

2020

Ex-Offenders Perceptions of Community-Based Substance Abuse Treatment Programs

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Walden University

College of Social and Behavioral Sciences

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Yolanda Johnson

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Walden University

2020

Abstract

Ex-Offenders' Perceptions of Community-Based Substance Abuse Treatment Programs

by

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MA, University of Arkansas at Little Rock, 2006

BS, Philander Smith College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

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Abstract

Many ex-offenders develop negative attitudes and lifestyles-based on adverse childhood experiences that lead to substance abuse problems, as well as negative coping strategies for managing life stressors. To understand ex-offenders' negative perspectives and attitudes, one must understand the motivation for change. The purpose of this study was to explore perceptions and feelings of ex-offenders involved in community-based treatment programs pivotal in changing their attitudes and lifestyles. The theoretical framework consisted of labeling theory and social learning theory. A qualitative phenomenological approach was used to explore participants' perceptions of community-based treatment. There was a total of 10 participants, 5 men and 5 women, who were ex-offenders that answered questions about demographic information, how they became involved in substance abuse treatment, and their overall experience of community-based treatment via by telephone interviews. Data was organized into themes and subthemes of alcohol and drug addiction, feelings and thoughts, support, and treatment services, as well as an aftercare plan. Participants shared life stories on how community-based treatment helped them break through denial, changed negative attitudes, provided self-awareness tools by psychoeducation, and offered community resources to help with aftercare plans. Each participant had different motivations related to their path to recovery, as well as their positive social change implications that changed their lifestyles. Findings from the study may be used by program administrators to better serve the needs of ex-offenders, resulting in positive social change.

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Dedication

I dedicate this dissertation to the late Lee Vora Cole, my grandmother, my best friend. Her unconditional love and wisdom have kept me grounded over the years. I often think back over my life on how she was always there for me when I needed her the most and believed in me when I did not believe in myself. I often would say “it is hard,” and her response would be “it’s all in your head.” She was the true definition of a virtuous woman of God and a woman of grace. Philippians 4:13 states, “I can do all things through Christ who strengthens me.” This was one of her favorite scriptures from the Bible that she lived by every day. I cannot thank her enough for how she was a blessing in my life and for what she instilled in me from a little girl into now a young lady. As I spent days, nights, and countless hours writing my dissertation, I could often hear her voice saying, “Babe continue to push, which meant Pray Until Something Happens.” I am grateful to God for the 90 years he blessed her to be on this earth. There is not a day that goes by that I do not think of my Mudear. I know I have made you proud! I love you, and you will forever live in my heart!

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Chapter 1: Introduction to the Study

Ex-offenders-criminals released from prison back into the community after serving a sentence-face many challenges in treatment. Research suggests that ex-offenders who become a juvenile delinquent at a young age are more likely to develop an antisocial attitude and engage in criminal activities in adulthood (Kinscherff, 2016).

According to Kinscherff (2016), ex-offenders become criminals at an early age based on adverse childhood experiences of physical and sexual abuse, domestic violence in the home, a divorce, and the death of a parent or loved one. These individuals mostly have a lengthy criminal record and criminal history based on their continuous use and abuse of alcohol and drugs as a coping mechanism (Lepage et al., 2018). According to James and Harvey (2015), ex-offenders often misuse alcohol and drugs to self-medicate and temporarily relieve psychological pain.

Kinscherff (2016) suggested that ex-offenders should be evaluated and assessed for rehabilitation or treatment to determine what evidence-based treatment programs specifically target negative attitudes and lifestyles in substance abuse treatment. Majer, Beasley, and Jason (2017) examined variables for ex-offenders' negative attitudes and lifestyles based on unemployment, traumatic experiences, impulse, anger, and aggression. Majer et al. found that upon ex-offenders release from prison there are no access to onsite substance abuse treatment without a referral from a mental health professional. Based on this notion, Massa et al. (2019) found alcohol to be a contributing factor that leads to anger, aggression, and criminal behavior. A correlation between alcohol and aggression leads to disruptive behavior problems that cause individuals to commit felonies based on

unemployment (Lepage et al., 2018). A link between unemployment rates and crime increases high-risk factors of substance use disorders, self-stigmas (e.g., shame and embarrassment), and legal problems (Lepage et al., 2018). These challenges and stressors increase the likelihood that ex-offenders will reoffend and continue to commit multiple crimes and convictions.

In this study, I use a phenomenological approach to understand ex-offenders' perceptions and feelings of community-based treatment programs designed to change their attitudes and lifestyles. Perceptions of community-based treatment approaches (e.g., cognitive behavior therapy, motivational interviewing, 12-step programs, and so forth) were evaluated for male and female ex-offenders. Polcin et al. (2017) argue that transition of ex-offenders from criminal justice systems to the community-based treatments in the United States is an ongoing problem due to challenges of mental health issues, lack of employment, legal issues, lack of education, and housing. These problems exacerbate ex-convicts' alcohol and drug use and reduce their opportunities to connect or reconnect with community members and professional staff in community-based treatment.

However, van Sleeuwen, Ruiters, and Menting (2018), explained how ex-offenders will often commit multiple crimes in the same location, within the same day and week. Sleeuwen et al. examined targeted areas, such as bars, restaurants, supermarkets, retail stores, schools, and several leisure facilities, where ex-offenders commit the most crimes based on the attractiveness of the location. Sleeuwen et al. acknowledged how ex-offenders' repeated crimes stem from coming from a single-parent home, being exposed

to environmental factors, observing parents committing crimes, and being offered drugs and alcohol, the latter of which influence ex-offenders' decision-making skills.

Ex-offenders who experience high and low self-esteem based on early-childhood experiences of trauma and separation from a parent or legal guardian will have emotional distress and sadness (Fletcher et al., 2015). Individuals with such experiences are likely to abuse drugs and alcohol throughout their lifespan to cope with life issues (Fletcher et al., 2015). Johnson (2013) also explained that cultural influences increase alcohol and drug use by ex-offenders which fosters depression, anxiety, and substance use disorders.

Stone et al. (2014) concluded that social networks for ex-offenders in recovery can motivate ex-offenders in treatment to maintain stability, prevent relapse, and lower recidivism rates. Attending support groups, obtaining a sponsor for accountability, and building a strong support system can also be beneficial for ex-offenders (Stone et al., 2014). Yet, if ex-offenders lack the motivation to change their attitudes and lifestyles, community-based programs may prove to be ineffective. Furthermore, Ali, Lyons, and Ryan (2017) found that ex-criminals can be a threat to themselves and others based on character, identity, behavior, and emotions. Individuals with criminal records, criminal personalities, and criminal mindsets are likely to justify and deny responsibility for their actions (Ali et al. 2017). Walsh-Buhi (2016) suggested the readiness change model as a motivation tool to assist ex-offenders with understanding the process of change as having the following phases: precontemplation, contemplation, preparation, action, and maintenance.

This study implications for positive social change will involve ex-offenders shared experiences of how community-based treatment saved individuals lifestyles and mended broken relationships with self, family, and friends.

Background of the Study

Ex-offenders abuse alcohol and drugs to self-medicate experiences, feelings, and thoughts as a negative coping mechanism. Their use of substances to cope with stress reflects a broader pattern throughout U.S. society. According to Church et al (2018), 100 million U.S. families are affected by an alcohol and drug-disease based on life stressors. Martin et al. (2019) affirmed that substance use in families is increased by family stressors of economic hardship; parental conflicts that cause emotional distress; intimate partner violence; and poor parenting styles that increase the use, misuse, and abuse of alcohol and drugs. Uncertainty factors that lead to alcohol use disorders for ex-criminals include lack of permanent housing; financial problems; and persistent worry that creates stress, behavior problems, and physical and psychological problems (Church et al., 2018).

Childhood exposure to alcohol use within the family may foster addictive behavior in adulthood. Epstein et al. (2013) that found children between the ages of (10-18) were affected by alcohol and tobacco dependence based on environmental conditions of single-parent homes, parental abuse, and exposure to risky sexual behavior. Joyner et al. (2018) found a negative association between family members influencing their offspring to taste beer at an early age . Ystrom, Kendler, and Reichborn (2014) noted that genetic factors and environmental conditions shared by family members are initially an onset stage of how behavior, traits, and disorders are developed by alcohol use. Sullivan

et al. (2016) found that genetic factors of a baby brain can be affected by a mothers' alcohol use or abuse from drugs that affects behavior patterns from the family member alcohol or drug disorder.

Martinez (2015) found that alcoholics and drug addicts may struggle with their addiction because they do not have the motivation to change. Researchers and or clinicians can use the readiness change model to examine users' stages of change including precontemplation, preparation, and contemplation. Each of these stages addresses substance users' desire to change but lack of motivation or personal recognition to quit using or abusing alcohol, marijuana, cocaine, prescription drugs, heroin, amphetamine, and hallucinogens as a means of coping with everyday problems (Meyer, Miller, & Sigmon, 2015).

Gap in Knowledge

A gap in knowledge on barriers to treatment participation exists for ex-offenders who have been incarcerated for long periods and developed substance abuse disorders upon release from prisons (Lepage, Crawford, & Philippe, 2018). According to Cook et al. (2015), ex-offenders can benefit from treatment programs during the first 6 months of release from prison settings. Reentry programs offer employment opportunities, substance abuse treatment, housing, life skills, and health benefits to ex-offenders who are willing to commit to change, abstain from alcohol and drugs, and avoid crime (Cook et al., (2015). These resources may be helpful in promoting a more successful societal reintegration. Research shows that ex-offenders often do not have life skills, social,

employment, or social networking skills to change negative behavior patterns or substance abuse issues (Doherty et al., 2014).

Rolston (2018) explained how the criminal justice system impacts ex-offenders based on the social -cultural environment. Research has shown that the criminal justice system has changed from the 1980s when convicted individuals would serve their sentences and be released from prison without facing a penal policy from public members in society (Rolston, 2018). However, Rolston (2018) explained how an ex-offender cannot adapt to normal life from prison because of feelings of shame, isolation, and fear of being scrutinized. African American male ex-offenders in the criminal justice system are resistant to change based on how the “carceral system” (p.97) labels Black men as a social threat in the contemporary United States (Rolston, 2018). Based on this stigma, ex-offenders may feel they cannot change their lifestyles of alcohol and drug use that impact negative behavior patterns and or attitudes (Majer et al., 2017).

Stone et al. (2014) examined negative coping strategies (e.g., no moral support from family, unhealthy relationships, a criminal history, and high turnover rates in recovery) as specific predictors of why ex-offenders relapse and have no success in evidence-based treatment. Falletta et al. (2018) also examined how ex-offenders have difficulty engaging in substance abuse treatment based on their perceptions, shame, fear, trauma, and cognitive distortions of unfair treatment. Majer et al. (2017) recognized the need for a personal structure for ex-offenders attending substance abuse treatment to help change their perceptions and thoughts of sobriety, recovery, impulse control, and motivational interviewing, for instance, from negative to positive associations. By

understanding ex-offenders' lifestyles, resistance to change, and negative attitudes, researchers and clinicians may be able to develop treatment options that more successfully motivate change among participants (Cook et al., 2015).

