10-6-2025

An Examination of Successful Reentry and Recidivism for Drug-Involved Offenders in Rural Areas

Jacqueline Cottle
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Jacqueline Cottle

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Gregory Koehle, Committee Chairperson,
Criminal Justice Faculty

Dr. Darius Cooper, Committee Member,
Criminal Justice Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

An Examination of Successful Reentry and Recidivism for Drug-Involved Offenders in Rural Areas

by

Jacqueline Cottle

MPhil, Walden University, 2021

MS, Grand Canyon University, 2017

MA, Arizona State University, 2013

BS, Park University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2025

Abstract

In rural communities, treatment and supportive resources are limited, putting ex-offenders (EXOs) at an increased risk for relapse or recidivism. The purpose of this qualitative study was to understand, through semistructured interviews, the experiences of EXOs who completed the court residential treatment center, intermediate sanction facility, or substance abuse felony punishment facility, and returned to a rural county in Texas, along with the perspectives of 11 community supervision officers who worked closely with the EXOs. This study was guided by Agnew's general strain theory, which posits that drug-involved offenders achieve successful reentry in rural areas when positive supports are present, and drug-involved offenders recidivate when barriers outweigh available supports. Thematic analysis revealed the themes of environment (e.g., prosocial networks, stigma, etc.) and resources (e.g., employment issues, transportation, financial strains, etc.) that impacted the reentry and recovery of EXOs. The findings emphasized the need for improved collaboration between agencies, providing additional resources, addressing barriers in rural areas, and enhancing the transition process. These recommendations could help reduce recidivism and increase positive recovery outcomes, thereby creating positive social change for EXOs, their families, and other members of the rural communities in which they live. This study may also provide important insight to probation departments, treatment facilities, policymakers, community leaders, and other changemakers working to reduce recidivism and improve recovery outcomes.

An Examination of Successful Reentry and Recidivism for Drug-Involved Offenders in Rural Areas

by

Jacqueline Cottle

MPhil, Walden University, 2021

MS, Grand Canyon University, 2017

MA, Arizona State University, 2013

BS, Park University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2025

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

There is an important difference between substance abuse and substance use. Substance abuse occurs when a person continues the use of a substance or substances despite unpleasant consequences such as work-related issues, legal trouble, health problems, or family issues (American Psychiatric Association, n.d.); on the other hand, substance use may not mean that the person is dependent on the substance or that there is abuse of the substance. The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition Text Revision contains extensive data on mental health disorders, the descriptions of each disorder, and the criteria and symptoms required to diagnose an individual with a disorder. For example, "substance use disorder (SUD)" is listed as a general category. However, with further assessment, the individual could meet the criteria for a more specific disorder, such as alcohol use disorder or opioid use disorder (American Psychiatric Association, 2022).

In 2020, it was estimated that over 40 million individuals met the criteria for a substance use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021, as cited in Cambron & Catillo, 2023). With a substantial number of individuals estimated to suffer from substance use disorders, it is imperative for stakeholders, changemakers, and community leaders to have a better understanding of how to assist these individuals in obtaining or maintaining sobriety. The current study addressed resources available for those with substance issues. It focused specifically on ex-offenders residing in rural areas and the resources available or not available to them. This study further addressed the barriers that ex-offenders encounter, which may be

hindering their ability to obtain the help they need or remain sober once they return to their rural communities from a treatment facility or are returning from incarceration.

Background

Obtaining treatment for substance abuse can sometimes be difficult, especially for those residing in rural areas. It is not uncommon for individuals with substance abuse problems who reside in small counties to travel to obtain treatment or other services. Brown (2020), with the Texas Department of Agriculture, stated that a rural county in Texas was defined as a county with a population of 150,000 or fewer; however, for the current study, the definition of a rural county that was used was a population of 30,000 people or fewer. Rural communities face unique barriers that affect an individual working toward recovery or obtaining some sort of continuation of care. These barriers include the availability of services, distance to services, and financial burdens. As noted by Ali et al. (2022), some of the reasons why individuals do not seek treatment are due to access-related issues; not knowing where to go; costs associated with treatment, especially for those who do not have health insurance or their insurance does not cover treatment; lack of transportation; and the stigma associated with being a felon and/or a substance user, or issues that are created with current or future employment. In their study on rural women with substance use disorders, Ali et al. stated that "roughly half of those women receiving treatment traveled up to 3 hours to receive care" (p. 71).

Often, individuals who abuse substances may get in trouble with the law and be mandated by the courts to go to treatment programs such as a court rehabilitation treatment center (CRTC), intermediate sanction facility (ISF), substance abuse felony

punishment facility (SAFPF), intensive outpatient programs, substance counseling, Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), or other types of programs. Although these individuals are getting the services they need, regardless of being ordered by the court or not, they return home following treatment and struggle to obtain the continuing care necessary to maintain their sobriety, sometimes at no fault of their own.

In addition to maintaining sobriety, there is a need for housing, childcare, and employment assistance for those returning from treatment or prison. It is common for small, rural counties not to have homeless shelters or sober living homes and to have a diminished capacity to address a client's housing needs. Individuals returning from treatment may reside with family members or friends, and if they do not, they may end up on the street. Although family and friends may be beneficial to live with, prosocial networks are not always an option. As one participant in Clark et al.'s (2021) study noted, "I cannot be around my family. My mom uses, and my dad" (p. 3). Therefore, these individuals are back in the environment they came from, which includes fellow substance users with few or no options for continuing care. Thus, the cycle of use is likely to continue.

With limited services available close to home, individuals seeking help have no choice but to commute, which poses a variety of other barriers. In a study on the impacts of travel time on continuity into follow-up treatment, Garnick et al. (2020) state that "those that traveled 10 miles or fewer were 2.6 times more likely to obtain care compared to those who traveled more than 50 miles to receive care" (p. 197). Public transportation, such as buses, taxis, and other services, is scarce or nonexistent in rural areas, so

transportation to treatment can be difficult, especially for people who do not have a vehicle and must rely on others to take them anywhere. This can place a burden on the driver as well because of increased gas prices, taking time off work, childcare needs, or managing time commitments. If an individual is fortunate enough to find someone willing to take them to AA meetings, counseling appointments, or other appointments, it is not a viable long-term solution, especially if meetings are two to three times a week for as long as the individual is in the programs or needs continuing care.

If a client has a vehicle, they may still encounter the same burdens along with the additional strain of trying to balance other responsibilities while working to get back on track. Furthermore, most agencies are open during standard business hours, have limited availability, or are unsuitable for the individual, which creates a barrier to access for those who must choose between working to cover basic living expenses and their recovery (Farhoudian et al., 2022).

Financial barriers also play a significant role in the success of an individual's recovery. In rural communities, commuting to services is common practice; however, commuting requires additional transportation expenses such as fuel and vehicle maintenance costs. Furthermore, additional expenses arise when taking childcare, missed employment, and service costs into consideration, thereby making it difficult for individuals to succeed in their recovery. Although telehealth is becoming a viable option for many individuals, it also comes with additional costs, such as internet fees and the need for a device with video capabilities. Although going to a library is an option for

individuals to access computers free of cost or at a low cost, this brings a diminished level of privacy, posing additional barriers to individuals seeking continued care.

The quasi-experimental study by Hollis et al. (2019) took place in McLennan County, Texas, with a population of 251,259 in 2017. Participants were control group and treatment group probationers who participated in a substance abuse treatment program such as a SAFPF. The purpose of the study was to examine the efficacy of substance abuse treatment programs for probationers in reducing overall recidivism and substance use. The study's dependent variables included failed drug tests, rate of failed drug tests, and new offenses postprogram completion. The data were collected from probationers after completing the program for 1 year. Hollis et al. found that participation in treatment significantly reduced recidivism; however, results reflected no significant effect on reducing substance use. This study was relevant to the current study in that the SAFPF program is similar to CRTC and ISF programs and is an option available to rural probationers. Although Hollis et al. used a quasi-experimental design to focus on statistics, the data were useful to other researchers.

Various issues and situations can impact the availability of services in rural areas, such as lack of funding, quality of care, and participation levels. Although the ideal situation is that every community has a treatment center and resources available with qualified individuals to run them, it is unrealistic for most small communities. Funding plays a significant role in what services are available and determines the out-of-pocket expenses that clients are responsible for. One of the barriers in rural areas is the lack of specialized services and a shortage of providers (Ali et al., 2022). Further, with

counselors being required to pay yearly fees to maintain licensure, complete continuing education and finance whatever else may be involved, there are times when counselors may have to pay out-of-pocket for education resources where they are working, which can also be one of the reasons for the lack of providers in rural areas. Although there are several ways to obtain funding, whether through private sources, public programs, or the criminal justice system, inadequate funding can be detrimental to a client's success in rural and urban areas. However, rural areas may feel more of the effects, which can be due in part to the lower populations and resources.

Additionally, if there is a need for specialized resources to meet the needs of clients, the costs associated can hamper rural clients. Examples include the need for Spanish materials or technology devices to obtain specialized help via telehealth, mental health services to deal with co-occurring disorders, or the buildings needed for services related to treatment or sober living homes. Another specialized treatment option is the use of medications such as Naltrexone, Suboxone, and Buprenorphine to assist in the reduction of opioid use disorder. Prior to 2023, a Drug Addiction Treatment Act (DATA) of 2000 waiver was required for a physician to prescribe a Schedule III drug such as Buprenorphine, which raised another potential barrier because not all physicians carried the DATA waiver (Abraham et al., 2018). Many clients who would benefit from this option are low-income and uninsured, so adoption of medication treatment is not common in rural communities, not to mention the availability of a treatment provider with such credentials in a rural community (Abraham et al., 2018).

To address this, Abraham et al. (2018) discussed the option of state-targeted funding, which is a type of funding that has been administered through SAMHSA to address the opioid crisis. However, because the DATA waiver is no longer a requirement, obtaining medication-assisted treatment is no longer a significant barrier as it has been in prior years. Furthermore, in rural communities, there are fewer services available, which leads to a lack of confidentiality, especially in small towns, due to minimal options for service providers, AA meetings, etc., which reduces the willingness of people who want treatment.

Lastly, interagency cooperation is an issue that continues to rise along with case management. “Effective interprofessional collaboration is a necessity to achieve sufficient service quality in the rehabilitation process” (Larsen & Hean, 2021, p. 112). If an individual needs detoxification and mental health services, those services may not be closer than 75 miles or may be at two different facilities. Another issue that comes with this is coordinating treatment plans and timing. For example, a client may go through detoxification but cannot get into an outpatient program at a different facility for days or weeks following their discharge. Following discharge from an inpatient facility, they may not have the option to go straight into an outpatient facility or some form of continuity of care. With this, interagency networking and collaboration is detrimental to the treatment success of a client.

Ternes et al. (2020) sought to distinguish the features of offenders who complete substance use programs from those who do not complete them for personal or administrative reasons. This qualitative study was conducted on 4,592 federally

sentenced male offenders and found that a significantly higher percentage of noncompleters in substance use programs had an unstable job history, had a lower education level, and were significantly younger than completers. Few differences were noted between completers and offenders who did not complete due to administrative reasons. Additionally, noncompleters were found to have low self-esteem and were less likely to exhibit a high motivation level. Ternes et al. noted that substance use programs have been shown to reduce recidivism so long as the offender completes the program. Ternes et al.'s study informed the current study by indicating potential characteristics for those who are at higher risk for noncompletion of substance programs.

With the growing substance abuse problems in the United States and the increased recidivism rates, it was essential to conduct the current study because the findings may allow researchers to understand what works and what does not and where the gaps are in rural communities for individuals seeking to obtain the help they need for maintaining or obtaining sobriety. Findings may also help large and small counties across the United States implement these programs' positive aspects, eradicate the negative aspects, and lower the country's recidivism rates and substance abuse rates.

Problem Statement

According to the American Addiction Centers (2021), an estimated 74% of adults were suffering from a substance use disorder in 2017, with offenders making up a significant portion of the substance abuse statistics in the United States. Additionally, it was noted that 65% of the prison population has an active substance use disorder (National Institute on Drug Abuse, 2020). Knowing that substance issues affect a

significant percentage of individuals in the United States, it was important to understand what is needed to lower these numbers by getting addicts and offenders/ex-offenders the help they need to achieve or maintain sobriety.

According to statistics published by the Legislative Budget Board (LBB, 2021), in 2015, 57.2% of adults recidivated and were rearrested within 3 years following release from an ISF, 44% from a SAFPF, and 45.4% from prison. In 2017, those numbers slightly decreased to 56.2% for ISF and 43.9% for SAFPF but increased to 47.6% for those released from prison (LBB, 2021). One reason for these statistics is that offenders, EXOs, and addicts struggle to obtain quality help for their substance use disorder due to limited availability of resources, especially for those returning to rural counties who have few to no resources available within several miles of where they reside or other barriers that they may encounter such as financial burdens, lack of services, transportation issues, and inability to balance recovery with daily life (Ali et al., 2022; Buck et al., 2022; Clark et al., 2021). The current study was needed to obtain as much knowledge as possible regarding potential barriers and the needs of those in rural communities, in hopes of bridging the gap between release from treatment or prison and successfully maintaining sobriety. Before individuals reintegrate into society, where they may or may not have support, it is important to prepare them with resources relevant to their area that they can utilize.

Purpose of the Study

In Texas, there is an extensive list of treatment options for offenders; however, it should be noted that these options vary depending on the individual's location. One

program available to Texas offenders as a viable alternative to prison is the CRTC program (Texas Department of Criminal Justice [TDCJ], 2022). However, this program is not available in every town and may be difficult to access for residents of some counties. According to data published in 2018, there are only six CRTC facilities throughout Texas and six community supervision and corrections department (CSCD)-operated intermediate sanction facilities (TDCJ, 2022). Other treatment options for offenders include ISF and SAFPF. These programs are for individuals who violate their supervision and are used as an alternative to incarceration. It is a short-term, secure facility that allows participants to engage in therapy, life skills courses, GED classes, and more (LBB, 2021). These centers are limited to the number of people they can serve at a given time, leaving a considerable number of offenders without the opportunity for help.

