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## The Prison Reentry Experience of Justice-Involved Veterans

Latta Roosevelt Thomas Jr.  
*Walden University*

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# Walden University

College of Health Sciences and Public Policy

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Latta R. Thomas Jr.

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Walden University  
2023

Abstract

The Prison Reentry Experience of Justice-Involved Veterans

by

Latta R. Thomas Jr.

MS, National University, 2010

MDIV, Emory University, 1998

MA, Webster University, 1989

BS, South Carolina State College, 1981

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Public Administration

Walden University

February 2023

## Abstract

Prison reentry programs attempt to equip justice-involved veterans with life skills necessary for their transition out of prison. This qualitative study addressed the scant understanding of the impact pre-released prison reentry programs have on justice-involved veterans' transition and reintegration back to the community. The purpose of this qualitative study was to describe the perceptions of justice-involved veterans regarding prison reentry programs that have impacted their transition out of prison. The well-being development model and Castro's military-to-civilian transition model provided the conceptual framework for this qualitative study, using semistructured questions to interview 11 justice-involved veterans regarding their participation in prison reentry programs. Directed content analysis was used to categorize, synthesize, and interpret data. The first theme revealed that prison reentry programs helped with transition when there was family support, when one participated in industry reentry training, when there is community support, and housing. The second theme that emerged from the data revealed that prison reentry programs did not help with transition when prison reentry programs were cancelled due to SARS-CoV-2 (COVID-19), prisoners faced difficulty in adjusting, had no knowledge of community resources, received no help from prison, and did not have access to housing, transportation, or healthcare. The research findings may contribute to positive social change by engaging justice-involved veteran stakeholders to review and revise prison reentry policies for justice-involved veterans.

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## Dedication

Reverend Dr. Latta R. Thomas, Sr., and Bessie Thomas.

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## Chapter 1: Introduction to the Study

Many justice-involved veterans fail to successfully reenter society, either reoffending or returning to prison due to violating their probation. Justice-involved veterans are designated by the Department of Justice as veterans under the custody or administration of the federal, state, or local court jurisdictions (Burke et al., 2019). One of the goals of prison reentry programming is to prepare prisoners for reintegration into the community and reduce recidivism (Jones & Forman, 2016). Justice-involved veterans represent almost 8% of the total U.S. prison population (Carson, 2022). Two thirds of incarcerated prisoners will return to prison after release (McCall & Tsai, 2018). The following are barriers justice-involved veterans face as they transition and reintegrate into their community: having an incarceration record, transportation needs, poor or scanty employment history, lack of job preparedness, housing, food, accessibility to health care, and lack of clothing (Nhan et al., 2017).

The purpose of this study was to describe the perceptions that a sample of justice-involved veterans had regarding prison re-entry programs. Research revealed a gap in the literature regarding the impact prison reentry initiatives have on the transition process justice-involved veterans face as they transition to civilian life (Stacer & Solinas-Saunders, 2015). This current research study expanded the body of scholarly literature on tailored prison reentry intervention programs for justice-involved veterans. This study might encourage more research on the development and deployment of intervention reentry programs for justice-involved veterans.

In this study, I sought to understand how prison reentry programs met the reentry program goals and transition challenges justice-involved veterans face. Chapter 1 outlines the purpose and nature of the study on prison reentry and justice-involved veterans. Chapter 1 also presents the research question and the theoretical framework that guided the research inquiry, the definition of key concepts, research assumptions, scope and delimitations, limitations, and research biases. This chapter ends with a summary regarding the study's significance for positive social change.

### **Background**

Prison reentry programs are available resources to help incarcerated prisoners. The goal of prison reentry programs is to prepare justice-involved veterans for life after prison, connect the justice-involved veterans to employment opportunities, and supervise them throughout the parole and probation process (Hlavka et al., 2015). In recent years, public support toward prisoner reentry initiatives has been high when the community can see reintegration benefits and public safety (Garland et al., 2016). The success rate of prison reentry programs and the impact on justice-involved veterans' transition from prison to the community is unknown. According to the Bureau of Justice Statistics, two thirds are rearrested 9 years following their release (Durose et al., 2014). Unfortunately, many ex-offenders reoffend. Others return due to a violation of their probation. The reentry goal is to prepare ex-offenders for reintegration into the community and reduce recidivism (Jones & Forman, 2016).

Justice-involved veterans represent almost 8% of the United States' total prison population (Carson, 2022). Many will return to prison after release (McCall & Tsai,

2018). Pedlar et al. (2019) reviewed military-to-civilian transition (MCT) models that revealed that many of these studies do not have instruments that measure military veteran transitions across different contexts and well-being domains. This study found that the MCT models work best when integrating a well-being framework that measures how well one is doing with employment, finances, healthcare, healthy life skills, transition preparedness, social integration, housing, and accessing community and U.S. Department of Veterans Affairs (VA) healthcare resources. Research on MCT indicates that previous transition frameworks have focused on stages of adult development and transitional education services to veterans returning from deployment.

This research study revealed whether reentry programs help justice-involved veterans through their transition out of prison. This research may expand the body of research literature on tailored prison reentry intervention programs for justice-involved veterans. This research might encourage more research on the development and deployment of intervention reentry programs for justice-involved veterans.

### **Problem Statement**

This study addressed the problem that little is known about the perceptions justice-involved veterans have regarding the usefulness of reentry programs in their transition from prison back into the community. Moreover, this research study revealed that researchers have produced little research on the impact of reentry programs on the success or failure of justice-involved veterans' transition and reintegration back into the community. Research on justice-involved veterans is practically non-existent due to the federal, state, and local restrictions that would grant access to this protected prisoner

population. Research using MCT indicated that transition frameworks have focused on stages of adult development (Schlossberg & Goodman, 2005), military veterans in higher education (Keefe et al., 2016), and education services to veterans returning from deployment (Rumann & Hamrick, 2010). Thompson et al.'s (2016) review of MCT models revealed many studies have inadequately measured military veteran transitions across well-being domains. This research study confirmed a gap in the literature regarding the impact prison reentry initiatives have had on the transition process justice-involved veterans face as they transition to civilian life.

### **Purpose Statement**

The purpose of this study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. The central phenomenon of this research study was the effectiveness of prison reentry programs on the transitional well-being needs of justice-involved veterans. The generic qualitative design was an appropriate method to describe the perceptions of justice-involved veterans regarding prison reentry programs and their transition back to the community. The research participants were justice-involved veteran men and women who have been released from prison and transitioned back to the community. Nonprofit community organizations that provide transitional services to post-released justice-involved veterans served as the research sites. Public policy implications of the research findings might reveal the importance of having comprehensive reentry programs that meet the transition well-being outcomes of justice-involved veterans.

### **Research Question**

The following research question directed this research: What are the perceptions of justice-involved veterans about prison reentry programs?

### **Conceptual Framework**

This qualitative study's conceptual framework included a combination of well-being components from Castro's et al. (2017) MCT model and the well-being development model (WBDM; Pettus et al., 2021). MCT approaches the transition from military to civilian life in three stages. The first stage focuses on how the veteran comes to the transition (Pedlar et al., 2019). The second stage focuses on the management of transition community stakeholders that assist and provide transition resources. In the third and final stage, MCT focuses on transition outcomes (Castro & Kintzle, 2014). The MCT model served as the foundation for this study's research question and the interview protocol (see Appendix). The MCT model describes the transition processes military veterans experience throughout their time in the military. The MCT model identifies several transition well-being outcomes former military veterans need to successfully transition out of the military (Castro et al., 2017). The well-being outcomes of the MCT model can apply to the transition justice-involved veterans experience as they move from incarceration back to the community. The MCT model provides a framework to measure the well-being outcomes generated through prison reentry initiatives experienced by justice-involved veterans. The conceptual framework of WBDM provided five well-being facilitators to assess reentry outcomes. The five well-being facilitators incorporated in this research study were healthy thinking patterns, meaningful work trajectories, effective

coping strategies, having a positive social engagement, and creating positive interpersonal relationships (Pettus et al., 2021). The conceptual well-being components from MCT and WBDM provided the framework to describe the perceptions of justice-involved veterans on prison reentry programs.

### **Nature of Study**

This study utilized a generic qualitative research design. The qualitative design allowed me to describe the perceptions of justice-involved veteran's participation in reentry programs (see Larkin et al., 2006). This qualitative study focused on the individuals' perspective in their natural state (Sandelowski, 2000, 2010; Sandelowski & Barroso, 2003; Sandelowski et al., 1992). Generic qualitative research design was an appropriate research design to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs.

In this research study, I interviewed 11 justice-involved veterans. According to Robinson et al. (2017), sample size depends on the availability of interviewees and resource allocation. These interviews provided the source of data. Impressions during and after each interviewing session were recorded. Interviewing is a technique a researcher uses to understand the interviewees' lived experiences (Kvale, 2006). After transcribing the interviews, I used thematic content analysis to code for themes (Creswell, 2013; Saldana, 2015). In Chapter 3, I present a more detailed discussion of the research design and data analysis plans.

### **Definition of Terms**

The following terms were used in this research study.

*Criminogenic factors*: Factors that increase the chance of justice-involved veterans reoffending and returning to jail. These factors include homelessness, substance use disorder, mental health disorders, unemployment, and lack of health care (Rukus et al., 2016).

*Justice-involved veterans*: Ex-offenders who may or may not be veterans. Justice-involved veterans are designated by the VA and the Department of Justice as veterans under the custody or administration of the federal, state, or local court jurisdictions (Burke et al., 2019).

*Military-civilian transition (MCT)*: A military veteran and family member's transition process to seek, strengthen, and stabilize well-being domains throughout the reintegration experience from military service to civilian life (Robinson et al., 2017).

*Reentry*: Process of correctional programs and procedures deployed at the beginning of incarceration to prepare the offender for release from prison (Stacer & Solinas-Saunders, 2020)

*Reentry programs*: Educational, vocational, mental health, and religious classes prepare and equip offenders with skills and life strategies to reduce prison recidivism (Tsai & Goggin, 2017).

*Veterans Benefits Administration*: The federal agency responsible for the delivery of disability compensation, pension, death pension, insurance, education, home loan program, veteran readiness, and employment services to veterans and veteran family members (Veteran's Health Administration, 2017).

*Veterans Treatment Court (VTC)*: Special judicial court designed to assist justice-involved veterans with medical and mental health issues related to their military service (Rosenthal & Finlay, 2022).

*Veteran Justice Outreach Program*: VA program connecting justice-involved veterans to mental health services (Finlay et al., 2019).

*Veterans Justice Outreach Specialist*: VA employee responsible for coordinating intervention services for the justice-involved veterans (Stacer & Solinas-Saunders, 2020)

*Veterans Service Organizations (VSO)*: National and local advocacy organizations certified by the VA to assist veterans seeking VA services (Veteran's Health Administration, 2017).

### **Assumptions**

In scholarly research, assumptions must be revealed by the researcher. According to Simon and Goes (2013), qualitative and quantitative research assumptions may impact research. The three philosophical assumptions that guided this research study's qualitative methodology were ontology, epistemology, and axiology (Creswell & Poth, 2018). From a constructivist qualitative framework, ontological assumptions in this research identified patterns to describe the lived experiences and realities of the justice-involved veteran's participation in prison reentry initiatives. This approach assumed there are multiple realities and patterns of experience from the research participants. The first assumption was that a qualitative research method was the best way to describe the lived experiences and realities of the research participants. The second philosophical assumption, epistemology, described through the research participants point of view,

their experiences with prison reentry initiatives and their impact on their well-being and transition. The second assumption was that the justice-involved veterans will be truthful and honest. The third philosophical assumption that guided this research methodology was axiology. Axiology assumption focused on the researcher values that influence and drive the methods and methodology of this proposed research. Acknowledging I am a research instrument, I revealed any biases or research position that influenced how this research was conducted. These assumptions are a necessary revelation for this research because they may impact research methodology and research results.

Finally, as a research instrument, I assumed that 60 minutes would be enough time to get a detailed descriptive account of the research participant's experiences with prison reentry programs. As a researcher, I valued the time the research participants gave to the interviewing process.

### **Scope and Delimitations**

The scope of this qualitative research was to interview veterans who have been out of prison and participated in prison reentry programs. The *scope* of a study refers to the parameters within which the research takes place (Simon & Goes, 2013).