Problem Statement

Illegal substances have been an ongoing problem throughout the United States for some time (Weinstein et al., 2014). According to Majer et al. (2017), ex-offenders have a greater risk of abusing drugs and alcohol due to negative childhood experiences of physical and sexual abuse from family and friends. Physical and sexual abuse trauma can cause ex-offenders to have mental health problems and psychopathological symptoms of depression, suicide attempts, posttraumatic stress disorders, and substance use disorders (Majer et al., 2017).

In addition, stressors at or after their release from incarceration can promote substance use among formerly incarcerated individuals. Stone et. al (2018) identified barriers (e.g., unemployment, housing, lack of job skills, instability, and transportation issues) that ex-offenders face upon release from prison. The process of returning to the community without health and social care services can lead to poverty, violence, malnutrition, and patterns of drug and alcohol use (Eshareturi et al., 2014). Based on these high-risk activities, Stover and Coates (2016) acknowledged the need for substance users to attend evidence-based treatment programs to address substance use disorders and individuals' treatment goals of how to remain abstinent from alcohol and drugs that target motivation changes.

Moore et al (2015) explained how individuals can benefit from evidence-based treatments in substance abuse programs by understanding the exploration, preparation, implementation, and sustainment implementation framework that describes each initial stage of treatment. This framework includes various treatment modalities: 12-step work; cognitive-behavioral therapy; community reinforcement and family training; contingency management; the matrix model; motivational interviewing; relapse prevention therapy; the Smoking Knowledge, and Attitudes and Services Scale (Martinez et al., 2015). These treatment approaches are designed for individuals motivated and ready to change their lifestyles and attitudes toward substance abuse problems (Novins et al., 2016). Stover and Coates (2016) linked individuals' attitudes toward treatment by measuring clients' knowledge of their initial drug use by smoking or injecting drugs by asking questions from the Attitude Scale. The Attitude Scale is composed of questions acknowledging clients' motivation to change by seeking treatment from clinicians to help them quit (Stover & Coates, 2016).

In this study, I used a phenomenological approach to gain understanding of ex-offenders' perceptions and feelings of community-based treatment programs pivotal in changing attitudes and lifestyles. With regard to substance abuse programs, Walsh Bui (2016) noted that "one size does not fit all" (p. 83). Employment, housing, mental health, or child welfare issues may contribute to dropping out of treatment (Iachini et al, 2015). Stone et al. (2014) explained how ex-offenders with no social network or stability during the recovery process may reoffend and relapse. Understanding ex-offenders' perceptions

and feelings related to community-based treatment programs may yield insight on how to address such barriers.

Purpose of the Study

The purpose of this study was to examine offenders' perceptions and feelings toward community-based treatment programs pivotal in changing their attitudes and lifestyles. I asked ex-offenders to describe their life experiences involving drug and alcohol abuse and how these substances impacted their lives. Ex-offenders were also interviewed regarding community-based treatment approaches that affected their lives in positive ways. This study is expected to offer insights into the effectiveness of community-based treatment programs.

Research Questions

I developed the following research questions (RQs) to explore the perceptions and feelings of ex-offenders involved in community-based treatment programs pivotal in changing their attitudes and lifestyles:

RQ1: What are the lived experiences of ex-offenders in community-based treatment?

RQ2: How do ex-offenders' perceptions about community-based treatment programs affect their future behavior?

RQ3: Which factors do ex-offenders perceive as most impactful in positively changing their lifestyles?

Theoretical Framework

Concepts developed from a theory to examine stigmas, labels, and individuals' behavioral patterns stem from a conceptual framework in qualitative research (Ben-David et al., 2018). The purpose of using a theoretical framework in a qualitative study was to examine theories that closely relate to peoples' experiences and perspectives (Ben-David et al., 2018). The two theories used in this phenomenology qualitative study are labeling theory and social learning theory. Becker's (1963) labeling theory explain information on how individuals are stigmatized by people in positions of power that label individuals with criminal deviant behavior. Labeling theory is the best theory to describe how ex-offenders are stigmatized by community members and labeled as criminals with negative attitudes that are not willing to change individual lifestyles (Berryessa & Wohlstetter, 2018). It was noted that a criminal label could affect a person's self-identity if constantly reminded of criminal behavior and opposition to seek a self-fulfilling prophecy (Berryessa & Wohlstetter, 2018).

According to D'Alessio (2015), labeling theory focuses on negative aspects from society members that label individuals based on criminal activity and criminal behavior. Researchers show how labeling ex-offenders with stigmas of crazy, mentally ill, or mentally disturbed causes negative behavior patterns in childhood experiences from the trauma (Floris & McPherson, 2015).

The second theory used in my study is Bandura's (1969) social learning theory. This theory describes how individuals' behavior is influenced by observation, modeling, and imitating behaviors presented on television and environments (Tedeschi & Felson,

1994). Bandura (1979) argues that social learning theories interlock with individuals' cognitive thoughts, behavior patterns, and environmental influences that determine a course of action. Research indicates that social behavior is acquired by adult role models presenting or engaging in positive or negative behaviors that shape or mold people (Baer & Bandura, 1963). This theory is the best approach based on the developmental process of how individuals are reared or influenced by family members or peers in environments or social engagements (i.e., homes, schools, parties) that influence individuals' thoughts and behavior. Both theories are useful in explaining the barriers ex-offenders face after incarceration that affects negative attitudes and lifestyles.

Nature of the Study

This study was designed using qualitative methodology with a phenomenological approach. I will employ phenomenological research to explore the perceptions and feelings of ex-offenders involved in community-based treatment programs pivotal in changing their attitudes and lifestyles. This approach is the best research method for this investigation because it offers the complexity of ex-offenders to address social experiences at the micro and macro level (Creamer, 2018). I selected this qualitative approach because it supports in-depth and detailed information from male and female participants that volunteered to participate in this research investigation. These participants will be interviewed and asked background information on their demographics, childhood experiences, household dysfunction, the first age of alcohol and drug use, child maltreatment, witnessing of domestic violence, neglect, peers, and their attitudes toward parents, treatment, and individual resistance to change. Identifying

participants' attitudes and lifestyle experiences toward different treatment conditions will help readers understand different perspectives from ex-offenders' lifestyles, conditions, and not wanting to change.

Definitions

The following definitions are provided for clarity:

Drug addiction: “A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences” (The National Institute on Drug Abuse, 2012, p. 1).

Drug abusers: Individuals labeled by society as dangerous and immoral who engage in behaviors detrimental to themselves and others (Lutman et al., 2015).

Evidence-based practices: Clinical treatment by mental health professionals to provide the best evident clinical expertise to offenders (Rojas & Peter, 2016).

Ex-offender: Individuals released from prison back into society with a criminal history (Atkin & Cramer, 2012).

Residential treatment facility (RTF): Community treatment where clients are mandated by the court to seek help for their alcohol and drug addiction (Lutman et al., 2015).

Stigma: A stigmatized label used to describe ex-offenders who are unable to conform to societal standards (Atkin & Cramer, 2012)

Substance abuse: A persistent pattern of use of substances that leads to recurrent problems in social, vocational, interpersonal, or legal areas of life (American Psychiatric Association, 2013).

Substance dependence: A persistent pattern of use that is characterized as a loss of control over substance use and includes elements of psychological or physical craving of a substance, an inability to stop or reduce substance use even when continuing use results in significant harm to the user, and physical changes to brain circuitry most commonly referred to as *addiction*' (American Psychiatric Association, 2013).

Assumptions

Several assumptions are used in this investigation. First, ex-offenders will be open, honest, and truthful when answering interview questions to provide the validity of their life experiences. Also, it is assumed ex-offenders will change individual attitudes and perceptions about community-based programs by being more receptive to the different treatment approaches.

According to Miller and Agnich (2016) ex-offenders are stigmatized and labeled in a society based on not being able to adjust to re-entry programs. For many, ex-offenders with a criminal history, negative advantages of unemployment, education, and lack of skill will have alcohol and drug problems, as well as defiance.

Scope and Delimitations

Research shows that ex-offenders have criminal behavior, negative attitudes, social problems, family problems, are unemployed, face emotional problems, and are more likely to get involved in gambling activities to provide financial support for themselves and families (Lai, 2014). I will examine ex-offenders' attitudes and lifestyles in substance abuse treatment that motivate new lifestyle changes. A phenomenological qualitative approach to examine female and male ex-offenders' experiences is to conduct

interviews in substance abuse programs. The focus of this study is to understand ex-offenders' experiences toward community-based treatment programs that target individual goals on treatment plans that include various treatment modalities: 12-step work; cognitive-behavioral therapy; community reinforcement and family training; contingency management; the matrix model; motivational interviewing; relapse prevention therapy; and the Smoking Knowledge, Attitudes, and Services Scale (Martinez et al., 2015).

Qualitative researchers have shown in previous studies how ex-offenders attend various treatment programs, are interviewed, and report personal experiences from family drinking, age of first drink, incarceration, and their criminal history as factors affecting individuals' stability in recovery (Stone et al. 2016). Based on these experiences ex-offenders feel that they cannot complete a community-based treatment program because they have no social support from family members or friends.

Limitations

Several limitations could influence or weakened my study. Time and scheduling ex-offenders in community-based treatment is a problem based on group meetings. Other possible limitations to this study are ex-offenders not following directions or understanding the purpose of the study. The last limitation is ex-offenders not being truthful during the interview process to provide accurate information for the study.

Significance

The significance of my study is to understand the phenomenological approach of ex-offenders' perceptions and feelings of community-based treatment programs pivotal in

changing attitudes and lifestyles. This study is significant in exploring what treatment approaches motivate participants to change during treatment. 10 ex-offenders' that include 5 males and 5 females are given multiple treatment options to explore and express their feelings on how the 12 Step Programs, Alcohol Anonymous, Narcotic Anonymous, behavioral therapies, and medications have impacted their lifestyle or attitude. For example, according to Stringer and Baker (2018), female and male users and abusers will experience different barriers of not wanting to change based on the treatment approach on what may work for one person will not work for the next person. There is a need to understand different people's attitudes and lifestyles toward treatment programs to improve their quality of life, as well as learn different opinions and perspectives of treatment. This researcher intends to explore ex-offenders seeking treatment in community-based programs to evaluate individuals' experiences toward treatment approaches that changed attitudes and lifestyles. For this reason, this study will demonstrate the readiness change model that contributes to ex-offenders' pre-contemplation, preparation, and contemplation stages. The findings may suggest improvements based on ex-offenders' thoughts and actions.

Summary

The perceptions and feelings of ex-offender's phenomenology of community-based treatment programs are explored to understand their attitudes or lifestyles. To conduct this investigation, a phenomenological qualitative study of face to face interviews will be used to examine ex-offenders' negative attitudes and resistance to lifestyle changes toward the Better Community Development, Inc where alcohol and drug

treatment are offered. An explanation of labeling theory is provided for readers for readers to understand the underlying problem of why ex-offender's behavior patterns and negative attitudes are displayed in evidence-based treatment centers. In the next chapter, I focus on presenting literature reviews on topics of etiology influences, stigmas, addiction model of disease and treatment for ex-offenders in community-based treatment programs that target ex-offenders' attitudes and lifestyles. I include studies with evidence-based treatment modalities that targets ex-offender's treatment goals that motivate changed patterns of alcohol and drug.

