that broke the camel’s back. So I didn’t do that. I was actually dating a great girl; it just didn’t work out. I did wait a whole year before I dated anybody though.”
Jody recognized that, during reentry and in her new recovery, she was becoming better prepared to see some of the mistakes she had made in relationships of the past. She remembered, “When I started dating, there were no nice men who came to me at first. I would see warning flags I learned [in TC]. All that [toxic relating] was coming back to me because I was letting it.” Jody enthusiastically explained her enlightenment, “That was the thing. When I got out, I was bucking it, so nothin’ was happening except bad things. [In TC], you learn about relationships and everything you work on and the other things other people are working on, like in encounters. I needed to hear that to recover.”

Jody continued to draw on her TC experiences and support system, especially after moving away from her children and in-laws in order to be closer to the other alumnae. She described how her relationships were different in her past, “I always fell into a lot of abusive relationships because that’s really all I knew my whole life. Then when I got clear, let things work, I dropped a lot of guys – from the first couple minutes I met them.”

Jody recalled how things started to change, “When I moved back, we were going to groups and meetings and I didn’t want to deal with anybody – you know, like dating, I was still healing emotional stuff. It took me a good year, year and half, to get serious.”

Today, Jody expresses confidence in her ability to be in an intimate relationship that is nurturing and honest. She described how she knows that she is with a “good guy”. She said,

He encourages my relationships with alumnae and met a lot of the alumnae. He quit drinking for me. He helped me quit smoking, he helped me get a bank account, he taught me how to drive, he helped me get my license back and do my
parallel parking. He helped me with goals. He has a good job. He’s a high school dropout and worked and used to be a drug dealer, and used to do a lot of things so we connect on our used-to-bes and we move forward. I do a lot on my own, but, if I fall, he helps me up. He’s a good guy. He’s into my kids, he’s old fashioned and stuff and I don’t have bruises.

Like Jody, Donna was able to recognize warning signs that she needed to relocate and find support. She had decided to move about thirty miles from her daughter and extended family, including her ex-husband. Donna was close enough to witness the generational pattern of addiction as well as the very real threats to her own recovery and successful reentry.

[The move] wasn’t far enough. And I was still on the brink of deciding whether I want to get involved with my dysfunctional family. My daughter’s heavily using. She’s getting beat up. She has stitches in her head. It’s a real amazing thing to see your child adopt everything you taught her without meaning to, and deal with it. And my father, I’m right out of prison, and my father says, ‘can you take over your daughter’s bills? I don’t think I’m gonna be able to do it any more’. And I say, well Dad, I have a problem with this. I just got out of prison. And she’s young, and you and I aren’t. So why are we paying her bills? She’s a college graduate. Come on here. Am I missing something? I feel like I’m drowning here.

In real-life terms, ready or not, Donna was released and recognized how easily she could have returned to her “old” life. Many participants described what their “old life” looked
like and some were very different from Donna because of her life of relative affluence. However, the feelings, and threat for relapse and recidivism, were very much the same. Donna went on to express gratitude for learning about a sense of self in the TC, learning how to draw boundaries between what is her responsibility or concern and what belonged to someone else. She learned how to take care of herself regardless of what others thought.

Randy recognized that his significant relationships have improved since his incarceration as well. He explained, “I’m more honest. Before, I’d let something stew and blow up, but now, you know, I’m able to say, just simple things: you wanna go out to dinner? Before I’d lie about it, just so not to hurt their feelings.”

Along with other participants, Rick realized that he needed to let go of the significant relationship in which he was involved before incarceration. He said, “First couple weeks home, I met up with my girlfriend. And she was still using cocaine, and crack, and pills. And I was like, I thought you had stopped this. And she was like, ‘I can do what I want!’ And I said, you’re right! See you later!”

Tom was divorced from his children’s mother while he was incarcerated after nearly twenty years of marriage. He explained, with understanding, “Probably the good times out-weighed the bad times. But, those bad times was my addiction that I really never admitted that I had because I believed that you work hard, you play hard. And so, that kind of justified my addiction with, hey, I work hard, I deserve this!” Five years after he was released, Tom married a woman whom he met at church. A self-described “happily married man”, he described how his relationship is different, “It is better, one, because
I’m more mature. Two, because I’m drug and alcohol free. So, I see things a lot clearer now.” He talked about his current relationship in contrast to how things were for him when he was caught in the drug and criminal lifestyle, “Before all of my relationships were seek and destroy. You know, seek and conquer. Enough to keep it moving. But with her, we became friends, we actually became friends first. I had no idea we were going to be in a relationship.”

He remembered the moment he realized he was ready for a relationship. He had just found out that a good friend had passed away. It was two o’clock in the morning. Tom recalled the conversation that night with his brother, “I’m sitting in the car and I’m saying, there’s got to be more to life than this. I started thinking about my friend who died in the bathtub. I was like, when he died, he died by himself, alone. And my brother said, ‘that’s the way he lived, alone’.” Tom said, in his recovery, he knew that he wanted to “be with somebody, share life, with somebody of substance.” His relationships are better today because they are “honest. You see, because now we don’t have no fronts.” Tom has learned to cherish his wife and refers to her as his “spiritual warrior” as he currently battles cancer.

Another participant, Ian, also was quick to talk about how his significant relationships are different. Ian said, “They’re better due to the energy I’m willing to put into relationships. I’m willing to be an equal participant. Before, everybody was a victim, sooner or later, because there was no real compassion on my part. There was no care and concern beyond my needs. That was it.” Ian married three years after his last release and described when he realized his role in relationships, “Sitting in treatment and reflecting
on some of the things, some of the ways, I’ve hurt and ruined relationships in my past. What part did I play in the sabotaging of relationships. I’ve been in a lot of intimate relationships—they didn’t last.” Ian continued, “Now, I’m in a stage where this becomes important. Because you get tired of looking around and realizing ain’t nobody here but me. You know, who can I call? Things of that nature. It makes me take a second look at how you treat people.”

Donna was another participant who let go of old relationships during reentry and became attracted to men who were better for her. She said, “I always chose men as my drug of choice, I guess you want to say. And every one of them was abusive. They just simply picked up what mother left off doing.” Donna described a recent relationship and why she decided to get out, “It was about a year, and I started seeing signs that were not good. I mean, he never hit me, but he wasn’t always a nice person. So, I realized that he wasn’t the answer either. He wasn’t helping what I was supposed to do at all.” Donna said she trusts God will bring someone into her life. “I don’t even look. I don’t go online, I don’t go to bars. I don’t do any of that stuff.” Donna proudly related these changes in her behavior with a smile and conviction.

Additionally, Donna expressed a sense of boundaries in her relationships and has learned to diminish the emotional power that her mother had in her life. She talked about the days following her daughter’s unexpected, tragic death.

I got the call that she was dead. I’ve got everyone calling me. I’ve got [a TC alumnae coordinator] calling me, I’ve got the pastor calling me. I’ve got people wanting to help me, strengthen me. And then my mother’s calling. And my
mother is saying, I don’t like the way you’re handling this. And on and on about what’s wrong with me. And I finally said, Mom, are you gonna help pay for her funeral. ‘Well, you know I don’t have any money.’ And I said, well then you don’t have any say, do you. And a click. [Donna laughs] I thought, right on [Donna]!

D. Experiencing Unmet Needs

Unquestionably, the task of staying out of the drug and criminal lifestyle was not easy for the study participants. Participants expected certain challenges when they re-entered the community such as the stigma of a felony record, inadequate housing and temporary unemployment. However, the participants found significant trials associated with sobriety and recovery. Participants generally described their struggles as extending into their pasts. There was the emergence of unmet needs. Recovery simply began with abstinence from alcohol and other drugs; but, many problems didn’t disappear. Participants experienced the ordeals of meeting emergent unmet needs now that they were clean and sober.

