CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

PRISONER REENTRY: A TRANSITIONAL GROUP PROCESS FOR COMMUNITY REINTEGRATION

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

By

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DEDICATION

I dedicate this graduate project to my heart and soul, my children. It was my oldest son, Anthony Ray who moved me to go back to school and complete my Associates and Bachelor degrees, which led me down the path I am on today. You my sweet Angel and you alone, inspired me to achieve this accomplishment. It is you, Ireland and Gavin, who then incited in me the motivation and determination to continue on and receive my Graduate degree. I want you all to know that you truly can do anything you set out to do in this life. With enough drive, passion, and trust in God, anything and everything is possible. I promise. I love you.
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ABSTRACT

PRISONER REENTRY: A TRANSITIONAL GROUP PROCESS FOR COMMUNITY REINTEGRATION

By

Crystal Beth Skadron

Master of Science in Counseling,
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This proposal is designed to present an integrative treatment approach in supporting men upon exiting the correctional facilities of the United States, as they re-enter mainstream society. The population of prisoners being released back into society without support is overwhelming in this country, thus a high need for this type of program exists. The purpose of this treatment plan is to assist and facilitate positive change in these convicted felons’ lives, as to promote successful reintegration back into their communities. The re-entry population must face many obstacles when leaving prison. Ex-convicts need a healthy foundation to build upon once they attempt to re-join the general population. This proposal discusses the problems which need to be addressed, gives the reader a backdrop for understanding this demographic, and suggests the best structure and theoretical prospect, according to research, for assistance with this group during the difficult transition from incarceration into mainstream society.
CHAPTER ONE
INTRODUCTION

Statement of Need

“The United States has had prisoners as a sanction for those who violate criminal laws since William Penn and the Quakers of Pennsylvania created a wing of the Walnut Street Jail to house sentenced offenders in 1790” (Seiter & Kedela, 2003, p. 360).

Visher and Travis indicate that the need to assist those in transition from the correctional institutions of America back into the community is immense. The number of adult males re-entering society will be discussed as it is staggering, especially when compared to the statistics of other similar countries (2003). Reentry from behind the prison gates into the invisible bars of society is required of all released inmates. While reentry is standard in America, reintegration is the goal. Visher and Travis (2003) declare that Reintegration is a more complex concept which hopes to reconnect those placed in the reentry process back into the institutions of society. The quantities of adult males attempting to reintegrate back into the community may be astonishing, but the overwhelming barriers against the process weigh even more daunting.

Inmates confronted with an upcoming release date have much to anticipate. Along with the hope of “making it” in society and becoming free, they must also consider the realities of such responsibilities. Shinkfield and Graffam emphasize that the common problems which need to be addressed within this population range from finding housing and employment, to enrollment in drug treatment and anger management programs. The negative stigma associated with a criminal past is now included to the adverse
circumstances ex-prisoners must overcome (2007). Supplemental to the most urgent impediments released prisoners encounter, are the underlying reasons why incarcerated men fail to reintegrate and return to prison; these issues too must be considered.

Educational deficits, lack of social skills, poor physical and psychological health, limited financial resources, adjustment problems, and the need for social support are also key conditions Shinkfield and Graffam (2007) call for attention to within this marginalized populace. Another crucial issue Naser and Visher bring to light, is in the reconnection of familial relationships and roles. Family support and active participation in appropriate family roles are critical to successful reintegration (2006). These obstacles serve as a detriment toward successful reintegration and must be attended to in order for healthy reintegration.

Issues universal to the preponderance of ex-offenders re-entering the community such as listed above, need to be addressed because if they are not, then those recently released from prison will return. This widespread phenomenon of being released from prison only to return again, well-known to those familiar with prison culture, is termed recidivism. Recidivism is described by Lynch and Sabol (2001) as a repeated undesirable behavior which is demonstrated even after experiencing negative consequences for those said behaviors. This directly applies to those who are released from prison only to re-offend. Once the basic roadblocks are managed, and the underlying issues are taken in hand, can reintegration be truly efficacious.

Lynch and Sabol also express that the repeat offenders who exit prison and commit new crimes while still on parole or violate the terms of their parole and return to prison, are called churners. “Churning” is the act of re-entering the correctional
institution of one’s community while still on parole or probation, and it is prevalent in the reentry community (2001).

Reintegration of former inmates back into society is not only necessary, but imperative, for the overall benefit of society as a whole. According to Raphael, concern should be placed regarding cost effectiveness, public safety, psychological health, employment rates, and the effects on children and families of those incarcerated. The cost of housing inmates far exceeds the cost to monitor them during parole (2011). Lynch and Sabol contend that public safety is shown to be the top disquiet within the communities of returning inmates. Failure of reintegration leads the ex-offender to re-offend (2001). This would then produce new victims of various crimes.

Without a thriving reintegration program, Lynch and Sabol (2001) state that many prisoners in transition will continue to suffer with psychological issues and low employment rates; this too, leads to recidivism. As asserted by Raphael (2011), it has also been proven that children with incarcerated parents by and large experience poor outcomes in educational, behavioral, and criminal justice domains. Society as a whole indirectly pays for the crimes of the incarcerated in the long run, so it is suggested that a program be implemented in order to prevent this disparaging cycle.

Purpose of Project

The purpose of this transitional group is to support adult males who have been incarcerated in the correctional institutions of the United States of America, and who are now reentering mainstream society. The integrative process will aid those through this difficult time and help pave the way for reintegration. The program seeks to discover and
remedy the underlying issues within these individuals causing the recidivism in an effort to promote long term reintegration back into society.

Currently, the U.S. employs parole as the typical means of co-facilitating the transition from prison to the general public according to Lynch and Sabol (2001). With high rates of recidivism and nearly half of the new inmate population consisting of churners, a new concept for reintegration is proposed for incorporation into the reentry process. Lynch and Sabol (2001) assert that current parole practices neglect social support as surveillance is heightened. Parole serves to scrutinize, while a transitional group approach will provide social support. Those preparing for reintegration can be better served through a group dynamic of support and psycho-education as suggested by Hochstetler, Delisi, and Pratt (2010), than from individual monitoring.

According to Hochstetler, Delisi, and Pratt (2010), a strong social support network helps to placate many insufficiencies ex-prisoners have and facilitates the challenging transition from inmate to citizen. A transitional program can provide social support needed to overcome such insufficiencies. Groups are also beneficial for those encountering reentry because the process assists with the instillation of hope, empowerment, and normalization (Yalom & Leszcz, 2005). These features are all extremely desirable and necessary for this particular population.

The purpose of the project is to develop such a reentry group in order to help facilitate self-sufficiency among released male inmates, prevent recidivism, improve community and social support for this population, and decrease government spending on incarceration. Transitioning from incarceration to society is a tremendously taxing
experience, one of which demands a multifaceted reentry process for successful reintegration.

**Terminology**

The terms used within the project may be interpreted in alternate ways, however, for the purpose of this particular project the following terms will be intended as follows:

The term “churning” is to be understood as the act of returning to prison or jail when one is still on parole or probation for a previous conviction. A “churner”, is then the person who returns to prison or jail while still on parole or probation for a previous conviction.

“Gate money” is the money given to prisoners upon exiting the state prison system in order to survive and transition. Currently the amount given is approximately $200. This is expected to house, feed, transport, and clothe the x-inmate upon exiting prison.

A “high-risk inmate” is one that has committed violent, multiple, and/or serious crimes, or any combination thereof. High-risk inmates will typically receive stricter supervision and fewer privileges while incarcerated when compared with those who have committed lesser crimes.

“Parole” is the established method of monitoring released prisoners upon re-entering the community. Parole serves to keep track of released inmates, however, does not provide the tools necessary to successfully reintegrate.

“Parole officers” monitor drug use, employment, education, and the terms and conditions of an individual’s parole. Parole officers may violate a parolee for failing to
abide by the terms and conditions of his parole along with any other laws or rules within the community of reentry.

“Prison Term” is the title given to an individual prison or jail sentence. For example, a 20 year term would be a long sentence; and a one year term would be considered a short sentence.

“Recidivism” is the concept of previously incarcerated person’s returning to prison or jail at any time. This includes, but is not limited to, churners and churning.

“Reentry” is the act of physically exiting a correctional institution and re-entering mainstream society. This is a brief and stressful period for the x-inmate.

“Reintegration” is the process of mentally, emotionally, and socially exiting a correctional institution and actively re-entering society as a healthy, adjusted, and participating member. Reintegration also seeks to make this transition permanent.

“Stigma” is the negative thoughts, views, and attitudes towards convicted felons and other criminals as seen by society, employers, authorities, and all other institutions of current American civilization.

Bridge to Literature Review

In order to better understand the need for a reintegration program, it is important to present significant theories, research and studies regarding the issues involved with the transition back into society; which will be covered. The national incarceration statistics and repercussions, the hindrances against reintegration, the ideals and interventions most successful with the reintegration community, the need for positive and empathetic
support, and the therapeutic basis for the project will be thoroughly discussed in the following chapter.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter will begin with a review of the rates and implications of incarceration, followed by a discussion of the issues involved in reintegration back into society. The literature review will then focus on understanding the concept of group therapy, and how this type of a program can benefit those returning from prison to a life with in the community. In addition, the review includes a look at the therapeutic structure best suited for the formerly incarcerated male population.

Rates of Incarceration and Implications

Raphael asserts that the United States has the highest rate of incarceration in comparison to world averages. In 2007 there were 765 inmates per 100,000 U.S. residents. The world average in 2007 was merely 166 inmates for every 100,000 people. There were 2.3 million U.S. residents incarcerated in our correctional facilities in that same year (2011). In 2001, the total number of those imprisoned was 1.3 million, demonstrating a rapid rate of growth. America increased the per capita rate of imprisonment fourfold between 1973 and 2000. In 2003, one in eight males in America had been to prison at some point. This accounted for nearly 13 million members of American society at that time (Visher & Travis, 2003). These soaring numbers pose a major threat to society, the family members of those incarcerated, the individuals who
spend time behind bars, and financial strain on the government agencies whom regulate these processes.

Reentry is an unavoidable reality in the prison culture for the vast majority of inmates. Visher and Travis (2003) exclaim that the only exceptions to inmates having to re-enter society are those who die in prison or those whom are executed. Raphael found that of those 2.3 million incarcerated in 2007, 95% of them will be released. In 2002 alone, said that over 600,000 inmates were released from federal and state prisons. That figure does not include those exiting county jails (2011). As stated by Lynch and Sabol, California had the highest rate of imprisonment along with the highest percentage of those being released in the country, at 24% in 1998. This is not only a national problem, but also a local quandary for all California residents (2001). With an increasing demand for transitional services due to overwhelming numbers of prisoners being released, a strong support group program would serve as advantageous to the individual being released, their family, and the community which must then absorb them.

Hochstetler et al., also describe reintegration as the successful rehabilitation of ex-inmates as they merge back into society, along with a detachment from criminality. This progression is made more difficult the longer a person is incarcerated and thus separated from society (2010). Lynch and Sabol explain that due to current trends in the U.S., prisoners are serving significantly longer prison terms. This extended stay expansion began in the 1990’s, and is resulting in declining family contact. The longer an inmate is incarcerated, the less likely their family is to stay in frequent contact. Family contact is directly correlated with facilitating reintegration back into the community (2001). “…a remarkably consistent association has been found between family contact during
incarceration and lower recidivism rates” (Naser & Visher, 2006). A positive therapeutic group experience can help reestablish family roles and mend the distance created by the prisoner’s incarceration.

Seiter and Kadela declare that lengthier prison terms are due to new government policies as opposed to increased criminal activity. This is called “truth in sentencing law” (TIS), which requires prisoners to serve 85% of their sentence before being eligible for release. This policy is implemented in 27 states, including California. Congress forced the TIS law upon state legislature by withholding federal funding from those states which failed to comply. This serves problematic for reintegration as correctional institutions are forced to allocate their funding toward housing inmates rather than rehabilitation and community social services for recently released inmates (2003). These factors all serve as detriments to successful reintegration.

The shift in funding proves to be a huge problem as churners accounted for approximately 36% of all released inmates twelve years ago (Lynch & Sabol, 2001). In 2006, Naser and Visher (2006) found that the national statistics averred 50% of all released prisoners would be re-incarcerated within three years. Without proper support and access to resources, these ex-prisoners are more likely to go back to a life of crime than to maintain the unfamiliar and difficult role of law abiding citizen.

Raphael shows that while some prisoners are sentenced to lengthy terms, the predominant groups are those who spend comparatively short periods of less than five years incarcerated at a time and then return to prison while still on parole, the churners. Eventually this cycling consumes a large portion of the convicted male’s adult life, leading to further reintegration complications. These high rates of returning to prison
while still on parole is said to be linked to increased technical violations and the new, comparatively unsuccessful, parole models (2011).

The focus of parole has shifted in recent years from a helping stance to a policing policy. Seiter and Kadela avow that the shift in parole policy was the result of negative studies done on the outcomes seen with the former helping service model. The study stated that “nothing works”, when referring to reintegration of former prisoners. This unconstructive outcome granted policy makers the power to reduce funding for transitional programs and create a strict “zero tolerance” design for parolees (2003). “…new allocations of resources toward incarceration, rather than probation and parole…” (Seiter & Kadela, 2003, p. 366). Statistics have shown that this new model increases re-incarceration rates among those under parole conditions. Many ex-offenders are being sent back to prison on technical parole violations, mainly very minor crimes or infractions, increasing the turn-around rate for churners (Seiter & Kadela, 2003).