Chapter 2: Literature Review

Ex-offenders suffer from a lack of education, work experience, and cognitive skills. Jason, Olson, and Harvey (2015) evaluated the statistics of 1.6 million ex-offenders that was incarcerated in state and federal prisons based on lifestyle choices of criminal activity of selling and abusing drugs and alcohol to cope with life problems. Studies have shown that approximately half of the ex-offenders released from prison are diagnosed with a substance abuse problem that leads to negative attitudes and lifestyles of criminal activities, illicit drug use, high recidivism rates, and admission to mental health and substance abuse treatment facilities (Frazier et al., 2015). Understanding what motivates changes in an ex-criminal's thoughts and actions is important in this context.

In this qualitative study, I used the phenomenological approach to explore ex-offenders' perceptions and feelings of community-based treatment programs pivotal in changing attitudes and lifestyles. Damaggio and Gorman (2014) explained the reasons for individuals' use of alcohol and drugs, noting that the development and progression of alcohol abuse disorders, as well as drug use, is influenced by genetic factors and environmental conditions. Alcohol and drug abuse is also affected by individual family history, interpersonal dimensions, social networks, stress exposure, criminal history, and alcohol availability by peers and family (Damaggio & Gorman et al., 2014).

Individuals that are exposed to alcohol and drug activities at early ages are more likely to engage in criminal activities. In cases such as these, ex-offenders are scrutinized and stigmatized based on their alcohol dependence, prior criminal histories, criminogenic cognitions, mental illness, low self-esteem, and antisocial characteristics (Neupert,

2017). These contribute to negative attitudes, lifestyles, and self-stigmatizing factors that ex-offenders internalize (Neupert, 2017). Ex-offenders have fear on how they are going to get a job or receive housing assistance when public opinion regarding ex-offenders returning to the community raise questions. Public members' negative attitudes can lead ex-offenders to experience substance abuse problems because they feel they have no social network or support from community members (Ouellette et al., 2017).

However, a research study by Majer et al., (2017) found female ex-offenders with substance abuse disorders are more likely to prostitute for money to continue their drug use, whereas male ex-offenders are more prone to get high with peers and sell drugs to continue to support their habit of drugs and alcohol (Majer et al., 2017). Nyamathi et al. (2014) conducted a cross-sectional study of male ex-offenders discharged from prison or jail into a residential substance abuse program because of their loss of social support, unemployment, poor coping skills, transportation barriers, housing instability, and long-term health problems stemming from their long-term use of methamphetamine and heroin. The authors found that long-term drug use, high-risk behaviors, reincarceration, childhood trauma, and other life stressors are negative indicators that continue the cycle of criminal behavior and negative attitudes of ex-offenders (Nyamathi et al., 2014).

O'Toole and Shafer (2014) examined the effects of attributions for a crime on attitudes toward prison reform based on the correlation of individuals' emotions, attitudes, and behavioral intentions. O'Toole et al. noted that individuals' perceptions are formed by observation of peer interactions, family, or friends plotting a crime or committing a crime based on their individual alcohol or drug addiction. The term *locus* is

used to describe an internal event, which embodies the character of the person, or an external event related to an individual's socioeconomic status (O'Toole et al., 2014). A stability component for an individual addresses whether an individual is stable or unstable (e.g., sober or drunk) over a length of time. Controllability pertains to individuals' actions or motives that are subjected to change based on the uncontrollability of unstable emotional impulses (O'Toole et al., 2014).

Mahaffey et al. (2018) examined unstable emotional impulses in African American ex-offenders based on socio-behavioral factors. These factors include having no social support from family members, no health care services, alcohol use and dependency on drugs, and lack of financial resources (Mahaffey et al., 2018). Based on these socio-behavioral factors, a criminal record diminishes ex-offenders' opportunities for employment, housing, and the right to vote and reinforces public perceptions and stigmas that lead to stressful life events resulting in continued abuse of drugs and alcohol.

A history of traumatic life experiences from a sexual assault is another socio-behavioral factor associated with unstable emotional impulses in ex-offenders. In a research study conducted in Arizona among male and female ex-offenders, 49.8% of participants had suffered physical abuse by a family member, 17.8% of males had been sexually abused by a family member, and 8.7% were sexually assaulted by a stranger (Carson & Shafer, 2010). Of the 1,441 female participants, 73% had suffered physical violence by a family member, 51.2% had been sexually abused by a family member, and 32.7% had been sexually abused by a stranger (Carlson & Shafer, 2010). Ex-offenders who experience this trauma are likely to engage in criminal activities and abuse drug and

alcohol that lead to addiction. The National Institute on Drug Abuse (2012) defines drug addiction as “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences” (p. 1). Promoting participation in drug treatment programs can be challenging. According to Lutman et al. (2015), ex-offenders fear community-based treatment based on societal views and perspectives that all offenders are demonized, deviant, and not willing to change.

The purpose of this study was to examine the perceptions and feelings of ex-offenders involved in community-based treatment programs pivotal in changing their attitudes and lifestyles. To conduct this investigation, I used a phenomenological qualitative study design to explore ex-offenders’ attitudes and perceptions of lifestyle changes toward treatment. Various treatment modalities such as 12-step programs, Alcohol Anonymous, Narcotic Anonymous, and behavioral therapies were explored to identify those that motivated ex-offenders to take personal responsibility for their crimes and participate in their recovery. In this chapter, I will describe the literature search strategy and provide an overview of the theoretical framework, which relates to how ex-offenders are stigmatized and labeled as criminal offenders. I then review key literature.

Literature Search Strategy

I searched for articles relevant to ex-offenders, social learning theory, labeling theory, addiction, treatment programs, and modalities to develop the conceptual framework and literature review for this study. I used EBSCOhost databases such as Academic Search Complete as well as ProQuest Dissertations & Theses Global, PsycINFO, PsycARTICLES, SocINDEX, Criminal Justice Periodicals, and Google

Scholar to research applicable literature on the topic of this study from Walden databases. Search terms included *ex-offender*, *attitude*, *treatment programs*, *lifestyles*, *rehabilitation*, and *community*.

Theoretical Framework

The theoretical framework used to support the core of this research study consisted of social learning theory and labeling theory. Each theory contributes to understanding how personal, social, and economic factors influence ex-offenders' negative attitudes and lifestyles. Jason, Olson, and Harvey (2015) asserted that ex-offenders can abstain from drugs and alcohol in therapeutic communities by attending structured groups that focus on behavioral, cognitive, and relapse prevention plans that increase individuals' self-efficacy. When community resources are available for ex-offenders, negative attitudes and lifestyles can change. Ex-offenders need to attend aftercare programs to treat substance abuse, increase self-awareness, and gain a supportive abstinent social support system. Jason et al. noted that ex-offenders participating in therapeutic community programs are less likely to use drugs because they experience personal or professional growth that allows them to gain employment, housing, and stability.

Labeling Theory

Labeling theory predicts individuals engaging in criminal behavior (Besemer, Farrington, & Bijleveld, 2017). Winnick and Bodkin (2008) addressed labeling theory as a primary factor used to describe ex-offenders' stigmas, stereotypes, and deviant criminal behavior that influence public members' perceptions. Besemer et al. (2017) stated, that

ex-offenders will have higher risk factors of criminal behavior based on intergenerational transmission and labels attached to the criminal behavior. All ex-offenders are labeled for all crimes committed based on the nature of the crime. Besemer et al. (2017) provided two perspectives on how labeling theory works. The first suggestion is labels will increase individuals' behavior, attitudes, and beliefs. The results of the labels will cause individuals to continue with criminal lifestyles. The second suggestion is how individuals are pushed into criminal lifestyles based on challenges of not finding a stable job, stereotypes by ex-offenders, negative behavior patterns exhibited on the job, and less extensive work history (Besemer et al. 2017).

Besemer et al. (2017) associated labeling theory to defiance theory. When an ex-offender is sentenced for a crime, they may develop emotional problems that increase their offending. According to Besemer et al. (2017) Sherman theory is based on defiance and occurs on four conditions: "(1) the offender perceives a punishment as unfair, (2) the offender feels alienated or is poorly bonded to the person or sanctioning agency, (3) the offender perceives the sanction as stigmatizing and targeted at his person instead of at his law-breaking act, and (4) the offender does not acknowledge the shame that the punishment caused him to suffer" (p. 3). Besemer et al. (2018) discussed the impact of a conviction sentence on both the parent and individual to show how individuals are influenced by their family reproduction system. The effects of labeling individuals in the criminal justice system create deviant behavior patterns that lead to drinking patterns, traffic offenses, theft, and burglar crimes (Besemer et al., 2018). In concluding labeling theory, individuals will continue to struggle with behavior problems and psychological

disorders that impact negative attitudes and lifestyles-based on societal views and perspectives.

Labeling Theory Interaction With Current Study

Labeling theory impacted my study because it explained how ex-offenders react to negative perceptions of the criminal justice system. Besemer et al. (2018) found that individuals with criminal convictions will continue to have criminal deviant behavior based on social interactions, social deviant groups, as well as parental influences. However, Berk (2015) stated that an ex-offender will have a label and stigma regardless of time served in the prison system and upon reentering society. The label and stigma hinder ex-offenders from gaining employment or securing housing. All offenders are labeled no matter the nature of the crime. Berk (2017) implied that the labeling of ex-offenders, despite their crime, has detrimental effects on their lives and their interactions in the community.

Social Learning Theory

According to Bandura's (1969) social learning, theory is the best theory to explain how people are influenced and shaped by others. Fox (2017) explains social learning theory as derived by "nature versus nurture" that individuals' behavior is learned from parents, peers, and social factors that influence positive or negative behaviors. Bandura (1969) concluded that individuals learn by observation, modeling, and imitation. Research shows individuals are mediated by "differential association, imitation, and differential reinforcement" (Demartino et al., 2015, p. 480). These three points are

demonstrating how individuals learn from social groups that serve as an indirect or direct model to deviant behavior.

According to Rupp et al. (2017) individuals with substance abuse disorders stem from cognitive and emotional social interactions that were formed by interpersonal relationships. Bandura (1979) argues that social learning theories interlock with individuals' cognitive thoughts, behavior patterns, and environmental influences that determine a course of action. DeMartino et al. (2015) explained that individuals have “free will” to make rational or irrational choices. Research indicates people with substance abuse disorders are more likely to have observed drinking habits in the home by a parent that contributed to one primary risk factor (Rojas & Peter, 2016). Baer and Bandura (1963) labeled this process as facilitating learning. Both facilitating learning and imitation learning encompass the same phenomenon based on individuals' behavior and attitudes toward role modeling. Gregg, Haddock, Emsley, and Barrowclough (2014) explained the relationship of substance use and the impact of drug and alcohol consumption based on individuals' needs to engage in substance use based on feelings of stress, depression, anxiety, and dysfunction in the home.