The reentry experience includes emotional, relational, intellectual, spiritual, and physical work left undone during incarceration. Some study participants shared that they are living with hepatitis or cancer; others with traumatic injuries and chronic pain; the emotional and physical scars from domestic violence, accidents, and gunshot wounds; or HIV/AIDS. Others are battling mental illness such as clinical depression, anxiety disorders, and post-traumatic stress disorders in addition to their chemical dependency.
Some have found resources that are more helpful than others; yet, the temptation remains for so many to self-medicate their emotional or physical pain or reenter the criminal lifestyle to get quick money when jobs and/or transportation became a barrier to successful community reintegration.

Participants often acknowledged that they make daily decisions that involve staying clean and sober. Gene put it simply: “Staying straight. Attending meetings. Staying around positive people. ‘Cause I’m a street guy; I’m a fool; I like chaos. So, I needed to stay focused. I had to put it in my mind that it was okay to be a square. It was okay to do square stuff.” Gene knew that he had “brought himself with him” into his home community.

I’m going to say [TC] built me up with so much confidence. When I came home I had a gym shoe on one foot and a [prison] boot on the other. But, I started being honest with myself. I lived in a glass house. Everything was wrong with the world and nothing was wrong with me before until I started to be able to identify. Man, nobody with common sense breaks an antenna off a car, and burn your lips to get a hit. Nobody in their right mind shoots drugs in their arm, but I had to stop blaming. I blamed myself for my mother’s death. I blamed me for my brother sexually molesting me. Because, I should have told. I was scared. And, I just let it go and I was able to feel for the first time.

Another participant, Jimmie, has been back for nearly five years in his home community with his wife of more than 25 years. He described the daily struggles. “You know, and I still to this day, I try to avoid that [running into people he knows],” Jimmie
said, “I probably always will have that issue. Even though I shouldn’t feel what people think of me, I did what I did, I admitted it, I paid the price.” Nonetheless, Jimmie is still paying a price. He explained, “Maybe it’s not what other people think I should have paid, but it’s in that past but I can’t let that go. I can’t; I’ll never let that go.” And while he recognized how difficult it is to find forgiveness, Jimmie said that he still needs support so that he doesn’t relapse. He sipped coffee and quietly spoke, “Do I still think about drinking? Every day! Do I still think about gambling? Every day! You know, it’s in your face every day, too, just like drinking. Lottery advertisements, and, let’s pick the numbers. When they run the lottery numbers I get up and walk out of the room.” Five years later, Jimmie feels “guilty watching a ball game.”

Jimmie described a need to stay aware of his behaviors and surroundings every day. So did Adam, who explained, “I got all six of my penitentiary numbers on my wall at my house, right at my front door when I go out my door. This last penitentiary number, I got it circled and it said ‘this is the last one.’” The sign has served as a reminder for nearly four years. Adam clearly recognized how quickly his life would change with one wrong decision.

What it tells me when I’m going out there is I have a choice. I can go out here, be a citizen and work, come back home and get to see these numbers again and know that I still got choices, or I can go out here, make some mistakes, or add another number to that, or might not even add a number to it because I could be dead. Adam said that he needed to “be tired of, be done” with his old lifestyle and everything that came with it, “like eating out of garbage cans, living from house to house, and
having to accept things to help you stay in other people’s houses.” He said that he won’t forget what it was like: “them [sic] walls were thin. I’m staying with the dope boy, sleeping inside the bedroom, and they talking about me, talking about how they want to beat me up. Then, if I didn’t go out and hustle to pay my way, they was going to put me out.” Even today, Adam said, “people come into my life [and] say ‘Man, let’s go sell’, you know, some dope.”

There is a heightened awareness consistently described by participants. For most, the enhanced self-awareness has led to a clearer sense of short and long term goals. But, for the several who admitted to fighting the cravings or triggers, confronting toxic peers, or feeling stigmatized and disenfranchised, their staying aware of the blessings of recovery is a lifeline. The mindfulness that was reinforced in the TC environment has provided participants an ability to anticipate situations when they risk relapse. As importantly, it has afforded them an opportunity to practice coping strategies when those situations arise unexpectedly or despite their best efforts.

Participant Kim continues to deal with stressors in her life, relationships and work. She reflected, “I need to get away from some of my responsibilities. And just go, and just see about some different ministries, and do some different things. I’m still working on it. There is no perfect way to take care of oneself. Some days you do better than others.” She still struggles to find balance, but also, how to handle situations when her past impacts her life, even fourteen years since her last incarceration.

She still has not restored her law license, lost with her felony offense. When an agency where Kim worked paid the fees for her and coworkers to complete the training
necessary for a workforce certification, Kim remembered believing that they had just “wasted” their money. She said, “They didn’t really look at the credentials, the stuff that they asked us to send. I had to go down to the courthouse and get my entire record. That was painful! That was traumatizing!” And, as Kim suspected, her felony record prevented her from getting the certification. Kim recalled, “Then the legal people said, ‘Did you follow the appellate process?’ I shouldn’t have to appeal it! It [the law preventing her from getting the certification with a felony] should just get changed!”

Kim is acutely aware of her constant obstacles and works at staying positive. She said, “People write you off, say you’ll never get it together. And, then God says, ‘Not so.’ So now, I’m a respected member of the community, and when people need things, ‘will you be on this committee, will you help this.’ I use my talents and my gifts to better my community.” Kim described her resilience and tenacity in a variety of personal and professional challenges, then, proudly said, “I’m really not supposed to be this smart and be an ex-offender. There’s just so many things, and not to be egotistical, I do know that I’m different. When a person’s been given another chance, and it’s a chance that comes from God, that is full and rich.” When Kim talked about the offenders who she helps today, during their reentry, she said frankly, “But [many of the offenders] are not white, with a father who owns a business, and has fifteen friends who have businesses who’ll hire [them]. Or friends in positions, and we’re talkin’ about here is a class issue, it’s a racial issue, it’s a who controls the power issue.” Kim continued, “So why is it we have so many young black women, and some with potential, who find themselves out of the game? Because they didn’t realize! I still pay the price of hearing a different drummer!”
It is evident she fights feeling resentful or defeated. She ended one of her interviews with, “Every now and then, my past is just glaring up at me, and I feel the inadequacies of being a multiple offender. That’s why I think of things I can never do, like can I get a passport? Maybe, maybe not. How important is it for you to try?”

Another study participant, Dave has been back in his home community twelve years and currently works as a security staff in a correctional facility. While he also juggles business ownership, Dave is rebuilding a relationship with his grown children, enjoying his grandchildren, and improving his personal relationships. He is confident in his sobriety and drug-free lifestyle; but, still identified his fear as the greatest obstacle to success today. Dave’s quick response to questions about barriers to reentry that still exist today was “fear. My record, that doesn’t do it. Fear of not completing my degrees. Thinking I’m too old. Can I concentrate? Can I focus on all this, you know what I mean?” And all the while he described his story of such rich resiliency, even today, the self-doubt emerges like the uninvited guest to a dinner party. Dave described experiencing paralyzing fear, preventing him from pursuing other personal and professional goals. He said, “Yeah, and what about all the other commitments I have and the responsibilities. You know, and I don’t wanna be a failure, but now the failure is not tryin!”

Participant, Mark, talked candidly about the daily struggle, describing his “addictive personality.” He said, “I generally have an addictive personality; it’s very easy for me to become compulsive and habitual about things. Even as little as Mt. Dew; I mean I was drinking 10 to 12 of those a day and I was feeling like crap. I’m like, I gotta stop.” Mark
chose to drink while on probation because he “wasn’t skilled at getting drug tested” and alcohol would leave his system more quickly. He anxiously waits for the day that marijuana is legalized and articulated what dealing with addiction every day is like. Mark said, “I think that I’m probably my biggest hurdle, you know, I just have those addictive tendencies, whatever it may be, if it’s working out, or whatever. Whatever it is for you that helps [cope with stress]. I kind of choose my evils.”

Mark believes that prison “had its place” as he talked about addiction recovery. He argued,

I guess prison is supposed to rehabilitate and correct, which they really do need a lot. All they really do is just a pain. Because, I mean you can’t force somebody to do something. You just can’t. And some of these people, I don’t know where they’re coming from. I mean they think differently that you and I do. Things are not wired the same way. They don’t have Jiminy Cricket in their head apparently.