In addition to the changes in parole policies, there has also been a push to do away with parole boards. Visher and Travis clearly communicate that in 1976, 65% of those released from prison were done so by parole boards. In 1999, that number dropped to 24%. In the past, each prisoner had the opportunity to be seen by a board of human beings. This could, in some cases, keep the prisoner incarcerated longer when compulsory. However, in most cases, the board served to ensure ease of transition for each released inmate. The parole boards previously made sure that the inmates had proper housing, employment, and sufficient release plans in motion prior to granting release.

Currently, as noted by Visher and Travis, there has been an increased in the use of indeterminate sentencing. Indeterminate sentencing does not take into account individual
needs or circumstances. These policies pool inmates together as products of the system for less expensive and or laborious management (2003). This pooling effect further takes away each inmates feeling of importance and self-worth. Giving these ex-inmates back their locus of control during the group process, will further bridge the gap between incarceration and community integration.


dbold{Challenges with Reintegration}

Raphael voices that the additional challenges faced by inmates re-entering non-institutionalized social order have remained quite consistent over the past 30 years. These consistencies are due by and large to weakened social connections as a result from serving time in prison. Familial connections are compromised, posing both a risk to the reintegration of the ex-prisoner and moreover, to the families themselves. Further complications encountered by the reentry community are the negative stigma’s associated with employing a convicted felon, poor job and educational skills, and limited financial resources for finding adequate and immediate housing (2011).

Hochstetler et al., declare that change motivated by a willingness to help ex-prisons merge fully back into the communities of absorption, needs to be the focal point. Social support is reported to be the number one protective factor in helping prisoners transition smoothly back into society (2010). “Having a neighbor, friend, or family member to help with babysitting, job searching, bill paying, and providing other advice and counsel are examples of social support” (Hochstetler et al 2010, p. 590).

A supportive group process can help connect ex-offenders to social resources, in appendage to serving as a protective factor and providing necessary support. Hochstetler
et al. state that numerous men being released from prison are particularly isolated from social networks. Reentry can be incredibly lonely. Inmates lack a healthy support system, and are detached from former social connections, family, and resources (2010).

According to Raphael, food and housing are the most urgent problems which need to be addressed for men exiting correctional facilities. Upon release, most men are only given “gate money”. This is a small amount of cash assistance, usually no more than $200. This money is mainly distributed for basic needs such as food and shelter during the first day or two on the “outside” (2011). Very few alternative cash resources are available to male inmates attempting to transition back to civilization.

Raphael (2011) estimates that a handful of inmates acquire a savings through in-prison work assignments. This amount is hardly enough to provide a down payment for an apartment or even a room for rent. If the ex-inmate has no family to immediately move in with, Raphael suggests that this will pose a huge risk to the reintegration process. It is not uncommon for ex-convicts to experience bouts of homelessness during this trying period (2011). Understanding the desperate situation several released men are hastily thrown into, helps provide answers when looking at recidivism.

The next major dilemma for reentry is in finding employment. Mellow, Jay, & Dickinson (2006) write that ex-inmates are not greeted by employers with a willingness to hire readily. Mellow, Jay, & Dickinson (2006) declare that when all proper steps are carefully taken, the greater part of employers will still not hire those with a criminal record. Shinkfield & Graffam delineate that other barriers to employment include lack of job contacts, basic skills, and a dearth of work history. The average reported incomes of those who manage to find employment post-release are in the low-wage earner category.
at best. This continues to place these men at risk for financial hardship as they are well under the poverty line (2007). Finding swift employment is crucial in buffering these ex-prisoners from returning to a life of crime out of sheer necessity for survival. The integrative transitional treatment process will help establish these connections, teach basic job search skills, and offer support through every step of the process.

Following the most immediate obstacles for released inmates, according to Seiter and Kadela (2003), is then to enroll into drug treatment and or anger management programs, seek mental health services, cope with adjustment disorders and issues, increase social skills, and enhance academic ability. All of these issues must be properly addressed where needed, if reintegration is to be achieved. Seiter & Kadela (2003) cite that drug treatment completion is linked to lower rates of recidivism in men. Practicing better impulse control methods and improving individual self-control are also connected to lower rates of re-incarceration as researched by Hochstetler et al. (2010).

Mellow et al. (2006) writes that supplying direction and information is helpful within the reentry community with regards to mental health, social skills, educational goals, and adjustment. Incarcerated men have not been given the recent opportunity to be independent, therefore require empathy and guidance as they embark on this tumultuous journey of reentry.

**Providing Support and Sensitivity**

The reentry populace is in dire need of resources, internal tools, and techniques to sustain a conventional civilian lifestyle. Hochstetler et al. affirms that prison culture promotes violence and demotes the expression of emotion. Inmates must appear tough by
holding in any emotional discharge, sadness, fear, or anxiety. The only emotion acceptable within prison gates is anger (2010). Living a life where only anger can be expressed and other emotions must be stifled; can create a great deal of tension. In addition, Hochstetler et al. reveals that the prison environment itself generates tension with strict rules, disrespectful treatment of inmates by authorities, and fear of injury or death. Prison breeds hostility with a group of men who tend to already be hostile (2010). Pent up anger and aggressive tendencies will be addressed within the program.

Yalom & Leszcz (2005) claim that groups are optimal for the presenting population due to the fact that they provide less isolation, are cost effective, put less pressure on the individual, accrue empathy and feedback from multiple bodies, and provides the opportunity to be helped and help others. Banks proclaims that a therapeutic group model will better facilitate human contact among members, than could be achieved in isolation. Groups are sought out with cultures and populations who experience a disconnection to others, who prefer informal organizations, and who require a sense of choice (1997). These factors appropriately apply to the ex-inmate population as they have suffered isolation in prison and a disconnection from family and community ties as well. These men have also been previously controlled by a formal institution, so an informal option is fitting.

Hochstetler et al. state that released felons who perceive high levels of social support throughout outreach venues will be less likely to fail when integrating back into mainstream society. The ex-inmates whom become involved in social institutions, civic organizations, family, school, work, and social services are more likely to desist from crime than offenders who do not (2010). The social support provided by this group can
insulate recently released inmates from criminal behavior and aid in healthy reintegration. Support groups can create a protective factor for released inmates. Hochstetler et al. (2010) writes that ex-offenders who receive higher amounts of social support are at a lower risk for partaking in criminal activities in the future. This transitional treatment process will address these high priority issues through a therapeutic, supportive, and psycho-educational group model.

The language used by group facilitators will be geared toward the average reentry member. Raphael (2011) exclaims that men, who have been institutionalized, for the most part, have a high school education, the equivalent to, or even less (than a high school diploma). The interventions will begin with a thorough, explanation of the process. Banks (1997) claims that through group discussion, each member is given the opportunity to deconstruct the difficulties reentry poses.

Prisoners today are highly mixed according to Raphael, within the realm of age and ethnicity. The incarceration and release rates of Black males, however, are skewed, as they consume the largest portion of this population (2011). Cultural consideration will be made for this group, yet the focus will remain on the prison and reentry “culture” universal to all released inmates. The adversity these men are confronted with crosses cultural lines and unites them with a consistently shared crisis: the requisite to reintegrate.

Yalom and Leszcz warn that there are numerous therapeutic risks including resistance, hostility, projective identification, rage (induced by a fragile sense of self), becoming disenchanted from unrealistic expectations, impatience, anger, rivalry and envy among members, transference, distrust, and distortions associated with the group program. Additional risks with group therapy include turnover, attendance and
punctuality, dropouts, and early termination. Many of these risks can be avoided or solved by creating a warm and safe environment, a positive group climate, and group cohesiveness early on in the process. Furthermore, the facilitator can establish group norms, maintain communication, instill empathy, and promote respect so that every member feels that they are taken seriously (2005).

The preliminary focus of the transitional group process is oriented in education. Education is so important because Music (2012), states that illiteracy is highly linked to recidivism and literacy has been proven to prevent it. The project will focus toward a supportive socialization nature as the members are said by Raphael (2011) to now be branching out into employment, society, and family upon settling into society. Goals of the project will be to foster mutual aid, help members cope with stress, and boost overall coping mechanism and resiliency. While obtaining the aforementioned goals, Yalom and Leszcz (2005) write that the group will also improve interpersonal relationships and increase communication and social skills necessary for active participation in mainstream society.

Visher and Travis (2003) identified ex-prisoners who have a positive attitude, intrinsic motivation, and perceive themselves to be able, as making the transition from prison to society more efficiently. Consequently the need to turn inward, seeking improved awareness, personal motivational factors, and increase self-efficacy became necessary. This format will be therapeutic in nature with a focus on internal awareness. Raphael (2011) claims that those exiting incarcerated may need help changing any continued problematic behaviors, addressing and working through pathologies, and tackling par ataxic distortions. The project will aim to achieve that.
Therapeutic Structure

Cognitive Behavioral Therapy (CBT), in theory, is said by Christ and Bitler (2010) to be the first choice and highly effective when reintegrating the reentry population. Cognitive Behavioral Therapy challenges thinking and thought distortions. CBT can help every population by restructuring thinking. White and Freeman reveal that the process is universal. The specific thoughts of each reentry group member might not be exactly the same; nevertheless, the “why” and “where” those thoughts came from typically are (2000).

Those imprisoned most likely experience a multitude of challenges and traumas prior to incarceration which lead to a system of negative thoughts and behaviors as expressed in the research of Hochstetler et al. These deleterious experiences during prison and upon release tend to further confirm these long-established dysfunctional thought patterns (2010). CBT can serve as a co-facilitator in the reintegration process with regards to cognitive restructuring.

Thoughts are the central focus of CBT, and men are documented to relate better to that format according to Yalom and Leszcz (2005). The project is intended for adult males, hence a well suited feature when choosing this orientation. In CBT, Yalom and Leszcz teach that feelings and behaviors are interrelated and therapy helps bring members thoughts beyond awareness. The association between how thoughts initiate alterations in mood can be exceedingly helpful to this population. Identifying what triggered ill feelings and behaviors can serve as a great advantage for those assimilating back into the mainstream civilization CBT emphasizes structure, focus and acquisition of cognitive and behavioral skills (2005).
CBT requires each member to be accountable for their own growth and development (Yalom & Leszcz, 2005). This gives the member internal power and control, which for this group of men, has been taken away during internment. According to Yalom and Leszcz, group therapy is more effective than individual therapy in 25% of the cases. The other 75% showed no difference between the two (2005). “Group therapy is a potent modality producing significant benefit to its participants” (Yalom & Leszcz, 2005, p. 232). This population will benefit most greatly by an integrated system of support offered by the group and the group facilitators.

Yalom and Leszcz explain that CBT is relatively brief in theory, thus suitable for a brief and more affordable group process. The average length in CBT group therapy (CBT-G) is eight to 12 meetings. Also, CBT-G normally meets once a week for two to three hours at a time (2005). Yalom and Leszcz (2005) also site that CBT-G is useful with serving large groups at the same time. The high demand in numbers of recently released parolees would be better accommodated by a larger group setting.

White and Freeman (2000) profess that CBT can be psycho-educational as well. The group process will incorporate psycho-educational aspects to help navigate through the initial reentry route. Yalom and Leszcz (2005) accentuate that the goal in a therapeutic group is to educate through presentation, discussion, experience, and curriculum. This will serve the members well during the immediate release segment of their reintegration.

Yalom and Leszcz suggest an arousal hierarchy as an intervention for reducing anxiety. This population is riddled with anxiety upon re-entering traditional day to day life according to Mellow et al. (2006). For that reason, this exercise will be utilized
during the group. During one group session, and with the assistance of the group facilitators, members will create an individual hierarchy. The purpose of this intervention, as established by Yalom and Leszcz, is for each individual member to construct a tangible list of anxiety provoking ideas. The list is to eventually be confronted by the member who created it. Each member can contribute to the other by suggestion things that make them feel anxious, and by sharing personal coping mechanisms (2005).

Yalom and Leszcz outline the above interpolation technique for optimal results asserting that members will be asked to rank anxiety-inducing scenarios from ‘easiest to handle’ and up towards ‘most difficult to deal with’. The members will first make the list. Once that is accomplished, then each member will be asked to participate in a brief brainstorming session. This brainstorming segment will help normalize the group and promote social interaction (2005). Hochstetler et al. (2010) states that social interaction and support can mediate negative background characteristics of the formerly incarcerated. In due course, Yalom and Leszcz write that each member will gradually be exposed to the situations and activities they find to induce anxiety. Eventually, with the support of the group, the members will become desensitized and extinguish the response of either avoidance or anxiety towards these situations (2005).

Mellow et al. (2006) writes about how recently released inmates may feel depressed and overwhelmed by the fast paced world outside the prison walls. Yalom and Leszcz promote relaxation training as an effective measure for reducing anxiety and stress. Members might resist this type of intervention initially, so this should be implemented once trust is established and the members feel the climate within the group
is safe. The purpose of this intervention is to reduce tension of all types, but primarily emotional tension (2005).

Progressive muscle relaxation will be taught by the group facilitator as means to remain calm at critical moments, but also to release the day to day tension built up by the prison and reintegration experiences. Franz walks us through an exercise which can induce relaxation in group members. Distractions are minimized and it is recommended that the lights be dimmed. Each member will be asked to find a comfortable position and take a few deep breaths. Members will be advised that closing their eyes will ameliorate the process, but that it is optional; as this puts the member in a vulnerable position. Once the matters stated above are cultivated for increased member comfort, the exercise is recommended to commence (2010).