For this study, I had several constraints regarding the research. Delimitations are constraints that the researcher places on the research (Sampson, 2012). Delimitations are choices made by the researcher, such as the number of participants to interview for the research, the location of the interview, or the method to interview participants. One of the delimitations for this research was the sample range that was between eight and 12 participants who were recruited around the local VA Healthcare Services. Another

delimitation was the location or geographical boundaries of the research. For this study, the geographical area of the study was from a southeastern city where there was a large population of justice-involved veterans that resided at residential reentry centers.

This study identified themes that described the role prison reentry programs had on the transition process of justice-involved veterans. Reentry program initiatives can serve as a resource contributing to better transition outcomes for justice-involved veterans released from prison and returning to the community. Moreover, this study may be applicable and transferable for future research on prison reentry initiatives. Future research might focus on traumatic brain injury or mental health transition programs for justice-involved veterans incarcerated in federal, state, and local jurisdictions.

### **Limitations**

All research has methodological weaknesses and limitations. Weaknesses, constraints, and limitations come from research methodology and should be identified (Simon & Goes, 2013). The sample size was one of several limitations of this study. The sample size was such that it did not represent all the experiences of the 9,000 justice-involved veterans incarcerated in Federal, State, and local corrections throughout the United States. Another limitation was the time needed to interview research participants. Time was a limiting factor in how much sharing of information the Justice-involved veterans can provide about their transition since leaving prison. Recruiting justice-involved veterans was a challenge because of the work requirements and probation rules. Also, SARS-CoV-2 (COVID-19) forced a change regarding the interviewing site and interviewing method. The threat of spreading SARS-CoV-2 (COVID-19) limited access

to justice-involved veterans. Based on these limitations, this study also completed a telephone interview for data collection. All personal information revealed for this study was confidential. Identifying information was not collected.

As a result of the study's research methodology and design, this study is transferable and dependable. The qualitative method was more appropriate than the quantitative approach to explore the perceptions the justice-involved veterans have regarding prison reentry programs. Confirmation bias and selective perception of emerging themes and descriptive language are biases that can influence the research outcomes. This research study used member checking procedures to eliminate the potential for misinterpretation of the data. Bracketing was employed to address researcher bias. I tested the interview questions with a subject matter expert to determine if the interview questions contain biases. I asked the reviewer to examine the intent of each question in relation to the research question guiding this study. Feedback from the reviewer was used to eliminate bias. These measures eliminated biases that could influence the outcome of this study.

### **Significance**

The VA Healthcare system focuses on the well-being and healthcare of veterans. Sadly, little or no attention is given to changing laws and policies that prevent the VA from providing services to veterans before they are released from prison. These justice-involved veterans are often stigmatized by healthcare workers and peers because they have a prison record, are experiencing homeless, and/or are a substance user. Many Americans claim to love veterans. Veterans who have served in the armed services are

celebrated. Many Americans express the belief that veterans should be taken care of. This research might remind the reader that the formerly incarcerated veterans, are still veterans who need healthcare and support services. This research might provide a platform for justice-involved veterans to discuss prisoner transition and prison reentry programs. This study might help future researchers explore new programs to include in the existing reentry programs or eliminate the ineffective ones. This research might accelerate cross-sector collaboration among federal, state, and local agencies to measure each reentry program's effectiveness, maximizing public funding on prison reentry initiatives. For justice-involved veterans, this research might encourage participation among veterans with the hope of making a difference in creating and implementing successful prison reentry programs for justice-involved veterans. As an implication for positive social change, this research study may compel federal, state, and local criminal justice agencies to develop reentry initiatives that prepare justice-involved veterans through their transition process.

### **Summary**

The purpose of this generic qualitative research study was to describe justice-involved veterans' experience with prison reentry programs. This generic qualitative research study uncovered the scant understanding of the impact prison reentry programs have on justice-involved veterans' transition back to the community. In this study, I explored whether justice-involved veterans found the prison reentry programs instrumental in transitioning from incarceration to post-incarceration.

In Chapter I, I presented the background, purpose, and nature of the study, the theoretical framework for the study and research question, the assumptions built into this research, the scope and delimitations of the research, the limitations and the significance of the study may have on a body of literature on prison reentry and justice-involved veterans. In Chapter 2, I review the research literature on prison reentry, justice-involved veterans, and MCT theory. I also present the challenges of prison reentry for justice-involved veterans and provide a brief overview of the themes identified in the literature review on the MCT of justice-involved veterans out of incarceration.

## Chapter 2: Literature Review

The purpose of this study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. As a result of a comprehensive literature review, I found scant representation on how prison reentry programs impact the transition stages of justice-involved veterans. This research added to the expanding body of research on prison reentry programs and the transition experiences of justice-involved veterans.

In this chapter, I present a synthesis of existing literature on well-being, prison reentry programs, and the transition stages of Justice-involved veterans. The first section of this chapter compared and contrasted transition theories. The second section addressed prison reentry programs in the United States. The third section focused on the prison reentry challenges and barriers of ex-offenders. The fourth section examined the challenges and barriers justice-involved veterans face as they transition out of prison. This chapter includes discussion of the literature review strategy, the theoretical foundation, and a review of the literature's key variables and concepts. I conclude the chapter with a summary of the findings of the literature review.

### **Literature Search Strategy**

This study's literature search strategy consisted of researching peer-reviewed articles. The reviewed literature from 2015 to 2022 represents current prison reform initiatives and the First Step Act of 2018. The search engines for the research inquiry included Academic Search Complete, ERIC, GALE, SAGE Journals, Criminal Justice Database, ProQuest, EBSCOhost, Sage Premier, ProQuest Central, Google Scholar,

Bureau of Justice Statistics, and the National Institute of Justice Research Studies. Peer-reviewed articles on qualitative research, qualitative descriptive method, qualitative and quantitative dissertations on prison reentry, and transition theory were reviewed. The following search terms were used: *First Step Act of 2018, the military transition assistance program, the National Defense Authorization Act, military transition services, theory of transition, military transition, military-to-civilian transition model, veterans, prison reentry theory, prison reentry, reentry programs, prisoner reentry process, ex-offender reentry, justice-involved veterans, faith-based reentry programs, women reentry programs, mental health reentry programs, prison reform legislation, recidivism, federal bureau of prisons reentry programs, federal bureau of prisons reports on prisoner reentry, congressional legislation on prison reform, well-being, well-being theory, and well-being framework*. The literature review revealed no research on prison reentry programs impacting the transition process and challenges justice-involved veterans face as they transition out of prison. The following section presents the theoretical framework for a military transition strategy.

### **Conceptual Framework**

This qualitative study's conceptual framework included a combination of well-being components from Castro et al.'s (2017) MCT model and the WBDM (Pettus et al., 2021). In this section, I explain both models, including similarities and differences. Well-being frameworks have been and are being used to shape public policy on veteran well-being in the United States. In 1991, due to the reduction of military forces in the United States, Congress created the Military Transition Assistance program as part of the

National Defense Authorization Act P.L. 101-510 (Service, 2018). In 2011, President Obama directed the Department of Defense and the VA to reevaluate the transition assistance program for military families and veterans (Pedlar et al., 2019). In 2018, President Trump signed the John S. McCain National Defense Authorization Act P. L. 115-232 (H.R.5515, 2018). This act provided more federal funding for veteran well-being and military transition services. Public law 115-232 expanded Military One Source well-being services for veterans and families, offered tailored counseling, education assistance, and service members transition to civilian life online training. Each year 200,000 veterans separate from the military (Vogt et al., 2022). For a successful transition, service members must complete several well-being and transition assistance programs that address goal development, career planning, benefits management, VA assistance, education opportunities, and housing. The goal is to expose service members to information about resources available to them after military service. Positive well-being outcomes are essential to successful military-to-civilian transitions. The MCT model focuses on positive well-being outcomes.

In the literature, well-being consists of many components spanning multiple domains. Historically, the well-being construct was developed by the psychology, sociology, and economics disciplines. Ryff and Keyes (1995) listed six dimensions of well-being: self-acceptance, autonomy, environment mastery, positive relationships, purpose in life, and personal growth. Seligman (2011) suggested five domains essential to healthy well-being: positive emotions, flow, positive relationships, meaning, and achievement. Well-being has been associated with happiness, feelings of well-being, and

economic theories (Easterlin, 2001, 2013). Dodge et al. (2012) define well-being as a condition when psychological, social, and physical resources meet individuals' psychological, social, and physical challenges. The Organization for Economic Cooperation and Development (OECD, 2013) targeted, in their well-being assessment tool, 11 areas essential to well-being: housing, employment balance, income, community engagement, education, environment, governance, health, life satisfaction, safety, and jobs. Adler and Seligman (2016) defined well-being as a collection of domains individuals value in life. Well-being for veterans may or may not include many of the historical components of well-being.

Military veterans may have more components associated with their well-being. Veterans Affairs Canada (VAC) developed a national policy to enhance the well-being of veterans and their families in the areas of finance, social integration, healthcare, housing, employment, education, and life skills (Thompson et al., 2016). The VAC well-being framework assesses the well-being of Canadian veterans at a particular point in their transition. The nature of military service, multiple deployments, and battlefield wounds can cause many veterans to experience more hardship in transitioning from military to civilian life. Well-being is the objective of MCT policies. The VAC's MCT framework was informed by a *2013 Veterans Life After Service Study, Road to Civilian Life* research program, and an expert panel conference on the military to civilian transition public policy (Thompson et al., 2016). VAC defines well-being as a condition of a process where well-being is influenced by the domains of employment, finance, health, life skills, housing, social and physical environment, and social integration (Thompson et al., 2013).

Well-being fluctuates between good and bad as determinants negatively or positively influence well-being. The objective of VAC's MCT program is to make sure veterans experience good well-being across all the domains of employment, finance, health, social integration, housing, social and physical environment, and life skills (Thompson et al., 2016). The objective of the finance domain is to measure whether the servicemember is secure financially (Thompson et al., 2013, 2016). The housing domain aims to measure if the servicemember has adequate housing (Thompson et al., 2013, 2016). The objective of the health domain is to measure whether the servicemember is doing or not doing well physically and mentally (Thompson et al., 2013, 2016). The objective of the employment domain is to measure whether the servicemember has meaningful employment after separating from the military (Thompson et al., 2013, 2016). The objective of the social integration domain is to measure the level of supporting relationships and community social service support (Thompson et al., 2013, 2016). The objective of the life skills domain is to measure adaptability to civilian life (Thompson et al., 2013, 2016). MCT is based on the hypothesis that exposing service members to well-being factors during their transition process will contribute to good functional well-being throughout the veteran transitional life cycle. In developing a well-being military to civilian transition framework, researchers should consider the military context and unique needs of the military veteran.

### **The MCT Model**

The first aspect of the conceptual framework that guided this research is the MCT model. The MCT model is based on the well-being model developed by VAC. MCT is a

military transition model describing military members' transition progression as they advance out of military service to civilian service (Pedlar et al., 2019). The MCT model was an appropriate framework because the transition process will develop over the life cycle of the military veterans' service even after one has been discharged from the military. The MCT framework will describe justice-involved veterans' experience with prison reentry programs that provide transition services to veteran offenders.

In 2011, President Obama directed the Department of Defense and the VA to reevaluate the transition assistance program for military families and veterans (Pedlar et al., 2019). The MCT model was developed because of three research studies on military transition and reintegration. The University of Southern California, Syracuse University, and the Center for the New American Security contributed to the conceptual model for MCT (Robinson et al., 2017).

MCT is a process that develops over the life cycle of the military veterans' service even after one has been discharged from the military. The Center for the New American Security proposed framework maintained that veterans were not receiving services toward a successful military-to-civilian transition (Berglass & Howell, 2012). Their report recommended the development of a reintegration strategy consisting of community-based delivery of veteran services. However, their report offered no actionable plan to better serve veterans needing long-term support services.

The MCT model was developed to serve the transition needs of veterans. The MCT model created by the Syracuse Institute for Veteran and Military Families focused on the lack of coordinated services between the federal agencies mandated by Congress

to provide transition services (Armstrong et al., 2015). The Syracuse MCT model provided no practical service delivery solutions to improve military transitions (Adler & Castro, 2019). A well-being public policy that includes delivering human and health services to veterans might be key to successful well-being outcomes for veterans and justice-involved veterans.