Additionally, these facilities have minimum qualifications that must be met to be accepted. For instance, if the offender has an assault charge, they will not be accepted at any of the facilities other than SAFPF. However, SAFPF only accepts felony cases and excludes sexual offenses. Due to these restrictions alone, many offenders are ineligible for placement in multiple facilities.

Substance treatment facilities for offenders currently on probation are minimal, especially those in rural communities. Additionally, treatment programs and services, such as intensive outpatient programs, addiction counseling, inpatient programs, and AA, among other services, can also be limited for those living in a rural community, regardless of whether they are currently on probation or in the continuing care phase of their sobriety.

This qualitative study aimed to understand the experiences of offenders who have been through CRTC, ISF, or SAFPF and have returned to a rural county. Further, the study aimed to understand the successful and unsuccessful aspects of an offender's reentry from the point of view of the offender and the probation officers who have interacted with these EXOs firsthand. Understanding these experiences provides changemakers and community members with the knowledge needed to make a difference and identify the programs, services, and resources that are needed to influence the future of their community. It also equips these leaders to help those dealing with substance-related issues or know someone who is struggling.

Research Questions

1. How do drug-involved offenders achieve successful reentry in rural areas?
2. Why do drug-involved offenders recidivate?

Theoretical Framework

The theory used in this study was Robert Agnew's (1992) general strain theory (GST). This theory describes how delinquency and crime are primarily driven by responses to strain or stress (Kushner & Fagan, 2022). Agnew (1992) proposed that different forms of strain were the cause of individuals' increasing negative emotions and that "vicarious and anticipated strains, as well as experienced strains, may sometimes lead to crime" (Cullen & Agnew, 2006, p. 167). Some examples of strains that an individual can experience include poverty, failure to achieve goals, unemployment, trauma, etc. (Pedalino & Frailing, 2018). Further, Pedalino and Frailing (2018) state that "General strain theory can be useful in explaining substance abuse as a response to the

strains of victimization" (p. 88). When barriers to success are visible and positive stimuli removed, strain can be produced, thus leading to delinquent behaviors and illicit drug use (Peck et al., 2018).

This theory was the best approach for this study because the information discussed and analyzed involved the barriers and strains placed on ex-offenders returning to rural communities. GST can be useful in explaining the correlation between the barriers ex-offenders face after treatment or incarceration, their return to rural communities, and how it may affect their lifestyle and criminal behaviors when returning to rural communities. In this study, GST can also be useful to explain what happens when positive stimuli are absent.

Nature of the Study

A qualitative study using a grounded theory (GT) approach was selected for this research based on in-depth, one-on-one interviews to understand the experiences of offenders who have been through CRTC, ISF, and SAFPF and have returned to a rural county. Grounded theory aims to develop theoretical explanations of phenomena by identifying elements of significance. This approach is appropriate or is most applicable when the information about the phenomenon is minimal (Chun Tie et al., 2019). Furthermore, this approach was selected due to the limited research available on the experiences of offenders attending substance use programs and returning to a rural county, coupled with the high relapse and recidivism rates overall. Using a GT approach in a qualitative study allows researchers to capture the unique challenges presented in the narratives provided by participants. This study sought to understand offenders'

experiences and determine the success of programs. Further, it will aid smaller counties in creating sustainable programs to aid in the successful recovery of offenders, ex-offenders, and addicts.

In grounded theory, researchers use continual comparative analysis of the data generated and collected, generating additional concepts and/or theories (Chun Tie et al., 2019). "Research findings and recommendations can contribute to policy or knowledge development, service provision and can reform thinking to initiate change in the substantive area of inquiry" (p. 1). When a researcher collects data and uses GT, interviewing and coding are common procedures for obtaining and analyzing data. Coding allows a researcher to identify themes among the data and separate them into key categories. Analyzing the data into themes and categories, "may reveal insight into what is not yet known" (Chun Tie et al., 2019, p. 5).

Through this study, this researcher attempted to understand the experiences of offenders who went through CRT, ISF, or SAFPF to then return to a rural county. This study offered a framework for past offenders to share the barriers they encountered after completing treatment and express their opinions on what they believe made CRTC, ISF, or SAFPF successful, as well as what aspects made it unsuccessful. This type of study allowed this researcher to focus on treatment experiences, barriers, and advantages or disadvantages of treatment programs, and potentially bring change to rural counties by incorporating the data collected and common themes revealed.

Definitions

The following definitions are to provide clarity:

Addiction: When a person "uses a substance, or engages in a behavior, for which the rewarding effects provide a compelling incentive to repeat the activity, despite detrimental consequences" (Psychology Today Staff, 2022, para. 2).

Cognitive-behavioral therapy (CBT): A form of treatment that identifies a pattern of behaviors, thoughts, and attitudes and focuses on reconstructing those patterns and developing interpersonal skills (APA, 2017).

Community supervision corrections department (CSCD): The department responsible for supervising and helping rehabilitate offenders sentenced to community supervision (TDCJ, 2018). Another name for community supervision is probation.

Community supervision officer (CSO): An employee of the state or county who monitors an individual who is under community supervision to ensure they are abiding by their court-ordered conditions.

Court residential treatment center (CRTC): A treatment center that "provides offenders with substance abuse treatment and educational, vocational, and life skills training" (TDCJ, 2018, para. 2).

Intermediate sanction facilities (ISF): Operated by CSCDs for use as "intermediate sanctions for supervision violators to give the courts an incapacitation custody option other than revocation or incarceration. Programming includes a substance abuse component, community service, education, cognitive and life skill programs, and an employment component" (TDCJ, 2018, para. 4).

Non-completer: An individual who does not complete treatment or services.

Offender: An individual who has committed a crime according to the laws of Texas.

Probation: Another term for community supervision.

Probation officer (PO): Used interchangeably with Community Supervision Officer. A person who supervises defendants to ensure compliance with the terms of community supervision.

Rural (in Texas): A rural county in Texas is defined as a county with a population of 150,000 or less (Brown, 2020).

Substance abuse: A continual pattern of the use of substances that leads to reoccurring problems in social, vocational, legal, and interpersonal aspects of one's life (American Psychological Association, n.d).

Substance Abuse and Mental Health Services Administration (SAMHSA): an agency within the United States Department of Health and Human Services. This agency works to enhance the behavioral health of the United States.

*Substance abuse felony treatment facility (SAFPF): "*A secure residential program providing substance abuse treatment and counseling to non-violent felony offenders whose substance abuse problem is significantly contributing to their committing a crime" (Concho Valley CSCD, 2024, para. 7).

Assumptions

There are a few assumptions within this study. The first assumption is that the study participants were a representative sample of EXOs returning to rural counties following treatment. Second, EXOs are open and honest when answering interview

questions, providing an accurate depiction of their experiences. Third, offenders and ex-offenders are influenced by their environment; if there are fewer opportunities for assistance, then there is a greater opportunity for relapse and recidivism.

When an offender returns to society, they tend to be scrutinized for being a felon and or an addict. Participants in one study stated that stigma and bias surround them (Clark et al., 2021). As a result, adjustment into society and participation in reentry programs are difficult. For example, an offender's criminal history puts them at a disadvantage in finding employment, coupled with substance problems, a lack of education for some, and a potential lack of skills; all pose significant challenges for ex-offenders attempting to integrate into society.

Scope and Delimitations

In this study, I examined the experiences of offenders as they returned to a rural community following their release from CRTC, SAFPF, or ISF. I focused on the barriers that these individuals have encountered and what they believed would be helpful to their sobriety, either before release or after being released. This qualitative study examined males and females residing within eight rural counties in Texas. Individuals were selected based on their locality and completion status, as they were all provided with similar opportunities upon their return.

The focus of this study was to understand potential gaps in the system that prevent individuals from maintaining sobriety, obtaining needed services, and avoiding relapse or recidivism. Prior research shows that individuals with felony convictions face multiple

barriers as they return to society. These challenges are further complicated when felony status is coupled with addiction or substance use.

Limitations

One limitation noted in this study is the small sample size used in the qualitative study. Participants who required early discharge from CRTC, SAFPF, and ISF programs were excluded from participation, posing a potential sample recruitment limitation. With a smaller sample size and a specified treatment program, the results may not represent the larger population of individuals who participated in other substance treatment programs. Additionally, because this study focused on individuals residing in a rural county, the participant pool was further constrained.

Lastly, an anticipated obstacle was the participants' vulnerability due to the sensitive nature of this topic. This study included participants who had a history of substance abuse and a criminal record. Moreover, the small and localized participant pool of individuals residing within eight small counties created a potential methodological limitation. It was imperative to provide a safe environment for the interview to ensure confidentiality and anonymity; however, the geographic restriction may limit the transferability of the findings. To mitigate instances in which participants required a referral or intervention to prevent relapses or the possibility of incriminating themselves, IRB approval and guidance were obtained before research began (Walden University, Center for Research Quality, n.d.).

One of the strengths that can be acknowledged is the consistency of the programs. These means the CRTC curriculum was the same for all participants who attend,

regardless of location, just as SAFPF curriculums were the same for each SAFPF facility, as well as the ISF curriculum within all ISF facilities. Furthermore, the researcher's focus on eight counties alleviated differences in opportunities among the offenders.

Validity is the extent to which the instruments are used to measure precisely what they are supposed to. For example, the success of the court residential treatment center program, substance abuse felony punishment facility program, and the intermediate sanction facility program can be measured by whether the individual relapsed or committed a new offense. Reliability is the extent to which the outcomes are consistent when the experiment is repeated more than once. The outcome is consistent because it is delivered via the same method to all participants regardless of the time or year they attend. A potential issue in testing reliability and validity is that other factors contribute to a person's sobriety and potential for recidivism, which are more complex and complicated to test.

Significance

To foster a positive change for a community and its future, changemakers and community members should understand the experiences of the individuals who have gone through the process firsthand to get a better idea of what exactly is needed in regarding treatment programs or other services for those struggling with addictions.

There is a gap in the literature regarding barriers that individuals in small, rural communities face concerning continuity of care following substance use treatment. This study also explored the gap related to successful reentry and recidivism in rural areas. Additionally, it examined the knowledge gap about barriers and how those barriers

affected their sobriety. This research is vital because understanding how various barriers affect an individual's sobriety, could help law enforcement, substance counselors, treatment centers, and communities enhance their methods of treatment and delivery and provide more opportunities for those struggling with substance use disorders to get the help they need. This study contributed to the existing literature by informing future research to explore the barriers that hinder individuals from maintaining sobriety, receiving care, and improving the methods and processes of treatment to lower the risk of relapse and recidivism. Moreover, reviewing and addressing the data collected through research could help bridge the gap between an individual with a substance use problem and the same individual becoming an offender with a substance use problem. In other words, this research could aid individuals in getting the help they need before committing a criminal offense.

This study promotes positive social change by evaluating the experiences of those who have been through the substance use and treatment cycle. This study is significant because it helps individuals understand what does and does not work in treatment. This, in turn, supports positive changes in smaller communities where there may be limited or no resources by giving people the opportunities to get help, they need through innovative programs or improvements to existing programs.

Communities, especially rural communities, will reap the benefits of the positive social changes this study has introduced. Communities can use this study as a foundation to understand the needs of their community related to substance use programs and resources. Considering these concepts during the restructuring and implementation of

these programs and services could increase the likelihood of successful outcomes and potentially lower relapse rates and recidivism within their communities.

Summary

Perceptions of treatment and opportunities should be explored through the accounts of the EXOs who went through and continue to go through the hardship of reintegrating into society, especially in rural areas, where there is a shortage of data on the success rates of programs and what works. To better understand the experiences of EXOs, this qualitative study was conducted using telephonic interviews to deep dive into their perceptions, the challenges they encounter, and their beliefs on what does and does not work regarding their recovery and reentry into society. Additionally, CSOs who have worked on a specialized caseload directly with EXOs who attended one of the facilities were interviewed to learn more about the barriers, reentry success, and recidivism from their perspective.

In the next chapter, general strain theory is discussed and explained as it pertains to this study, along with literature on barriers to EXOs reintegrating into society, lack of opportunities, programs currently available in various locations, and personal accounts of offenders in programs before release. Studies included in the literature review, include but are not limited to, *Substance Use Disorder Treatment, Perceived Need for Treatment, and Barriers to Treatment Among Parenting Women with Substance Use Disorder in US Rural Counties* (Ali et al., 2022); *"If You Could Wave a Magic Wand": Treatment Barriers in the Rural Midwest* (Clark et al., 2021), and *Rehabilitation Programs for*

Incarcerated Drug Offenders in Malaysia: Experience-Based Perspectives on Reintegration and Recidivism (Cheah et al., 2020).

Chapter 2: Literature Review

According to Kaeble (2023), at the end of 2021, there were an estimated 3,745,000 adults under supervision with probation or parole. Further, Widra and Jones (2023) found that 31% of individuals on probation have a substance use disorder, and 28% of those on parole have a substance use disorder, equating to "3 in 10 people under community supervision having substance use disorders" (para.4). With such a sizable number of individuals on probation and parole and a considerable number of them having a substance use disorder, there are several challenges that they face upon release, including finding a place to live, securing employment, creating prosocial networks, reuniting with loved ones, and obtaining additional treatment or aftercare services. Although many individuals encounter barriers, research has indicated that those residing in rural areas are more likely to be disadvantaged than those in urban areas (Clark et al., 2021; Heitkamp & Fox, 2022; Huebner et al., 2020).

To determine what works and what does not work regarding substance use treatment, I sought to understand the barriers that individuals experience when living in a rural area. Furthermore, it is important to investigate other, more populated areas to see what is working and to try to bridge the gap between treatment resources and rural communities moving forward. The following literature review discusses research addressing prerelease and postrelease treatment as well as the barriers that rural communities struggle with.