Franz directs participating members to begin the exercise at the very top of the head by tightening every muscle possible, as tight as they can for a five second count. Then members will be told to release that tension and relax those previously tightened muscles in their head. This will continue down to the eyes, then nose, jaw, neck, and so on until the entire body has been covered. This is a simple technique that can be used as often as needed in group or by the individual member as needed. (2010).

CBT is found to be the best modality when treating the formerly incarcerated population in therapy, and will be implemented in the program. A group structure has been chosen due to positive research outcomes within this community. The prison community does not attend to emotional needs or promote constructive behaviors necessary for positive reintegration outcomes. The project will employ research based concepts, tools, and interventions in an effort to mediate these deficits.
Synthesis of Literature Review

The literature above details a sharp increase in adult males being released from the correctional institutions of America in the past 30 years. The United States houses and releases more than four times that of relatable countries per capita. The abundance in sheer numbers creates need for the project. The reentry community is growing and consuming a larger portion of the general population. The influence of the proposed program can bridge the gap between the two worlds.

When researching the process of reintegration and the act of reentry, it is learned that many impediments stand in the way of a fruitful and lasting transition. It is only through careful assessment of those said impediments, that one can discover where to place focus. Placing time and energy where members specifically need it will increase positive outcomes. Appropriate measures to work through the challenges member’s encounter, as opposed to avoiding them or greeting them with hostility; is essential according to current research.

When exploring past and present reentry programs, it is better understood which tactics and techniques are linked to improved reintegration and decreased recidivism. The literature states that the populace of focus responds well to a sensitive and supportive environment, considering the harsh atmosphere a correctional institution provides. The therapeutic orientation best suited for the intended population is found to be Cognitive Behavioral Therapy (CBT). The theory places focus on thought distortions and inappropriate behaviors, fitting for adult males who have had difficulties maintaining a participatory civilian lifestyle.
CHAPTER THREE

POPULATION AND IMPLEMENTATION

Intended Population

Prisoner Reentry: A Transitional Group Process for Community Reintegration is designed for adult males between the ages of 18 and 65+ who have been recently released from prison. The average age of men being released from prison in America is between 26-45 years of age (Raphael, 2011), however all ages will be accepted. The group process will be centered on the needs of the average age group.

Selection of group members will be partially mandated and partially volunteer. The mandated participants are considered the high risk population of those exiting correctional institutions in the United States (perpetrators of more serious felonies and violent crimes). They will be pre-selected as conditions of their parole. They will be referred by either their parole officer or releasing agents of the former institution. Registration would be mandatory for these members within 30 days of release. Although registration for this demographic is urged as soon as possible.

The volunteer members will be from the low risk category of those released (lower level offenders, non-violent crimes). These members will be pre-assigned based on need and desire. Pre-screening before release is required. A simple questionnaire will be completed to determine who will participate in this group. These members have 30 days to register for the group after being released, unless otherwise specified.
Member Criteria

Criteria for inclusion within the group will be pre-selected by the correctional institutions and or parole agents. High risk inmates must attend the group sessions or they may jeopardize their freedom with a technical parole violation. This is for the greater good of the community and the individual as parole involvement is dwindling and social support services are diminishing. The low risk members will meet the inclusion criteria by having a need for the services and the desire to participate. Yalom and Leszcz (2005) placed motivation as extremely important in determining who will participate in the group process.

Criteria for exclusion will depend on the individual, and on a case by case nature. Immediate exclusion will not take place as this group is open to all backgrounds, ages, ethnicities, and criminal histories of those adult males recently released from prison. Early termination will be implemented, on the other hand, in certain situations. For example, if a member is said to have a drug addiction and fails to complete drug treatment (outside of this group process) or tests positive for drugs more than once during treatment, that would be grounds for early termination. If a member has unexcused and repeated absences or presents a threat to the safety or well-being of the group and or the group members, that too would be grounds for early termination. The general group rules will be outlined and agreed to before the group shall begin.

Structural Development

The group will utilize weekly meetings for one-three hour sessions. The complete process will terminate after 12 weekly sessions. The group will have a maximum capacity
of 15-20 members. The facilities will also be available for open workshops two alternate
days per week for two hours each session. These supplemental workshops will be
optional, and only serve to further assist members in areas of need. The cost of this group
will be subsidized by the government agencies implementing them. The remaining cost
will be paid on a sliding scale by the members as they are able to pay. This group center
will also publicize the need for community contributions to further necessitate the
growing needs and numbers of the reentry populations.

The group will be located in segmented areas as needed. Each county will have a
certain number of locations based on percentages of released inmates per capita. The
facilities will be easily accessible near bus or train stations, as most of those recently
released may have to rely on public transportation. Larger cities will have more locations,
making involvement less problematic.

The required materials will be minimal as the financial strain is already severe
enough on this demographic. Minimal supplies such as pen and paper, forms, computers,
printers, telephones, and log books will be made available by the provider. There is a no
tolerance policy for missing the first session, whether from voluntary or mandated
members. The time frame varies; however, once the member registers or is registered it is
required that the first session appointment is kept. Throughout the remaining process, two
absences are allowed. These missed sessions must be made up in order to comply with
group policy.

The group is closed as it is a very structured program with multiple phases. There
is a progression to each phase, and the members will benefit the most from attending the
group within the designed construction. There will be multiple programs running
simultaneously in order to serve all potential members. For those who are mandated, the seven day registration requirement may be met by simply registering. A new process commences every two weeks, and there will always be groups running at the same time in various stages of the process. This also affords absenteees the opportunity to make up missed sessions.

*Project Outline*

I. Phase I: Transition

The first phase of the transitional group process will incorporate mainly psycho-educational aspects to bring members information necessary to mitigate through the initial reentry challenges. The goal of this phase is to educate members through involved discussion, shared experience, and appropriate curriculum.

A. Session 1: “Introduction”
B. Session 2: “Community Resources”
C. Session 3: “Necessary documents”
D. Session 4: “Finding Housing”

II. Phase II: Integration

The second phase will be comprised of support and encouragement, as the members embark on social endeavors. This is when members will be expected to venture out into employment, community, and into family roles and functions. The goals in this phase are to foster mutual aid, help members manage stress, and boost overall coping mechanism and resiliency in the face of adversity.

A. Session 5: “Employment”
B. Session 6: “Family”
C. Session 7: “Society”
D. Session 8: “The Law”

III. Phase III: Looking Inward

The final phase will turn inward toward individual issues, fears, stumbling blocks, and maladaptive thoughts or behaviors which have consequently ensued. This format will be therapeutic in nature with a focus on internal awareness. The goal during this phase is to help change any continued deviant behaviors, address and work through member pathologies, and tackle cognitive distortions. Producing ex-prisoners with a positive attitude, an internal source of motivation, and positive self-perceptions is the ultimate goal in this conclusive segment of the group process.

A. Session 9: “Anger and Hostility”
B. Session 10: “Trauma”
C. Session 11: “Anxiety and the Real World”
D. Session 12: “Termination”
CHAPTER FOUR
CONCLUSION

Summary

In conclusion, “Prisoner Reentry: A Transitional Group Process for Community Reintegration” proposes a solution in the aid of willing adult males as they exit the prison life and leap into the hurried and demanding life on “the outside”. To an inmate, mainstream society may appear threatening and challenging. Prisoners are not given the option to make their own decisions, work for pay, attend to financial responsibilities, contribute to their families, play a part in their familial roles, or even do their own personal laundry. As a member of an institutionalized population, these men are not taught how to thrive in the community; they are taught how to survive in a desperate and hostile environment within the walls of the countries’ correctional institutions. Impulsive reactions necessary for survival in prison and lack of responsibility, then has to somehow be “unlearned”. This treatment plan will contribute to this process and promote a healthy and successful reintegration from ex-prisoner to law abiding citizen

Discussion

The group process proposed in this project is designed to assist inmates as they exit prison and are thrown into the arms of an unforgiving and inpatient world. This marginalized group is cast aside by society as the “throw away” population. The general public is not concerned with the difficulties faced by the reentry community. The group of focus in the project is not a group focused upon by society. For these reasons the need
for this group is even more colossal as recidivism destroys lives and families, costs the
tax payer’s excess amounts of money, and failure to successfully reintegrate leads to
criminal activity. Whether the people want to help this group by choice is questionable,
however, the long term ramifications of not intervening far outweigh the blind decision to
ignore the issues.

Knowing that the problems for reintegration have remained the same throughout
the past three decades, our legislature might be pressed to implement a change in the
structure of reentry programs. Awareness as to the most pressing problems for the reentry
population also helps delineate and offer appropriate services. Research has shown that
deficits in education, mental problems, lack of social support and resources top the lists
of barriers to proper reintegration. Those tend to be the most common underlying issues
when linking risk factors with recidivism.

Churning requires special attention when designing a reentry program due to the
widespread occurrence. Without a proper reentry program in place to facilitate change
against the recidivism and churning trend, these men will spend the majority of their lives
in and out of the penal system; losing their own lives, expanding government spending to
house them, and destroying their families and children left behind to (statistically
speaking) follow in their footsteps. Due to the tentacles this is a community problem, not
an individual one.

Initially, the proposed group will strive to educate members about ideas and or
concepts. Once that is completed, members can then be helped in understanding how to
apply that information to specific aspects of their personal lives. For example: This
applies to the reentry community as they may not be aware of reasons for employment
denial. Once this has been presented to the members on an educational level, the facilitator can then help them recognize that it is not a personal attack upon the individual or an insult toward the individual’s work ethic or character. Further discussion will clarify the underlying causes, and help redefine negative or self-defeating thoughts surrounding that particular experience.

**Future Prospectus**

Helping the prison population is not of interest for the average American. This is a group of people thought to be incorrigible and outcast by society. The reality is that prisoners are still members of the larger race, the human race. Just because one has made a mistake in life, does not exclude them from deserving universal human rights. Once a prison sentence is served, an inmate is to be released back into the community. The individual’s correctional term ends where the hurdles of reintegration begin. The community must absorb the new member; however, the member must also recognize the community norms, laws, and demands in order for a healthy and complete transition. The project introduces a program to facilitate ease of transfer from incarceration to freedom.

Current programs in place or programs of the recent past only serve to monitor or re-house convicts. The old adage of incarceration “rehabilitating” inmates is long gone, and the term “institutionalized” is more commonly referred to. Human beings are living behind bars, in a dangerous and stressful environment, with little to no privileges for crimes that they have committed. The problem comes into play once the punishment has concluded and freedom, by law, is to be regained. The cost of freedom for this population is overwhelming. The tools, skills, and necessary resources are not readily available. The
literature states that for most men who have been incarcerated, those tools have never been accessible. This program is innovative with an integrated approach encompassing psycho-education, social support, and therapeutic interventions in an effort to decrease recidivism and increase successful reintegration in the adult male reentry population.
References


APPENDIX

PRISONER REENTRY: A TRANSITIONAL GROUP PROCESS FOR
COMMUNITY REINTEGRATION
THE
FACILITATOR GUIDE

By
Crystal Beth Skadron
PREFACE

The forgoing project is the FACILITATOR GUIDE to Prisoner Reentry: A Transitional Group Process for Community Reintegration. The program is designed to assist the adult male members of the United States population whom have recently been released from a correctional institution directly back into the community. This guide will provide a structural outline for the program, along with a detailed session by session view of the process. The guide will incorporate all the information and forms necessary for a successful completion of the program.

The manual is intended to serve as an outlined guide for the program. The process is to be led by a professional Marriage and Family Therapist (MFT) or a licensed MFT (LMFT). A certified counselor, therapist, or group facilitator in any related field will suffice as well. As a trained group facilitator, one may incorporate personal stories, information, or expertise on current issues within the session. The concept of a therapeutic and psycho-educational background permits flexibility and attention granted where necessary for the ultimate benefit of group members.

Prior to participating in the program, commencing intakes or the initial sessions, the facilitator (and/or aids) are required to complete an online informational sourcebook about the target population. The sourcebook is found in a power point format attached to the project. This resource serves to inform the instructor with background material
regarding incarceration in America. This data will help improve empathy within the instructor, and increase positive outcome results.

The manual will provide literature intended to be read and understood by the group facilitator, prior to the session of discussion. This will allow the instructor to have a thorough grasp of the day’s intended concepts and goals. Forms, or links for forms, will be provided in a step by step fashion to be followed for proper implementation of the program as it is progressive and integrated. Forms will need to be copied from the manual, depending on enrollment, prior to the session. These forms will be afforded to group members by the facility. Extra stressors, such as printing and locating forms, ought to be reduced for members whenever feasible.

Attendance, mandates, court paperwork, enrollment forms to outside providers, and parole officer advocacy will be executed by administrative staff. These technical matters will not be the responsibility of the group facilitator in order to eliminate lost session time. All of the above concerns must be addressed and resolved by the facility administration prior to the initial session. Unresolved issues may result in delayed enrollment in the program. Questions regarding these topics are to be referred to the administration as it is considered out of the facilitator’s scope for the position.

Each session will begin with an opening quote to spark interest and stimulate conversation. The quotes are related to the daily tasks, and will serve as a “thought jogger” for the session. This is an important part of the group as the population may be nervous and defensive initially. It is imperative to break down those defenses in order to implement grown within group members. The quote will be presented on the board prior to commencement, countenancing time to individually absorb the quote and think about
what it means to each member without influence or interference. Once the session begins the quote will be read out loud by the leader, and discussion will be instigated. Be prepared to exchange a personal thought, story, experience, etc. related to the daily quote if group members do not actively participate. The goal is participation, however, there is no guarantee for this, so be prepared in this instance in order to maintain professionalism.