For justice-involved veterans, well-being is based on accessibility to resources. Justice-involved veterans' stable well-being is based on their accessibility to psychological, social, and physical resources that address their needs as they transition from prison to civilian life (Rosenthal & Finlay, 2022). Castro et al. (2017) proposed an MCT model that focuses on well-being outcomes associated with gaining employment, access to housing, medical and mental healthcare, and a viable social and community support network. Their MCT model was developed for the United States military veterans transitioning from military service to civilian life (Pedlar et al., 2019). Castro et al. noted that the military members transitioning out of the military face a change in social identity, employment culture, social relationships, social network, and access to veteran resources. An MCT model based on a well-being framework and well-being domains will address the transition challenges justice-involved veterans face as they reintegrate into civilian life.

Well-being is a critical component of the MCT model. MCT measures how well the military veteran is doing in education, employment, finances, healthcare, life skills, transition preparedness, social integration, access to housing, social networks, and accessing community resources and community integration (Robinson et al., 2017). The

MCT model approaches the military–civilian transition in three stages. The first stage focuses on how the veteran comes to the transition (Pedlar et al., 2019). The second stage focuses on the management of transition community stakeholders that assist and provide transition resources. In the third and final stage, the MCT model focuses on transition outcomes (Castro & Kintzle, 2014). The review of the literature on MCT indicates that previous transition frameworks have focused on stages of adult development (Schlossberg & Goodman, 2005), military veterans challenges in higher education (Keefe et al., 2016), and education administration transitional services to veterans returning from deployment (Rumann & Hamrick, 2010). The review of MCT models reveals that many of these studies have inadequate instruments that measure military veteran transitions across well-being domains (Thompson et al., 2016). Thus, MCT models work best when integrating a well-being framework that measures how well one is doing with employment, finances, healthcare, healthy life skills, transition preparedness, social integration, housing, and civilian social environment (Pedlar et al., 2019). The three research studies on the MCT model called for robust interagency coordination between the Department of Defense, Small Business Administration, Department of Labor, and VA to deliver services to veterans and military families after military service. The MCT model has not been applied to other studies or used as a policy initiative for an official veteran transition and reintegration model. This study filled a gap in the literature by applying the MCT principles to prison reentry programs for justice-involved veterans transitioning out of prison. Castro’s MCT model was chosen for this study because it focuses on transition, well-being domains, and reintegration outcomes for all veterans

during and after military service. Moreover, the framework was applied to the transition experiences of justice-involved veterans returning to their community from prison.

Several of the conceptual models considered for this study do not capture the complexity and context of military service in the United States. For example, Burkhart and Hogan (2015) developed a seven stage transition model on how female veterans coped with military transitions in selecting military service, adapting to the military culture, serving in the military operational environment, being a female servicemember, being discharged from the military, life stressors as a civilian, making meaning of the new identity as a civilian. The purpose of this study was to describe the transition experience of female veterans before and after service. Yet, it does not capture the complexity of the MCT process on all military members (Pedlar et al., 2019).

There were two other transition frameworks to be considered as a model for this study. One is a transition framework developed by the Forces of Mind Trust (Curry et al., 2017). Forces of Mind Trust conducted a study in the United Kingdom on the transition outcomes of their military servicemembers (Curry et al., 2017). The framework organized the transition process into four life stages: pre-join military, military service, military service with formal resettlement activities, and after leaving the military scene. Those who prepare for transition early in their military career have better transition outcomes (Curry et al., 2017). This conceptual framework is focused on the U.K. military personnel and not the military culture of the United States. As a veteran of the U.S. military, I know that the military culture and traditions, military jobs, mission, and deployments for the

U.S. military is different than for the U.K. military. As a result, the transition cycle and transition outcomes will be different.

The U.K. military personnel have different transition resources than the military personnel in the United States. In the U.K., Cooper et al. (2016) developed a transition conceptual framework based on sociologist Bourdieu's concepts of cultural capital (military culture, military operational knowledge, military rank and status, military symbolism), habitus (dispositions created during the development of a military identity), and space (civilian life) to track the military trajectories across the military service. For this conceptual model, successful MCT is based on one's ability to apply economic, social, and cultural capital as transferable skills to civilian rules, norms, and customs (Cooper et al. 2016). As a conceptual model, it does not consider military culture outside of the United Kingdom. Moreover, it is not focused on transition outcomes based on well-being domains (Pedlar et al., 2019).

Compared to Castro's MCT, the U.K. MCT models focus less on the well-being outcomes. Moreover, the U.K. models' practical application would not include military subgroups such as women, families, LGBTQ, or justice-involved veterans (Pedlar et al., 2019). The MCT model, associated with identity disruption, requires effective psychological and social adaptability skills to transition to civilian life. The types of discharge, combat experience, personal and psychological wellbeing, transition preparedness are factors that negatively or positively affect transition outcomes and expectations (Castro et al., 2017). MCT affects military veterans in different ways. As such, MCT programs should be individualized as opposed to one size fits all. There is no

evidence regarding the effectiveness of these models across multi-national military cultures.

### **The WBDM**

The second aspect of the conceptual framework that guided this research is the WBDM. The WBDM is a conceptual framework designed to increase well-being of justice-involved individuals (Pettus et al., 2021). It is based on the following psychological social framework of well-being: the psychological well-being model, Seligman's PERMA model, the leisure well-being model, and the good lives model (Pettus et al., 2021). The goal of WBDM framework is to help justice involved individuals to reach their potential. WBDM defines well-being as a state of satisfying and productive engagement with one's life and the realization of one's full psychological, social, and occupational potential (Pettus et al., 2021). WBDM comprises five facilitators of well-being: healthy thinking patterns, meaningful work trajectories, effective coping strategies, having positive social engagements, and creating positive interpersonal relationships (Pettus et al., 2021). Healthy thinking facilitates well-being through empathic caring, adaptive problem solving, positive communication skills, and good decision-making skills. Having meaningful work facilitates healthy well-being. The third well-being facilitator focuses on developing and executing strategies to manage internal and external stresses. The fourth well-being facilitating factor is the development of positive social engagement that encourages enjoyable activities that directly involve others and promote societal good and reduce isolation (Pettus et al., 2021). The fifth well-being facilitating factor is the development of positive interpersonal relationships that are

sustainable and reliable. The justice-involved individual must have positive thinking, positive social support from family and friends, and positive social connectedness to have a healthy well-being.

Based on the psychological social framework of well-being, the WBDM framework is not practical for justice-involved veterans that need financial, housing, employment, healthcare, disability services for service-connected disabilities, and mental health services that address substance use, post-traumatic stress disorders, traumatic brain injuries, and other post deployment injuries. Furthermore, WBDM does not address poverty, homelessness, and transportation needs of justice-involved veterans. The WBDM is a well-being framework that is not operationally applicable for justice-involved veterans. To describe the perceptions justice-involved veterans have regarding their experience with prison re-entry programs, this study combined the WBDM five facilitators of well-being and Castro's MCT well-being domains to create the conceptual framework that addressed the purpose of this study and provided a coding framework for data analysis.

### **Literature Review Related to Concepts**

The purpose of this study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. This section presented a review of the academic literature on justice-involved veterans, the prison reentry process, and the prison reentry challenges justice-involved veterans face as they transition out of prison. Understanding these concepts helped identify gaps in the research on justice-involved veterans.

### **Criminality of Justice-Involved Veterans**

A goal of prison reentry programs is to develop life skills so prisoners will not reoffend and return to prison. Some scholars suggest that prison reform and prison reentry initiatives will have less impact on justice-involved veterans' transition if they have a disposition to offend (Brown et al., 2015). Several models explore justice-involved veterans' criminality.

The first model asserts that justice-involved veterans were most likely to commit crimes because they were involved in criminal activities before joining the military (Brown et al., 2015). The second model of military veteran criminality posits that military experiences make military veterans criminogenic (Stacer & Solinas-Saunders, 2018). Multivariate data analysis on 2,102 inmates found no link between military experience and criminality (White et al., 2012). The third theoretical model on military criminality expands on the first two models' concepts to determine, through a life course paradigm, the relationship between military service and veteran criminality (Bouffard, 2005). Bouffard's research concluded that military service was not a bridge to criminality and military service reduced reoffending risk (Bouffard, 2005). These peer-reviewed literature findings conclude that justice-involved veterans do not have a criminal mindset based on military experience that would prevent them from successfully transitioning out of prison to the community.

### **Prison Reentry**

Prison reentry is a complex and content-driven process. Prison reentry is a resource mobilization process connecting a network of resources; it is a political process

mandated by the legislative branch to reintegrate prisoners back to the community; and it is a cultural process calling for collective action of stakeholders to meet the reentry challenges (Jonson & Cullen, 2015). The goal of prison reentry programs is to prepare justice-involved veterans for life after prison, connect the justice-involved veterans to employment opportunities, and supervise ex-offenders throughout the parole and probation case management process (Hlavka et al., 2015). In recent years, public support for prison reentry initiatives has been strong. Public opinion toward prisoner reentry initiatives is high when the community can see the benefits of reintegration and public safety (Garland et al., 2011). Garland et al. (2011) surveyed 356 participants on prison reentry initiatives and found general support for prison reentry services that reintegrate ex-offenders back into the community. However, even with public support, community and correctional reentry programs face challenges due to the large release of offenders, unstable community services, and lack of human services in rural communities (Garland et al., 2015).

### **Reentry Challenges**

According to Sawyer and Wagner (2019), over 2.3 million people are incarcerated in the United States. The incarcerated are in 110 federal prisons, 1,833 state prisons, 3,134 local jails, 1,772 juvenile correctional facilities, immigration detention facilities, military prisons, civil commitment centers, and state psychiatric hospitals (Sawyer & Wagner, 2019). For many prisoners' having access to incarceration records, transportation, employment history, job preparedness, housing, food, and the lack of clothing make reintegration into the community challenging (Nhan et al., 2017). Other

barriers include medical and psychological care, earning a livable wage, addiction, lack of a family or community support system, and limited cross-sector collaboration with local organizations (Gunnison et al., 2015; Parent et al., 2016). Reentry programs have a high failure rate due to a lack of local resources (Travis et al., 2014). To reduce prison reentry barriers, community and correctional stakeholders must tailor their rehabilitation and reentry programs toward each ex-offender.

Federal, state, and local governments face many institutional challenges in implementing successful reentry programs. After surveying more than 386 participants, Hunter et al. (2016) found that prison reentry processes and programs have challenges that impact whether reentry initiatives are successful. La Vigne et al. (2006) asserted that for prison reentry initiatives to successfully reintegrate ex-offenders to the community, federal and state prison jurisdictions must address the following prison reentry challenges: affordable housing, employment, transportation, access to health care, and transitioning to reconnect with family. Baer et al. (2006) research sought to understand the challenges of prison reentry. Baer et al. (2006), landmark research on reentry, addressed the factors contributing to the success and failure of prisoner reintegration and reentry programs in Maryland, Ohio, Texas, and Illinois. Their study revealed that offenders come to prison with substance abuse issues, mental disorders, and infectious diseases.

Similarly, Link and Hamilton (2017) found that ex-offenders with substance abuse and mental disorders have a greater chance of reoffending. Kendall et al. (2018) conducted a qualitative evaluation of reentry programs addressing drug addiction and ex-

offenders' mental health disorders. Kendall et al. 's research suggest that case management, social support, and continuity of care are factors that contribute to the success of ex-offender reintegration. Baer et al. (2006) maintained that ex-offenders would reintegrate into the community without health care or health insurance.