Social learning theory can have a negative or positive impact on ex-offenders based on positive or negative reinforcements. Easton and Crane (2016) noted offenders with substance use problems can change negative behavior and manage substance abuse problems by attending groups with individuals that want to improve their lifestyles. Easton and Crane (2016) discuss Psycho-Education Models, Cognitive Behavior Therapy, 12 Step Programs, Behavioral Couples Therapy, and Integration Care Models

that ex-offenders can attend to motivate healthy lifestyles by imitating and learning new behaviors by peer role models. Besides social learning theory can have a positive impact on ex-offenders while attending evidence-based treatment focused on life skill courses offered to teach active listening, manage anger, budgeting skills, coping and trigger skills, and mindfulness training exercises (Easton & Crane, 2016).

Social Learning Theory Interaction With Current Study

Social Learning Theory will impact ex-offenders' attitudes and lifestyles-based on Bandura's (1979) description of how individuals learn by observation, modeling, and imitating other's behavior. For example, Easton and Crane (2016) discovered that ex-offenders learn from parents and peers in a social environment. Based on this assessment, ex-offenders can learn healthy coping skills and utilize all resources provided in evidence-based treatment. The theories presented provided a foundation for ex-offender's lifestyles and attitudes developed over a life cycle.

Literature Review

Stigmas Regarding Ex-offenders

Stigmas on ex-offenders are relevant to my study because it serves as a foundation of why ex-offenders' negative attitudes and lifestyles are restricted in the community. Hoskins (2014) found ex-offenders facing numerous barriers (e.g. housing, unemployment, voting, public assistance) as a punishment from society because of wrongdoings. Based on this misconception, Rade et al. (2018) explain how ex-offenders cannot progress or grow within the community, based on public members' negative attitudes, stigmas, and discriminatory behaviors that influence ex-offenders' mindsets.

According to Rade et al. (2018) ex-offenders are judged based on individuals' personal beliefs, "fixed mindsets", and "growth mindsets" that contribute to human behavior. Individuals with fixed mindsets judge individuals based on personality traits and personal opinions. People with growth mindsets believe individuals are affected by psychological, situational, and contextual factors that cause stressful situations such as mental and substance abuse disorders.

Scheyett and Pettus- Davis (2013) found former prisoners facing stressful and burdensome situations based on not having any family support, criminal record, or prosocial roles in the community after release from prison. It is estimated that approximately 700,000 former prisoners are released from prison in the United States each year without community-based support from the criminal justice system (Scheyett & Pettus-Davis, 2013).

Researchers assume ex-offenders are more likely to commit more crimes, have higher recidivism rates, and return to metropolitan areas where crime and poverty are high and low to reestablish relationships with substance users (Lockwood et al. 2017). Ex-offenders with a drug and criminal history are likely to abuse heroin or use an opioid to self-medicate their feelings and thoughts (Butken et al., 2017). Nyamathi (2014) argues a close connection between substance abuse users that affiliate with gang members and abuse of opiates and amphetamines that lead to hostile attitudes and negative behaviors of ex-offenders.

Mahmood et al. (2013) report female ex-offenders struggle with post-incarceration based on their lack of parenting skills, lack of transportation, housing, and

unemployment that compromise relationships with family members and community members that judge these offenders as not being a nurturing parent. Based on these barriers, female ex-offenders face multiple substance abuse disorders ranging from Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder, and Generalized Anxiety Disorders based on higher poverty rates and acute and chronic health problems that include obesity, asthma, hepatitis A, B and C, HIV/AIDS, human papillomavirus and cervical cancer (Mahmood et al. 2013, p. 322).

Homeless male ex-offenders form relationships with gang members based on having no social support from family, housing instability, and poor coping skills (Nyamathi et al., 2014). These life stressors and single-parent homes lead to drug use patterns amongst the homeless population. Nyamathi et al. (2014) reported the Caucasian race abusing alcohol, heroin, and amphetamines at 58.8%, Blacks at 43.2%, and Hispanics at 44.2%.

Additional factors examined to show differences between female ex-offenders and male ex-offenders' instability are sexual victimization during childhood that causes trauma. Lindberg and Zeid (2017) report individuals who experience emotional, physical, and sexual abuse in a dysfunctional home will engage in alcohol and drug use from peer influences. A correlation amongst homeless men on parole and probation is linked to substance-related problems based on ex-offenders' alcohol use, pattern of drug choice, last conviction date, age, ethnicity, marital status, type of crime, cognitive disability, low self-esteem, and being removed from the home because of the trauma (Nyamathi et al., 2014).

Lepage et al. (2018) reported ex-offenders with prior criminal histories before age 18 without employment, stability, and lack of education will be labeled and stigmatized which is a disadvantage. However, Werner and Abergel (2018) argue stigmas are connected to an increase of negative behaviors based on societal perspectives of excluding ex-offenders from community activities, denying future opportunities, equal rights, and having no social interactions with others. Based on this assessment, researchers have “conceptualized stigma as a process that has three dimensions: stereotype, prejudice, and discrimination” (Werner & Abergel, 2018, p. 385). The first dimension is “stereotype”. Stereotypes are cognitive distortions structured by people to express a negative or positive opinion about others. “Prejudice” is the second dimension, where individuals endorse negative attitudes and negative reactions about ex-offenders that lead to negative reactions. “Discrimination” is the last dimension that describes negative behavior patterns of ex-offenders (e.g. aggression, hostility, social distance) that cause community members to question their thoughts, actions, and emotions. Based on all three associations that stigmatize ex-offenders’ attitudes and lifestyles, Werner and Abergel (2018) discovered stigmas can affect individuals that internalize the negative impact of “stigmatic attitudes and behaviors” labeled upon them (p. 392).

Model of Addiction

Neuroscience researchers argue that a “chronic addictive drug is a chronic relapsing brain disease” (Meurk et al., 2014). The brain disease model explains the brain changing with an increase in alcohol and drug activities from an addicted person. In the United States, there are over 1.5 million ex-offenders both male and female incarcerated

for illegal substances (Nyamathi et al. 2014). Nyamathi suggests the use of drugs before incarceration causes substance abuse dependence.

According to the American Psychiatric Association (2013), alcohol addiction is a compulsive increase of alcohol that individuals consume over time. An important aspect of a substance consumption disorder “ is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders.” The behavioral effect of these brain changes may be exhibited in repeated relapses and intense drug cravings when individuals are exposed to drug -related stimuli. These persistent drug effects may benefit from long term approaches to treatment” (pp. 483).

Volkow and Morales (2015) found addiction in neuroscience to be a “brain disease with strong genetic, neurodevelopmental, and sociocultural components” (pp. 712). Individuals with a brain disease crave for drugs and alcohol-based on circuits in the brain that activate the neurotransmitter dopamine. Dopamine pathways are transmitted in the accumbens, nucleus, and tegmental ventral area located in the brain (Becona, 2018). Ex-offenders with a drug history of abusing methamphetamines and heroin will continue the use of drugs based on their drug addiction.

Beccoona (2018) explained the biopsychosocial model of addiction to how “genetic/ biological, psychological, and sociocultural factors contribute to substance consumption and should be taken into account for its prevention and treatment” (Beccoona, 2018, p. 271). It is noted that addiction is not a brain disease, but a behavior learned from humans as a self-medicating formula to cope with life issues. Beccoona (2018) argues that individuals become addicted to different drugs (e.g. opiates, heroin,

alcohol) due to genetic, environmental, and developmental factors. Highland et al. (2013) identified genetic vulnerability, alexithymia, and childhood/adolescent abuse (CAA) as biopsychosocial pathways leading to alcohol-related problems. Genetic vulnerability is described as stressful situations that increase individuals' mindsets to consume more alcohol-based on dopamine released into the brain. Throughout history, research has linked dysfunction in the prefrontal cortex of the brain to dopamine depletion (Highland et al, 2013).

Dopamine depletion is a monoamine neurotransmitter found in the brain that signals craving to the body for alcohol and drugs. Highland et al. (2013) noted that individuals with Alexithymia are defined as "difficulty identifying and describing feelings, having difficulty differentiating feelings from bodily sensations and having diminished affect-related fantasy" (p.367). This means individuals cannot cope with stressful situations, so alcohol use becomes a maladaptive coping mechanism.

Highland et al (2018) also linked alexithymia to childhood adolescent abuse where individuals would consume alcohol and drugs to cope with the pain from emotional, sexual, or physical abuse. Highland et al. (2018) noted this process as substance-based coping. Ex-offenders use substance-based coping to face challenges of adverse childhood experiences linked to their exposure of physical childhood abuse, childhood sexual abuse, and exposure to domestic violence that lead to alcohol-related problems (Werner, 2016). These experiences are linked to alcohol use, alcohol misuse, alcohol dependence, and alcohol-related disorders that cause antisocial attitudes and lifestyles of ex-offenders.

In addition, to ex-offender's substance abuse problems, Masiak (2013) addresses the biopsychosocial model of addiction to neurotransmission that interacts between individuals' cortical and hippocampal circuits and brain rewards that cause individuals to crave food, sex, alcohol, and other drugs. Leskauskas et al. (2018) explain alcohol and drugs as a highly addictive illness that poses serious threats to individuals' mental health that lead to criminal behavior patterns. Leskauskas et al. (2018) found that individuals with alcohol-related problems can change their attitude and lifestyle over a length of time by understanding potential risk factors.

Impact of Adverse Childhood Experiences

Khodabandeh et al. (2018) identified "adverse childhood experiences (ACEs) as stressful or traumatic events, including abuse and neglect" (p. 85). The long-term effects of adverse childhood experiences (ACEs) occur during an ex-offender's childhood or adolescence stage that leads to physical and psychological health issues (e.g. depression, anxiety, alcohol, and substance abuse problems). Adverse childhood experiences have affected all races, economic classes, and geographic regions for all people living in poverty (Khodabandeh et al. 2018). A large body of research has indicated that childhood experiences can affect individuals' attitudes and lifestyles-based on psychological, economic, and physical disability caused by a mental health disorder (Khodabandeh et al. 2018). Navalta et al (2018) linked adverse childhood experiences to a leading risk factor of substance problems. Researchers investigated the neurobiology of adverse childhood experiences by explaining a causal relationship of children's brains affected by childhood symptoms (Navalta et al. 2018).

According to Navalta et al. (2018) individuals that experienced adverse childhood trauma will go through the following sequence of events: (1) “one or more sensitive periods in postnatal life when exposure to high levels of stress hormones selects for an alternative pathway of neurodevelopment; (2) the ensuing developmental trajectory is an adaptive one; (3) exposure to corticosteroids is a keystone element in organizing the brain to develop in this manner; and (4) disparate brain systems are affected by different types of ACEs, particularly the primary and secondary sensory systems that may be especially involved in perceiving or recalling the adversities” (p. 268).

Mahaffey et al. (2018) found former prisoners facing many barriers before entering back into society. Barriers of ex-offenders not having financial support, health care, housing, or social support from family or friends increase alcohol dependence or the use of drugs. The sum of these barriers, as well as the stigmas on ex-offenders also contributes to fear and mental health problems. Ex-offenders with mental health problems are overlooked based on the cost of health care. Loudermilk et al. (2018) explain the effects of health issues and the impact of adverse childhood experiences on adults with high-risk factors of alcohol abuse to individuals having an alcohol use disorder.