Literature Search Strategy

Interviews were conducted with participants who met the criteria to address the research questions. The interviews were conducted using open-ended questionnaires with individuals who had been through the CRTC, ISF, or SAFPF program. In addition to interviews, scholarly articles obtained through Walden University Library databases such as EBSCOhost and sources found through other internet resources were used. Articles relevant to treatment, rural areas, strain theory, addiction, and barriers to treatment were identified and used to develop the literature review for this study. The articles were found in various peer-reviewed journals using key terms such as *addiction*, *treatment*, *ex-offender*, *rural communities*, *rehabilitation*, *drug use*, *substance use*, *relapse*, and *recidivism*.

Theoretical Foundation

The theoretical framework used to support this study was derived from Agnew's (1992) general strain theory. This theory describes how delinquency and crime are primarily driven by responses to strain or stress (Kushner & Fagan, 2022). GST posits that different forms of strain are the cause of individuals' increasing negative emotions and that "vicarious and anticipated strains, as well as experienced strains, may sometimes lead to crime" (Cullen & Agnew, 2006, p. 167). Further studies discussed the correlation between negative and positive stimuli and the impact they have on a person's deviant behavior. According to Orak and Solakoglu (2017), by removing positive stimuli and adding negative stimuli, and by also encountering barriers that prevent one from obtaining goals, one will suffer from strain; thus, the individual is more likely to commit

crimes and exhibit deviant behaviors. Examples of strain observed included those associated with school, such as difficulty in school or being unprepared for class. Family strain centers around ending relationships, the loss of loved ones, or mental health/substance use issues. Economic strain includes job loss or the inability to obtain essential items for daily living. Lastly, peer strain includes being rejected by peers or, in the instance of EXOs and substance users, the stigma that is placed on them from their community (Orak & Solakoglu, 2017).

When EXOs return to rural communities and encounter barriers and insufficient resources that interrupt their treatment and recovery process, the EXO experiences the strain or stress that comes from that, as discussed by Agnew (1992). Using GST as a framework, this study and future studies could identify treatment and program needs in rural communities and possibly find methods to overcome barriers experienced by those in small communities in hopes of reducing their strain.

Literature Review

Barriers to Treatment

Obtaining treatment for substance use can sometimes be difficult, even more so when residing in rural areas. Rural communities face unique barriers that affect individuals working toward recovery or obtaining continuation of care. For instance, the availability of services, distance to services, and financial burdens can strain individuals. Often, individuals who abuse substances may get in trouble with the law and mandated by the courts to attend treatment programs such as CRTC, intensive outpatient programs, substance counseling, AA, NA, or other inpatient programs. Although individuals are

initially able to access needed services, whether court-ordered or voluntary, many return to their hometown after treatment and experience challenges obtaining continuing care to maintain sobriety.

Small, rural counties are often without shelters for unhoused individuals or sober living homes and have a diminished capacity to address clients' housing needs. As a result, individuals returning from treatment may reside with family members or friends, or they may end up without stable housing. In some cases, family and friends may be beneficial to live with, however prosocial networks are not always an option. Furthermore, when an individual returns to the community following treatment or incarceration, they are often faced with negative reactions, responses, and attitudes from those they encounter, which can be damaging or hinder the recovery process of an offender or substance user (Rade et al., 2018).

In a study done by Cheah et al. (2020), participants noted that when they returned to their communities after incarceration, they faced isolation and prejudice, which in turn made it difficult to build trust and prosocial networks. Consequently, these individuals turn to the environment they came from and return to their former social groups, which are often fellow substance users or criminal peers, and have little to no options for continuing care.

In another study, it was noted that some individuals preferred or needed NA instead of AA; however, NA and AA meetings are not always readily available in small towns, requiring an individual to commute. However, transportation to the closest meetings can often be problematic (Clark et al., 2021). A participant in one study

expressed “there’s not enough [services] available; there’s no NA available, there’s no treatment program within, you know, just barely less than an hour” (Huebner et al., 2020, p. 975). With the lack of services close to home, individuals seeking help have no choice but to commute, which presents a variety of other barriers. Further, CSOs noted that the lack of services in rural areas made it challenging to serve probationers.

Transportation to treatment can be especially challenging for people if they do not have a vehicle. Public transportation like buses, taxis, and other transportation options is scarce or nonexistent in rural areas, thus making it difficult to get to work, get to support groups, treatment, and any other services (Clark et al., 2021). Huebner et al. (2020) conducted an extensive study on access to health care and treatment for individuals paroled in urban and rural areas. Although their study focused on sexual offenders specifically, it highlighted barriers faced by those returning to rural areas. The study identified that residents of rural communities lack local resources, necessitating travel to access services. A common theme in rural areas included an absence of public transportation and the inability to walk or bike to attend services due to distance.

Often, individuals must rely on others to take them anywhere, which can also burden the driver because of increased gas prices, lost work time, childcare responsibilities, and the time commitment required to provide transportation to services. If an individual secures transportation for AA or NA meetings and counseling appointments, this arrangement is usually not a sustainable long-term solution, especially when services are frequent or involve multiple appointments each week. Clients with vehicles encounter similar burdens and may feel the strain of trying to balance multiple

demands while adjusting to a new lifestyle. Furthermore, most agencies are open with standard business hours, which creates a barrier to access. Facilities offering flexible hours would increase the likelihood of people seeking services and provide more options for those who would otherwise have to choose between work and recovery.

Although flexible hours can address scheduling conflicts, long travel times can further hinder an individual's ability to maintain consistent treatment. In a study conducted by Garnick et al. (2020) on the impacts of travel time on continuity into follow-up treatment, it was stated that "those that [*sic*] traveled 10 miles or fewer were 2.6 times more likely to obtain care compared to those who traveled more than 50 miles to receive care" (p. 197). Additionally, the further they must commute for treatment services, the less time they will spend participating in treatment (Garnick et al., 2020).

Financial burdens significantly impact an individual's continued recovery. Often, it is difficult for offenders to find employment due to limited job opportunities in small towns and their felony status. Employers are reluctant to hire a person with a criminal history, especially if the crime is theft-related or violent. Thus, there is a crucial need for employment assistance upon release (Rade et al., 2018). Additionally, researchers suggest that changing employer mindsets and beliefs could reduce stigmas associated with EXOs and improve hiring trends, in turn increasing the rates of successful rehabilitation of EXOs and substance users (Rade et al., 2018).

As noted, in rural communities, commuting to services is common; however, commuting leads to added transportation expenses such as fuel and vehicle maintenance costs. One offender stated, "You can't get a job because you don't have a car. You can't

get a car because you don't have a job" (Clark et al., 2021, p.4). Due to the financial strains of living a sober-free lifestyle, difficulty finding a job with a criminal record, and limited job availability in smaller communities, many ex-dealers and substance users return to drug dealing to maintain financial stability (Cheah et al., 2020). Individuals accustomed to earning money rapidly and at a higher rate may view criminal activity as a more viable means to support themselves than a traditional schedule while making minimum wage. In a study of individuals with felony convictions, participants noted the difficulty they faced in finding legal work that could sustain their family post-release with a felony on their record (Lee et al., 2023). Participant Mickie stated, "They didn't hire me because I had a felony conviction, so I went back to robbing" (p. 979). Another participant, Daniel, voiced the need to supplement his regular job with illegal work just to meet basic needs, "I had side jobs…selling drugs or doing something else" (p. 979).

Furthermore, the additional expenses related to childcare, lost work time, and service costs make it difficult for individuals to succeed in their recovery. In a study of parenting women in rural areas with a SUD, it was found that "parenting women with SUD in rural areas also have 53% higher odds of identifying access-related issues as a barrier to utilizing SUD treatment" (Ali et al., 2022, p. 73). People attempting to change their behaviors and maintain recovery have expressed concerns about juggling daily activities such as children, treatment or recovery requirements, and work. One participant stated, "You got so much on your plate, trying to stay clean, and then you put all that [on it]. They want me to go to treatment 3 times a week and see the judge every two weeks. That's too intense. I didn't like counseling because it interfered with my job" (Clark et

al., 2021, p.4). These experiences highlight the importance of designing recovery programs that accommodate the competing demands on clients' time to support sustained sobriety.

Although telehealth and online services are increasingly accessible and becoming viable options, they also come with additional costs, such as internet fees and the need for a device with video capabilities. Not only do the costs associated with high-speed internet pose a barrier, but there is also the possibility that internet or cellular service is unavailable in all rural areas (Hargons et al., 2023). According to the Federal Communications Commission, in 2019, over 20 million individuals who resided in rural areas in America were without access to high-speed internet (Heitkamp & Fox, 2022). A library can be an option for some individuals to use computers free of cost or at a low cost; however, this results in diminished privacy. Therefore, it poses additional barriers to individuals seeking continued care. In contrast, telehealth can enhance continuity of care for EXOs while providing a social aspect to treatment and building a system of support regardless of whether it is virtual or in person (Huebner et al., 2020). A study exploring the impacts of telehealth on client receptivity to care cited, "barriers to attending, such as concerns about privacy, transport, time, and readiness, were removed for some clients" (Rodda et al., 2021, p. 3). Online services expand accessibility by supporting individuals in remote locations, those with limited mobility, and those with disabilities (e.g., social anxiety), offering a platform for engagement from the comfort of their homes (Rodda et al., 2021).

Service Issues

In addition to the barriers to treatment, programmatic challenges such as insufficient funding, poor quality of care, and low participation levels can impact the availability of services in rural areas. Although the ideal situation would be that every community had a treatment center and resources available with qualified individuals to run them, it is not realistic. Funding plays a significant role in what services are available, and in determining the out-of-pocket expenses that clients are responsible for.

Inadequate funding can be detrimental to a client's success in both rural and urban areas; however, rural areas may feel are disproportionately affected, due in part to lower population and resources. According to Heitkamp and Fox (2022), rural areas are highly dependent on public funding and have fewer options for wraparound services and other treatment options. There are different ways to obtain funding, whether through private, public, or funds allocated through the criminal justice system. If funding is available for wraparound services, it may not cover everything to its full extent, such as continual training, materials, and specialized staff. For example, if specialized resources are needed, the associated costs can hamper rural clients. Some examples of common specialized services include Spanish materials, technology devices for telehealth, mental health services for co-occurring disorders, and buildings for treatment or sober living. Another specialized treatment option is the use of medications such as Naltrexone and Buprenorphine to assist in the reduction of opioid use disorder. Buprenorphine is a Schedule II narcotic, a physician holding a Drug Addiction Treatment Act of 2000 waiver

is required, thereby restricting the number of providers who can prescribe and limiting timely access to evidence-based treatment for opioid use disorder (Abraham et al., 2018).

Adding to service challenges are the financial burdens counselor face, such as paying for yearly fees to maintain licensure, completing continuing education requirements, and covering other associated costs without financial assistance from their employer. Therapy resources and supplies can also vary from employer to employer, requiring additional investment from counselors for therapy resources like workbooks. The cost burden felt by counselors may contribute to a high turn-over rate, particularly in rural areas where pay is often less competitive. Authors Fields et al. (2016, cited in Huebner et al., 2020) theorized a continued shortage of providers and skilled care in rural areas. To address things such as this, Abraham et al. (2018) discussed the option of state-targeted funding, which is a type of funding administered directly through SAMHSA.

Rural communities often have fewer available services, resulting in limited anonymity for clients. In small towns, a lack of privacy may discourage individuals from seeking treatment out of fear that personal matters will become public knowledge. In rural communities, even when acceptable treatment providers are available, they may be unavailable due to existing friendships, social ties, or other conflicts of interest (Heitkamp & Fox, 2022). Researchers Hargons et al. (2023) discussed the concept of "brain drain," which in this context refers to educated clinicians leaving a particular location to go to a location where there are more opportunities. For treatment professionals who leave rural communities to complete their education, the desire to return to their communities is diminished to resist the "brain drain," lack of access to

available resources, and conflicting relationships. For those clinicians interested in working in rural communities, returning to the community they came from would mean treating people they know or knew growing up (Hargons et al., 2023).

Beyond challenges of clinician-client familiarity, treatment in rural areas is also undermined by a collaboration gap with limited opportunities for interagency cooperation. If an individual needs detoxification and mental health services, those services may not be any closer than seventy-five miles or at two different facilities. The issue that comes with this is coordinating treatment plans and timing. For example, a client may go through detoxification but then cannot get into an outpatient program at a different facility for a few days or weeks following their discharge. Even in circumstances where interagency collaboration is feasible, additional issues may arise, especially in cases where clients have co-occurring mental health and substance use disorders. If that is the case, Corace et al., (2022) state, "the client may "ping-pong" between treatment providers" (p.406), or the providers may not agree with the direction of the treatment plan, which may result in conflicting treatment and messages (Corace et al., 2022).

Following discharge from inpatient treatment, clients may not be able to go straight into an outpatient treatment program or another type of continuity of care. In these cases, networking between agencies and individuals is imperative to the treatment success of a client and can assist the process in running more smoothly, which can prevent fewer people from experiencing service gaps.

Treatment

Empirical evidence indicates "between 20% and 70% of clients receiving residential substance abuse treatment will drop out before completing it" (Dillon et al, 2020, p. 1). Among those who complete treatment, "it is estimated 40% to 60% of them experience a posttreatment relapse" (p.1). Although financial burdens, availability of services, and distance to services play important roles in EXOs and substance users not receiving the continued care or treatment that they need, other reasons for noncompletion include unstable job histories, lower levels of education, and younger age (Ternes et al., 2020).

Other reasons for early program withdrawal include, but are not limited to, relapse, recidivism, negative relationships with staff or fellow participants, and a lack of motivation (Prangley et al., 2018). In contrast, the literature reveals that clients in treatment programs who have positive relationships with the staff, other participants, and counselors are likely to stay longer in treatment, especially if their needs are being met, thereby contributing to more favorable treatment outcomes (Dillon et al., 2020).

A study by De Andrade et al. (2019) found that the longer an individual is in treatment, the greater the chance of remaining abstinent. While the idea is to keep these individuals continuing with their programs and services, relapses are not uncommon, and they greatly affect their likelihood of completion or continuing services. Recidivism is more common among individuals released from inpatient facilities, who continue using substances, often leading to crimes like burglary to pay for their substance use. In these instances, noncompletion of continuing services can be attributed to arrests related to

recidivism by disrupting continuity of care. However, it has been noted that “individuals who are active in treatment were ten times less likely to report contact with the law” (Uliaszek et al., 2019, p.226).