Followed by the daily quote, there will be a brief open question and discussion segment. Keep this time to a minimum (5 minutes maximum) as daily lessons are most important. Once the session ends, the facilitator and/or aid, is required to stay for a rap-up question and answer conference in an effort to diminish anxiety and cater to the personal needs of every participatory member.

Shadowing the outline will encourage order and healthy reintegration for all members. The initial session steps must be followed and completed in order to successfully move on to and fulfill the required steps of the proceeding phase. If a member is having an exceptionally difficult time in any one phase, he may be allowed to join the same session again in an alternate rotation of the process. If that is not possible, the conference time after session each week can also be used to individually counsel or tutor struggling group members. Referrals are also a large part of the program as certain members will require special attention unobtainable by this program; such as drug treatment or medications for mental disorders.

The intention of this program is to assist the reentry community with technical information and paperwork necessary for standard participation in American society, as well as to address underlying preventative risk factors against proper reintegration. As the facilitator for this process, one needs to be organized, thorough, and empathetic.
The purpose of this transitional group is to encourage and support adult males who have been incarcerated and who are now reentering mainstream society. The integrative process will aid those through this difficult time and help pave the way for reintegration. The program seeks to discover and remedy the underlying issues within these individuals causing the recidivism in an effort to promote healthy and long term reintegration.
PROGRAM DOGMATA

The program views human nature as a combination of both good and bad. It is believed that people are born with a “good heart”, and that the world or life experiences may create what appears to be the bad in them. The bad isn’t necessarily bad either, per say, it is more damage, fear, and hurts. Be very careful not to judge members. As humans, those negative experiences can lead a person to behave in “bad” ways if they don’t have the tools and understanding to overcome adversity with more healthy methods. This is why the program is a strong believer and supporter of therapy, education, and positive thinking.

Some people are born with natural resiliency and self-helping tendencies, yet some are not. The program seeks to instill these necessary characteristics in each and every member where a void may exist. These tendencies can also be learned and strengthened as well. People may also have been born with or developed self-sabotaging and irrational tendencies as well. The program institutes focus for those more prone to negative tendencies. These can stem from immaturity, damaging life experiences, unawareness, a toxic upbringing, and lack of support systems, among many other detriments common to the reentry community.

Cross-cultural counseling and the sociology of oppression and privilege are to be carefully considered when looking at the reentry community in the United States. The concept of convergence is brought before us as therapist in training, to help us understand the unique differences in each of our clients and in their lives. As multicultural
counselors we should all have an appreciation for the large variety of cultural groups, as well as be educated in their histories and cultural practices. To be a great counselor, however, one needs to ascertain a deeper level of understanding and empathy about where a person may have come from—individualistically or socially as a people.

The program believes that people change primarily through awareness, insight, understanding, and most of all the desire to change. The first and foremost factor for change is the desire, and then those other factors must follow for the change to take place. Change can be facilitated with a good support system. This system can include a therapist and/or group to help bring awareness to the surface or consciousness; as well as a positive and loving friend, family member, or a healthy role model.

Another major component for change can be seen as a negative or extreme experience. If everything is comfortable, people are usually content with the status quo. The target population does not have that option due to the fact that the former way of life led to incarceration. Maintaining life as “it is”, or in the case of the former inmate “it was”, appears easier than making the effort to create change. However, if life as it is isn’t working well or is detrimental then change becomes necessary for survival or mental/emotional/physical health such as is seen in the reentry population.

The program abides by the values developed through conviction based integration of religious underpinnings and ethical morale. Ultimately, though, the program intends to impart a way of life believed by current trends in society to be “right”. The program hopes that at the end of each day members can be left feeling good and positive about the way they have behaved, thought, or felt. Every effort will be made by the program to
assure members become very aware of individual issues, live with dignity, respect for others, peace, empathy, and in accordance with the law.

A counselor can best help the clients by believing in them and being supportive, positive, and empathetic. The program is based on a Humanistic foundation of empathy and a structural concept derived from Cognitive Behavioral Therapy (CBT). The counselor’s main goal is to help a client make the changes they desire to make within themselves, by helping to bring what is necessary for that change to the surface or their consciousness. They should be gentle but honest, and positive yet realistic.

Anxiety is a huge issue which must be dealt with in order to progress with any session or lesson within the program. Anxiety is a special “hot topic” for the program. It is believed that the damaging effects of anxiety lead to avoidance and negative behaviors. Those same behaviors are what research has linked to increased recidivism and preliminary incarceration. The negative behaviors are originally employed by members in an effort to mask the unpleasant feelings brought about by any anxiety-inducing activities. With positive expectations, healthy self-talk, and relaxation methods, the program hopes to diminish this anxiety collective to those recently released from prison.

The purpose of counseling within the program is to help members make changes within themselves. These changes are what can lead to more satisfying, healthy, successful, and or joyful lives. The program would like to see members live the best life they can live no matter what their background might be. Tolerance and acceptance must maintain the forefront in the group environment. Meaning is given to each person’s life once that person finds their own meaning! Each person has a different meaning for their
lives, it is believed by the program, that it is up to each individual person to find that meaning for them. No parent, or authority, or mate can dictate that for an individual.

An abnormal behavior is considered by the program to be one that cause distress or harm to ones’ self or others. Abnormal psychological issues should be decided by professionals who are restricted to ethical standards and are well trained to determine what may be deemed abnormal. Unfortunately labels are needed for these extreme behaviors to help establish categories which help in diagnoses for better treatment and understanding. Severe mental disorders must be referred out for treatment, medication, and diagnoses purposes. These members, however, may still participate in the program once mental health has been stabilized.

Learning styles are believed to vary from person to person. Some people learn through trial and error, some through example, and some may never seem to learn (common stereotype of the incarcerated population). The program believes that everybody is capable of learning. Learning can be gained through visual, auditory, or kinesthetic methods as well any combination on the three. As a professional counselor, the group facilitator must discover which style works best for each member in order to produce optimal results.

Through thoughtful planning and information taking, the facilitator can direct members towards areas of specific need. The program seeks to bridge the invisible gap between prison and community by focusing on the internal issues which led most men to incarceration. Every step of the program is intended to be completed with warmth and substantiation. Make sure every member feels important and validated. This is a group of men who have been stripped of many internal virtues, it the intention of the program to
ensure each member be edified and built up. Focus on strengths and stay positive. The program instills a therapeutic philosophy encouraged to all members and facilitators to abet in that process.
THERAPEUTIC PHILOSOPHY

One must begin with empathy to truly understand where others have been and where they are coming from. The program believes this understanding will allow one to be able to help clients help themselves.

Promise to see the best in each client for whom they are. Strive to keep in perspective that members are all people, rather than subjects to change or work on.

Always put in the finest effort and encourage every member as they strive toward a more fruitful, and productive life.

The goal is to help people become the strongest, happiest, most secure and complete people they can be and actively participate in mainstream society.

The sole desire of the program is to guide those who have suffered much adversity and tremendous obstacles, toward a better physical and mental health and all around well-being.

“We think therefore we are”

-Rendition of “I think therefore I am” - Rene Descartes

The key to self-healing and growth as a person occurs within that person first, awareness is the first step. Sanctuary is discovered inside personal thoughts, emotions, and feelings.

After this realization, actions can follow where desire is met.

One cannot change if they have spent no time thinking about what is possible or what is in need of change? Only after that will it become apparent- how one might change thoughts, beliefs, behaviors, and ultimately one’s life.
The program vows that all people are capable of growing and healing. With that certainty and trust in human kind, the program will be of uncalculated value to society as a whole and each individual member.

With powerful and positive support, the goal for participants whom have suffered great losses and traumatic experiences is to grow, enjoy, and partake in a healthy and well-adjusted lifestyle as functional mollified members of society.
PHASE I: TRANSITION

The first phase of the transitional group process will incorporate mainly psycho-educational aspects to bring members information necessary to mitigate through the initial reentry challenges. The goal of this phase is to educate members through involved discussion, shared experience, and appropriate curriculum.

Defenses of new members may be more sensitive in the initial sessions. Members are leery, to say the least, about a government implemented program. Members have not customarily had positive outcomes with authority or structuralized platforms. Be familiar with defenses mechanisms as they are generic to the target population. The group will be taught a psycho-educational lesson in detail on Freudian defense mechanisms in session nine. However, be aware of this detriment from the very beginning, as it will only work against successful completion of the program. Greet members with warmth but assertion.

Be mind-full of the target population and always remain empathetic. This group incorporates the programs already in place by other agencies or government funded services, the difference is that the therapeutic groundwork provides an outlet for internal issues and attempts to discover and resolve long standing risk-factors which stand in the way of healthy reintegration.

Session 1: “Introduction”

This first group session will be used as a general intake and introduction of each member. This will be the longest meeting, triple the normal one hour weekly sections, to accommodate the intake process. This session will allow the group leader to be
introduced, as well as any questions about the group to be answered. Respect and a safe therapeutic environment will be the focus. Special consideration will be made during the first session to create unity and trust between group members and facilitator. Ensure each member feels welcome and accepted.

Begin the preliminary session by introducing yourself to the group as a whole. Describe your qualifications briefly and your personal objectives as the group facilitator. Make certain that you are personable and refrain from appearing pretentious or “better than” the members. Members may suffer from low self-esteem or diminished self-worth, presenting an air of arrogance will create dissention and interfere with building trust and the therapeutic relationship.

Continue with a general overview of the program. Describe the program goals and purpose as read in the preface. “The intention of this program is to assist the reentry community with technical information and paperwork necessary for standard participation in American society, as well as to address underlying preventative risk factors against proper reintegration”.

“The purpose of this transitional group is to encourage and support adult male members who have been incarcerated and who are now reentering mainstream society. The integrative process will aid those through this difficult time and help pave the way for reintegration. The program seeks to discover and remedy the underlying issues within these individuals causing the recidivism in an effort to promote healthy and long term reintegration”.

The next step will be to have each member introduce themselves to the group. This will trigger anxiety in many members, be patient and assertive. If members laugh, or
decline participation, be fortitudinous. Stick with each member and allow them the time necessitous for a response. Encourage any participatory activity and confirm that there is no right or wrong answer for any portion of the therapeutic process.

Simple requests, such as to give their name, crime committed, time served, or which correctional facility the time was served in, is a familiar topic of discussion for most former inmates. It is best to begin with other non-threatening bits of personal information in order to be more readily shared in front of others and minimize apprehension. Remind the group that this is a safe and supportive group where derogatory statements toward others will not be tolerated.

Bearing in mind this is the first session, explain the quote of the day as it was explained it the preface: State that each session will begin with an opening quote to spark interest and stimulate conversation. The quotes are related to the daily tasks, and will serve as a “thought jogger” for the session. Make sure every member understands the group process and intentions. Introduce the first quote of the day to the group, immediately followed by your personal interpretation and discussion to act as a catalyst to communication and participation.

*The quote of the day:*

“The only medicine for suffering, crime, and all the other woes of mankind, is wisdom.” –Thomas Huxley

Example Response for first quote of the day: “To me this quote means that the only way a person can heal from the bad and the hurt in their lives is to gain wisdom…” and
then discuss. Allow the conversation to direct itself. Facilitating participation, unity, comfort, and trust are the main goals in this activity today.

Upon completion of the introductions and opening activity, many procedural aspects of the program must be covered. Follow this outline for the remainder of the session: Confidentiality and informed consent is to be covered and explained, a general overview of the group process will be recapitulated, and group rules and expectations will be discussed. Program contracts will be signed by each member with the implication that those rules and expectations are understood and agreed upon. Intake has been formerly completed and appropriate measures have been made to place group members. Assessment forms must be individually completed with facilitator assistance due to time constraints as opposed to individually.

Finally, those mandated to participate in drug rehabilitation treatment or anger management, simultaneously, will be provided with the forms for enrollment to local centers by administration prior to beginning group. Contact information and directions will be given as well. It is the duty of the instructor only to certify that this practice has been carried out. Refer members to administrative staff regarding details on external mandated programs. The first session will close with a re-cap of the program and time for questions and answers. In certain sessions, according to the guide, members will also leave with a concluding quote to ponder.

**Concluding quote of the day:**

“I avoid looking forward or backward, and try to keep looking up ward”

–Charlotte Bronte
Every week the daily tasks will be explained and a session outline will be given. Every session will begin the same way with introductions, check-in, questions and concerns, opening quote activity, followed by therapeutic tasks or psycho-educational agenda. When giving group members a general overview of the session during introductions and check-in, use the bullet points as reference.

**General Overview:**

- Introductions
- Quote of the Day
- Confidentiality
- Program synopsis
- Group rules and expectations
- Contracts
- Assessments
- Certify members have necessary paperwork/information
- Concluding Quote

*As the group facilitator this will be an extremely crucial and busy time for you. This is the initial phase of the program where adjustments, direction, and referrals must be made in order to optimize the process. From the conclusion of the primary session until the opening of session number two, it is the facilitator responsibility to review each member assessment. Through careful consideration each member must be conceptualized and a have a treatment plan set in place by the initiation of the second phase. This is a therapeutic program as well as a supportive group, thus a simple treatment plan will be mandatory.*
Confidentiality

You have the right to expect absolute privacy and confidentiality in therapy. This confidentiality is protected by law. Any information you share in group will not be exchanged with anyone else without a written consent from you, however, there are a few exceptions to this rule. The facilitator is (I am) legally obligated to breach confidentiality without informing you about the breach in certain instances. The following are some of these exceptions:

1. If you tell me that a child, dependent adult or elder person is being abused, I must file a report with the appropriate state agency. Or if you tell me that a former child abuse perpetrator is in contact with minors and there is reasonable suspicion that he or she may still be actively abusing, I must report this information to child protective services.

