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Offender Recidivism: A Quantitative Study of Motivational Risk Factors and Counseling

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Walden University
2017

Abstract

Offender Recidivism: A Quantitative Study of Motivational Risk Factors and Counseling

by

Nazak Dadashazar

M.A., University of Mary Hardin-Baylor, 2002

B.S., University of Mary Hardin-Baylor, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

June 2017

Abstract

The prison system releases over 590,000 inmates annually, adding to the current 5 million ex-offenders on supervised release. The purpose of this study was to explore the problem of increasing recidivism by identifying ex-offenders' dynamic risk and criminogenic need factors using the Level of Service Inventory-Revised (LSI-R), coupled with or without mental health services during reentry in relation to recidivism. This quantitative, nonexperimental, cross-sectional study included data collected from a sample of 128 male recidivist and nonrecidivist federal ex-offenders currently on supervised release, who were recruited during probation office meetings within the South Texas region. Regression analysis yielded statistical significance for all 3 of the study's research questions (RQ). RQ1 was to determine whether a difference existed between the LSI-R scores of recidivist and nonrecidivist ex-offenders. RQ2 was to determine if there was a difference in the LSI-R scores of ex-offenders who have or have not attended mental health counseling during reentry. RQ3 was to determine whether there was a relationship between ex-offenders who have undergone counseling or not during reentry and recidivism. The analysis revealed a correlation between ex-offender's risk factors, counseling received, and recidivism. A recommendation from this study is to increase research and specialized training in forensic counseling in the counseling field, currently not required by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Furthermore, the findings of this study could contribute to positive social change for the prison officials, reentry agencies, and forensic mental health professionals in identifying higher-risk factors to help combat recidivism.

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Dedication

I dedicate this dissertation study to my mom, Fahimeh and dad, Amir who have given me unwavering support throughout my life. My mom is the most influential woman I know and without her guidance, I would not possess perseverance, which has made me the woman I am today. Amir Joon, now you can officially call me "Dr. Dadashazar". For my beautiful children, Samareh, Bryce and Brooklyn, who have been the source and motivation for me to see this entire process all the way through till the end. And to Jason, who has been by my side in support of my endeavor from the beginning pushing me along to finally reach this glorious day of accomplishment.

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My family are the most important people in my life, and for that reason I must acknowledge the sacrifice they experienced while I pursued this degree. As many children do not understand the requirements entailed in finishing a Ph.D., my children made my life less stressful by understanding and supporting my scholarly demands during the times they needed me the most. For my oldest daughter, Samareh who is about to embark on her second year in medical school, thank you for everything you have done for me, and your younger brother and sister while I completed my studies. Bryce and Brooklyn, thank you for being good kids any mother would love to have. And, Jason thank you again for always being there for me when I needed you and for always having my back no matter what. Earning my Ph.D. is my greatest personal accomplishment, and I will never take that lightly. Thanks to all the other people who have encouraged me and provided best wishes for my continued success throughout this journey.

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Chapter 1: Introduction to the Study

Introduction

One of the main concerns in prison systems is the rate of recidivism among released offenders (James, 2015). Recidivism is an important measure of how well a prison system is able to reintegrate offenders safely into the community (James, 2015). Various programs support inmates to help them cope not only with their daily activities within the prison but also to help them adapt within the community as soon as they are released (Latessa, 2010). However, statistics have shown that 75% of ex-offenders return to prison within 2 to 3 years of their release since 2013 (Miller & Miller, 2015).

The high recidivism rate, despite various efforts by government and nongovernment organizations to reduce it, is an alarming issue in the criminal justice system (Cooper, Durose, & Snyder, 2014). There is a need for more research on the effectiveness of reentry and rehabilitation programs, including mental health and substance abuse counseling programs' usefulness in reducing recidivism (Polaschek, 2012). The identification of the offenders' greatest criminogenic needs embedded into a more streamlined counseling program may allow for the inclusion of resources that support effective reentry, which may assist in better preparing mental health professionals, probation officers, and community leaders who help ex-offenders with reentry as law-abiding citizens (Anstiss, Polaschek, & Wilson, 2011). Topics that I will address in this chapter include the background, problem statement, purpose of the study, research questions and hypotheses, as well as a brief introduction of the methodology I used in the study. Additionally, in this chapter I will provide a discussion of the

significance of conducting the study as well as the assumptions, limitations, and delimitations of the study.

Background of the Study

While there has been a slight decrease in the prison population over the past few years, the problem of recidivism still burdens the correctional system after these inmates are released (James, 2014; Raphael, 2011). Despite efforts undertaken by the government to prepare prisoners for reintegration into society as law-abiding citizens, high recidivism rates are one of the most significant challenges facing the criminal justice system (Cooper et al., 2014; Glaze & Kaeble, 2014; Miller & Miller, 2015). A variety of factors, such as access to education, employment, mental health services, and treatment for substance abuse, may affect recidivism among ex-offenders (Lockwood, Nally, Ho, & Knutson, 2012; Mears & Mestre, 2012). Oftentimes, society's perceptions of ex-offenders prevent released offenders from changing the directions of their lives (James, 2015). Typically, ex-offenders' navigation of life after imprisonment is affected by the job opportunity and growth limitations they experience (Polaschek, 2012).

Inmate reentry and rehabilitation programs seek to address these factors and provide offenders with the support and supervision they need (Miller & Miller, 2015). Researchers have started identifying specific aspects of these inmate reentry or rehabilitation programs that are effective in addressing the concerns of recidivism, such as work training and placement, intensive drug and mental health treatment, and housing assistance, even though recidivism rates continue to rise (Bushway & Apel, 2012; Fontaine, Gilchrist-Scott, Roman, Taxy, & Roman, 2012; Glaze & Kaeble, 2014; Latessa,

2012). Therefore, by conducting this study, I was able to explore two individual groups made up of recidivist and nonrecidivist ex-offenders to ascertain whether counseling support could help inmates who are preparing for reentry avoid recidivism.

Furthermore, with this study I aimed to better allow for the identification of resources and programs that support effective reentry, which may potentially assist forensic counselors, prison officials, reentry program directors, and community leaders in identifying an ex-offender's criminogenic needs and risk factors identified on the Level of Service Inventory-Revised (LSI-R) assessment and recidivism risk levels. Risk-needs-responsivity (RNR), a theory based on empirically-validated psychological theory, emphasizes the respect for persons and for the normative context of rehabilitation and asserts the importance and legitimacy of services that prevents crime (McNeill, 2012). Implementation of the LSI-R assessment along with the offenders' criminogenic needs and dynamic risk factors during treatment planning may allow criminal justice and community reintegration advocates to help alter the offender's criminal behavior upon reentry (Abracen et al., 2013; Bergeron & Holly, 2013; Polaschek, 2012).

Currently, specialization for counselors working with the forensic population is in high demand (Sadoff & Dattilio, 2012). However, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) does not specifically recognize certification training in the field of forensic counseling. Many of the counseling services provided in forensics including intake and assessment, diagnosis and treatment planning, individual psychotherapy, group counseling, and addiction counseling are covered in general counselor training programs (Arnold, 2016). However,

there are additional services, such as expert forensic testimony, incompetency to stand trial (IST), ambiguity regarding confidentiality, awareness of mental health laws, and understanding the functions of judicial and mental health organizations, that may negatively affect the unfamiliar, noncertified forensic counselor (Arboleda-Florez, 2003). The lack of specialized counselor and mental health training required to work with incarcerated individuals and the ex-offender population may put these professionals' liability and personal safety at risk (Bourgeois, Decoteau, & King, 2011).

Problem Statement

Crimes result in the spending of American tax dollars for expenses such as, but not limited to, property losses, medical treatment, adjudication costs, and a multitude of other legal payments (Cullen, Jonson, & Nagin, 2011). As of 2013, prisons and jails nationwide still housed over 2.2 million inmates (Glaze & Kaeble, 2014; Raphael, 2011). Currently, over half a million inmates are released from prison on an annual basis adding to the 5 million ex-offenders already on supervised probation (James, 2015). To prepare these inmates for reentry into their communities, the government sponsors activities and programs to prepare the prisoner for reintegration as law-abiding citizens (James, 2015).

However, Bureau of Justice Statistics (BJS) studies have indicated that recidivism rates are still high, with approximately 67.8% of released prisoners facing arrests for new crimes within 3 years and 76.6% rearrested within 5 years (Glaze & Kaeble, 2014). More than 30% of all prisoners arrested within 5 years of release return to prison within the first 6 months, and more than 50% return to prison within 1 year after their releases

(Durose, Cooper, & Snyder, 2014). Consequently, prisoner reentry is one of the most significant challenges for the criminal justice system today (Miller & Miller, 2015).

According to Prince and Butters (2013), despite the extensive research on the subject of recidivism, there is still a need to identify the dynamic risk and criminogenic risk factors to help reduce recidivism. Additionally, there is a need for more research on the effectiveness of rehabilitation and reentry programs, including mental health and substance abuse programs' usefulness in preventing recidivism (Polaschek, 2012). Identifying the higher-risk factors that influence recidivism and the community programs and services, such as individual mental health counseling and support group meetings for reentry programming, can better address specific issues that inhibit the successful rehabilitation of inmates and the reentry process as law-abiding citizens (Anstiss et al., 2011; Barros-Bailey et al., 2009). Therefore, the problem that I sought to address in this study was the issue of the continually rising recidivism rates despite the resources and support mechanisms that are available to ex-offenders upon reentry.

Purpose of the Study

Considering that there are limited resources for offender reentry programs (Wright, Pratt, Lowenkamp, & Latessa, 2013), there is a need to identify risk factors that are closely and empirically associated with recidivism (James, 2015). During my research on the previous studies on criminogenic risk factors identified by the LSI-R between adult male recidivists versus nonrecidivists, I was able to locate a gap in the literature review. As such, the purpose of this quantitative, nonexperimental, cross-sectional study was to explore recidivism by identifying an ex-offender's dynamic risk and criminogenic

need factors, and whether or not mental health counseling services (individual or group counseling) were used during the reentry process, in relation to recidivism rates. The results of this study are the first step in bridging the gap in the literature by exploring the risk levels identified by the LSI-R assessment of recidivists and nonrecidivists and counseling received or not in relation to recidivism rates. Furthermore, through this study, I have specifically explored the gap in the literature regarding the effectiveness of mental health counseling services provided upon reentry and recidivism rates. The goal of this study was to explore the types and duration of counseling services received by recidivist and nonrecidivist male ex-offenders currently on federal probation within the South Texas region.

The purpose of identifying the offenders' greatest criminogenic needs may allow for improved prioritization of the resources that specialists and community agencies provide for ex-offenders who are at a higher risk of recidivism and may potentially affect the overall risk for recidivism (Crime and Justice Institute at Community Resources for Justice, 2009). This type of data may better assist mental health professionals who counsel inmates to identify specific barriers related to higher risk factors and assist with the coordination of services provided by community agencies upon reentry (Anstiss et al., 2011; Barros-Bailey et al., 2009). Furthermore, a major goal of this study was to add new information to the research literature regarding the number of resources allocated for ex-offenders upon reentry, including the impact of mental health counseling and a potentially successful decrease in recidivism rates. Finally, through this study, I hope to bring awareness to the counseling education profession regarding the lack of specialized

training requirements that mental health counselors, specifically working in the forensic field, are not required to obtain prior to working with the unpredictable ex-offender population.

Research Questions and Hypotheses

In line with the purpose of this study, I investigated the following research questions (RQs) and hypotheses:

RQ1: Is there a statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R?

