

## ABSTRACT

### Breaking the Cycle of Recidivism: The Impact of Community-Based Resources

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This phenomenological multiple case study examined the lived experiences of two ex-offenders who have been diagnosed with mental illness receiving resources at a community-based program. In addition, the perception of a case manager who provides counseling at the community-based program and the impact of ex-offenders successfully breaking the cycle of recidivism is examined in this phenomenological multiple case study. The research on recidivism explored the lived experiences of adult ex-offenders reintegrating into society and the resources of community-based programs (James, 2015). The research also included the challenges associated with minimizing recidivism, sustaining employment opportunities, and advocating for housing of formerly incarcerated offenders (James, 2015).

This phenomenological multiple case study included data collected from two ex-offenders currently receiving community-based resources. The methodology involved data collected from semi-structured interviews with open-ended questions with two ex-offenders with mental illness and a case manager. Through data analysis, five themes

materialized: housing, employment, family support, education or trade skill, the importance of the parole officer and expectation, and lack of mental health and substance abuse resources. The availability of these resources can impact the offender when reintegrating into society. The findings from this research provided the risk factors of whether the participants will offend or not re-offend and remained as effective participants in the community-based resource program.

The experiences discovered in the study by the two participants were external environment contributions to behavior, educational barriers, lack of family support, and society impressions. The study of recidivism with adults could benefit from education about mental health treatment and diagnosis, identifying offenders' mental health during re-entry into society, increase research and training to identify risk to help decrease recidivism, and increase participation in community-based resources. This phenomenological multiple case study reviewed prior literature regarding recidivism, the ex-offender with mental illness, and offered a discussion around a community-based resource program.

Breaking the Cycle of Recidivism:  
The Impact of Community-Based Resources

by

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A Dissertation

Approved by the Department of Curriculum and Instruction

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## LIST OF ABBREVIATIONS

BJS: Bureau of Justice Statistics

CSOSA: The Court Services and Offender Supervision Agency

DSM–5: The Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition

GED: General Education Development

NAMI: National Alliance on Mental Health

PASS: Proactive Approach for Successful Supervision

PRI: Prisoner RE-entry Initiative

SCA: The Second Chance Act

TIPS: Transitional Intervention for Parole Supervision

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“There is no greater agony than bearing an untold story inside of you.”

—Dr. Maya Angelou

## DEDICATION

To my mom, Emma, who influences my life, prays for her family, and loves like no one else I know. Mom, you are always supportive and my biggest cheerleader. I often reflect and think about our conversations, how you sat and listened to me, and then offered words of encouragement and prayer. Mom, I pray you are continually blessed and that the family has made you proud.

## CHAPTER ONE

### Introduction to the Problem of Practice

#### *Introduction*

Disproportionate access to community-based resources for offenders when released from prison continues to increase the risk factor for recidivism. Recidivism is a common problem among released state prisoners (Watson et al., 2004). However, most ex-offenders who recidivate have a mental illness diagnosis (Ward & Merlo, 2016). Research conducted by O’Sullivan et al. (2018) finds that some offenders self-report their mental health problems while in prison. This research also included that 10.2% of offenders reported depression while 3.6% self-reported psychosis (O’Sullivan, 2018). The reason offenders recidivate is continued criminal behavior and a lack of resources such as adequate housing and gainful employment (Tripodi, 2010). Beginning in 1980, the Texas prison population increased due to factors such as the closure of state hospitals and the lack of resources for offenders (Tripodi, 2010). This increase resulted from institutional changes affecting the mentally ill, which began in the 1960s (Ward & Merlo, 2016). Ward and Merlo (2016, p. 29) describe changes within facilities that treated the mentally ill as shifts designed to “enable those with mental illness to live normal lives, seeking treatment in their communities rather than in an institution.” The outcome of these changes was not merely the “deinstitutionalization of the mentally ill,” but also a significant increase in the number of inmates in state and federal institutions (Ward & Merlo, 2016, p. 29).

Consequently, by 2012 there were 356,000 offenders diagnosed with mental illness in prisons and jails (Torrey et al., 2014; Ward & Merlo, 2016). In contrast, state hospitals housed 35,000 mental health offenders, which in comparison is a population ten times less than that of jails and prisons (Torrey et al., 2014; Ward & Merlo, 2016). However, when ex-offenders with mental health illnesses are released from prison, reintegration into society proved difficult as they often lacked proper resources. (Tripodi, 2010). In response to increased numbers of offenders reintegrating into society, the United States implemented federal initiatives meant to address the needs of the new releases (Sells et al., 2020). These national initiatives improved offenders' transition from prisons to community re-entry (Sells et al., 2020). President Barack Obama stated in 2015, "our prisons should be a place where we can train people for their skills that can help them find a job, not train them to become hardened criminals" (President Barack Obama, 2015; The White House, 2016). President Obama's statement highlights the systemic problems with the criminal justice system. A system that perpetuates continued criminal behavior by not providing adequate resources to sustain ex-offenders with mental health issues once released back into the community.

Ex-offenders are like any marginalized population that needs supportive resources to function in society effectively. There are times when offenders express their needs but do not receive the necessary resources or services (Sells et al., 2020). However, as one study illustrates, effective community-based resource programs are critical to reducing recidivism (Kendall et al., 2018). Adequately designed resource programs allow case managers to help offenders transition from prison to their communities (Polaschek, 2012). The case managers' assistance is crucial for ex-offenders with mental illness diagnoses because proper care and

resources make a difference. Yet studies show that community-based programs are often not equipped with the resources needed for mentally ill ex-offenders. Case managers assist offenders with their housing, employment, and mental illness treatment when reintegrating into society, frequently utilizing limited resources (Tripodi, 2010). Community-based programs also offer vocational skills training to offenders and help offenders re-connect with their families (Polaschek, 2012). According to Kendall et al. (2018), the case manager often deals with stressful occurrences involving offender placement and treatment options. For example, locating specific individualized care for offenders is stressful for the case manager because not all community-based programs have adequate resources.

A common misconception is that incarceration is a rehabilitative process, which transforms offenders into law-abiding citizens. However, rehabilitation is not possible without adequate measures. While the aim is to stop criminal behavior and have ex-offenders re-enter society, many are prone to re-offend when confronted with obstacles that prevent them from successfully meeting their goals (Tripodi, 2010). This point is especially true for ex-offenders with mental health diagnoses who are more likely not to receive appropriate treatment. Case managers should be involved with the offender before and after release from prison (Tripodi, 2010). Ideally, community-based resource program services are available for offenders when released from prison and continue for several years after (Tripodi, 2010). An ex-offenders' participation in a community-based resource program increases successful re-entry into society and deters repeated criminal behavior (Tripodi, 2010). Nevertheless, Lamb and Bachrach (2001) assert that community-based resource programs are not equipped to address the growing needs of mentally ill ex-

offenders. The needs of the mentally ill ex-offenders are not met because of poor infrastructure within community-based resource programs.

This phenomenological multiple case study examines ex-offenders' lived experiences, the perceptions of a case manager, and the impact of successful community-based program resources. This chapter provides a statement of the problem, the purpose of the study, the theoretical framework, research design, summary of findings, and definition of key terms pertinent to this phenomenological multiple case study.

### *Statement of the Problem*

The purpose of the penal system is to function as a conduit of punishment for criminal behavior, a rehabilitation institution, and serve as a protective barrier between criminals and the public. Consequently, most offenders do not expect to spend the remainder of their lives incarcerated. The expectation is that many offenders will be released and return to their respective communities. However, the reality reveals high recidivism rates coupled with the continued criminal behavior of emancipated offenders, which negatively impact these communities (James, 2015). Expenditures for medical care and stipends for living expenses pertaining to offenders' burden communities plagued by limited resources (James, 2015).

To minimize recidivism and its adverse impact on communities, many local, state, and federal agencies have implemented programs to transition ex-offenders back into society as law-abiding residents (Maruna et al., 2009). As a result, increase support for community-based resource programs is needed (Maruna et al., 2009). Community-based programs by design help break down barriers ex-offenders confront as they transition

back into society. According to Maruna et al. (2009), community-based programs provide alternative pathways for ex-offenders and eliminate the root causes of recidivism.

The data concerning recidivism is astounding; however, the most concern centers on the type and quality of support services ex-offenders receive upon returning to their respective communities. A study conducted by the Bureau of Justice Statistics in 2016 concluded that 47% of offenders are likely to re-offend after release from federal prison. Notably, the prison system failed to provide adequate services to support societal reintegration and prevent recidivism (James, 2015). Studies also revealed that ex-offenders who maintained their counseling services and sustained employment after release from prison proved less likely to re-offend (James, 2015). Conversely, ex-offenders with mental illness often found it challenging to thrive in re-entry scenarios because their conditions required more services than most community-based resource programs provided. This population of ex-offenders was more prone to unemployment or underemployment, homelessness, and often under-medicated for their diagnoses.

According to Mellow and Christian (2008), ex-offenders benefitted from re-entry protocols implemented before prison release and continued after returning to their communities. Re-entry protocols provide detailed plans created by mental health counselors and case management professionals that connect ex-offenders with resources such as psychological and physical health care, drug counseling, educational services, and job placement agencies (Mellow & Christian, 2008). Re-entry protocols and resources support ex-offenders and contribute to breaking the cycle of recidivism (Mellow & Christian, 2008).



### *Purpose of the Study*

The purpose of this phenomenological multiple case study is to understand and recognize why some ex-offenders with a mental illness diagnosis do not re-offend and to what extent their involvement in community-based resource programs played a role (Creswell & Creswell, 2017). There are limited resources available to offenders with mental illness when they transition from prison to community-based programs (Hunter et al., 2015). This phenomenological multiple case study further examines ex-offenders diagnosed with a mental illness to show that they can have a meaningful and successful life with adequate access to sustainable resources. In 2011, a motivational interview study conducted by Anstiss et al. (2011) revealed that few studies have yet to examine the efficacy of community-based programs to reduce recidivism. A motivational interview aims to foster responsibility and positively influence the offender (Anstiss et al., 2011). This phenomenological multiple case study builds on the research conducted by Anstiss et al. (2011) and examines ex-offenders' lived experiences and the perceptions of a case manager who works for a community-based resource program. Additionally, for this phenomenological multiple case study, I investigate recidivism and resiliency patterns by interviewing two ex-offenders with diagnosed mental illness to understand the role of community-based resource programs further and ascertain whether the provided counseling support prepares ex-offenders for reintegrating into society.

This phenomenological multiple case study addresses two questions to help identify the relevancy of community-based resource programs for ex-offenders with mental health concerns. Firstly, what are the lived experiences of ex-offenders with a mental illness and their involvement with a community-based resource program? Secondly, what are the

perceptions of a case manager regarding the resources provided to mentally ill ex-offenders through a community-based resource program?

### *Theoretical Framework*

The theoretical framework for this phenomenological multiple case study is the social cognitive theory. According to Bandura (1999), the social cognitive theory applies to the intellectual capacity of ex-offenders' with mental illness and the environment to decrease recidivism. External stimulation often controls the behavior of ex-offenders (Bandura, 1999). The science of human functioning with cognitive processes allows ex-offenders to activate their mental system in a myriad of ways (Bandura, 1999). For example, because some people are thinkers, they can create a positive or negative influence of their surroundings (Bandura, 1999). Human behavior impacts environmental patterns that correspondingly influence ex-offenders' mental health (Bandura, 1999). The power of influence can shape and change the life course of ex-offenders when reintegrating into society (Bandura, 1999).

Cognitive factors can have a lasting impact on offenders (Bandura, 1999). When case managers at community-based resource programs establish a plan of action for offenders, they are likely to have a positive outcome (Bandura, 1999). The plan of action may include a discharge plan or an assessment plan. These plans contain information that the case manager collected during treatment sessions with the ex-offenders. Cognitive behavioral methods effectively identify risk factors and help reduce recidivism among ex-offenders with mental illness (Yates, 2013).

Cognitive behavior can influence an ex-offender with mental illness to a stressful life event (O'Sullivan, 2018). For instance, a stressful life event may be the death of a

loved one or the loss of a job due to the Coronavirus. O'Sullivan et al. (2018) explain that ex-offenders with mental illness have a cognitive vulnerability. An example of a cognitive vulnerability trigger provided by O'Sullivan et al. (2018) is depression. Therefore, ex-offenders' mental health needs are insufficiently met (O'Sullivan, 2018).

To reduce recidivism, ex-offenders with a mental illness must recognize what has been successful and avoid the influences of a negative environment (Bandura, 1999). Self-efficacy influences the decision-making process (Bandura, 1999). Self-efficacy is rooted in the belief that one can change their action (Bandura, 1999). According to Bandura (1999), when offenders are self-motivated, they do well and are likely to have successful outcomes. The offenders' belief in self-efficacy is essential for engaging in community-based programs (Woldgabreal et al., 2014). Case managers reinforce self-efficacy within offenders and offer support services that create pathways for them to become law-abiding citizens (Woldgabreal et al., 2014).

### *Research Design*

This phenomenological multiple case study was chosen based upon the gap in research conducted on ex-offenders with mental illness and the impact of a community-based resource program. Phenomenological case studies explore a specific phenomenon with a small number of participants (Creswell & Poth, 2018). This research design allows me to understand and explore ex-offenders' experiences in addition to a case manager's perception of their involvement in the re-entry process. I examine the lived experiences of ex-offenders with diagnosed mental illness for a better understanding of how community-based resource programs aided in their reintegration into their communities. The ex-offenders' lived experiences of reintegration are essential to understanding what

criminogenic needs are met using a community-based resource program (Polaschek, 2012).

The participants included two adult ex-offenders with mental health diagnoses and one case manager employed by the community-based program. I conducted open-ended semi-structured interviews, collected the data, and analyzed the data utilizing Microsoft Excel software. I maintained participant confidentiality throughout this study using pseudonyms and destroyed all materials by micro crosscut shredding and incineration upon completion.

#### *Definition of Key Terms*

*Case Management:* “A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes” (Case Management Society of America, 2017, What Is A Case Manager section, para. 1).

*Community-based Treatment:* “Enables people with mental disorders to maintain family relationships, friendships, and jobs while receiving treatment, which facilitates early treatment and rehabilitation” (Community Support Services, 2015, para. 2).

*Correctional, Jail, or Prison System:* Confinement of an individual under state, county, or city authority (Texas Constitution and Statutes, 2019).

*Coronavirus or COVID-19:* “Is an illness caused by a virus that can spread from person to person” (Centers for Disease Control and Prevention, 2020, About COVID-19 section).

*Ex-offender(s)*: “A person who has been convicted of an offense and has been released from any incarceration, and is meeting or has discharged all conditions of probation or parole, if applicable” (Lawinsider, 2020, Dictionary section).

*General Education Development (GED)*: Is an alternative to a high school diploma (Texas Education Agency, 2019).

*Mental Health Assessment*: When a clinical treatment team member assesses mental stability through questions, tests, or exams (Bhandari, 2018).

*Mental Health Counseling*: Limited or short term psychiatric service, including treatment and psychotherapy, for mental conditions that impact the participant’s ability to progress in therapy or independence (Texas Health and Human Services, 2019)

*Mental Illness*: “Mental illnesses are health conditions involving changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress or problems functioning in social, work, or family activities” (American Psychiatric Association, 2018, What Is Mental Illness section, para. 1).

*Psychiatric or Mental Health Hospital*: Facilities are specializing in the treatment of mental health disorders/diagnosis (Tracy, 2019).

*Recidivism*: “Measured by criminal acts that resulted in the return to prison with or without a new sentence during a three-year period following the prisoner’s release” (Bureau of Justice Statistics, 2016, Definitions section).

*Re-entry*: “Is a broad term used to refer to issues related to the transition of offenders from prison to community supervision” (Bureau of Justice Statistics, 2016, Definitions section).

*Reintegration*: When an offender can become an active or productive part of his or her community (Reintegration: Definition, Model & Programs, 2016).

### *Conclusion*

This chapter provided an overview of the gaps in research on ex-offenders with mental illness and factors to reduce recidivism. The chapter also addressed the perception that a community-based program's primary focus is to reduce recidivism by providing support services for ex-offenders' with mental illness, which promotes successful reintegration into society. While this is true at a fundamental level, many ex-offenders have severe mental illness diagnoses and present challenges for community-based resources programs, which are generally ill-equipped to address these issues. The research utilized in this study investigates the resources available for ex-offenders diagnosed with a mental illness and confronted with the possibility of re-offending but has not returned to criminal behavior. Still, more research is required to produce additional outcomes for ex-offenders active in community-based re-entry programs, which may lead to breaking the cycle of recidivism. The literature review in Chapter Two will provide awareness of recidivism, mental health, societal stigma, case management, re-entry, and community-based programs to reduce recidivism.

## CHAPTER TWO

### Literature Review

#### *Introduction*

Effective discharge planning for ex-offenders is a critical factor in successful re-entry back into society. Discharge plans identify and address recidivism causes and, through their practical use, may reduce ex-offenders' propensity to recidivate. Cox et al. (2015) argued that failure to bridge discharge planning and ex-offender's access to available community resources creates avenues for recidivism. There is an influx of mentally ill offenders entering the prison system. As many as 15% of entering males and 30% of females with confirmed mental illness diagnosis as defined by *The Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition* (DSM-5). The DSM-5 has an estimated 600 mental health diagnoses, according to Cox et al. (2015), and 75% of incarcerated individuals meet these mental health diagnosis criteria. The high number of inmates with mental illness presents a grave concern for prison personnel. Cox et al. (2015) further discuss prison personnel and mental health practitioners who are challenged to provide offenders with mental illness treatment. Despite case management services, the United States prison system lacks adequate resources and knowledge to undertake the problem of mental illness and recidivism (James, 2015).

Chapter Two presents a comprehensive review of the available literature and research on mentally ill ex-offenders and recidivism. The literature review addresses research areas related to recidivism, mental illness, stigma, and community-based resources. Additionally, the literature review describes risk factors and the needs of ex-

offenders who accessed the effectiveness of community-based resources. The research identifies risk factors relating to recidivism and programs designed to reduce recidivism. This literature review reveals gaps in the study on the impact of community-based resources for ex-offenders and the successful outcomes of offenders receiving community-based resources. The detailed review of pertinent literature related to this phenomenological multiple case study demonstrates a relationship between recidivism and community-based resources (Cullen et al., 2011).