Mark articulated a perception that other participants described in their stories: punishment didn’t change his behavior nor did incarceration provide a conscience. He recognized the positive impact of interactions with people who expressed care and concern for him, inspiring his awareness that he may not have expressed the same care and concern for loved ones. Mark certainly has set out to make amends, talking about his gratitude for the social support that surrounds him.

But, Mark is also experiencing unmet needs. Without his license or stable employment, he is dependent on family, friends and coworkers for transportation as well as periodic construction work. His wife has a social work career and their parents have
offered some financial support; but, as a new father with a new mortgage, Mark could benefit from long-range planning. By his own admission, Mark hasn’t given much thought or consideration about his future and now he finds himself in his future.

Mark is also one of eleven participants who were involved in a TC while incarcerated in a community-based correctional facility where the length of stay is 180 days or less. Even though eight of these eleven participants had been incarcerated prior to their TC experience, certainly their time in TC treatment is less than the fourteen participants who were involved in a prison-based TC. There is a dosage issue revealed. The therapeutic benefit of a TC milieu may be diminished for some of the participants whose emotional or relational needs greater.

III. NEGATIVE CASE ANALYSIS

As interviewing and data analysis progressed, it became increasingly clear that one participant’s reentry experience was unique and deserved recognition as an atypical case. After overcoming several obstacles in high school, John’s drinking and drug abuse resulted in his sentencing to a CBCF therapeutic community program ten years ago. By all accounts he did well. He thrived in and graduated from the highly structured TC environment that recognized his previous diagnosis and treatment for Attention Deficit Disorder. Five years after his graduation, however, John was the unarmed target in a shooting incident that he did not instigate. The medical consequences of multiple gunshot wounds as well as the psychological traumatization have left him with complex unmet needs in a community inadequately equipped to meet them.
Before the interview began, John was the only participant who enthusiastically showed off his homework, push up slips, pull up slips, certificates and even identification badge from his participation in a TC program eleven years earlier. His display, including a certification from the Health Department’s “Safe Foods” course, indicated that he excelled in the environment that provided him support and expected accountability. John opened a binder of papers. “It’s all here”, he announced proudly, “I’ve saved all of it!” He later added that it’s important that he keeps all his paperwork since his accident and coma five years ago. As John explained, “I don’t really remember all the group therapies. I just know a few names and stuff like that, from a bunch of people that talked to me. I really don’t know what really stuck with me, but I remember the philosophy.” He was quick to say that he no longer uses illegal drugs, specifically cocaine and marijuana. John seemed to dismiss the idea that continuing to drink “a few beers” was a problem. From his standpoint, it was evidence that he was continuing to obey the law since he is not using illegal drugs nor is he drinking and driving.

Although John is aware that he doesn’t remember details of his experiences, it appeared that he has developed the coping skills necessary to compensate for mild cognitive impairment, one consequence of the shooting. Nonetheless, he is left with the challenges of physical disabilities, chronic pain, the abandonment of legal counsel, the lack of mental health treatment, no driver’s license, and inconsistent support from family members. His social support consists of his friends who continue to use alcohol / other drugs and a wife, who is struggling to support the family on part time wages from a local supermarket. He fulfills the role of primary caregiver for their new baby.
John was showing off his TC paperwork when he wanted to talk about a drawing of which he was particularly proud. He explained, “I had this one LE [learning experience], they [the TC staff] really loved. I had to draw the lighthouse. I spent so much time and it looked real good, that I kept it, and kept it.” Then John frenetically described what happened to that drawing. When he recovered from his drug-induced coma which was necessary for his recovery from the gunshot wounds, he discovered his paramour was involved with someone else. Upset and angry, John moved back into his parents’ home and started dating. However, when he got involved in an argument with his new girlfriend as well as ongoing battles with his parents, and became suicidal.

I ended up committing, slicin’ up my wrists and ended up locked up. I took a knife, and fffft [slicing sound and motion across his wrist]. That’s how I lost that LE; I always had that thing up on top of my shelf. And blood went everywhere all in my bedroom, and all over my stereo and everything else like that. I gave up. His lighthouse drawing was ruined by bloodstains. Looking around his apartment, it is easy to discern that John has artistic talent, undeveloped potential. Listening to his painful story of loss, it isn’t difficult to imagine what meaning the lighthouse really held for him, a metaphorical new direction for his life when he graduated from the TC.

The social context for this case did not immediately set it apart from others. John was not the youngest of the study participants; but, he was the youngest when he entered a therapeutic community at the age of twenty. John has two siblings. Their parents apparently enjoyed well-paying, stable employment and were still married at the time of this study, living in a neighboring community in the same home where John grew up.
John didn’t begin his alcohol / other drug abuse at a particularly young age in comparison to other study participants, nor were his legal encounters unusual. He recounted smoking cigarettes and drinking by the time he was in eighth grade and smoking marijuana soon after. He reported being caught as a juvenile, along with his brother, for stealing. He recalled, “years ago, I went to JDC [juvenile detention center]. Me and my brother stole a pack of cigarettes out of vehicle when we were young. My brother stayed, he got on probation; but he didn’t get in trouble in school, and I ended in JDC to do a couple days or something.”

His first felony offense was when he was eighteen years old. John was sentenced to a CBCF / TC for six months after violating the smoking rules of the diversion program. He was the only participant who had more incarcerations after release from TC than prior, a total of four, after being arrested for driving under the influence. At the time of the interview, John had no driver’s license and no immediate plans to get it reinstated. From his perspective, there is no threat of his getting involved with the court system.

John reported that all his problems were at school: “I was hyperactive, not sitting in class, not keeping my concentration on what’s going on. About fourth grade, they put Ritalin on me till I was 18.” He remembered a fourth grade teacher who smacked his hand with a ruler and he “went nuts”. After that, he and his brother were placed in different schools. John was clearly distressed when he stated, “I mean, everything we did we were together! They just wanted us split up because they thought that us being together was causin’ most of the problems!” He continued to get in trouble and was
suspended in high school. Eventually, he was enrolled in a vocational school. According to John:

I was kicked out [of vocational school] when I got in a fight with a student and a teacher stepped in and I accidentally hit him. The teacher was also a police officer, so I got assault on a police officer. I went in front of school board and they let me come back [to home school] but I was only allowed to come to school on Thursdays, to pick up my school work and drop off what I had done. I couldn’t go to school dances, nothin’ like that. I never talked to a teacher. I turned in my work to the secretary lady. Those were the stipulations or they would never take me back and I’d have never graduated. I could’ve gotten my GED, but I wanted an actual diploma. I never did give ‘em any trouble and I obeyed their rules. I stayed off school property. I wasn’t even allowed to walk at graduation.

While he was still enrolled in school, he would do the school work assigned one day and “had the rest of the week to do anything!” John recalled, “I started hangin’ out and getting into the older crowd that was already out of school. They were into sellin’ all kinds of different drugs, cocaine, and all this and all that, and I wasn’t no good after that.”

He described this time of his life without a pause, as if feeling some overwhelming relief to be able to tell his story. “I started helping the person I knew that had a bunch of stuff, bringing people to him so he could sell, and he would get me what I needed for free, just goin’ down the wrong road and the wrong road didn’t get me nowhere.”
Again, John’s history was not dissimilar to other participants in the study who started abusing alcohol / other drugs during school years. The education systems with which John was involved, and their response to John’s struggles, only seemed to have exasperated his problems. His experiences in school only seemed to marginalize and ostracize, leaving him without the human support he so desperately needed. However, he remembered having special education teachers around him who “saved his life” and credited them for his graduation. It was clear that John valued the diploma he earned as he mentioned it several times through the course of the interview.

John described getting involved with cocaine after graduation, “then someone introduced me to crack cocaine. And after that it was over. I tell people these days, do not even try it; even if you just want one hit. That’s what got me; that one hit and I was done.” This was also the period of time when treatment for John’s attention deficit disorder was terminated. He was an adult with no health coverage or linkage to any social service agency. Sadly, his journey since then has been riddled with additional challenges and the absence of advocates.