$H_0 1$: There is no statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R.

$H_a 1$: There is a statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R.

RQ2: Is there a statistically significant difference in the scores for the 10 criminogenic risk factors of the LSI-R between male ex-offenders who have undergone counseling and male ex-offenders who did not undergo counseling upon reentry?

$H_0 2$: There is no statistically significant difference between scores for the 10 criminogenic risk factors of the LSI-R in male ex-offenders who have

undergone counseling and male ex-offenders who did not undergo

counseling upon reentry.

*H*ₐ2: There is a statistically significant difference between scores for the

10 criminogenic risk factors of the LSI-R in male ex-offenders who have

undergone counseling and male ex-offenders who did not undergo

counseling upon reentry.

RQ3: Is there a relationship between male ex-offenders who have undergone

counseling or not during reentry and recidivism rates?

*H*₀3: There is no statistically significant relationship between ex-offenders

participation in counseling during reentry and recidivism rates.

*H*ₐ3: There is a statistically significant relationship between ex-offenders

participation in counseling during reentry and recidivism rates.

Theoretical Framework

Agnew's (2001) general strain theory (GST) provided the framework for this

study. Agnew (1992) argued that under the GST "strains or stressors increase the

likelihood of negative emotions like anger and frustration" (p. 319). For some

individuals, the strain builds up to the point where the individual will commit a criminal

offense to relieve the strain (Agnew, 2001). For instance, an individual may resolve the

strain of financial need by stealing or the need to alleviate negative emotions through

alcohol or substance abuse.

According to Agnew (2001), there are three main categories of strain. The first

category pertains to the failure to achieve positively valued goals (Agnew, 2001). This

failure could be the result of differences between expectations and achievements or expected outcomes and actual outcomes. The second category pertains to the removal of positively valued stimuli from the individual (Agnew, 2001). Examples of this could be the losing a close friend, being laid off from a job, or the end of a relationship. To compensate for these losses, some individuals commit crimes, such as stealing or exacting revenge (Broidy, 2001). The third category pertains to strain as the result of negative stimuli, which could refer to physical and/or sexual abuse, domestic violence, or other types of dangerous conditions (Agnew, 2001). These negative stimuli can promote aggression and other negative emotions that individuals may relieve by committing crimes (Broidy, 2001). In light of Agnew's study, the conditions faced by ex-offenders after their releases resulted in crime and delinquency, and thus, recidivism (Agnew, 2009).

Nature of the Study

For this research study, I used a quantitative method involving a comparative, nonexperimental design consisting of a cross-sectional survey methodology (see Cozby, 1988). Quantitative methodologies are appropriate when the objective of the study is to measure variables and analyze them using statistical analysis to explain phenomena (Mustafa, 2011). I measured the variables for this research study quantitatively using survey questionnaires in order to facilitate statistical testing.

In this research study, my objectives were threefold. My first objective was to compare the 10 criminogenic risk factors identified by the LSI-R between adult male recidivists versus nonrecidivists. My second objective was to compare the 10

criminogenic risk factors identified by the LSI-R between male ex-offenders who have and have not received counseling upon reentry. My third objective was to determine if a relationship exists between male ex-offenders who have undergone counseling and those who have not upon reentry and recidivism. General population, male, federal ex-offenders currently on supervised probation in the South Texas region participated in this study. The results of this study may be used to assist prison officials, reentry and rehabilitation agencies, and mental health counselors working with the forensic population create counseling plans designed to combat higher-risk factors that directly impact increased recidivism rates.

Definitions

Criminal: The person who committed a crime (Latessa, 2012).

Criminogenic needs/risk factors: Factors that encourage individuals to commit a crime (Chenane, Brennan, Steiner, & Ellison, 2014).

Dynamic risk factors: Andrews and Bonta (2010) stated that different types of risk factors are relevant for different types of risk decisions. To assess long-term recidivism potential, *static*, or historical risk factors (such as age at first offense and prior criminal history) are used. The evaluation of change in offender risk level, however, requires the consideration of *dynamic* (changeable) risk factors. Although age is a dynamic risk factor, the most useful dynamic risk factors are those amenable to deliberate interventions (e.g., substance abuse, unemployment, homelessness).

Ex-offenders: Any individual released from prison and returned or reintegrated to the community (James, 2015).

General population male federal ex-offender: For the purposes of this study, the term *general population* refers to male federal ex-offenders, living freely in their communities, who do not have severe mental illness and/or psychiatric needs, and have not been convicted of past violent criminal behavior (Lina & Wormith, 2004; Lowenkamp, Holsinger, & Latessa, 2001).

Inmates: An individual confined in an institution for rehabilitation, such as prison (James, 2015).

Level of Service Inventory-Revised (LSI-R): Developed by Andrews and Bonta (2001), the LSI-R is a survey assessment of risk/needs for offender treatment, planning, and placement, used in the criminal justice field.

Nonviolent crimes: A property, drug, and public order offense that does not involve a threat of harm or an actual attack upon a victim (Durose & Mumola, 2002).

Prison: The building wherein criminals are housed as punishment for the crime they committed (James, 2015).

Probation or supervised release: A period of time an ex-offender lives under supervision and under a set of restrictions within their communities. Violations of these restrictions could result in rearrest and recidivism (BJS, 2016).

Recidivism: The repeating of or returning to criminal behavior by the same offender; criminal behavior that results in rearrest, reconviction, or return to prison (Chenane et al., 2014).

Reentry: A broad term used to refer to programs, services, and issues related to the transition of offenders from prison to community supervision (BJS, 2016).

Rehabilitation: Rehabilitation while incarcerated is to help restore individuals to their original states, specifically removing addiction or negative behavior and criminal practices (Chenane et al., 2014).

Risk levels for recidivism: Ex-offender criminogenic risk factors identified by the LSI-R as a category of low-risk recidivism, moderate-risk recidivism, and high-risk recidivism (Polaschek, 2012; Prince & Butters, 2013). However, for the purpose of this study, results are continuous and based on the scores of the LSI-R assessment ranging from 0–54; the lower the score, the less-risk for recidivism (Andrews & Bonta, 2010a).

Violent crimes: Violent criminal acts against others including murder, rape, physical assault, sexual assault, and robbery (BJS, 2016).

Assumptions

In this study, I relied on several presumptions, including the assumption that all the respondents would respond to the survey questionnaire honestly. I also relied on the assumption that all participants understood and were able to read the English language used in the survey questionnaire. Another assumption was that the ability to read the English language at the ninth grade level or above is a rehabilitation requirement for federal inmates to obtain a General Education Diploma (GED) prior to release from prison and reentry programming. There are few exceptions to the mandated GED programming requirement including non-U.S. immigration status of inmates, who are deported to the country of origin upon release, and those inmates who suffer from mental impairment and the elderly as exemptions (U.S. Department of Justice, 2016). An additional assumption was that participants would have a good understanding of the 10

criminogenic factors considered in this study. The assumptions that the survey instrument used in this study reliably and validly measured the constructs it considers and that there were general population adult male federal ex-offenders willing to share their experiences and respond to the survey questionnaire used in this study was essential.

Scope and Delimitations

Several factors delimited this study. Firstly, in this study I focused on adult male, federal ex-offenders within the South Texas region. Secondly, the sampling of this study relied on prospective participants who had shown willingness and availability to participate in the study. Thirdly, this study was delimited to the 10 criminogenic factors identified in the LSI-R survey assessment. Additionally, I did not focus on female offenders in this study. Accordingly, the results of this study are generalizable to the population of adult male ex-offenders in the South Texas geographic region considered in the study.

Limitations

Considering that in this study I primarily focused on adult males who are federal ex-offenders, social and emotional factors such as shame and embarrassment as well as the unwillingness to discuss private experiences related to their past offenses may have compromised their abilities to disclose detailed information associated with their offenses and recidivism. As such, I considered this possibility as a potential interference with the collection of information vital to this research. However, this was not the case because the completion of data collection resulted in "yes" or "no" responses and did not permit for more detailed disclosure. An additional consideration I took into account included the

possibility that biases could be incurred in this study in terms of sampling because random sampling was not possible. However, measuring the sample participants' demographic characteristics helped to ensure that they represented the total population. Another consideration included the possibility of participants' biased responses based on their incarceration experience, especially if treated unfairly, rather than what their experiences really were. Examples of negative incarceration experience and unfair treatment while incarcerated may include physical or mental abuse by other inmates or prison staff, disrespectful or inhumane treatment, excessive solitary confinement, and the adamant belief of innocence or having been found guilty of a crime when truly innocent (U.S. Department of Justice, 2016). Ensuring participants that their responses were confidential and anonymous limits this bias because participants feel that they can be honest with their responses without experiencing any negative impact (U.S. Department of Justice, 2016).

Significance of the Study

I chose to conduct this study to explore and identify the risk factors most associated with recidivism based on the GST (Agnew, 2001). Since the purpose of the study was to determine the dynamic risk factors and criminogenic needs, in conjunction with counseling received or not received upon reentry and recidivism, this study was a significant endeavor aimed towards reducing recidivism among adult male ex-offenders. The results of this study may be beneficial to the administrators of reentry programs and rehabilitation facilities because, by understanding and identifying which factors are closely associated with recidivism, administrators may develop or improve current

programs and services that could foster the successful rehabilitation of inmates and their reentry into society as law-abiding citizens (see Anstiss et al, 2011). Additionally, the findings of this study may be beneficial to the counseling field because the results may help professionals in forensic counseling to bridge the current gap in literature regarding high-risk factors in recidivism and the effect those factors have on counseling ex-offenders and the family members who are left to deal with the multiple issues surrounding incarceration (see Barros-Bailey et al., 2009).

Moreover, the results of this study could lead to recommendations for reentry or rehabilitation programs that account for the identified risk of recidivism of adult male ex-offenders before their release from prison (see Prince & Butters, 2013). In anticipation of identifying specific risk and criminogenic factors, forensic counselors would be able to work with inmates who are due for release to draft action plans that address potential high-risk factors that affect recidivism (Barros-Bailey et al., 2009; Prince & Butters, 2013). Ex-offenders' scores on the LSI-R will allow for the identification of their potential risks of recidivism (Labrecque, Smith, Lovins, & Latessa, 2014). Ultimately, the aim of this study was to help fill the gap in the literature that surrounds the need to properly assess male ex-offenders' dynamic risk factors and criminogenic needs (Andrews & Bonta, 2010b; Prince & Butters, 2013). In addition, I wanted to explore the lack of research on the effectiveness of reentry counseling and prison rehabilitation programs that provide offenders with support and supervision upon release (see Polaschek, 2012).

Summary

Transitioning back into society presents real challenges for ex-offenders (James, 2015). During their time in prison, they often lose contact with their family members and support networks, creating insurmountable odds for successful reentry into the community (Cooper et al., 2014; Glaze & Kaeble, 2014; James, 2015). On top of that, these ex-offenders often have limited access to health care, housing, education and employment, disadvantages that can lead to homelessness and rearrest (James, 2015). Regardless of efforts undertaken by the government to prepare prisoners for reintegration as law-abiding citizens, high recidivism rates are one of the most significant challenges facing the criminal justice system (Durose et al., 2014; Glaze & Kaeble, 2014; Miller & Miller, 2015).