2. If I believe you are threatening serious bodily harm to another, I am required to take protective actions. In these circumstances I may take action by informing the potential victim, contacting the police, or seeking hospitalization for the patient. (Duty to warn)

3. If you are planning to harm yourself, or are in imminent danger, I may take reasonable steps to protect you. These may include seeking involuntary hospitalization for you or contacting a family member or others who can help provide protection.

4. If you fail to settle an account balance for your therapeutic treatment, the program has the right to disclose to a collection agency the fact of our therapeutic
relationship and your outstanding balance. No additional information will be revealed in such a case.

5. If I am required and/or have the right to breach confidentiality in any other circumstances - such as a legitimate subpoena for court proceedings.

**Policies & Procedures**

The group will utilize weekly meetings for one-three hour sessions each. The complete process will terminate after 12 weekly sessions. All sessions are one hour, except the intake session which is three hours, and will start on the hour. Once a session is scheduled, it is your responsibility to attend and be on time. If you are 15 minutes late or more, you will not be permitted to enter the group. This will count as an absence.

Two absences are allowed before court/parole contact is initiated. These missed sessions must be made up in order to comply with group policy. There is a no tolerance policy for missing the first session, whether from voluntary or mandated members. The time frame varies; however, once the member registers or is registered it is required that the first session appointment is kept.

The group will have a maximum capacity of 15-20 members. The facilities will also be available for open workshops two alternate days per week for two hours each session. These supplemental workshops will be optional, and only serve to further assist members in areas of need. In addition, there will be a one hour question and answer session with the group facilitator and/or aid immediately following each weekly session.

The cost of this group will be subsidized by the government agencies implementing them. The remaining cost will be paid on a sliding scale by the members as
they are able to pay. This group center will also publicize the need for community contributions to further necessitate the growing needs and numbers of the reentry populations.

The group is closed as it is a very structured program with multiple phases. This means that no guests or non-registered members may attend and members may not join the program at any other than the initial session. There is a progression to each phase, and the members will benefit the most from attending the group within the designed construction.

There will be multiple programs running simultaneously in order to serve all potential members. For those who are mandated, the seven day registration requirement may be met by simply registering. A new process commences every two weeks, and there will always be groups running at the same time in various stages of the process. This also affords absentees the opportunity to make up missed sessions.

The program offers social support and a therapeutic outlet for members through a difficult transitional period. The environment in group sessions is to remain calm and considerate at all times. When members share, respect must be shown and respect will be granted for all participants in return.

Distractions must be kept to a minimum; cell phones must be turned to silent and may not be answered for any reason during group. If a cell phone rings or is answered/text/email/social media/etc. during group, one warning will be given before the member will be asked to leave for the day. In this situation, the entire session is to be made up by the member before completion of the program will be granted.
Cancellations

You must notify the program of a cancellation at least 24 hours before the session will a legitimate court approved excuse. If you miss a session without canceling or cancel after the 24-hour notice period, it will still count as an absence unless otherwise pre- approved by the program (for example in the case of an emergency).

Potential Risks and Benefits

The process of therapy can bring many benefits to you. These may include reducing the severity and/or frequency of behaviors/issues which originally brought you to the program. Improving your understanding and awareness of your feelings, motivations, and internal processes will all be incorporated in this process. Increasing family ties, and cultivating aspects of your relationships with others and the community, decreasing risk-factors, and improving member opportunity for long lasting reintegration.

Change requires considerable time and effort from members. Especially when dealing with emotionally charged issues, it is typical to experience an initial worsening of symptoms, followed by relief and progress. The outcome of therapy depends on a variety of circumstances, many of which are unpredictable and beyond our control. There are no guarantees that we will achieve the goals outlined at the start of therapy.

Fees and length of therapy

Regular sessions are 60 minutes long. The standard fee is $____. In special circumstances, sessions may be extended to 90 minutes, only with prior agreement. The standard fee for 180-minute intake sessions is $____.
*This amount will be predetermined by the administrative staff. Each individual will have this portion completed for them. Payments will be made before the commencement of each phase or attendance will be denied and the courts will be contacted for non-compliance.

If you are consistently negligent in paying, the program has the right to no longer schedule sessions and refer past due account to an appropriate agency for collecting fees. If for any reason the facility or facilitator must cancel a group session, the best effort will be made to notify members as early as possible. You will not be responsible for paying for any sessions that is canceled by the facility, nor will it be counted against you.

**Procedures for handling emergencies**

In cases of emergencies you can call the group facilitator, supervisor, facility staff, or your parole officer. The direct line to my extension is ________________ or you can reach the facility supervisor at ____________. If the call is not answered, please leave a detailed message and someone will get back to you at the earliest time viable. Phone calls after regular business hours are for emergencies only. Administration, supervisors, and facilitators have the right to return calls only during regular business hours. If a life threatening emergency is taking place please call 911 immediately.

If for any reason I am not able to continue therapy for any period of time (for example due to injury, personal emergency, or incapacitation), you can contact my supervisor ________________ to discuss your options.
Right to Termination

Under certain circumstances the program facility reserves the right to terminate therapy.

These include:

1. When it is believe that continuing the therapeutic relationship is no longer beneficial to the member or the member is serving as an impediment to fellow group members.
2. When you have failed to pay and have not made any arrangements to pay.
3. If you have missed two sessions without the minimum 24-hour notice or court approved excuse.

*In all cases of termination, a certified letter officially ending the therapeutic process will be sent to the member, the court, and the member’s parole officer.

Signed Agreement

I, ________________________, agree to enter into “Prisoner Reentry: A Transitional Group Process for Community Reintegration” Program for one 180 minute intake session followed by eleven 60-minute weekly sessions during the next three months. I understand and agree to comply with all program policies and procedures. I verify that I received a copy of and comprehend all of the above information here within the consent. By signing this Consent Agreement, I also acknowledge that the program does not guarantee achievement of specific individual goals.

Print Name ________________________   Date____________

Signature_______________________
Adult Self Report Intake Form

Date: ______________________

Name of person filling out form

Relationship to patient

Patient Name: __________________________________________

Sex: ______ Age: ______ Date of Birth: ______________________

Social Security #: _________________________________________

Employer (if applicable): __________________________________

Home/current Address: ______________________________________

Home Phone: ______________________________________________

Work/Cell Phone: __________________________________________

Referred By: ______________________________________________

Reason For Referral: _________________________________________

Litigation Pending? __________

Attorney: __________________________________________________

Criminal History

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Age of first incarceration: _______ Age of most recent incarceration: ___________

Number of arrests: ___________ Number of convictions: ___________
History of Present Problem

How long ago did problems begin: ________________________________

Please describe the problems that you want help with:

________________________________________________________________________
________________________________________________________________________

Chief Concern

Please describe the main difficulty in your own words which led you to incarceration:

________________________________________________________________________
________________________________________________________________________

Medical care (From whom or where do you get your medical care?)

Clinic name:___________________________________________________________

Phone:_______________________________________________________________

Doctor's name:________________________________________________________

Address:_____________________________________________________________

May the program inform your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

Your current employer or most recent employer

Employer:_____________________________________________________________

Supervisor:___________________________________________________________

Contact Number:_______________________________________________________

Work Address:_________________________________________________________
Title: ________________________________________________

Duties: ________________________________________________

Likes/Dislikes ________________________________________________

Favorite occupation in the past: __________________________________________

Most unpleasant occupation in the past: ____________________________________

Skills: _____________________________________________________________

Job Training: _________________________________________________________

Relationships

How do you get along with your spouse or partner?

______________________________________________________________

______________________________________________________________

How do you get along with your children?

______________________________________________________________

______________________________________________________________

How do you get along with others?

______________________________________________________________

______________________________________________________________

How do you get along with authority (supervisors, elders, police officers, etc.)?

______________________________________________________________

______________________________________________________________
Past Psychological/Psychiatric Treatment

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services?  Yes  No

Please indicate which type of treatment (circle one):  Inpatient  Outpatient  Both

If yes, please indicate:______________________________________________________________

When:___________________________________________________________________________

From Whom:_____________________________________________________________________

For What:________________________________________________________________________

Results:_________________________________________________________________________

Have you ever taken medications for psychiatric or emotional problems?  Yes  No

If yes, please indicate:________________________________________________________________

When:___________________________________________________________________________

From Whom:_____________________________________________________________________

For What:________________________________________________________________________

Results:_________________________________________________________________________

List of Symptoms

Please circle any of the following that have been bothering you lately:

- abused as child
- ambition
- appetite
- career choices
- compulsivity
- agoraphobia
- anger
- being a parent
- children
- alcohol use
- anxiety
- bowel trouble
- compulsions
- concentration
- confidence
<table>
<thead>
<tr>
<th>Depression</th>
<th>Divorce</th>
<th>Drug use/abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating problem</td>
<td>Education</td>
<td>Energy (Hi/Low)</td>
</tr>
<tr>
<td>Extreme fatigue</td>
<td>Fears</td>
<td>Fetishes</td>
</tr>
<tr>
<td>Finances</td>
<td>Friends</td>
<td>Guilt</td>
</tr>
<tr>
<td>Headaches</td>
<td>Health problems</td>
<td>Inferiority feelings</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Loneliness</td>
<td>Making decisions</td>
</tr>
<tr>
<td>Marriage</td>
<td>Memory</td>
<td>My thoughts</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Nightmares</td>
<td>Obsessive thinking</td>
</tr>
<tr>
<td>Overweight</td>
<td>Painful thoughts</td>
<td>Panic attacks</td>
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<tr>
<td>Phobias</td>
<td>Relationships</td>
<td>Sadness</td>
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<tr>
<td>Self-esteem</td>
<td>Separation</td>
<td>Sexual problems</td>
</tr>
<tr>
<td>Short temper</td>
<td>Shyness</td>
<td>Sleep</td>
</tr>
<tr>
<td>Stress</td>
<td>Suicidal thoughts</td>
<td>Work</td>
</tr>
</tbody>
</table>

Please indicate how the current issue(s) are affecting the following areas of your life:

**Marriage / Relationship:**

1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect 5 – Significant effect  Not Applicable

**Family:**

1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect 5 – Significant effect  Not Applicable

**Job/school performance:**

1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Friendships:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Financial situation:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Physical health:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Anxiety level / nerves:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Mood:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Eating habits:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Sleeping habits:
1 - No effect   2 – Little effect   3 – Some effect
4 – Much effect   5 – Significant effect   Not Applicable

Sexual functioning:
1 - No effect  2 – Little effect  3 – Some effect
4 – Much effect  5 – Significant effect  Not Applicable

Alcohol / drug use:
1 - No effect  2 – Little effect  3 – Some effect
4 – Much effect  5 – Significant effect  Not Applicable

Ability to concentrate:
1 - No effect  2 – Little effect  3 – Some effect
4 – Much effect  5 – Significant effect  Not Applicable

Ability to control anger:
1 - No effect  2 – Little effect  3 – Some effect
4 – Much effect  5 – Significant effect  Not Applicable

Substance Use

Do you currently consume alcohol?    Yes     No
If yes, on average how many drinks per occasion do you consume?____________________
How many days per week do you consume alcohol?_______________________________
Do you have a history of problematic use of alcohol?    Yes     No
If yes, please explain
__________________________________________________________________________
__________________________________________________________________________

Have family members or friends expressed concern about your drinking?    Yes     No
Do you currently use non-prescribed drugs or street drugs?    Yes     No
If yes, please explain
Do you have a history of problematic use of prescription or non-prescription drugs?

Yes  No

Do you have a family history of alcohol or drug problems?  Yes  No

If yes, please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other

Is there anything else that is important for the program facilitator to know about and that you have not written about on any of these forms? Please tell us here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Session 2: “Community Resources”

The purpose of the second session is to provide all members with an integrated holistic approach to reintegration. The facilitators will discuss available services for the members and answer any questions or concerns regarding these applicable community resources. Realistic expectations will be the focus to help prevent disillusionment.

The session will begin with a check in and follow up of the first week, along with a brief overview of the session. Proof of enrollment for outside treatment or programs will be submitted to the administration, and verification is recommended. The voluntary workshops will be more thoroughly explained. Two alternate nights a week, for two hours each night, the facility will be available for an open question and answer session. The workshops for this facility are on (days) _____ and _____, from (time) _____ to ______. All forms and community contact information will be accessible. Local phone calls can be made for group services only.

Quote of the day: “It requires less character to discover the faults of others than it does to tolerate them”

-J. Petit Senn

Upon concluding the “quote of the day” activity, community resources will be the topic of discussion. Local food bank contact information, directions, and applications (if necessary) will be provided and discussed. Social Services, such as welfare, food stamps, General Relief, etc. will be explained. All resources will be provided and services
discussed. Homeless shelter information and or help accessing hotel vouchers will be reviewed.

Discussion about negative feeling toward these services and common misperceptions of weakness associated to accessing those benefits will be the focus. Stereotyping and social judgment will be discussed. Stereotyping is described as a thought that may be assumed about specific types of individuals, life-styles, or ways of doing things. Those beliefs may or may not accurately reflect what is real. Judgments are the thoughts and decisions made about people, places, or things with or without verifiable information.