### *Recidivism*

James (2015) describes recidivism as an ex-offender being re-arrested, convicted, or re-incarcerated within a given period. Adults diagnosed with mental illnesses are at significant risk for recidivism (James, 2015). Several factors contribute to the risk of recidivism for ex-offenders because they often return to unemployment, poverty, and crime (James, 2015). Some challenges ex-offenders must overcome include meeting employment qualifications are the educational requirements for the job (Lockwood et al., 2012). In addition, the ability to obtain employment and support from family is essential to ex-offenders breaking the cycle of recidivism (Lockwood et al., 2012).

There is a financial burden on prisons and jails that provide mental health services to offenders (Quanbeck et al., 2003). For example, correctional officers within the criminal justice system are trained to maintain order within the prison system, not provide mental illness treatment to offenders. Therefore, decreasing taxpayer spending on prisons enriches safety (The Pew Center on the States, 2018). This safety allows ex-offenders with mental illness access to community-based resources to successfully reduce recidivism and resume family and community responsibilities (The Pew Center on the



States, 2018). However, in the twenty-first century, recidivism reduction is a priority for the prison system, case management professionals, mental health counselors, and the community.

The available statistics on ex-offenders and recidivism reveal that the United States and England are the only two countries reporting recidivism rates (Fazel & Wolf, 2015). According to Kaeble and Cowhig (2018), the state of Texas's total correctional population on December 31, 2016, was 681,900, with the state of California coming in second with a total correctional population of 536,100 offenders. Although prior Bureau of Justice Statistics (BJS) tracked offender recidivism for three years after a relapse, current BJS research used a follow-up period of five years (Durose et al., 2014). The longer follow-up period allows policymakers and practitioners to collect supplemental information on the criminal behavior of released offenders (Durose et al., 2014).

According to the research (Durose et al., 2014), 20.5 percent of the released offenders who were not charged within two years were re-arrested in the third year. The re-arrest rate fell to 13.3% for offenders not arrested within four years (Durose et al., 2014). The longer released offenders went without resulting in arrest, the more unlikely they were to be re-arrested within five years (Durose et al., 2014). The detailed recidivism plan provides a comprehensive review of the number and types of crimes committed by the offenders released (Durose et al., 2014). The recidivism rates that are measured by re-arrests were high despite the crime of incarceration or the timeframe of recidivism (Durose et al., 2014). High recidivism rates are a clear indication that more research is needed to understand factors impacting recidivism rates and the lived experiences of ex-offenders. Recidivism occurs as a result of structurally ineffective re-

entry programs that fail to meet the needs of offenders before they leave prison and once they integrate back into society.

### *Mental Health*

The prevalence of mental illness among offenders is of grave concern; in a survey of 1,500 incarcerated adults (Steadman et al., 2009), 16 percent of adults had a mental illness diagnosis. Analysis of the efficacy of mental health care treatment indicates community-based programs can help prevent recidivism (James, 2015). Evaluating community-based resource programs offering continuity of care for mental health patients show reductions in recidivism amongst offenders (James, 2015). Offenders must readily have access to community-based programs that can provide them with sufficient resources to cope with their illness, such as treatment, medication regimens, and counseling services (Skeem et al., 2011).

The lack of mental health programs and services for offenders has intensified the recidivism rate of the mental health population in U.S. prison facilities (Quanbeck et al., 2003). According to Quanbeck et al. (2003), history seems to be repeating itself with the increase of offenders in prison with a diagnosis of mental illness. In the early 1970s, mentally ill offenders arrived in prison after the closure of state hospitals across the United States (Quanbeck et al., 2003). The closure of state hospitals put a strain on treating offenders' mental illness within the prison system (Quanbeck et al., 2003). Offenders who were untreated for their mental illness and released into their communities continued to experience the symptoms of their mental illness, which ultimately leads them back into a life of crime (Quanbeck et al., 2003). The proper treatment of mentally ill offenders while incarcerated helps prevent recidivism (Quanbeck et al., 2003).

Offenders in the prison system with mental illness often decline to take their medication, are agitated, have an incorrect diagnosis, and possibly display aggressive behavior (Steadman et al., 2009). Steadman et al. (2009) found offenders diagnosed with a mental health illness do not adjust well in prison. In the prison system, offenders are more likely to break the rules without their mental health medication, treatment, and counseling services (Steadman et al., 2009). Upon arrival at the prison system, not all offenders are appropriately screened and processed for mental health illness. As a result, many offenders are left untreated for their mental illness and subsequently ill-equipped to reintegrate into society (Steadman et al., 2009).

When offenders are incarcerated, the prison system provides minimal to no mental health services (Petersilia, 2004). Prison staff and case management professionals are not always adequately trained and prepared for problems when encountering mentally ill offenders (Petersilia, 2004). Ex-offenders diagnosed with mental illness must have access to community-based resources before probation or parole and their prescription medication to prevent recidivism (Steadman et al., 2009).

### *Societal Stigma*

Thornicroft defines stigma as the combination of three issues; ignorance, prejudice, and discrimination (Thornicroft, 2008). When offenders commit a crime, they are often labeled and stigmatized as criminals by society (Maruna et al., 2009). Therefore, assigning labels to ex-offenders contributes to their self-image, attitude, and coping skills (Fazel & Wolf, 2015). Ex-offenders face many challenges when re-entering society and those challenges are magnified when they return to their communities with a “stigmatized status” (Winnick & Bodkin, 2008, p. 297). Winnick and Bodkin (2008)

relate that labeling works as a method of social control to protect community members and control and track offenders.

Public attitude toward criminals has heightened the intentional stigmatization of offenders, and the group most affected are ex-offenders with mental illness diagnoses (Maruna et al., 2009). Offenders' experiences of perceived and sometimes anticipated stigma from the public are overwhelming (Maruna et al., 2009). Offenders who are stigmatized struggle with employment and housing when attempting to re-enter society (Maruna et al., 2009). It is crucial to notice that different labels and stigmas affect the offenders' attitudes regarding mental illness (Corrigan, 2007). When mental illness becomes a stereotype, it is more likely to decrease the effectiveness of treatment for ex-offenders (Corrigan, 2007).

Mental health illness is a stigma with some families and often a part of society's rejection (Maruna et al., 2009). In this literature review, limited studies explore the stigma of the public opinion and medical treatment of offenders with mental health illnesses (Fazel & Wolf, 2015). When offenders have a diagnosis of mental health illness, stigma and perception of prison staff and case management professionals can have a negative connotation. Black et al. (2011) showed that mental health clinicians stigmatized offenders and showed no empathy for offenders' overall treatment progress. A thirty-one item questionnaire to assess empathy was given to 706 mental health clinicians that included case managers, psychologists, and psychiatrists (Black et al., 2011). The results from the questionnaire revealed that 47% of clinicians would rather not care for offenders with a diagnosed mental health illness (Black et al., 2011). According to Black et al. (2011), personality disorders are suggestive of cognitive dysfunction, such as the inability

to make decisions or poor judgment related to the execution of ideas. Clinical staff should have less stigma towards offenders and consider ways for offenders to benefit from treatment or develop effective cognitive assessments (Black et al., 2011).

Researchers Black et al. (2011) state that there is no available research measuring the attitudes and stigma of offenders with a mental illness diagnosis of that with the general public. Although awareness of mental health illness is on the rise in the media, the public's attitudes, the use of stereotypes, stigmas, and labeling must change. Stigmas, stereotypes, and negative attitudes toward offenders are not simply a reaction to recidivism but a reaction to the public's labels (Corrigan, 2007). However, not every individual in the public has a clinical understanding of mental health illness (Corrigan, 2007). Society treats ex-offenders unkindly when they are labeled a criminal. Negative stigmas and labels can have short-term and long-term impacts on offenders' mental status; thus, defeating the purpose of achieving re-entry into society.

### *Case Management*

Case managers have the professional responsibility to protect their clients' confidentiality (Commission for Case Manager Certification, 2018). Case managers will provide offenders with confidential information regarding their treatment and alternatives to treatment available at community-based resource programs (Commission for Case Manager Certification, 2018). Case managers are also responsible for identifying ex-offenders needs and resources that are available and appropriate for their treatment plan (Commission for Case Manager Certification, 2018).

The criminal justice system is not equipped nor prepared to provide care to offenders diagnosed with a mental health illness (Quanbeck et al., 2003). In the United

States, when state hospitals for the mentally ill closed, there was a spike in the number of mentally ill offenders sent to jails and prisons (Ward & Merlo, 2016). Wardens and administrators have voiced their concern about the lack of care provided to offenders with mental illness in the prison system (Quanbeck et al., 2003). In most cases, neither jails nor prisons are the appropriate facility for offenders with mental health disorders. Offenders with mental disorders require medical treatment that may be beyond the capacity of either institution. Therefore, offenders and case managers must work together to include mental health services in the re-entry plan (Ward & Merlo, 2016). According to Mann et al. (2011), case managers must ensure offenders with mental illness continue to receive treatment at community-based programs.

According to Ward and Merlo (2016), offenders with mental illness encounter barriers upon re-entry. These offenders usually have shorter incarceration terms leading to less time for a case manager to contact a community-based resource program (Ward & Merlo, 2016). Case managers have also identified limited access to medication for offenders upon release as a barrier (Ward & Merlo, 2016). Offenders with mental illness that reintegrate into their community, but lack appropriate medication are of grave concern (Ward & Merlo, 2016). Case managers that service offenders in rural areas have limited options for accessing medicine and community-based resource programs (Ward & Merlo, 2016). There are also instances when offenders are released from prison at night, and no one can pick them up, or no public transportation is readily available (Ward & Merlo, 2016). As a result, case managers have become responsible for coordinating transportation for offenders when released from prison (Ward & Merlo, 2016).

The discharge plan is considered a necessary tool to combat recidivism (Mellow & Christian, 2008). The discharge plan prepares offenders for their release from prison and connects them with community-based programs (Mellow & Christian, 2008). Discharge planning begins twelve months before the offender's anticipated discharge date (Mann et al., 2011). There are two goals of the discharge plan, according to Mellow and Christian (2008). The first goal is for case managers to identify the appropriate community-based program for the offender's needs (Mellow & Christian, 2008). For example, if an offender needs educational assistance or help with job placement, the case manager facilitates addressing these concerns. The second goal is for case managers to coordinate care and treatment during the re-entry process (Mellow & Christian, 2008). In planning for successful re-entry, the case manager performs a written assessment (Mann et al., 2011). There is limited information about written assessments with discharge planning and recidivism (Mellow & Christian, 2008). However, Mann et al. (2011) state that an offender's readiness to reintegrate into the community addresses their level of community-based resource program services needed, educational and housing needs, and family involvements and support.

The criminal justice system and case management services are interconnected and feed into each other as it concerns offender re-entry (Franke et al., 2017). Consequently, a primary profession within the criminal justice system is a forensic case manager (Franke et al., 2017). Forensic case managers are professionals who are knowledgeable about the criminal justice system. Offenders with mental illness receive mental health counseling from forensic case managers (Naessens & Raeymaeckers, 2020). The study conducted by Franke et al. (2017) found that there is no guidance for offenders in local jails to avoid

and reduce recidivism. However, offenders with mental illness can only successfully stop or reduce recidivism with the support of case managers and re-entry programs (Kendall et al., 2018). Yet offenders leaving local jails are expected to be productive citizens, locate a community-based program, and reintegrate into society successfully (Franke et al., 2017).

Forensic case managers experience challenges placing offenders with community-based programs that provide mental illness treatment (Naessens & Raeymaeckers, 2020). The Texas Department of Criminal Justice Reentry Division supports offenders' re-entry into society (Texas Department of Criminal Justice, 2019). Connecting offenders with housing and employment applications is an example of administrative support (Naessens & Raeymaeckers, 2020). Forensic case managers should always be knowledgeable about criminal justice legislation rules and regulations for offenders (Naessens & Raeymaeckers, 2020).

Case managers invest time and resources to obtain the most appropriate services, resources, and treatment options for offenders reintegrating into society (Naessens & Raeymaeckers, 2020). In 2018, one hundred and thirty-six re-entry case managers provided pre-release services to offenders (Texas Department of Criminal Justice, 2019). Forensic case managers must also provide emotional and administrative support to offenders (Naessens & Raeymaeckers, 2020). Offenders were provided with information about employment and the toll-free phone number to contact case managers (Texas Department of Criminal Justice, 2019). Emotional support gives offenders information about the criminal justice system and re-connects offenders with their families (Naessens & Raeymaeckers, 2020).



The Texas Department of Criminal Justice has allowed offenders to attend seminary at Southwestern Baptist Theological Seminary (Texas Department of Criminal Justice, 2019). Offenders who complete the program receive their Bachelor of Science in Biblical Studies (Texas Department of Criminal Justice, 2019). Upon graduation, offenders must “spend the remaining years of their sentence in ministry, encouraging the moral rehabilitation of other offenders within the Texas Department of Criminal Justice” (Texas Department of Criminal Justice, 2019, p.42). This seminary program is one of many voluntary programs accessible in Texas to assist offenders in actively reducing recidivism.

### *Housing*

When released from the prison, some offenders return to family, some to temporary housing, and some have no housing assistance. The research conducted by Visher et al. (2010) found that 35% of ex-offenders resided at more than one address in the seven months following their release. Visher et al. (2010) also found that 52% of ex-offenders believed their current housing was temporary. In addition to the research conducted by Visher et al. (2010) and local media coverage, a proportion of newly released offenders will go to a homeless shelter for housing assistance. The goal of housing programs for ex-offenders is to reduce homelessness, recidivism, and costs associated with providing mental health treatment (Visher et al., 2010).

Research has also found that over 10% of offenders entering prisons are homeless (Visher et al., 2010). In the months leading up to offenders’ imprisonment, homelessness rates were approximately 20% higher for those with a mental health illness diagnosis (Visher et al., 2010). While stable housing is a contributing factor in reduced recidivism

rates, there are myriad challenges offenders face, among them are securing housing that is readily available and affordable, stigmas, and strict eligibility requirements (James, 2015). Government agencies have discussed and observed community-based programs that confront the ex-offenders' problematic housing and homelessness issues (James, 2015).

Upon release, in the State of Texas, offenders receive a \$100 check, a bus voucher, and the clothes they were wearing; however, the offender's housing is limited (Smith, 2016). The re-entry and integration division identified some counties lack adequate housing resources (Smith, 2016). Furthermore, many employers and property owners are unwilling to provide ex-offenders an opportunity regardless of success with community-based program resources (Smith, 2016). Securing housing for an offender leaving prison is a challenge (James, 2015).

### *Education*

The U.S. population has an illiteracy rate of 4%, and 21% of the population is functionally illiterate (Petersilia, 2004). According to (Petersilia, 2004), 19% of offenders are illiterate, and 40% of offenders are functionally illiterate. Increasingly important is education, as it is often a requirement to obtain employment (James, 2015). However, James (2015) found that steady employment was not an accurate indicator for ex-offenders staying out of jail. Many prison systems get offenders ready for the workforce before they leave the prison system by offering educational programs (James, 2015). Some offenders may take advantage of programs such as adult basic education (ABE), the general educational development (GED) certificate, some college courses, and vocational training (James, 2015).

Educational programs are also accessible to offenders with mental illness while they are incarcerated (Ellison et al., 2017). The educational programs offered within the prison system have had a positive impact to reduce recidivism (Ellison et al., 2017). According to research by Mohammed and Mohamed (2015), offenders with mental health issues who attend educational programs while incarcerated are less likely to recommit crimes. However, imprisoned offenders incarcerated that do not participate in educational programs have a 60% chance of recidivism once released (Mohammed & Mohamed, 2015). Offenders with mental illness may experience a barrier to understanding and completing the training program (Mohammed & Mohamed, 2015). Educational programs for incarcerated offenders with mental illness include technical training (Mohammed & Mohamed, 2015). Offenders returning to communities are more prone to suffer from mental health conditions or substance addiction; they have educational limitations and possess little to no soft skills needed for employment (Mears & Mestre, 2012; James, 2015). Therefore, technical training provides the mentally ill offender with the communication and motivational skills needed to reduce recidivism (Mohammed & Mohamed, 2015).

In 1997, the BJS statistician Harlow (2003) estimated that 41% of offenders in local jails or federal and state prisons did not graduate high school or complete the equivalent. The research also found that the number of offenders in state prisons without a high school diploma or GED remained the same between 1991 and 1997; 41% in 1991 and 40% in 1997 (Harlow, 2003). Also, in 1997, 11% of offenders in state facilities, 24% of offenders in federal facilities, and 14% of offenders in jails reported completing vocational training classes (Harlow, 2003). In 1994, the federal grant that made offenders

eligible to attend in-college prison was removed from the crime bill (Couloute, 2018). Resultingly, the number of in-prison college programs available to ex-offenders dropped to 12 by 2005 (Couloute, 2018). Although education is an essential predictor of rate, the research on available educational resources reveals a lack of opportunities for offenders. Prison system staff, case management professionals, and mental health counselors who collaborate to provide educational resources for prisoners before release prepare offenders for successful re-entry into society and effectively help reduce recidivism.

### *Employment*

Employment post-release is a crucial indicator of successful re-entry into society, as well as a critical aspect of an offender's propensity for non-recidivism (James, 2015). Yet, upon entering the prison system, many offenders worked multiple jobs or had no employment history (James, 2015). Incarceration further exacerbates the offender's ability to find suitable employment after being released from prison (Petersilia, 2004). For most offenders, re-entry into society is a complicated process. They often face the harsh reality of being a triple outsider, in the sense that they have criminal pasts, are often poorly educated, and are often minorities (Petersilia, 2004). These characteristics create stigmas for offenders and pose barriers to obtaining suitable employment, which is a factor in the persistence of non-recidivism (Petersilia, 2004). James (2015) concludes that when offenders work while incarcerated, they are less likely to recidivate after their release. The Bureau of Justice Statistics (2016) found that 53% of offenders had worked full-time jobs before their arrest.