According to Prince and Butters (2013), despite the extensive research on the subject of recidivism, there is still a need to identify and assess the dynamic risk and criminogenic needs factors in order to reduce recidivism. Additionally, there is a need for more research on the effectiveness of reentry and rehabilitation programs, including the efficacy of counseling services and substance abuse programs in preventing recidivism (Barros-Bailey et al., 2009; Polaschek, 2012). Return to prison negatively affects more than just the offender alone; family members, including the parents, spouses, children and other loved ones, are left behind to deal with the absence of their loved one (Anstiss et al., 2011). Therefore, the results of this research may assist mental health counselors and counselor educators to develop therapeutic programs specifically designed to work with clients dealing with issues related to recidivism among adult male ex-offenders and to

determine which high-risk factors impact recidivism the most (Barros-Bailey et al., 2009;

Bourgeois et al., 2011; Prince & Butters, 2013). In the next chapter, I will provide a

review of the research literature relevant to this study.

Chapter 2: Review of Related Literature

Introduction

Recividism of prior offenders remains a significant problem in the United States (James, 2014). This problem affects not only the criminal justice and incarceration systems but also society in general (Durose et al., 2014; Glaze & Kaeble, 2014; Miller & Miller, 2015). Recidivism is influenced by a number of factors, including access to or lack of education, mental health services, job opportunities, and treatment for substance abuse (Lockwood et al., 2012; Mears & Mestre, 2012). Offender reentry and rehabilitation programs aim to address these factors by providing ex-offenders with the required support and supervision (Miller & Miller, 2015). Along with required support and supervision, specific concerns associated with rehabilitation, including work training and job placement, continual drug and alcohol addiction therapy, mental health treatment, and access to safe and affodable housing assistance are considered critical components to successful reentry (Latessa, 2012). For example, the development of forensic counseling strategies may help evade barriers an ex-offender faces as they attempt to reenter society, while focusing counseling techniques on helping to reduce the identified risk factors that impede on the ex-offenders success. Therefore, the aim of the study was to identify whether an ex-offender's dynamic risk and criminogenic need factors, coupled with mental health counseling services (individual or group counseling) attended or not during the reentry process has a relationship to recidivism rates.

In this chapter, I will focus on providing a detailed background of the research problem discussed in Chapter 1. The chapter will begin with a look into offender

rehabilitation programs and specifically, the prison culture and counseling services inmates receive while incarcerated. Next, I will provide a thorough presentation of the postincarceration counseling and support services ex-offenders receive while participating in the community reintegration (reentry) programs, followed by a comprehensive introduction of recidivism with an emphasis on the positive and negative factors that may affect recidivism rates. I will then provide an introduction of the theoretical framework, Agnew's (1992) GST, as it relates to this study. Next, I will present a discussion on current requirements for training and certification in forensic counseling with an overview in relation to CACREP standards, followed by a section covering the gaps that I identified during the literature review process. The chapter will end with the summary and conclusion section.

My development of the literature review involved research through various online sources and search engines, including journals, government articles, and dissertations from different multidisciplinary databases and search engines such as Google Scholar, Global Health, Ingenta Connect, Jstor: Journal Storage, EBSCOhost Research Databases, and Journal Seek. Keyword terms I used in this search included *motivation factors, recidivism, reentry, offender counseling, parole, offenders, probations, inmates, RNR, the risk principle*, *risk needs and responsiveness*, *responsivity principle, cognitive-behavioral therapy, mental, psych, counseling*, or *clinical in any field* as well as different combinations of these terms in Boolean searches. Approximately 85% of the sources used were from 2012–2016; the remainder consists of seminal works and other older

works that contained information still relevant to this study, including those that support the theoretical framework.

Offender Rehabilitation Programs

Rehabilitation involves a multifaceted process and inmate experiences from the moment of inception all the way up to release from prison. Ultimately, it is incumbent upon prison officials to begin the process of reintegration of offenders as early as possible in order to avoid possible institutionalization and continuously strive to promote successful reentry (James, 2015). Therefore, during incarceration, inmates have access to services, which help to support the safe and secure housing operations and the demands of the dynamic prison culture (Freudenberg & Heller, 2016).

Mental health services offered to inmates during incarceration, such as clinical psychosocial assessments, substance abuse counseling, behavioral and social skills counseling, communication skills training, anger management, and inter/intrapersonal skills counseling, help provide guidance and maintain the health and welfare (safety) within the institution under extremely stressful and close quarters; these responsibilities require special skills (U.S. Department of Justice, 2016). Furthermore, forensic counseling services offered to inmates in correctional settings may also include vocational, academic, and individual counseling on issues such as depression, stress, unresolved past physical or sexual trauma, and posttraumatic stress disorder (PTSD) issues (Sadoff & Dattilio, 2012). Throughout this section, I will present the findings from the literature on mental health services and prison counseling in connection with the demanding prison culture and controlled environment. Further, within this section I will

present the current state of prison counseling and highlight the gaps in the current literature.

Prison Culture

The primary function of a prison, particularly at the federal level, is to maintain the safe housing and security of inmates (U.S. Department of Justice, 2016). The management of inmates incarcerated at any of the security level (e.g., minimum, low, medium, high and maximum, and administrative maximum) federal prisons involves multifaceted and complex logistics to ensure this primary functional goal is met on a day-to-day basis (U.S. Department of Justice, 2016). Other than the primary purpose to safely and securely house inmates within the federal institutions, subsequent correctional services, such as mental health care, educational and vocational training, medical and dental care, visitation time, and physical fitness, are necessary components for the orderly operations of the prison (U.S. Department of Justice, 2016). These services and programs are secondary to secure and safe operations according to the Federal Bureau of Prisons' mission statement, which primarily is the physical management of the offender population (U.S. Department of Justice, 2016).

As a result, many times these services, particularly access to correctional counseling services, directly conflict with the primary function of the prison, resulting in lack of mental health stability among the incarcerated population (Freudenberg & Heller, 2016). Although federal inmates diagnosed with severe mental illness transfer to dedicated prisons with specialized and intense mental health programs, other inmates who do not suffer from severe mental illness remain in general population prisons and

often times fail to receive supportive mental health services in offender rehabilitation programs (Himmelstein, 2011). Unfortunately, undesirable prison living conditions can have a negative psychological impact on any inmate. An example provided by Haney (2006), illustrated the slightest crowding in a prison can create a setting of close proximity with the lack of personal control. This extremely stressful housing situation indicates that even nonincarcerated individuals exposed to long-term crowded circumstances can eventually pose difficulties with interactions and harmonizing of activities and rules (Haney, 2006).

Historically, prisons lack optimal care for individuals with mental health needs (Romig & Gruenke, 1991). Nonetheless, today's prisons provide mental health services to inmates coping with symptoms of depression, general anxiety disorder, dysthymia, and posttraumatic stress disorder (Dvoskin & Spiers, 2004). However, many times the negative stigma and labels attached to mental illness in prison preclude inmates from seeking counseling (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2010). Untreated mental health issues negatively affect the inmate and can jeopardize an ex-offender's ability to obtain suitable housing, gainful employment, and many other requirements for successful reentry (James, 2015). Within the federal prison system, inmates encounter multiple challenges and demands from other inmates, which often lead to some form of violent behavior (Haney, 2006). The prison culture and environment often leads to victimization and violence towards others (Haney, 2006). This negative experience often affects the offender's ability to adjust after prison. Specifically, some inmates learn that violence is a

powerful strategy to maintain order during incarceration and after release from prison (Haney, 2006).

Counseling Inmates

The responsibilities of the prison system have evolved in response to the overwhelming increase in the inmate population and recidivism rates (Lockwood et al., 2012). Unfortunately, mental health care in prison continues to rank low on the correctional institutions' list of priority services (Miller & Miller, 2015). This point, paired with the increasing number of inmates to the decreasing number of correctional staff ratios, makes one-on-one mental health counseling quite challenging (Antiss et al., 2011; Dvoskin & Spiers, 2004). The findings of a previous research study indicated the effectiveness of group counseling on the correctional rehabilitative process and that prisons should not be barriers to meaningful counselor interventions (Fitch & Normore, 2012).

Group counseling has been the method of choice for counselors working with inmates for many years and a number of reasons (Kahnweiler, 1978). First, inmates suffering from similar symptoms and experiences will guide each other through the therapeutic process during groups (Kahnweiler, 1978). Secondly, staff to inmate numbers do not allow for individual counseling sessions on a regular basis for extended periods (U.S. Department of Justice, 2016). Although prison mental health care providers are well paid, threats or fear of physical violence are always present, exposure to infectious diseases are more likely, and low morale causes high turnover rates (Lee & Stohr, 2012). Therefore, often times many prisons create programs in support of group sessions to

compensate for the lack of the professional staff required to assist with individual complex inmate issues (Lee & Stohr). Lastly, inmates report satisfaction participating during and after group sessions, where there is a strong level of confidentiality and trust in one another (Kahnweiler, 1978). A recent study conducted in Malaysia by Ayub, Nasir, Kadir, and Mohamad (2015), affirmed the effectiveness of group counseling in significantly reducing aggression and anger among the participant inmates.

Furthermore, specialized clinical mental health training for providers is essential to address a multitude of inmate needs (Skeem, Steadman, & Manchak, 2015). The general prison staff often carries out correctional counseling interventions, and these interventions, known as psychotherapy, consultation, in-patient hospitalization observation, behavior therapy, activities therapy, and the delivery of psychotropic medication, do not require specialized skills (Skeem, Steadman, & Manchak, 2015). Most general prison staff such as correctional officers, nurses, case managers, and prison administrators who work in prisons often work a normal business week schedule, while the other staff members work longer, 12-hour shift times (Galanek, 2014).

Therefore, all prison staff must be able to carry out any correctional intervention as necessary at any given period (U.S. Department of Justice, 2016). Most treatments for the reduction of anger use social skills training techniques to teach effective, nonhostile verbal strategies for dealing with provocative situations (Kroner & Morgan, 2014). Forensic counselors also use cognitive components directed at clients' hostile outlook or at the emotional and attitudinal components of anger (Sadoff & Dattilio, 2012).

Additionally, the treatment of choice for socially inadequate behavior is social skills training—techniques that change a person's interpersonal behavior in particular social situations (Van Voorhis, Spiropoulos, & Ritchie, 2013). This particular counselor training involves specific components (e.g., role-playing, modeling, feedback, coaching), and anxiety reduction methods that often include motivational interviewing (Austin, Williams, & Kilgour, 2011). Certainly, for forensic counselors, working with the offender population necessitates a higher need for specialized training (Eisenhard & Muse-Burke, 2015; Packer, 2008).

Correctional officers are not forensic counselors. However, forensic counselors who work in prisons are correctional officers first (U.S. Department of Justice, 2016). Correctional officer duties are the first and most important responsibility of any prison staff member (U.S. Department of Justice, 2016).Additionally, correctional officers are the staff members with the most amount of interaction with inmates (U.S. Department of Justice, 2016). Therefore, training general correctional staff the skills that forensic counselors possess, such as the proper use of communication skills, illustrating and implementing behavior modification techniques, relaxation methods, de-escalation of aggressive actions, and appropriate listening skills, can help reduce problematic and violent behavior before a crisis occurs (Polaschek, 2012).

Although correctional officers do not counsel inmates, trained forensic counselors use transcendental meditation as a technique with incarcerated offenders, which involves the repetition of key words for 15–20 minutes twice a day to enhance alertness and psychological relaxation (Himmelstein, 2011). Mindfulness-based stress reduction, as

described by Samuelson, Carmody, Kabat-Zinn, and Bratt (2007), is effective in producing positive cognitive changes, self-control, relaxation, and relapse prevention, while mindfulness meditation is used on prison inmates to help focus on breathing and achieving freedom from distracting thoughts associated with reoffense (Bowen et al., 2006; Himmelstein, 2011). Results from Himmelstein's (2011) study on the varying types of counseling techniques used in prisons indicated success while incarcerated. However, these results are not true after release, and recidivism rates continued to rise (Wright et al., 2013).