Werner (2016) link child maltreatment, domestic violence, alcohol problems, and drug use to adult substance abuse problems. These experiences are linked to alcohol use, alcohol misuse, alcohol dependence, and alcohol-related disorders that cause antisocial attitudes and lifestyles of ex-offenders. To reduce ex-offenders’ attitudes and lifestyles changes, Desmarais (2016) examines medication-assisted treatment (MAT) that focuses on individuals’ treatment goals and objectives with emphasis on cognitive behavior

therapy, motivational interviewing, opioid maintenance treatment, and different medication such as methadone, buprenorphine, and naltrexone to improve treatment adherence. However, Mahaffey et al. (2018) address ex-offenders depending on family members for emotional and financial support. The link between ex-offenders not gaining social support or financial support from family members can contribute to criminal deviant behavior, recidivism, negative attitudes, and substance abuse problems.

Treatment for Ex-Offenders

According to Mahmood et al. (2013), ex-offender populations use and abuse controlled substances based on lifetime experiences, post-traumatic stress disorder, depressive disorders, anxiety disorders, and alcohol dependence that were created over a life span. The number of men and women entering the community is likely to have been rehabilitated by prison programs (e.g. substance abuse, anger management, and relationships classes) to help motivate individuals' attitudes and lifestyles.

Bayles (2014) found the harm reduction model to meet people "where they are at" (p. 22). The objective of the harm reduction model is to help individuals focus on their substance use, accept new goals of how and when to drink alcohol in moderation, and reduce addictive behavioral problems. The harm reduction model targets all ex-offenders' populations by implementing goals to (1) stay alive, (2) maintain a healthy lifestyle, and (3) get better over a length of time (Bayles, 2014). The strengths of the harm reduction model are to give each offender hope, flexibility, and ability to meet individual goals.

Awenat et al. (2018) affirmed ex-offenders can change past experiences and stigmas by the journey of change. The journey of change composes of: (1) "being part of

the change, (2) changing self-perception, and (3) changing perceptions of others)” (p. 103). Ex-offenders make a change by committing to make amends with self and society by working together with other people to address past experiences. Ex-offenders attend group meetings to show mutual respect for others, listen to others, and commit to change. According to Awenat et al. (2018), ex-offenders change self-perceptions by understanding knowledge of individuals’ past experiences that validates negative attitudes and lifestyles. By ex-offenders’ wanting to improve their lifestyles and attitudes, Awenat et al. (2018) evaluated training courses for ex-offenders to change other people’s perceptions by recommending the service user reference group. This group recommended all ex-offenders to attend a monthly meeting to address behavior problems, live experiences, a “turning point”, and learning new skills and development to gain respect from the community and criminal justice system.

Jason et al. (2015) affirmed substance abuse treatment programs that provide cognitive behavior therapy, relapse prevention, and abstinence are likely to increase ex-offender’s self-efficacy skills. By ex-offenders living in community-based treatment facilities, opportunities are provided for recovery. Blasko and Hiller (2014) address treatment programs that target ex-offenders’ substance abuse problems by providing a variety of therapeutic services (e.g. group therapy, individual therapy, peer-to-peer therapy, life-skills training, and twelve steps to modify criminogenic attitudes and lifestyles).

What Is Known and Unknown

According to Blasko and Hiller (2014), ex-offenders can change negative attitudes and lifestyles with help from professional staff to provide substance abuse treatment. Ex-offenders' can make positive lifestyle changes by committing to change and accepting past experiences. What is not known in this research investigation is ex-offenders' motivation to change attitudes and lifestyles while seeking treatment in community-based programs. Walsh-Buhi (2016) examines individuals based on the conception that not all substance abuse programs fit the "concept of one size does not fit all" (p.83). Researchers acknowledge barriers of alcohol and drug users' attitudes toward treatment based on mothers not having residential treatment for her family, employment, housing, mental health, or child welfare that contributes to dropping out of treatment (Iachini et al, 2015).

Summary and Conclusions

Based on the literature review, it is evident ex-offender's stigmas, labels, and use of alcohol and drugs contribute to reoffending, negative attitudes, and lifestyles. The history of past substance use and traumatic experiences changed ex-offender's thoughts, actions, and perceptions toward community-based treatment programs. Major obstacles of ex-offenders' personal, social, emotional, and economic factors contribute to defiance and their lack of motivation to change. Community-based treatment programs offer cognitive behavior therapy, a relapse prevention plan, harm reduction model, life skills, and twelve steps to modify ex-offender's negative attitudes and lifestyles. These

treatment approaches can motivate change and provide new life experiences for ex-offenders.

Chapter 3: Research Method

The purpose of this study was to understand ex-offenders' perceptions and feelings toward community-based treatment programs pivotal in changing their attitudes and lifestyles. The study was qualitative in nature. According to Englander (2019), in qualitative research individual can explain their personal experience or perceptions. In this qualitative study, I explored the real-life experiences and viewpoints of male and female ex-offenders who were willing to participate in community-based treatment designed to motivate change.

I analyzed the perceptions of both male and female ex-offenders regarding their perceptions of community-based treatment approaches that motivate change in lifestyles and attitudes. The RQs were designed to examine ex-offenders' experiences and perceptions and the contributing factors that changed individual lifestyles during treatment to assist with a successful outcome. My role as the researcher involved recruitable credible ex-offenders willing to provide information on community-based treatment programs. In this chapter, I will provide an overview of the research method and design, my role in the research, the instruments used, the participant selection strategy, and the steps for data collection and analysis. I used a phenomenological approach to explore ex-offenders' experiences related to the study phenomenon. I also discuss the ethical guidelines and principles I followed to ensure the protection of participants.

Research Design and Rationale

Qualitative researchers seek to answer questions about individuals' experiences and perceptions (Hammarberg et al., 2016). According to Gagnon (2018), ex-offenders adapt to life based on the perceptions of other people around them. A link between criminal behavior and substance use increases ex-offenders' negative attitudes and lifestyles. To mitigate these issues, community-based treatment programs offer cognitive theory, an approach to understanding individuals' thoughts and behavior, as well as social cognitive career theory to explain individuals' attitudes and social interactions that influence their behavior patterns (Shippen et al., 2017). I used a qualitative phenomenological approach to explore how participants' experiences affected their attitudes and lifestyles. The central RQs for this phenomenological approach were

RQ1: What feelings are experienced of offenders in community-based treatment?

RQ2: How do ex-offender's perceptions about community-based treatment programs affect their future behavior?

RQ3: Which factors do ex-offenders perceive as most impactful in positively changing their lifestyles?

To answer the RQs, I conducted interviews featuring open-ended questions about participants' perspectives of community-based treatment. Analysis of interview data allowed me uncover important themes, categories, and subcategories of treatment approaches.

Qualitative research was appropriate for this study because it involved explaining, exploring, or investigating a research topic (see Gangon, 2018). Maher and Dertadian

(2018) described qualitative research as the analysis of real-world events that individuals experience in their life. I used a phenomenological design to fully explore participants' perspectives. Creswell (2017) noted that the phenomenological approach is the best method to use when wanting to understand peoples' experiences. Ravitch and Carl (2016) stated that qualitative research methods are descriptive and analytic in that they involve understanding participants' personal experiences through reflective structural analysis.

There are five major qualitative research designs: case study, narrative research, grounded theory, phenomenological, and ethnography. In conducting this study, I chose the phenomenological approach. I did not use a case study design in this research because I did not explore different events or situations about an individual's addiction (see Maher & Dertadian, 2018). Narrative research was not used in this study because participants' storytelling did not constitute a shared experience (see Bruce et al., 2016). Grounded theory was not appropriate for my study because I had no intention of developing theory from data sources such as interviews, observations, and documents (see Ravitch & Carl, 2016). Finally, ethnography was not selected because I did not plan to describe or explain a cultural phenomenon (Magnat, 2018).

Role of the Researcher

Throughout the research, my primary focus was on ensuring that there would be no bias during data collection and analysis. The interview process consisted of telephone interviews with ex-convicts. As Brayda and Boyce (2014) observed, by using qualitative interviewing techniques, researchers can learn to ask the right questions to fit the research topic at hand. I maintained a professional demeanor with all participants to ensure that

they were not being forced to participate in my study. Call-Cummings (2019) recommended qualitative researchers to inquire of a person's life experiences and perceptions by asking a series of questions to understand the lesson learned. A phenomenological experience describes what a person thinks, feels, and believes (Fleet et al., 2016). I used the four-step interview protocol refinement framework, which includes the following steps: (1) to ensure that research questions align with interview questions, (2) construct a conversation based on responses made (3), receive and record feedback from interview protocols, and (4) test the validity of the interview questions (Castillo-Montoya, 2018). I used the interview protocol refinement framework to improve the interview protocol reliability and validity.

Methodology

I used a phenomenology approach in researching ex-offenders attending community-based treatment. Brayda and Boyce (2014) recommend researchers to use qualitative interviewing approaches when inquiring about formal information that relates to open and closed ended interview questions during a formal interview. Using one of these approaches provides an opportunity for the interviewer to explore, probe, and ask questions to obtain detailed information about the individual's thoughts, feelings, and actions.

Participation Selection Logic

I selected participants who met the criteria standards set forth on the recruitment flyer (see Appendix A) that was hung on the bulletin board at Better Community Development, Inc. All participants who were 18 years old or older, an ex-offender, and

participating in outpatient treatment were eligible to participate. If interested in participating, individuals called and scheduled a telephone interview with me. There was a total of 11 telephone calls, but only 10 participants, five males and five females, were selected. The eleven caller was not accepted because I had the appropriate sample size and participants that had already scheduled interviews.

Instrumentation

My study will utilize a flyer to be hung in the lobby on the bulletin board at the community-based treatment center. Each ex-offender will have access to the researcher email address and phone number who are willing to participate in the research study. I will seek permission from the program director by asking permission to interview ex-offenders who has completed the requirements of residential treatment. An interview protocol will be utilized by (the researcher) to explain the phenomenology of ex-offender's perceptions and feelings in community based-treatment pivotal in changing negative attitudes and lifestyles. Each offender will have the opportunity to share their lived experiences.

Blasko and Hiller (2014) stated a variety of therapeutic services that supports ex-offenders' treatment that includes: group therapy, individual therapy, peer-to-peer therapy, morning and evening meetings, twelve-step recovery, modification of criminogenic attitudes, and relapse prevention plans will allow ex-offenders to share their true phenomenon. Before an ex-offender is interviewed, I have to complete the Institutional Review Board (IRB) application and wait for approval for this vulnerable

group. When I receive permission from IRB, then the selection process of participants will be collected after the individual completes the participation letter (see Appendix B).

Procedures for Recruitment, Participation, and Data Collection

As previously stated, a snowballing sample will be used to recruit male and female ex-offenders in Arkansas attending community-based treatment. A recruitment flyer will be held in various treatment programs with approval from directors. A series of qualitative interview questions will be asked of each participant allowing them the opportunity to explain their response to open-ended questions regarding their perceptions and feelings of community-based treatment (see Appendix C).