In some offenders with mental illness, the absence of education impacts their ability to obtain gainful employment upon release from prison (Mohammed & Mohamed,

2015). The lack of employment and education has a negative effect on offenders with mental illness (Mohammed & Mohamed, 2015). Offenders with mental illness in federal and state prisons contributed to the overall population growth (Tripodi et al., 2009). High recidivism rates suggest that release from prison is a complicated process for offenders (Tripodi et al., 2009). The study conducted by Ellison et al. (2017) linked prison education programs to post-release outcomes of recidivism. The post-release recidivism rate is reduced to 13% when prison systems provided meaningful cost-effective education and employment training to offenders with mental illness (Mohammed & Mohamed, 2015). Tripodi et al. (2009) revealed that while gainful employment was a crucial component of successful re-entry into society, it was not the remedy. Gainful employment was but one aspect of successful re-entry. It was more closely associated with the likelihood of increased time to re-incarcerate and affected the willingness of offenders to abstain from recidivism after release from prison (Tripodi et al., 2009).

The analysis of administrative data on 250 male parolees released by the Department of Criminal Justice in Texas between 2001 and 2005, performed by Tripodi et al. (2009), was used to assess if employment is linked with recidivism. Also, the findings functioned as a predictor of significant behavioral improvements in criminals over time (Tripodi et al., 2009). At the time of their arrest, offenders encounter employment problems and have trouble obtaining jobs when released from prison (Tripodi et al., 2009). Once in prison, offenders lose their chances of obtaining work experience, interactions with future employers, and career networking events (Tripodi et al., 2009). Before an offender's re-entry into society, the prison system staff and case management work diligently on the intricate details of securing employment with

reasonable wages (Tripodi et al., 2009). Employment stability was associated with abstinence from crime (Tripodi et al., 2009). Research on offender recidivism with involvement in seeking job services and employment program assistance has yielded mixed results (James, 2015). The research limits assessing whether employment for ex-offenders decreases recidivism rates. Tripodi et al. (2009) concluded that while gainful employment was essential for offenders to thrive after release, it was likewise not an accurate determinant of non-recidivism. Multiple factors were related to the propensity for an individual to re-offend and therefore must be addressed when compiling a comprehensive re-entry plan.

### *Re-entry*

The Second Chance Act (SCA), passed with bipartisan support and signed on April 9, 2008, is a piece of legislation that bolsters the work of governments and nonprofit agencies to minimize recidivism and improve offender outcomes (CSG Justice Center, 2019). The SCA provided grant programs and assistance for offenders returning to the community after imprisonment (CSG Justice Center, 2019). These grant programs and assistance were offered to offenders released from state and federal prisons, local city and county jails, and juvenile facilities (CSG Justice Center, 2019).

The Court Services and Offender Supervision Agency (CSOSA) is a national agency that oversees various aspects of offenders released into the community. One of the programs under CSOSA, which is relevant to the study, is the Transitional Intervention for Parole Supervision (TIPS). The services provided through TIPS include leadership, counseling services, interagency referrals, and various other types of resources designed to reduce recidivism and assist ex-offenders as they reintegrate into

society (CSOSA, 2019). CSOSA developed a community supervision services operations manual, which serves as a training resource for community workers. The manual provided plans and set specific goals to address issues such as substance abuse, housing, and employment (CSOSA, 2019).

Re-entry consistent studies which defined recidivism and assessment were difficult to locate; however, it was clear that many offenders struggled to abstain from crime upon re-entry into the community after serving prison sentences (Fazel & Wolf, 2015). The perception of offenders and the stigma and labels they endure were other components that impacted recidivism (Fazel & Wolf, 2015). Mellow and Christian (2008) established that successful discharge planning aimed to ensure offenders have access to adequate support systems. The support systems aid offenders in meeting their criminogenic needs before they recidivate.

Aside from case management services and mental health interventions in some prisons, release preparation, and re-entry manuals were at the forefront of preparing offenders for re-entry into the community (Mellow & Christian, 2008). Mellow and Christian (2008) found that case management discharge preparation and community-based program resources are examples of successful tools that can be used for re-entry (Mellow & Christian, 2008). Many ex-offenders recidivated because they did not have case management discharge preparation or assistance during the re-entry phase. Mellow and Christian (2008) also found that prisoners thrived when discharge plans were implemented before release.

The insurmountable issue of the re-incarceration of repeat offenders plagues the United States. The Bureau of Justice Statistics reported that 95 percent of all state

prisoners would be released from prison at a minimum. In all instances, case management discharge preparation establishes services before offender release ensuring that continuum of care is accessible. Mellow and Christian, in their 2008 study, revealed that although comprehensive discharge plans are necessary and best implemented before an offender's release, there was a lack of extensive research on the subject. The paucity of information leaves agencies charged with aiding in societal reintegration of prisoners at an impasse regarding how to provide concise pathways for re-entry (Mellow & Christian, 2008).

Mellow and Christian (2008) discussed that while valuable research on the subject of prisoner discharge plans is missing, it is instructive to look at the medical field to understand the mechanism of successful plans. Case management discharge preparation is a collaborative process that includes external resources, and the offender needs to prepare offenders for community success (Mellow & Christian, 2008). Mellow and Christian (2008) described discharge planning as a comprehensive guide to prisoner reintegration into the community. The discharge plan establishes pathways for offenders to access the resources they need for successful socialization back into society. Mellow and Christian (2008) outlined that the most robust discharge plans are implemented before prisoner release and, when continued after release, effectively reduce the propensity for recidivism.

Ex-offenders face numerous obstacles that stand in the way of their re-entry into society. These obstacles are connected to high rates of recidivism. In 2004, Congress initiated the Prisoner Re-entry Initiative (PRI) to counter the impact of re-entry challenges. PRI was a 300-million-dollar program championed by President George W.



Bush. Lattimore (2007) focused on the challenges of prisoner re-entry into society and looked at the PRI program, which was a Department of Labor service agency tasked with employment-related issues of non-violent offenders. In 2005 the Reintegration of Ex-Offenders program, which was a joint venture between the Department of Labor, Employment and Training Administration, the Department of Justice, and other agencies began (Leshnick et al., 2012). The reintegration of ex-offenders program would eventually replace the PRI as a more robust program designed to service all ex-offenders (Leshnick et al., 2012). A unique feature of the reintegration of ex-offenders program was the use of community-based peer mentors and efforts to combine faith-based and community-based resource programs to assist offenders in moving from prison to re-enter societal communities (Bureau of Justice, 2016).

More recently, The Federal Interagency Re-entry Council was formed by Attorney General Eric Holder in January 2011. The Re-entry council was a mix of twenty federal agencies whose charge was to help create safe communities, aid ex-offenders to become law-abiding citizens, and save tax dollars by reducing the associated cost of incarceration (National Institute of Justice, 2012). The Re-entry Council's priorities included recognizing federal policy obstacles to enhance outcomes for re-entry communities, acknowledging and supporting re-entry projects, and encouraging national legislative and regulatory reforms to help ex-offenders reintegrate into society (National Institute of Justice, 2012).

As a result of funding by federal and state governments, several re-entry programs and services were created in recent years (Visher et al., 2010). Visher et al. (2010) concluded that offenders face challenges that present as impediments when re-entering

society. The challenges ex-offenders faced were used as opportunities for federal, state, local agencies, and policymakers to create re-entry programs that readily meet the criminogenic needs of offenders (Visher et al., 2010). Programs that were proven and implemented best practices to prevent repeated criminal behavior.

### *Re-entry Courts*

In 1999, the U.S. Department of Justice created re-entry courts as a national initiative (Hamilton, 2011). According to Hamilton (2011), the purpose of a re-entry court was to provide court-mandated treatment and social services, which in combination created an easier transition into society and effectively reduced the likelihood of recidivism. The re-entry courts incorporated practical components of the drug court model by integrating judicial supervision with court-ordered care, case management preparation, and phased penalties to improve offender behavior (Hamilton, 2011).

The re-entry court initiative of the Department of Justice initially piloted nine re-entry court sites around the U.S. (Hamilton, 2011). The pilot sites were established to test if the new courts would impact prisoner re-entry into society (Hamilton, 2011). Also, the pilot established six critical elements of re-entry courts: sanctions and penalties, active monitoring of offenders, evaluation of needs and services, management of support services, community transparency, and incentives and rewards for program progress (Hamilton, 2011).

In 2011, nationally, at least twenty-four re-entry courts were functioning and providing services to offenders (Hamilton, 2011). Federal re-entry courts and state re-entry courts are designed to support ex-offenders as they reintegrate into society (Hamilton, 2011). Designated judges are used in re-entry courts because the day-to-day

processes and procedures differ (Hamilton, 2011). In the re-entry courts, the judge freely addresses the offender's conditions of the community-based resources program plan (Hamilton, 2011). The rationale behind these measures was that if the judge's intent were clarified, the offenders would accept the court's ruling (Hamilton, 2011). This designation made the judge directly involved in the offender's case management, mental health counseling, and ongoing supervision (Hamilton, 2011). The collaborative efforts of community-based agencies, case management professionals, mental health counselors, and judges helped create re-entry plans (Hamilton, 2011). The offenders are required to meet their re-entry plan requirements, incentives are provided for completion, and an early release is used to promote compliance (Hamilton, 2011).

The Justice Department developed The Smart on Crime strategy and introduced a thorough analysis of the re-entry programs within the criminal justice system (Northern District of Texas, 2016). The five values that were a part of the study included; prioritizing investigations to concentrate on the most severe cases, reforming sentencing to eradicate inequalities, minimizing overburdened prisons and jails, providing alternatives for low-level non-violent offenses, and encouraging support of re-entry to prevent ex-offenders from recidivism (Northern District of Texas, 2016). Also, smart on crime sought to execute and reintegrate offenders into society (Northern District of Texas, 2016).

A primary goal of re-entry initiatives is to remove obstacles so that ex-offenders can have active re-entry, compete for jobs, and locate permanent housing (Northern District of Texas, 2016). Re-entry programs and courts support ex-offenders in their efforts to successfully reintegrate into society following their release from prison, thereby

minimizing recidivism, increasing public safety, and saving money (Northern District of Texas, 2016). According to the Northern District of Texas (2016), it is dedicated to working with re-entry programs to assist offenders in reintegrating into society successfully. The Northern District also supports offender re-entry programs to improve and increase public safety.

#### *Proactive Approach to Successful Supervision (PASS) Court Program*

The Proactive Approach for Successful Supervision (PASS) Court Program is a partnership between the Judge of the District Court, the U.S. Probation, the Federal Public Defenders Office, and the U.S. Attorney's Office (Northern District of Texas, 2016). The PASS court program was created to recognize and provide high-risk offenders the opportunity to interact directly with the federal judge, court staff, and ancillary service providers (Northern District of Texas, 2016). With intense oversight, The PASS court program works with offenders to reduce the chance of re-arrest (Northern District of Texas, 2016).

High-risk offenders have a recidivism rate of 50 percent recidivism rate (Northern District of Texas, 2016). However, the Texas PASS northern district court system decreased this rate by resolving factors that raise the risk for recidivism or re-offending, leading to new convictions (Northern District of Texas, 2016). Some factors that lead to recidivism include histories of anti-social behavior, temperament, beliefs and attitudes, criminal or deviant peer interactions, and unstable relationships with family (Northern District of Texas, 2016).

The goals of the PASS program include support for ex-offenders to improve in problem areas such as criminal thinking and strengthen family and peer relationships

(Northern District of Texas, 2016). Intervention protocols within the PASS Court Program assist ex-offenders with mental health care, logical thinking, workforce skills training, education, and literacy training, to enhance ex-offenders' ability to contribute to a more legal, self-sufficient, and valuable lifestyle (Northern District of Texas, 2016). Although various re-entry programs and courts have been implemented and developed, the literature review remains consistent; there are gaps in research on ex-offenders' success rate with community-based resources. Offenders involved with their case management discharge plan often identify housing, employment, and other assistance needed upon re-entry into society.

### *Conclusion*

The purpose of this study is to explore the lived experiences of ex-offenders diagnosed with a mental illness and the perspectives of a case manager working with a community-based resource program. This phenomenological multiple case study addresses barriers and gaps, such as the absence of research about case managers' relationship with the ex-offender for successful outcomes in community-based programs and resources. Also, this phenomenological multiple case study strives to gain a better understanding of the needs of ex-offenders with mental illness as they reintegrate into society, community-based resource programs that work directly to solve recidivism, and how the programs support ex-offenders with mental illness succeed.

The case management profession must equip these professionals with the necessary skills to identify mental health illnesses in ex-offenders and address the community's concerns. The literature review provided evidence suggesting that engagement with case management is positive for ex-offenders with mental illness. Still,

more importantly, the literature focused on establishing effective case management practices and promoting stability in the community among ex-offenders. As ex-offenders gain more access to community-based resource programs, we will see an increased reduction in recidivism rates. Consideration of the needs of ex-offenders with mental illness is essential in developing and implementing community-based resource programs. Community-based resource programs yield improved outcomes for ex-offenders after they are released into the community (Hedderman, 2004). While planning re-entry protocols for ex-offenders', case managers and mental health counselors must not prioritize any one risk over another, as doing so may lead to relapse and recidivism (Jacobs, 2004). There are concerns that ex-offenders will not successfully reintegrate into society if they do not receive effective advocacy and community-based resources (Jacobs, 2004).

The findings and assumptions from some studies conducted on recidivism concluded that prison system administrators and case management professionals must continue to develop and implement thriving new re-entry programs that address perceived risk factors of ex-offenders with mental illness (Steuer et al., 2001). The literature review disclosed a limited number of studies that are specific to the successful outcomes of ex-offenders with mental illness that currently receive, participate, or attend community-based resources and programs. Additional research studies are needed to understand the specific needs of ex-offenders with mental illness reintegrating into society and those who are successful from or with community-based resources and programs. Until government officials and the public decide that ex-offenders with mental

illness should rebuild their lives, ex-offenders with mental illness will continue the cycle of recidivism.

## CHAPTER THREE

### Methodology

#### *Introduction*

The issue of ex-offender with mental illness re-entry has garnered nationwide attention over the last three decades. Prisoners returning to the community confront challenges obtaining services that increase the chances of successful re-entry and lessen the propensity for recidivism. Various studies evaluated the utility and effectiveness of services and programs designed to support ex-offender's transition back into society. The services and programs evaluated are those created by local, state, and federal agencies. This case study used a phenomenological design to describe ex-offenders with mental illness views on the impact of community-based programs and the opinions of case managers on how successful the programs were in reducing recidivism.

This phenomenological multiple case study explained the link between community-based resources, case managers, ex-offenders, and reduced recidivism rates. Yin (1981) stated that a case study examines a contemporary phenomenon in its real-life context. Therefore, I used a phenomenological multiple case study methodology to describe the participants' lived experiences and perceptions of a specific phenomenon in the expression of their beliefs (Brumfield & Christensen, 2011; Gay & Airasian, 2003).

I aimed to understand the experiences the ex-offender with mental illness has with community-based resource programs and their impact on successful re-entry into society. This phenomenological multiple case study addressed two questions to identify the relevancy of community-based resources for offenders: What are the lived experiences of



ex-offenders with a mental illness and their involvement with a community-based resource program? What is the perception of a case manager on the resources provided to ex-offenders with mental illness within a community-based resource program?

In this chapter, I explained my perspective and detailed the theoretical framework. The theoretical framework used in this phenomenological multiple case study was the social cognitive theory focused on behavioral influences (Bandura, 1999). The research design descriptions are followed by the process for site selection, participant sampling, data collection, data analysis, ethical considerations, limitations, and delimitations. The chapter concludes with a summary of the details of the research.

#### *Researcher Perspective*

I am an African American female who has never been incarcerated and never counseled individuals involved with the criminal justice system. I hold a Bachelor of Science in Health Information Management. Health Information Management (HIM) professionals “ensure a patient’s health information/medical record is complete, accurate, and protected” (American Health Information Management Association [AHIMA], n.d.). After seven years of working in a hospital, I returned to college. After receiving a Master’s in Counseling, I considered a career in education. After much research, I decided to pursue an alternative teacher certification with Region IV in Houston, Texas. However, I did not apply for the alternative teacher certification course because I was offered a position as an HIM adjunct instructor. The instructor position was a part of the Registered Health Information Technician (RHIT) continuing education program. During this time, I also returned to healthcare as an HIM department supervisor. In this role, I was required to obtain a certification from the American Health Information Management

Association (AHIMA) as a Certified Healthcare Technology Specialist-Trainer (CHTS-TR). This certification was specific to electronic medical record systems. As the years progressed, I obtained another certification; Certified Coding Professional (CPC) with the American Academy of Professional Coders (AAPC). Coding professionals apply medical codes to patient charts or perform audits for complete and accurate clinical documentation. I have maintained a career in Houston, TX, as an HIM director at a local hospital and a community college adjunct instructor.

I have extensive experience in managing and auditing patient health information/medical records. During my consulting work, I noticed some patient names regularly appeared when performing clinical documentation audits. I presented these audit findings in the hospital's committee meetings. During a quality and performance improvement committee meeting, the forensic unit director and I discussed hospital re-admissions. I was trying to understand why the same names showed up repeatedly. The discussion revealed that some patients were regular admissions, and other patients were not. As the conversation progressed, I learned that some of the regularly admitted patients were current and ex-offenders. Discovering that some of the patients were ex-offenders with mental illness piqued my interest, and I wanted to know more about their lived experiences once released from the penal system.

Although I was intrigued by the information I learned in the committee meeting, I acknowledge that I am an outsider, researching ex-offenders' phenomenon with mental illness and their reintegration into society. While I did not have any direct experience with mentally ill ex-offenders or community-based resource programs, my goal was to understand why some offenders stop committing crimes and become successful members

of the communities to which they return. I also examined the relationship and perceptions of a case manager working with mentally ill ex-offenders in community-based resource programs. Furthermore, case management professionals needed to explain their experiences with mentally ill ex-offenders who participated in community-based resource programs. The experiences of case managers serve to broaden the available research on societal re-entry of ex-offenders with mental health concerns.