Furthermore, similar studies indicate these types of counseling techniques still apply in prison settings and have resulted in statistically and clinically significant outcomes in psychological and behavioral success and ultimately an increase in well-being (Bowen et al., 2006; Himmelstein, 2011; Samuelson et al., 2007). Nonetheless, these studies utilized the Violence Risk Appraisal Guide scores administered to incarcerated inmates and did not include information on continued support services provided upon release for successful reentry programming and recidivism outcomes (Bowen et al., 2006; Harris, Rice, Quinsey, & Cormier, 2015; Himmelstein, 2011; Samuelson et al., 2007). In spite of this, a more recent study by Marier and Alfredo (2014) used a sample of 88 male and female ex-offenders who were out on probation or parole. Marier and Alfredo's study results indicated that incarceration had adverse effects on psychological health conditions, while reintegration did not.

Support and rehabilitation services were rarely provided and accessed during incarceration; however, in the event that they were accessed, perceived mental health

conditions improved (Marier & Alfredo, 2014). Finally, the authors concluded that ex-offenders who use supportive and rehabilitative services have improved quality of life and experience less recidivism (Marier & Alfredo, 2014). As the current literature suggests, the increased responsibilities of the prison system (Lockwood et al., 2012) require more research to increase the effectiveness of the mental health and supportive services provided to inmates while incarcerated. Additionally, gaps in the literature exist about the outcomes of effective continued support services provided to ex-offenders for successful reentry programming, which have resulted in the reduction of recidivism rates over time. Therefore, this study aimed to examine high-risk factors related to recidivism and tie that information with developing effective and streamlined counseling services and reentry programs for inmates identified as having higher risk factors to help decrease their chance to return to prison.

Ex-Offender Reintegration (Reentry) Programs

The prison culture and the prison experiences an ex-offender takes with them into the community upon release influences their reintegration (reentry) programming participation and success (Kaeble, Glaze, Tsoutis, & Minton, 2016). In this section, I will present the definitions and standards of reentry, reentry policies, and efficacy of reentry initiatives, reentry programs, and significance of reentry programs. Additionally, I will provide research related to the purpose of the study, highlighting the gaps in the literature, which currently exist.

Defining Reentry

According to Miller and Miller (2015), offender reentry is the natural by-product of incarceration, since most offenders are eventually released. On the other hand, Anstiss et al. (2011) asserted that reentry is not a program but a process that nearly all prisoners go through. Wright et al. (2013) indicated that reentry involves all activities, as well as programs, which prepare ex-prisoners to return to society safely. Every activity that prisoners engage in and every process they undergo will usually have some bearing on their reentry into society (Wright et al., 2013). For instance, the efficacy of a reentry initiative is complicated to determine if one considers every activity that an inmate goes through during the entire justice process (Miller & Miller, 2015). Therefore, researchers utilize a more narrow definition of reentry programs and processes that only include community programs that offer remedial services to prisoners once they are released (Miller & Miller, 2015; Wright et al., 2013).

Reentry Policies

The majority of inmates currently behind bars will have the opportunity to reintegrate into society (Kaeble et al., 2016). Specifically, about 1 in 36 or 2.8% of adults in the United States were under some form of correctional supervision at the end of 2014 (Kaeble et al., 2016). From 2013 to 2014, the total community supervision population decreased by 1.2% (BJS, 2015), as the incarcerated population slightly increased due to probation violation admissions (Kaeble et al., 2016). This recurrent, revolving door cycle for ex-offenders' return to prison has had a signifcant negative impact on community reentry program success rates (James, 2015). Criminal reentry is an intricate affair that

touches on a broad range of social and governmental structures and programs (Durose et al., 2014). Moreover, policies differ from state to state and depend on financial support for social initiatives (Anstiss et al., 2011).

For example, 21 states increased the number of prison releases by the end of 2015, led by the state of Texas (BJS, 2016). In addition, by federal policy, seventy percent of all the prison inmates released in 2014 had postcustody community supervision conditions to fulfill (Kaeble et al., 2016). Interestingly, almost all of the ex-offender community supervision conditions included a follow-up mental health counseling service requirement and participation in some form of substance abuse therapy (Harris et al., 2015). Although these requirements are conditions for continued release, the majority of ex-offenders pay for these services, any associated costs for supervision and applicable restitution owed to victims upon release, unless mandated by the courts (James, 2015). As expected, job security and affordable housing are critical components to the overwhelming demands of the entire reentry process.

Policies impacting offenders and the types of programs accessible to them while in prison or while out on probation are dependent on several factors, such as the accessibility of funding for social programs in communities and the number of private nonprofit and religious establishments operating in a given community (Anstiss et al., 2011; Glaze & Kaeble, 2014; James 2015). The federal government also plays a role in providing funding (BJS, 2015). According to the BJS (2015), factors affecting offender reentry policies include:

- varying forms of sentences handed down;

- different forms of release instruments accessible to judges;

- the forms of schemes presented in prisons by correctional structures;

- the strength of supervision presented or required by the parole or releasing agency, to include continued mental health counseling services;

- the support afforded to the former criminal by the family, and the wider community; and

- the local community status and the former criminal's ability to attain employment.

Reentry Program Efficacy

Many, imprisoned people are eventually freed (Morenoff & Harding, 2014). As Wright et al. (2013) indicated, reentry involves all activities and programs preparing ex-prisoners to return to society safely, reentry is a transition process that is not only emotionally significant but also practically challenging for offenders, their families, and society. Therefore, mental health professionals dealing in forensics are in greater demand for services to help assist individuals dealing with incarceration issues (Anstiss et al., 2011; Dumont, Gjelsvik, Redmond, & Rich, 2013; Samele, Forrester, Urquía, & Hopkin, 2016).

As the incarcerated population reintegrating back into their communities continue to increase, the likelihood of professional counselors and counselor supervisors with specialized experience dealing in forensics issues will rise (Eisenhard & Muse-Burke, 2015). Efforts to facilitate ex-offenders' successful return to society should consider both their needs and the risks they pose to society upon release (Martinez & Abrams, 2013).

According to Gideaon and Sung (2012), offenders face many challenges during the rehabilitation and community reentry process. Examples of such challenges include ex-felon discrimination, lack or loss of familial support, homelessness, unemployment or underemployment, continued drug and alcohol addiction, discontinuation of mental health services, and lack of medical services to name a few.

According to Miller and Miller (2015), prisoner reentry continues to be a considerable problem, with thousands of offenders returning to the community every year. Nonaccess to suitable job opportunities, safe and affordable housing, drug/alcohol addiction counseling, and mental health services are common issues for these returning offenders (Berg & Huebner, 2011). State and local administrations do not implement effective reentry programs to help ex-offenders through the transitioning process (Glaze & Kaeble, 2014). Federal aid is available to assist communities in forming transitional programs for former inmates; however, longer sentences increase the burden on rehabilitative efforts because the released inmate's adjustment difficulties are greater after a long sentence than following a short one (Miller & Miller, 2015).

The results of the literature review I conducted supported the statement by Latess (2012), that rigorously designed studies on offender reentry are rare in comparison to other social science fields (Berg & Huebner, 2011; Jonson & Cullen, 2015; Martinez & Abrams, 2013; Morenoff & Harding, 2014). Wright et al. (2013) affirmed that effective reentry programs focus on identifying the underlying reasons for the offender's incarceration. Ultimately, this insight has motivated academics to embark on a broad range of meta-analyses of offender reentry findings (Latess, 2012). A study that St. Louis

University conducted on criminal reentry adopted a theory known as *What Works* in a bid

to identify initiatives that are effective. The need to assess program efficacy is essential to

this line of attack (Wright et al., 2013). Wright et al. asserted that the *What Works*

paradigm is dependent on:

- a distinct linkage between programs and results;

- a realistic evaluation of the data-gathering process and its accuracy; and

- an honest appraisal of what initiatives are most successful, as well as which

  are ineffective.

The *What Works* representation employs these core criteria to sort studies into

five distinct categories, with category five regarded as the most efficient approach

because it is the most methodically rigorous (Wright et al., 2013). The representation then

employs these principles to assess programs informed based on the evidence to identify

the programs that work and those that do not. The collaboration between the National

Reentry Resource Center and the Urban Institute created the *What Works* in Reentry

Clearinghouse, an entity that offers studies on the competencies of different reentry

schemes and practices (Wright et al., 2013). In its entirety, the standard established by the

Urban Institute incorporates the Clearinghouse *What Works* theory (Wright et al., 2013)

into practice. Unfortunately, society still views offender reentry as a low-priority

objective (Latess, 2012).

The stigma that accompanies former felons is evident in the deprivation of their

voting rights, the fact that they have trouble finding employment and a place to live, and

the many other obstacles they face during reentry (Wright et al., 2013). Therefore, an

important concern should be resource allocation upon the reentry process (Wright et al., 2013). Concisely, the effectiveness of reentry programs continues to decline, as researchers have shown the problems faced by ex-felons. As such, coupling current forensic counseling services for inmates along with the examination of the dynamic risk and criminogenic need factors among adult male ex-offenders may allow for a more effective and streamlined reentry program, including comprehensive supportive mental health counseling services developed to reduce recidivism rates.

Demand for Reentry Programs

Recidivism rates continue to increase (James, 2015) and the majority of offenders fail to reintegrate into society as law-abiding individuals (Leshnick, Geckeler, Wiegand, Nicholson, & Fole, 2012; Linhorst, Dirks-Linhorst, & Groom, 2012). In 2012, approximately 2 million persons were incarcerated in the United States (James, 2015). Most of those individuals have rejoined or will rejoin society (Berg & Huebner, 2011). Consequently, offender reentry involves activities and strategies devised to prepare them to return safely to the community (Durose et al., 2014). Nevertheless, some inmates are re-arrested within the first year following release from prison (Cullen et al., 2011). For example, at 5 years after release, almost three-quarters of ex-inmates have been rearrested, and nearly half have been returned to custody after conviction for new offenses or violation of parole (James, 2015).

Incarceration presents future social integration problems for inmates (Gideon & Sung, 2012). Even though prison initiatives exist to help inmates assimilate into society after release, ex-offenders repeatedly lose the improvements gained in those programs

due to ineffective follow-up and assistance (Holtfreter & Wattanaporn, 2014). James et al. (2013) asserted that authorities and community organizations could place such reintegration programs effectively within society rather than in institutions. Indeed, it is perhaps easier to learn to fit into society when the setting is outside the prison (Cobbina, Huebner, & Berg, 2012). However, the longer the period of incarceration, the greater this adjustment will be (Clear, Cole, Reisig, & Petrosino, 2012; Marier & Alfredo, 2014).

Government officials and various stakeholders have tried to formulate methodical approaches to help recognize the importance of curbing recidivism (Cullen et al., 2011). However, a review of the literature demonstrates that there has been little to no systematic, empirical testing of the efficacy of such initiatives Thus, criminal justice professionals do not know what works and what does not in reducing recidivism rates (Durose et al., 2014). Government officials have used simulation modeling to determine what particular approaches might be best in dealing with the issue of recidivism (Polaschek, 2012). In a book edited and partially authored by Taxman and Pattavina (2013), the authors examined various prior applications of the RNR model in formulating strategies for reducing recidivism. The authors noted that in alignment with the RNR model, small changes often had large effects (Taxman & Pattavina, 2013). However, as this was an overview of the model's effectiveness in different settings and not an empirical study, there was no rigorous comparison of the effectiveness of different approaches (Taxman & Pattavina, 2013). Such a comparison is necessary to determine the effectiveness of rehabilitation programs (Andrews & Bonta, 2010a; Davis, Buick, Steele, Saunders, & Miles, 2013).