### **Justice-Involved Veterans Reentry**

Justice-involved veterans face the same challenges as nonmilitary ex-offenders. In most prisons, justice-involved veterans represent a subgroup of the general prison population (Schaffer, 2016). In 2016, 107,400 justice-involved veterans were under the authority of federal, state, or local correctional agencies (Bronson et al., 2015). Justice-involved veterans represent 8% of the corrections population (Carson, 2022). 96,300 justice-involved veterans were in state correction facilities. 9,100 justice-involved veterans were in federal correction institutions (Bronson et al., 2015). Military veterans have served in wars and conflicts: World War II, Korean War, Vietnam War, Grenada, Panama, Lebanon, Kosovo Operations, Iraqi Freedom, Operation Enduring Freedom, Afghanistan War, and special warfare operations. Many veterans leave military service with service-connected disabilities, mental illness, substance use disorders, sexual trauma, environmental and chemical exposure, traumatic brain injury, and physical disabilities (Schaffer, 2016). While incarcerated, one in five veterans is unemployed and or homeless before being involved in the criminal justice system (Douds & Hummer, 2019). 82% of the justice-involved veterans are eligible for healthcare services through the Veterans Healthcare Service System (Tsai & Goggin, 2017). For justice-involved veterans, the VA Healthcare system created the Veterans Justice Outreach Program

(VJP). VJP is an outreach and community service arm of the Veteran Healthcare system. The mission of VJP is to integrate veterans into the VA system providing 63 specialist services for substance abuse, peer support programs, employment job fairs, transportation services, and mental healthcare services (Veteran's Health Administration, 2017). Additionally, the Incarcerated Veterans Outreach Program (IVOP) is another resource to facilitate access to veterans' services after incarcerated veterans are released (Schaffer, 2016). Unfortunately, the VA is not authorized to provide services to justice-involved veterans before releasing them from prison (McCall et al., 2018). Significantly, discharge status determines whether veterans have access to veteran services (Szymendera, 2015). 50% of Justice-involved veterans over the age of 55 suffer from hypertension, 20% diabetes, 16% have hepatitis (Williams et al., 2010). Veterans also suffer from depression, post-traumatic stress disorder, suicide ideations, substance use disorders, and physical disabilities (Finlay et al., 2019). Veterans' mortality rate is 12 times higher than the general population (Finlay et al., 2019). Additionally, Hartwell et al. (2014) surveyed 153 justice-involved veterans from the State of Connecticut and Massachusetts, found that 94% of veterans surveyed experienced trauma during the military. Frederick (2014) reported veterans who have a mental illness, alcohol and drug addiction, homelessness, and other service-connected disabilities would connect with a veteran's treatment court mentor to facilitate and coordinate services with the veteran and VA Healthcare System. Finlay et al. (2019) maintain that justice-incarcerated veterans have unique challenges regarding prison reentry and reintegration. As a result of the unique challenges, the VA Health Administration created Health Care for Reentry Veterans to reduce homelessness

and recidivism (Finlay et al., 2019). Blonigen et al.'s (2017) research on justice-involved veterans found that 69% of veterans participating in the Health Care for Reentry Veterans suffered from mental health illness and substance use disorders. Timko et al. (2020), after examining secondary data of 197 justice-involved veterans enrolled in substance use disorder residential treatment programs, found 22% reoffended one-year post-discharge and 30% reoffended during the treatment program. Research recommends personalized intervention that focuses on social support networks and emotional regulation (Timko et al., 2014). Yet 49% of those studied did not have contact with the VA 1 year from the initial outreach by Health Care for Reentry Veterans (Finlay et al., 2019). Also, veterans in rural areas participated at a much lower rate than the veterans in metropolitan areas of the United States (Finlay et al., 2019). Finlay et al. (2019), through a scoping review of existing literature on justice-involved veterans, found knowledge gaps regarding different sociodemographic groups, medical conditions, and psychosocial challenges of incarcerated veterans in federal and state correctional institutions. Of the 191 research articles reviewed, only six studies (3%) used qualitative interviewing methods (Finlay et al., 2019). Some justice-involved veterans return to prison because of homelessness, lack of community services, mental illness, and substance abuse (Kim et al., 2019). This research described prison reentry programs' impact on justice-involved transition while in and out of prison. This research might serve as a catalyst for congressional action, social change in public policy, and veteran-focused reentry interventions before their release from prison.

## Summary

The purpose of this study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. The literature review indicated that qualitative and quantitative methods were used in examining prison reentry programs, military-civilian-transitions, and justice-involved veterans. After reviewing the literature, I found the research on prison reentry programs and justice-involved veterans to be credible, trustworthy, and transferrable. There were gaps in the existing literature on justice-involved veterans, prison reentry programs for justice-involved veterans, and well-being transition models for justice-involved veterans released from prison. Based on the research, the best approach to describing justice-involved veterans' experiences was the qualitative method. Data were collected from interviewing justice-involved veterans. This qualitative study used a conceptual framework based on a combination of well-being components from Castro's et al. (2017) MCT model and the WBDM (Pettus et al., 2021) to address the research question. This chapter gave a brief overview of the VA Healthcare System's role has regarding the delivery of mental health, medical care, and substance abuse treatment services to post-released justice-involved veterans. In addressing these issues, this literature review also provided a summation of the challenges of reentry programs for justice-involved veterans. This literature has shown a gap in the literature regarding the impact prison reentry initiatives have on the transition process justice-involved veterans face as they transition to civilian life. This literature review does not address the impact prison reentry programs have on justice-involved veterans before their prison release. It does not elaborate on the pre-release reentry support services the justice-

involved veterans received from veteran-based community service organizations and the VA. The purpose of this study was to describe the prison reentry experiences of justice-involved veterans. Chapter 3 will present the methodology, the researcher's role, research design and rationale, data collection and analysis, and trustworthiness. Chapter 3 will address ethical protections to protect research participants and adherence to ethical research standards.

### Chapter 3: Research Method

This study addressed the problem that little is known about the perceptions justice-involved veterans have regarding the usefulness of reentry programs in their transition from prison back to the community. Moreover, the body of research literature has produced little research on the impact of reentry programs on the success or failure of justice-involved veterans' transition and reintegration back into the community. Justice-involved veterans represent almost 8% of the federal, state, and local incarcerated and supervised population (Carson, 2022). Research on justice-involved veterans is practically nonexistent due to the federal, state, and local restrictions that would grant access to this protected prisoner population (Glynn et al., 2016). The purpose of this study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. The literature review showed a lack of academic research involving justice-involved veterans, prison reentry programs for justice-involved veterans, and operational transition models for justice-involved veterans released from prison. In this chapter, I explain the methodology, the researcher's role, research design and rationale, data collection and analysis, trustworthiness, ethical considerations, and the research strategy to recruit justice-involved veterans to participate in the research study.

#### **Research Design and Rationale**

For this research study, I selected the generic qualitative research approach. This research method was appropriate because the purpose of this study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry

programs. The research question was: What are the perceptions of justice-involved veterans on prison reentry programs?

Traditional qualitative research comprises interpretative or critical methodologies. Interpretative methodologies include grounded theory, ethnography, and phenomenology research (Cooper, 2007). Critical methodologies include action and feminist approach research that focuses on change during the research process (Cooper, 2007). Qualitative research methods consist of the phenomenology approach, the narrative approach, case study approach, ethnography, and grounded theory methods (Creswell & Poth, 2018). In phenomenology, the researcher describes the essence of lived experiences regarding a phenomenon described by research participants (Creswell & Poth, 2018). In case study qualitative approach, the research explores in-depth an event, process, or program in a bounded system using single or multiple cases (Creswell & Poth, 2018). Case study data come from interviews, observations, documents, and artifacts. Data are analyzed through themes and descriptions of a case (Creswell & Poth, 2018). In ethnography, the researcher describes the shared patterns of a cultural group in its natural environment. Data are collected through observation and interviews (Creswell & Poth, 2018). In grounded theory, the researcher develops a theory of practice or process based on field data and data analysis (Creswell & Poth, 2018). In narrative research, the researcher explores the life of an individual's experiences. The researcher analyzes data for restorying stories and themes. The researcher retells the story in chronological order (Creswell & Poth, 2018). Qualitative research focuses on investigating phenomenon, experiences, perceptions, and feelings (Moser & Korstjens, 2017). This methodology

allows for sharing stories to grasp better the issues and the context of the topic of the study (Kim et al., 2017). The qualitative method is appropriate when there is a need for a detailed description of services or interventions (Kim et al., 2017). Health care research often uses the qualitative method, with many scholars concurring with the usefulness of the methodological approach (Kim et al., 2017; Milne & Oberle, 2005; Neergaard et al., 2009; Sandelowski, 2000, 2010; Sullivan-Bolyai et al., 2005; Willis et al., 2016).

I used a generic qualitative approach for this research study. Ethnography was not a suitable method because it focuses on the social-cultural network that defines culture. This research was not focused on studying culture. I found case studies not suitable because describing the reentry experiences of justice-involved veterans is not a case. Grounded theory was not suitable because it uses data to develop a theory, not a description of research participants' experiences. The narrative approach was also unsuitable because it focuses on developing a narrative about stories of an individual experience. The phenomenological approach would have been unsuitable because, according to Percy et al. (2015), researchers use this approach to investigate the lived experiences based on psychological internal subjective structures. Percy et al. also maintained that generic qualitative inquiry is appropriate when the research question requires a qualitative method, and the researcher has a body of pre-knowledge about the subject matter that will enable a fuller description from the participants' perspective. The best approach to describing justice-involved veterans' experiences is the generic qualitative method.

The generic qualitative approach comes out of the naturalistic research tradition. In the naturalistic research tradition, research inquiry happens in a natural setting (Sandelowski, 2010) in which data are collected through interviews, observation, and the subjective impressions of the researcher (Adu, 2019). The goal of the naturalistic research tradition is to observe, describe, and interpret the experiences of a group or community without interference, intervention, or manipulation (Salkind, 2010). The naturalistic research tradition was chosen for the ability to describe and interpret the experience of justice-involved veterans. Through interviews, justice-involved veterans described their perceptions of prison reentry programs and the transition challenges they face after release from prison. According to Kahlke (2014), a generic qualitative method is a constructivist epistemological assumption grounded by a social construct through the participant's experiences of an event or phenomenon. A generic qualitative method was an appropriate method to describe, from the participant's perspective, their experience with prison reentry programs.

### **Role of Researcher**

As a researcher, I was a contributor to the data collection process for this study. I designed the data collection instruments for this study. I designed the interview questions (see Appendix). Researchers are partners in the creation of knowledge and data (Xu & Storr, 2012). Throughout the research process, one must be empathetic to establish trust with the research participants (Korstjens & Moser, 2017). As an external observer, I facilitated data collection and remained impartial in naturally capturing and interpreting data. I had no personal relationship with the research participants. I had no professional

relationship with the research participants. There were no power or instructor dynamics involved with the research participants.

Researcher bias can be managed and controlled. Researchers must acknowledge their responsibility to be transparent about their biases because biases can influence the research process (Korstjens & Moser, 2017). In this study, I used field notes to record thoughts, judgments, and researcher impressions (see Korstjens & Moser, 2017). The field notes were a tool to assist in managing research bias. I used my field notes to record my thoughts and emotions regarding the research participant, the interviewing process, and the data collection process. Throughout the research process, I keep confidentiality and adhered to ethical standards. I developed an informed consent form that ensured anonymity and ethical standards. All research participants were asked the same interview questions. I interviewed, transcribed the interviews, and checked the accuracy of the voice recordings and transcriptions with research participants. Before each interview, the research participants were told that they may, at any time, withdraw from the study. I also ensured that no participant response to the research questions would be traced to any one of the research participants. Additional information is discussed in the Ethical Protections section toward the end of this chapter.

### **Methodology**

For this research study I used purposeful sampling. Qualitative researchers use purposeful sampling from information-rich sources (Patton, 2015). Creswell (2013) points out that research participants can purposefully give detailed information about the phenomenon being studied. Justice-involved veterans have been incarcerated long

enough to complete several pre-release prison reentry programs. As a result, the justice-involved veterans were a rich source of data and information addressed the research question: What are the perceptions of justice-involved veterans on prison reentry programs?

### **Participant Selection Logic**

The participant population for this research study were convicted felon adult male and female justice-involved veterans over the age of 18 that have participated in prison reentry programs prior to their release from prison. Justice-involved veteran participant research population represents about 8% of the population of ex-offenders (Carson, 2022). Justice-involved veterans are designated by the VA and the Department of Justice as veterans under the custody or administration of the federal, state, or local court jurisdictions (Burke et al., 2019). To participate in this research study, the justice-involved veteran had to be out of prison and have an identification verifying veteran status. Veteran status identification included photo identification, a Certificate of Release or Discharge from Active Duty DD214, or a copy of a VA Veteran Status certification letter. I used several recruitment methods to increase participation in the study. I posted recruitment flyers at the local Veterans of Foreign Wars (VFW) offices, Veterans Service Organizations, Local Reentry Service Organizations, and local VA hospital cafés. I sought out research participants from the Veterans Treatment Court (VTC). Many justice-involved veterans are involved with VTC. The VTC is a collaboration between the judicial courts and the local VA hospital to provide community and health services to justice-involved veterans in a pre-trial status (Douds & Ahlin, 2019; Hartley & Baldwin,

2019). Justice-involved veterans in post-release status from prison may be diverted to a VTC as an alternative to returning to prison due to a probation or parole violation (McCall et al., 2018; Stacer & Solinas-Saunders, 2020). Several justice-involved veterans are in court because of minor violations associated with homelessness, substance abuse, or mental health (Held et al., 2019; Tanielian et al., 2008; Tsai et al., 2013). As a result, I sought research participants in the local VTC by contacting the VTC coordinator to serve as a “pass through” for recruitment advertisement.