A phenomenological multiple case study design explores and seeks to understand individuals' or groups' social or human problems (Creswell & Poth, 2018). This phenomenological multiple case study was supported by the social constructivist paradigm (Creswell & Creswell, 2017). Social constructivism explores and examines the phenomenon of the participants' reintegration into society, subjective to their experiences and perceptions (Creswell & Creswell, 2017). The social cognitive theory framework aligned with my assumption that ex-offenders with mental illness lived experiences and the case manager perceptions are essential to successful community-based resource program outcomes and reduced recidivism rates.

While it is imperative, I must reflect upon my bias and beliefs about mental health illness. I must also acknowledge that my desire to conduct this research is not personal and does not compromise my role in this study. Nevertheless, the epistemological assumption required examining and exploring the data in an unbiased method (Creswell & Poth, 2018). I maintained the confidentiality of the participants by using pseudonyms when collecting and gathering descriptive data. To ensure validity, I used rich thick descriptions in data analysis to convey the findings for the development of themes (Creswell & Creswell, 2017). I guaranteed this phenomenological multiple case study's

reliability by documenting all procedures and consistently reviewing transcripts to develop outcomes from the research. Therefore, this research's approach was sensitive to emerging perceptions and yielded reliable and valid results.

### *Theoretical Framework*

This phenomenological multiple case study applied the social cognitive theory as its framework. The social cognitive theory developed by psychologist Albert Bandura examined how people influence and are influenced by their surroundings (Bandura, 1999). The social cognitive theory framework informed the research questions by focusing on influences, behavior, and social support of ex-offenders with mental illness (Table 3.1). Self-efficacy also informed the research questions as ex-offenders with mental illness believe they have reached the goal of breaking the cycle of recidivism (Bandura, 1999). I used social cognitive theory to understand the participants' perspectives better and lived experiences related to this phenomenological multiple case study.

Accordingly, the social cognitive theory was used to understand the phenomenon of ex-offenders with mental illness reintegration into society. The primary research question asked participants about their lived experiences to comprehend the phenomena. Investigating the participants' beliefs and perceptions about their lived experiences echoed the social cognitive theory framework's assumption that human behavior depends on three agents that act reciprocally upon each other (Bandura, 1999). However, the data collection of the study participants' perspectives was undertaken through semi-structured open-ended interviews. The data collection procedure was performed virtually through the Zoom platform. The specific open-ended interview questions allowed for a broad

discussion with each participant about their perceptions and lived experiences (Creswell & Creswell 2017).

The lived experiences of ex-offenders with mental health illness and their resilience to reintegrate into society lend itself to capture their emotions and opinions when assessing the data collected. The social cognitive theory explained ex-offenders' behavior with mental illness and their involvement with community-based resource programs that people operate through internal forces (Bandura, 1999). Ex-offenders' ability to cope with reintegration was an environmental factor that was a vital determinant in their propensity to recidivate. I observed ex-offenders' mental capacity and behavior in one-on-one interviews as they told their stories and expressed themselves uniquely and genuinely.

Additionally, this study advanced the knowledge of community-based resource programs by analyzing the self-efficacy of ex-offenders with mental illness and examining other elements that influenced reduced recidivism rates, such as employment, housing, and education. The social cognitive theory distinguished between imposed environment, selected environment, and constructed environment, all of which are important issues for ex-offenders with mental illness transitioning back into society (Bandura, 1999). Therefore, ex-offenders possessed some ability to reconstruct their lives using community-based resource programs that constructs awareness of the phenomenon. Consequently, mentally ill ex-offenders chose to participate in activities that prevented recidivism, understanding that reintegration into the community is the primary goal.

Table 3.1

*Connecting Social Cognitive Framework to Research Questions*

Research Questions	Social Cognitive Framework	Data Collection
What are the lived experiences of ex-offenders with a mental illness and their involvement with community-based resource program?	Understanding participants beliefs, behavior, influences, and environmental factors	Semi-structured open-ended interview questions
What is the perception of a case manager on the resources provided to ex-offenders with mental illness within a community-based resource program?	Understanding the participant beliefs, experiences, and social support	Semi-structured open-ended interview questions

*Research Design*

This phenomenological multiple case study examined two ex-offenders with mental illness diagnoses' lived experiences and their perceptions of a community-based resource program. The study also investigated a case manager's perception of a community-based resource program's role in the prevention of recidivism. I advanced this phenomenological multiple case study by utilizing the social constructivist paradigm (Creswell & Creswell, 2017). Social constructivism was designed to explore and examine the phenomenon of the participants' reintegration into society subjective to their experiences and viewpoints (Creswell & Creswell, 2017). The phenomenological method examined perceptions and lived experiences about a concept or phenomenon (Creswell & Poth, 2018). Likewise, the phenomenological design provided an understanding of participants' experiences and how they constructed reality (Percy et al., 2015). Therefore, phenomenological case studies proved useful when the study aimed to assess viewpoints and measure effectiveness (Yin, 2011). To measure community-based programs' efficacy, I interviewed two ex-offenders with mental illness and one case manager identified as

direct care personnel. The relationship between the ex-offenders with mental illness and the case manager was professional and client privileged. The case manager provided counseling services and access to resources such as medication discounts to the ex-offenders. Additionally, the case manager provided access to educational and open job opportunities and housing assistance to ex-offenders.

Phenomenological research identified how to understand the phenomena of the participants' lived experiences (Merriam 2009). In this phenomenological multiple case study, descriptive themes were derived from the participants' lived experiences and perceptions (Yin, 2011). The goal was to examine recidivism and resiliency patterns by interviewing two ex-offenders with mental illness to understand their perceptions of community-based resources' role in their reintegration into society. The social cognitive framework supported the societal factor of the environment to examine the resiliency patterns and behavior (Bandura, 1999).

The phenomenological multiple case study design was used because the participants were interviewed individually for one hour with open-ended questions for data collection. The site for conducting the semi-structured interview questions was a community-based resource program in Harris County. The data was collected during one-on-one interviews via the Zoom software platform, and data transcription was completed immediately after each session (Creswell & Creswell, 2017). The research questions answered by the participants revealed common themes that emerged from each participants' narratives (Creswell & Poth, 2018). The phenomenological multiple case study also allowed the research questions to be answered in the participants' own words

and perspectives. Data analysis of these perceptions identified themes of commonalities between the participants (Creswell & Poth, 2018).

Additionally, this study did not require the use of experiments. The preferred approach in qualitative research of “what” research questions focused on the phenomena of this study. This case study used a phenomenological multiple case study because the focus was to capture the lived experiences and perceptions of non-recidivating participants (Creswell & Poth, 2018). Finally, research participants were of diverse ethnicity and genders with at least two years of active engagement with the community-based resource program.

#### *Site Selection and Participant Sampling*

This phenomenological multiple case study examined the perceptions of a case manager, and the lived experiences of two ex-offenders with mental illness to identify their resiliency with community-based resource programs and reintegration into society. The research study site was found using the internet search engine Google chrome and through verbal communication with a case manager at my former employer. Google chrome research revealed over 50 available community-based resource programs for ex-offenders with mental illness through the City of Houston website.

The community-based program located in Harris County provides counseling services, medication, housing, and employment assistance for mentally ill ex-offenders. I contacted the case manager at the community-based resource program and explained my research study. The community-based resource program was willing to assist me with my research. After my discussion with the case manager, I decided that the community-based program met the needs of purposive sampling due to the coronavirus pandemic.



I used purposive sampling for my sampling protocol, consisting of two adult ex-offenders with mental illness and one case manager at a community-based resource program in Houston, Texas. According to Creswell and Creswell (2017), the purposeful sampling procedure is bias-free and provides reliable and credible data. Purposeful sampling is the most common type of nonprobability sampling used in qualitative research (Creswell & Creswell, 2017). The non-probability sampling design was used in this study because it supported the phenomena and did not focus on the number of participants (Creswell & Creswell, 2017). I also utilized purposeful sampling when interviewing participants to collect and analyze data deliberately (Yin, 2011).

The Coronavirus, also known as the COVID-19 pandemic, necessitated the use of purposeful sampling. The purposive sampling procedure was employed to identify and select participants. The participants were selected based on their lived experiences with the phenomena (Creswell & Poth, 2018). According to Yin (2011), researchers should select and interview participants who are readily available for your study. Also, purposive sampling is the most appropriate for the study; because it allowed the participants to answer the research question in depth (Creswell & Poth, 2018). Finally, a purposive sample was also selected based on their experiences and knowledge as ex-offenders with mental illness who have successfully reintegrated into society (Creswell & Poth, 2018).

To select sample participants, I met with the community-based program case manager via the Zoom platform. Zoom is a cloud platform for video and audio conferencing. The case manager and I met on Zoom to discuss participants' selection, available times to conduct semi-structured interviews, and ethical issues concerning the interview process. The topics discussed included assurances that participants were

informed about the study’s scope, assigned pseudonyms to reduce the risk of exploitation, and the procedures for addressing unforeseen harm. The study’s selection criteria was as follows: (1) ex-offenders with mental illness 25 years of age or older; and (2) not on probation. In addition, the requirement for the case manager was that they completed a minimum of three years of current work on resiliency patterns of mentally ill ex-offenders who reintegrate into society. Table 3.2 provides the selection of participants for the study.

Table 3.2

*Pseudonyms of Participants*

Pseudonym	On Probation	Age	Years at Community-Based Program
Charlie	No	38 years old	2 years
Peyton	No	29 years old	5 years
Luke	No	50 years old	15 years

Additionally, I sent an informed consent letter (Appendix B) via email to the case manager. The informed consent included a brief statement of purpose, the participant’s role, confidentiality measures, and ethical practices that protected participants’ anonymity. If the participant agreed to participate in the study, they read, signed, and emailed me the informed consent form. The informed consent also informed participants that they could withdraw from the study at any time without penalty. Once I received the signed informed consent, I corresponded via email with the case manager to schedule the semi-structured open-ended interview session via Zoom to collect data.

### *Data Collection*

According to Creswell and Poth (2018), the collection of data in research involves gathering information that is analyzed systemically. As the first step in the data collection process, I obtained an IRB from Baylor University in Waco, TX. Baylor University Institutional Review Board (Appendix A) approved the data collection protocol, and I adhered to the data collection protocols. I chose to collect data by asking open-ended semi-structured interviews for this phenomenological multiple case study. The guide for the interview (Appendix C) provides a list of questions designed to understand the perceptions of two ex-offenders with mental illness. The list of questions for the case manager engagement with a community-based resource program is provided in Appendix D. The data collection method is semi-structured open-ended interview questions pre-determined based on the research questions (Creswell & Poth, 2018).

The next step was to confirm the receipt of my signed confidentiality agreement with the site. The community-based program required that I sign a patient confidentiality agreement before interviewing participants and collecting data. The case manager confirmed they had received my signed confidentiality agreement. The participants signed the informed consent (Appendix B) and returned them to me, and I marked them as received. Finally, the case manager and I agreed to move forward with the data collection process.

Thirdly, I sent the interview questions via email to the case manager to ensure the questions were not harmful to the participants' mental health status. I showed content validity with the semi-structured questions allowing the case manager to work directly with the participants to review and provide feedback about the six interview questions. Per the case manager's assessment, no adjustment to the questions was necessary. The

case manager scheduled each interview for the participants. When I met with each participant, I informed the participant that the interview was recorded within the Zoom platform. I thanked the participants for agreeing to attend the session and participating in the interview. Participant privacy was outlined in the informed consent (Appendix B) and read before the interview begin. The interview followed the semi-structured open-ended question format that allowed participants to convey their perceptions (Creswell & Poth, 2018). The participants' responses were transcribed immediately after conducting the interviews (Creswell & Creswell, 2017). The semi-structured open-ended questions interview lasted one hour with each participant. Each participant was scheduled for one interview session. The interviews were conducted separately, and I asked the ex-offenders with mental illness the same six questions (Appendix C). I asked the case manager six questions that were different from the ex-offenders (Appendix D).

Taking field notes is a common practice in qualitative research to show credibility (Creswell & Creswell, 2017). I documented my interactions with the case manager, such as scheduling the interviews and audio transcript data from the Zoom platform. I also used field notes to capture the participants' responses to recall what they said if I asked during or after the interview.

The information and data collected from participants were kept on a two-way factor password-protected USB drive in the event of a computer system failure. I am the only one who knew the password to the USB drive. The data was destroyed per the recommended disposal methods of micro crosscut shredder and incineration (Creswell & Poth, 2018).

Table 3.3

*Data Sources*

Data Source	Research Questions	Themes and Key Concepts
Semi-Structured Interviews	RQ 1	Individual experiences, feelings, and emotions associated with recidivism
Semi-Structured Interviews	RQ 2	Shared experiences unique to different demographics within the group

*Data Analysis*

Data analysis in this phenomenological multiple case study consisted of organizing and preparing the data, identify recurring themes, provide reliable and valid data (Creswell & Creswell, 2017). This phenomenological multiple case study data analysis also occurred with the write-up of findings and implications (Creswell & Creswell, 2017). According to Yin (2018), the case study analysis of themes or patterns was one of the most used in the phenomenological multiple case study. The identification of themes in the description of participants’ experiences is also a common task in data analysis (Leedy & Ormrod, 2010). I focused on the “how which is a process, and the why which is the outcome for patterns in the data analysis process” (Yin, 2018, p. 214).

The first step in the data analysis process was to organize the data I collected (Yin, 2011). The semi-structured open-ended interview questions were conducted with each participant. When interviewing, I also took field notes and included this in the data analysis (Creswell & Creswell, 2017). I simultaneously analyzed what was being said during the interview process for clarification and reduced the data to the phenomenon being explored (Creswell & Creswell, 2017). Next, I transcribed the recordings after each

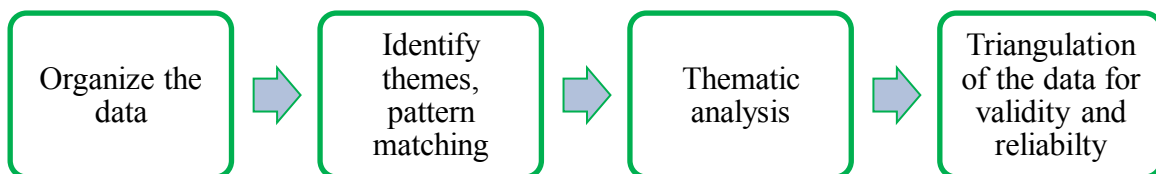
interview verbatim using Microsoft Word and Excel software (Yin, 2011). I used Microsoft Excel to categorized the data into groups to determine identical or similar participant perceptions and experiences with the phenomenon. Once I completed transcribing the data, I sorted my field notes (Yin, 2011). The field notes and transcription provided insight into the lived experiences of each participant (Yin, 2011).

The two data sources of semi-structured open-ended interviews and field notes were used for pattern theme-matching (Yin, 2011). In this second step of data analysis, pattern matching was the preferred technique for case study analysis (Yin, 2011). The pattern matching technique was used to identify codes that align with the commonality of themes found in the data (Yin, 2011). I compared and contrasted the patterns from the data to reveal themes (Yin, 2018). Finally, I analyzed the interpretation of patterns and themes for meaningful explanations of the participants' voices and experiences (Yin, 2018).

This phenomenological multiple case study followed a priori theoretical framework. Figure 3.1 identifies the second step in data analysis of how the data was used from the emerging themes from the a priori framework. Once the themes were identified, I applied a description code to categorize the themes (Creswell & Poth, 2018). However, the themes were connected to the social cognitive theory framework for this phenomenological multiple case study; however, additional studies are needed based on influences and environmental factors of ex-offenders with mental illness. The Microsoft Excel software product contributed compelling analysis tools to manage the process from questions, experiences, and perceptions through reasoning and justification of findings.

Next, I read each transcript to gain an understanding of the phenomenon. After a detailed examination of the digital and written data materials, the reflections identified themes (Merriam, 2009). The data analysis process used a thematic analysis approach to analyze data gathered from the interview questions. The thematic analysis allowed for a textual and structural experience in the research (Creswell & Creswell, 2017). The textual description is related to the services provided by community-based resource programs, and the structural description detail how the participants experienced the service provided at the community-based resource program.

The fourth data analysis procedure was to triangulate the data used in the phenomenological multiple case study (Yin, 2011). Triangulation provides validity and reliability to the findings from the data (Creswell & Creswell, 2017). In addition, the use of triangulation is to connect and provide reliable evidence of the findings from the results of the pattern matching technique (Yin, 2011). This phenomenological multiple case study's validity and reliability relied on my development of six open-ended interview questions for ex-offenders and six open-ended interview questions for the case manager using a conversational inquiry to interpret responses (Figure 3.1). All participants were given a pseudonym to protect their identity and maintain confidentiality. The pseudonyms was used throughout the entire process for clarity and validation. I checked the transcripts and field notes on the method used and for research reliability throughout the analysis.



*Figure 3.1.* Data analysis procedure.

### *Ethical Considerations*

Ethical considerations are established to preserve and provide safety measures to research participants (U.S. Department of Health and Human Services, 2019). Therefore, research may contain ethical dilemmas in the selection of the sample, data collection, and data analysis. Research investigators at Baylor University must obtain approval from the Institutional Review Board to conduct research studies before collecting data. Therefore, the institutional review board approval was obtained before conducting the phenomenological multiple case study. After I received approval, I called the site to request permission to conduct research. Site administrators explained that I was required to sign a confidentiality agreement and that participants sign an informed consent. Also, I informed the site that participation in the study was voluntary and that participants can stop at any time.

The case manager at the site used purposive sampling to select the participants. The participants were selected based on their involvement with the community-based resource program. All participants were informed about the research and signed informed consent forms before the data collection began. Also, participants were well aware that participating in this study was voluntary and could stop participation (Creswell & Poth, 2018). Every participant was issued a pseudonym. Only pseudonyms were used in collecting, analyzing, and reporting the data. During the study, all computer data was password protected. Upon completion, micro crosscut shredding and incineration destroyed all materials.