In some settings and locations, there have been attempts to evaluate the effectiveness of recidivism reduction programs by studying the outcomes for the ex-offenders they treated (Gideon & Sung, 2012; Kroner & Takahashi, 2012; Taxman & Pattavina, 2013). One such effort by Kroner and Takahashi (2012) examined ex-offenders in the United Kingdom who had previously participated in rehabilitation programs and were currently in a further such program, often after their second release. The authors concluded that participation in the prior programs had no effect on recidivism but that participation in current programs did have a significant effect (Kroner & Takahashi, 2012). The authors noted that the benefits given to ex-offenders by participating in such programs unfortunately would fade away over time (Kroner & Takahashi, 2012).

Such programs aim to change the offender's mindset or stop criminal thinking all together (James et al., 2013). Kroner and Morgan (2014) provided an overview of the effectiveness of approaches meant to modify criminal behavior and mindsets in ex-offenders. They gave no assessment of empirical findings, noting that such findings were scant in the literature, an observation supported by this literature review. However, the authors did find some common strategies used in these approaches, including the simplicity of the instruction provided to ex-offenders, the participation in one-one-one and group mental health counseling, the maintenance of positivity, and the goal of incremental adjustments (Kroner & Morgan, 2014). The significance of these authors' findings is not so much in the effectiveness or lack thereof of the approaches studied—as

noted above, the authors did not perform such an evaluation—but rather, it lies in the reported uniformity of the approaches studied (Kroner & Morgan, 2014).

A combination of lacking resources and a possible indifference on the part of society towards the plight of former offenders in their struggles to reintegrate have created the uniform approach noted by Kroner and Morgan (2014). When reintegration programs begin in prison for offenders who will rejoin society, this uniformity is not as prevalent as it is in after-release programs (Fitch & Normore, 2012). It may become a critical component for forensic counselor advocacy to assist in this process. However, the authors opined that it was society's obligation to prepare the offender for reintegration back into society and, whenever possible, to ease that transition (Fitch & Normore, 2012). They viewed rehabilitation as part of a social contract in two ways: between the offender and society, and between the criminal justice system and society (Fitch & Normore, 2012).

Part of this social contract, they observed, is that the offender should receive the tools to rejoin society as a productive citizen, including education, work skills training, and mental health counseling (Fitch & Normore, 2012). Furthermore, the authors observed that the ex-offender, upon rejoining society, should have sustained continued access to such rehabilitative programs. However, that was not usually the case; the preventive model of ex-offender treatment predominated, meaning that society sent the explicit and implicit message that the only thing that mattered was whether the former offenders behaved and that their welfare was not a significant issue (Fitch & Normore, 2012).

Lawson (2015) provided a further perspective on the effectiveness of reentry by questioning the entire rehabilitative approach. The author rejected the entire concept of criminogenic cognition and observed that inmates/offenders usually did not have significantly different mindsets from the general, law-abiding population (Lawson, 2015). Lawson also believed that the rehabilitative approach that viewed the ex-offender as someone who needed to be "fixed" was doomed to failure. In discussing criminogenic needs, Lawson observed that those needs are no different from the needs of non-criminals; the only difference is that criminals have chosen unlawful ways to satisfy those needs. Lawson asserted any approach or program that views a criminal fundamentally different from any other person, creates stigmatization and will not work.

The above overview suggests a fundamental concept. The question in rehabilitation is whether to treat the offender as a *regular* person who has committed a criminal act or as someone fundamentally *different* from the rest of society due to psychological makeup or inherent mindset (Skeem et al., 2013; Walters & DeLisi, 2015). The rehabilitative approach of prior decades suggests the former; the current retributive approach suggests the latter (Lawson, 2015). Nonetheless, the degree to which authorities apply these approaches in offender reentry and recidivism reduction programs varies from location to location, even within states, counties, and local jurisdictions (Wright et al., 2013). These differences likely contribute to the lack of consensus in the literature about the effectiveness of particular rehabilitation programs and to the gap in the research about the effectiveness of particular recidivism reduction programs.

Prison reintegration officials might expect that given the currently large population of inmates, most of whom will reenter society at some point, there would be a significant societal effort to anticipate and treat the problem of easing their eventual reintegration (James, 2015). Yet, existing literature indicates that this is not the case, and the lack of empirical studies on the effectiveness of recidivism reduction programs further highlights the issue (Leshnick et al., 2012; Sarver, Hickert, Hall, & Butters, 2013; Taxman & Pattavina, 2013). Existing literature has examined in detail the origins of criminality, the reasons why criminals commit offenses, and the psychological motivators behind socially deviant behavior (Lowenkamp & Latessa, 2004; Mazerolle, Burton, Cullen, Evans, & Payne, 2000; Van Leeuwen, Rodgers, Gibbs, & Chabrol, 2014; Wright et al., 2013). However, the literature has not examined, largely the reasons for recidivism. The principles described above used to form an understanding of the reasons for recidivism is more related to understanding criminality in general (Wooditch, Tang, & Taxman, 2014).

Counseling Ex-Offenders

The stigma attached to being a convicted felon appears to be a significant obstacle and the inability for successfully reintegration, is a major motivator for criminogenic behavior and thus, recidivism (Berg & Huebner, 2011). Convicted felons cannot vote, they are less likely to obtain government employment than those without felonies, and probation restrictions affect where they can live and seek gainful employment (Raphael, 2011). Furthermore, while they are tasked with finding a job within a short period of time as a condition of their probation, they usually have significant difficulty in obtaining this

task, and when they do manage to obtain employment it is usually menial work and at low-pay (Tripodi, Kim, & Bender, 2012). Moreover, many ex-offenders face extreme difficulty when attempting to secure a safe and affordable dwelling, open a bank account, or in some cases obtain a driver's license (Mears & Mestre, 2012).

Without securing gainful employment, ex-offenders lack the financial ability to obtain appropriate medical, dental and mental health services. In spite of this, if an inmate identifies as having a dual-diagnosis or severe mental illness, the follow-up mental health counseling services paid for by state-funded rehabilitation agencies upon release is part of the prison reentry initiatives (Berg & Huebner, 2011). Additionally, many ex-offenders have minor children in need of counseling services and may be required to attend family therapy sessions through the state child protective agencies as part of the agreed upon release requirements. In addition, most, if not all, ex-offenders seek free support through the community centers Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Al-Anon, and other similar addiction counseling groups (Berg & Huebner, 2011). Unfortunately, access to one-on-one, individual mental health counseling services for ex-offenders that do not meet the above requirements who are on probation or parole depends on judicial mandates funded by the court system, or the ex-offender's personal health insurance coverage.

According to Rice and Harris (2013), common types of counseling provided to ex-offenders include: drug/alcohol dependency counseling, communication skills training, anger management, assertiveness training, conflict resolution management training, skills training for life/social skill deficits, cognitive behavioral therapy (CBT)

(and sometimes pharmacological) treatment for depression, family therapy, rational emotive behavioral therapy, and treatment for positive psychotic symptoms. Furthermore, the authors' state that the literature on psychosocial rehabilitation suggests these counseling treatments are most effective when delivered while the clients live in the community (Rice & Harris, 2013). Professional counselors working within the field of forensics must possess the specific skills and knowledge necessary in working with potentially unstable and dangerous individuals (Eisenhard & Muse-Burke, 2015; Packer, 2008). As previously noted, within the prison institution counselors are less vulnerable to physical violence, sexual assault and identity or property theft than counselors working with ex-offenders in the community because of the extreme safety and security measures followed in prison institutions (Andrews & Bonta, 2010a; Eisenhard & Muse-Burke, 2015). These risks may apply to any social service profession, but it is at a much higher risk when working with convicted ex-felons (Andrews & Bonta, 2010a).

Furthermore, professional counselors and counselor supervisors working with ex-offenders in reentry programs require specialized training and experience when working with this population (Eisenhard & Muse-Burke, 2015). It is essential to practice smart counseling techniques with a keen sense for the potentiality of probable uncertain events that may occur (Andrews & Bonta, 2010b). As such, it is necessary for mental health counselors, specifically forensic counselors working with the incarcerated population to practice a different level of specialized skills. Including, stringent boundary limitations, possessing an even more heightened understanding of confidentiality, an in-depth familiarization of the legal system, professional and ethical conduct at all times,

illustrating a higher-level of confidence, always practicing to be fair, firm and consistent, and to be familiar with the potential of transference/counter-transference issues (Eisenhard & Muse-Burke, 2015; Packer, 2008).

Recidivism

In this section, I will focus on the concept of recidivism and will include the definition of recidivism, measurement of recidivism, and approaches to reduce recidivism. The goal of this section is to provide a background on recidivism and to highlight the gaps in the current practices on recidivism that I aimed to bridge with the results of this study. Additionally, I will present the current recidivism statistics regarding reincarceration rates according to federal records.

Defining Recidivism

Recidivism is the rearrest or reconviction of a prior offender within a particular period, specifically up to 2 years after release (James, 2015). Recidivism may also be the repeat offender's subsequent arrest and incarceration as part of a continuum of the original offense rather than a separate, new event (Glaze & Kaeble, 2014). In other words, such violations are simply an extension of the offenders initial crime (Glaze & Kaeble, 2014). Durose et al. (2014) defined recidivism as any form of contact with the criminal justice system after previous contact, regardless of the degree of the offense. Furthermore, Durose et al. believed that recidivism is any new contact with the criminal justice structure, however minor.

However, an opposing view is that for a recidivism condition to exist, it must result in incarceration (James, 2015). Durose et al. noted that the reported rates of

recividism differ according to how one defines the term. Some say it is the commission of any crime after being released from prison (Glaze & Kaeble, 2014), while others maintain that it is the commission of a crime at least as serious as the one that resulted in the initial incarceration (Durose et al., 2014; James, 2015). Specifically, for the purpose of this study, recidivism is defined as the conviction of a new crime or probation violation, resulting in the reincarceration of an ex-offender within 2 years of the initial release from prison.

However it is defined, recidivism is a complex subject to measure. According to the BJS, tracking reincarceration involves following individuals for a particular period and depending on national empirical data sets that contain inherent inaccuracies, create difficulty in mainatining this task (Cooper et al., 2014). For instance, if a prisoner were released in California and commited a subsequent felony in Maine, it should be possible to compare those records. Such a comparison is characteristically done by accessing the Federal Bureau of Investiation's master repository of convictions; however, the master repository of convictions has innumerable exclusions that may impact the outcomes of reincarceration studies (Cooper et al., 2014). Varying definitions of reoffending also contribute to the subject's complexity. For example, a convicted felon who commits a misdemeanor may not be considered a recidivist if the later offense is only a parole violation (James et al., 2013).