In addition to his incarceration episodes, John described the night he was shot by a law enforcement officer after he was drinking and involved in arguments with a girlfriend and family members. Reportedly, John’s father called police when John had become increasingly belligerent and, according to John, when he walked out of his parents’ home – without a shirt, shoes, or weapon. He was shot when he didn’t follow orders to stop and kept walking across the front yard towards the officer. The official police report called the shooting “an accident”. But John has never received any compensation or
assistance. At one point, his parents hired an attorney who, apparently, left the state with all the original documents, his fees, and without filing any actions. Moreover, John’s disability claim has been denied twice.

It appeared that John has been sentenced to social isolation. John has not been able to create a new circle of friends who could provide him sober, social support. He depends on the few old friends who drop by to “check on” him. Other than meeting, through mutual friends, and marrying his wife in the past couple years, John didn’t describe any other new relationships. He has not been involved in Twelve-Step programs that may have offered him a connection to peers, nor has he been in contact with many TC graduates in his area. There is not an active alumni group in his community and there is no public transportation. Because of his injuries, John has not been able to reenter the work world that would also provide social interaction.

He wavered between describing how his parents “always have a room” for him and how his relationship with them continues to be strained since the incident, subsequent hospitalization and resulting disabilities.

My mom buys me that bag of cigarettes when I need it once a month and that’s it. My mom, I don’t know, she’s a little iffy here and there. If I needed money they promised they would give it to me. If I needed, you know, anything, and all they do is buy me cigarettes, and then they bitch about that.

Then John related his agony when hospitalized, another experience of desperation:

I didn’t wanna receive treatments anymore or anything. Give me the paper, and I’m gonna write out a living will. I’m done. Take me off the dialysis, all of it.
Pull the tubes out. I’m done. My mom and dad says, ‘no, we don’t wanna lose you; we’ll help you.’ I said, there’s nothin’ for me; these guys done told me I can’t work again. This was when I was in the hospital, right when they woke me up out of my coma. ‘Cause when I looked down, I’m lookin’ at these staples, from here all the way down to here. I gotta poop bag I gotta deal with for the rest of my life. I got a hose and shit comin’ outta my neck. I got one in my nose, I got a tube here, I’m eating out of a fuckin’ bag. I don’t wanna live like this!

John was visibly agitated as he related his understanding of his physical injuries during his hospitalization. Today, he is mentally and emotionally improved but still struggles. He is connected to a pain clinic, thirty miles from his home, prescribed methadone to manage his pain, and regularly subjected to drug screens from a clinic. Yet, he needs so much more.

John continues to also harbor feelings towards his parents since the shooting incident. When he recalled another conversation with his parents, he remembered the blame he assigned to them for his getting shot by authorities:

You guys wanna give up? You’re the ones that called 911 back [to the house]. You’re the reason that I’m shot in the first place. Yeah, I shouldn’t have been drinking, but that was no reason for you to call 911. You should’ve just left the house, and said, give it up. He’ll go to sleep, he’ll calm down.

His bitterness is unmistakable. About his mother, John said, “She’ll get in an argument with my dad about the whole [shooting] issue. ‘Cause they promised they would help me.” He appeared keenly aware of the disagreements, that involve him, between his
parents and, given his troublesome adolescence, no doubt has played a scapegoat role in the family much of his life.

When elaborating, again, about his current relationship with his parents, John said, “They won’t come over here because I still choose to let my old friends come over here that I hung out with and stuff back in the day. But my point is, it makes me stronger and better, to know that I can be around it, and say no.” He admitted being offered marijuana multiple times and obviously thought it demonstrated his willpower when he could turn those offers down. He did not have the recovery vernacular of other participants nor did he seem to understand the pervasive nature of his addiction. But, John repeatedly spoke about not being involved with illegal drugs. He is making efforts to towards recovery – as he understands it and without help that other participants in this study have found.

John is still fighting the chronic pain and internal organ mutilation from the damage of the multiple gun shots inflicted. He is fighting to get disability. With no income, he is dependent on his wife’s minimum wage and public assistance. He has been admitted to the hospital three times because of internal bleeding and other medical complications. However, his situation may worsen. He continued, “Now they’re gonna take the food stamp money. I need most of the food stamp money because of my special diet. It’s expensive.” John explained, “I mean, I’m not allowed to have hot dogs, I can’t eat corn, I can’t have the seeds on cucumbers, I can’t have the skin on tomatoes. I can’t digest it. I’m not allowed to have peanuts; anything you can’t digest, gently through your body, I can’t eat it.”
His balance is impaired. John described how he occasionally trips and falls, causing him additional pain and bleeding. But, the local hospital emergency room has refused to give him any additional treatment for pain. He talked about his fear of falling, especially on the weekends, when he cannot get to his doctor, “They’re like, ‘don’t give him no narcotic, don’t give him shit. Check his blood pressure and stuff and get the hell out of here! If you want something, go to your doctor!’” Well how am I supposed to do that, dude? It’s the weekend!” Without feeling much resolution, John added, “But what gets these doctors this way, and hurts people in my condition, is these heroin addicts.” Additionally, he admitted being hesitant to pick up his infant for fear of falling, even though he is the baby’s primary caregiver when his wife is at work.

Because of his felony record, John also continues to experience obstacles with securing housing. Over five years ago, police found drug paraphernalia in the backseat of John’s car during a traffic stop. According to John, he wasn’t charged and didn’t go to court, but, the police stop is on his record, along with multiple DUIs. John lives in a one-bedroom, $650 a month, apartment with his wife and new baby in a small, rural community. His older daughter visits on weekends. The apartment is dimly lit, but comfortable. The baby’s crib is in the kitchen and John’s electric scooter is in the small living room along with children’s toys and their minimal furniture. John is looking for more affordable, better housing. He said, “So what I’m running into problems with now is we’re stuck in this [apartment], and they won’t let us move back in [another apartment complex] because of my record. I told ‘em, ‘look into it!’ [They said] ‘We don’t have to, it says it’s on your record; it’s on your record!’” John described his pleas with the
apartment managers, “I said, ‘but look into it. I was never convicted. I had no fines, no probation, no nothin’. I never convicted from it.’ I just got a letter that they’re not going to further my application anymore, because of drug activity [drug paraphernalia] on my record.”

John expressed more frustration when he sought help from an official source. “So there I am calling, trying to get Fair Housing to help me, they can’t help me. They give me another number to call for, like, discrimination. I mean, you try, and you try, and you try to change. This is why people keep goin’ back and givin’ up.”

Six years post-release from his last incarceration, in the community where he has spent his life, John still doesn’t have a driver’s license. His reinstatement fee is over $600. But, John points to the scooter in the corner, “The electric scooter; it’ll go up to eight miles. It’ll do 17 miles an hour but, you know, for $260 and had it four years, and put two new batteries in it in four years, so I’ve spent $600 in almost five years of transportation.” Again, John demonstrated that he continues to make creative and rational efforts to deal with barriers.

He added, “another thing is, the hard part is, to sit here and not want to go back to sellin’ crack and stuff when I knew that I made $2000 cash by the end of the day workin’ six hours.” John also recognized that he risks going to prison and losing the relationships with his wife, his children, and his parents. For now, that keeps him from abusing or selling illegal drugs. He shrugged and said, “I mean, why do I wanna go and live what I just been through.”
John lacked a connection to community mental health services as well. He described the period of time after the shooting five years ago, recovering from a coma, struggling with “the depression thing.” His family encouraged him to go to counseling. John remembered emphatically telling them, “I don’t want it brought up. ‘Cause the last time you guys got me into counseling I got back into stupid shit. I ended up slicin’ my wrists. ‘Cause you guys keep bringing up the past and shit. I figured out how to get rid of it [depression] my own way.” John seemed convinced that talking about his past and confronting his feelings would evoke additional pain and his only coping mechanism would be suicide. He described a mental health system that failed to offer appropriate supports and a duration of treatment necessary for John to feel safe and address his past trauma. John didn’t mention being referred to any self-help groups or group counseling that may have provided him a normalizing peer group, nor was he ever assessed for participation in a more intensive treatment program, one which would allow him contact with a clinician more often than once a week.