### **Relationship Between Sample Size and Saturation**

The goal of this sample size for this study was to gain an in-depth variation of descriptions about the prison reentry experiences of the justice-involved veterans. There is no standard sample size in qualitative research (Mason, 2010). Data saturation is linked to a sampling strategy that is purposeful to answer the research question (Kerr et al., 2010). I interviewed research participants until comprehensive saturation was reached regarding their described experiences with prison reentry programs (Patton, 2015).

### **Instrumentation**

One data collection instrument was used in this study. Instruments are used to collect data from research participants (Stringer, 2007). I produced the data collection instrument for this study. For person-to-person interviews, an observation sheet was used to record my observations during the interviewing sessions. A transcript of the recording was generated from the research participant’s answers to the interview questions (see Appendix). No historical or legal documents were used as a source of data. The data instruments were sufficient to address the research question and the interview questions.

### ***Researcher-Developed Instrumentation***

The interview questions corresponded to the well-being domains addressed in the conceptual framework of WBDM and the MCT model. I developed the questions based on concepts that emerged from the literature review on well-being, the WBDM conceptual framework, the MCT conceptual framework, and well-being domains regarding adjustment and transition, social support, access to housing, and healthcare.

The following questions corresponded to the conceptual framework for MCT:

1. How have prison reentry programs prepared you for life outside of prison?
2. How have you adjusted to civilian life from prison?
3. What community resources have you connected with to assist you in your transition regarding employment, housing, healthcare, transportation, finances, and food?
4. In what ways has your family and friends support helped in your transition?
5. What type of social events have you participated in since being released from prison.

The first question on the role prison reentry programs have on life after prison aligns with the healthy thinking facilitator of WBDM. Healthy thinking facilitators focus on decision-making skills, communication skills, problem-solving skills, and empathetic caring. The second question aligns with the well-being facilitator that focuses on coping strategies used to adjust to civilian life and manage internal and external stressors. The objective in asking the finance domain question was to describe if the justice-involved veteran is secure financially. The objective in asking the housing domain question was to

describe if the servicemember has adequate housing. The objective in asking the health domain question was to describe if the justice-involved veteran is doing or not doing well physically and mentally. The objective in asking the employment domain question was to describe if the justice-involved veteran has meaningful employment after separating from the military. This employment question aligns with the second facilitator of WBDM regarding meaningful work trajectories. The objective in asking the social integration domain question was to describe if the justice-involved veteran has supporting relationships, reliable positive interpersonal relationships, and community social services support. The objective of asking about social events was to describe how the research participant has experienced positive social engagement and enjoyable activities. These questions align with the positive social engagement and positive interpersonal relationships well-being facilitators of WBDM.

### ***The Establishment of Content Validity***

To establish content validity for this qualitative study, I utilized a subject matter expert to review the questionnaire. Semistructured interviews are a research tool researchers utilize to describe and understand participant experiences. Interviews provide rich and detailed data about research participant perceptions and experiences (Rubin & Rubin, 2005). A goal of in-depth interviewing is to understand the lived experiences of others (Seidman, 2013). I sought out a former naval chaplain who has experience in working with veterans to review the interview questions. The naval chaplain assessed the trustworthiness and reliability of the interview questions. The subject matter expert gave feedback on the interview questions. Feedback from the subject matter expert also

reviewed whether the interview questions aligned with the research question and are inquiry-based conversation questions (Castillo-Montoya, 2016). The subject matter expert made no suggestions to improve the interview questions for this research study. The subject matter expert assessed whether the interview questions were open-ended, unbiased, and non-judgmental. The subject matter expert determined that the interview questions were sufficient to answer the research question, unbiased, and non-judgmental.

### **Data Collection Plan**

Data were collected in person. Due to SARS-CoV-2 (COVID-19), one telephone interview was used to collect data. The frequency of data collection was one primary interview and one follow-up interview. During the interviewing process, the participants were debriefed. Debriefing served as an exit point for the interviewing sessions. In the study, the identities of individual participants were not revealed. No details that might identify participants, such as the study's location, incarceration identification, and prison affiliation, were collected or included in this study. Consent was given at the beginning of the taped interview. I did not use any participant personal information for any purpose outside of this research project. Data are securely stored. The recorded interview was transcribed, and password protected.

### **Data Analysis Plan**

The research question was: What are the perceptions of justice-involved veterans on prison reentry programs? Data were collected and coded based on the research participants' answers to the interview questions (see Appendix). I identified themes and subthemes from the semistructured interviews. Data were collected through telephone

and face-to-face interviews. For this study, I collected all the data. Delve, a cloud-based qualitative data analysis software tool was used to manage and analyze data (Twenty to Nine LLC, 2022). Otter.ai, a recording and real time transcription app, was used to record and transcribe the interviewing sessions (<https://otter.ai>). After each interview, the transcription app generated a transcription. The transcriptions were reviewed with each research participant for accuracy. Delve was used to manage and organize the transcripts from the recorded interviews (Twenty to Nine LLC, 2022). The data analysis was a continuous iterative process. Deductive approach was used in data analysis. Directed content analysis was used to validate or extend a theoretical framework (Hsieh & Shannon, 2005). There are several stages of the directed content analysis. I used existing theoretical framework to identify concepts as initial coding categories (McKibben et al., 2022). Data were collected from the answers to the interview questions. I used Delve to organize the transcribed data from interviewing transcripts (Twenty to Nine LLC, 2022). Then the participant's answers to the interview questions were coded and sorted. Codes were grouped based on commonality or shared relationship to the parent codes outlined in the preliminary coding framework. Through the directed content analysis, themes were generated. I recorded incidences and frequency count in Table 2. Directed content analysis provided a structural approach to data analysis (Hsieh & Shannon, 2005).

### **Data Coding**

The coding process captured the essence of the data. Data coding involves reducing, grouping, assigning labels, and synthesizing data (Yilmaz, 2013). Coding analyzes the data by looking at similarities, patterns, and linkages between data points

that capture the spirit of the participants meaning in describing their phenomenon (Saldaña, 2015). A deductive approach was deployed to develop a coding framework that aligns with the conceptual framework for MCT, the well-being domains, and the research question.

### **Preliminary Coding**

Preliminary coding was used in the initial data collection process. The priori coding framework consisted of parent codes based on the MCT wellness domains outlined in Table 1. Data from the research questionnaire represented the well-being domains for the MCT framework. In the first round of data analysis, this study used a preliminary code framework to organize the transcribed data from interviewing transcripts in the first coding cycle. Data were prepared by transcribing the interviewing data. After initial and open coding, themes emerged from the data. The themes were categorized based on the themes outlined in the parent codes. In the second round of data analysis, a sorting strategy was used to group data based on commonality or shared relationship to the parent codes. Codes and themes were assigned under the conceptual framework for the MCT well-being domains. Table 1 describes the parent codes.

**Table 1***Preliminary Code Framework*

| Parent code                  | Description   | Interview questions |
|------------------------------|---|---------------------|
| Employment                   | Job opportunities and employment availability. Ability to sustain work.   | 1, 3                |
| Finances                     | Financial Resources for daily needs.  | 1, 3                |
| Housing                      | Have a residence or not   | 1, 3                |
| Adjustment and reintegration | Psychological well-being. Time management. Healthy thinking patterns. Effective coping strategies.                      | 1, 2, 3, 4, 5       |
| Social support               | Family, friends, and resource support. Positive social engagement. Positive interpersonal relationships. Social events. | 1, 2, 3, 4, 5       |
| Health care                  | Access to healthcare, counseling services, and the Veteran Healthcare system.   | 1, 3, 5             |

Column three list the survey questions related to the parent code. The parent codes represent the well-being categories of the conceptual framework of the MCT model. These questions represent the MCT well-being domains and the WBDM facilitator conceptual framework in the literature review. The interview questions outlined in the code framework were:

1. How have prison reentry programs prepared you for life outside of prison?  
Parent code was employment, finances, housing, adjustment and reintegration, social support, and healthcare.
2. How have you adjusted to civilian life from prison? Parent code was adjustment, reintegration, and social support.

3. What community resources have you connected with to assist you in your transition regarding employment, housing, healthcare, transportation, finances, and food? Parent codes included employment, finances, housing, adjustment and reintegration, social support, and healthcare.
4. In what ways has your family and friends support helped in your transition? Parent codes were adjustment, reintegration, and social support.
5. What type of social events have you participated in since being released from prison. Parent codes were social support and healthcare.

In the third round of data analysis, this study used qualitative theme analysis. Thematic analysis is a qualitative approach to identifying and categorizing themes during data analysis (Vaismoradi et al., 2013). Qualitative description lower interpretation level provides a richer detailed thematic analysis (Vaismoradi et al., 2013). I used a thematic analysis to collate codes, group the codes into themes, and revise themes based on supporting data. After data collection, I conducted a data collection debriefing with the research participants.

### **Issues of Trustworthiness**

Research design must encompass procedures that demonstrate the rigors of qualitative research, the issues of trustworthiness, and the quality of data. To demonstrate the rigors of qualitative research, qualitative researchers must address the issues of trustworthiness through the concepts of research credibility, dependability, confirmability, reliability, and transferability (Bradshaw, 2017). These principles serve as

the framework to demonstrate the quality of qualitative research to ensure data accuracy, research bias, and incorrect data analysis (Lincoln and Guba, 1985).

### **Credibility**

In this generic qualitative research, I employed several strategies to reduce biases: member checking and triangulation. The purpose of member checking is to remove bias in research. Member checking procedures review data for inconsistencies and data analysis against data records established during data collection (Guba, 1981).

Triangulation is another contributing factor in establishing to be trustworthiness and credibility of a research study. Triangulation procedures are used to increase accuracy and converge multiple data points from different sources. I used triangulation throughout the data collection phase of this study. My triangulation strategy included interview transcripts, voice recordings, notes, and observations. This form of methods triangulation allowed for conclusions to be drawn from multiple data sources (Cope, 2014). I deployed data triangulation procedures to check for data validity and credibility (Patton, 2015). To increase credibility, I utilized a research audit trail of interview transcripts, field notes, and final report drafts.

### **Transferability**

Transferability is the degree to which research results can be replicated in other contexts. Transferability is facilitated by providing a thick description of methods and research context. Thick description of the methodology and data collection procedures is one of the ways to establish transferability in the research study. Creswell (2013) suggest the researcher uses rich thick description to convey detailed findings. Presenting rich,

thick description provides a variation of the themes and a greater appreciation of different contexts. The thick description adds to the validity of the research study by making it richer and realistic (Creswell, 2013).

### **Dependability**

For dependability, this study established an audit trail. An audit will review the transcripts of the interviews for accuracy and complete member checks. Reflexivity and triangulation processes was deployed to check for data accuracy. For validity, the research must represent the data's facts (Sandelowski & Barroso, 2003). I revalidated the transcripts for accuracy with participants. I used the same coding method for all transcripts. Peer debriefing was used to discuss research findings with colleagues who are completing qualitative research (Guba, 1981).

The research's reliability is based on whether the research will receive the same results (Morse, 2015). Creswell list several factors to consider when the researcher addresses the reliability of their study (Creswell, 2013): Does the researcher consistently use a data analysis process? Does the researcher convey the participant's accurate data? Does the researcher describe the philosophical school for the qualitative method? Does the researcher recheck the accuracy and credibility of the data with the participants? Does the researcher build trust with the participants beyond initial observation through follow-up sessions or phone calls? Creswell recommends at least two procedures for qualitative research validation. Throughout research, the study must be open, transparent, and objective. As a strategy for reliability, researchers must communicate the interviewing process, the interviewing tool, the data collection sequence, and data analysis (Miles et

al., 2014). For this research, I used the same interviewing format and printed questionnaire.

### **Confirmability**

To establish confirmability, field notes was used to record thoughts, judgements, and researcher impressions (Korstjens & Moser, 2017). Field notes is a tool to assist in reflexivity. My field notes recorded my thoughts and emotions regarding the research participant, the interviewing process, and the data collection process.