Measuring Recidivism

Researchers have investigated this issue extensively, and some states have computed reoffending rates (Cooper et al., 2014; Glaze & Kaeble, 2014; James, 2015). Consequently, to present an inclusive synopsis of re-incarceration, this segment focuses on currently conducted national-level research (James et al., 2013). BJS (2005) findings on the reimprisonment of a group of prisoners set free in 1994 represented an all-inclusive, comprehensive national-level examination of reimprisonment. The BJS, in its latest publication, reviewed reimprisonment rates for 404,638 inmates set free in 30 states in a period of 5 years from 2005 onward (Durose et al., 2014). Inmates included in the research represented about three-quarters of the prisoners set free in 2005. The 2005 BJS reimprisonment survey employed on a larger sample and a more protracted follow-up period than the prior study conducted in 1994. Empirical data demonstrated that by the end of the 5-year follow-up period, about 76.6% of inmates freed in 2005 were reincarcerated. Moreover, the BJS established that most released inmates returned to prison within a year after their releases (Glaze & Kaeble, 2014).

Further, as found by Glaze and Kaeble (2014), toward the end of the first year after release, 43.4% of prisoners returned to prison, and ex-offenders that had been out for a longer period (more than 5 years) were not usually rearrested. The study by Glaze and Kaeble (2014), indicated that in comparison to the arrest rate of 43.4% 1 year after release, only 28.5% of ex-prisoners that had not been arrested one year after release were rearrested in the next 3 years. While these statistics may seem alarming, one factor that

they illustate is that the risk of recividism declines as the former offender's time after release becomes longer (BJS, 2015).

Research and statistical data conducted by the BJS indicate that a larger percentage of freed property criminals were reincarcerated more times than drug, public disorder and aggressive offenders (BJS, 2015). According to Glaze and Kaeble (2014), the broad-spectrum trend that recidivism progressed irrespective of the wrongdoings for which the justice system re-imprisoned freed inmates supports the notion that most freed inmates, whatever their crime, were likely to be reimprisoned within 1 year after their releases. The longer a released former offender remained free, the more likely he was to continue to remain so (Glaze & Kaeble, 2014). However, the BJS (2015) equally determined that offenders with a longer felony record were more likely to return to prison within 5 years of their release.

Factors Associated With Increased Recidivism

In this section, I will discuss the different factors in relation to their role in increasing recidivism include antisocial cognition, criminal associates, family and marital relations, employment and school barriers, preclusion of leisure activities, housing constraints, and sentencing law changes. Forensic counseling specialists oftentimes report difficulty in dealing with co-occurring issues ex-offenders face upon reentry such as substance abuse, life skills deficits, social withdrawal and aggression towards others, which negatively affect recidivism (Lowenkamp & Latessa, 2012). The following factors are not presented in any specific order; each factor individually or cumulatively may impact increased recidivism risk factors.

Antisocial Cognition

Antisocial cognitions or thoughts are based on criminogenic needs that compel a person to participate in criminal acts, which may lead to incarceration (Fitzgerald, Gray, Taylor, & Snowden, 2011; Walters & DeLisi, 2015). Boduszek, Adamson, Shevlin, and Hyland (2012) have associated antisocial cognition with criminal activities. The authors suggest that antisocial cognition can increase a person's chances of recidivism, as well (Boduszek et al., 2012). Furthermore, the authors discuss how their research supports the concept that cognitive thought faults strengthen criminal attitudes by increasing self-interest, reducing prosocial activity, and diminishing personal responsibility (Boduszek et al., 2012).

Wooditch et al. (2014) alleged that recent efforts to increase understanding of criminal thoughts by forensic counselors concentrate on tools for measuring thinking faults, including the Criminal Cognition Scale (CCS). CCS analyses demonstrate that scores can change over time. However, there is not a clear indication of treatment outcomes or maturation. CCS scores can also increase over the course of a person's incarceration. The term *antisocial cognition* refers not only to thoughts and resultant criminal behavior but also to thoughts that are outside current societal norms, whether they result in actual criminality or not (Van Leeuwen et al., 2014). The fact that the very definition of criminality varies historically over time indicates that antisocial cognition, however social science researchers measure it, is a variable concept (Boduszek et al., 2012; Tangney et al., 2012; Van Leeuwen et al., 2014).

Few studies in the counseling literature have identified predictive validity in criminal thinking: the association between criminal cognition and recidivism remains poorly illustrated (Van Leeuwen et al., 2014). The aim of measuring criminal thinking and its effect on prisoner outcomes is to measure risk of recividism (Van Leeuwen et al., 2014). According to the field of forensic counseling, the primary recidivism risk factors consist of personality factors, developmental history, criminal associates, and antisocial cognition (Bourke, Boduszek, & Hyland, 2013). Bourke et al. (2013) assert personality variables and antisocial cognition are factors that may contribute independently towards criminal behavior. Antisocial cognition contains a primary feature, which is criminal thinking; it consists of beliefs and attitudes that a person utilized to justify and rationalize criminal behavior (Bourke et al., 2013).

Behavior, values, and attitudes that assist a criminal lifestyle are individual factors that predict recidivism (Bourke et al., 2013). Based on a meta-analysis conducted on recidivism and criminal thinking, Walters (2012) concluded that there was a correlation between recidivism and criminal thinking. Interventions created to restructure cognition concentrate on assessing, then changing the pattern of criminals' thoughts by implementing counseling strategies such as cognitive-behavioral therapy or rational emotive-behavioral therapy techniques (Van Leeuwen et al., 2014).

Criminal Associates

According to Bushway and Apel (2012), released ex-offenders who continue to connect with criminal associates upon release are far more likely to re-offend and engage in criminal activities. The time they spend with criminal associates enhances their

likelihood to offend because this behavior presents them with methods, motivations, and

support for engaging in criminal behaviors (Bushway & Apel, 2012). Previous studies

have demonstrated a strong relationship between having criminal friends with an

increased criminogenic risk compared to isolation from those friends, which help

decrease the likelihood of engaging in illegal activities (Ardino, Milani, & Blasio, 2013;

Boduszek et al., 2012; Wooditch, et al., 2014). Additionally, various researchers such as

Ardino et al. (2013), Boduszek et al. (2012), Martinez and Abrams (2013), and Melde

and Esbensen (2013) affirmed that continuing to have relationships with criminal

associates is a strong indicator for reoffending and can eventually enhance the chances of

rearrest. Furthermore, research supports the notion that criminal peers were found to be

the most potent factors for predicting criminal activity, outweighing factors such as

friendships, associations, and job opportunities (Ardino et al., 2013; Martinez & Abrams,

2013; Wooditch et al., 2014).

As the research suggests, criminal associates may strongly influence the behavior

of peers because they form bonds with others by engaging in the same activities

(Martinez & Abrams, 2013). Therefore, forensic counselors aim to encourage positive

peer associations and discourage negative ones in order to help reduce the risk of

recidivism (Melde & Esbensen, 2013). This practice is vital if society wishes to not only

prevent criminal behavior by ex-offenders but also encourage the overall rehabilitation

process (Wooditch et al., 2014). Associating with known criminals is, in most cases a

probation violation, which indicates that authorities believe in the concept of antisocial

cognition and criminal associates, on a practical level (Bodsuzek et al., 2012; Martinez & Abrams, 2013; Melde & Esbensen, 2013).

Family and Marital Relations

Researchers have demonstrated the effectiveness of support from friends and family in preventing recidivism; the converse is also true; ex-offenders who lack support networks have a high risk for recidivism (Cobbina et al., 2012; Lee, Courtney, & Hook, 2012; McMasters, 2015; Shamblen, Arnold, McKiernan, Collins, & Strader, 2013). Cobbina et al. (2012) stated that strong family relationships are vital in decreasing criminal conduct. Family relations counter criminal influences and provide psychological support while facilitating the change process (Cobbina et al., 2012). Furthermore, there is empirical information which illustrates that living with a spouse or significant other may reduce the chances of criminal conduct among parolees (Lee et al., 2012; Shamblen et al., 2013).

Cobbina et al. (2012) also asserted that healthy family relations decreased unlawful conduct in those at risk for recidivism. For instance, McKiernan, Shamblen, Collins, Strader, and Kokoski (2013) discovered that living with a spouse is related to the reduction of violent crimes, with the exception of reduction in property offenses. Although research studies on involvement in criminal thinking initiatives or drug rehabilitation have not demonstrated a direct impact on family ties or whether strong family relationships help reduce criminal activity, it is apparent that strong family support systems may help in reducing recidivism rates (Cobbina et al., 2012; Lee et al., 2012; Shamblen et al., 2013; McKiernan et al., 2013).

Employment and School Barriers

Blomberg, Williams, and Piquero (2012) asserted that the connection between employment and education and recidivism is not clear. Research indicates that employment and education are viewed as a platform for avoiding criminal behavior, however studies investigating the impacts of employment and education on recidivism are conflicting (Davis et al., 2013; Lockwood et al., 2012; Tripodi, et al., 2012). On one side researchers suggest that the ability for an ex-offender to secure suitable employment is challenging and at times impossible (Blomberg et al., 2012; Davis et al., 2013; Lockwood et al., 2012), while others assert that the more educated and skilled ex-offenders become less likely they are to recidivate (Arungwa & Osho, 2012; Bushway & Apel, 2012; Latessa, 2012).

Longitudinal studies have reported positive results from stable employment and prison-based interventions which are aimed at enhancing ex-offenders' employment prospects to decrease the rate of recidivism (Arungwa & Osho, 2012; Bushway & Apel, 2012; Skeem & Peterson, 2012). Gainful employment is an important aspect of ex-offender reentry into the community (Bushway & Apel, 2012). Investigation on the effects of work on recidivism should also extend to non-exclusionary recruitment policies (Lockwood et al., 2012). This consideration is necessary because employment unsteadiness can be a factor in involvement in criminal behavior (Blomberg et al., 2012). Educational achievements are more and more crucial to obtaining job opportunities in the competitive worldwide market (Lockwood et al., 2012). However, many offenders have low educational levels (Blomberg et al., 2012). To help prepare them for employment

after release, the majority of correctional institutions offer educational programs, such as adult basic education, high school, or vocational programs (Arungwa & Osho, 2012; Davis et al., 2013).

Previous studies indicate that education is a strong indicator for decreasing recidivism, but show only a modest impact for adult basic education interventions (Arungwa & Osho, 2012; Davis et al., 2013; Gideon & Sung, 2012). Studies of high school programs or GED preparation demonstrated that participants were less likely to reoffend (Kesten et al., 2012; Mears & Mestre, 2012). While the research on vocational training programs produced mixed findings, studies on professional programs propose that intervention quality can be a significant predictor in decreasing recidivism (Arungwa & Osho, 2012; Blomberg et al., 2012; Bushway & Apel, 2012; Lockwood et al., 2012).

Preclusion of Leisure Activities

Information on leisure activities and involvement in criminal behavior among adults originated from the LSI-R, which measures leisure and recreational activities (Labrecque et al., 2014; Prince & Butters, 2013). Furthermore, such a scale evaluates participation in structured and organized pro-social activities (Boden, Fergusson, & Horwood, 2013; Sarver et al., 2013). While incarcerated, prisoners become accustomed to a vigourous daily routine in order to prevent boredome and mischievous behavior (Hamilton & Campbell, 2013). As an ex-offender attempts succesful reintegration into the community, a lack of leisure activities creates an excess of free time, which may potentially lead to a repeat of criminal behavior (Hamilton & Campbell, 2013). Additionally, the inclusion of leisure activities in the reentry process can assist the ex-

offender in relieving stressors, which promotes positive emotional and mental health (Marier & Alfredo, 2014).

A recent study revealed that ex-offenders and parolees who engage in recreational activities are less likely to reoffend (Wooditch et al., 2014). However, according to the authors, there is no current documented intervention research exploring the impacts of changes regarding an ex-offenders leisure activity on criminal-based outcomes (Wooditch et al., 2014). Perhaps, the results on leisure activities from the LSI-R assessment may provide further insight regarding the current gap in the research literature.