Without a legal advocate and professional case management, John is left to negotiate a labyrinth of competing systems, eligibility documentation, and resource acquisition. Without appropriate intervention, John is left to manage untreated attention deficit disorder and depression while he parleys organizations and agencies in order to get his needs met.

John struggles to overcome barriers to successful reentry and demonstrates remorse. He described feeling guilty about the people he encounters in his small town who continue to abuse illegal drugs. John said, “I went to prison and went to TC and got a lot
of rehabilitation stuff. But these other people; they’re still on it. It makes me feel like it’s my fault. Because I had the access to it, I’m the one that talked them into getting that first hit.”

He appeared to also be attached to those family members in his life and his neighbors. He talked about how he is the “psychiatrist for a lot of dang people” around the neighborhood, how old friends and neighbors stop by to visit and talk about “marriage problems and shit”. John smiled when he explained how he has friends who check on him. He talked frequently during the interview about his children, whether it was his new baby or the school-age child who lives with her mother. His television, which also serves as the monitor for his computer, proudly displays a picture of his infant as a ‘wallpaper’; other pictures of his children decorated the shelving and walls in the apartment. John became tearful when he talked about how difficult it has been to lift his baby when he cries, change diapers, or play with children because of pain, but, then, just as quickly, added that he has also been asked to speak to kids at a local elementary school when the teachers are having problems with a student.

I told the kids if they’d do good in school, that if they brought me a good report card on the report card days, I had 4 homemade ice cream makers up here. And I would make 4 things of homemade ice cream in Styrofoam bowls and if they brought it with good grades they could come and eat ice cream at my house. I just did that, you know, just to stay out of stuff; it was a hobby I did. So I didn’t have to leave my house. I opened up my back door, plugged ‘em in!
John’s case was clearly distinctive. The string of multiple convictions and incarcerations did not appear to serve as a deterrent, but neither did they lead to any additional professional supports or linkages for him. Except for his CBCF stay ten years prior, John was released from incarceration without official supervision, i.e. probation or parole, that might otherwise have provided him referrals and case management. The consequences associated with his alcohol/other drug use have simply resulted in his compartmentalizing his substances of abuse into categories of legal and illegal, but, did not result in his fully embracing a recovery lifestyle or abstinence. And he has no apparent reason to feel or see things differently. The community resources that might be able to significantly shepherd and stabilize John and his family appear not to be accessible, available, or appropriate.

Other participants had described relationships with probation and parole officers that helped them get on track or stay on track. Even when John was released from incarceration, John was most often placed on ‘non-reporting’ probation status, “probably six or seven times”, he said. John explained, “The judge puts you on unreporting probation, you don’t see a probation officer, and if you don’t have community service, all they worry about if you paid all your fines.” Although it is less clear how or whether John would have benefitted from this relationship, it does seem apparent that it may have given him an opportunity to establish a course of treatment and provide a more consistent trajectory of recovery and reintegration in his residential community. The social isolation that has inflicted John for a multitude of reasons only worsens his circumstances.
Intensive case management or home-based services could impact this family; but, they do not appear to be attached to any benefits that John and his wife are receiving.

John’s resiliency is remarkable. In the face of evidence that his efforts to better his situation continue to fail, John continues to box shadows. He continues to fight battles with bureaucracies, with people he doesn’t even see, with seemingly unwavering energy. With a pending disability claim, his medical insurance will continue to provide him treatment with his family doctor who, at follow-up three months after the first interview, has assumed responsibility for John’s pain management.

In spite of John’s ambivalence about his relationship with his parents, he related in a second interview that his situation is changing. The multiple challenges inherent in living with permanent disability and chronic pain, as well as being socially isolated and financially insolvent without social security benefits, were overwhelming. Therefore, John decided to move into his parents’ home where he will no longer fulfill the role of caregiver to his young child.

The social and moral injustice for individuals like John is inconceivable. He has become invisible to society, disabled and socially isolated. John was never offered home-based counseling services and he has not had contact with any adult protective services nor is there any home healthcare. Without question, John’s experience points to the need for professional advocacy, follow-up, and intervention services to facilitate reentry, to ensure continuing recovery, and to promote psychosocial functioning, particularly for TC graduates who return to small communities with limited and inadequate resources.
Chapter 6:
DISCUSSION OF FINDINGS

This qualitative study sought to understand the lived experiences of offenders as they reenter their residential communities. A qualitative research approach stands in sharp contrast, and complement, to the many quantitative recidivism studies that have left the metaphorical ‘black box’ of reentry virtually unexplored. The twenty-five men and women who participated in this study had taken part in a corrections-based therapeutic community program during incarceration. For seven of them, it was during their first incarceration when they entered the TC. But, for those seven and thirteen others, or eighty percent of all participants, it was their last incarceration as a result of a new offense. None of the participants were on official supervision or reincarcerated during the course of the study.

Categories and subsequent themes emerged as each interview transcript and field notes were compared to the others through the constant comparison method of data analysis. Sampling provided geographic, age, gender, and socioeconomic diversity; yet, the themes were common to all participants. Their lived experiences within the therapeutic community were profound, whether it was because of the interactions with peers and staff or the introspection inspired by encouragement and feedback. Ninety-two percent of the participants described, often graphically and with intense emotion, how the experience impacted their lives and influenced their self-identities. They offered
testimony to how vastly different their experiences were when they were living within general prison populations. The second theme unveiled the reentry experience and its multiple parts.

Unquestionably, of all the factors involved in an offender’s success and ability to remain out of the criminal justice system, relationships emerged as most significant. Positive, recovery-oriented, authentic relationships provided offenders the secure base that they needed to adapt to their residential communities. A network of recovering and non-using friends, non-using family members, and other successful TC graduates provided offenders the support needed to avoid relapse. And, if they did relapse, the network provided support until they were clean and sober again. The network also proved instrumental in helping the released offenders secure safe housing, find gainful employment, and obtain transportation needed to adopt a prosocial lifestyle. Not surprisingly, participants acknowledged that their past experiences and drug / criminal lifestyles had prevented them from interacting with others in honest and caring ways. Participants knowingly experienced a transformation of self in-relationship and, more often than not, that transformation had its beginnings in the therapeutic community.

Therapeutic communities are designed to encourage, monitor, and even manipulate social interactions to bring about change in an individual’s behaviors and attitudes. The principles are founded on relational theory and grounded in principles of psychodrama and social psychiatry, using the community as the change agent. The question, here, is not why would offenders’ relationships improve once they returned home; but, rather,
why wouldn’t relationships be improved once offenders reenter their home communities, significantly improving their chances of success.

If a TC participant has learned how to be assertive, express feelings timely and appropriately, and listen to others empathically, then the individual will be a better partner. If a TC graduate has learned how to set boundaries and recognize when boundaries are violated, then the individual will be a better parent or adult child. If a participant has practiced being responsible for the cleanliness, safety, and honesty in the TC, then the individual will strive for and inspire the same in a home community.

Repeatedly, participants told of moments in TC that demonstrate personal enlightenment and connection with others, testimony to why and how individuals were able to stay out of prison after returning home.

As participants related during their interviews, others’ validating and encouraging words made memorable and lasting impressions. Phrases like “just try” or “push up!” became powerful affirmations for individuals who had experienced abusive, distrusting, and neglectful relationships throughout their lives. And, given the denigrating and humiliating lived experiences described while in general prison populations, these affirming messages were unique to the therapeutic community milieu in the corrections system.