The researcher plans to conduct telephone interviews by scheduled appointment interviews only. Interviews will be scheduled over a two- week period Monday through Friday between the hours of 3:00 pm to 8:00 pm. An additional week will be given to those ex-offenders who may have jobs and need additional time to schedule an interview. Each offender will be given approximately one hour to answer the interview questions. All responses from the interview protocol will be recorded on a piece of notebook paper. If the researcher does not meet the minimum requirements of participants, then the researcher will contact the director for additional assistance if recruitment is too low.

Ex-offenders will be given the option to answer each interview question. Each participant will be informed after the last question that their time was much appreciated. Ex-offenders will also be given a gift-card from the director or support staff to show that the study questions have been completed. Follow up procedures will only be utilized if the ex-offender misses his or her scheduled telephone interview.

Data Analysis Plan

Belotto (2018) suggested qualitative research analysis should be conducted, recorded, and transcribed by the coding process. The process of coding allows interpretations of new information that is reported during the interview process. For example, after ex-offenders share their phenomenology, I can summarize what was said, code a section from the interview, and label the code with a theme. Creswell (2014) stated data analysis applied in qualitative research consists of collecting the data and writing up the findings. However, Yin (2014) indicated that the unit analysis found after the research design selected will determine the primary data collection method. This qualitative study strives to understand ex-offenders' perceptions and feelings of community-based programs pivotal in changing attitudes and lifestyles. Saldaña (2016) found that researchers conducting qualitative research should align RQs questions to the study and apply coding themes to illustrate the text.

Issues of Trustworthiness

According to Cope (2014), in qualitative research, the researcher must establish transparency upon credibility, confirmability, dependability, and transferability. In establishing credibility, researchers should solicit participants that are willing to accurately reflect upon their phenomenon. A qualitative study is considered credible when data is triangulated and participant views are interpreted for data analysis (Cope, 2014). Confirmability describes specific responses from participants' live experiences without researchers' judgments or biases. Dependability and transferability share similar results based on findings from the research that may be applied to other groups or settings

(Cope, 2014). Ravitch and Carl (2016) stated that qualitative research should be confirmed and analyzed by themes to show descriptive patterns and not look for objectivity.

Ethical Procedures

I will ensure that this qualitative research study meets all requirements from Walden University and align with the IRB. I will also ensure that I complete the CITI human subject protection training class based on my vulnerable population. Walden University IRB will ensure my research compliance and ethical standards are met to complete the dissertation and publication if applicable.

Summary

Chapter 3 provides reasoning for using a qualitative research design to understand the phenomenology of ex-offenders' perceptions and feelings of community-based programs pivotal in changing attitudes and lifestyles. Men and women ex-offenders will be interviewed after IRB approval, and Chapter 3 will provide a detailed rationale on why the phenomenological approach is used to complete the data analysis. Chapter 3 will also provide recruitment details, participation selection, and how coding themes are used to labeled participant's responses to interview questions. Ethical considerations will be also be discussed in chapter 3 to inform readers of any unethical procedures that are not approved by Walden University IRB.

Chapter 4: Results

The purpose of this study was to examine ex-offenders' perceptions and feelings toward community-based treatment programs pivotal in changing their attitudes and lifestyles. I asked ex-offenders to describe their life experiences involving drug and alcohol abuse and how these substances have impacted their lifestyles. To gain knowledge and understanding of ex-offenders' experiences, I used a phenomenological approach to allow ex-offenders to share their personal stories, perceptions, and motivations that changed negative attitudes and lifestyles. The RQs for the study were as follows:

RQ1: What are the lived experiences of ex-offenders in community-based treatment?

RQ2: How do ex-offenders' perceptions about community-based treatment programs affect their future behavior?

RQ3: Which factors do ex-offenders perceive as most impactful in positively changing their lifestyles?

I used an open-ended question format to provide participants with more flexibility in responding to the interview questions. Creswell (2013) described a phenomenological approach to qualitative research as emphasizing individuals' firsthand knowledge of their experience. I developed 12 interview questions to address the RQs (see Appendix C). Ex-offenders' attending outpatient treatment at Better Community Development, Inc., participated in the study by scheduling a telephone interview. In Chapter 4, I will discuss the setting, demographics, data collection, data analysis, evidence of trustworthiness, and

the results of the interviews. I transcribed data collected from the 10 participants to develop themes and subthemes.

Setting

The setting of my study was my home office because of the coronavirus disease (COVID-19) pandemic. Once IRB approval was obtained, (approval # 05-21-20-0284197), I contacted the director by phone to inform her that I had permission to conduct telephone interviews only and that she could not assist me in any way besides hanging the flyer on the bulletin board in the forum because of confidentiality and privacy rights of the participants. Ex-offenders began to call and scheduled interviews by telephone over a 2-week time period. I received a total of 11 calls but conducted only 10 interviews on a first-come basis. Each interview was recorded using an iPhone XR voice memo.

Demographics

The participants in this study included men and women that were Caucasian, African American, and Afro-Cuban races with ages ranging from 40 to 60 years of age. Only 10 participants, five men and five women, were interviewed. I scheduled the interviews on a first-come basis and used labels (P1, P2, P3, etc.) to identify participants. Each participant must have been 18 years old or older, an ex-offender, and have experienced community-based treatment. Table 1 shows participants' race, gender, and age.

Table 1

Participants' Demographics

| Participant | Age | Gender | Race |
|-------------|-----|--------|------------------|
| 1 | 53 | Female | Caucasian |
| 2 | 38 | Female | Caucasian |
| 3 | 32 | Female | Caucasian |
| 4 | 46 | Female | Caucasian |
| 5 | 41 | Female | Caucasian |
| 6 | 58 | Male | Caucasian |
| 7 | 69 | Male | Afro-Cuban |
| 8 | 30 | Male | African American |
| 9 | 52 | Male | African American |
| 10 | 35 | Male | African American |

Data Collection

Participants scheduled their interviews by calling me and setting an appointment. I scheduled the interview for each participant for the time he or she requested. Before the interview began, I read aloud the consent form details and asked the participant for verbal consent to record the audio interview. I also inquired if the participant had any questions before the interview begin. The interviews were scheduled for 30 to 45 minutes; however, the length of the interviews lasted between 15 to 20 minutes. Each participant was asked the same questions for each interview. Every participant shared how their addiction process started and what alcohol or drug choice he or she liked.

In addition to the interview process, participants shared their criminal history and how their attitude and lifestyle changed based on their addiction. They also shared how Better Community Development, Inc., inpatient treatment, as well as other treatment facilities, helped to build healthy relationships from support groups, offer GED training, and life skills to change lifestyles. As I listened, I sought to avoid judgment or biases. After the telephone interviews, each participant was thanked for participating in the study and wished the best of luck to their recovery. Participants were also instructed to pick up

their gift cards in the front office by identifying themselves as Participant 1, 2, 3, or so forth. Participants were also informed that they should call me if they had any problems with receiving a gift card.

Data Analysis

I asked open-ended questions from the interview protocol and recorded participants' on my iPhone XR voice memo. There was a total of 12 interview questions. The first three questions asked about demographic information followed by the personal involvement of alcohol and drug treatment. All participants were labeled as P1, P2, P3, P4, P5, P6, P7, P8, P9, and P10. After listening to each audio recording, I transcribed the recordings, analyzed the research data, read the interview transcripts several times to ensure validity, made notes, highlighted critical viewpoints from each question, as well as developed codes and themes. The codes were based on what each of the participants stated. All the data that were collected from the transcribed interviews were grouped and identified by themes and subthemes. I reviewed each of the themes to determine the accuracy of the data collected to represent participants' responses to ensure validity.

Creswell (2013) noted that qualitative data analysis includes (a) transcribing interviews from audio recordings to text formats, (b) reading over text formats for data accuracy, (c) generating codes and themes, and (d) interpreting the meaning of the themes. The codes and themes reflected participants' personal experiences of community-based treatment that changed negative attitudes and lifestyles. Each participant's responses were analyzed and clustered into words and meanings to understand how ex-offenders became involved in alcohol and drug treatment.

I also took notes from the telephone interviews to ensure that my interpretation of the data was accurate. It was helpful to listen to the telephone interviews and read the transcribed voice recordings of the 10 participants, all of whom shared common experiences of how their addiction process of alcohol and drugs began and how they became involved in the community-based treatment program. The participants also shared their feelings and thoughts about community-based treatment and how treatment modalities helped change negative attitudes and lifestyles by having a supportive team of staff members. I did not use any software to analyze the data; instead, it was analyzed by hand. Each of the codes described specific key themes expressed by the participants, as well as sub-themes. Figure 1 shows themes and subthemes based on my analysis of the open-ended questions.

Figure 1. Themes and subthemes.

Evidence of Trustworthiness

Credibility, dependability, confirmability, and transferability are all important components to qualitative research to show transparency of the study, usefulness, and integrity of the findings to show trustworthiness (Connelly, 2016). According to Pilot and Beck (2014) trustworthiness of a study refers to true values that are shared by the researcher that collects and interprets data to ensure quality. This study allowed ex-offenders to share how their alcohol and drug addiction led to attending community-based treatment. The researcher asked questions about ex-offenders' experiences in treatment, feelings, attitudes, and lifestyles that made changes to their recovery.

Credibility

Liao and Hitchcock (2018) asserted that credibility ensures the veracity of the data collection to show accuracy and credibility to justify the findings. Data collected by this researcher was typed out to ensure accuracy without misinterpretations. I also attempted to ensure credibility by taking all precautions to minimize my personal biases during the telephone interviews; as well as following the IRB approval application to ensure trustworthiness and credibility.

Dependability

To ensure the dependability of the findings in this study, another interviewer could ask the same questions and create the same themes to evaluate the findings and make recommendations to support the data retrieved from all participants. Elo et al., (2014) explain this process as dependability which is an important aspect to the findings

based on selected criteria from each participant's responses. To accomplish this task, I compared each participant recorded responses, cross-checked the data, and read over the transcripts several times to show dependability.

Conformability

I achieved confirmability by ensuring that the participants' responses were accurately recorded as I listened to the recordings and read over the handwritten transcripts. Connelly (2016) asserted that qualitative researchers should keep detailed notes from the findings and analysis that are derived to ensure the consistency of the research. I also journal notes to provide additional insight into the participants' thoughts, feelings, views, and opinions related to their community-based treatment during the telephone interviews. By using this approach helped me to avoid research bias which is known as member checking to ensure that the data gathered is reflective of the information that is shared with researchers that could repeat the same (Liao & Hitchcock, 2018).

Transferability

Transferability was established in this study by this researcher detailing a description of the population studied and the context of participants shared stories that applied to the findings. Connelly (2016) explained that transferability should be transparent and show the trustworthiness of participants share phenomenology to provide a vivid picture to the reader. I obtained detailed information from each of the 10 participants during the telephone interviews. Each participant was given the same opportunity to go in detail about their life experiences of what led to alcohol and drug

addiction, as well as how community-based treatment has impacted their lives.

“Phenomenology can be defined as an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it” (Neubauer, Witkop, & Varpio, 2019, pp. 5). After interviewing the 10 participants, it was evident that saturation was reached.