### **Ethical Protections**

To protect human research subjects, the researcher must follow ethical research standards. I informed the prospective research participants that this research should only be done with those who freely volunteer. That if they decided to participate in the study, they could change their mind later. More importantly I told them that they may stop the interview at any time. The consent form stated that this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. With the protections in place, this study would pose minimal risk to your wellbeing. I informed each research participant that this research study offered no direct benefits to individual volunteers. The consent form stated that the aim of this study is to benefit society by understanding how prison reentry positively impacts well-being. And, once the analysis was complete, the overall results will be presented in Scholarworks at Walden University. The research participants were interviewed in a private space. One interview was conducted by telephone. The other interviews were conducted in-person. The research participants read and verbally consented in the voice recorder to participate

in the research. I informed all participants that the recordings and transcripts are confidential and will be stored for 5 years on a secure storage device.

The Walden University Institutional Review Board (IRB) application was submitted and approved (Approval No. 06-17-22-0029929) before research. This research project did not disclose confidential, demographic, or biographical information about justice-involved veterans. Research participants were instructed not to reveal information regarding other inmates, incarceration records, veteran status information, or veteran medical information. Physical interviewing session was limited. Personal identity was kept confidential. In compliance with Walden University's recordkeeping requirements, research notes, reflective journals, audiotape, audio recording devices, and data transcriptions will be stored in a fire-proof safe for five years. Digital data will be held on a pass-protected computer and backed up on the pass-protected encrypted Microsoft OneDrive cloud drive. After five years, all data will be destroyed.

### **Summary**

In Chapter 3, I explained the methodology, the researcher's role, research design and rationale, participation recruitment, sample size, data collection and analysis, validity and reliability, trustworthiness, and ethical protections to protect research participants and adherence to ethical research standards. A subject matter expert reviewed the interview questions for difficulty and alignment to the research question. Delve, a qualitative data analysis software tool will be used to create a visualization of the themes generated from the qualitative data (Twenty to Nine LLC, 2022). Chapter 4 presents the research study

setting, research participants demographics, data analysis, evidence of trustworthiness, and research results.

## Chapter 4: Results

The purpose of this generic qualitative study was to describe the perceptions that a sample of justice-involved veterans have regarding prison reentry programs. The research question asked: What are the perceptions of justice-involved veterans on prison reentry programs? This chapter describes the settings for data collection, the participant demographics, the data collection processes, data analysis procedures, evidence of trustworthiness, study results, and summary.

### **Setting**

To recruit research participants, I distributed recruitment flyers at several residential reentry centers in the Southeastern part of the United States. The completed interviewing sessions were based on the availability of the research participants. The research participants were interviewed in their private living space, private business offices, and a private outside area. One interview was conducted by telephone. Ten interviews were conducted in-person. I conducted the interviews privately, one-on-one with each research participant. All interviews were digitally recorded and transcribed using the Otter.ai transcription app (<https://otter.ai>). At the start of each interview, I asked permission to record. After the interview, I immediately transcribed the recorded interview. I debriefed the research participant and reviewed the transcripts for accuracy and clarity.

I had no personal or organizational conditions which influenced the research participants' opinions, or the interpretation of the research study results. All research participants were given the contact information to the local VA healthcare facility crisis

intervention number for support and services. No research participant expressed personal discomfort during the interview. At the end of each interview, all the research participants thanked me for giving them the opportunity to share their story about their experiences with prison reentry programs.

### **Demographics**

The research participants included nine men and two women representing the following ethnic groups: Hispanic, White, and African American. Ten justice-involved veterans were incarcerated at a federal corrections facility. One justice-involved veteran was incarcerated at a state corrections facility. Details that may be used to identify participants, such as the study's location, incarceration identification, and prison affiliation, were not collected for this study.

### **Data Collection**

I completed a total of 11 semistructured interviews, with 10 occurring in person and one taking place via telephone. All participants resided in the southeast part of the United States. The interviews were completed in one session and were recorded using a digital recording device. After the interview, I used a transcription app to transcribe the recorded interviews. This allowed me to review the results with the individual participant to confirm the accuracy of the transcription. There was no variation from the data collection plan outlined in Chapter 3. No unusual circumstances were encountered during data collection.

## Data Analysis

The digitally recorded interviews of the justice-involved veterans were transcribed by Otter.ai (<https://otter.ai>). The transcriptions were uploaded into Delve, the qualitative data analysis software, to organize and categorize the data and identify themes emerging from the data analysis (Twenty to Nine LLC, 2022). The coding process analyzed the data by looking at similarities, patterns, and linkages between data points that capture the spirit of the participants meaning in describing their phenomenon (Saldaña, 2015). A deductive approach was used for qualitative analysis. I deployed a directed content analysis approach to interpret meaning from the data (Hsieh & Shannon, 2005). There are several stages of the directed content analysis. First, I identified key concepts from the MCT and well-being domains framework. Second, I developed a preliminary coding framework that aligned with the conceptual framework for MCT, the well-being domains, and the research question. The following interview questions were referenced in the preliminary coding framework:

1. How have prison reentry programs prepared you for life outside of prison?  
Parent codes are employment, finances, housing, adjustment and reintegration, social support, and healthcare.
2. How have you adjusted to civilian life from prison? Parent codes are adjustment, reintegration, and social support.
3. What community resources have you connected with to assist you in your transition regarding employment, housing, healthcare, transportation,

finances, and food? Parent codes include employment, finances, housing, adjustment and reintegration, social support, and healthcare.

4. In what ways has your family and friends support helped in your transition?

Parent codes are adjustment, reintegration, and social support.

5. What type of social events have you participated in since being released from prison. Parent codes are social support and healthcare.

Third, data were collected from the answers to the interview questions. I uploaded the transcribed data into Delve. Transcripts were named Participant 1-11. I used Delve to organize the transcribed data from interviewing transcripts (Twenty to Nine LLC, 2022). In the fourth stage of directed content analysis, the participants' answers to the interview questions were coded and sorted. I used Delve to organize and create a codebook (Twenty to Nine LLC, 2022). I assigned parent codes based on MCT wellness domains in the code section of Delve. As I reviewed each transcription, I highlighted the text and clicked code that represented the theme of the text. Some statements were assigned multiple codes. Delve automatically collated the codes with data from the transcriptions (Twenty to Nine LLC, 2022). It grouped codes into themes and automatically counted incidences and frequencies. Quotes are aggregated by codes. In the code section, I was able to see the details of data, reassign data, or delete data. In the fifth stage of directed content analysis, codes were grouped based on commonality or shared relationship to the parent codes outlined in the preliminary coding framework. In the sixth stage of directed content analysis, I recorded incidences and frequency count into a table created by Delve (Twenty to Nine LLC, 2022). I nested codes into hierarchy based on frequency. Twenty-

nine codes were developed out of the research participants answers to the interview questions. No new codes were generated from the directed content analysis. There were no discrepant cases emerging from the directed content analysis. Table 2 lists the names of codes, the incidence count, and the frequency count. Table 2 was created in Delve (Twenty to Nine LLC, 2022).

**Table 2***Incidence/Frequency Count*

| Order of codes       | Code name                              | Incidence/frequency count |    |    |    |    |    |    |    |    |     |     | Aggregate |
|----------------------|--|---------------------------|----|----|----|----|----|----|----|----|-----|-----|-----------|
|                      |  | P1                        | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 | P11 |           |
| Reentry helped       |  |                           |    |    |    |    |    |    |    |    |     |     |           |
| 1                    | Family support                         | 6                         | 3  | 4  | 3  | 3  | 4  | 2  | 2  | 2  | 4   | 4   | 37        |
| 2                    | Industry-reentry                       |                           | 6  | 2  | 7  | 7  | 1  |    |    |    | 1   | 1   | 25        |
| 3                    | Participate in reentry                 |                           |    |    | 6  | 1  |    |    | 3  | 9  | 1   |     | 20        |
| 4                    | Generally helped                       |                           | 2  |    | 2  |    | 5  | 2  |    | 6  | 1   |     | 18        |
| 5                    | Community support                      | 1                         | 1  |    |    | 5  |    | 1  | 1  |    | 1   | 8   | 18        |
| 6                    | Housing                                | 2                         |    | 3  | 2  | 1  |    | 1  |    |    | 1   | 1   | 11        |
| 7                    | Psychology-reentry                     |                           | 2  | 2  | 2  |    |    | 1  | 1  |    | 1   |     | 9         |
| 8                    | Religious-reentry                      |                           | 1  |    | 2  | 2  |    |    |    | 1  | 1   |     | 7         |
| 9                    | Transportation                         |                           | 1  | 1  | 1  |    |    | 1  |    |    | 1   | 2   | 7         |
| 10                   | Finance                                | 1                         |    | 1  | 2  |    | 1  |    |    |    |     | 2   | 7         |
| 11                   | Social adjusting                       |                           | 1  |    | 1  |    |    | 1  |    | 1  | 1   | 1   | 6         |
| 12                   | Healthcare                             |                           |    | 1  |    | 1  |    |    |    |    | 1   | 2   | 5         |
| 13                   | Education reentry                      |                           |    |    |    | 2  |    | 1  | 1  |    |     | 1   | 5         |
| 14                   | Employment                             | 1                         |    |    | 1  |    |    | 2  |    |    | 1   |     | 5         |
| 15                   | Social activities                      |                           |    |    |    |    |    |    |    |    | 1   | 1   | 2         |
| Total                |  |                           |    |    |    |    |    |    |    |    |     | 182 |           |
| Reentry did not help |  |                           |    |    |    |    |    |    |    |    |     |     |           |
| 1                    | Not adjusting                          | 1                         |    | 1  | 4  | 1  | 3  |    | 1  |    |     |     | 11        |
| 2                    | No knowledge about community resources |                           | 4  | 2  | 1  |    | 3  |    |    |    |     |     | 10        |
| 3                    | No help                                | 2                         |    | 1  | 1  |    | 1  |    | 3  |    | 1   | 1   | 10        |
| 4                    | COVID lockdown                         | 3                         | 1  | 1  |    |    |    | 3  | 2  |    | 1   |     | 11        |
| 5                    | No community support                   | 1                         |    | 2  | 1  | 1  | 1  |    |    |    | 1   |     | 7         |
| 6                    | No healthcare                          | 1                         | 1  | 1  | 1  | 1  |    | 1  |    |    |     |     | 6         |
| 7                    | No religious-reentry                   | 1                         |    | 1  |    | 1  |    | 1  | 1  |    |     |     | 5         |
| 8                    | No housing                             |                           | 1  |    |    | 2  |    |    | 1  |    |     |     | 4         |
| 9                    | No transportation                      | 1                         | 1  |    |    | 1  |    |    | 1  |    |     |     | 4         |
| 10                   | No finance                             |                           | 1  |    |    | 1  |    | 1  |    |    |     |     | 3         |
| 11                   | No psychology-reentry                  | 1                         |    |    |    | 2  |    |    |    |    |     |     | 3         |
| 12                   | No industry-reentry                    |                           |    | 1  |    |    |    |    | 1  |    |     |     | 2         |
| 13                   | Cancel reentry funding                 |                           |    |    |    |    | 2  |    |    |    |     |     | 2         |
| 14                   | No support                             |                           |    |    |    |    |    |    |    |    |     |     | 0         |
| Total                |  |                           |    |    |    |    |    |    |    |    |     | 78  |           |
| Grand total          |  |                           |    |    |    |    |    |    |    |    |     | 260 |           |

Two themes emerged from the directed content analysis. The first theme revealed that prison reentry programs helped with transition when there was family support, when one participated in industry reentry training, when there is community support, and housing. The second theme that emerged revealed that prison reentry programs did not help with transition when prisoners faced difficulty in adjusting, had no knowledge of community resources, received no help from prison, did not have access to housing, transportation or healthcare, and when reentry programs were cancelled due to SARS-CoV-2 (COVID-19).

### **Evidence of Trustworthiness**

In Chapter 3, I outlined the four elements that address issues of trustworthiness. During data collection and analysis, I deployed research methods to ensure credibility, dependability, confirmability, and transferability of data. These elements served as the framework to demonstrate the quality of qualitative research to ensure data accuracy, research bias, and incorrect data analysis (Lincoln and Guba, 1985).