For three-fourths of the participants, being released from prison had happened prior to their release from the therapeutic community. All the feelings of anticipation, anxiety, and resolve had been present with other reentry experiences. But, like the 1993 film, “Groundhog Day”, when the television weatherman, played by Bill Murray, finds himself
waking up to the same day and reliving the same events, many of the participants walked out of those prison gates, powerless to make changes and move on. They made promises in the past about how things were going to be different or they described the intent to use alcohol and other drugs differently. Yet, they faced helplessness and hopelessness when things were much the same. And, like the weatherman in Punxsutawney, participants’ experiences in TCs included an epiphany, that “ah-ha moment”, when they began to be aware of who they were and what was important in their lives. The self-centeredness, that so many described in the purgatory of their drug and criminal lifestyle, had given way to altruism and empathy towards others. Participants described their lives today, filled with giving back and paying forward. Twelve participants, nearly fifty percent of the study members, are currently involved in helping professions. In addition, they and others volunteer their time speaking about their recovery, helping neighbors, and working with prison ministries.

The therapeutic community environment was consistently described by participants as the difference between just another incarceration and a life-changing process. For twenty of the study participants, the therapeutic community stay was the difference between going home and staying home. The modality works, impacting salient elements of recidivism.

Relational-cultural theory, originally developed as self-in-relation theory, explains, in part, the findings in this research project. In contrast to more traditional ideas of autonomy and independence as a measure of personal growth and development, the theory recognizes that identity change is experienced in-relationship. “Further,
relationship is seen as the basic goal of development: that is, the deepening capacity for relationship and relational competence. The self-in-relation model assumes other aspects of self develop within this primary context” (Surrey, 1991, p.53). So, relationship is the process and the goal. The mutuality emphasized by self-in-relation was repeatedly described by study participants as the impetus for personal transformation. Surry (1991) defined relationship as the “experience of emotional and cognitive intersubjectivity [as] the ongoing, intrinsic inner awareness and responsiveness to the continuous existence of the other or others and the expectation of mutuality in this regard” (p.61). She argued that a sense of self, then, is developed through a balanced process of connection and individualization. A tenet of relational-cultural theory is that people do better in growth-fostering relationships and that a growth-fostering relationship involves mutual empathy, respect, and authenticity. These interwoven dynamics also provide the safety that allows differences to be expressed and conflict to be acknowledged and negotiated. “Simply put, connection provides safety from contempt and humiliation; however, it does not promise comfort. How those differences are treated is a telling indicator of the quality of connection – that is, the extent to which an encounter embodies or engenders an increased sense of worth, clarity, zest, and desire for more relationship.” (Walker, 2009, p.9) Freedberg (2009) adds that the process of affiliation enhances the development of self for both men and women, yet men are “pressured by social sanctions to cut off from the other in the early years of life in search of a “masculine” identity. As a result, they may see relationship as a threat to their autonomy, success, and sense of self” (p. 22). Most certainly, this study found evidence that the TC milieu provides a venue for growth-
fostering interchanges in relationship for women as well as men. The environment also provides the safety necessary for conflict and confrontation that, in turn, allows members to experience respectful negotiation and fearless vulnerability.

Similarly, the ecological perspective facilitates the understanding of the therapeutic community process, viewing as complementary the transactions between people and their environments. “The ecological perspective provides an adaptive, evolutionary view of human beings in constant interchange with all elements of their environment. Human beings change their physical and social environments and are changed by them through processes of continuous reciprocal adaptation” (Gitterman & Germain, 1980, p.5). The complex interactions and adaptation, then, lead to the shared attainment of an individual and environment reaching a goodness-of-fit between needs and growth-supporting structures in a non-linear relationship. Gitterman & Germain (2008) recognize the stress created when “a poor fit evolves between a person’s perception of environmental resources and his or her needs and capabilities. Adaptedness and adaptation are firmly action-oriented and change-oriented” (pp. 54-55). When appreciating the therapeutic community model from an ecological perspective, the participants’ lived experiences are even more understandable and remarkable. They enter the TC with a past of developmental disorganization generated by dealing with an unresponsive environment, and enter their residential communities at release with the additional stressors created by the discrepancies between needs and opportunities. The balanced, empathic, authentic environment of a TC, and the learning of new skills and relational skills within it, is vital to achieving goodness-of-fit upon reentry.

209
Participants are continually expected to solicit and offer feedback, just as they are expected to ask for and provide help. All of the learning and growth-oriented activities in the TC demand that participants experience some degree of being trusted by and trusting others, enhancing their emotional and relational competence. Of course, the TC intervention ‘dose’, or duration of experience, also appears to be relevant to the discussion. Since coming to relationship is time sensitive for participants who are also learning to set appropriate boundaries, reduce defensiveness, and let go of street images, further study is needed to explore the therapeutic benefits of and program modifications necessary for the TC modality provided in shorter time periods.

The participants’ average length of stay in a correctional TC program is one year, eight months; the median length of stay is one year. Generally speaking, the prison-based therapeutic community programs have a longer length of stay than the community-based correctional facilities (CBCF). To a certain extent, this reality is related to the statutory maximum sentence to a CBCF which is 180 days. With the diminution of incarceration because of definite sentencing (Ohio Revised Code, 2008), and the increasing need to reduce prison overcrowding, even prison-based programs are experiencing shortened length of stays. Any influence of “dosage” may also diminish. This issue may benefit from further study. Of the five participants who were reincarcerated because of new offenses, including probation or parole violations, four of them (80%) had graduated from a TC program while incarcerated in a CBCF. Because CBCFs were designed to keep offenders near their home communities, CBCF graduates also made up much of the
population of those who chose not to relocate (60%) upon release as compared to 20% of the group who relocated. Nevertheless, it is important to note that expectations for long-term behavior and identity change apparently are related to the length of stay. This expectation-dose trajectory is no less logical to expect the same prognosis for remission or cure from differing doses of medication or medical treatment. To announce that TC doesn’t “work” in a CBCF environment is to say that the expectation is the same. It is not. A graduate of a TC program within the community-based correctional facility may need additional and different supports upon release. With less time to build prosocial associations, to resolve issues related to past trauma, and to make prosocial decisions independently, a CBCF graduate may benefit upon release from intensive case management which can establish linkages for treatment to such needed services as mental health outpatient treatment. The therapeutic goals while in the shorter-term TC, then, can focus on an enhanced awareness of personal responsibility and of the need for personal transformation. Therefore, much of the therapeutic work needed for those released from a TC in a CBCF may have to occur in their residential communities, post-release.

The participants also talked about the relationships and supports that they experienced with probation officers. Although there were four study participants who were released without any official supervision, for others, additional positive, sober support during their reintegration into their home communities was the probation or parole officer. Again, it was not merely the accountability required, but the relationship that mattered. When a participant respected and trusted the assigned probation/parole officer (PO), even when
the feedback received was confrontive or corrective, the participant credited the officer for success in reentry. Participants seemed to be more willing to follow directives, even when they didn’t agree with them, when they had a relationship with the supervising officer whom they valued. In addition, participants recognized that the interpersonal skills practiced in TC were a factor in their positive relationships with POs. The probation/parole officers often validated the changes participants made by making positive comments, e.g. “I wish everyone was like you!”, or releasing them from supervision early. Ultimately, this reality contributed to participants’ success because they worked to comply with supervision rules. Eleven of the twenty-one participants with post-release supervision reported being taken off early.

When relationships with probation or parole were strained, it became another source of stress during the reentry experience. The number and fewer of other social supports in place seemed to determine the perception of the level of stress presented by a probation or parole officer. This relationship deserves further study. It could not be determined if reincarceration because of a probation or parole violation (2 cases) was related in any way to the relationship or level of contact between participant and officer. In other words, a closer, more trusting relationship might provide the PO more information about a participant doing well or not doing well, while a distant relationship might inadvertently keep an offender in the community because of the lack of incriminating information.

The increased revocation rate in intensive supervision probation programs may not indicate program failure, as interpreted in results from recent a quantitative study (Lowenkamp, Flores, Holsinger, Makarios, & Latessa, 2010). In fact, revocation may
rather be attributed the ability to detect violations because of increased contact.