It is important to evaluate what works within these programs to mitigate the risk of recidivism. As noted, those in treatment are more likely to stay abstinent than those who do not go through treatment. In addition to this, it was found that individuals who received CBT were more successful in their recovery (Winner, 2021).

One way to alleviate the number of obstacles individuals in rural communities may encounter is by providing information and resources to them before they are released from the treatment facility. According to the respondents of a study done by Clark et al. (2021), several stated that they felt “unprepared for life after treatment” (p.4). The need for assistance in finding a job, obtaining a GED, accessing housing assistance, and developing basic life skills such as budgeting, bill payment, and resume preparation are just some of the needs expressed by participants upon their release from treatment (Clark et al., 2021). While some individuals may ignore the information provided, others may openly welcome and appreciate access to resources.

Additionally, it would be in the individual’s best interest if, before release, a case manager would work with them to create a plan for their release. Creating a plan and offering resources empowers individuals and prevents them from struggling to find the information independently. This proactive collaboration can reduce overwhelm as clients adjust to managing employment, housing, and family responsibilities while striving to

maintain sobriety and continue care. Creating a plan and providing resources will be one less thing that they need to worry about once released.

As discussed, offenders and EXOs in rural communities encounter more hardships than those residing in well-populated areas. For individuals with SUDs, their jail time is a temporary break from substance use. Consequently, reintegration into society following their release poses one of the most significant challenges because of the inadequate services (Raggio et al., 2017). Raggio et al. (2017) noted, "If the only goal of the administrators is to meet minimum mandated requirements and refer inmates to community providers, this will have more of an impact than continuing to overlook inmates' needs" (p.230).

In a meta-analysis by Mowen et al. (2019), the efficacy of pre-release programs versus post-release programs was examined. Evidence from that study suggested that when drug education, counseling, group counseling, and AA meetings, etc., are given prior to release, there is a greater likelihood that the individual will not continue the use of substances. If the abovementioned programs are given after release, the likelihood of continued substance use is more significant. However, when provided as synergistic services before and after release, the likelihood of recidivism and relapses is significantly less (Mowen et al., 2019). There must be a smooth transition from a facility to continuing care and between one provider and the next. In a similar study, it was noted that if there is a delay in treatment, participants may either lose interest in continuing treatment services or they may feel no need to seek treatment if they are successful during the waiting period (Morgan & Dennis, 2023).

Summary and Conclusions

For offenders to successfully reintegrate into society, they must remain in service throughout the remainder of the program (Ternes et al., 2020). As discussed, numerous barriers can interrupt treatment plans for individuals in rural communities, with the crucial issues being access and availability of services. Thus, it is important to understand and focus on improving treatment services in rural areas to help address these issues. For instance, increasing community engagement and awareness, understanding, and focusing on the core needs, and providing other opportunities for greater access to these individuals in smaller areas.

A primary focus should be on reintegration for these individuals and preparing them for the challenges they will face, as participants of a reintegration study reported experiencing feelings of powerlessness, helplessness, and hopelessness (Cheah et al., 2020). This suggests that they feel lost once they are released from a facility. This is further complicated when clients begin building trust with new social circles, especially if the new group of people does not understand substance disorders or is prejudiced towards EXOs (Cheah et al., 2020). These interactions can be detrimental for those who reside in small communities, especially if they are a significant distance from services, because it may lead to the EXO or substance user feeling even more isolated with minimal resources for support.

Although some of the studies focused on the experiences of incarcerated individuals, their experiences returning home and reintegrating into society after release are similar to the experiences of those who have gone through a CRTC, SAFPF, or ISF

program. CRTC and ISF are six-month programs, and SAFPF is a six-month program with three months of aftercare, the duration of which the individual cannot leave, just like in a prison. These individuals are also mandated to be there by a judge and have a criminal charge from which their stay has stemmed.

Based on the reviewed studies, community members, facilities, case managers, treatment centers, and changemakers should prioritize reintegration factors such as education, employment assistance, communication tools, and providing resources for individuals returning home. Addressing the aforementioned reduces the likelihood of relapses and recidivism and promotes long-term stability and community wellbeing. By emphasizing more sustainable pathways created from evidence-based practices and coordinated support, stakeholders can reduce barriers that often undermine success during the transition from treatment to society.

Chapter 3: Research Method

The purpose of this qualitative study was to understand the experiences of ex-offenders who had completed CRTC, SAFPF, or ISF and had returned to a rural community following their release from treatment. This study further explored the testimony of probation officers who had worked firsthand with offenders returning from treatment and had dealt with barrier issues that their offenders encountered. The data were coded and triangulated to identify common themes. The themes that were revealed were used to answer the research questions that were presented in Chapter 1.

Research Design and Rationale

To understand the experiences and perspectives of participants, I used a qualitative approach with a descriptive phenomenological design. This study aimed to understand the experiences of ex-offenders returning to rural communities after being released from substance use treatment and to understand the issues that ex-offenders encountered from the point of view of the probation officers who worked with them regularly. Due to this aim, a qualitative approach was used in this study. The research questions were as follows:

1. How do drug-involved offenders achieve successful reentry in rural areas?
2. Why do drug-involved offenders recidivate?

To answer the research questions, I conducted in-depth interviews with the permission of participants who met the criteria to be considered for the study. The interview questions were open-ended, allowing participants to express themselves. Upon completing the interviews, I analyzed the data to determine common themes, categories,

and subcategories regarding treatment completion, including what does or does not work in a treatment setting and what rural communities need to create an environment conducive to ex-offenders reintegrating into society following treatment.

Role of the Researcher

Throughout the study, it was important that participants felt comfortable. To ensure this, I explained that no identifying information would be revealed, and I would watch body language to ensure the individual was not becoming agitated, scared, or uncomfortable. As the researcher, I found it important to build rapport with participants to create trust; however, establishing rapport should not include building friendships because this can create bias. Rapport building is another technique to aid in the comfort of the participants. To build rapport with interviewees, I remained empathetic and honest, made eye contact, and made the individual feel like they were being heard.

As a licensed chemical dependency counselor and probation officer, I have seen my share of the barriers, relapses, and recidivism that substance users and those in rural areas encounter. I am aware that resources are not always available, and they do not work the same for everyone. For this study, I put aside my beliefs, values, and biases or judgments I may have had regarding a participant's motivation for assistance, their situations, or their progress in recovery.

Methodology

This research used a descriptive phenomenological study with a qualitative research design to understand the perspectives and experiences of offenders and ex-offenders who completed a treatment program, such as CRTC, SAFPF, or ISF and

returned to a rural community upon release. Using this type of approach, I was able to take a deep dive into the information provided by participants by asking probing questions and exploring their perceptions further.

In addition, the study used a qualitative research design to understand the perspectives of CSOs who have supervised the individuals as they return from one of the abovelisted facilities. Using this type of approach allowed me to understand the barriers or advantages those EXOs encountered when attempting to maintain sobriety from a probation officer's point of view.

The locations of the study were chosen due to the proximity of the researcher, which narrowed the location pool down to include three judicial districts: the 216th, 452nd, and 198th. Within these districts are eight counties: Kerr, Bandera, Gillespie, Edwards, Kimble, Mason, Menard, and McCulloch Counties. All eight counties are considered rural for this research study, and the definition provided by the Texas Department of Agriculture. All eight counties' probation departments utilize the same CRTC, ISF, and SAFPF programs for offenders.

Participation Selection Logic

To recruit participants who are ex-offenders, a recruitment flyer (see Appendix A) was posted at eight different community supervision offices within the three rural judicial districts. The snowball sampling method was also used by asking volunteers if they knew of anyone who would be eligible and willing to participate. Lastly, the flyer was posted on each county's Facebook page asking for participants. All individuals, male or female, who were 18 years of age or older, an ex-offender, and a graduate of CRTC, SAFPF, or

ISF that returned to a rural community following completion, were eligible to participate in the study. If individuals were interested in participating, they could reach out via telephone or email to schedule an interview that would be conducted by telephone. The number of participants needed was 10 to 15 people.

To recruit probation officers, a recruitment flyer (Appendix B) was placed in each of the eight county community supervision offices. An officer was eligible to participate if they had worked for one of the previously mentioned counties between 2017 and 2024 and had directly supervised individuals who attended CRTC, SAFPF, or ISF at some point in their career.

Instrumentation

A recruitment flyer was placed in the offices of community supervision departments within three rural judicial districts. The districts were chosen due to their proximity to the researcher and because all the counties within these districts met the criteria for a rural community according to Brown (2020). The flyer included my phone number and email for those interested in participating, to call or email for more information. Permission to post the flyers and interview current offenders was requested from the directors of community supervision and the district judges for each judicial district. The researcher used an interview protocol (see Appendix C) to explain the experiences that EXOs had when returning from treatment to a rural community. Further, an interview protocol (see Appendix D) was used to understand the perspectives of CSOs.

Procedures for Recruitment, Participation, and Data Collection

With permission from the directors of community supervision and the district judges, a recruitment flyer was posted in the eight community supervision offices within the 452nd, 198th, and 216th Judicial Districts. Individuals who were eligible for this study were both male and female ex-offenders. They completed the CRTC, SAFPF, or ISF program and returned to a rural community upon completion. Participants were 18 or older and had a history of substance abuse. The people who were eligible and willing to participate contacted me to discuss the study further.

Community supervision officers were recruited to participate in the study. To meet the criteria to participate, CSOs had to work within one of the eight counties and supervise offenders on a specialized case load that went to one of the facilities. Their responses to survey questions helped researchers understand factors that contribute to successful and unsuccessful reentry into a rural community.

Individuals who expressed interest in the study were given the invitation to participate, which included a summary of the study and a consent form. After reading the invitation, summary of the study, and consent, participants were asked to provide verbal consent. The informed consent let participants know that their participation in the study was completely voluntary and that they could end their participation at any point. Further, it let participants know that their identifying information would be completely confidential, and no names would be asked of participants.

Once the consent forms were verbally consented to, semistructured interviews were conducted to collect data. The interviews consisted of a series of open-ended

questions concerning a participant's experience in treatment and after treatment. The questions asked participants what they believed worked the best for their recovery and what could be done in rural communities to aid in the continued recovery process. To ensure the accuracy of data collection, interviews were audio-recorded and transcribed by the interviewer. After the interviews were transcribed, the information obtained from each participant was coded individually into common themes and subthemes. The coding for each interview was then reanalyzed to determine the common themes and subthemes across all participants. Coding is important because it helps me understand feedback and gives the researcher the ability to accurately interpret, analyze, and summarize the data.

Upon completion of the interviews, each participant was thanked for their participation. Following the interviews, participants were debriefed and offered resources for substance treatment or counseling. Lastly, participants were made aware that they may access the study at their request; however, any personally identifiable information would be redacted.

Issues of Trustworthiness

In a qualitative study, there must be proof of validity and reliability. If a study is valid and reliable, then the researcher can show the value of the research, thus strengthening its trustworthiness, which is vital to the research process. Doing this includes establishing credibility, transferability, dependability, and confirmability.

To ensure credibility in this study and with the data collected, I clarified with each participant to ensure their responses were represented accurately. Interviews were recorded for this purpose as well. To ensure transferability, the participation selection

varied to include opposite genders, a variety of age ranges, and different experiences. The experiences of the offenders were discussed at length to give meaning to the research study. Triangulating the data collected from the interviews aided in the dependability of the data. Lastly, confirmability was done through reflexivity to examine the effectiveness of the study and the impact the participants and the data provided.

Ethical Procedures

Before recruiting participants and conducting interviews, this study was reviewed and approved by the Institutional Review Board (IRB) (approval #07-01-24-1038688), which was required by all students affiliated with Walden University. Because this study involved a vulnerable population being interviewed in this study, IRB approval was essential to ensure minimal risk of harm to participants. Once approval from the IRB was obtained, participants were provided with informed consent explaining the study, the potential harm it could cause by discussing possible trigger points, and the study setup. The informed consent was verbally acknowledged, and all questions from the participant were addressed before continuing with the study. An ethical concern regarding recruitment was the potential lack of anonymity due to the small size of the communities. Although names were not requested and other identifying information was redacted from the study, ensuring 100 percent confidentiality was difficult.

Summary

The purpose of this qualitative study was to understand the experiences of ex-offenders who have completed a CRTC, SAFPF, or ISF program and who have returned to a rural community following their release from treatment. This study aimed to answer

research questions regarding how drug-involved offenders achieve successful reentry in rural areas and why drug-involved offenders recidivate. Further, this study incorporated the perspectives of probation officers who have worked directly with EXOs after their release from one of the previously mentioned programs.

Telephone interviews were conducted with eligible participants who met the criteria to participate. The data collected were coded to determine the major themes discussed by participants and were subsequently verified with them to ensure credibility. that the participants discussed; it was recorded and clarified with participants to ensure credibility. The process aimed to show the relevance of concepts across other contexts, known as transferability; consistency of findings, or dependability; and accuracy in reflecting the respondents' experiences while minimizing researcher bias, referred to as confirmability. The methodology of this study, the ethical considerations, IRB approval, and participant selection are all important factors of this research study and were necessary to outline before collecting the data, which is discussed in Chapter 4.

Chapter 4: Results

The purpose of this qualitative study was to understand the experiences of ex-offenders who had completed a CRTC program, SAFPF program, or ISF program and who had returned to a rural community following their release from treatment. This study aimed to answer research questions addressing how drug-involved offenders achieve successful reentry in rural areas and why drug-involved offenders recidivate. Further, this study incorporated the perspectives of probation officers who had worked directly with ex-offenders after their release from one of the previously mentioned programs. This chapter addresses the study's setting, demographics, data collection, data analysis, evidence of trustworthiness, and results. The following research questions were used to guide the study:

1. How do drug-involved offenders achieve successful reentry in rural areas?
2. Why do drug-involved offenders recidivate?