### *Limitations and Delimitations*

There is limited research that shows the effectiveness and impact of community-based resource programs for ex-offenders. Most studies conducted focus on reintegration and the negative behavior of ex-offenders. Another limitation of my phenomenological multiple case study was the sample size. The sample size of three participants may affect the finding. Also, two of the participants were ex-offenders diagnosed with mental illness. The purposive sampling for the small sample presented a limitation because the case manager and the site selected the participants. The pre-selection of ex-offenders may skew the data or influence the case manager, who was also is a participant in this study. Another limitation is my lack of experience with ex-offenders and my limited understanding of mental illness. Mental illness is a complex disorder in and of itself (O'Sullivan, 2018). The inability to meet in person due to the coronavirus pandemic was also a limitation. The coronavirus pandemic created time constraints that limited data collection and analysis. However, I diligently conducted this research ethically and credibly.

One delimitation was that all the participants were currently receiving counseling treatment through a community-based resource program. A second delimitation was the case managers' level of experience. There was only one participant with fifteen years of case management experience working with ex-offenders diagnosed with mental illness. Identifying these delimitations was necessary to focus on the phenomenological multiple case study and apply the appropriate theoretical framework.

### *Conclusion*

This phenomenological multiple case study explored and examined the lived experiences of ex-offenders with mental illness and the perception of a case manager related to ex-offenders' resiliency in reintegrating into society. Also, this study was done to inform change in the criminal justice system and to work in conjunction with community-based resource programs when offenders with a mental illness are released from prison. I utilized a purposive sampling procedure to identify and select participants. This phenomenological multiple case study was to explore recidivism and the reintegration into society of mentally ill ex-offenders. Additionally, data was collected via one-on-one semi-structured open-ended interviews. I recorded the sessions and transcribed the data immediately after each participant interview. First, I outlined a step-by-step description of the procedures utilized to conduct the data analysis. Then I performed a non-statistical analysis using Microsoft Excel software for the research questions. The following chapter, Chapter Four, discusses the data findings and results.

## CHAPTER FOUR

### Results and Implications

#### *Introduction*

This study utilized a phenomenological multiple case study design to examine the perspectives of the ex-offenders with mental illness about their experiences with community-based resource programs and their impact on re-entry into society. This phenomenological multiple case study also aimed to explain the experiences of a case manager and the connection of community-based resource programs. According to Tripodi (2010), case managers are involved with offenders and assist them when they reintegrate back into society. However, despite the case managers' involvement with community-based resource programs, many ex-offenders with mental illness do not receive adequate resources to deter them from recidivism (James, 2015).

This phenomenological multiple case study utilized six open-ended interview questions for two ex-offenders (see Appendix C). I also interviewed a case manager with six different open-ended questions (see Appendix D). The open-ended interviews were conducted individually with the three participants through the Zoom virtual platform. The following research questions guided the qualitative phenomenological multiple case study:

1. What are the lived experiences of ex-offenders with a mental illness and their involvement with a community-based resource program?
2. What is the perception of a case manager on the resources provided to ex-offenders with mental illness within a community-based resource program?

This chapter outlines the procedures for conducting the virtual interviews, demographic information on the participants, and the results of the participants' open-ended interviews.

### *Demographics*

After receiving Baylor University Institutional Review Board (IRB) approval to conduct this phenomenological multiple case study research, I started the process to select participants (see Appendix A). Three participants agreed to participate and be interviewed for this study. The three participants were of different ethnicities and genders. The participants included one case manager and two ex-offenders. The case manager self-identified as an African American male. One ex-offender self-identified as an Asian American female, and the other self-identified as a Caucasian female. Each participant received an informed consent (see Appendix B) before I conducted the virtual open-ended semi-structured interviews.

### *The Individual Analysis of Participants*

I used purposive sampling to select the participants for this study. The participants were two ex-offenders diagnosed with a mental health illness who had not returned to criminal activity in three years. The third participant was a case manager that currently provides counseling and offers resources to ex-offenders in a community-based program. The literature supported the individual within-case analysis that resources are needed at community-based programs to reduce recidivism (Hunter et al., 2015). The following sections describe each participant. I used their own words to discuss their lived perspectives with community-based resource programs and to assist in developing themes related to the research questions. Each participant (Table 4.1) was assigned a pseudonym to maintain their anonymity and confidentiality.

Table 4.1

*Demographics of Participants*

Pseudonym	Gender	Age	Ethnicity / Race
Charlie	Female	38	Asian American
Peyton	Female	29	Caucasian
Luke	Male	50	African American

*Participant Charlie*

Participant Charlie was a thirty-eight-year-old female ex-offender with one child. She never married, had a high school diploma, and one arrest. During Charlie’s high school years, she was on the honor society and was an overall good student. I asked Charlie to provide me with an explanation of a good student, and she said,

A good student is someone that does not get suspended or expelled from school. I did not experience any of that, nor did I go to detention. Also, a good student is someone who completes their homework and assignments. Finally, a good student is someone who does not talk back to the teacher and respects the teachers.

Throughout Charlie’s public school education, she made friends quickly and continued some of those same friendships into her adulthood. Charlie explained that her childhood and teenage years were what society considered a positive and nurturing environment. Fazel and Wolf (2015) noted that societal stigma contributes to ex-offenders self-image. Charlie indicated that she was not exposed to criminal behavior and had little knowledge of what committing a crime entailed. She played well with others, and her only exposure to crime was what she heard friends talk about at school. Charlie stated that her environment was not disruptive, meaning that she had key elements of a good life, such as a two-parent household, siblings, food, and water. Charlie’s home environment resonated with the social cognitive theory in the belief that an offenders’ environment influences individual behavior (Bandura, 1999). The social cognitive theory framework

also reveals that individuals' thoughts and feelings also influenced behavior (Bandura, 1999). Her basic needs were met, and she remembered not receiving everything she wanted, but her parents purchased what she and her siblings asked for the most part. Charlie concluded that she would not change anything about her childhood and the memories were great. It was not until she was an adult that she was exposed to environments that her parents kept her shielded from.

When asked about the environment, her parents kept her from Charlie immediately stated, "My parents kept their children sheltered to say the least." I asked Charlie what she meant by sheltered and she explained that her parents knew where she and her siblings were at all times and did not allow many friends to visit the home. Research conducted by Winnick and Bodkin (2008) suggested that the aforementioned parental behavior was a method of social control to protect others. Charlie remembered that her parents told her if she met someone who was nice and respected your parents, that person was her friend; and whatever you fussed about, you talk about the differences and remain friends. Charlie said that her parents always displayed cheerful and loving attitudes. I prompted Charlie to talk more about the sheltered environment she was raised in and she briefly explained,

You know it's like you don't know where the ghetto is. You know there is one but your parents never speak of the ghetto nor do they tell you about the ghetto. I know the ghetto has nothing to do with this but that's just how I can explain being sheltered. It's like you are not privy to what it means not to have food or lights. My parents kept that from us. I truly had no idea that people actually were without lights. Now I'm no dummy; I know some people did not have food, because the of the food pantry at the church. You do know what a food panty is? Don't you. Well to say the least my parents were protective to what we were exposed to growing up. There I said it.

Despite Charlie's many conceptions of what she considered a sheltered childhood, the one thing that remained constant was the love Charlie showed for her parents during the interview. In the interview, Charlie also discussed the love offered by her parents. She stated that they were told "I love you" and were hugged often. The words "I love you" can influence feelings and behaviors in individuals (Bandura, 1999). Charlie said that her parents taught her to say "hello" when she walked into a room and "goodbye" when she left. This connection of love with her parents brought Charlie to tears when she revealed, "my arrest has caused my parents' unnecessary stress, but I am glad that my community-based program has resources to keep me from recidivating." Skeem et al. (2011) stated that resources should be available for ex-offenders. The motivation that keeps Charlie grounded and not returning to jail is that she does not want to disappoint her parents and child.

I asked Charlie to talk more about motivation and her child, and there was a pause. Charlie informed me that she did not want her child to be part of this research because her child is innocent, and she did not want this to affect her child. I asked Charlie if she was willing to tell me if her child was a boy or girl and her immediate response was that she would not share the age, name, or gender of her child. "I love my child, and my child knows this. I would never do anything to bring or cause harm to my child." Her response was indicative of social cognitive theory in that she believed her responses to this research could influence and affect her child's behavior. I reminded Charlie that all information gathered in this research is confidential and that she was assigned the pseudonym to protect her identity. However, this explanation did not change Charlie's

mind about providing the age and gender of her child. Therefore, I continued with the next interview question.

The next question I asked about services received from the community-based resource program, Charlie stated, “she received clerical experience.” According to Charlie, that clerical experience helped her gain employment since her release from prison. Charlie quickly explained that not everyone had the opportunity to receive such experience, and she also understood that community-based programs have limited resources. She spoke about knowing that there are other offenders currently looking for job opportunities. The shortage of employment resources can impact the offender’s mental health (Mohammed & Mohamed, 2015). She said whenever she could; she encouraged fellow offenders not to give up and keep up the job search, saying “something will come through for them.” Charlie believed that there should be resources available to all offenders regardless of their conviction. According to Tripodi et al. (2009), employment was not the remedy for an offender to be successfully reintegrated into society. Charlie went on to say that she enjoys the job she has, and it reminded her of the job she had before her arrest. I asked Charlie for a brief explanation of the job she currently holds. Charlie explained that she works for a welding company as a clerk. She completes administrative duties such as data entry, typing company memos, creating and sending emails, and assisting with updating reports. Charlie stated that she enjoys what she does and is grateful that the company hired her, despite a felony on her record. The company Charlie works for supports her as she continues to receive mental health treatment through the community-based resource program. She said she was transparent with her employer and immediately revealed that she suffers from anxiety. With her



current medication and coping skills she can control her anxiety. I asked Charlie to talk more about her anxiety and she said,

I just get anxious because I want to show people that I am a good person. Yes, I have a felony and I blame no one but myself for that. I was with the wrong crowd. I completed my conviction sentence and I will remain free and be a good mother to my child. I will not mess up this job. This is a great job because they believe in me just as much as I believe in myself.

When asked what it means to believe in yourself, Charlie answered, “that you can do anything you put your mind to.” Charlie revealed that she is trying to overcome her anxiety, and her case manager tells her that she will get there if she makes slow and steady progress. Ward and Merlo (2016) note, the role of a community-based program case manager is to assist offenders with their medication regime for their mental illness. Charlie remained hopeful that she could overcome her anxiety and insisted that she would remain at her job until she was seventy-five years old with grandchildren. She also disclosed that she saves money from her payroll check to have for her apartment and her child's needs. She also spoke to her parents about her anxiety and her parents told her that they were not aware of anyone in the family with a history of that diagnosis. Charlie articulated that her belief that she was the first person in her family to be diagnosed with a mental illness.

An important aspect of Charlie's success as an ex-offender with mental illness was the aftercare program available through community-based programs. She spoke enthusiastically about having housing, gainful employment, family support, and a trade, as well as following the advice of her parole officer. Charlie also realized that community-based programs are in need of additional resources to help other offenders successfully overcome mental illness. According to The Northern District of Texas

(2016), the re-entry courts attempt to resolve factors that keep community-based programs from having adequate resources. She said to be successful meant staying free and not returning to prison or criminal behavior, or placing oneself in an environment that could land them back in prison. Charlie also stated that without adequate housing, offenders could return to a life of crime, “which is something I learned from my case manager.” The community-based program case manager must be knowledgeable in all aspects of the offenders’ life (Naessens & Raeymaeckers, 2020). Charlie stated, “I have not witnessed anyone I know from the program return to a life of crime, but I can agree with the case manager that it is possible without housing and employment.” She revealed that having employment was a great joy as it enabled her to have an apartment, and a car and to take care of her child. The support she received from her family was sometimes strained because of the crime she committed. She divulged that her parents had truly forgiven her for her mistakes, but she knew it would take time for her siblings to forgive her. Charlie stated that her siblings have told her they love her, and they missed her when she went to prison.

As the interview closed, Charlie expressed that she was glad she could contribute to my research even though she thought it would be difficult to answer the interview questions because of her anxiety. She also expressed that community-based programs should be geared more toward teaching different trades and assisting those who have difficulty finding housing. Charlie hoped this research helps offenders understand community-based resource programs can be beneficial to their success as they re-integrate into society, as long as they abide by the conditions of their parole. Lastly, she said offenders should make every effort to achieve their goals and beat the odds of re-

offending. The literature selected for this study indicated that community-based program resources contributed to reducing recidivism and supported ex-offenders with mental illness to connect and re-develop relationships with family (The Pew Center on the States, 2018).

### *Participant Peyton*

Peyton is a twenty-nine-year-old ex-offender with three children under the age of ten. Peyton has never been married and lived at home with her parents. When I asked Peyton to tell me more about herself, she shared,

I started using drugs at the age of fifteen, which was crystal meth. I got addicted with my boyfriend at the time. My drug use led me to a life of crime and causing me to spend time in prison away from my kids.

When asked why she started using drugs at the age of fifteen, Peyton shared that her family was in turmoil. I asked Peyton to elaborate on what she meant. Peyton told me that her parents argued a lot and included her in their arguments. This illustrates the point made by Bandura (1999) about the influence that parental behavior can have on a child's cognitive behavior. Peyton admitted, "At that time my boyfriend made me feel loved." He made me feel loved by giving me material things and telling me that he loved me. Peyton's expression of love resonates with the social cognitive theory component of reciprocal determinism (Bandura, 1999). She noted, that she and her boyfriend were always together because she did not want to be home to hear her parents argue. Her parents argued over "who had the remote, who had a cup of coffee; you know silly things like that." She said she was always with her boyfriend because "I thought he was giving me love, when in actuality he wasn't." Peyton went on to say, "thinking back, he truly

didn't love himself nor me; using drugs with my boyfriend was not love." Peyton's ability to process her relationship influences creating a negative pattern (Bandura, 1999).

Peyton quickly changed the interview direction, saying, "when my parents argued, they often included my siblings and me into their arguments." She said that her parents would say something along the lines of, "Peyton tell your mom to stop yelling," or "Peyton come here and listen to what your dad is telling me." She described this as putting a child in the middle of parent affairs. Peyton explained that she often asked her parents not to argue in front of her and her siblings. I asked Peyton how many siblings she has, and she told me that she grew up with two brothers and one sister. Peyton identified herself as the "baby of the bunch. My mom had four kids." She did not witness any physical abuse between her parents, but saw verbal abuse. Peyton said,

I'm not at all trying to make one abuse lesser than the other, I am merely explaining that I did not see any physical abuse such as hitting, punching, slapping or anything like that. You know the saying...put my hands on you. However, my parents argued more than I can count. At this point, I choose not to count.

Peyton explained that although she was not physically abused, she was verbally abused. Her explanation resonates with O'Sullivan et al. (2018) in that she is open and honest about her environment. She said that she walked away from the situations when she experienced verbal abuse in her relationships. According to Peyton, her parents' verbal abuse and attacks on one another affected how she interacts with her children. This behavior refers to the dynamic of reciprocal determinism in the social cognitive theory (Bandura, 1999). Peyton said she was not sure if her parents' verbal abuse of one another subsided because she currently lives at their home with her children. Peyton does not raise her voice at her children and neither do her parents. She said her parents' behavior

improved and she attributed a decrease in the verbal abuse to the grandchildren being in the home. Peyton explained that her parents are employed and provide for the family. She says she believed that her children have influenced her parents and their behavior. This response about influence is relative to the social cognitive theory framework (Bandura, 1999), proving that the grandchildren have motivated Peyton's parents to change their behavior

I asked Peyton to tell me more about herself. She said that she barely graduated high school. She stated that she was smart, but she used crystal methamphetamine to cope with her home life. Peyton described school as fun, and she recalled the names of teachers and friends. Despite using crystal methamphetamine, she remembered going to school daily, completing her assignments, and laughing and talking with friends during lunch. The challenges that Peyton faced because she abused crystal methamphetamine made her wary of being labeled as a drug addict by her friends. Peyton said,

That anytime away from home was a good memory for her and that she understands now from counseling that drugs do not help you cope but that is what happened when I was introduced to crystal methamphetamine at the age of fifteen.

Peyton remembered she abused drugs with her boyfriend throughout her high school years, but that they both graduated. She maintained that she did not have family support during her high school years because her parents were not focused on their children. Familial support is an integral part of the reintegration process and there are re-entry programs that focus on strengthening family relationships (Northern District of Texas, 2016). Peyton stated that she was not sure if her siblings turned to substance abuse or other negative behaviors because she was not home. Also, she was adamant that she does not talk to her siblings about the past.

Upon release from prison, many offenders are unqualified and do not meet employment qualifications (Lockwood et al., 2012). However, the employment services provided through the community-based resource program helped Peyton secure her current position as a leasing office assistant at an apartment complex. According to Peyton, it took some time to secure employment when she was released from prison. Peyton articulated that the challenge she faced after her release was that she applied and interviewed for multiple jobs in a six-month period. Peyton described the agony of being denied employment because of her felony. She said that she knew she could not give up looking for employment because she has three children that are dependent upon her to provide for them. She wanted to make her children happy and she would do what she could for them.

Family support is vital for reducing recidivism (Lockwood et al., 2012). Although she lived at home, Peyton said she did not have family support. Peyton's lack of family support resulted in her returning to prison multiple times. Peyton shared,

When released from prison not having family support, I would relapse on crystal methamphetamine. I would meet with my probation officer, test positive, and get sent back to prison. There was one probation officer who sent me to a six-month program. He said he believed that I wanted to do better and be better.

The words of the probationary officer resonated with Peyton. The offender and probationary officer must address any concerns regarding re-entry into society (Franke et al., 2017). Peyton had not returned to prison and has remained in the community-based program. However, she asserted, "family support is important when released from prison, as well as treatment programs when returning to the community." She was vocal with her family about their lack of support. Peyton insisted she is not looking for financial support because she has a job; rather she is looking for support through love, encouragement, and

understanding. Peyton had an anticipated expectation based on her experiences with her family (Bandura, 1999). She said that support can also come in the form of open and honest communication. Peyton shared that she has not had a conversation with her parents about her upbringing and when she started her prior substance abuse. I asked Peyton why she has not shared that information with her parents and she said, "I don't think my parents can handle my truth, my perspective of my childhood." However, she noted the case manager at the community-based program had offered to be in the room to guide her through the conversation with her parents, but she has refused. According to Ward and Merlo (2016), the offender and case manager must work together for successful results and outcomes with community-based programs.