Ask: Have you stereotyped anyone today? Have you witness anyone be stereotyped? Have you felt social judgment? How did that make you feel? It would make me angry…etc. Be prepared to give personal examples or professional vignettes if group participation is inadequate.

Concluding quote of the day: “Men are more mindful of wrongs than of benefits.”

-Proverb

General Overview:

• Check in and follow up
• Voluntary workshops
• Quote of the day
• Food bank
• Social Services
• Homelessness
• Negative feeling/Stereotypes
Session 3: “Necessary documents”

The purpose of this session is to present members with all the necessary forms for active participation in society. Any looming questions about the group process will be addressed and pressing issues in “real life” can be discussed. Generalized thinking will be explained and demystified.

The session begins with a brief check in for all members, and a follow up of previous weeks. Make sure to answer any questions about prior weeks as to allow focus to be regained on current session issues/lessons. If a member is confused or frustrated about former activities, responsibilities, or duties; they will not maximize the benefits of each and every group session.

*Quote of the day: “Arriving at one goal is the starting point to another.”*

*John Dewey*

The necessary documents portion of the session will be the main focus this week. State Identification or Driver’s License forms will be administered to those who need them, and assistance with proper completion will be available. Local DMV contact information and directions will be given.

Social Security information, benefits, and necessity of having a social security card, will be introduced. Applications for the card will be administered as compulsory. Referrals can be made for those who qualify for benefits. Local Social Security administration building contact information and directions will be given.
Offer plenty of help completing these forms, answering questions or concerns regarding any forms or benefits. Instill a spirit of empathy when explaining the resources, and be careful not to judge if any member has difficulty with simple tasks. Discussion surrounding the implications of obtaining and using these forms will be the focus.

Allow the group discussion time to also serve as a platform for explaining the treatment plans based off of observation, personal assessments, and member files. This is not a thorough elucidation of the treatment plans; it is a rudimentary introduction to the idea to group members. Incite interest in the treatment plan as a method for reaching goals, not as measure to treat a “sick person”. This will diminish defenses against using a treatment plan, and further educate members about the process.

Take the time at the end of the session, or during the after session conference, to ensure each members assessment has been completed in order to conclude case conceptualizations. The more information that is gathered on a particular member, the more the program will be able to accurately assist the member through the reintegration process.

General Overview

- Check in and follow up
- Quote of the day
- DMV/ID
- Social Security
- Discussion
- Incomplete Assessments
*This is the week that case conceptualization and treatment plans are due. The case conceptualization is to be based on a compilation of information gathered by a member’s original file, parole referral/file, self-assessment, and observations made in the first three groups. The case conceptualization includes details which may or may not be covered within the group. This form is not envisioned to be complete for every member, however, complete “enough” to make an accurate and modest treatment plan. The case conceptualization is not to be seen by members, and only serves to assist the facilitator in accurately referring group members for special services and areas of need. The case conceptualization also functions as a meter for facilitators, to gauge where a member sits in scales of education, employment, personal growth and development, family connections, and community integration. It is here, where the program hopes to unearth the strengths and potential of each and every member. Based on the case conceptualization, the treatment plan is to concentration on one or two major areas of need for each individual member. It is the duty of the facilitator to establish what each member’s strongest area of need is.
Case Conceptualization Form

Therapist:___________________ Client/Case #:___________ Date:___________

I. Introduction to Client & Significant Others (Include age, ethnicity, occupation, grade, relevant identifiers, etc.). Put an * next to persons in session and/or IP for identified patient.

AF or ___:__________________________________________________________

AM or ___:_________________________________________________________

CF or ___:__________________________________________________________

CM or ___:__________________________________________________________

II. Presenting Concern

Client’s/Family’s Descriptions of Problem(s):

AF or ___:__________________________________________________________

AM or ___:_________________________________________________________

CF or ___:__________________________________________________________

CM or ___:__________________________________________________________

Broader System Problem Descriptions: Description of problem from referring party, teachers, relatives, legal system, etc.: 

______:_____________________________________________________________

______:_____________________________________________________________

Attempted Solutions and Outcomes:

_____________________________________________________________________

_____________________________________________________________________

______________________________________________________________
III. Background Information

Recent background (recent life changes, precipitating events, first symptoms, stressors, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Related historical background (family history, related issues, past abuse, trauma, previous counseling, medical/mental health history, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

IV. Systemic Assessment

Client/Relational Strengths:

Personal/Individual: ________________________________________________

________________________________________________________________________

Relational/Social: ________________________________________________

________________________________________________________________________

Spiritual: ___________________________________________________

________________________________________________________________________

Family Structure and Interaction Patterns

Couple Subsystem (to be assessed): □ Current relationship □ Past relationship

Parent’s
Couple Boundaries: □ Clear; □ Enmeshed; □ Disengaged; □ Other: ____________

Rules for closeness/distance: ________________________________

Couple Problem Interaction Pattern (A ⇔ B):

Start of tension: ________________________________

Conflict/symptom escalation: ________________________________

Return to “normal”/homeostasis: ________________________________

Couple’s Complementary Patterns: □ Pursuer/distance; □ Over/under functioner;

□ Emotional/logical; □ Good/bad parent; □ Other: ___________; Ex: ________________

Satir Communication Stances:

AF: □ Congruent □ Placator □ Blamer □ Superreasonable □ Irrelevant

AM: □ Congruent □ Placator □ Blamer □ Superreasonable □ Irrelevant

Describe dynamic: ________________________________

Gottman’s Divorce Indicators:

Criticism: □ AF; □ AM; Ex: ________________________________

Defensiveness: □ AF; □ AM; Ex: ________________________________

Contempt: □ AF; □ AM; Ex: ________________________________

Stonewalling: □ AF; □ AM; Ex: ________________________________

Failed repair attempts: □ AF; □ AM; Ex: ________________________________
Not accept Influence: ☐ AF; ☐ AM; Ex: ________________________________

Harsh start up: ☐ AF; ☐ AM; Ex: ________________________________

**Parental Subsystem:** ☐ Family of Procreation; ☐ Family of Origin

Membership in Family Subsystems: Parental: ☐ AF; ☐ AM; Other:_________________

Is parental subsystem distinct from couple subsystem: ☐ Yes; ☐ No; ☐ N/A (divorce)

Sibling subsystem:_____________________________________________________

Special interest:________________________________________________________

Hierarchy Between Child/Parents:

AF: ☐ Effective; ☐ Insufficient (permissive); ☐ Excessive (authoritarian) ☐ Inconsistent

AM: ☐ Effective; ☐ Insufficient (permissive); ☐ Excessive (authoritarian) ☐ Inconsistent

Ex.______________________________________________________________

Emotional Boundaries with Children:

AF: ☐ Clear/Balanced; ☐ Enmeshed (reactive); ☐ Disengaged (disinterest); ☐

Other:______

AM: ☐ Clear/Balanced; ☐ Enmeshed (reactive); ☐ Disengaged (disinterest); ☐ Other:

Ex.______________________________________________________________

Problem Interaction Pattern (A ⇋ B):

Start of tension: ________________________________________________

Conflict/symptom escalation:_______________________________________

______________________________________________________________
Return to “normal”/homeostasis:

Triangles/Coalitions:

☐ AF and C__ against AM: Ex.

☐ AM and C __ against AF: Ex.

☐ Other: Ex.

Communication Stances

AF or ______: ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant

AM or ______: ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant

CF or ______: ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant

CM or ______: ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant

Ex.

Hypothesis: Describe possible role or function of symptom in maintaining family homeostasis

Intergenerational Patterns

Substance/Alcohol Abuse: ☐ N/A; ☐ Hx:

Sexual/Physical/Emotional Abuse: ☐ N/A; ☐ Hx:

Parent/child relations: ☐ N/A; ☐ Hx:

Physical/Mental Disorders: ☐ N/A; ☐ Hx:
Historical incidents of presenting problem: □ N/A; □ Hx:________________________

Family strengths: ____________________________________________________________

**Previous Solutions and Unique Outcomes**

Solutions that DIDN’T work: ____________________________________________________

__________________________________________________________________________

Exceptions and Unique Outcomes (times, places, relationships, contexts, etc. when
problem is less of a problem; behaviors that seem to make things better): __________

__________________________________________________________________________

__________________________________________________________________________

**Narrative, Dominant Discourses, and Diversity**

**Dominant Discourses** informing definition of problem:

- Cultural, ethnic, SES, religious, etc.:________________________________________
  _______________________________________________________________________

- Gender, sexual orientation, etc.:____________________________________________
  _______________________________________________________________________

- Contextual, family, and other social discourses:_______________________________
  _______________________________________________________________________
Identity Narratives: How has having the problem shaped client’s and/or family members’ identities?

Local or Preferred Discourses: What is the client’s preferred identity narrative and/or narrative about the problem? Are there local (alternative) discourses about the problem that are preferred?

V. Genogram: Construct a family genogram and include all relevant information including:

- ages, birth/death dates
- names,
- relational patterns,
- occupations,
- medical history,
- psychiatric disorders,
- abuse history.

*Also include a couple of adjectives for persons frequently discussed in session (these should describe personality and/or relational patterns, i.e., quiet, family caretaker, emotionally distant, perfectionist, helpless, etc.). Genogram should be attached to report.

VI. Client Perspectives
Areas of Agreement: Based on what the client has said, what parts of the above assessment do they agree with or are likely to agree with?

________________________________________________________________________
________________________________________________________________________

Areas of Disagreement: What parts do they disagree with or are likely to disagree with?

________________________________________________________________________
________________________________________________________________________

Why? ___________________________________________________________________

How do you plan to respectfully work with areas of disagreement?

________________________________________________________________________
________________________________________________________________________

Session 4: “Finding Housing”

The goal of this session is to assist members in locating realistic and proper housing. Many members will be living in temporary housing, with family members, or at half way houses. Tendencies toward magnifying negative situations during this stage and how that is detrimental will be the focus. Keeping challenges in perspective will also be discussed. Remember to supplement each session with encouragement, as daily tasks may seem daunting to members exiting the first phase of the program.

The session will begin with check in and follow up of the previous week, along with an overview of the session. This is a week of breakthroughs and opening up! It is the fourth session and members may feel more comfortable with fellow participants at this point. A therapeutic relationship based on trust might also be developing between
facilitator and group members. Exchanging contact information, if desired, with other group members to strengthen social ties and promote continued support will be fostered.

*Quote of the day: “If you don’t know where you are going, you’ll end up someplace else.”*

-Yogi Berra

Administration of available housing information, by persons willing to rent to felons and ex-inmates, will be circulated. Examples of rental applications will be handed out for reference to guide members in applying for housing autonomously. Assistance in completing the applications efficiently will be offered also. Include an open discussion regarding the difficulties in obtaining independent housing. (Example: “I have such a hard time renting an apartment because I have terrible credit. Does anyone else have trouble like that?)

The closing discussion is to surround the struggles members have been confronted with thus far since release, and how members have been handling those struggles. During this discussion segment, bring up the treatment plans. The format will be conveyed to group members as helpful and geared toward what they particularly wish to focus on. When bringing up struggles, make sure to ask each member what their top challenge and goal would be. Make sure the personal sentiment of each member coincides with the plan set in place for them.

What is a treatment plan? Why do we need treatment plans? For the purposes the program, the treatment plan will include one to two goals. The goals are to be established
by the group member along with the facilitator. They are behavioral or thought based. Suggested interventions or referrals will be made based upon those goals. An example treatment plan will be provided for you along with the treatment plan template so that each member can have a copy for themselves as well as for the facility file.

**General Overview**

- Check in and follow up
- Exchange contacts
- Available housing
- Example rental applications
- Housing Discussion
- Closing discussion
- Treatment plans

**PROVISIONAL TREATMENT PLAN**

Client Name: DOB: Client #:

Diagnosis: CGAS/GAF: Open Date:

Date: Ongoing therapist __________
<table>
<thead>
<tr>
<th>#</th>
<th>Problem area:</th>
<th>Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measurable objective with time line:

Interventions/Action Steps

1.

2.

3.

Discharge criteria for this goal:

Therapist Signature:__________________________ Date:____________________

**EXAMPLE: PROVISIONAL TREATMENT PLAN**

Client Name: John Smith    DOB: 33/33/33    Client #: 1234
Diagnosis: Impulse control problems    CGAS/GAF:65    Open Date: 1st session
Date: todays date    Ongoing therapist: Ms. Lee
<table>
<thead>
<tr>
<th>Problem area:</th>
<th>Goal: Better self-control</th>
</tr>
</thead>
</table>
| Client has difficulty thinking through actions prior to taking them | Measurable objective with time line:  
Client will be able to refrain from negative behaviors five out of ten Times when aware. Client will make a conscious effort every day To become more aware of impulsivity. |

**Interventions/Action Steps**

1. Referral to anger management

2. Relaxation techniques

**Discharge criteria for this goal:** upon completion of the program

Member must demonstrate a reduction of impulse control problems Through facilitator observation and member self-reports.

Therapist Signature: __________________________ Date:___________________

**PHASE II: INTEGRATION**

The second phase will be comprised of support and encouragement, as the members embark on social endeavors. This is when members will be expected to venture
out into employment, community, and into family roles and functions. The goals in this phase are to foster mutual aid, help members manage stress, and boost overall coping mechanism and resiliency in the face of adversity.