### **Credibility**

I used several strategies to reduce biases including member checking and triangulation. This study used member checking procedures to review data for inconsistencies and data analysis against data records established during data collection (Guba, 1981). Triangulation procedures were used to increase accuracy and converge multiple data points from different sources. Triangulation was used throughout the data collection phase of this study. In this research, I deployed data triangulation procedures to check for data validity and credibility (Patton, 2015). I developed interview transcripts,

field notes, and final report drafts to increase credibility. No adjustments were made to the credibility strategies stated in Chapter 3.

### **Transferability**

As presented in Chapter 3, transferability is the degree to which research results can be replicated in other contexts. In this study, transferability was facilitated by providing a thick description of methods and research context. This study provided a thick description of the methodology and procedures utilized for data collection. The detailed findings provide a thick description to convey detailed findings. Thick description was used to describe a variation of the themes and diversity of contexts. The thick description added to the validity of the research study by making it richer and realistic. Data were uploaded into Delve for analysis and interpretation. No adjustments were made to the transferability strategies stated in Chapter 3.

### **Dependability**

To ensure dependability I created an audit trail as I reviewed the transcripts of the interviews for accuracy. Reflexivity and triangulation processes were deployed to check for data accuracy. I revalidated the transcripts for accuracy with participants. I used the same coding method for all transcripts. In the final research presentation Peer debriefing was used to discuss research findings with colleagues. No adjustments were made to the dependability strategies stated in Chapter 3.

### **Confirmability**

Field notes was used to record thoughts, judgements, and impressions. Field notes is a tool to assist in reflexivity. I recorded my thoughts and emotions regarding the

research participant, the interviewing process, and the data collection process. No adjustments were made to the confirmability strategies stated in Chapter 3.

## **Results**

This generic qualitative research study was conducted to explore the perceptions justice-involved veterans on prison reentry programs. Themes were generated by addressing the research question: What are the perceptions of justice-involved veterans on prison reentry programs? Data were collected and coded based on the research participants' answers to the interview questions. Two themes emerged from the data analysis. The first theme revealed that prison reentry programs helped with transition when there was family support, when one participated in industry reentry training, when there is community support, and housing. The second theme that emerged revealed that prison reentry programs did not help with transition when prisoners faced difficulty in adjusting, had no knowledge of community resources, received no help from prison, and did not have access to housing, transportation, or healthcare. Prison reentry programs did not help with transition when prison reentry programs were cancelled due to SARS-CoV-2 (COVID-19).

### **Theme 1: Reentry Helped ( $f = 182$ )**

Participants described during their interviews how reentry helped in their transition. Codes for this theme included family support ( $f = 37$ ), industry reentry ( $f = 25$ ), reentry generally helped ( $f = 20$ ), and community support ( $f = 18$ ). Smaller impactful themes included: housing ( $f = 11$ ), psychology programs ( $f = 9$ ), religious programs ( $f = 7$ ), access to transportation ( $f = 7$ ), stable finances ( $f = 7$ ), and education ( $f = 5$ ).

Family support ( $f = 37$ ) was a major contributing factor in successful transition and positive well-being. Participant 1 stated, “Family and friends have done everything that you could possibly imagine. That’s where I got my money”. Participant 4 expressed,

Unbelievable. My family was there for me. My mom, my brother, my sisters. I mean, everybody just came right. I was able to get transportation. My family bought me a car. I had a very, very supportive family and friends.

Participant 6 stated, “So my mom and boyfriend were very supportive. They were the ones who got me, clothes got me hygiene and stuff. Yeah, my family’s the reason why I have money in my account and stuff.”

Industry reentry ( $f = 25$ ) helped with participants who were involved in industry jobs and apprenticeship training programs. Participant 4 stated, “For the unit team and my housing unit I was doing the janitor reentry. I got more out of that reentry program than probably any of the programs. I also worked for Unicore as a quality control manager.” Participant 5 participated in the HVAC program. Participant 5 revealed, “Well, I stayed in the HVAC program for about eight months.” Participant 2 described how reentry helped: “All the training and work experience was helpful. It kept me motivated. I learned new skills and taught me how to be a team player.”

Some research participants expressed that reentry programs in general ( $f = 20$ ) were helpful. In compliance with the First Step Act, Participant 9 stated, “I’m doing everything that the first step act required and just stuff that I wanted to do to pick up trades and skills that I didn’t have just to see what it be like.” Participant 10 remarked, “They have some larger reentry programs, but I had participated in some smaller ones.”

Having access to community resources ( $f = 18$ ) was pointed out as a contributing factor to a successful transition. On community support, Participant 5 revealed, “It’s better here in XXX county. When I was in CCC county, they gave you nothing. I used XXX county mailing address, and I was able to get more help.” Participant 11 said,

Some helped me regards to finding clothing and shoes. The church was very helpful. I got food stamps from the department of social services. I used public transportation. I connected with the local Employment Office. They were helpful in skills assessment. They offer tests to let me know where I was regards to various skills. They did help create a resume which I did already have that prior to leaving prison of course, they you know gave me the ability to set up an account to apply for jobs that matched my skill set.

Former inmates who have access to housing ( $f = 11$ ) successfully transition after release from prison. During the interview, participants described how housing resources helped in their transition. Participant 1 stated, “Housing, I already have housing. I’d be staying with my mother, her husband and her and my little sister.” Participant 2 stated, “I’ve got my two sons. They’re 19 and 25. They’re very supportive. They also want me to come live with them.”

Psychology ( $f = 9$ ) reentry programs can have a positive impact on justice-involved veterans. Participant 6 shared the following views about how reentry helped: “Trauma, parenting, and poetry classes were very helpful. Poetry was helpful in that it teaches you to express yourself.”

Some religious programs ( $f = 7$ ) had a positive impact on transition and well-being. Participant 4 stated, “The chaplain was a big support to me when I was struggling”. Participant 2 noted, “I am a Hebrew Israelite. I went to the chapel to watch videos and do religious studies.” Participant 9 revealed,

Religious programs were, good, because it helped establish a foundational faith. Anger management enabled me to have the skills to work on anger. The VT cabinetry was helpful because it taught me a skill set on wood shop and how to build cabinets.

Having access to transportation ( $f = 7$ ) resources helped several participants experience successful transition. Participant 11 shared: “I use public transportation.” Participant 10 revealed, “I already have transportation”. Participant 4 stated, “I was able to get transportation. My family brought me a car.”

Education reentry initiatives ( $f = 5$ ) were viewed as a contributing factor to successful transition. Participant 11 pointed out: “College business technology instruction helped me have an interest in business.” Participant 7 revealed, “I started working and completing my GED.” Participant 5 remarked, “I took plumbing classes. I learned how to use different plumbing tools, pipe cutting, and pipe threading.”

### **Theme 2: Reentry Did Not Help ( $f = 78$ )**

The second theme that emerged revealed that prison reentry programs did not help with transition when prisoners faced difficulty in adjusting ( $f = 11$ ), had no knowledge of community resources ( $f = 10$ ), received no help from prison due to COVID lockdown

( $f=10$ ), no community support ( $f=8$ ), and did not have access to healthcare ( $f=6$ ), housing ( $f=4$ ), transportation ( $f=4$ ), and reentry programs cancelled ( $f=2$ ).

Several justice-involved veterans expressed difficulty with adjusting ( $f=11$ ). Participant 6 stated, “I just have not been adjusting well, like, it’s been terrible for me. I’ve struggled with adjusting because in the real world, it’s technology here, it’s everything is okay online.” Participant 4 said,

It was hard at first. I guess the embarrassment, the wondering if you’re going to be accepted, the ankle monitor you wear every time I sit down in a job interview. After I got that job, I feared someone would see this on my foot, I always wanted to hide it. No knowledge of community resources was another reason participants felt reentry programs did not help.

Some participants stated that reentry initiatives did not provide community support services ( $f=7$ ). Participant 6 revealed a hard truth, “Don’t know how to get community resources.” Participant 3 said, “Don’t know the agencies out in town that can help you.” Participant 2 explained, “I’m really on my own kind of right now. So far just going off word of mouth.”

Accessibility to healthcare ( $f=6$ ) was a major concern to many of the participants. Participant 7 stated, “I don’t have healthcare.” Participant 5 expressed, “I don’t have housing or transportation.” Participant 2 revealed, “I don’t have any insurance.”

Access to housing ( $f=4$ ) was concern to several justice-involved veterans that were homeless. Participant 2 revealed, “I am really on my own right now. I’m not going

to say I am homeless but where I live is not a place where I am comfortable staying.”

Participant 5 stated, “I do not have housing right now.”

Participants stated that reentry initiatives did not work for them when prison reentry programs were cancelled ( $f=2$ ) due to SARS-CoV-2 (COVID-19). Participant 10 stated, “The place was an absolute zoo with everything on lockdown.” Participant 6 commented, “Due to SARS-CoV-2 (COVID-19), everything including Industries were on lock down. They shut down culinary and bakery program due to no funding.”

Participant 8 expressed, “Hard to complete things when you are always on lockdown.”

Participant 7 said, “Three weeks to a month later lock down again, because somebody or someone of the staff members had got sick.” Participant 1 commented,

Due to SARS-CoV-2 (COVID-19) you couldn't see counselors or go to church. I sent several COPOUTS and emails to the Reentry office, and they told me because of SARS-CoV-2 (COVID-19) they couldn't do anything for me because we weren't moving around. Due to SARS-CoV-2 (COVID-19) did not participate in reentry programs.

### **Summary**

The purpose of this generic qualitative study was to describe the perceptions that a sample of justice-involved veterans have regarding prison reentry programs. The research question was: What are the perceptions of justice-involved veterans on prison reentry programs? The research participants answered questions based on concepts that emerged from the literature review on the MCT conceptual framework and well-being

domains regarding adjustment and transition, social support, access to housing, and healthcare.

Research data collected from interviewing justice-involved veterans validates that prison reentry programs help in transition when initiatives focus on decision-making skills, communication skills, problem-solving skills, and empathetic caring. Participant 9 stated, “I’m doing everything that the First Step Act required and just stuff that I wanted to do to pick up trades and skills that I didn’t have.”

Research data collected from interviewing justice-involved veterans validates that prison reentry programs help in transition when the focus is on healthcare and coping strategies used to adjust to civilian life and manage internal and external stressors. Participant 6 shared the following views about how reentry helped: “Trauma, parenting, and poetry classes were very helpful. Poetry was helpful in that it teaches you to express yourself.” Mental health services provide coping strategy training to prisoners. Participants of this study revealed that very few of them participated in mental health services. Federal prisoners are mandated to participate in mental health and substance use therapy if they were convicted of drug related crimes or committed a crime while under the influence of drugs or alcohol. The justice-involved veterans that participated in mental health services did not express that mental health services did not help them in their transition from prison back to civilian life.

Research data collected from interviewing justice-involved veterans validates that reentry programs help in transition when the focus is on finance, housing, employment, and social support well-being. Participant 1 stated, “I already have housing. I’d be staying

with my mother, her husband and her and my little sister. Family and friends have done everything that you could possibly imagine. That's where I got my money."

Research data collected from interviewing justice-involved veterans validates that reentry programs help in transition when the focus is on community social services support. Participant 5 revealed, "It's better here in XXX county. When I was in CCC county, they gave you nothing. I used XXX county mailing address, and I was able to get more help." Participant 11 said,

Some helped me regards to finding clothing and shoes. The church was very helpful. I got food stamps from the department of social services. I used public transportation. I connected with the local Employment Office. They were helpful in skills assessment. They offer tests to let me know where I was regards to various skills. They did help create a resume which I did already have that prior to leaving prison of course, they you know gave me the ability to set up an account to apply for jobs that matched my skill set.

Research data emerged from the 11 research participant interviews indicated that prison reentry programs do not help with transition when they are institutionally cancelled due to prison-wide lockdown, when community resources are not available, when there is no healthcare, lack of housing resources, no transportation, no financial support, and no employment opportunities.