Housing Constraints

Housing is a challenge for offenders when they are transitioning back into society (Fontaine et al., 2012; Latessa, 2012). Various challenges arise from legal problems; strict eligibility provisions, particularly for government subsidized accommodation; discrimination; and inadequate affordable housing, among other factors (Fontaine et al., 2012; Latessa, 2012). In contrast with other reentry interventions, various sources illustrate mixed views on the impact of housing on recidivism (Fontaine et al., 2012; Holtfreter & Wattanaporn, 2014; James, 2015; Latessa, 2010). Some studies have reported that there is no relationship between housing and recidivism (Fontaine et al., 2012; Holtfreter & Wattanaporn, 2014); while other studies have demonstrated that transitional halfway house, accommodations can lower recidivism (James, 2015; Latessa, 2012).

The benefit of halfway housing is dependent on the offender's degree of risk to recidivate (offenders with a high level of risk of recidivating have a greater chance to benefit from longer term halfway house placements determined by the prison reentry program specialist) and the quality of the intervention (James, 2015). A study by Fontaine et al. (2012) indicates that Supportive Housing programs provide the necessary on-going comprehensive services and supervision ex-offenders require for successful reentry. However, the authors concluded that these housing opportunities are limited in number due to fiscal restraints; creating long waiting lists and affecting a return to prison for those ex-offenders who cannot gain access in time (Fontaine et al., 2012).

Sentencing Law Changes

For the better part of the 20th century, sentencing policies were inmate-based. In other words, criminal justice policies mirrored the rehabilitative sentencing law model (Helen, Mann, & Carter, 2012). The rehabilitative sentencing law model assumed that a prisoner's subsequent behavior could improve through treatment and the deterrent effect of a threatened return to prison (Helen et al., 2012). This model also allowed judges wide discretion in sentencing terms. Parole hearings frequently determined the actual length of imprisonment, and inmates received periodical evaluations for early release (Hamilton & Campbell, 2013). Most prisoners were eligible for parole, and a their chances of being released after the first or second hearing were quite good, as long as there had been no additional criminal or behavioral issues (Hamilton & Campbell, 2013).

The increase in crime in the 1960s and 1970s caused an increase in the severity of sentences meted out to offenders (Lee & Stohr, 2012). In addition, officials were

pessimistic about the effectiveness of rehabilitation (Lee & Stohr, 2012). As a result, the retributive sentencing law model led to disparities in sentencing for the same crimes, which led to mandatory sentencing laws, largely removing judges' discretion about how long or short of a sentence they could give to offenders (Maxfield & Babbie, 2012). Thus, the characteristics of the individual case became largely irrelevant (Lee & Stohr, 2012). While many saw this model as just, that a given crime resulted in a given sentence, others contended that the character and record of each offender should be determinants of sentences as much as the actual crime committed (Dvoskin, Skeem, Novaco, & Douglas, 2012). Hence, this model resulted in longer initial sentences and increased rates of re-incarceration for new offenses and probation violations (Hamilton, Kigerl, & Hays, 2013).

By this time the objective of treatment, incapacitation, and preclusion superseded the purposes of rehabilitative systems and, in particular, deterrence, within the federal as well as state detention guidelines (Helen et al., 2012). New detention guidelines sought to minimize crime, removing prisoners from society for a long time, using harsh punishment and incapacitation rather than attempting to change criminal conduct (Dvoskin et al., 2012). As a result, criminal justice policies no longer focused on rehabilitation and reintegration (Helen et al., 2012). There were ineffective supportive and rehabilitative services, which resulted in increasing levels of recidivism and negative implications for mental health (Hamilton & Campbell, 2013). The lack of rehabilitative and supportive services offered to former inmates is the perceived effects of incarceration and punishment for crimes committed (Holtfreter & Wattanaporn, 2014).

As discussed, factors such as antisocial cognition, criminal associates, family and marital relations, employment and school barriers, preclusion of leisure activities, housing constraints, and sentencing law changes affected recidivism. As the literature suggests, prison officials and forensic counselors can better prepare the inmate for the reentry process, as long as the aforementioned independent variables become part of the release plan before reintegration occurs. Specifically, Skeem et al. (2015) indicated cognitive behavioral therapy programs vigorously aim to combat risk factors for recidivism and create opportunities for gaining prosocial skills for interpersonal interaction, self-management of behaviors, and problem solving. Furthermore, the authors' reveal that correctional counselors managing CBT programs achieve the largest and most consistent effect sizes in reducing criminal recidivism (Skeem et al., 2015).

Another study, conducted by Van Voorhis, Spiropoulos, and Ritchie (2013) randomly assigned inmates to participate in either a prison-based psychiatric treatment program or a CBT prison-based program that targeted criminal thinking and substance abuse. During the first year after release, rates of return were highest in the psychiatric treatment group (33%), followed by the CBT program group 16% (Van Voorhis et al., 2013). As promising as these results may seem, current national recidivism rates remain high, and there is still a lack of research literature illustrating the effect criminogenic needs and causal risk factors coupled with individualized, extensive mental health counseling services has on an ex-offenders recidivism outcome.

Factors Associated with Decreased Recidivism

According to a recent study conducted by Skeem et al. (2015), in the past few decades a new policy emphasis on providing correctional treatment services to reduce criminal recidivism has emerged. It is a strategy used by reintegration officials in identifying ex-offender programming and supervision protocols and is known as the RNR model (Polaschek, 2012). This emphasis draws from the RNR of correctional assessment and treatment (Skeem et al., 2015). Furthermore, Polaschek (2012) notes that national efforts to improve responses to persons with mental health issues involved in criminal behavior traditionally focused on court ordered mental health services. This emphasis on the implementation of the RNR model represents a policy shift for this population, as well (Skeem et al., 2015).

RNR is a theory based on respect for persons and for the normative context of rehabilitation; based on empirically validated psychological theory; and it asserts the importance and legitimacy of services that prevent crime (McNeill, 2012). According to Andrews, Bonta, and Wormith (2011), the RNR theory suggests that the "R-Risk" factor should match the level of service to the offender's risk to reoffend; the "N-Needs" factor should assess criminogenic needs and target them in treatment. That the criminogenic needs, (dynamic risk factors) are characteristics of people and/or their circumstances that signal reward-cost contingencies favorable to criminal activity relative to noncriminal activity (Andrews et al., 2011). Moreover, the last factor, "R-Responsivity" maximizes the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation,

abilities, and strengths of the offender (Andrews et al., 2011). Within the next section, I will present the factors associated with decreased recidivism, the RNR model: the risk principle, the needs principle, and the responsiveness principle in further detail.

RNR Model: The Risk Principle

Criminals are identiifed as being low-risk, to moderate risk, to high risk offenders, based on the risk level results (ranging from 0–54) from the LSI-R assessement, to determine and assign various degrees of offender rehabilitation programming (Polaschek, 2012). According to Bergeron and Holly (2013), the RNR model has incorporated a series of evidence-based practices for curtailing recidivism. Additonally, Polaschek (2012) posited that supervision and treatment levels ought to take into account the criminal's risk dimension based on the RNR model.

The implication is that low-risk offenders should be put under minimal supervision, while higher-risk offenders should be subjected to intense scrutiny (Abracen et al., 2013). Abracen et al. (2013) also indicated that the criminal justice system often centers on low-risk criminals with the view of curtailing further recidivism into the system. This approach has been less effective in managing recidivism than equal scrutiny of all former offenders (Bergeron & Holly, 2013).

The logic for assigning the lowest-risk offenders the most scrutiny and resources is not intially apparent (Bergeron & Holly, 2013). Polaschek (2012), asserts that this approach is driven by the need to achieve success on a logical basis. For instance, if high-risk offenders are viewed as unessential (in that authorities consider recidivism inevitable for them), then it makes sense to concentrate on low-risk offenders (Polaschek, 2012). In

contrast, Abracen et al. (2013) were critical of this approach, because by definition, low-risk offenders were unlikely to need any support or interventions to help their re-integration into society.

RNR Model: The Needs Principle

While the criminal justice system may endeavor to concentrate its resources on low-risk former offenders with the goal of reducing recidivism, research has not proven that this approach is efficient when it comes to offender control or system costs (Polaschek, 2012). According to Abracen et al. (2013), the needs principle affirms that remedial services should address the offender's criminogenic qualities, such as age and offense record. Another study by Polaschek (2012) suggests that while inmates do have a variety of needs, some have more needs than others have and are at a higher risk of reoffending. The author examined a number of meta-reviews that underpin the risk-needs model while also performing a study of 13,000 recidivists in 53 community-centered correctional management facilities (Polaschek, 2012). Bergeron and Holly (2013), however, contended that a majority of initiatives for low-risk criminals succeeded in minimizing recidivism, which illustrates the significance of gauging offender rehabilitation according to the RNR model.

The above perspectives suggest that grouping former criminals into broad categories and using those categories to allocate resources is not an effective method in reducing recidivism (Bergeron & Holly, 2013). Instead, combining an examination of each individual's criminogenic needs with a risk assessment results from the LSI-R (0–54) may be the only sound approach. Furthermore, Bergeron and Holly (2013)

recommended such an approach, remarking that only a case-by-case approach would work well in preventing recidivism. The problem, they noted, was that limited resources and a reluctance to finely allocate those resources meant that all former criminals received the same support mechanisms (which were often inadequate) and were subject to the same expectations, whether they were high-risk or low-risk (Bergeron & Holly, 2013).

Exposure to higher-risk former criminals may affect the recidivism rate of otherwise lower-risk ex-offenders (Polaschek, 2012). Having a job and/or family support can help to reduce this effect (Lockwood et al., 2012). Forensic counselors and prison reentry officials take into account two types of risk categories when evaluating re-offense risk: static and variable. The static include factors such as family status, substance addiction, mental health status and criminal history background; the variable category includes factors such as job status and access to education (Polaschek, 2012).

Therefore, the needs principle rests on the assumption that the primary goal of correctional treatment programs is to reduce subsequent criminal behavior, thereby enhancing public safety. As stated by Andrews et al. (2011), the focus of the needs principle is that correctional treatment programs reflect dynamic offender behaviors and attitudes. However, not all dynamic offender needs are associated with recidivism (e.g., personal and/or emotional distress, physical health issues, major mental disorder, etc.). Furthermore, the author noted that variable factors were often highly controllable; what mattered was the degree to which those factors affected the overall rehabilitative efforts (Polaschek, 2012). For instance, something as simple as expanding former criminals'

access to job opportunities or making available more educational opportunities for

vocational advancement could make a large difference in reducing recidivism rates

(Polaschek, 2012). The third and final approach to the RNR theory is to use the

responsiveness principle.