Take special care during this phase to monitor progress of all members. If certain members seem behind or appear non-complacent, take the time and energy to reach out to that member. Never call out a member in front of other people. Always be discrete and respectful when approaching group members, especially when it is concerning an individual’s intimate struggles. By this phase, every member should have a completed treatment plan and a personal copy for their records. Efforts should be made to ensure members are satisfied with goals set forth by the treatment plan.

The second phase is imperative to successful reintegration, because many of the issues confronted in this portion of the program are the leading risk-factors linked to recidivism. Employment, education, familiar strains, community rejection, and difficulty following the law, are all major components when researching the deficits seen within the reentry population. These matters must be brought to light before any action can be taken against them. The case conceptualization and treatment plan will influence area of need in each member.

Session 5: “Employment and Education”

The focus of this session is to help members obtain a paying job or job training so that they may become self-sufficient. In this session referrals and recommendations will be made for members in need of special attention. Areas of exceptional need fall into
categories such as illiteracy, general education requirements (obtaining a GED or high school diploma equivalent), no job skills or prior training, dearth of work history, and so on. If members have already obtained employment, advancement in their field or seeking out higher paying jobs will be the focus. Self-defeating thoughts will be highlighted and labored through.

The session will always begin with a check in and follow up of previous weeks. This is the first session in a new phase, thus a review of Phase I and brief question and answer segment with regards to anything pertinent to Phase I are obligatory. Before introducing conversation related to the quote of the day, remember to give a general overview of the session ahead of time. This gives members an opportunity to think about what will be discussed and prime their focus on the topic.

*Quote of the day: “It is not enough to take steps which may someday lead to a goal; each step must be itself a goal and a step likewise.”*  
- *Johann Wolfgang Von Goethe*

The educational lesson this session will focus on is with regards to employment. This is a broad overview of concepts related to employment and obtaining employment. Specific occupational training will not be performed by the program. This session serves to introduce related topics and circulate information on available employment opportunities with employers who clearly state that they will hire ex-inmates and felons.

Interventions for the session include; job application writing and application examples to be administered to the group. Assistance in proficient completion of
standard job applications will be given. There will also be a resume template that will be dispensed to all members, and assistance in the formation of individual member resumes will be provided. The session may not afford ample time to complete these interventions. In that case, allow members to complete tasks in after session conference if they so desire.

Employer stigmas and reasons for denial will be explained and discussed. Myths will be debunked about common employment rejection (it’s not personal!). There will be a focus on the member experience in the work place, positive and negative. Shift focus towards the end of the discussion to coping skills, and extract techniques already employed by participating members. Clarify how members appear to cope with this type of discrimination, and recommend alternative coping mechanisms.

General Overview

- Check in and follow up
- Employment opportunities
- Example job applications
- Resume template
- Employer discrimination
- Coping with rejection

Session 6: “Family”

The purpose of this session is to help members reconnect with family members and assume the traditional familial roles, if so desired. Trust and empathy will be the focus of this session, between members and facilitator. Many men suffer broken family ties from
incarceration. This session may be sensitive in nature for members who may have lost loves through this experience. Accepting current status and situation through positive expectancy will be worked through.

The session will begin with the check in and follow up of previous week. Introduce the topic of discussion and assess member reactions. Follow the session with understanding and compassion. Conclude the check in with the session overview, then transition into the quote of the day.

*Quote of the day: “Be not afraid of growing slowly; be afraid of standing still.”*  
- *Chinese Proverb*

Lessons in family roles, responsibilities, and relationship building will open the psycho-educational lesson for the day. What is a standard familial role for a man in America? What role do you want to assume in your family? Are you dissatisfied with the position you now take in your family? How do you get along with family members?

Parent-child issues, such as custody, child support, facilitating healthy co-parenting models, and navigating the court systems will be addressed. Court paperwork will not be provided as it can be very complex. A quick guide to understanding the process and how to obtain that paper work individually will be provided. Court contact and directions will be provided as well. Community resources related to court issues will also be administered, such as self-help clinics, low income based attorneys and advocacy groups for fathers.
The discussion in session six, will focus on building and repairing relationships. An “Index Card Intervention” will used to facilitate the weekly goal. Each member obtains an index card at random. Each card states a possible familial scenario. Some cards are tricky and some are arduous. The purpose of this intervention is to ask the question, “What would you do in this situation”. Each member is given the opportunity to answer first, and then the group may chime in and give personal feedback and possible answers or solution (Christ & Bitler, 2010).

General Overview

- Check in and follow up
- Quote of the day
- Family roles
- Family court
- Index Card Intervention

Session 7: “Society”

The focus of this session is to help members better integrate into the communities which they are living. This has been proven to help lower recidivism rates and re-incarceration. Skepticism will be reviewed and alternative thinking will be presented. The session will begin with the check in and follow up of previous week, followed by the session overview and quote of the day.

Quote of the day: “It matters not what you are thought to be, but what you are.”

- Publilius Syrus
Overcoming social stigmas and discrimination will be the center of the group discussion today. Make sure to incorporate member suggestions for overcoming such stigmas. If members are unable to come up with solutions on their own, prompt them. If the group remains inactive, modify the dialogue toward personal member history of reactions to social stigmas against them.

Connections to community events, associations, and services will be advocated. A contact list will be administered of every local community extension available to ex-inmates or otherwise. Discussion regarding the differences between prison society and mainstream society and how that poses a challenge to members during reintegration will supervene. This discussion is a “hot button” for former inmates. Be prepared for higher levels of participation and/or argumentation.

General Overview

- Check in and follow up
- Quote of the day
- Social stigma
- Community connections
- Prison vs. Mainstream Society

**Session 8: “The Law”**

This session will focus on debunking myths about the justice system and those who administer it. The reentry population may have had numerous negative experiences with
law enforcement, the court systems, and correctional institutionalization all together. This is a touchy subject for many formerly incarcerated men, as negative confrontations with the law is what specifically brought members to the program.

In past sessions, risk-factors against reintegration have been addressed. This session, however, looks at the inability to follow the law as the direct cause for incarceration. For that reason, primarily, this session is necessary. The session will begin with the check in and follow up of previous week, along with the quote of the day.

*Quote of the day: “You cannot dream yourself into a character; you must hammer and forge yourself one.”*

*Henry David Thoreau*

Members will share negative experiences with the group apropos the law. The group as a whole, will help members recognize why the experience was negative and to whom that responsibility actually belongs. The group will confront resistance and any problematic behaviors within group. Example: “I was pulled over yesterday by a lady cop who just wanted to give me a hard time.” Ask the questions: “What were you pulled over for according to the police officer? What is it that you disagree with? How can that predicament be avoided in the future?” and so on.

An intervention on cognitive restructuring is next in the session. Every member will be asked to speak a word related to the topic at hand. Anything from “prison”, “inmate”, “correctional officer”, “convictions”, “parole”, and so on will suffice. Go around the group, member by member, and ask them to each state a single word. Have the remainder
of the group immediately join in by expressing the word or words that initially came to mind when the fellow group member stated his single word. This is an activity to judge where group members are with maturity and growth thus far in the program.

When group members respond to the original single word, ascertain what type of responses they are giving; positive, negative, or indifferent? This is part of the intervention when attempting to restructure thinking and provide alternatives to automatic thoughts. Suggest to the group, that for every negative response, the group must come up with five positive responses. This helps condition automatic thoughts toward the chosen outcome. If a member says, “cops”, and another member responds, “pigs”; the facilitator can be the exemplary solution to alternative thinking and say, “protection” and “order”, and so on.

Close the session with a rap-up and offer to re-visit any unresolved issues from past groups, topics of concern, and the previous two phases as the group approaches the final phase. Allow time for any form completion, questions, referrals, concerns, or suggestions in the after session conference. This is the final session in Phase II, so safeguard members against failed reentry by monitoring progress closely and hold each member accountable for personal evolvement.

General Overview

- Check in and follow up
- Quote of the day
- Negative experiences
- Confronting resistance
- Cognitive restructuring intervention
PHASE III: LOOKING INWARD

The final phase will turn inward toward individual issues, fears, stumbling blocks, and maladaptive thoughts or behaviors which have consequently ensued. This format will
be therapeutic in nature with a focus on internal awareness. The goal during this phase is to help change any continued deviant behaviors, address and work through member pathologies, and tackle cognitive distortions. Producing ex-prisoners with a positive attitude, an internal source of motivation, and positive self-perceptions is the ultimate goal in this conclusive segment of the group process.

Session 9: “Anger and Hostility”

The goal of this session is to confront those members still resisting change within the group and to help facilitate change for those who are willing to. The focus will be on reducing negative thoughts which lead to anger and hostility, along with common misperceptions which trigger anger. A review of defense mechanisms and how they interfere with successful reintegration and positive communication in general will be included.

The session will begin in standard fashion with a check in and follow up. This is the first session of the final phase, so allow extra time with check in and stimulate thoughts and a discussion about the program and member development up to this point. Give the group a general overview of the daily session and introduce the concepts of Phase III. When the final phase has been introduced, then lead into the quote of the day.

Quote of the day: “We are sometimes as different from ourselves as we are from others.”

-Francois de la Rochefoucauld
Defense mechanisms are used by people to protect their inner selves from
discrimination, negative words or actions, hurts, assaults, mental attacks, and so forth.
Most of the time, people are not aware they are using these mechanisms to defend
themselves. Bringing awareness about these defense mechanisms is the first step. The
following activity will bring about increased awareness in an attempt to decrease the use
of defense mechanisms in members and improve communication skills and relational ties.
For the following intervention, have all members participate in creating appropriate and
relatable examples for each defense mechanism. Explore why these are so unhealthy.

Projection is when one places their own unacceptable desires and impulses on to
another. Displacement is when one directs his energy toward another object or person
when the original object or person is inaccessible. For example: “Yesterday I got into a
fight with my boss, so I came home and took it out on my son”. Rationalization is when
one explains away failures or losses. Justification is when you make excuses for ill
doings or inappropriate thoughts and behaviors.

Repression is the involuntary removal of something from consciousness. This is
common in the reentry community, as prison and life experiences may sometimes be too
painful to deal with and repression acts as a survival tactic. Denial is a way of distorting
the way you think, feel, or perceive a traumatic or difficult situation. This is a very
immature mechanism. Regression is when one reverts back to a less demanding form of
behavior, also a very immature tactic. This too is common of the reentry population as
challenges are too difficult or issues are too painful to confront. Rather than delving into
the underlying issue, members are more likely to revert back to more immature behaviors
in order to avoid growth and dealing with the issue at hand. The aforementioned defense mechanisms are the most common and are suggested to be the center of focus.

Reaction formation is a defense against a threatening impulse within one’s self by actively expressing the opposite impulse. This is a complicated mechanism which will require more examples and explanation. This is also known as being “two faced” or thinking to yourself that you hate someone, then telling that same person you love them. This mechanism creates inner tension. Sublimation is when one diverts unacceptable sexual or aggressive energy to other more acceptable channels. For example, the murder who has urges to chop people up, may become a butcher.

Introjection is when one takes in and internalizes the values and standards of others. Identification is one is identifying with successful or worthy causes or groups because one feels less than, in hopes of being perceived in a more positive light. This mechanism can actually enhance self-worth and protect one from a sense of being a failure. The problem with this mechanism is it instills a false sense of who a person is and where they derive their self-worth from. The last tactic which will be discussed is compensation. This is when one masks perceived weaknesses or develops certain positive traits to make up for limitations.

General Overview

- Check in and follow up
- Program review
- Quote of the day
- Confront negative thoughts
- Defense mechanisms
Session 10: “Trauma”

The purpose of this session is to reveal the nature of the prison experience as trauma. Explain trauma and the ramifications of suffering extended traumas or unresolved trauma. The session will look at an additional resource, the book, “Man’s Search For Meaning” by Victor E. Frankl. The focus will be in providing coping mechanisms and an outlet for dealing with trauma.

The session will begin with check and follow up, along with a general overview. The quote of the day will come from the literature being presented. Many quotes will be produced in today’s group, as the literature is full of exemplary examples to demonstrate trauma and coping. Each member will receive a copy of the book to use for the session. This will allow the members to follow along in the book for themselves during the readings and lesson.

*Quote of the day: “If there is meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable (stubborn) part of life, even as fate and death. Without suffering and death human life cannot be complete.”*  

-Victor Frankl

Upon contemplation of the daily quote, members are urged to think about the suffering they have endured. Trauma is recognized as the psychological type of damage to the psyche that occurs as a result of a severely distressing event. When that trauma leads to posttraumatic stress disorder, damage may involve physical changes inside the
brain and to brain chemistry, which changes the person's response to future stress. This can result in Post-Traumatic Stress Syndrome (PTSD). Prison life and the harsh realities experienced within the correctional institutions can be traumatic.

Unfinished business with past prison experiences is to be explored with reputes toward trauma. Any past traumas besides the prison experience? What led up to incarceration? Members help other members feel accepted and normalized through sharing universal experiences. The facilitator will read a summary and personal recapitulation of “Man’s Search For Meaning”. This report was written by one of the program’s “foremothers”, with the reentry population in mind, and important highlights emphasized. The following is that chronicle:

“This little book was packed with wise words of inspiration and hope. I was often brought nearly to tears or had an immense emotional charge flow through my body as I read. This man endured more than most people ever imagine possible, and he did it with dignity and grace. I believe in Frankl’s theories and the background of existential theories he used as well. This book begins with a biography of his horrific experience in the Nazi concentration camps, but shifts to a lesson in finding your own meaning to life. The depictions of the trials Frankl endured help to paint a picture for the reader on the importance of finding his own meaning in life; it actually kept him alive. We can only relate with our own trials and tribulations, and learn that through finding meaning, we can truly live.