Setting

Study participants were recruited from eight counties in three rural judicial districts (216th, 198th, and 452nd) in the Hill Country of Texas. Those counties included Kerr County, Bandera County, Gillespie County, Edwards County, Mason County, Menard County, McCulloch County, and Kimble County. The counties were considered rural because their populations were below 30,000. These counties were selected due to their proximity to me.

Participants were recruited by posting recruitment flyers (see Appendix A and B) in each county's probation office and on the county's Facebook page. Additionally,

snowball sampling was used by asking each volunteer if they knew anyone willing to participate who met the criteria. After reviewing the informed consent form and being informed that the semistructured interviews would be audio recorded, participants verbally consented by stating, “I consent.”

Demographics

This study consisted of two participant groups: probation officers and ex-offenders. Due to the need for confidentiality, each participant was assigned a pseudonym, ranging from CSO-A to CSO-K for community supervision officers or EXO-A to EXO-J for ex-offenders. The criteria required for probation officers to participate included being employed in one of the eight counties included in the study during 2017 and 2024. Probation officers were also required to have directly supervised offenders who attended SAFPF, CRTC, or ISF, regardless of gender, and be at least 18 years old. Fifteen to 20 participants were sought for the probation officer group, with the final number of participants being 11, as noted in Table 1.

Table 1

Community Supervision Officer (CSO) Participant Demographics

Participant	Gender	Time employed	County
CSO A	Female	6.5 years	Bandera, Gillespie, Kerr
CSO B	Male	18 years	Kerr, Gillespie
CSO C	Female	2 years	Kerr
CSO D	Male	31 years	Edwards, McCulloch
CSO E	Female	1.5 years	Kerr
CSO F	Female	18 years	Kerr
CSO G	Male	5 years	Bandera, Kerr, Gillespie
CSO H	Female	24+ years	Gillespie, Kerr, Bandera
CSO I	Female	5 years	Kimble, Edwards, McCulloch, Menard, Mason
CSO J	Female	30+ years	Menard, McCulloch
CSO K	Male	3	Kerr

For the EXOs who participated, they had to meet the minimum requirements of being 18 years of age, male or female, having completed SAFPF, CRTC, or ISF within the last 15 years, having a history of substance abuse, and not on probation or with any pending charges at the time of the interview. There were 10 to 15 participants requested for this ex-offender demographic, with 10 completing the study (see Table 2).

Table 2

Ex-Offender (EXO) Participant Demographics

Participant	Gender	Resident county	Facility attended
EXO A	Male	Kimble	CRTC
EXO B	Female	Edwards	SAFPF
EXO C	Male	Edwards	CRTC
EXO D	Male	McCulloch	ISF
EXO E	Male	Kimble	SAFPF
EXO F	Female	Kerr	SAFPF
EXO G	Female	Kerr	ISF
EXO H	Male	Kimble	ISF
EXO I	Female	Kimble	SAFPF
EXO J	Male	Gillespie	ISF

Note. CRTC = court residential treatment center; ISF = intermediate sanction facility; SAFPF = substance abuse felony punishment facility.

Data Collection

After receiving approval from the Walden University IRB, flyers were posted in the eight community supervision offices and on the Facebook page specific to each county. I conducted eligibility screenings by telephone when potential participants contacted me to ensure they met the required criteria for participation. Once the criteria were confirmed, the participants were read the informed consent and asked to verbally consent to the recording if they understood and agreed to continue participating in the study. All participants who met the criteria and agreed to participate completed the study from start to finish. One individual who did not meet the criteria because his time in the treatment center was outside of the required timeframe. Each interview took approximately 45-60 minutes to complete. After the interview, participants were asked to

provide the researcher's contact number to anyone they knew who might meet the criteria and be willing to participate in the study.

Of the participants who were interviewed, 11were CSOs, and 10 were EXOs. They were male and female and resided/worked in a mixture of the eight counties. As semistructured interviews were conducted with ex-offenders and community supervision officers, saturation was assumed to have been achieved. Because participants provided similar information, I did not request additional participants, as it would not add new perspectives beyond what had already been collected.

All interviews were recorded using a handheld audio recording device and saved onto a removable disk. After I transcribed the audio, I locked the disk in a file cabinet that was accessible only by me. The transcribed interviews were saved on a zip drive and placed in the locked file cabinet with the audio.

Data Analysis

Qualitative research involves gathering and analyzing non-numerical data to gain insights into experiences, phenomena, attitudes, behaviors, among other factors that could not otherwise be measured using mathematics (Aspers & Corte, 2019; Busetto et al., 2020). Analyzing the data in a qualitative study is broken into five phases: organizing the data, sorting the data, understanding the data, interpreting the data using codes, categories, and themes, and lastly, explaining the data and how it pertains to the research questions posed throughout the study (Bingham, 2023; Bingham & Witkowsky, 2021).

Following the data analysis phases, I first transcribed the audio recordings while listening to them several times to ensure their accuracy, while simultaneously becoming

familiar with the content. Second, I identified words, phrases, and statements that were recurrent in each interview and relevant to the study (Bingham, 2023). Next, I grouped the identified words, phrases, and statements to formulate meanings, clustering them into themes with common meanings and generating initial codes. In the fourth step, I refined the themes, codes, and descriptions by identifying patterns across the transcribed interviews and eliminating redundant or unnecessary information. Lastly, I confirmed my findings by ensuring that the themes and codes accurately represented the participants' responses.

I identified two major themes throughout the manual coding process: resources and environment. These themes were relevant to the research objectives and reflected the participants' experiences. Together, these themes provide a framework for understanding key factors influencing reintegration outcomes in recovering substance users residing in rural counties.

Evidence of Trustworthiness

Qualitative research relies on credibility, transferability, dependability, and confirmability to establish trustworthiness. To accomplish the aforementioned, I verified accuracy and clarified the context of responses and the data collected with participants throughout the interviews. I confirmed that data saturation was achieved once differing information was no longer received. To ensure a broader representation of perspectives, participation selection included opposite genders, a variety of age ranges, and diverse experiences. Finally, the entire data collection process and analysis were well-documented, creating an audit trail, thus ensuring confirmability.

Results

The purpose of this qualitative study was to explore the experiences of EXOs returning to rural communities after being released from substance abuse treatment programs and to identify the issues that EXOs encountered from the point of view of the probation officers who worked with them regularly. I interviewed 21 participants, including 10 ex-offenders and 11 community supervision officers, who met the criteria for participation and provided consent. Two significant themes emerged from the interviews. These themes will be discussed in the next section.

Theme 1: Environment

A person's environment includes people, places, and things. It can also include domestic support and social support from friends and family. To address why drug-involved offenders recidivate and how they achieve successful reentry in rural areas, participants were asked to reflect on barriers and to discuss beneficial and non-beneficial aspects of the facility. Their responses relating to environmental barriers were categorized into two types: barriers related to the facility and the barriers encountered upon returning home, from the perspectives of both ex-offenders and officers.

Facility

Ex-offenders were asked questions during their interviews to gain a deeper understanding of the experiences within the treatment facilities they attended. The questions were designed to elicit descriptive and contextual responses. For example, EXOs were asked to walk me through a typical day during treatment to expand upon daily structure and activities.

All 10 EXOs noted that the facilities were strict and structured. In describing a typical day of treatment, EXO-A noted that "It [CRTC] was a very strict, very set schedule. Everybody had to participate in every meeting; it wasn't a choice." The schedule was described as strict; some EXOs did not understand the rationale or perceive it as necessary. For example, EXO-B stated:

> We would leave by nine o'clock and be back by four. We did counseling sessions, individual and group, every day except on the weekends; we were kind of locked down. During the week, we would go out and just be worthless. There would be singing and chanting at 6 a.m....I have no idea what the purpose of those was, just to piss us all off a 6 o'clock in the morning.

Participants were also asked if the length of treatment was sufficient and if a shorter or longer stay would be more effective. Of the 10 EXOs, most did not express a clear opinion; however, one EXO provided a detailed reflection on how their perspective changed over time. EXO-I stated:

> If you would've asked me in the beginning, I would have said the program was too long. By the end of it, I could see how a longer stay, just like a couple of weeks, would be good because I was anti-everything when I got there. I didn't want to participate, I was angry, I didn't see why I had to be there. All of that. When I finally came to terms with the fact I couldn't do anything about it, I figured I'd make the best of it. At that point, I wasted a good month.

Some participants expressed significant issues with the halfway houses they were sent to for the second portion of SAFPF. The primary purpose of a halfway house is to

help individuals reintegrate into society after completing rehabilitation, especially for those who may encounter negative influences at home (Weinstock, 2024). Individuals who attend SAFPF are sent to a halfway house for the last three months of their program before returning home. All four individuals who attended SAFPF, described similar experiences at the halfway houses with regard to being offered substances or witnessing them being used. Several participants reported that these environments undermined recovery efforts. EXO-B recounted, "It was terrible…they'd be smoking marijuana or meth and would offer it all the time." EXO-E expanded more, stating:

> you are in a building where some people are required to be there as part of their sentence and the others are there on their own so you are co-mingling with them and the ones who were bringing in the drugs were on the non-court side. I think the guards or employees were bringing in the drugs sometimes or knew about them but were being bribed to look the other way, if I'm being honest.

Individuals who are returning from treatment or living in halfway homes are vulnerable because they are learning new ways to be successful members of society without the use of substances. Many of them lack support from friends and family or are returning to a negative environment. Being offered substances while in transitional housing, as expressed by EXO-B and EXO-E, is an example of why drug-involved offenders may recidivate or what would prevent them from achieving successful reentry.

Supervision officers were also asked for their opinions and perspectives on the beneficial and non-beneficial aspects of the facilities; all 11 officers gave consistent testimony. Regarding SAFPF, CSO-C stated:

> You are very regimented. You get very strict courses of action that you need to take and follow their rules. They're trying to structure you to think in different ways and do things differently than what they are doing because those things were not working for them.

Similarly, when reflecting on the CRTC program, CSO-A explained, "It's very structured, and they have different stages. The last stage, where they allow people to work…I feel like it helped them a lot."

Three of the officers stated that one of the main reasons they use ISF is because it allows offenders to reduce their fees and earn income while participants in the program. This means, "the facility will hold onto the paychecks for the individuals, and at the end, they send a portion of it to probation to cover some of the costs and fines if there is still a balance, and the other portion goes to the defendant" (CSO-K). This is extremely beneficial because many defendants do not have money when they leave treatment, and many return without a job and often fall behind on bills that they haven't been able to pay during the six months they were away. Further, all of the officers noted that one of the benefits of CRTC and ISF is the offender's ability to complete their community service hours. Officers expressed that fulfilling this requirement can be difficult in rural counties to complete due to limited options, lack of transportation, and the challenge of balancing employment with community service and other services needed to maintain sobriety.

When asked which facility the officers utilized most, 10 out of 11 stated they relied on CRTC more than the others. Officers attributed this preference for CRTC to the facility's structure, the option for offenders to be productive through the work

component, and the availability of courses and classes. Officers also emphasized the benefit of allowing offenders to complete court requirements while in the program. Lastly, as CSO-D highlighted, CRTC gives offenders the ability to "reset," an important aspect of successful rehabilitation and reintegration.

The officers interviewed also shared some of the negative aspects of the facilities. Similar to the ex-offenders' testimonies regarding halfway houses, CSO-H described the halfway houses as "toxic environments and a co-mingle of men and women, and drugs were present." Similarly, CSO-G stated, "these [halfway houses and AA meetings] were mostly a social opportunity and not necessarily a support group to stay sober." CSO-D had similar impressions of the halfway houses: "They are horrible. Some are better than others, and the ones I know are bad, I will request my person [defendant] be sent to a different one that doesn't have as many issues."

Although many officers highlighted the benefits of CRTC, CSO-I offered an alternative perspective. CSO-I explained:

> [She] had an individual that didn't really benefit from the work component or it prevented them from thriving in other aspects such as the substance courses because they had a job in the evenings and wouldn't get back to the facility till 11 or midnight but was still required to get up early with everyone else. It teaches them responsibility, yes, but the point is for them to learn to stay sober as well, and that is a lot to put on them early on in recovery.

Home

When discussing environmental issues as they relate to an ex-offender's return home from a facility, several expressed issues regarding adjustment and or discharge, support, and stability. EXO-A noted, "I felt like I was thrown to the wolves when I walked out of that facility. They give you this big send-off, and then they run you out the door." One ex-offender said, "I was put right back into the same situations. In the same situations, in the same circle of people around me that had caused me to go there, to begin with, so it was difficult for me" (EXO-H).

Many ex-offenders acknowledged that the transition from the facility to their home life was difficult, and there was a lack of support from family, friends, and society in general. For instance, EXO-D stated, "I was doing well [in the facility] but returned to no help, no options, and I had to restart." EXO-J, EXO-G, EXO-I, and EXO-H voiced overlapping concerns regarding familial support and other social support. As an illustration, EXO-J explained, "My mom supported me, but didn't trust me." Similarly, EXO-G noted, "I just didn't have the support. Didn't have the support from the community at all. No one trusted me." Others described how the absence of support systems led to increased vulnerability. EXO-B reflected, "I would hang out with people doing drugs, and law enforcement was up my butt about it so I was like if I can't beat them, join them." EXO-I expressed, "I mentally struggled because I started behind. It's hard to stay clean when you're starting in a hole. I had to get a new job, find a new place to live, find new friends, survive, and now stay sober when life is hard." Similarly, EXO-

H expressed that he was “trying to figure out a new way of living, a new way of doing things that were contradictory to anything I’d ever tried before.”

Community supervision officers had similar statements and perspectives regarding the challenges offenders face during transition from a facility, noting that the ex-offenders showed signs of anxiety, “she was truly anxious and had a lot of anxiety; she was struggling. Several CSOs noted that EXOs often showed signs of anxiety; as CSO-C recalled, “She said her whole world was changed for six months.” Officers acknowledged that when offenders attend a facility, they often lose their homes, jobs, and any stability they had, and “if they are returning to the same disarray that they left, they will struggle” (CSO-F). Another transition issue noted by CSO-A as something that could hinder recovery was the difficulty involved in “staying away from negative influences and starting over with positive people and trying to utilize tools and things learned in the facility and implementing them into their daily lives.”