Results

I conducted a phenomenological study to examine ex-offenders’ perceptions and feelings toward community-based treatment programs pivotal in changing their attitudes and lifestyles. Male and female ex-offenders were asked to share how they became involved in alcohol and drug treatment and to share their personal stories, perceptions, and motivations that changed negative attitudes and lifestyles. 10 ex-offenders were interviewed on the telephone and shared similar responses to the interview questions. The research questions that guided this study were: RQ1-What are the lived experiences of ex-offenders in community-based treatment? RQ2- How do ex-offenders’ perceptions about community-based treatment programs affect their future behavior? RQ-3 Which factors do ex-offenders perceive as most impactful in positively changing their lifestyles.

The data collected from the interview protocol revealed that male and female ex-offenders that were Caucasians, African American, and African Cuban shared similar experiences on how their addiction to alcohol and drugs begin, how they entered community-based treatment and what experiences they had, how their thoughts, views, and perceptions affected their treatment, and what factors were perceived as positive in changing attitudes and lifestyles. The participants shared positive feelings about the staff

and peers at Better Community Development, Inc based on the spirituality of the program. Most of the participants shared how the program was effective in teaching basic life skills of learning new lifestyles of staying away from negative people, places, and things.

The participants also shared their life experiences of staff and peers holding them accountable for being in denial, blaming others, having a selfish attitude, and not wanting to accept responsibility for their actions. All participants had also acknowledged how they had been in multiple treatment facilities over the years. They all expressed how long they have been clean and sober and what treatment modalities helped changed their attitudes and lifestyles. The majority of the participants discussed attending support groups daily (e.g., AA & CA) meetings, going to church, reading and studying the Big Book, volunteering at BCD, working a full -time job, and having a sponsor, to help assist with positively changing their lifestyles.

Participants also expressed “one size does not fit all when it comes to attending treatment.” They discussed wanting to change their old lifestyles of drinking alcohol and using drugs (e.g., methamphetamine, cocaine, & Ice) to change negative behavior patterns of going to jail and being mandated to attend drug court. All participants stated, they felt good and had a positive experience at BCD, Inc because the staff members were all addicts who have been in recovery for years. Based on the coding of the data, I developed a word theme to describe ex-offenders’ experiences of alcohol and drugs, treatment approaches, aftercare plans, and perceptions and views of community-based treatment programs. In the following subsections, I discuss the findings related to the

Table 3.

Summary of the Findings

| Themes | Theme definition | Participants | Results |
|-------------------------|---|--|--|
| Acknowledging Addiction | Participants acknowledging what their lived experiences were like in community-based treatment. | P1, P2, P3, P4, P7, P10 | The overall results indicated that the following participants acknowledged how they were in denial of their addiction, but staff members and peers reminded them of why they were attended community -based treatment. |
| Self-Awareness | To be aware of negative behavior and emotions | P1, P2, P3, P5, P6, P8, P9 | The overall results indicated that each of the following participants was aware of their negative behavior patterns of drinking and driving, going to jail, losing custody of their children, not being able to work a steady job, and homelessness is not positive indicators that will affect the future. |
| Steps to Recovery | Recognize triggers, high-risk situations, and have an aftercare plan. | P1, P2, P3, P4, P5, P6, P7, P8, P9, P10. | The overall results indicated that each participant needed an aftercare plan to help in their recovery process by attending support groups, having a sponsor, going to church, staying away from negative people, places, and things were alcohol and drugs may be. As well as seeking employment and wanting to go back to school were steps to the recovery process. |

Acknowledging Addiction, Self-Awareness, and Steps to Recovery

All 10 of the participants provided a detailed description of their lived experience of acknowledging their alcohol and drug addiction while attending community-based treatment at Better Community Development, Inc. Each participant shared how they have been in and out of inpatient and outpatient treatment facilities because they were telling themselves that they could quit drinking, smoking, snorting, and injecting drugs within their bodies. The themes derived from the questions of ex-offenders attending community-based treatment from the data collected were coded as acknowledging addiction, self-awareness, and steps to recovery.

Participant 1: “My addiction has been off and on since my twenties. I spent a whole year telling myself I could quit using cocaine, methamphetamines, and drinking alcohol. I have been in and out of inpatient and outpatient treatment. I attend support groups, read the Big Book, go to church now, volunteer at Better Community Development, Inc. to help the other ladies who are in the inpatient program, have learned new lifestyles, and moved away from negative people, places, and things who were negative environmental influences. I quit being angry, selfish, and in denial of my problem. I am much happier now and my life is more meaningful. I also have more self-awareness because of my peers and staff at BCD. I just have a whole new world.”

Participant 2: “I have been in my addiction for 10 ten years now. I landed in jail, did 6 months of treatment, then outpatient treatment. For 10 years, I have been clean and sober, I feel happy. I no longer lie to myself about my problem I can think more clearly. The treatment approaches made me realize my triggers, gave me self-awareness, and how

I needed a faith-based program. I can look at people differently now because of the help I received. I was a problem by blaming other people. I also was selfish but realized I had to take responsibility for my actions. I acknowledged having a higher-power greater than me, an accountability partner, and a plan to attend AA meetings and church. I also plan to stay away from the negative atmospheres where the negative people are.”

Participant 3: “I have been an addict for 15 years now. I have suffered because of my addiction. I was homeless and lost everything. All the staff at BCD helped changed and saved my life because I do not live in the streets anymore. I have learned to talk to someone or reach out for help so I can stay motivated in my treatment. The group work was good and supportive of me.

Participant 4: “ I was in denial about my addiction until I was arrested for a DWI. I had to go to court and inpatient treatment. I have been to several treatment programs; they were informative and helped me to fill my days around activities. I have learned how to communicate with people and set boundaries for the negative people, I use to hang around with. I also was cautious by coming here and not knowing what to expect and how to be sober. I have learned to fill my days with positive activities to help me feel good about myself. I no longer am depressed or angry about my life. I plan to apply my treatment approaches of attending support groups, go to church, continue with outpatient treatment so I can be a better mother to my son who is incarcerated. I have also learned healthy communication skills, to not hold resentments, and how to govern myself in meetings. I am not sure how to stay motivated, I hope my rewards are substantial from within. The staff at BCD are amazing and I love them. Good support team.”

Participant 5: “I had to go to drug court. It was beneficial. I was homeless. The program kept me off the streets. I am happier. I can be sober and take life one day at a time. I am still in recovery. I can contact my sponsor at any time and have a support group with the ladies that come in with me in the evenings. I have a roof over my head.

Participant 6: “I am an alcoholic and was seeking help. I am from Texas and have received treatment in Arkansas and Texas. Got a lot out of treatment. It was a positive experience and a lot of ignorance in Arkansas because the education level is low. People do not know what they are talking about. I was sent to University Arkansas of Medical Science (UAMS) where they help me and praised me. The staff here has been helpful here at Hoover. People listen to my story. I have found out that one size does not fit all for treatment. The key to changing is applying the information given if you want to change. If you want something different you have to do something different.”

Participant 7: “I signed up for treatment to seek help for myself. My girlfriend told me about this program. My experiences have been helpful. I have learned that people who have been sober for years still have flaws too. I feel good about the treatment that I received. I was a people pleaser. I have learned to please God, myself, and my girlfriend. I had to learn how to surrender everything to God to get better. This program has taught me to stay humble and keep reminding myself of my sobriety. I do not hang out with negative people or go to places where they might be. I have a support team now and 2 counselors that I can talk to. I also pray every morning and have learned to reach out to someone when I want to use. I also share my story with other people in treatment, go to church, and want to go back to school to get an education. BCD has taught me a lot about

myself, how to apply the 12 steps, and change the way I think. I still have characteristics flaws but have learned to be straight forward in life to make me be a better person.”

Participant 8: “ I was eighteen years old when my homeboy introduced me to some marijuana and things went from there. I found myself smoking marijuana all the time and did not want to work anymore. I have been in and out of jail and realized I needed help. My experiences have been good because I am sober. I can control my anger now and have learned a lot of different things about myself and other people. My mind is now cleared. I am still learning to have patience and understand people. I now know that everybody has feelings, emotions, and different personalities I plan to continue with support groups, take advantage of all the resources in the community to help me find employment, seek counseling, and housing.”

Participant 9: “ I learned about treatment from a friend. My experience has been pleasant physically, mentally, and spiritually. I am going on 3 months of being sober. I have tried the 12- steps but it did not work for me. I realized there is a higher power now because of the spirituality of this program. I have learned to listen so I could learn. I was doing a lot of bad things and knew I was wrong, but I did it anyway. I have smoked doped, injected crack, and snorted cocaine. I have also been to so many different treatment programs, but the spiritual awakening has opened my eyes. I have learned how to communicate with other people, talk to the counselors, attend support groups, read the bible, go to church, and get some sleep. I have also learned how to take advantage of all the psychoeducation group work and apply it to my life. I plan to stay motivated by my

family, peers, and God on my side. It feels good to be stable, sober, and have money to pay my bills now.”

Participant 10: “I had a problem and start reaching out for help. I was frustrated a lot because I thought I could fix myself. I realized I needed 30 days of treatment and more treatment after the treatment I already had. This place helped changed my life and open my eyes up to a lot of things I could not see like the negative people and my surroundings. I quit trusting everybody I was surrounded by. I took advantage of all the community resources at BCD and begin to talk more in the support groups. I now have a sponsor that holds me accountable and helps me stay positive. I have learned to do things differently by praying, reading the Big Book, attending support groups weekly, and trying to find a job. I really have a set routine that helps me stay away from negative people, places, and things. I also have learned that you just do not slip when it comes to an alcohol or drug addiction. I have put myself in dangerous places, but I know now how to avoid negative environments and go the other way. The treatment has been fun, and I plan to stick with it. The staff has helped me to see my flaws and I respect them for that. I have realized I got all the help I need from BCD staff who helped me to change my life.

Summary

The purpose of this qualitative phenomenological study was to explore how ex-offenders’ perceptions and feelings toward community-based treatment programs impacted individual attitudes and lifestyles. To gain an understanding of this study, male and female ex-offenders described their experiences from attending inpatient and outpatient treatment at Better Community Development, Inc.

In Chapter 4, I described in detail the setting and demographics. I also presented data obtained from the 10 telephone interviews that were scheduled at different times. Three research questions guided this study, as well as a developed interview protocol that described ex-offenders' involvement in alcohol and drug treatment by sharing their personal stories, perceptions, and motivations that changed negative attitudes and lifestyles. The ex-offenders' experiences showed that community-based treatment programs work to help change an individual's perceptions, thoughts, and feelings. I examined the method utilized to analyze and collect data from the 10 participants. I also presented evidence of trustworthiness and the results of the transcribed interviews. Participants described their views of the program, how BCD, Inc. changed their lives, attitudes, and behavior by various treatment modalities. The data analysis process resulted in three themes from the findings. Chapter 5 discusses the interpretation of the findings, limitations of the study, recommendations for future studies, and social change implications.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative phenomenological study was to examine ex-offenders' perceptions and feelings toward community-based treatment programs pivotal in changing their attitudes and lifestyles. I conducted interviews with male and female ex-offenders to gain insight on their perceptions and experiences related to community-based treatment; their interview responses revealed how their substance abuse addiction began and what treatment approaches impacted their negative attitude and lifestyle in a positive way. My broader goal was to provide insight on the effectiveness of community-based treatment programs. The review of the literature illustrated there was limited research conducted on the effectiveness of ex-offenders attending substance abuse treatment based on limited resources and social support. The literature available primarily focused on the effectiveness of drug treatment and how to identify triggers, high-risk situations, and how to avoid a relapse (see Mahaffey et al., 2018). The existing research does not reflect the understanding that what may work for one person in treatment may not work for the next person (National Institute on Drug Abuse, 2012).