The community-based program has helped Peyton in her substance abuse recovery. In addition to the meetings she attends, there are programs in which Peyton was involved as part of her recovery plan. The programs have residential, inpatient, and outpatient treatment. These programs are needed to support the offender and to help reduce recidivism (Mellow & Christian, 2008). Peyton explained,

A residential treatment program is where individuals can live for up to a year and sometimes more, depending on the assessment of the individual. The inpatient and outpatient treatment programs are similar in the services they provide. I have been to inpatient treatment and transferred to outpatient therapy. The inpatient treatment was more of personal treatment, whereas the outpatient treatment was more of group therapy. They both educated me on substance abuse and provided me with prevention skills. I struggled with treatment, but I overcame it. I am happy and am not ashamed.

Peyton disclosed that the crystal methamphetamine suppressed how she felt about her home life. Her parents' constant verbal abuse influenced her social behavior and her thinking (Bandura, 1999). Peyton credited the case manager for providing counseling

therapy to help with her depression and her substance abuse. Peyton revealed that counseling has helped her to remain clean and free from substance abuse.

Apart from the lack of some resources, such as housing, employment, and education skills, Peyton identified the community-based program as a contributing factor associated with her resiliency to not recidivate or return to crime. Peyton further acknowledged that the substance abuse program impacted her life the most. The resources and experiences she gained while in the program led her to share her previous experiences with others who are now in the program. When she thought about leaving the program, she realized that sharing her coping skills may prove helpful to others seeking treatment. Not only has she shared details about her recovery from substance abuse, but Peyton also revealed her depression diagnosis. Initially, Peyton did not want to believe she was depressed, but she realized that she experienced mood and thought process changes throughout the day after speaking with her case manager. Peyton shared that the mental health counseling that she received for her depression influenced how she interacts with others. She now views herself as patient and kind. When asked why she considers herself this way, Peyton stated,

For me, I am a kindhearted person and believe I have always been a respectful person. However, with the use of crystal methamphetamine, I was determined to be whom I needed to be to get the drug and do what I wanted to do at that time in my life. However, now I know that this behavior is a result of my depression from a lack of family support.

She shared that when she engaged in substance abuse, she was going through a difficult time in her life. Peyton now uses lessons she learned from therapy as a way to cope and manage her life with her children. Peyton has observed and applied the behavior of coping mechanisms to her life. According to Bandura (1999), observational learning is a



cognitive behavior that is repeated and learned from others. Peyton concluded the interview by saying that community-based resource programs have been crucial for her resiliency not to recidivate (James, 2015). However, she noted that community-based programs should have more housing, employment, and educational resources available when offenders are released. She concluded that community-based programs should incorporate more family groups to help families learn about mental health and substance abuse.

### *Participant Luke*

Luke is a case manager with thirteen years' experience working with community-based resource programs. Luke's work experience also encompasses working directly with ex-offenders diagnosed with mental health illnesses. Luke assesses offenders when they arrive at the community-based program. The assessment contains information obtained from offenders about their mental status, substance abuse history, and social history (Mellow & Christian, 2008). Luke said the assessment includes information about the offenders' family history, employment, if the offender had any prior individual therapy, and the offender's record of convictions. He further explained that the assessment assists him in locating and providing resources to offenders. The case manager is expected to conduct this written assessment immediately upon the arrival of the offender (Mann et al., 2011). I asked Luke to explain the available resources and he shared that they include psychotherapy treatment, substance abuse treatment programs, and educational and employment services. He stated that as the case manager, he relies on the availability of community-based resources. Luke said if community resources are limited, there is a chance for the offender to recidivate and return to prison. According to

James (2015), the availability of resources or the lack thereof can create a risk of recidivism. Therefore, the case manager must actively engage with the offender when released from prison. The case manager establishes a relationship with the offender to maximize the potentiality of successfully reintegrating the offender into society.

Like other participants in this study, Luke stated housing “continues to be the number one resource that is lacking when offenders are released from prison.” According to Luke, one challenge with providing housing is parole restrictions placed on the offender. When offenders are released from prison, they are sometimes faced with restrictions. Re-entry courts placed restrictions on offenders to prevent them from returning to crime (Hamilton, 2011). Luke provided examples of some of the restrictions,

An example of a restriction is the location of where the offender can reside. For example, an offender convicted of intoxication may not live near a store that sells wine and spirits. Another example is a convicted sex offender may not live within a 5-mile radius of their victim. As a case manager, I must review all convictions on record for the offender and not just the recent conviction when I am seeking housing for the offender.

Luke said securing housing was rewarding for ex-offenders and case managers. When I asked Luke to expound upon his statement, he shared the reward of seeing ex-offenders exhilarating smiles on their faces when granted housing. He recalled, “there are offenders who want to know they have housing so that they have a place they can call home.” The confidence of the offender wanting to have a home is found through self-efficacy in the social cognitive theory (Bandura, 1999). This component of self-efficacy asserts that motivation impacts the offenders' accomplishment of securing housing. Luke cited that despite the convictions of offenders, he has always been a case manager who worked on behalf of the ex-offender. During his thirteen years of experience as a case manager, he has witnessed offenders without housing return to prison within days of their release.

Luke stated, “it is unfortunate, but the federal and local government must govern themselves accordingly to provide community-based programs with the resources needed or there will continue to be an influx in recidivism rates.” Durose et al. (2014) state that recidivism rates can be high no matter the timeframe of offenders returning to prison.

Luke shared that another challenge he faced was referring offenders for employment opportunities. Luke explained that he had seen employers who immediately hire offenders and those that do not. Luke noted job opportunities exist, but employers are not willing to hire individuals with a felony on their background. In these situations, he attempted to deflect the negative connotation of a felony conviction and the impact the rejection can have on the offender. Luke’s ability to perform through his knowledge and skillset is the behavioral component within the social cognitive theory (Bandura, 1999). Luke revealed that there are times when he must immediately provide a counseling session with the offender because of the rejection by employers. Luke disclosed, “there are offenders who are rehabilitated and will not recidivate. I just hope that more employers would see the good in these individuals.” According to Tripodi et al. (2009), employment is essential for offenders when released from prison.

Luke revealed, “the offender’s feeling of rejection can be detrimental to the likelihood of them committing a crime that has resulting in them returning to prison.” He stated, “the offender can be unstable when released from prison.” Luke went on to say,

The offender can be what I like to call unstable. What I mean by unstable is that they are not able to make connections when released from prison. Some of the connections are the doors of opportunity they want to enter are closed, the lack of family support, and the requirements of probation can be taxing to name a few.

However, when there is a positive employment placement, the offender may not have the required documents to start working. Luke says he has often secured identification for

offenders. I asked Luke to explain how he secures identification for offenders, and he explained that when offenders are released from prison, they may have misplaced or lost their picture identification card. Luke stated that it is difficult to obtain a replacement picture identification because a copy of the offenders' birth certificate must be requested. Luke explained that once he receives the copy of the birth certificate, he gives it to the offender. The offender then uses the birth certificate to obtain another picture identification card. Luke said, "without the picture identification, the employer may not hire the offender." Since Luke has encountered offenders not having picture identification, he makes it a priority when he initially meets with them to ask if they have identification or not. He said that by asking this early on, he can start helping the offender obtain their picture identification for employment and housing, transportation, medical insurance, and other resources. Luke willingly taking on this task demonstrated the social cognitive theory, wherein someone influences others to make a change in their lives (Bandura, 1999).

The community-based resource program offers counseling therapy to further prevent the offender from recidivating. Luke said the therapy allows the offender to address their decisions, which led to their arrest. Luke described therapy resources may include mental health and substance abuse programs. The mental health and substance abuse status of offenders is concerning because they are necessary to properly treat and care for the offender (Steadman et al., 2009). Luke stated, "that as the case manager, I am here to connect the offender to resources that can considerably improve their life and support them from recidivism." He said that his goal of providing therapy at the community-based program is to address "criminal thinking, criminal behavior, and

provide intervention.” He stated that he plans the counseling session based on the needs of the offender. The treatment plan for the offender's mental health prevents possible barriers when the offender re-integrates into their community (Ward & Merlo, 2016).

Luke also contended that he supports the offender to develop coping mechanisms that aid in recovery and teach offenders how to face or respond to stressors and triggers. I asked Luke to explain different types of stressors and triggers. Luke stated,

Stressors and triggers are different for each individual. In my experience as a case manager someone with a mental illness such as anxiety or depression, or they could have both diagnoses. So, let us go with the latter. The thought of completing a job application can be a stressor that can trigger depression. The possibility of not have housing can be a stressor that can trigger their anxiety and depression. I do not claim to know it all, but I have experienced these as a Master’s degree level clinician.

Luke revealed that there is a chance that every offender who arrives at the community-based resource program has a multitude of unresolved problems and concerns. Luke said he knows that he cannot resolve every issue that the offender presents with, but for the most part, he wanted to help implement long-term solutions and coping mechanisms.

According to Luke, “to improve the health of the offender and reduce repetitive criminal behavior is a reward in itself.” The time and resources provided to the offender should be appropriate for their treatment to produce successful outcomes (Naessens & Raeymaeckers, 2020).

When I asked Luke to talk about the effectiveness of community-based resource programs, he shared, “community-based programs are effective when they have the appropriate resources and are staffed efficiently and effectively.” He said, “that due to the Coronavirus pandemic, resources are impacted.” Before the Coronavirus pandemic, he said, “community-based resource programs were championing the offender in reducing

the recidivism rates.” He also revealed that “offenders were adhering to their probationary officer and expectations.” A factor he described concerning community-based program effectiveness was coordination, assessing, and monitoring the needs of offenders with the resources and services they need. Assessing the offenders’ needs and their support system is a key component for them breaking the cycle of recidivism. Also, he stated community-based programs that are geared toward assisting the offender with educational barriers they may have experienced is another key component. Luke said, “there are offenders who acquire their GED using the resources available at the community-based program.” Offenders completing their education can positively impact reducing recidivism (Ellison et al., 2017). Luke noted, “the thorough assessment of the offender provides a better perspective on how to help the offender with the program and resources they need.” Luke’s reflected that he “tries to empower and motivate the offenders so that they have a better chance of being successful in not returning to prison.” I closed the interview by thanking Luke for his time and his contribution to this study as a participant.

### *Cross-Case Analysis*

The cross-case analysis in this phenomenological multiple case study was designed to establish the relevance and outcomes of the findings across the three cases (Miles et al., 2014). The cross-case analysis aided in examining similarities and differences across case studies (Miles et al., 2014). The cross-case analysis also helped formulate themes and aided in understanding how case studies relate to one another (Miles et al., 2014). However, in this study, constant-comparative cross-case analysis was used because of the low number of participants involved (Glaser, 1965). This method was

beneficial because I utilized constant comparison of the data collected from the participants in a systematic way to expose common themes (Miles et al., 2014). The cross-case analysis was essential to find specific and definitive themes in all three cases (Miles et al., 2014). While performing the cross-case analysis, recurring patterns and themes in the data emerged (Miles et al., 2014). I looked at each case, and where there were identical themes across the cases, I thematically interpreted them (Miles et al., 2014). The constant-comparative method allowed me to group common answers to the research questions. I created emerging themes based on the commonalities of participants' responses to the interview questions (Glaser, 1965). Six empirically significant themes were derived from the three cases. To conclude data analysis, the three cases in this phenomenological study were compared to develop the cross-case analysis. Table 4.2 summarizes the six common themes found between the two ex-offenders with mental illness and the case manager involved with the community-based resources program.

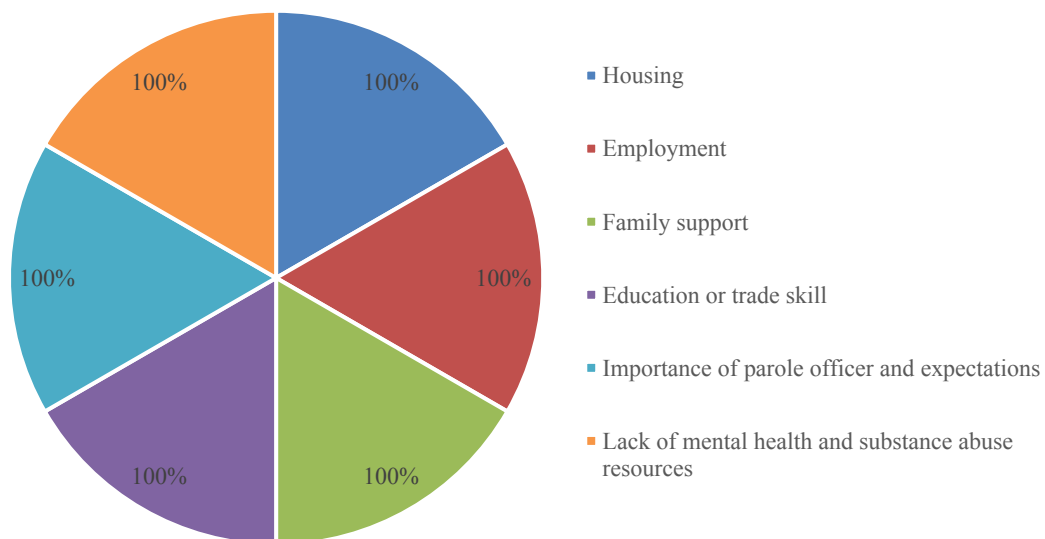
Table 4.2

*Research Questions and Emerging Themes*

Research Questions	Emerging Themes
RQ 1: What are the lived experiences of ex-offenders with a mental illness and their involvement with a community-based resource program?	Theme 1: Housing Theme 2: Employment Theme 3: Family support Theme 4: Education or a trade skill
RQ 2: What is the perception of a case manager on the resources provided to ex-offenders with mental illness within a community-based resource program?	Theme 5: The importance of the parole officer and their expectations Theme 6: Lack of mental health and substance abuse resources

### *Thematic Analysis*

I developed composite themes from a thorough transcription of the participants' semi-structured open-ended interview responses. I carefully reviewed and vetted the transcripts to ensure that I captured the participants' lived experiences and perceptions (Creswell & Creswell, 2017). The constant-comparative analysis method confirmed the findings that explain the synthesis of comparing the common categories (Glaser, 1965). The categorical patterns were captured with rich thick data descriptions, resulting in six themes (Creswell & Creswell, 2017). The common thematic patterns revealed were housing, employment, family support, education or trade skill, the parole officer's importance and expectations, and the lack of mental health and substance abuse resources. All three participants stated that these common core themes influenced their lived experiences (see Figure 4.1).



*Figure 4.1.* Percentage of participants common themes.



*Theme 1: Housing.* The most common theme from the interview was the lack of available housing for offenders when released from prison. The participants shared that having a felony conviction posed a challenge when locating housing because the conviction appeared on their background check. One participant decided to live with her parents when housing was not available upon her release from prison. The participant also described that the community-based program helped with her disruptive behavior while she waited for housing. The other participant shared that she was able to obtain housing because she has a full-time job. She revealed that her employment status was an essential element for her when locating housing. Likewise, the case manager shared that when an individual is a convicted felon, it is challenging to locate adequate housing. He further expressed that there are times when offenders will stay with family members, but this can be daunting and difficult for both the family members and the offender. He explained that the difficulty might emanate from the parole officer's expectations or the crime committed by the offender. The participants expressed that there need to be more programs geared towards better housing opportunities for ex-offenders because of finding housing. Community-based resource programs that assist with housing for ex-offenders are valuable tools used to reduce recidivism.

*Theme 2: Employment.* The participants stated that gainful employment was necessary for their survival. Working a full-time job made it possible for ex-offenders to reintegrate into society, care for their children, and reduce their likelihood of recidivating. One participant stated that the most significant major obstacle she faced upon her release from prison was finding employment. She considered gainful employment as the critical factor in her abstaining from a life of crime. The other participant shared that she had a

full-time job before her arrest. She believed that it contributed to her success in securing full-time employment through the resources available in the community-based program. Both participants shared that they did not receive any job or trade skill training while incarcerated. Finally, they shared that they desired to work and provide for their families.

*Theme 3: Family support.* The two participants who participated in the interviews noted that having family support was essential to their aftercare and helped them complete their parole. One participant shared that coming home and being rejected by her family was challenging because she needed support in reintegrating into society. According to Bandura (1999), positive reinforcements can influence an individual's behavior. Therefore, the participants shared that the lack of family support was a stressor and triggered their propensity to make poor decisions. The participants shared that incorporating family groups into community-based resource programs will strengthen the programs by creating extra support for ex-offenders. They believed that having family-centered support groups or classes could strengthen relationships.

*Theme 4: Education or trade skill.* Having an education or possessing a particular skill is essential for everyone; however, it is particularly advantageous for ex-offenders. One participant explained that she received clerical training through the community-based program, which allowed her to work as an apartment leasing office assistant. Conversely, she stated that many ex-offenders are unemployed because they are undereducated, under-skilled, and do not have access to educational opportunities. The participants shared that the most common and sought-out trade was welding because it was readily available in most community-based resource programs. Based on one

participant's responses, it was concluded that offenders are limited in the number and scope of vocational training opportunities. The scarcity of vocational paths presents opportunities for community-based resource programs to expand their program offering. Ellison et al. (2017) noted that when prison systems provide education or trade skills, the result is a marked reduction in offender recidivism. The case manager participant concluded that to improve the efficacy of educational resources, we need to know or receive information about the variety of available trades to ex-offenders to enroll them in courses.

*Theme 5: The importance of the parole officer and expectations.* The timbre of the ex-offender and parole officer relationship is an effective metric to gauge how well an ex-offender reintegrates back into society. Ex-offenders rely on parole officers for their aftercare as they reintegrate back into society. Ex-offenders must follow the rules and stipulations of the parole officers to meet their parole obligation and commitment. In this study, Luke, the case manager, shared that probation officers should focus on reducing recidivism rates by effectively helping offenders return to society as productive members of their community. Luke also shared probation officers should care about the feelings and well-being of offenders. The offender's behavior can influence the outcome and expectations of the offender completing their probation requirements (Bandura, 1999). Luke also disclosed that the parole expectations of the offender should be communicated and adhered to by the offender. Lastly, the parole officer should monitor the offender's behavior and discuss any behavior modifications with the case manager.