Individuals going to facilities often leave behind negative social peers, as well as their homes, jobs, and families. However, when they return, they may have to get a new job, establish new friendships, and create a whole new way to live that is conducive to their recovery. Continuing care is often necessary to maintain sobriety, but may not have a vehicle or the financial resources to access these services, so they seek help from the people they knew before, but those individuals may still be using substances. It is a continuous cycle that can be difficult for these individuals to break free from. In small, rural areas where the options are limited. These challenges highlight the other barriers ex-

offenders encounter, such as transportation, employment, lack of services, and financial strains, all of which tie into a general theme of resources.

Theme 2: Resources

There are various resources that can benefit substance users' recovery. When individuals return from facilities, access to resources is vital for their successful reentry, especially in rural areas. Some of these resources include support from the community, classes, transportation, and employment.

Facility

As previously stated, the transition from a stable environment, the facility, where individuals had accountability from other residents and various staff members who also ensured the individuals attended classes and had the medications they needed to return to an environment that is either toxic or one in which the individual is having to start over, can be extremely difficult. In the interviews, none of the respondents stated they felt fully prepared when discharged, and some were indifferent about their discharge. One participant acknowledged that she was given resources for services, but they were not specific to her area. "If you live in Austin or San Antonio, then you would've been prepared, but for me, they were useless" (EXO-F).

When EXOs and CSOs were asked about beneficial services available at the facility, some respondents did not respond. In contrast, others, such as CSO-K, stated, "CRTC allows you to work, do your community service, a lot more one-on-one, a lot more group. Therapy and classroom work seem to be beneficial for them," and CSO-B

noted that those who went to CRTC "would come back with a GED, job skills, or money in their pocket."

Some of the beneficial resources EXOs mentioned included the facility ensuring they got back on track with medications. One EXO also noted that outside of the mandatory classes, clients were able to sign up for others, such as parenting or anger management. "I took an anger management and that really helped me a lot, and the parenting classes were very fulfilling" (EXO-F).

Home

Once offenders return home from a treatment facility, the available resources vary depending on where they reside. Of the 10 EXOs who participated, four lived in Kimble County, one in McCulloch County, two in Edwards County, one in Gillespie County, and two in Kerr County. There were no respondents who lived in Bandera, Menard, or Mason Counties.

When asked about barriers to obtaining services upon reentry to society, many EXOs reported that securing employment was difficult. As EXO-B explained, "Employment was hard to find because everyone knew my past, and no one wanted to hire me." In congruence, EXO-A stated, "It was difficult to find a job due to a gap in my employment when I was in my addiction, then when I attended the facility." CSO-I acknowledged the other issues that arise when an EXO does not have employment, "They need to pay for classes, but they need a job to pay, but they can't get a job if they have no car, they can't get a car if they have no job."

Even those who secured work faced difficulties. EXO-C, who was able to get a part-time job once he returned from the facility, found it challenging to juggle employment and classes, stating:

> I went to an outpatient when I got out, so there were group sessions a couple times a week at night, then individual sessions during the day, and some type of classes that were every other week on different days. Since they were on different days [group and individual sessions], you couldn't tell your employer that you couldn't work Tuesdays and Thursdays because it was multiple days and switched times. It was very hard to find a job that would work around my schedule. If you don't go to classes, it's a problem; if you don't go to work, it's a problem.

Difficulty maintaining employment was closely tied to financial stability and was identified as another major obstacle experienced by EXOs during reentry. EXO-J discussed that he was having difficulty financially when he returned from a facility, which was causing him to have harmful thoughts that could lead to relapse or recidivism. He remarked, "If I could go get some drugs, then I could sell some drugs, and I'd have money to get me a car."

Some of the CSOs expressed similar beliefs about employment difficulty for offenders and EXOs, especially in a small town. CSOs acknowledged the lack of available jobs, as mentioned by EXO-C, as well as the criminal history and schedule conflicts with classes and other services to maintain sobriety. A unique challenge in rural towns is the overlapping social circles, so if the employer knows their history of drug use or crime, it may be difficult for them to trust the individual enough to hire them. If an

individual can secure employment, they must then juggle classes, employment, rebuilding their lives from being away for six months or more, and working to maintain sobriety.

Some participants acknowledged that meetings or other classes were available online, some expressed issues with access to a computer, stable internet, or privacy within the home. EXO-B expressed that "anonymity is really kind of a big issue online." However, EXO-A discussed the benefit of Zoom meetings, "When I found Zoom meetings, I didn't have to make a trip to town twice a week, which was tedious because I live way out in the country."

Although some participants highlighted the advantages of Zoom meetings, others pointed out the drawbacks of online services. CSO-C discussed the pros and cons of the online options:

> They can do life skills online and in person. If you do it in person, it is free, and you get 102 community service hours because you are going three nights a week for eight weeks. But then there are people who work during the day or who work at night and can't get to the classes. If you do it online, you have to pay for that.

Ultimately, if you work and cannot attend the in-person class, you not only have to pay to take the online option, which could cause additional financial strain, while still being required to complete community service hours, creating additional scheduling issues and stress. As CSO-C explained, "We want them to work, but we want them to be successful." Another barrier noted by EXOs was the lack of transportation; without it,

they had difficulties obtaining services that were either required or desired. EXO-E commented:

> There are all kinds of rehab facilities all over Texas; the closest to me was two hours away. I had to start my own [AA] meetings because I didn't have my own vehicle…If I had transportation, I would have taken them up on their outpatient program and probably would have gone to more than two meetings.

Some of the CSOs spoke about the downfalls of programs and services that are available and deficient. For example, CSO-C noted, "They aren't finding places that can help them. They can make an appointment, get an intake, and then you have an appointment months later. They [facilities] are understaffed, keep losing people, and have a lot of turnovers." Similarly, CSO-G and CSO-A expressed a desire for peer recovery and mental health, especially to aid in the transition of those with mental health needs from the facility to the community. CSO-A elaborated:

> Once being released and coming back here, they would have to start all over with MHDD. They'd have to start back at the bottom of the appointment list…There's really nothing else mental health-wise besides finding them another counselor or seeking private care. Most of them don't have insurance either.

According to Drug Rehab Services (2025), the average cost for a 30-day outpatient rehab in Texas is $1,640, roughly $381 per week, and the average cost for a 13-week inpatient program is $56,623, which is $4356 per week. If an ex-offender has insurance, they may be at a slight advantage compared to those who do not, because they are not as financially restricted as those who would have to pay out of pocket for services

obtained. “Those who were able to afford a private psychologist or psychiatrist seemed to fare better, develop long-term relationships, schedule appointments, and obtain services” (CSO-G).

Almost all CSO respondents identified the cycle affecting offenders upon their return from a facility. “We have to hold them accountable, but at the same time, if they don’t have childcare, no transportation, or they can’t afford it… If they have to go to outpatient, they’re having to pay for it, this is just a whole issue” (CSO-K). Other officers reinforced the tension between accountability and accessibility, highlighting the importance of connecting people to appropriate resources to prevent future relapse or failure. One CSO stated, “I really go out of my way to find those resources for people…some of them were just set up for failure” (CSO-C). This highlights the commitment that some officers have to the rehabilitation of individuals while at the same time showing a shared frustration in obtaining services. Additionally, this information suggests that individuals (EXOs) may not necessarily be resistant to change, but rather, they are caught in a cycle of disadvantaged situations.

Childcare issues emerged as an additional barrier that hindered EXOs’ ability to obtain services, maintain sobriety, and successfully reintegrate following treatment. Many EXOs have difficulty attending classes, counseling, job interviews, and maintaining employment. These challenges are further compounded by a lack of family support or access to reliable and affordable childcare. Thus, EXOs must choose between financially sustaining themselves, caring for their families, or taking steps necessary to remain compliant for recovery and probationary terms.

Additionally, participants expressed issues with the lack of aftercare services. SAFPF, CRTC, and ISF individuals receive therapy and education, which benefits clients while inside the program; however, the benefits diminish as soon as they leave the facility, if there is no continued reinforcement to bridge the gap between a structured environment and them living independently in real-world settings. As CSO-F stated, "If there is no aftercare to improve what they've learned… It's easy for them to relapse." According to CSO-D, "Lack of aftercare, I believe, is the number one cause for relapse." If an EXO returns to the same high-risk environment they came from before treatment, and lacks the continued support or accountability found in an aftercare program, the likelihood of relapse or recidivism is significantly increased.

Summary

In this chapter, I present the findings and results of this qualitative study based on the research questions. The purpose of this qualitative study was to understand the experiences of offenders who have participated in CRTC, ISF, or SAFPF and have subsequently returned to a rural county. Additionally, this study aimed to explore the successful and unsuccessful aspects of an offender's reentry from the perspective of the offenders and the probation officers who have interacted with these individuals firsthand. The semistructured interviews were conducted with 11 CSOs and 10 EXOs, revealing two significant themes that emerged from the interviews. The first theme is environmental, and the second theme is resources.

Data collected from participants indicated that an individual's environment such as returning to a toxic atmosphere where family, friends, or co-workers may still be using

substances; diminished positive support systems; and limited resources, such as employment opportunities and transportation, impacted their ability to achieve successful reentry in rural areas. This finding addresses the first research question in this study: How do drug-involved offenders achieve successful reentry in rural areas? The data also align with the second research question: Why do drug-involved offenders recidivate? Results suggested that the barriers EXOs encounter upon returning from a facility make it more difficult to stay sober, thereby increasing the likelihood of their recidivism.

The next chapter will discuss the interpretation of the findings, the study's limitations, recommendations, and implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative study explored the experiences of EXOs who had completed CRTC, SAFPF, and ISF, as well as CSOs who had worked with the offenders. The study involved semistructured interviews with EXOs and probation officers from eight rural counties in the 198th, 216th, and 452nd judicial districts in Texas. A qualitative approach was used because it allowed participants to share their experiences. The research questions for this study were the following: How do drug-involved offenders achieve successful reentry in rural areas? Why do drug-involved offenders recidivate? The study revealed two themes, which are interpreted in this chapter. Additionally, this chapter discusses the limitations of this study, provides recommendations, and outlines implications.

Interpretation of the Findings

The findings of this study align with the literature review, research questions, and theoretical framework. GST was used to guide this study because it posits that responses to strain or stress primarily drive delinquency and crime (Kushner & Fagan, 2022). When individuals such as participants in the current study are unable to achieve positively valued goals or are exposed to various forms of stress, they are more likely to engage in criminal behavior. Furthermore, the current study supports the findings of Orak and Solakoglu (2017), who noted that the removal of positive stimuli and introducing negative stimuli, along with encountering barriers, as discussed in the current study, can place individuals at increased risk of recidivism or returning to substance use. For instance, the inability to secure employment may result in the EXOs returning to their

previous behaviors, which could include stealing or selling drugs to earn money. The emerging themes of this study align with the existing literature and the principles of GST.

Theme 1: Environment

Environmental factors included aspects such as domestic and social support, including people residing in the same area, friends, and family. Clark et al. (2021) found that when an individual returns to the environment they came from before going to treatment, where their friends, family, and those who surround them are continuing to use illegal substances, the cycle of use is likely to continue. Cheah et al. (2020) also indicated that one reason for offenders' recidivism is their inability to reintegrate into society, which aligns with some of the testimony given by participants in the present study. As EXO-H discussed, "it was difficult when I returned because I was back in the same situation and was around the same negative peers he started with." This aligns with the findings of Cheah et al., whose participants expressed difficulties socializing and making prosocial peers because they felt isolated and rejected. Participant 12 in the Cheah et al. (2020) study stated, "in prison, everyone is the same … We are all criminals and drug addicts. So, we do not discriminate each other. But when we go out, people think we are criminals" (para. 39).

The concept of general strain theory suggests that when strain is produced and positive stimuli are removed or inadequate, delinquent behaviors and illicit drug use are more likely (Peck et al., 2018). As expressed by the participants of this study, when they return from treatment and are exposed to negative social peers, the toxic environment they started in, and are without the prosocial support needed to implement what they

learned in treatment or to start their life over in a positive way, it is difficult for them to be successful when reentering society. As a result, they are more likely to recidivate either by committing new offenses or relapsing.

Theme 2: Resources

As noted in the literature review, multiple studies highlighted the various barriers residents in rural counties encounter. These studies asserted that a lack of transportation makes it difficult for individuals to participate in support groups, counseling, or other aftercare services (Clark et al., 2021; Huebner et al., 2020). Furthermore, studies have also identified financial burdens, a lack of services or understaffed services, inadequate funding, and distance as significant barriers to individuals who require ongoing treatment or services. Participants in this study validate the findings from the literature by discussing their experiences upon returning from a treatment facility, noting the same barriers to transportation, finances, support groups, and other treatment services as those identified in previous studies.

This study validates and confirms the correlation between previous studies and literature, general strain theory, and the participants' testimony. This study also addresses the research questions of why drug-involved offenders recidivate and how drug-involved offenders achieve successful reentry in rural areas. Despite the meaningful findings, limitations of this study must be considered as discussed in the following section.

Limitations of the Study

Although the data collected in the study may contribute to the current literature, several limitations exist. For example, because the study focused on eight specific rural

counties and had specific participant requirements, it significantly narrowed the pool of potential participants. A second limitation of the study was that participant circumstances differed following their return from a facility. Hence, the barriers they encountered varied to some extent. For instance, one participant experienced significant financial struggles upon their return, which affected other areas of their life. In contrast, another participant had their family financially supporting them, which alleviated several other participants' barriers. Another limitation was that not all participants had the same opportunities in their environment. Each rural county offered different programs and services to participants, resulting in varied outcomes.