From the very beginning of this book, I found myself to be very intrigued. Not only interested in what Frankl had to say about the conditions and his survival, but in the general discoveries of human nature. He talks about the three different stages of
imprisonment. When he discusses these stages, they can apply to anyone who has been imprisoned, literally or figuratively. We can be prisoners to our own neurosis, or fears. We can be prisoners to our partners or our careers. On the other hand, some people may even suffer literal imprisonment in the correctional facilities or by prisoners of war. I can personally relate to both literal and figurative interpretations.

I have been a prisoner to vanity in my teenage years and early twenties. As trivial as it may sound, it was something very painful for me. I felt trapped in my own skin, very self-conscious, and troubled on a daily bases by my looks. This obsession kept me from doing many things, experiencing, living, enjoying life and its pleasures. Yet due to personal growth, maturity, and a boost in my self-confidence, I no longer am bound by the chains of low self-esteem. I don’t worry about what others might think or say, I am not a prisoner in my own mind. Frankl discusses the process of imprisonment to follow the same stages I experienced with my dysmorphic issues, or anyone with any insecurity or self-doubt.

I can relate to the feeling of imprisonment with so many other issues in my own life as well. These include my fears of leaving the house (or even being seen by another) without my make-up on during those same identity crisis years. I was also a victim of domestic violence up until my fourth month of pregnancy with my first child. These things made me feel trapped and frustrated, imprisoned. Frankl states that “Suffering completely fills the human soul and conscious mind, no matter whether the suffering is great or little. Therefore the “size” of the human suffering is absolutely relative”. This is so true, as certain things may seem impossible to overcome for one, may be a trivial quandary for another. I felt like I had no way out and would never be “normal” or be able
to experience life without these obsessive preoccupations with my looks, or physical, emotional, and mental abuse.

The thing that always kept me going, however, was the HOPE that someday I would not feel this way or be in this hostile situation. I never lost hope, as Frankl never lost hope for his future while in the concentration camps, and thus was able to endure such struggles. I was always able to tell myself “This too shall pass”. I wasn’t searching for deeper meaning in my life yet at that point, but I knew that things would get better for me, somehow.

The literal interpretation falls into place in my present day life. My partner and father to my little newborn baby girl, is in prison himself. After reading about the suffering and nightmare Frankl went through, I feel so much more blessed to be in our situation. I thought it was bad only getting to write to each other during the first few months in the transitioning period, when I was actually giving birth…no phone calls allowed at that point. Frankl, and those like him, never even had that consideration. No letters, no communication, no way of knowing if your loved ones are dead or alive. The concentration camps make prison appear luxurious! I felt as if I was suffering great pain when I would go two weeks without hearing from my partner. Imagine never being given that privilege! I feel as if I would die inside not knowing about his safety and well-being. He would lose so much hope not knowing about his beautiful daughter, that her birth went smoothly, and she is in good health. Just that ‘not knowing’ could eat a person up inside.

Frankl managed to endure through conditions far beyond what American prisoners are being put through, and family members of those incarcerated, are afforded
many privileges that Frankl and his family never were. I am always grateful for my many blessings: home, children, lifestyle, etc., even when it appears less than appealing to others. The thing I had been struggling with was how bad I felt for my partner! He was dwelling in what I believe to be sub-standard living conditions, unsanitary, dangerous, mentally unhealthy, scarce food rations, cold, and on and on. After reading this book I now know how truly blessed my partner, and all inmates, actually are.

There was a brief paragraph in the book when Frankl wished he had the living conditions given to the convicts. He stated they had a mattress to sleep on, and to each person alone. That convicts were given much more than the morsel of bread and watery soup that he was expected to sustain life with. That they often lived sedentary lives, unlike the extreme toils and physical demands put on the workers of the concentration camps. He put things in perspective. Yes, my partner is suffering the loss of all the comforts of home, and I feel bad for him. On the other hand, he is extremely lucky to be in this country, in this day and age, and given the conditions he is in; considering he did commit a crime and those in the concentration camps did not.

Through all these life experiences, struggles, and suffering; Frankl reminds us that if we can find meaning in it, then it is all worth it. I can use this sad situation and look at it in a positive light, which is what I do, and how I survive. I can rest assured knowing that this is a learning opportunity and I will be a stronger person and my partner will be a stronger person, and we will both come out of this closer and better for it. I have turned “tragedy into triumph”, as Frankl states many times in this book.

This sad and lonely time has given me the space and solitude I didn’t even know I needed to work on myself and become the person I am capable of being. While the
person I want to be will never completely be achieved as it is an ever evolving process, I am that much closer to my goal. This time apart has allowed me to see my weaknesses, and deal with them rather than run and escape from them. It’s been a time to reflect on our mistakes made in the past in our relationship. It’s given us an occasion to realize how much we really love each other, and how much we surly took each other for granted, and how we will strive to never treat each other like that again. I have learned to appreciate life, family, my partner, my children, my mind, school, my house, car, God, everything-down to the flaws in my skin! Everything I have suffered has made me who I am today, and I am grateful for each and every moment.

Frankl talks about how those who are more sensitive may have suffered physically in the concentration camps, but internally they endured less pain, and possibly even deepened their spiritual lives. This applies to me as well. I appear a bit emotional to some, perceived even as weak by others, but I see it as sensitive. I am in touch with the emotions and needs of myself and others. When I tell others about the things I have been through, some feel I should be broken or depressed. I feel quite the contrary though. I feel more blessed and happy and have more joy so deep inside my soul, that I would never trade my pain for anything in the world! It’s through this pain that I have been able to develop my strengths. Frankl states that if we believe we are worthy of our suffering, then we have accomplished an inner achievement. I definitely feel worthy of my suffering, and know I have achieved so many inner victory’s.

One of the major philosophies that I walked away with after reading this book was the concept of not being able to control your surroundings, but only your attitude towards it. This is something I have known about Frankl and his theories, but this book
helped me to understand more deeply what he intended to mean by it. “…they offer sufficient proof that everything can be taken away from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.”

Throughout the last few years of my life, I have tried to live up to this philosophy. I keep in mind every day that I can perceive things however I chose to. If I chose to see my partner having to go to prison or my son’s father having been abusive, among many other seemingly negative things, as opportunities for me to grow, then they aren’t so painful. If I can give meaning to my suffering then… “In some way, suffering ceases to be suffering at the moment it finds a meaning…”

Through suffering there is change and through change there can be growth, life, happiness, and purpose. “Man is capable of changing the world for the better if possible, and of changing himself for the better if necessary.” That statement is so powerful to me and in my life that I had to quote Frankl on it. We often don’t find the need for change except through some crisis. Sometimes we need to be pushed to greatness, and sometimes that push undeniably comes to us in the form of suffering.”

Conclude the session with a discussion of the excerpt and what it means to them. Review powerful quotes throughout the story and treat them each as a new quote of the day. Instill an attitude of gratitude and appreciation for the traumas or negative experiences of group members as means to grow. Point out the strengths gained by the author through personal struggles. Discuss member trauma and personal coping skills. Presenting the concept of termination and providing support for progress made will close this session.
General Overview

- Check in and follow up
- Quote of the day
- Trauma
- Normalization through sharing
- Man’s Search For Meaning
- Concept of termination

Session 11: “Anxiety and the Real World”

This session will focus on the eminent fact that group will be ending soon and members will be out in society without the support of this group. Anxiety in life and how to restructure thoughts to minimize that response will be the focus. Interventions for coping with anxiety and minimizing the detrimental effects will be the focus, followed by a discussion.

The session will begin with a check in and follow up of all previous session, along with a general overview of the session. This is a special session for the program because it deals with anxiety. The program sees anxiety as the precursor for other negative or avoidant behaviors. The program believes that providing new and reliable interventions for coping with stress and anxiety, will ultimately lead to improved and long-lasting reintegration.
Quote of the day: “It is not the work that kills men, it is worry. Work is healthy; you can hardly put more on a man than he can bear. But worry is rust upon the blade. It is not movement that destroys the machinery, but friction.”

-Henry Ward Beecher

The intervention introduced today in session will be in creating an arousal hierarchy. This is done by ranking anxiety invoking activities from mild to severe and discussing them within the group setting. Gradual exposure will be suggested for the eventual extinction of those responses. Yalom and Leszcz suggest an arousal hierarchy as an intervention for reducing anxiety. This population is riddled with anxiety upon re-entering traditional day to day life according to Mellow et al. (2006). For that reason, this exercise will be utilized during the group.

During this group session, and with the assistance of the facilitator, members will create an individual hierarchy. The purpose of this intervention, as established by Yalom and Leszcz, is for each individual member to construct a tangible list of anxiety provoking ideas. The list is to eventually be confronted by the member who created it. Each member can contribute to the other by suggestion things that make them feel anxious, and by sharing personal coping mechanisms (2005).

Yalom and Leszcz outline the above interpolation technique for optimal results asserting that members will be asked to rank anxiety-inducing scenarios from ‘easiest to handle’ and up towards ‘most difficult to deal with’. The members will first make the list. Once that is accomplished, then each member will be asked to participate in a brief brainstorming session.
This brainstorming segment will help normalize the group and promote social interaction (2005). Hochstetler et al. (2010) states that social interaction and support can mediate negative background characteristics of the formerly incarcerated. In due course, Yalom and Leszcz write that each member will gradually be exposed to the situations and activities they find to induce anxiety. Eventually, with the support of the group, the members will become desensitized and extinguish the response of either avoidance or anxiety towards these situations (2005).

Discussion about termination and alternate support systems will follow the intervention. Provide members with a local contact list of low-income clinics and therapeutic services to continue their therapy is so desired. Use the end of the session and/or the after session conference time to re-visit community resources, social services, family ties, and any other possible support mechanisms to be explored. Discuss how those attachments are progressing as time allows.

General Overview
- Check in and follow up
- Quote of the day
- Arousal Hierarchy
- Discussion
- Introduction to termination

Session 12: “Termination”

This group will focus on completing the entire group process and doing a thorough check in with each member. The focus will be on self-worth and self-esteem along with
results and sentiments with regard to the group. The session will close with progressive muscle relaxation training as a “take home” tool for all members.

Begin the final session with a thorough check in and follow up of previous session and Phase I, II, and III. Be sure to address issues with paperwork, outside treatment or programs, payment, and court documentation. Then go into the final quote of the day, taking particular notice of responses and reaction from group members. Do they understand the quote as you do? Do they see it differently from each other? How can this quote bridge the gap between this last session and self-sufficiency?

“The more difficulties one has to encounter, within and without, the more significant and the higher in inspiration his life will be.”

-Horance Bushnell

The discussion will turn to learning how to reject negative thoughts. This will be done with discussion of self-defeating inner talk and what can we do different to reverse those negative thoughts. Overcoming shame and guilt, especially over past criminal activity or possible harm to others, will also be integrated into the final group discussion. Promoting individual and group self-worth will be the focus in reducing negative self-talk.

Leave group members with a progressive muscle relaxation technique that they can walk away from the program with and use in their everyday life. Mellow et al. (2006) writes about how recently released inmates may feel depressed and overwhelmed by the fast paced world outside the prison walls. Yalom and Leszcz promote relaxation training
as an effective measure for reducing anxiety and stress. Members might resist this type of intervention initially, so this should be implemented once trust is established and the members feel the climate within the group is safe. The purpose of this intervention is to reduce tension of all types, but primarily emotional tension (2005).

Progressive muscle relaxation will be taught by the group facilitator as means to remain calm at critical moments, but also to release the day to day tension built up by the prison and reintegration experiences. Franz walks us through an exercise which can induce relaxation in group members. Distractions are minimized and it is recommended that the lights be dimmed. Each member will be asked to find a comfortable position and take a few deep breaths. Members will be advised that closing their eyes will ameliorate the process, but that it is optional; as this puts the member in a vulnerable position. Once the matters stated above are cultivated for increased member comfort, the exercise is recommended to commence (2010).

Franz directs participating members to begin the exercise at the very top of the head by tightening every muscle possible, as tight as they can for a five second count. Then members will be told to release that tension and relax those previously tightened muscles in their head. This will continue down to the eyes, then nose, jaw, neck, and so on until the entire body has been covered. This is a simple technique that can be used as often as needed in group or by the individual member as needed (2010).

Open up the floor for discussion about the relaxation intervention as members either leave or stay for the final after session conference. Example: “I do a lot of deep breathing, and stretching helps too. I am constantly telling myself to relax or stay calm, keeping things in perspective. I play mind games with myself. I also make lists to keep
my thoughts organized, and keep my day in order so I don’t become overwhelmed. Good time management, hard work, and being grateful for my life everyday also helps keep anxiety at bay for me.” Ask what seems to work for you?

Wrap up the program by sharing individual highlights and what might need improvement. Saying goodbye, but keeping communications open between group members. Answer any questions or concerns, and ensure that every member has proper and sufficient information, referrals, and support to complete their journey through the reentry process efficaciously.

General Overview

- Thorough check in
- Final Quote of the day
- Self-worth
- Shame and Guilt
- Progressive Relaxation
- Termination

“Give yourself time to adjust. Don’t try to accomplish everything right away. Every single one of you can do this.”

-The Program