*Theme 6: Lack of mental health and substance abuse resources.* Not all community-based resource programs provide adequate resources to prevent recidivism. However, when community-based resource programs have resources that can support ex-offenders' exigent needs, they are usually successful in promoting reintegration. Based on Luke's experience, when ex-offenders attend group sessions for mental health and substance abuse, they receive much-needed support. The support groups teach ex-offenders coping techniques and strategies to regulate their behavior and reinforce positive confidence (Bandura, 1999).

Similarly, the participants shared that the available mental health and substance abuse resources helped them understand the consequences of their behavior. One participant explained that the treatment and medication provided through the community-based program were vital because she does not have medical insurance. Without these resources, she was uncertain whether she could afford her medicine.

### *Thematic Summary*

In each interview, all three participants shared similar feelings and thoughts, which formed the basis for the six themes. Despite hearing the same information in different ways, I captured the participants' voices. Although there is an underlying feeling of angst about the scarcity of available resources, each participant communicated that community-based programs had enabled them to break the cycle of recidivism.

### *Findings for Research Questions*

The findings for this research followed a qualitative phenomenology multiple case study design. This research design is a design of inquiry to participants' lived experiences

and perceptions (Creswell and Creswell, 2017). Therefore, the findings of the research questions culminate in the participants' detailed experiences of the phenomena.

*Research Question 1 Summary: What are the Lived Experiences of Ex-Offenders with a Mental Illness and Their Involvement with a Community-Based Resource Program?*

The two participants who answered this question identify as female ex-offenders receiving resources from a community-based program. The participants answered the research question in their semi-structured open-ended interviews. Below is a summary of their responses.

Participant Charlie described that at the community-based resource program, she actively participated in aftercare. She explained that her understanding of aftercare was for her mental health diagnosis. She was responsible for attending twice a week to learn about her criminal thinking behavior and address her anxiety issues, including a mental health disorder (Bandura, 1999).

Participant Peyton shared that she became involved with the community-based resource program when she was referred to it by her parole officer. Peyton said the program assisted her with her substance abuse problem, addressed her propensity to engage in criminal activity, and helped her avoid recidivism.

Both participants identified mental health and substance abuse counseling as resources they received. One participant expressed that the case manager provided techniques to assist her with bouts of depression. The participant recognized and explained there are many types and forms of depression, citing, “sometimes I can think about my past and become depressed.” She also noted that when she thought about her future, she felt depressed. The other participant also received mental health and substance abuse counseling through the community-based program. The participant revealed that

she receives counseling and medication to help manage her anxiety. She viewed this as a benefit because she cannot afford the medicine to control her anxiety, and the lack of proper medication may negatively impact her behavior.

Another commonality amongst the ex-offender participants' lived experiences was the inability to secure employment upon their release from prison (Petersilia, 2004). Participants' thoughts, feelings, and emotions around how they would provide for their children impacted their mental stability (Steadman et al., 2009). Both participants worried that newly released offenders might become impatient with the time required to obtain employment, resulting in a return to prison. However, both participants waited to utilize the community-based program's resources and now have full-time employment status. The participants also shared that the community-based resources program provided training programs for offenders to learn a trade or earn a GED. They both attested that they have a high school education and clerical skills, but some offenders do not have either one.

The participants identified family support for the whole individual, and not a particular aspect of the individual is essential to refrain from returning to crime. The participants expressed that lack of family support was deleterious to their societal reentry process. Consequently, their familial support increased after immediate relatives received training on the parole board's guidelines and understood the parole officer's expectations. One participant described she did not understand the parole officer's importance until her second conviction, which happens to be her last conviction. The resources provided by the parole officer were vital to the offender to complete their probation and to successfully reintegrate into society (Mellow & Christian, 2008). Both participants stated

that the availability of resources and the community-based program's counseling services have benefits. They recognize the need for community-based resource programs to help offenders break their recidivism cycle as it has done for them.

*Research Question 2 Summary: What is the Perception of a Case Manager on the Resources Provided to Ex-Offenders with Mental Illness within a Community-Based Resource Program?*

Luke, the participant who answered this research question, responded that adequate community-based resources focus on therapeutics, which hold offenders accountable for their actions, and some programs address employment, housing, and educational barriers. Luke shared that an ongoing challenge was securing and maintaining resources. Some offenders deny they have a mental illness and refuse treatment. However, the refusal to acknowledge their mental health infused with their environment can influence reciprocal determinism (Bandura, 1999). Reciprocal determinism is behavior influenced by individuals' consequences in their social and personal environment (Bandura, 1999). Offenders learn to apply coping mechanisms to stabilize their mental health when provided with proper therapy treatment (James, 2015). Luke suggested formal annual training or professional for all clinical professionals providing treatment to offenders at community-based programs. He shared that the training should include how behavioral changes can become a social norm for offenders and clinical professionals who need training on addressing and treating any new behavior changes.

Luke expressed a sense of connectedness with offenders. He described assisting offenders with employment, housing, and educational opportunities. Luke familiarized the offenders with various resources as they become available. The participant stated that

he observed a significant difference in offenders' behaviors when housing, employment, and education resources are available. These behaviors are a direct reflection of the social cognitive theory. The social cognitive theory considers the individual's past experiences and factors in their environment as influential to their behavior (Bandura, 1999). Like the ex-offender participants, Luke, the case manager, indicated that family support was a fundamental societal reintegration component. Luke felt satisfied when he found ways to incorporate family participation in the offenders' counseling and treatment sessions.

Additional factors contributing to the participants' perceptions were the parole officer's expectations. He maintained that working with the parole officer is sometimes problematic because of offenders' stringent probation rules. However, he admitted that he remained optimistic by creating a line of open and honest communication with the parole officers, hoping that they will sequentially provide the offender with appropriate resources to desist recidivating. Luke also revealed that he reinforces parole officer's requirements that offenders maintain a healthy and sober lifestyle and refrain from criminal activities. He expressed the need to reflect on non-recidivating offenders who utilized resources consistently. He also suggested that offenders apply what they learned to reintegrate into society as productive individuals. Based on the participants' responses, the measurement of successful reintegration into society pivots on the offender's real-time application of skills amassed through community-based resource programs. When offenders definitively change their behaviors, their environments mirror this change. Lastly, Luke shared that the offenders become law-abiding citizens who give back to their communities by remaining out of prison and consistently utilize accrued skills to break the cycle of recidivism.



## *Discussion*

The purpose of this phenomenological multiple case study was to analyze the participants' perceptions and lived experiences of breaking the cycle of recidivism and to identify resources within the community-based programs. The individual analysis and cross-case analysis of the cases contributed to the development of common themes. In qualitative research, the content analysis considers themes relevant to the data (Bergin, 2018). According to Creswell and Creswell (2017), themes display perspectives from research participants, and themes were analyzed for each case analysis and cross-case analysis.

The individual case analysis from the participants' discussion in the semi-structured open-ended interviews revealed themes. The cross-case analysis also revealed common themes from the three participants' responses to the research and interview questions. The participants' environment, behavior, and social influences are connected to the essential elements of the social cognitive theory (Bandura, 1999). The participants' self-efficacy and accountability for their behavior resulted in the similarity in the responses related to social cognitive theory (Bandura, 1999). Because of the similarity of the participants' responses, this resulted in the development of six themes.

The six themes for the individual and cross-case analysis were housing, employment, family support, education or trade skills, the parole office's importance and expectations, and lack of resources for mental health and substance abuse. According to Smith (2016), some community-based programs lack housing resources for the participants. The participants expressed that employment and family support are vital in reducing recidivism. When discussing the female participants' experiences, gender emerges regarding the availability of employment resources. The participants

experienced a lack of available resources for females and the community-based program has yet to take an active approach. For example, a female offender may not have a job or reported their work experience, which can be ineffective when locating employment. However, the female ex-offenders in this study shared that most jobs were available for men, such as construction and welding. The participants noted that some women could work those types of jobs, but they did not. The case manager shared that it can be challenging to place female offenders for job opportunities that have been known for male offenders.

The participants' access to education in the prison system and upon release from prison impacts recidivism (Ellison et al., 2017). Additionally, the participants conveyed that a mental illness stigma and parole officers' expectations support the findings in the literature and the framework of the social cognitive theory and that the expectations are put upon the participants based on their environments and behaviors (Bandura, 1999).

The findings from this phenomenological multiple case study support previous research findings that there is a gap in resources available to ex-offenders with mental illness when released from prison. The social cognitive theory was selected as an appropriate framework because this study aimed to analyze participants' lived experiences based on their perceptions. However, from the literature review, this study's findings did showcase self-efficacy and modeling behaviors associated with the social cognitive theory (Bandura, 1999). Each participant's perception and lived experiences aligned with the social cognitive theory framework of this phenomenological multiple case study (Table 4.3).

Table 4.3

*Findings and Theoretical Framework*

Findings	Literature Review	Social Cognitive Theory
Need for family support, housing, and employment	Community-based programs that confront the problematic issues of housing, employment, and support systems to reduce recidivism (James, 2015)	Positive or negative reinforcements of the individuals' knowledge, skill set, and environment (Bandura, 1999)
Mental illness stigma and behavior	Available resources to manage mental health illness, and counseling services (Skeem et al., 2011)	A reciprocal relationship between behavior and environment (Bandura, 1999)
Re-entry courts and parole	Relationship between recidivism and community-based resources (Cullen et al., 2011)	The consequences of individual actions engaging in the behavior (Bandura, 1999)

*Implications*

The findings from this study suggest community-based resource programs are necessary for breaking the cycle of recidivism. Existing studies do not explicitly focus on mental health illness among offenders; instead, they focus primarily on offenders who suffer from substance abuse. Within this phenomenological multiple case study, participants were two ex-offenders diagnosed with a mental illness who have not recidivated in more than three years, and a case manager who provided counseling resources to the two ex-offenders at a community-based program.

This study reveals that participants' perceptions and lived experiences with community-based resource programs affirm tenets of the social cognitive theory. The findings are consistent with self-efficacy and reciprocal determinism, which are intricate components of the social cognitive theory (Bandura, 1999). Participants' self-efficacy is

displayed in their desire to engage in community-based programs, which they perceive are beneficial in their societal reentry process (Woldgabreal et al., 2014). The participants' perceptions also connect to reciprocal determinism expectations' social cognitive theory component (Bandura, 1999). Participants' have a reasonable expectation that ongoing treatment for their mental health illness allows them to appropriately apply coping strategies and techniques before resorting to criminal behavior (Bandura, 1999).

Case managers who treat and provide counseling to ex-offenders will benefit from the findings in this study. The social cognitive theory framework suggests that the ex-offender's environment impacts self-efficacy (Bandura, 1999). The findings indicate that case managers' forensic counseling training is necessary to improve mental health treatment (Franke et al., 2017). Participants stated that there are instances in which self-doubt and lack of confidence presented obstacles. As a result, the case manager has to equip ex-offenders with techniques to diffuse negative feelings and thoughts (Franke et al., 2017). The desired outcome of the methods is that ex-offenders will use these tools to avoid returning to criminal behavior (Franke et al., 2017). Therefore, case managers trained in mental health counseling can enhance and improve treatment effectiveness while also addressing problems with substance abuse (Kendall et al., 2018).

Additional implications of this qualitative phenomenological multiple case study include the small number of participants for this study. Creswell and Creswell (2017) noted, "the number of participants of phenomenology involves a range of 3–10" (p. 186). Therefore, three participants were selected for this study. The small number of participants may not be an ideal representation of ex-offenders' and case managers' involvement with community-based resource programs. However, the implications of this

research indicate that ex-offenders rely on community-based resource programs for their successful reintegration into society (Kendall et al., 2018). Community-based resource programs significantly impact ex-offenders by helping them break the cycle of recidivism.

This study will help community-based resource programs understand the perceptions of ex-offenders and case managers. Based on these findings, case managers in community-based resource programs will better understand the importance of their engagement with ex-offender success. Most importantly, these findings indicate a change in cognitive therapy or counseling is necessary to reduce recidivism. This study will help guide community-based resource program decision-makers, stakeholders, and partners to review policies and resources to make changes required to continue to support and assist ex-offenders. The development and creation of family support networks and the implementation of transitional housing were some of the participants' responses around ways to reduce recidivism. Participants' perceptions will help policymakers modify resources and implement programs to provide the necessary services based on ex-offenders' responses and needs.

### *Conclusion*

The purpose of this phenomenological multiple case study was to analyze the perceptions and lived experiences of two ex-offenders with mental health illness and a case manager involved with a community-based resource program. The lived experiences and perceptions of the participants are rooted in Bandura's social cognitive theory. Social cognitive theory is centered upon the environment and surroundings that influence individuals' behavior (Bandura, 1999). The self-efficacy construct inherent in social

cognitive theory was apparent in the participants' responses to the semi-structured open-ended interview questions (Bandura, 1999). Two participants acknowledged that their prior criminal behavior was a result of their environment. However, with their current treatment and continued involvement with the community-based program, their behavior has changed. The Social cognitive theory asserts that changes to the environment can lead to behavioral changes (Bandura, 1999).

Common themes were identified from the analysis of participants' responses to the semi-structured open-ended interview questions, through which their perspectives were reflected (Creswell & Creswell 2017). A sample of three participants was selected based on a particular criterion, a purposeful sampling component. The purposeful sampling in this phenomenological multiple case study was bias-free, and I performed reliable transcription of the data (Creswell & Creswell 2017). The data collection included semi-structured open-ended interviews conducted on the Zoom virtual web-based platform. The three interviews occurred on the same day. The semi-structured open-ended interviews allowed the participants to express in their own words their experiences and perceptions of their involvement with community-based resource programs (Yin, 2011). The semi-structured interviews also allowed the participants to describe their mental health illness, substance abuse, and efforts to stop recidivating.

The transcription of data is recommended as a best practice in analyzing data collected in qualitative research. All interviews were transcribed using Microsoft Excel (Creswell & Creswell 2017). This software allowed me to organize and sort the data and helped develop data patterns from the participants' responses (Creswell & Creswell 2017). Many of the participants' responses were repetitive, allowing for the development

of six themes. The six themes that originated from the data were housing, employment, family support, education or trade skill, the importance of the parole officer and expectations, and the lack of mental health and substance abuse resources. All participants stated that housing was a scarce resource. The participants also said they had difficulty gaining full-time employment. They indicated that when some employers realized they had a felony, they would not schedule the job interview. However, participants in this study were able to secure full-time employment. Participants also mentioned the lack or refusal of family support as they reintegrated into society (Visher et al., 2010). Participants recommended that family members should be able to attend counseling sessions for added support and education on dealing with loved ones suffering from mental illness and substance abuse.

The information and results obtained from this study can serve as a guidepost for community-based resource programs and assist case managers in their efforts to help ex-offenders successfully break the cycle of recidivism. This study's findings are consistent with prior scholars that housing, education, family support, and job assistance are essential elements needed to reduce recidivism. According to James (2015), when offenders are released from prison, they are faced with challenges of locating housing; however, they are often unsuccessful because of the strict housing qualifications. Some apartments do not accept individuals with a felony, which poses a challenge for the offender. The lack of family support is another obstacle offenders face. The offender must create new relationships with family when released from prison (Visher et al., 2010).

This study's findings reveal that ex-offenders' engagement with community-based resource programs is a critical element to reduce recidivism. The literature supports stability among ex-offenders who actively used available resources at community-based programs (Cullen et al., 2011). In addition, effective re-entry planning is crucial for ex-offenders to reintegrate into society (Fazel & Wolf, 2015). The participants' results and responses demonstrate that ex-offenders successfully break the cycle of recidivism when the resources are available.



## CHAPTER FIVE

### Distribution of Findings

#### *Executive Summary*

The literature reviewed in this study indicates minimal research focused on the phenomenon of breaking the cycle of recidivism from the perceptions of ex-offenders with mental illness. This gap in the research prompted an examination of community-based resource programs' role in this phenomenon. According to Tripodi (2010), the lack of available resources is an oft-cited reason offenders recidivate. Additional research from Mellow and Christian (2008) also concluded that re-entry protocols and resources influence ex-offenders' abilities to break the cycle of recidivism. A 2016 study conducted by the Bureau of Justice Statistics stated that 47% of offenders without access to resources are likely to re-offend when released from federal prison.

Previous research revealed that community-based resource programs are ineffective because they do not have adequate resources available for the participants' individual needs. The findings in this phenomenological multiple case study indicate that the participants believe the community-based resource program they engage in provides them sufficient aftercare counseling. However, the community-based program provides limited housing and employment resources upon an offender's release from prison. Many offenders experience obstacles accessing available resources when transitioning from prison to community-based programs (Hunter et al., 2015). The lack of resources negatively influences the offender's behavior. Offenders' cognitive responses, such as self-efficacy, are primarily shaped by their discharge plan (Bandura, 1999). Resource

scarcity limits most ex-offenders' abilities to apply for housing and jobs (Bandura, 1999). Without adequate housing and employment opportunities, offenders may revert to previously modeled criminal behavior (Bandura, 1999). Bandura's social cognitive theory emphasizes the individual's positive and negative environmental factors (Bandura, 1999).

The purpose of this study was to explore and analyze the lived experiences of ex-offenders diagnosed with a mental illness and the perspectives of a case manager working with a community-based resource program. This phenomenological multiple case study addresses two research questions:

1. What are the lived experiences of ex-offenders with a mental illness and their involvement with a community-based resource program?
2. What is the perception of a case manager on the resources provided to ex-offenders with mental illness within a community-based resource program?