Recommendations

This study was conducted to explore the experiences of EXOs as they returned to a rural community following their release from CRTC, SAFPF, or ISF, from the perspective of the EXO and from the perspective of the CSO. The study participants included 11 supervision officers and 10 EXOs. All of the participants worked or resided in one of eight rural counties in Texas: Kerr County, Bandera County, Gillespie County, Edwards County, Mason County, Kimble County, McCulloch County, and Menard County.

Although the data collected in this study were unique to each participant and took place solely in eight counties, the results are not generalizable to the experiences and perspectives of ex-offenders or supervision officers in other rural counties or geographical locations within Texas or other states. Therefore, future research would benefit from a larger and more diverse sample, which would allow researchers to develop

a deeper understanding of the challenges, barriers, and successes encountered when reintegrating from treatment.

Additionally, because the study focused on individuals who attended CRTC, SAFPF, or ISF, it was limited to ex-offenders who were under supervision on probation, as probation is a requirement for attending one of the facilities. Moreover, these facilities may not exist in other states or regions of Texas. Therefore, future research should explore additional facilities and programs utilized by the community supervision department, including those employed by prisons, jails, and non-court-related community-based programs and services. Further, topics not examined in this study or other in-depth studies present a valuable opportunity for future researchers to investigate. It would also be beneficial to evaluate programs that are available to the general population, which could provide deeper insights and broaden the understanding of other risk factors and barriers that may contribute to an individual's recidivism or ongoing substance use.

Implications

Research on EXOs in rural communities with a history of substance issues and how to effectively bridge the gap has been limited. This study contributes to positive social change by investigating EXOs' experiences in treatment facilities and rural communities, and the perspectives of community supervision officers who worked with these individuals. The study participants expressed the social, socioeconomic, and psychological obstacles they encountered while in SAFPF, CRTC, or ISF and while living in a rural community after completing one of the programs.

The findings from this study will create positive social change within communities, especially in rural communities. Communities can benefit from the foundational knowledge obtained from this study by highlighting the types of programs or resources needed to support individuals. In addition, the findings highlight which services should be implemented or improved to increase the rate of success and potentially lower the risk of relapse and recidivism within the community.

This study also has positive social change implications for individuals, families, and society. For instance, the results of this study can inform members of society and an EXOs family of some of the struggles that an addict and/or felon encounters, such as not having positive support from family, friends, and society, the stigma or negative connotations associated with being an addict or offender, and the difficulties or barriers involved in obtaining services.

Policymakers and changemakers can use the current studies' findings and other research studies to advocate for additional funding, programs, and services in rural communities and within facilities. Doing so could increase the successful reintegration of offenders and continued sobriety when they return to their communities. Such policies and changes could include shuttle services, employment assistance, reduced or free treatment services, satellite centers, or other financial assistance relating to treatment needs.

Conclusion

This qualitative study aimed to understand the experiences of EXOs with substance issues who have attended SAFPF, ISF, or CRTC and returned to one of the

eight rural counties in the 452nd, 216th, and 198th judicial districts. Additionally, this study aimed to understand the perspectives of probation officers who worked with these individuals to gain insight into the barriers and struggles they have witnessed firsthand. Ex-offenders and probation officers were recruited by utilizing flyers posted in the probation offices in McCulloch County, Mason County, Kimble County, Edwards County, Menard County, Kerr County, Gillespie County, and Bandera County. The flyer, which included participation criteria, was also posted on each of the counties' respective Facebook pages.

The results of the open-ended interviews with participants identified environment and resources as two common themes that stemmed from the discussed social, psychological, and socioeconomic barriers. Additionally, the results of the study align with the theoretical framework of Robert Agnew's (1992) general strain theory, supporting and confirming the research within the literature review that the presence of negative stimuli increases the likelihood of crime and substance use. Lastly, the foundational knowledge gained from this study can provide policymakers and changemakers with crucial information to guide future efforts to reduce recidivism and relapse and increase reintegration success rates.

References

Abraham, A. J., Andrews, C. M., Grogan, C. M., Pollack, H. A., D'Aunno, T., Humphreys, K., & Friedmann, P. D. (2018). State-targeted funding and technical assistance to increase access to medication treatment for opioid use disorder. *Psychiatric Services*, *69*(4), 448–455. https://doi.org/10.1176/appi.ps.201700196

Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, *30*(1), 47–88. https://doi.org/10.1111/j.1745-9125.1992.tb01093.x

Ali, M. M., Nye, E., & West, K. (2022). Substance use disorder treatment, perceived need for treatment, and barriers to treatment among parenting women with substance use disorder in US rural counties. *Journal of Rural Health*, *38*(1), 70–76. https://doi.org/10.1111/jrh.12488

American Addiction Centers. (2021). *Alcohol and drug statistics*. https://americanaddictioncenters.org/rehab-guide/addiction-statistics

American Psychiatric Association. (n.d.). *What is a substance use disorder?* https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychological Association. (n.d.). *Substance use, abuse, and addiction.* Retrieved September 5, 2025, from https://www.apa.org/topics/substance-use-abuse-addiction

American Psychological Association. (2017). *What is cognitive behavioral therapy?*

https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research? *Qualitative Sociology*, *42*(2), 139–160. https://doi.org/10.1007/s11133-019-9413-7

Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods & Research*, *10*(2), 141–163. https://doi.org/10.1177/004912418101000205

Bingham, A. J. (2023). From data management to actionable findings: A five-phase process of qualitative data analysis. *International Journal of Qualitative Methods*, *22*. https://doi.org/10.1177/16094069231183620

Bingham, A. J., & Witkowsky, P. (2021). Deductive and inductive approaches to qualitative data analysis. In P. Witkowsky & A. Bingham (Eds.), *Analyzing and Interpreting Qualitative Data: After the Interview* (pp. 133–146). SAGE.

Brown, T. (2020). *Is Texas rural or urban?* Texas Department of Agriculture. Retrieved August 30, 2022 https://www.county.org/County-Magazine/Nov-Dec-2019/Is-Texas-Rural-or-Urban

Buck, K., Cochran, A., Young, H., Gordon, M. J., Yuen, H. K., & Tucker, S. C. (2022). The facilitators and barriers faced when transitioning back into the community following a prison sentence. *International Journal of Offender Therapy & Comparative Criminology*, *66*(10/11), 1156–1174. https://doi.org/10.1177/0306624X211013518

Busetto, L., Wick, W., & Gumbinger, C. (2020, May 27). How to use and assess qualitative research methods. *Neurological Research and Practice*, *2*(14), 1–10.

https://doi.org/10.1186/s42466-020-00059-z

Cambron, C., & Catillo, J. (2023). Closing the gap in substance use disorder treatment through paraprofessional counselor training. *Journal of Social Work Practice in the Addictions*, *23*(4), 289–303. https://doi.org/10.1080/1533256X.2023.2225925

Campbell, M., Lucio, R., Cashwell, S. T., & Cowser, J. (2023). A mixed-methods study of applied team integration for opioid use disorder treatment in rural settings. *Journal of Social Work Practice in the Addictions*, *23*(3), 216–229. https://doi.org/10.1080/1533256X.2022.2054155

Cheah, P. K., Unnithan, N. P., & Raran, A. M. S. (2020). Rehabilitation programs for incarcerated drug offenders in Malaysia: Experience-based perspectives on reintegration and recidivism. *The Prison Journal*, *100*(2), 201–223. https://doi.org/10.1177/0032885519894656

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE open medicine, 7,* 2050312118833927. https://doi.org/10.1177/2050312118822927

Clark, A., Lanzillotta-Rangeley, J., & Stem, J. (2021). "If you could wave a magic wand": Treatment barriers in the rural Midwest. *Substance Abuse: Research & Treatment*, 1–6. https://doi.org/10.1177/11782218211053343

Concho Valley Community Supervision Department (Concho Valley CSCD). (2024). Programs. https://www.cvcscd.org/programs/

Corace, K., Arès, I., Overington, L., & Kim, H. S. (2022). Substance use and mental health disorders: Psychologists' role in bridging the gap. *Canadian Psychology*,

63(3), 405–412. https://doi.org/10.1037/cap0000299

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among the five traditions.* Thousand Oaks, CA: Sage.

Cullen, F. & Agnew, R. (2006). *Criminological Theory: Past to Present, Third Edition.* Los Angeles, CA: Roxbury.

De Andrade, D., Elphinston, R. A., Quinn, C., Allan, J., & Hides, L. (2019). The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review. *Drug and Alcohol Dependence, 201,* 227–235. https://doi-org.ezp.waldenulibrary.org/10/1016/j.drugalcdep.2019.03.031

Dillon, P. J., Kedia, S. K., Isehunwa, O. O., & Sharma, M. (2020). Motivations for treatment engagement in a residential substance use disorder treatment program: A qualitative study. *Substance Abuse: Research & Treatment*, *14*, 1–9. https://doi.org/10.1177/1178221820940682

Drug Rehab Services (2025, June 2). *Texas Rehab Costs: Residential & Outpatient Treatment Overview.* https://www.addicted.org/paying-for-treatment/cost/texas/

Easter, M. M., Swanson, J. W., Crozier, W. E., Robertson, A. G., Garrett, B. L., Modjadidi, K., & Swartz, M. S. (2021). North Carolina specialty courts, treatment access, and the substance use crisis: A promising but underfunded model. *Psychiatric Services*, *72*(12), 1471–1474. https://doi.org/10.1176/appi.ps.202000868

Farhoudian, A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., Mohammadi, M. R., & Malekinejad, M. (2022). Barriers and facilitators to

substance use disorder treatment: An overview of systematic reviews. *Substance Abuse: Research and Treatment*, *16*, 11782218221118462. https://doi.org/10.1177/11782218221118462

Fields B. E., Bigbee J. L., Bell J. F. (2016). Associations of provider-to-population ratios and population health by county-level rurality. *The Journal of Rural Health*, *32*(3), 235–244. https://doi.org/10.1111/jrh.12143

Franz, B., Dhanani, L. Y., & Miller, W. C. (2021). Rural-urban differences in physician bias toward patients with opioid use disorder. *Psychiatric Services*, *72*(8), 874–879. https://doi.org/10.1176/appi.ps.202000529

Garnick, D. W., Horgan, C. M., Acevedo, A., Lee, M. T., Panas, L., Ritter, G. A., & Campbell, K. (2020). Rural clients' continuity into follow-up substance use disorder treatment: Impacts of travel time, incentives, and alerts. *The Journal of Rural Health*, *36*(2), 196–207. https://doi.org/10.1111/jrh.12375

Greco, R., & Curci, A. (2017). Does the general strain theory explain gambling and substance use? *Journal of Gambling Studies*, *33*(3), 919–936. https://doi.org/10.1007/s10899-016-9654-2

Hargons, C. N., Benner, K. E., & Wyman-Bookwalter, C. (2023). Identifying and addressing barriers to effective substance misuse treatment in rural settings. *Journal of Rural Mental Health*, *47*(4), 201–210. https://doi.org/10.1037/rmh0000236

Heitkamp, T. & Fox, L. (2022). Addressing disparities for persons with substance use disorders in rural communities. *Journal of Addictions Nursing*, *33*(3), 191–197.

https://doi.org/10.1097/JAN.0000000000000483

Heo, M., Beachler, T., Sivaraj, L. B., Tsai, H., Chea, A., Patel, A., Litwin, A. H., & Zeller, T. A. (2023). Harm reduction and recovery services support (HRRSS) to mitigate the opioid overdose epidemic in a rural community. *Substance Abuse Treatment, Prevention, and Policy*, *18*(1), 1–9. https://doi.org/10.1186/s13011-023-00532-3

Hollis, M. E., Jennings, W. G., & Hankhouse, S. (2019). An outcome evaluation of a substance abuse program for probationers: Findings from a quasi-experimental design. *American Journal of Criminal Justice*, *44*(3), 395–408. https://doi.org/10.1007/s12103-019-9472-z

Huebner, B. M., Pleggenkuhle, B., & Kras, K. R. (2020). Access to health care and treatment among individuals convicted of sexual offenses paroled to urban and rural communities. *Criminal Justice & Behavior*, *48*(7), 964–980. https://doi.org/10.1177/0093854820972747

Huskamp, H. A., Busch, A. B., Souza, J., Uscher-Pines, L., Rose, S., Wilcock, A., Landon, B. E., & Mehrotra, A. (2018). How is telemedicine being used in opioid and other substance use disorder treatment? *Health Affairs*, *37*(12), 1940–1947. https://doi.org/10.1377/hlthaff.2018.05134

Kaeble, D. (2023). Probation and parole in the United States, 2021, *Bureau of Justice Statistics.* https://bjs.ojp.gov/library/publications/probation-and-parole-united-states-2021

Kaskela, T., & Pitkänen, T. (2018). The effects of gender and previous prison sentence on

the risk of committing crime among a substance-abusing population. *Crime & Delinquency*, *64*(6), 703–722. https://doi.org/10.1177/0011128716682229

Kleinman, M. B., Doran, K., Felton, J. W., Satinsky, E. N., Dean, D., Bradley, V., & Magidson, J. F. (2021). Implementing a peer recovery coach model to reach low-income, minority individuals not engaged in substance use treatment. *Substance Abuse*, *42*(4), 726–734. https://doi.org/10.1080/08897077.2020.1846663

Klinger, J. L., Karriker-Jaffe, K. J., Witbrodt, J., & Kaskutas, L. A. (2018). Effects of distance to treatment on subsequent alcohol consumption. *Drugs: Education, Prevention & Policy*, *25*(2), 173–180. https://doi.org/10.1080/09687637.2016.1189875

Koegl, C. J. (2019). A short and long-term evaluation of a substance abuse program for incarcerated men. *Journal of Offender Rehabilitation*, *58*(4), 281. https://doi.org/10.1080/10509674.2019.1596192

Kushner, M., & Fagan, A. A. (2022). The effects of victimization on offending: an examination of general strain theory, criminal propensity, risk, protection, and resilience. *Victims & Offenders*, *18*(6), 1009–1029. https://doi.org/10.1080/15564886.2022.2077495