Furthermore, the same researchers (Lowenkamp, et.al., 2010), concluded that “the promotion of a human service philosophy should take a high priority for correctional administrators, especially those involved in ISP (intensive supervision programs) that have been previously entrenched in the philosophy of deterrence” (p. 374). Again, even these researchers did not explore the critical influence of the relationship on reincarceration. The focus of study was on the workers’ intervention philosophy – a dichotomous measure - and not on the offenders’ perception or the offender-worker relationship. Unfortunately, large-scale recidivism studies have not explored the influence of the probation and parole relationship on reincarceration. This relationship, along with other relationships experienced during reentry, deserves further investigation from different epistemological and methodological stances.

Participants were asked about what they believed to be obstacles, what they needed to overcome, as well as what might be the factors that led to their successful reentry experiences. Many of their responses were thoughtful and reflected an integration of self-identity as a community member rather than as an ex-offender. Interestingly, some of those who most successfully established new relationships, attained careers and achieved academic goals, took the most time to answer a question about obstacles. A contributing factor might be that these participants didn’t always view obstacles as barriers to success. It might be an indication of a deeper, internal motivation to succeed, or even a resiliency seldom recognized in the study population. Not unlike findings from a previous study, (DeLeon, 2006), the participants’ “perceptions of self-change are
associated with success to “later recovery behaviors” (p. 87). The twenty-three men and women in this study who expressed a connection with drug dependence recovery and a prosocial lifestyle not only appeared to be doing well in all areas of life, but also relinquished the identity of offender.

The next, logical question is: If a participant’s success is related to self-identity transformation and connection to a community, then, when and how does the community change their perception of an ex-offender? The participants experienced stigmatization, even years after paying their debt to society for crimes committed. The stigma of a felony offense held participants back. Nine participants experienced tangible obstacles. One participant, Linda, confronted a glass ceiling of sorts. She was refused the field education placement of her choice because of her offense nearly twenty years ago. Another participant, Kim, an African American woman, spoke specifically about multiple challenges to reintegration into a home community that felt hostile to her gender and race, as well as her legal history. She never found employment commensurate with her intelligence and post-graduate education. Greg and Mark talked about surrendering to the idea of self-employment because background checks continued to deem them ineligible for jobs in their chosen fields. John described years of bullying from peers, schools and law enforcement and, currently encounters negative responses from professionals in the healthcare system. These are shameful reminders that further work in reentry preparation is needed for both the offender and the community. As the ecological perspective holds, goodness-of-fit between person and environment is a reciprocal transaction.
So when does an “offender” or “ex-con” lose that disparaging, deviant label and become a “member of a community”, much as they were referred to in a TC? For the marginalized and stigmatized, paying their debt to society appears never-ending, complicated by prejudice and discrimination.

Also related to reentry experiences is the issue of the ‘geographic cure’, long dismissed in the recovery community as a futile attempt by addicts to evade their drug dependencies, an attempt to project blame on their environment for their addictive behavior. Forty percent of the participants in this study chose to relocate upon reentry. In other words, these individuals felt it was in their best interests not to remain in the home community. Instead, they chose a new residential community that might facilitate their recovery journeys. Of the fifteen participants who chose not to relocate after their TC stay, five of them (33%) were reincarcerated at least once before successfully staying out of the corrections system. In contrast, one of the ten participants who made the decision to relocate upon release was reincarcerated after his TC stay. However, his reincarceration was attributable to a conviction for offenses committed prior to the TC stay. Therefore, if that conviction is not counted as the other recidivism events which were probation violations or new offenses, then 100% of the participants who relocated were successfully integrated into the community without subsequent arrests. Nevertheless, all six reincarcerations were related, directly or indirectly, to alcohol or other drug abuse.

The implications are far-reaching. If the criminal justice system is designed to incarcerate offenders closest to their homes, then, attention needs to be given to what
supports are put in place once they return to their communities, including visible and accessible treatment for chemical dependency. Participants described experiences of returning to the residential communities where their drug and criminal lifestyles had flourished. They related the painful rollercoaster of small successes, then failures, until they stabilized their recovery in an environment with obstacles that would not have existed elsewhere. Dave had to walk blocks to a pay phone, rain or shine, to call his sponsor every night. Maryann was forced to accept housing in the neighborhood where she had solicited. And John’s social isolation because of chronic illness and disability left him with friends who were there before incarceration, friends who continue to abuse alcohol and other drugs. A critical question emerges: To what extent do current regulations set up offenders to fail? Yes, it could be said that if they ‘want it badly enough’ they will do what they need to do. However, that dismissive notion can be fatal in actuality; it can result in the deaths of men and women struggling against the odds. It can result in the orphaning of children. Probation rules frequently prohibit moving across county lines and, yet, moving could be the difference an offender needs to reintegrate successfully. Other probation rules prohibit offenders from associating with one another. Although well-intended, the rule can also prevent TC graduates from giving the strong support that they typically do to the newly-released, or from providing rides to job interviews or Twelve-Step meetings. If the offenders’ peers cannot support them, then who? Again, the corrections bureaucracy and some communities are not wholly understanding of and responsive to offenders’ needs during reentry. And they can and do create policies that impede rather than facilitate reentry.
The therapeutic community modality and the lived experiences described also present an argument for a recovery-oriented system of care that continues to offer emotional, social and practical support, as well as professional services throughout the life span. Within the TC environment, members have the opportunity to practice and refine prosocial skills as a viable member of a community. Participants described the overwhelming benefit of having peer mentors, a person or group who has “walked to trail” before them, who knew a safe place for them to live or work, even temporarily. On the outside, a recovery-oriented system of care would offer the offender a system of providers that universally understand the dynamics of addiction and recovery. Perhaps, what hasn’t worked about a therapeutic community has been the absence or paucity of similar community supports when a TC member returns home.

Emerging conventional wisdom about changing offender behavior includes targeting offender criminogenic needs, those risk factors that can change over time: antisocial peers, personality traits and attitudes, as well as problem-solving and self-management skill deficiencies, and poor self-control (Cullen, Smith, Lowenkamp & Latessa, 2009; Vose, Cullen & Smith, 2008; Listwan, Cullen & Latessa, 2006). Cognitive-behavioral (CBT) approaches and manualized curricula are touted as the most effective strategies to reduce recidivism (Lowenkamp, Latessa & Smith, 2006; Lowenkamp & Latessa, 2005). Although lesson plans and role plays may inspire problem-solving or even introspection, it would be short-sighted, at best, to believe that the person-in-relationship has also changed. One participant reflected on what many participants described about their TC experience: “something that homework assignments or talking in group, alone, may not
have provided.” The cognitive restructuring and the behavior management in these curricula minimize, if not ignore, the influence of social connectedness and social interaction on identity transformation. What is missing from the CBT approach is the expectation that an offender will continue to practice, and be held accountable for, prosocial interpersonal skills throughout the day rather than merely participating in a group lesson. Participants didn’t describe what they learned in class. They described how they lived differently in a TC milieu in contrast to the milieu of the general prison population. They articulated how that lived experience translated to a different lived experience in their home communities.

A strengths-based perspective is preferable to the deficit, pathological approach which addresses the drug/criminal lifestyle from a risk/needs perspective (Cullen & Jonson, 2012; Andrews, 2011). Certainly, the participants in this study demonstrated resilience and tenacity in the midst of hardship and trauma histories. Their positivity and acceptance was palpable as they described letting go of toxic relationships and resentments. Moreover, rather than changing cognitive distortions and modifying undesirable behaviors, the human bonds forged in the TC program provided the participants a sense of well-being and psychological safety so that they were better prepared to rely on others, offer support, and ask for help. During data gathering in this study, data repeatedly emerged that demonstrated progress in relational development, concomitant with cognitive and behavior change.

Another point of discussion is the issue surrounding the timing of therapeutic interventions, specifically whether treatment can be provided during incarceration – or
should be. When asked if he thought he would have benefitted from a TC program without incarceration, Ian said, “Wouldn’t have had time for it. You gotta strike when the iron is hot.” Ian and others made it clear that engaging an individual who is in the throws of addiction is a challenge under the best circumstance, but even more so when the individual is in the community and not drug-free. As participants observed, a drug-free environment is also not a reality in the general prison population. Some offenders and staff members are innovative, manipulative, and able to sell, barter, and use illegal substances in correctional facilities.