Previous research has shown that ex-offenders have several treatment options, including attending inpatient treatment, outpatient treatment, or residential treatment, to work toward treatment goals, but the effect of the treatment modalities will not impact everyone the same (Neupert et al., 2017). All 10 participants in this study reported that support groups were effective, as well as reading and study the Big Book, completing psychoeducation worksheets, and applying their motivational interviewing skills to their daily lives has helped them to remain sober and clean. One participant shared how she

wished she could have more individual therapy sessions. Participants also reported that they were unemployed but seeking employment opportunities in the community. They also reported that staff members and peers were their families because they had broken relationships.

Interpretations of the Findings

The participants' responses to the interview questions were similar, as they shared common personal stories and experiences of attending community-based treatment. The findings from this study revealed that participants felt that Better Community Development, Inc., was effective in providing spiritual-based treatment encompassing support groups; 12-steps programs for addiction; the Big Book; psychoeducation; motivational interviewing; and cognitive behavior therapy in individual, family, and group sessions, to improve negative attitudes and lifestyles. However, the participants also wanted help in seeking employment and going back to school, which they viewed as important to their recovery process.

Existing research confirms the finding that ex-offenders can change thoughts and actions by attending residential treatment to avoid a cycle of substance use, abuse, or dependence (O'Toole et al., 2014). Furthermore, previous research has shown that it is essential to address individuals' actions or motives to determine if community-based treatment may be the right fit based on patterns of criminal behavior (Blasko & Hiller, 2014). However, Kras (2013) explained that ex-offenders can benefit from substance abuse treatment when they know there are serious consequences for their actions which motivates them to comply with treatment goals and objectives.

Schauss, Zettler, and Russell (2019) stated that ex-offenders can learn new ways to respond to their cognitive process and emotional experiences by accepting and changing negative behavior patterns. Male and female ex-offenders in this study explained how they tried to quit abusing alcohol and drugs on their own but realized their addiction needed a higher power greater than themselves. Several participants acknowledged their addiction while one participant focused on how Better Community Development, Inc. made sure she was not homeless. Participants discussed how the staff at BCD, Inc., helped saved their lives, held them accountable for their actions, and provided multiple support groups every day of the week that focused on the 12 Steps to overcome their addiction. Participants also described their feelings and thoughts about the community-based treatment program and how they were in denial, angry, selfish, and depressed about the lifestyle choices they had made. Participants also shared aftercare plans on how they needed to continue counseling sessions; have a sponsor; seek employment opportunities; obtain a GED; attend church; and stay away from negative people, places, and things to maintain sobriety.

The social learning theory proposes that human functioning is impacted by biological, psychological, and environmental conditions that affect individuals' cognitive and behavioral patterns, which are learned over a period of time (Dent, Nielson, & Ward, 2020). For example, an individual who does not drink alcohol, smoke, or inject a drug may learn that substance abuse is a temporary escape from life stressors when socializing with peers. I used this theory to better understand how behavior patterns are formed by ex-offenders, what environmental conditions affect ex-offenders, and how their addiction

process begins. The social learning theory and labeling theory both explain that problem behaviors are learned and reinforced by observing, modeling, and imitating others based on peer socializations (Jones & Adams, 2018). Because ex-offenders can relapse at any given time there is still a need to understand what treatment approaches motivate a person to quit abusing alcohol and drugs. As Gorgulu (2020) stated, “ a critical motivational power for a person to decide to quit substance use and to continue treatment to completion is self-efficacy, defined as an individual’s belief that he or she has a sufficient capacity to begin and complete an achievement in their social environment and reach the expected outcome” (p. 34). This research study showed that each participant was capable of attending residential and outpatient treatment in the community that helped changed individual attitudes and lifestyles.

One of the nine participants in this study expressed that, while her primary concern was not being homeless anymore, she was happy she was working toward maintaining her sobriety. Additionally, all nine participants expressed how Better Community Development, Inc., had helped saved their lives and been a very good support program based on the spirituality from the group work. The nine participants were happy with the progress they had made thus far; the only major concern was having more individual therapy sessions. Participants also identified how BCD, Inc., offered community resources related to how to seek employment and attend GED classes in the daytime at another facility as part of their aftercare plan.

Limitations to the Study

I identified multiple limitations in this study. All the participants in this study met the criteria of being an ex-offender, being 18 years of age or older, and having a willingness to share their experience about community-based treatment. The first limitation was that all the female participants were white. This was a limitation in the study because there was no feedback from a black female ex-offender to share her experiences or change that impacted attitude or lifestyles. The second limitation was not being able to conduct face-to-face interviews with the participants because of COVID-19. Not being able to observe body language or expressions prevented me from detecting lies from participants. The third limitation of this study was the sample size ($N = 10$). While the sample size was small, it was consistent with phenomenological studies (Creswell, 2017). Using a larger sample size could have provided a more in-depth view and understanding of ex-offenders' perceptions and feelings on the effectiveness of community-based treatment programs pivotal in changing their attitudes and lifestyles.

Recommendation

While male and female ex-offenders may relapse at a given time they need to know that they are responsible for their attitude and lifestyle. Community-based treatment programs should expand on different treatment approaches to assist individuals with integral models of treatment that target treatment motivation and acceptance commitment therapy. Better Community Development, Inc. should consider mindfulness-based interventions (MBIs) as an increasingly suggested therapeutic approach. Chiesa and Serretti (2014) suggested that mindfulness interventions help individuals to “stay in

touch” with their experiences rather than escape them by acknowledging cravings and body sensations. By individuals acknowledging feelings and sensations allows them to choose if they want to use or misuse alcohol and drugs. Participants have self-awareness and know that negative people, places, and things will impact their attitude and lifestyle.

Another recommendation would be to hire more licensed mental health professionals to assist participants with issues they may be experiencing. While participants expressed feeling a connection to the staff and their peers in support groups, it was mentioned that having more individual counseling sessions would be more helpful to work toward outpatient treatment goals.

Additionally, I would recommend that future research be conducted face to face with ex-offenders to gain further insight into their perceptions and feelings toward community-based treatment. By observing body language and looking to see if individuals give you eye contact may show if a person may be telling a lie. It would also be beneficial for future researchers to conduct this same study over a more extended period to allow for the collection of greater detail about the lived experiences of what treatment was like for all participants. Future research should also include the views and opinions of staff members who are providing different treatment modalities and support groups, which could offer a better understanding of the program and statistics to show if the program is effective.

Implications for Social Change

There are social change implications because the findings of this study provide awareness into the life experiences of ex-offenders seeking community-based treatment.

While specific treatment approaches and support groups were identified, it is time for a change in communities where alcohol and drugs are sold on the streets and in crack homes. There is a need to continue to discuss how and why individuals use, misuse, or depend on substances as an escape to face life issues. More evidence-based programs should be implemented and designed to improve the overall well-being of individuals in the community suffering from an epidemic. An increase in prevention and treatment services should be offered for free to improve lifestyles.

Conclusion

Attending community-based treatment can be problematic for ex-offenders who are in denial of their addiction. Feelings of anger, disappointment, sadness, rage, and worthlessness make them feel as though they cannot complete a substance abuse program. Based on the findings of this study, male and female ex-offenders who participated in the Better Community Development, Inc outpatient program can change negative attitudes and lifestyles based on the different treatment approaches. Recovery program work of the 12 Step meetings, Motivational Interviewing, group activities, having a sponsor, and reading the Big Book were all effective methods that impacted individual's experiences while attending community-based treatment.

An additional treatment approach of cognitive behavior therapy that targets individuals' thought processes was another component of helping ex-offenders' think about choices and consequences for their actions. The feedback from these participants sharing their truth on how BCD, Inc helped saved their lives shows that community-

based treatment can work for any individual who is willing to work on changing their habits and maintaining their sobriety.

The purpose of this qualitative, phenomenological study was to examine ex-offenders' perceptions and feelings toward community-based treatment programs pivotal in changing their attitudes and lifestyles. Based on the experiences shared, ex-offenders may attend multiple treatment programs that target individual needs. Ex-offenders now know that the one size fits all method of substance abuse treatment is different for individual needs. Joining a support group or attending 12 steps meetings is not the only solution to help maintain recovery. Individuals have options to choose what motivates them or seek treatment that best fits their needs.

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Appendix A: Recruitment Flyer

RECRUITMENT FLYER**Ex-Offenders Needed for a Research Study on Community-Based Treatment Programs**

If you are 18 years old and willing to share your experience of community-based treatment programs then this study is for you. All you must do is participate in a telephone interview and earn a \$10 gift certificate. If interested please contact me at [telephone number redacted] or email yolanda.johnson5@waldenu.edu Monday through Friday between the hours of 3:00 pm to 8:00 pm to schedule your telephone interview. The information provided by the telephone interview will be kept confidential and will not be shared with anyone.

Location: Better Community Development, Inc.

3604 West 12th Street

Little Rock, Arkansas 72204

Appendix B: Participation Invitation Letter

Dear Invitee,

My name is Yolanda Johnson. I am a doctoral student at Walden University's Forensic Psychology Program. I am kindly requesting your participation in a doctoral research study that I am conducting titled: Ex-offenders Perceptions on the Effectiveness of Community-Based Substance Abuse Treatment Programs in Changing Attitudes and Lifestyles.

The study involves completing basic demographic information and responding to the questions from the Interview Protocol.

Participation is completely voluntary, and you may withdraw from the study at any time.

The study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information.

If you would like to participate in the study please read the Informed Consent letter below. Your participation in the research will be of great importance to assist in social change in ensuring ex-offenders they can change negative attitudes and lifestyles by attending substance abuse treatment programs.

Thank you for your time and participation

Sincerely,

Yolanda Johnson M.A. Doctoral Student, Walden University

Appendix C: Interview Protocol

Thank you for taking the time to answer the following questions. Your responses will be kept confidential and used to improve the recovery process for individuals wanting to change their attitude and lifestyle.

DEMOGRAPHIC INFORMATION

1. Please enter your age _____.
2. Please select the appropriate gender category. ____ Male ____ Female
3. What is your race/ethnicity? ____ African American/Black ____ Asian American
____ Caucasian/White ____ Hispanic ____ Native American ____ Mixed
Race/Multiethnic
4. Tell me how you became involved in alcohol and drug treatment?
5. Describe your experiences of community-based treatment?
6. How did you feel about the community-based treatment modalities offered?
7. How did community-based treatment services change your negative attitude toward staff members and peers?
8. What did you learn from community-based treatment that impacted your lifestyle?
9. How would you apply the different treatment modalities in the future?
10. What do you plan to do differently to avoid a relapse of drugs and alcohol?
11. How do you plan to stay motivated about the changes in your recovery?
12. Tell me about your overall experience of attending Better Community Development, Inc treatment program?