Larsen, B. K. & Hean, S. (2021). The significance of interprofessional and interagency collaboration in reintegration after prison. *Journal of Comparative Social Work*, *16*(1). https://doi.org/10.31265/jcsw.v16i1.366

Lee, R., Brown, C., Hegarty, A. M., & Rowland, A. (2023). Second chance: The paradox of felony convictions. *Psychological Services*, *20*(4), 973–982.

https://doi.org/10.1037/ser0000785

Legislative Budget Board (LBB) (2021). *Statewide Criminal and Juvenile Justice Recidivism and Revocation Rates.* https://www.lbb.texas.gov/documents/publications/policy_report/6293_CJDA_recidivism-revocation.pdf

Lopez, V., Kopak, A., & Pasko, L. (2019). Substance use pathways among female adolescent offenders. *Human Factors*, *61*(2), 375–400. https://doi.org/10.1177/0011128718811930

Morgan, C. R., & Dennis, C. B. (2023). Addressing length of stay in substance use treatment to predict successful completion. *Journal of Social Work Practice in the Addictions*, *23*(3), 243–255. https://doi.org/10.1080/1533256X.2022.2063345

Mowen, T. J., Boman, J. H., & Bares, K. J. (2019). Is substance abuse treatment actually 'treating'? The effectiveness of pre-and post-release substance abuse programming within the reentry process. *Criminal Justice Studies: A Critical Journal of Crime, Law & Society*, *32*(4), 371–385. https://doi.org/10.1080/1478601X.2019.1664507

National Institute on Drug Abuse. (2020). *Criminal justice drug facts*. https://www.drugabuse.gov/publications/drugfacts/criminal-justice#:~:text=The%20substantial%20prison%20population%20in.population%20has%20an%20active%20SUD

Orak, U., & Solakoglu, O. (2017). Alcohol consumption among Turkish adolescents: an empirical test of general strain theory. *Journal of Child & Adolescent Substance*

Abuse, *26*(4), 293–302. https://doi.org/10.1080/1067828X.2017.1305931

Peck, J. H., Childs, K. K., Jennings, W. G., & Brady, C. M. (2018). General strain theory, depression, and substance use: Results from a nationally representative, longitudinal sample of White, African-American, and Hispanic adolescents and young adults. *Journal of Child & Adolescent Substance Abuse*, *27*(1), 11–28. https://doi.org/10.1080/1067828X.2017.1396516

Pedalino, J., & Frailing, K. (2018). General strain theory and prescription drug misuse among honors students. *Journal of the National Collegiate Honors Council*, *19*(1), 85–103. https://files.eric.ed.gov/fulltext/EJ1185682.pdf?

Psychology Today Staff. (2022, February 14). *Substance-related disorders*. Psychology Today. https://www.psychologytoday.com/us/conditions/substance-related-disorders

Pijl, E. M., Alraja, A., Duff, E., Cooke, C., Dash, S., Nayak, N., Lamoureux, J., Poulin, G., Knight, E., & Fry, B. (2022). Barriers and facilitators to opioid agonist therapy in rural and remote communities in Canada: An integrative review. *Substance Abuse Treatment, Prevention, and Policy*, *17*. https://doi.org/10.1186/s13011-022-00463-5

Prangley, T., Pit, S. W., Rees, T., & Nealon, J. (2018). Factors influencing early withdrawal from a drug and alcohol treatment program and client perceptions of successful recovery and employment: A qualitative study. *BMC Psychiatry*, *18*(1), 301. https://doi-org.exp.waldenulib rary.org/10.1186/s12888-018-1864-y

Rade, C. B., Desmarais, S. L., & Burnette, J. L. (2018). An integrative theoretical model

of public support for ex-offender reentry. *International Journal of Offender Therapy and Comparative Criminology*, *62*(8), 2131–2152. https://doi.org/10.1177/0306624X17714110

Raggio, A. L., Hoffmann, N. G., & Kopak, A. M. (2017). Results from a comprehensive assessment of behavioral health problems among rural jail inmates. *Journal of Offender Rehabilitation*, *56*(3), 217–235. https://doi.org.10.1080/10509674.2017.1290006

Rodda, S. N., Park, J. J., Wilkinson-Meyers, L., & King, D. L. (2022). The impact of COVID-19 on addiction treatment in New Zealand. *Addictive Behaviors*, *127*. https://doi.org/10.1016/j.addbeh.2021.107230

Sieger, M. H. L., Becker, J., Nano, X., & Brook, J. P. (2022). Predicting substance use treatment completion & reunification among family treatment court-involved parent-child dyads. *Journal of Public Child Welfare*, *16*(2), 272–294. https://doi.org/10.1080/15548732.2021.1876807

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003; NSDUH Series H-56). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf

Swann, W. L., Kim, S., Kim, S. Y., & Schreiber, T. L. (2021). Urban-rural disparities in opioid use disorder prevention and response activities: a cross-sectional analysis. *Journal of Rural Health*, *37*(1), 16–22. https://doi.org/10.1111/jrh.12491

Ternes, M., Richer, I., & Farrell MacDonald, S. (2020). Distinguishing the features of offenders who do and do not complete substance use treatment in corrections: Extending the reach of psychological services. *Psychological Services*, *17*(4), 422–432. https://doi-org.exp.waldenulibrary.org/10.1037/ser0000326

Texas Department of Criminal Justice [TDCJ] (2018). Statewide listing of residential facilities https://www.tdcj.texas.gov/divisions/cjad/res_facilities.html

Texas Department of Criminal Justice [TDCJ] (2022). Statewide Listing of Residential Facilities. https://www.tdcj.texas.gov/documents/cjad/Residential_Facility_List.pdf

Trick, L., Butler, K., Bourgault, Z., Vandervoort, J., & Le Foll, B. (2023). Implementation and preliminary evaluation of a 12-week cognitive behavioural and motivational enhancement group therapy for cannabis use disorder. *Substance Abuse: Research & Treatment*, 1–11. https://doi.org/10.1177/11782218231205840

Uliaszek, A. A., Hamdullahpur, K., & Mills, L. (2019). Examining the effectiveness of residential treatment among adolescents with problem substance use. *Journal of Child & Adolescent Substance Abuse*, *28*(4), 221–228. https://doi.org/10.1080/1067828X.2019.1682736

Walden University, Center for Research Quality. (n.d.). *Institutional Review Board for*

ethical standards in research. http://acadmeicguides.waldenu.edu/researchcenter/orec

Weinstock, E. (2024). *What is a halfway house?* Avenues Recovery. https://www.avenuesrecovery.com/understanding-addiction/life-after-rehab/what-is-a-halfway-house/

Widra, E. & Jones, A. (2023). Morality, health, and poverty: the unmet needs of people on probation and parole. *Prison Policy Initiative.* https://www.prisonpolicy.org/blog/2023/04/03/nsduh_probation_parole/

Williams, M. M., Rogers, R., & Hartigan, S. E. (2020). The validity of the PICTS-SV and its effectiveness with positive impression management: An investigation in a court-mandated substance use treatment facility. *Criminal Justice and Behavior*, *47*(1), 80–98. https://doi.org/10.1177/0093854819879733

Winner, N. A. (2021). Bridging the gap: The compatibility of CBT-based approaches with twelve-step programs in the treatment of substance use disorders. *Substance Use & Misuse*, *56*(11), 1662–1669. https://doi.org/10.1080/10826084.2021.1949606

Wood, P., Opie, C., Tucci, J., Franklin, R., & Anderson, K. (2019). 'A lot of people call it liquid handcuffs'—Barriers and enablers to opioid replacement therapy in a rural area. *Journal of Substance Use*, *24*(2), 150–155. https://doi.org/10.1080/14659891.2018.1523968

Wray, T. B., & Emery, N. N. (2022). Feasibility, appropriateness, and willingness to use virtual reality as an adjunct to counseling among addiction counselors. *Substance*

Use & Misuse, *57*(9), 1470–1477.

https://doi.org/10.1080/10826084.2022.2092148

Appendix A: Recruitment Flyer (EXO)

Help Wanted!

The research study seeks participation from ex-offenders to understand their experiences of treatment and rural community living.

A new study is looking for individuals to participate in a research study on returning to a rural community following release from court residential treatment center (CRTC), substance abuse felony punishment facility (SAFPF), or intermediate sanction facility (ISF).

Jacqueline Cottle, a Ph.D. student at Walden University, will conduct interviews from August 2024 to October 2024.

About the Study:

- This will be an informal interview lasting 45-60 minutes that will be audio recorded.
- There is no monetary reimbursement for participation.
- The information is confidential, and no identifying information will be requested.

Criteria to Participate:

- 18 years of age and older
- History of substance use
- Completion of CRTC, SAFPF, or ISF within the last fifteen years.
- Residing in one of the eight counties of the 452nd Judicial District, 198th Judicial District, or the 216th Judicial District, which include Mason, Menard, McCulloch, Edwards, Kimble, Kerr, Bandera, and Gillespie, for the first six months following release from treatment.
- No current or pending legal charges.

If you are interested in participating or have additional questions, please contact Jacqueline Cottle at [phone number redacted].

Appendix B: Recruitment Flyer (CSO)

Help Wanted!

Study seeks participation of current or previous Community Supervision Officers working with offenders returning from treatment to understand their perspectives.

A new study is looking for individuals who have worked as Community Supervision Officers and have worked directly with offenders following their release from court residential treatment center (CRTC), substance abuse felony punishment facility (SAFPF), or intermediate sanction facility (ISF).

Jacqueline Cottle, a Ph.D. student at Walden University, will conduct interviews from August 2024 to October 2024.

About the Study:

- This will be an informal interview lasting 45-60 minutes that will be audio recorded.
- There is no monetary reimbursement for participation.
- The information is confidential, and no identifying information will be requested.

Criteria to Participate:

- Employed in one of the eight counties within the 452nd, 216th, and 198th Judicial Districts, which consist of Mason, Menard, Kimble, Edwards, McCulloch, Kerr, Bandera, and Gillespie Counties.
- Are at least 18 years of age.
- Have directly supervised individuals who have completed the Court Residential Treatment Center (CRTC) program, Intermediate Sanction Facility (ISF) program, or Substance Abuse Felony Punishment Facility (SAFPF) program.
- Employed in this capacity between 2017-2024.

If you are interested in participating or have additional questions, please contact Jacqueline Cottle at [phone number redacted]

Appendix C: Interview Protocol (EXO)

Interview Questions for Ex-Offenders

To start, I would like to get a little background information regarding your treatment and demographic information.

1. How old are you?
2. What county do you reside in?
3. Are drugs readily available in your neighborhood?
4. Do you live with someone or are around friends/family that are in active addiction?
5. Roughly what percentage of your group are active users?
6. What is/was your drug of choice?
7. How many years have you been using substances?
8. Have you tried to quit using the past?
    a. What did you do to quit in the past
    b. What issues did you encounter?
9. When was the last time you used it?
    a. Did you stop by choice or because you went to a facility?
    b. When you first went to the facility, did you want to quit using it? What changed? When did it change?
    c. How often were you using (substance) before you went to the facility?
10. Which facility did you attend and when?
11. How long did you attend the treatment facility?

12. Have you ever attended other treatment programs, classes, etc.?
    a. What worked and did not work with those?
13. Was your participation in the facility due to a probation violation, requested, or part of your plea deal?
    a. What did you violate for?
    b. Were your offenses substance-related?
14. Did you have the opportunity to use while at the facility? If so, did you?
15. Walk me through a typical day at the facility.
16. Regarding the length of treatment, explain how a shorter or longer stay would have been more effective or less effective.
17. Did you actively participate in the program?
18. Did you have an option to participate in additional services or programs?
19. Did you have access to learning materials such as AA books, Bibles, worksheets, etc.?
20. Of the classes/programs offered at the facility, which ones did you feel were the most helpful? Why?
21. Which did you feel were the least beneficial or unnecessary?
22. Did you encounter issues/difficulties in the facility?
23. What did the discharge look like?
24. Did you feel prepared for when you returned home?
    a. What could have helped you feel more prepared?
25. When you returned home, were services available in your area?

26. Did you participate in any of the services available?
    a. Was participation required or optional?
    b. What issues did you encounter when participating in them?
27. What issues did you encounter in general when you returned home?
    a. Do you feel these affected your sobriety?
28. Did you complete probation successfully? If not, explain why. If yes, explain what helped you to be successful.
29. Do you feel that if there had been more services, you could have avoided going to the facility or have been successful at getting sober while on probation?
30. Since returning home, did you relapse? Please explain.
    a. What do you think contributed to your relapse?
31. What services do you wish were available to you in your area that would be helpful to your sobriety?

Your time and input have been beneficial and very much appreciated. Do you have any questions for me or anything you would like to add that may assist in this study? As I mentioned, all your information will be removed from the data and the study to maintain confidentiality.

Thank you!

Appendix D: Interview Protocol (CSO)

Interview Questions for Probation Officers

1. How long have you been/were you a probation officer?
    a. If not currently a PO, what is your current role?
2. What were/are some of your roles when employed in this capacity?
3. Have you worked in other counties while employed in this role?
    a. If yes, were the counties rural or urban?
4. What type of offenses made up the caseload you supervised?
5. What facilities did you utilize (CRTC, ISF, SAFPF)?
6. Did you prefer one facility over the others? Why?
7. What aspects of each facility did you feel were important or beneficial?
8. What aspects of each facility do you feel were useless or detrimental to the offender?

Questions for if they worked in only rural communities:

1. What barriers have you found to be the most prominent with ex-offenders in your area?
2. What resources have you found to be the most difficult for ex-offenders to obtain after returning?
3. What resources do you feel would be the most beneficial for ex-offenders in rural communities after returning from treatment to maintain sobriety?

Questions for if they worked in an urban area before working in a rural area:

1. What were the main differences between your caseload in a rural community versus an urban community?
2. What do you feel are the main reasons for an individual relapsing or reoffending?
3. Do you feel that urban offenders are less likely to relapse because of the accessibility to more resources or do you feel that they are more likely to relapse due to a greater availability of substances? Explain.