In these political and economic times, recidivism has created a circular system with intolerable human and financial costs. As the pendulum of public opinion swings widely between punishment and rehabilitation, policy makers and funders confront the same. Empirical evidence derived from quantitative research studies support current decisions to cut TC programs. Manualized CBT programs are being implemented as part of cost-containment. As professional services are downsized behind bars, the waiting time to enter programs surpasses many offenders’ stays. Subsequently, they are released without any behavioral health intervention. When institutions become overcrowded and the high cost of custody becomes unbearable, systems reevaluate sentencing laws as well as the option of keeping offenders in their communities. The responsibility for treatment is then imposed on communities, many of which are inadequately equipped or funded, to provide mental health and/or drug treatment to released offenders.

This qualitative study gave voice to the consumers of the correctional system. From their perspectives and lived experiences, not only is the therapeutic community modality
viable, it provides a safe, drug-free environment that nurtures functional social interaction with caring staff as community members. Furthermore, it provides an opportunity to develop a sense of self as well as a prosocial lifestyle, thereby preparing offenders for reentry. TC emphasizes a transfer of learning so that offenders can apply newly acquired knowledge and skills successfully as they adapt to their residential communities.

TC provided a sense of connection. A sense of connection builds community. A sense of community benefits everyone.
Chapter 7:

IMPLICATIONS FOR FUTURE RESEARCH

This qualitative study sought to understand the lived experience of TC graduates during reentry, in a way that cannot be illuminated by quantitative research methods. Since the search for the holy grail of ‘what works’ to reduce recidivism commenced thirty years ago, the corrections field has been inundated with effective programming conclusions based on the dichotomous measure of recidivism. Upon release from prison, an offender either failed or passed. If the offender is reincarcerated, then it was an indictment of the treatment program in which the offender participated one, two, or three years prior.

Without the benefit of qualitative research and combined qualitative-quantitative studies, the men and women who paid their debts to society have been silenced. The experience is more than whether they found a job and housing, even though it is clear that both are accomplishments when living with a felony record. Quantitative research studies are not concerned with understanding the lived experience and perspectives of offenders. The results they generate and the conclusions drawn are not adequate to recommend only one approach to correctional programming and related policy, and to eliminate milieu treatment as outdated and ineffective. More than a half million individuals were released from prison last year in the United States and, statistically, two-thirds of them will return (USDOJS, 2011). It is imperative that their experience is
understood from their standpoint because these men and women can contribute to the knowledge base and sociopolitical discourse about treatment in correctional facilities and community reentry.

The impact of the TC modality needs further investigation. It is critical to continue identifying the modifications necessary for programs constrained by time and funding. DeLeon (1997) has conducted preliminary research in this area. There needs to be more. Because the elements associated with coming to relationship appeared to take center stage for the participants in this study, practitioners may benefit from ongoing research in “how connections heal” (Walker & Rosen, 2004). Study of any influence of ‘dosage’ will also benefit from further research rather than the prematurely drawn and prejudiced conclusions that TC methods are ineffective in changing offender behavior and do not lead to successful outcomes on release and reentry into residential communities.

Given that the TC modality and its prosocialization emphasis relies on relationship-building that might evolve over time (especially for a population considered anti-social), and that CBCFs that operate as therapeutic communities do not also include any “general population” with whom the residents might interact, it is possible that the TC experience is different for those in a prison-based program. Therefore, a fertile area for future research is the investigation of the relational skills practiced and developed in a free-standing TC program as compared to those in a TC that is embedded in environments of mixed populations.

Recovery from alcohol and other drug dependencies need to be a primary focus in correctional research along with the recognition that sobriety, or the lack of it, influences
the reentry experience. The pervasive nature of addiction drives multiple criminogenic needs – not the reverse. For example, the ‘risk principle’ measures antisocial peer associations, attitudes, and values, rather than measuring activities that involve, and attitudes about, alcohol and other drugs. Recidivism research will continue to be strengthened when drug dependence and relapse are considered with intention. Qualitative studies are needed to continue to explore offenders’ risks for reoffending before viable correctional treatment programs addressing chemical dependency are dismantled because of insufficient and misguided “evidence”.

Without question, the localized knowledge derived from graduates from four different TCs in Ohio brought meaning to the offenders’ lived experience. Further study of the reentry experiences of other TC graduates in other states and countries is warranted. Do similar projects provide similar findings given similar context? There are implications, likewise, for similar research that is gender-specific, particularly that which can give further attention to the loss, grief, and trauma experiences before and during reentry.

Allowing the evidence-based literature to be based on evidence from a single philosophical stance will prevent full exploration of the dynamics at work after an offender participates in any type of correctional program. The lack of mixed methods, and the devaluing of qualitative methods, prevents researchers, policy-makers and funders from understanding fully, the dynamics of addiction, recovery, and relationship. Unfortunately, decision-makers have assigned blame for recidivism and assigned credit for successful reentry on treatment experiences that intercepted an offender’s life three
years before. Such a myopic lens does not inform and can only truncate the evidence base for constructing policy and developing state-of-the-art practice with offenders.

The corrections and treatment fields have a shared responsibility to continue responsible examination of ‘what works’ in an authentically collaborative way. The mutual interests and combined efforts of researchers, administrators, policy-makers, and practitioners involved with the rehabilitation of offenders can assist burdened communities in successfully reintegrating men and women who have committed felonies, have served their sentences, and have the potential to change and live, not as “ex-offenders”, but as worthwhile members of communities and society.
REFERENCES


Manhattan State Hospital, Ward’s Island, New York. Chicago: Charles C. Thomas Publisher.


APPENDIX A: Interview Schedule
The lived experience of offenders in a therapeutic community

Interviewee/Graduate: ___________  Interview Date: ________

Male      Female

Demographic

1. How old are you? How old were you when you entered a therapeutic community program?

2. Single / Married / Married in the Past / Currently in significant relationship
   Are you in the same relationship you were in when you entered the TC program?    YES   NO
   Would you say your significant relationship has improved since leaving TC?   YES     NO

3. Current household: with whom are you living? Were you incarcerated in the same county where you lived?
   YES   NO

4. Number of children, ages? Number living with you? Do you expect they will complete High School?
   YES   NO

5. Have you lived in the same place since you left TC? (if not, # other households)
   YES   NO

6. Currently employed?    YES   NO    (if currently employed, # months)
   Has this been your primary source of income since leaving TC?
   YES     NO

7. How many months have you worked in the months since you graduated?
   Average pay rate?

Background

8. Highest grade completed?

   If you did not complete: Drop out / Expelled
   If you did not complete: Did you get your GED in the TC?    YES   NO
   or, circle: Before TC / After TC

234
9. Age of first ATOD use? Date of last ATOD use?

10. Has your ATOD use decreased since you left the TC? YES NO

11. Incarceration history (#events & months), prior to TC experience

12. Incarceration history (#events & months), since leaving TC

13. Number of months (since TC) you participated in aftercare/counseling: Inpatient / Outpatient

14. Number of months you have participated in 12-Step?

_Semi-structured interview schedule_

_Prior to Incarceration_

1. How would you best describe your childhood?

2. How would you describe how you generally got along with teachers in school?

_Therapeutic Community Stay_

3. What brought you to a Therapeutic Community program?

4. What do you remember most from your stay?

5. What were you feeling & thinking as you were getting ready to leave?

_Back Home_

6. How did your first couple weeks home go? Your first 6 months home?

7. What was your supervision (probation / parole) like since graduating?

8. How are you getting along with friends now?

9. How are your relationships at work, how are you getting along with people?

10. How are you getting along with your spouse or partner?
11. What have your relationships with family members been like?

11. Have things gone the way you expected they would (before graduation)?

12. What do you think has helped you be successful?

13. What would you say are some of your biggest obstacles to success?

14. How has a therapeutic community experience influenced how things are for you today, if it has?

15. What advice would you most like to give residents who are in a therapeutic community now?

Thank you! I appreciate your generous gift of time. When I complete a summary of all my interviews, your name and identifying information will not be included. Can I contact you again if I have more questions?