In Chapter 4, I revealed the research setting, demographics, and two themes that emerged from the directed content analysis. Chapter 4 outlined data collection and data analysis procedures, evidence of trustworthiness, and research study results. In Chapter 5,

the nature and purpose of study is reiterated. I present a concise summarization of key findings and describe whether the findings confirm, disconfirm, or extend knowledge compared to peer-reviewed literature in Chapter 2. Chapter 5 addresses limitations of the study, recommendations for further research, impact for positive social change, the theoretical implications and conclusion of the research study.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. The generic qualitative inquiry is appropriate when the research question requires a qualitative method, and the researcher has a body of pre-knowledge about the subject matter that will enable a more fully description from the participants perspective (Percy et al., 2015). The research question was: What are the perceptions of justice-involved veterans on prison reentry programs? Results of the data analysis indicate that two themes emerged from the 11 participant interviews. The first theme revealed that prison reentry programs helped with transition when there was family support, when one participated in industry reentry training, when there is community support, and housing. The second theme was that prison reentry programs did not help with transition when prisoners faced difficulty in adjusting, had no knowledge of community resources, received no help from prison, and did not have access to housing, transportation, healthcare, or when reentry programs were cancelled due to SARS-CoV-2 (COVID-19).

This study addressed the fact that literature produced scant research on the impact reentry programs have on the success or failure of justice-involved veterans' transition and reintegration includes the opinions of veterans. This study provided a space to record the opinions of justice-involved veterans. Justice-involved veterans represent almost 8% of the federal, state, and local incarcerated and supervised population (Carson, 2022). In Chapter 2, I presented information indicating that research on justice-involved veterans was mostly non-existent due to the federal restrictions that would grant access to veterans

(Glynn et al., 2016). The literature review showed a lack of academic research involving justice-involved veterans, prison reentry programs for justice-involved veterans, and operational transition models for justice-involved veterans released from prison. Interpretation of the findings, limitations of the study, recommendations for further research, summary, and research conclusion follow this introduction section.

### **Interpretation of Findings**

In this section, I discuss the ways the emerging themes of the research confirm, disconfirm, or extend knowledge on the impact prison reentry initiatives have on the transition experiences of justice-involved veterans as outlined in Chapter 2. I conducted 11 interviews. Nine of the research participants were male. Of the nine male participants, six were African Americans, two were European Americans, and one was Hispanic American. The two female research participants were African American. The research participants ages ranged from 32 to 45 years old. The research participants described how prison reentry initiatives impacted their transition after release from prison.

The discussion and interpretation of the findings are based on the follow two themes:

- Prison reentry initiatives helped in transition.
- Prison reentry initiatives did not help in transition.

### **Reentry Initiatives Helped**

The findings confirm past and current research that prison reentry initiatives help with transition when well-being needs are met. Castro's MCT model provided the conceptual framework for this qualitative study. Castro et al. (2017) proposed an MCT

model that focuses on well-being outcomes associated with gaining employment, access to housing, medical and mental healthcare, and a viable social and community support network. Well-being is a critical component of the MCT model. MCT measures how well the military veteran is doing in education, employment, finances, healthcare, life skills, transition preparedness, social integration, access to housing, social networks, and accessing community resources and community integration (Robinson et al., 2017). Analysis of the research data confirms that reentry initiatives work when well-being outcomes are actualized through full employment, access to housing and medical care, the availability of transportation, and strong family support. Participant 11 confirmed this analysis:

My family and friends were there to help me. Purchase clothing because when I came, came out of prison and I had no clothes. Some helped me to finding for clothing and shoes. They were there to provide a home for me. Transportation for me. words of encouragement.

Participant 2 also confirmed the analysis:

My family and friends support me in every way. From finances to clothes to assisting in my job search. I could call my sister to help. I call a couple of my friends to ask if there are job openings where they work. If their job is hiring. For transportation, I took the public transportation to work.

Participant 7 confirmed the analysis as well:

I will be staying with my brother. My brothers they always been for me from day one and I can thank them for that too. I got a friend that will help me with employment. He will pay me pretty good. I do have a vehicle for transportation.

### **Reentry Initiatives Not Helpful**

Research participants revealed that prison reentry programs have not helped in transition when community resources are not available, when there is a lack of healthcare, housing resources, transportation, financial support, and employment opportunities. Several research participants had no knowledge of community services or resources to help in their transition. Participant 6 revealed a hard truth, stating, “Don’t know how to get community resources.” Participant 3 said, “Don’t know the agencies out in town that can help you.” As a result of having no knowledge of community resources, Participant 2 explained, “I’m really on my own kind of right now. So far just going off word of mouth.” This revelation affirms what was pointed out in the literature review. La Vigne et al. (2006) asserted that for prison reentry initiatives to successfully reintegrate ex-offenders to the community, federal and state prison jurisdictions must address the following prison reentry challenges: affordable housing, employment, transportation, access to health care, and transitioning to reconnect with family.

The impact of cancelling of reentry programs due to SARS-CoV-2 (COVID-19) was noted in the data. For almost 2 years, the Federal Bureau of Prisons (BOP) had prisoners locked in their cells. Participant 10 stated, “The place was an absolute zoo with everything on lockdown.” Participant 6 commented, “Due to COVID, everything including Industries were on lock down. They shut down culinary and bakery program

due to no funding.” Participant 8 expressed, “Hard to complete things when you are always on lockdown.” Many justice-involved veterans have returned home without participating in prison reentry programs. Justice-involved veterans face the same challenges as nonmilitary ex-offenders. However, veterans have more challenges because they have served in wars and conflicts: World War II, Korean War, Vietnam War, Grenada, Panama, Lebanon, Kosovo Operations, Iraqi Freedom, Operation Enduring Freedom, Afghanistan War, and special warfare operations. Many veterans leave military service with service-connected disabilities, mental illness, substance use disorders, sexual trauma, environmental and chemical exposure, traumatic brain injury, physical and permanent disabilities.

### **Limitations of Study**

In Chapter 1, I referred to limitations as restrictions occurring beyond the researcher’s control. Being mindful of the limitations of trustworthiness, I consistently reminded the research participants not to disclose confidential or demographic information. During the interviewing session, I utilized active listening techniques to understand what was being conveyed. I immediately developed a trusting rapport with the research participants because I identified myself as a researcher and former prison chaplain.

Another limitation was my lack of experience with qualitative data coding. This was my first qualitative research project. I had to relearn qualitative methodology and qualitative coding methods. My own work requirements and the SARS-CoV-2 (COVID-19) protocols in residential reentry centers limited accessibility of a larger population of

prospective justice-involved research participants. Despite the limitations, interviewing justice-involved veterans became a credible source of data. All research participants were eager to share their lived experiences and perceptions about prison reentry programs. 10 out of 11 research participants participated in prison reentry initiatives prior to SARS-CoV-2 (COVID-19).

### **Recommendations**

I have several recommendations based on the research findings. First, the BOP should increase reentry program funding and restart all reentry programs in compliance with the First Step Act. The Federal and State Correctional Institutions in the United States had prisoners locked in their cells for almost 2 years, a result of SARS-CoV-2 (COVID-19). All reentry programs were stopped. SARS-CoV-2 (COVID-19) lockdown and cancelled reentry funding were the expressed reasons for the lockdown. This finding extended knowledge on the impact a national infectious disease outbreak has on the implementation of prison reentry initiatives and the transition experiences of justice-involved veterans. SARS-CoV-2 (COVID-19) impacted prison reentry services at federal and state correctional facilities. At the federal level, over 45,000 inmates tested positive for SARS-CoV-2 (COVID-19) and 237 inmates died. In view of SARS-CoV-2 (COVID-19), the BOP instituted its first nationwide lockdown of prisoners, reduced access to program services, and stopped the implementation of First Step Act reentry services (Hummer, 2020).

Second, future research on prison reentry should focus on the justice-involved veterans and the use of specialized programs that serve their unique needs. Evidence-

based practices should be informed by rigorous qualitative and quantitative research. Future research should focus on increasing qualitative and mixed-methods research on post-SARS-CoV-2 (COVID-19) prison reentry initiatives and pre-release transition services for justice-involved veteran. Longitudinal studies are needed to measure the efficacy of prison reentry initiatives and track the transition and well-being of justice-involved veterans. It is equally important for future research to address the different transition experiences and challenges justice-involved women face during and after incarceration. These recommendations serve to address the current gap in research on justice-involved veterans.

## **Implications**

### **On Literature**

Research on justice-involved veterans was and still is, at the conclusion of this research study, practically non-existent due to the federal, state, and local restrictions that would grant access to this protected prisoner population. In Chapter 2, I presented information indicating research on justice-involved veterans was mostly non-existent due to the federal restrictions that would grant access to veterans (Glynn et al., 2016). The literature review showed a lack of academic research involving justice-involved veterans, prison reentry programs for justice-involved veterans, and operational transition models for justice-involved veterans released from prison. This research study is an addition to the body of literature on justice-involved veterans.

### **Methodological and Theoretical Implications**

The methodological implications of this research study have demonstrated how generic qualitative methods and directed content analysis have contributed to an in-depth understanding of the lived experiences of justice-involved veterans. The theoretical implication for this generic qualitative study is that the well-being components from Castro et al.'s (2017) MCT model is an appropriate framework to shape public policy on veteran well-being in the United States. The theoretical framework provided the foundation for this generic qualitative study on justice-involved veterans well-being. The research data confirms that reentry initiatives work when well-being outcomes are actualized through employment, access to housing and healthcare, the availability of transportation, and a strong social support network of family and friends.

### **Social Change Implications**

Today, justice-involved veterans represent almost 8% of the federal, state, and local incarcerated and supervised population (Carson, 2022). This research may serve as a catalyst for congressional action, social change in public policy, and veteran-focused reentry interventions before their release from prison. Congressional action is needed to change existing laws that prohibit VA Healthcare Services from providing services to incarcerated justice-involved veterans. Access to veteran services should begin the first day of incarceration. Social change in public policy can be made possible when all cross-sector stakeholders are involved in the sourcing of community resources to justice-involved veterans prior to their release from prison. Community services engagement prior to justice-involved veterans release from prison is paramount to successful and

positive transition back into the community and reduced recidivism. As a recommendation for practice, future public and social policy initiatives should address the impact prison reentry programs have on justice-involved veterans before their prison release. Furthermore, veteran-based community service organizations and VA Healthcare Services should implement pre-release reentry support services tailored to meet the unique challenges of justice-involved veterans.

### **Social Determinants of Health**

The World Health Organization (2008) reported that social determinants of health (SDOH) are nonhealthy variables that positively or negatively influence health equity and health outcomes. The United States Department of Health and Human Services define SDOH as environmental conditions that affect the health and quality of life outcomes of people (see Office of Prevention and Health Promotions). Some of the SDOH domains are the following: Employment, Food Insecurity, Housing, Healthcare Access, and Social Community Context (Incarceration). These SDOH domains align with the well-being domains addressed in this study. Justice-involved veterans' stable well-being is based on their accessibility to psychological, social, and physical resources that address their needs. Castro et al. (2017) proposed an MCT model that focused on well-being outcomes associated with gaining employment, access to housing, medical and mental healthcare, and viable social and community support network. Castro's et al. (2017) MCT model was chosen for this study because it focused on well-being domains and reintegration outcomes for all veterans during and after military service. The well-being domains align with the SDOH domains. To improve healthcare services to vulnerable veterans, the

Veterans Healthcare Administration (VHA) and the Department of Justice BOP, must direct future research to address the SDOH care and quality of life issues of justice-involved veterans. An evidence-based well-being public policy that includes delivering human and health services to veterans might be key to successful wellbeing outcomes and positive SDOH for veterans and justice-involved veterans.

### **Conclusion**

The purpose of this generic qualitative study was to describe the perceptions that a sample of justice-involved veterans have regarding prison re-entry programs. Data were collected through interviews of voluntary justice-involved veterans. Results of the data analysis indicate that two themes emerged from the 11 research participant interviews: (a) prison reentry programs helped with transition when there was family support, when one participated in industry reentry training, when there is community support, and housing; and (b) prison reentry programs did not help with transition when prisoners faced difficulty in adjusting, had no knowledge of community resources, received no help from prison, and did not have access to housing, transportation, healthcare, or when prison reentry programs were cancelled. Recommendations for future research suggest more qualitative and mixed-methods research on post-SARS-CoV-2 (COVID-19) prison reentry initiatives and pre-release transition services for justice-involved veteran.

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### Appendix: Interview Questions

In answering the following questions do not reveal information regarding other inmates, incarceration records, veteran status information, or veteran medical information.

1. How have prison reentry programs prepared you for life outside of prison?
2. How have you adjusted to civilian life from prison?
3. What community resources have you connected with to assist you in your transition regarding employment, housing, healthcare, transportation, finances, and food?
4. In what ways has your family and friends support helped in your transition?
5. What type of social events have you participated in since being released from prison?