#### *Overview of Data Collection and Analysis*

For this study, two ex-offenders and a case manager participated in semi-structured open-ended interviews. I received IRB approval (Appendix A) to begin the data collection process for this phenomenological multiple case study. I contacted a community-based resource program case manager to connect with ex-offenders with mental illness to become participants in this study. Informed consent (Appendix B) was sent to the potential participants via email. Instructions were also sent via email for the participants to thoroughly read, sign, and return to the case manager. Unfortunately, the restrictions and social distancing recommendation from the Centers for Disease Control and Prevention (CDC) regarding the Coronavirus disease, also known as COVID-19, prevented me from personally retrieving the signed consents. However, the signed

consent forms were mailed via United States Postal Services to the post office box provided to the case manager.

Once I received the signed informed consent, I scheduled the interviews with the selected participants. The interviews were scheduled according to the participants' availability. The participants were informed that they would be interviewed virtually on the Zoom platform. The interviews took place before the Zoom platform updates. The new updates to the Zoom platform now have a function that transcribes recordings. However, I transcribed the sessions after I interviewed each participant. The two ex-offenders participants with a mental illness were asked the same six interview questions (Appendix C). The case manager had a different set of six interview questions (Appendix D). Each interview lasted from forty-five minutes to sixty minutes. Participants were assigned pseudonyms to protect their identity and confidentiality. I reminded the participants that their responses would remain protected and in my possession on a password-encrypted USB drive. The destruction of data was performed per the recommendation methods of micro crosscut shredder and incineration (Creswell & Poth, 2018).

The data analyzed was from the semi-structured interviews. I reviewed each interview and transcribed them verbatim to accurately capture the participants' responses. The transcribed responses were entered into a Microsoft Excel spreadsheet. Using the participants' own words, I used thematic analysis to categorize and describe the findings from the data (Creswell & Creswell, 2017). The resulting themes that developed were from the responses given by the participants. The categorization of themes provided the

lived experiences of the participants. The common themes identified and categorized were:

1. Housing
2. Employment
3. Family Support
4. Receive education or a trade skill
5. The importance of the parole office and their expectations
6. Lack of resources for mental health and substance abuse

Once the themes were categorized, a description code was provided to quickly identify the themes (Creswell & Poth, 2018). The Microsoft Excel software product used as part of the data analysis process also assisted in measuring validity and reliability in this phenomenological multiple case study. Triangulation of the data for validity and reliability was used to ensure that the responses were the lived experiences and thoughts of the participants (Creswell & Creswell, 2017).

### *Summary of Key Findings*

The six emerging themes in this study were: housing, employment, family support, receive education or trade skill, the importance of the parole officer and expectations, and the lack of resources available for mental health and substance abuse.

#### *Theme 1: Housing*

According to James (2015), stable housing is a factor in reducing the rates of recidivism. In this study, the findings positively correlate with James (2015), who noted that a challenge offenders face when released from prison is securing adequate and affordable housing. The participants explained that offenders should have a place to live

when released from prison. The participants explained that there is limited housing for female offenders. According to the participants, when females are released from prison, the only option is a group home. One participant stated she witnessed a male offender receive housing at an apartment complex. The participant said when she asked about her housing, she was told a halfway house.

The participants shared that before offenders are released from prison, offenders should know their housing accommodations. The participants described that as a convicted felon, it was difficult to locate adequate housing. From their experience, they initially had to live with family. Living with family is often problematic because of the parole restrictions (James, 2015). One participant lived with her parents, and the other participant had an apartment. Both participants had children and shared they wanted a home of their own for themselves and their children. Therefore, community-based programs and the prison system should have housing resources available to offenders.

### *Theme 2: Employment*

Finding employment is often an antagonizing process for offenders. In discussing employment in the interviews with the participants, they shared that they worked full-time before their arrest. The Bureau of Justice Statistics (2016) research states 53% of ex-offenders had full-time employment at the time of their arrest. However, when released from prison, the participants described their experience as having limited resources to employment opportunities. The perception is that some employers typically do not want to hire ex-offenders. The participants shared that they wanted to work, but there were not many jobs available due to their criminal background history. Both participants stated that they have applied to several staffing agencies, but most jobs were working in

warehouses requiring forklift experience. The participants described this type of employment experience as a more significant disparity than male ex-offenders. The participants shared the disparity in employment can be associated with gender. The participants explained that many of the available jobs were what they considered for males, such as welding and carpentry. However, the participants shared that they both prefer a diverse working environment. The participants in this study located full-time employment through the resources available at the community-based program.

### *Theme 3: Family Support*

The findings in this study around family support and involvement connect to the research conducted by Visher et al. (2010), whose findings reveal that offenders need to form healthy relationships with family and fully embrace family support. The support from family can help avoid repeated negative environmental influences and behavior (Badura, 1999). Family may offer encouraging words and support with decision-making. Family support helps offenders recognize the consequences of their behavior. The positive reflection from both participants is establishing family support throughout their treatment in community-based programs empowered them not to recidivate.

### *Theme 4: Receive Education or a Trade Skill*

This study also connects to the research conducted by Ellison et al. (2017) that confirms that having education programs available post-release reduces recidivism. The participants shared that they both have a high school education. However, they have witnessed other offenders in the community-based program who do not have a high school education. The case manager shared that some offenders cannot receive a GED because of their comprehension skills, and others do not complete GED programs

because they lack effort. The participants shared that some offenders often want to learn a new trade or skill. However, the resources to learn a new trade or skill are often unavailable to the offender, or there is a waiting period to enroll in the education program. The participants described the offenders' behavior as the inability to perform with knowledge and skills (Bandura, 1999). According to Bandura (1999), when individuals begin to exhibit negative behavior, it is often a manifestation of their external social environment.

*Theme 5: The Importance of the Parole Officer and their Expectations*

Ex-offenders diagnosed with mental illness must have access to community-based resources before probation or parole and their prescription medication to prevent recidivism (Steadman et al., 2009). The interview with the case manager is associated with Steadman's (2009) study, which found that the case manager ensures the offender with mental illness have their medication and additional services with the parole officer to prevent recidivism. When released from prison after their first offense, the participants did not understand the parole officer's importance. In this study, the participants shared their understanding of the parole officer's expectations and the significance of following the rules set forth. The participants noted that if the parole officer's relationship with offenders is insufficient, there is a probability of re-offending. The participants describe that it could lead the offender to make poor decisions if the parole officer is not communicating their expectations.

Consequently, poor decision-making may result in the ex-offender engaging in the type of deleterious behavior that previously resulted in their incarceration (Bandura, 1999). The parole officer can help regulate the behavior by presenting positive

reinforcements and goal-driven objectives to the offender (Bandura, 1999). The participants explained that they needed help transitioning back into their communities and that their parole officer assisted them. Lastly, the participants shared that community-based programs and parole officers work together to support the offender treatment to reduce recidivism rates.

*Theme 6: The Lack of Resources Available for Mental Health and Substance Abuse*

The case manager in this study recognized that there was a lack of resources for the ex-offenders for whom he provided mental health and substance abuse counseling. A study conducted by Mohammed and Mohamed (2015) states that the lack of employment and education has a negative effect on offenders with mental illness, which relates to the findings of this study. Also, the findings demonstrate that there is a lack of re-entry resources for offenders with substance abuse. Winnick and Bodkin's work (2008) on societal stigma found that when substance abuse offenders reintegrate into their community, they are labeled. The participants in this study shared that they received mental health resources for depression and anxiety. One of the participants who received treatment for depression shared that the case manager provided her with techniques to use when she feels depressed. The participant acknowledged that the community-based program's case manager was the first to ask her about her mental capacity. The participant explained that she is grateful that the resource was available. The other participant shared that she received medication for her anxiety and coping mechanisms for her substance abuse from the community-based program's resources. Both participants continued to utilize the available mental health resources from the community-based program. The case manager explained that offenders do not benefit



from the resources offered at community-based programs. The participant identified the other offenders in the community-based program's mental status as severe with a diagnosis of schizophrenia and psychosis (Maruna et al., 2009). The case manager shared that he cannot counsel accurately and assist these offenders with healthy treatment outcomes and results without appropriate training.

### *Informed Recommendations*

This phenomenological multiple case study provides insight into participants' lived experiences that could improve community-based program resources to help break the cycle of recidivism. The participants' lived experiences indicate the need to refrain from returning to the prison population. The findings of this study indicate that it would be helpful if community-based resource programs could implement more treatment plans for ex-offenders with mental illness. The treatment plans can include housing and employment information along with proper family support. Additionally, ex-offenders could benefit from educational or trade skills to prepare them for everyday life as responsible, law-abiding individuals in their community.

Policy change for community-based program resources is essential to the successful re-entry of ex-offenders and breaking the cycle of recidivism. Ex-offenders with mental illness should not experience a decline in their mental health status because of a lack of available resources. Caring for ex-offenders with mental illness requires a trained comprehensive aftercare case management team. The case manager's role is to provide healthy behavior models for ex-offenders with mental illness. Also, when ex-offenders reintegrate into society, there is an expectation of family support to encourage them to avoid delinquent behavior. The case manager must communicate to families that

providing a supportive environment is a critical determinant of successful reintegration. Familial support is strengthened when family members are included in therapy plans and attend family-centered classes at community-based programs.

The prison system should never become the offenders' primary source of mental illness treatment and the prevention to reduce recidivism. Instead, policy change at the federal, state, and local government levels should mandate funding for the successful impact of community-based resource programs on breaking the recidivism cycle.

### *Findings Distribution Proposal*

Based on the data obtained from this study, I recommend that additional educational information is presented to those who can inform decisions and provide resources to community-based programs. The distribution of findings presented to mental health providers, case managers, and the community can allow ex-offenders to receive immediate resources and services when released from prison. The following sections provide an impetus for a broader discussion.

### *Target Audience*

I will share the findings and recommendations from this phenomenological multiple case study with the target audience of community partners such as clergy, case managers, mental health practitioners, politicians, and their constituents. The clergy has the experience from when ex-offenders seek assistance from the church. This experience is often with the clergy providing resource information to ex-offenders. Mental health diagnosis and treatment awareness allow the case manager to provide adequate counseling and medication resources to ex-offenders. The recommendations from this study can provide politicians and their constituents with the information to develop

policies and create funding for community-based programs. Also, politicians need to walk away with a complete understanding of community-based programs, so there are available resources to all offenders.

In addition to sharing the findings and recommendations locally, I will communicate and network with national mental healthcare providers, programming agencies, social services, and community-based resource programs. Despite the Coronavirus global pandemic, I remain hopeful that my target audience will bring together students and educators in the mental health field. In addition to professors of psychology, physicians, and community members who want to learn more about the resources available for ex-offenders and assist offenders successfully reintegrate into the community.

The data from this study reveals that readily available access to resources in the community-based program is essential for offenders are actively working to break the cycle of recidivism. These resources protect offenders from returning to prison, resulting in decreased recidivism rates (James, 2015). However, the data also demonstrates that changes in the offender's environment can influence their behavior (Bandura, 1999). Therefore, increased awareness and knowledge of community-based resource programs' strategies and coping techniques are needed in the broader community.

#### *Proposed Distribution Method and Venue*

After careful consideration of our current environment of social distancing necessitated by the COVID-19 virus, one proposed distribution method for this study is a poster created in Microsoft PowerPoint for the intent of a virtual presentation. This presentation will allow multiple stakeholders and partners to hear and view the research

results and findings. In addition to the presentation, I will provide a one-page summary that focuses on the impact of community-based program resources. I will present the research findings to mental health agencies such as Mental Health America of Greater Houston and the National Alliance on Mental Illness (NAMI), to name a few. The virtual presentation is thirty minutes in length, allowing sufficient time to capture the attention of the stakeholders and bring awareness to the lived experiences of ex-offenders with mental illness and the perspectives of a case manager.

Alternative distribution methods include virtual workshops, seminars, or meetings. The Black Mental Health Alliance has a seminar name the unplug collective. The unplug collective is where women can talk and share their mental health experiences. This seminar aims to hear the information and stories of those who are committed to help and transform individuals into mental health healing.

In addition, mental health care professionals must have the training and a general understanding of what behaviors or environmental factors influence individuals with mental illness (Bandura, 1999). Therefore, the visual presentation of this study's findings may showcase peer review data from healthcare professionals and scholars. This information can provide meaningful interactions to discuss the next opportunity to present this phenomenological multiple case study content.

### *Distribution Materials*

The distribution of this study's findings includes but is not limited to presentations at mental health seminars and workshops, programming agencies, case management, and community-based programs. The intended purpose of distributing the materials is to bring awareness, to educate, and to inform offenders, mental health

counselors, state, local, and federal government agencies of this study's findings, including additional resources are needed for community-based programs. These resources in community-based programs support offenders reintegrating into society, thus reducing recidivism.

### *Conclusion*

This phenomenological multiple case study addressed the literature gaps on ex-offenders with mental health illness and the significant effect community-based resource programs have on reducing recidivism. The gap in prior research on this topic is the lack of focus on the lived experience of ex-offenders who reintegrate successfully into society and have not been re-arrested for three years or more. Reducing recidivism with resources available in community-based programs helps decrease the number of offenders who return to prison. Forensically trained case managers utilize their skills and knowledge to strengthen positive behaviors and reinforcements with ex-offenders (Bandura 1999). This study's social cognitive framework notes that an individual's environment can determine behavior (Bandura, 1999). The negative impact of societal stigma can also influence the offender's behavior (Bandura, 1999). However, the forensic case manager may need to expand on identifying other methods and resources for reducing recidivism for offenders with a mental illness. Additional resources are necessary and practical when used in conjunction with ex-offenders' current treatment.

In this phenomenological multiple case study, two participants abstained from recidivism for more than three years due to their continued involvement with a community-based resource program. The study findings suggest that policymakers, state, local, and federal government agencies may need to explore adding additional resources

to community-based programs. Six themes emerged, highlighting the need for stakeholders to allocate direct funding to community-based resource programs, which will make resources more readily available. This study also revealed that the participants' quality of life is based upon their lived experiences and perceptions of their treatment and care provided by the community-based programs. Each participant in this study shared their individual need for access to resources in a community-based program. Community-based programs should make resources available to offenders and assist in decreasing recidivism rates. Positive reinforcements from the case managers and familial support are critical elements of ex-offenders' societal reentry. Additionally, the offenders' ability to locate housing and employment; while adhering to the parole officer's expectations is essential for the offender to encounter positive outcomes (Bandura, 1999). Finally, I documented the ex-offenders' perceptions and lived experiences that can improve current mental health and substance abuse treatment, therein breaking the recidivism cycle.

## APPENDICES

APPENDIX A

Baylor University IRB Approval Letter



Baylor University

INSTITUTIONAL REVIEW BOARD – PROTECTION OF HUMAN SUBJECTS IN RESEARCH

**NOTICE OF DETERMINATION OF NON-HUMAN SUBJECT RESEARCH**

Principal Investigator:	Tracey Brass
Study Title:	Breaking the cycle of recidivism: the impact of community-based resources
IRB Reference #:	1617143
Date of Determination:	June 05, 2020

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The above referenced research project has been determined to not meet the definition of human subject research under the purview of the IRB according to federal regulations at 45 CFR 46.102(e) & (l). Specifically, this activity doesn't meet the definition of research because the sample size is insufficient to generate generalizable findings.

The following documents were reviewed:

- Non-Human Research Determination Form, submitted on 06/05/2020

This determination is based on the protocol and/or materials submitted. If the research is modified, you must contact this office to determine whether your modified research meets the definition of human subject research.

If you have any questions, please contact the office at (254) 710-3708 or [IRB@baylor.edu](mailto:IRB@baylor.edu)

Sincerely,

Deborah L. Holland, JD, MPH, CHRC, CHPC  
Assistant Vice Provost for Research, Research Compliance

**OFFICE OF THE VICE PROVOST FOR RESEARCH | RESEARCH COMPLIANCE**

One Bear Place #97310 • Waco, TX 76798-7310 • (254) 710-3708



## APPENDIX B

### Informed Consent

**Purpose:** You are invited to be a part of a research study being performed for a problem of practice at Baylor University, Waco, Texas. The reason for this research is to study the opinion of a case manager who is employed by a community-based resource program in Texas. Also, to reach a greater understanding of the experiences of ex-offenders while receiving services at a community-based resource program in Texas. The results of the study in time may help other offenders who face challenges of recidivism.

**Requirements:** You will be asked to answer some questions. It will take about 60 minutes of your time. If answering any of these questions make you feel uncomfortable, you may choose not to answer the question(s) or you can ask to skip the question. You may stop the interview at any time. You have the right to remove yourself from the research study at any time without penalty to you.

**Confidentiality:** The information collected for this study is confidential. The research will not have any information matching your real name and personal information is not attached to any data.

**Potential Risk:** There are no risks involved in this study.

**Compensation:** There are no direct benefits. You will not be paid for taking part of this study.

**Questions or concerns about this research study:** If you have any questions about your rights as a research participant, any complaints about your participation in the research study or any problems during the study, you may contact:

**Faculty Chair:** Dr. Tony Talbert, [tony\\_talber@baylor.edu](mailto:tony_talber@baylor.edu)

**Principal Researcher:** Tracey Brass, 713-298-3995, [tracey\\_brass1@baylor.edu](mailto:tracey_brass1@baylor.edu)

**Rights of a research participant:** If you wish to speak to someone outside of the research study team, you may contact Baylor University's Institutional Review Board 254-710-1438 or [irb@baylor.edu](mailto:irb@baylor.edu)

Please provide a check mark here indicating you have read the above description of the research study and understand all the terms of participation. Your signature below shows that you agree to be a part of the research study.

**Participant's Printed Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Printed Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX C

### Interview Guide for Ex-Offenders

1. Please tell me about yourself.
2. Please provide me with any skills or services that you received from the community-based resource program?
3. Explain to me the challenges you may have experienced with recidivism?
4. Tell me about your involvement with community-based resource programs?
5. What factors or experiences do you consider are important with your success with re-entry into society?
6. Describe any changes that need to be made to the current re-entry programs?

## APPENDIX D

### Interview Guide for Case Manager

1. Tell me about your experience working with ex-offenders?
2. What challenges do ex-offender face when re-integrating into society?
3. What factors of success assisted ex-offenders in stopping the cycle of recidivism?
4. Describe how offenders use community-based resource programs?
5. What is your experience with offenders?
6. Explain to me the programs that are or has been effective based on your experiences?

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