RNR Model: The Responsivity Principle

According to Polaschek (2012), behavioral strategies aim to decrease recidivism

by modifying parolees' attitudes and behaviors. The Responsivity Principle model

affirms that remedial interventions should employ mental learning approaches that are

social in nature (Bergeron & Holly, 2013). The social learning tactics ought to appeal to

the former offender's particular learning methodology, motivation, and strengths

(Abracen et al., 2013). Moreover, Abracen et al. (2013) indicated that a review of the

effectiveness of sanctions, such as close screening, automated screening, boot camps, and

confinement, demonstrated minimal or no reduction in recidivism; in fact, such treatment

increased recidivism. The responsiveness principle is divided into two parts: the first,

"general responsivity," which suggests that treatment interventions ought to employ

cognitive social learning approaches that match the offender's particular learning

approach, enthusiasm, and strengths to change behavior. The second, "specific

responsivity," refers to the tailoring of cognitive learning interventions and take into

consideration offender motivation, gender, and ethnicity (Andrews et al., 2006; Bergeron

& Holly, 2013). More recently, Andrews et al. (2011), described the responsivity

principle as the selection of styles and modes of service that are (a) capable of

influencing the specific types of intermediate targets that are set with offenders, and (b)

appropriately matched to the learning styles of offenders. Specifically, they include

modeling, graduated practice, rehearsal, role-playing, resource provision, and detailed

verbal guidance (Andrews et al., 2011).

RNR and Counseling Interventions

Helen et al. (2012) conducted an empirical test involving 374 respondents to

determine the impacts of judicial and correction behavioral methodologies. Behavioral

methodologies require offenders to learn remedial skills and depend on approaches such

as modeling/representing proficiency, corroboration for appropriate behavior, role-

playing, graduated practice of skills, and elimination of unsuitable behavior (Helen et al.,

2012). Forensic counselors responsible for implementing RNR into therapeutic strategies

have assessed the need for more intense behavioral modification techniques for those

offenders identified as having higher-risk potential towards criminality (Skeem et al.,

2015). Skeem and Louden (2013) demonstrated that probation officers often fail to attend

to relevant dynamic risks of ex-offenders and that training probation staff in the

principles of RNR yielded substantial reductions in recidivism among offenders under

their supervision. Meta-analyses of the efficacy of approaches such as rigorous control,

electronic supervision, boot camps, and imprisonment indicated little or no reduction in

recidivism; in some cases, these approaches were worse than ineffective—they actually

increased recidivism (Abracen et al., 2013; Helen et al., 2012). According to Andrews et

al. (2011), it is an essential assumption of the RNR model for establishing and

maintaining a good working alliance between counseling therapist or correctional worker

and offender. In fact, Andrews (1980) was one of the first correctional researchers to

identify the importance of high-quality relationships between forensic counselors and offenders in effective interventions.

In summary, the three foregoing RNR models call for appraising an offender's risk of reoffending and corresponding surveillance and management to the offender's risk level. However, this type of individualized case-by-case management is not possible due to probation mandates and fiscal restraints (Fitzgerald et al., 2011). Furthermore, Skeem et al. (2015) suggest the linkage of correctional services along with mental health services can work effectively together, each potentiating the other in reducing the likelihood of repeat criminal behavior. Having a better understanding of the RNR assessment along with the offenders' criminogenic requirements and dynamic risk variables with the social learning and cognitive-trait initiatives aim to alter the offender's behavior upon reentry (Abracen et al., 2013; Bergeron & Holly, 2013; Polaschek, 2012). Comprehensive, on-going counseling services by mental health professionals coupled with direct supervision by probation staff has resulted in reduced risk of recidivism (Skeem et al., 2015).

Dynamic Risk, Criminogenic Need Factors, and Recidivism

Determining dynamic risk and understanding an offender's criminogenic needs are two of the objectives of this study. The identification of dynamic risk coupled with identifying an offender's criminogenic needs may assist probation officers, forensic counselors and community advocacy leaders to prepare more effective reentry supportive services programs in order to reduce recidivism over time. In this section, I will provide a thorough introduction of dynamic risk, criminogenic need factors and recidivism as they relate to the purpose of this study.

Dynamic requirements (risks) may have a significant impact on future criminal behavior as it relates to subsequent illegal activities (Hamilton et al., 2013). Previous studies have attempted to address how participation in a brief but structured reentry programs can enhance the general risk degree (Brooks, Heilbrun, & Fretz, 2012; Hamilton et al., 2013). However, there is inadequate literature regarding how prisoners' behaviors change over a given period after release and their impact on recidivism risk. Researchers have identified dynamic risks in the treatment (Beech & Craig, 2012; Hamilton et al., 2013). However, these risks are artifacts of similar behaviors and psychological vulnerabilities at various phases of assessment (Beech & Craig, 2012).

According to the research study conducted by Beech and Craig (2012), dynamic risks manifest themselves as criminogenic need factors in criminal behavior under two circumstances. First, when the person feels that such behavior is the only way to meet certain needs, and second when the person feels that such behavior is the optimal, cheapest, easiest, or most convenient way to meet certain needs. Furthermore, the research indicated the latter behavior is more reprehensible because it is a deliberate choice rather than a response to a perhaps uncontrollable compulsion (Beech & Craig, 2012).

Skeem et al. (2013) performed a study on changes in criminogenic needs using baseline data (joining community rehabilitation institutions) and a sample of parolees, with the help of the LSI-R. The authors discovered that parolees, over time postrelease, changed substantially, particularly in the 10 main criminogenic needs assessed by LSI-R (Skeem et al., 2013). However, the parolees did not change in substance abuse or

psychological well being (Skeem et al., 2013). Nevertheless, the study failed to assess the degree to which these changes influenced post-supervision behaviors, including substance abuse, behavioral modification, or employment obtainment, which affect the study's value in measuring recidivism (Skeem et al., 2013). The study's perspective is valuable in terms of examining recidivism risk over time; as it supports the observations of other studies that recidivism risk declines as the time since release increases (Durose et al., 2014; Glaze & Kaeble, 2014; Skeem et al., 2013).

In a study that also used the LSI-R, Prince and Butters (2014) investigated the effects of needs on subsequent criminal activities using collective LSI-R scores in examining 360 ex-offenders who had been on probation. They discovered that probationers who had higher-than-average cumulative LSI-R scores had increased chances of being rearrested (about 67%) compared to those who had lower scores (roughly 42%) within 2 years. Furthermore, Prince and Butters study reported changes in the cumulative LSI-R score which occurred over time however, the study did not specify the particular needs that led to good or bad results. Nevertheless, necessary questions of clarity regarding the dynamic criminogenic needs that promote better outcomes are still left unanswered. This is due to the fact that the literature regarding criminogenic needs only focuses on how researchers can examine them in the context of preventing and/or understanding crime; the research does not address criminogenic needs in the context of recidivism, which this study aims to address (Prince & Butters, 2014; Skeem et al., 2013). Concisely, the complete identification of an inmate's dynamic risks assessment and criminogenic need factors while incarcerated may assist probation officers, forensic

counsels and community advocacy leaders prepare more effective reentry supportive services and counseling programs for ex-offenders in order to help reduce recidivism rates over time.

Theoretical Framework

Agnew's general strain theory (GST)

Agnew (2001) developed GST from Merton's (1938) anomie theory in an effort to concentrate on diminishing societal control and strain at a personal level, as well as the cultural imbalance between the objectives and customs of people in the community. Agnew's (1992, 2001, 2009) (GST) is not only an important criminological theory (Cullen, Wright, & Blevins, 2006) but also used by many psychology and sociology scholars to examine the strain/deviance relationship. GST is relevant to this study in that counseling psychologists working in forensics improve understanding the strain/deviance concept as a developmental issue during the therapeutic relationship. This theory refines key concepts of classic strain theory (Cloward & Ohlin, 1960; Cohen, 1955; Merton, 1938), and provides a rich framework for analyzing the underlying mechanisms that connect strain, negative emotions, and delinquency in both adolescents and adults (Cohen, 1955; Merton, 1938).

Anomie theory, as the precursor of GST, posits that societal pressures and attitudes are the primary influences on criminal behavior (Agnew, 1992). GST and the effects of early onset victimization is mainly focused in development psychology, where issues unresolved manifest into a wide range of social and behavioral problems (Hilarski, 2004; Keiley et al., 2001; Kilpatrick et al., 2000). Agnew (2001) categorizes three types

of strain that produce deviance: first, the failure to achieve positively valued goals;

second, the loss of positive stimuli; and third, the introduction of negative stimuli. There

are several different actions that can be taken to correct the strain in order to curb

deviance, including exercise, mental health counseling, and advocacy programs (Agnew,

2001).

According to Anomie theory, the stigmatization attendant to the identification of

an individual as a former criminal may, in many cases, be a primary cause of reoffense

(Broidy, 2001; Broidy & Agnew, 1997). For instance, if society brands offenders as

criminals, then they may feel that criminal behavior is both logical and appropriate.

Furthermore, if society excludes or shuns ex-offenders, then it is likely that they will feel

no real need to conform to society's rules. Anomie involves two stages (Agnew, 1992).

The first is the macro side, which manifests due to the failure of society to place restraints

on criminal objectives and to control individual behavior (Agnew, 1992). The second

phase, microsite or strain theory, presents the high likelihood of deviance resulting from a

societal breakdown (Agnew, 1992). Additionally, this theory indicates that diminishing

societal control leads to increased pressure to engage in deviant activities (Agnew, 1992).

The premise of GST is that the pressure to commit antisocial acts is present for all

individuals, even completely law-abiding ones, and that, ideally, society's structures

serve to counterbalance those pressures (Agnew, 2001). According to Agnew (2001),

"Strains or stressors increase the likelihood of negative emotions like anger and

frustration" (p. 319). For some individuals, the strain builds up to the point where the

individual will commit a criminal offense to relieve the strain (Agnew, 2009). For

instance, an individual may resolve the strain of financial need by stealing, or alleviate negative emotions through alcohol or substance abuse, which may lead to criminal acts (Agnew, 2009). Once an individual has experienced being in prison, they may have gained a better understanding of the consequences of committing future criminal acts (Agnew, 2009), and those who do so may have been under a fair amount of strain and eventually reached a point where that strain was intolerable (Agnew, 2009). Certainly, if former offenders were able to consider all the ramifications in a rational fashion, they would almost certainly not consider committing a criminal act at all (Agnew, 2009).

Past studies on GST (developmental, clinical, and counseling psychology, criminology and sociology specialties) revealed information regarding various strains that can result in crime; however, two issues strictly restrict the usefulness of these studies (Agnew, 2009; Aseltine, Gore, & Gordon, 2000; Barron, 2004; Broidy, 2001). First, the majority of tests of GST assess a small percentage of strain, as described by Agnew (2009). They also utilize existing datasets that are not gathered for the goal of examining GST (Aseltine et al., 2000). As a result, they lack primary measures of strain, especially certain kinds of negative treatment, such as social abuse and encounters with prejudice (Aseltine et al., 2000). Therefore, earlier research does not clarify whether these kinds of stress are associated with delinquency or not (Barron, 2004).

On the other hand, some GST tests have assessed the impacts of distinct cumulative strain on delinquency by using traumatic event measures (Broidy, 2001). For instance, past studies used 16- to 18-item measures that concentrated on life events, such as demise, illness, family financial issues, and changing schools or residence (Hoffmann

& Cerbone, 1999). In other circumstances, cumulative strain measure is a composite of many scales or items, including negative relationships with others, failure to attain educational and occupational objectives, and poor social outcomes, among others (Mazerolle & Maahs, 2000).

Another proposition of GST is that strain not only has direct effects on delinquency, it also has indirect effects on delinquency through negative affect. By positing this, GST proposes that negative emotions will mediate the strain-delinquency relationship. Negative emotions in GST include various inner-directed negative emotions (e.g., depression, fear) and outer-directed negative emotions (e.g., anger), with anger as the emotional reaction most critical to GST (Agnew, 2009). A central tenet of GST is that strain is cumulative (Agnew, 2009). Therefore, even a relatively mild strain, if prolonged, could cause a person to "snap" and engage in violent and/or criminal behavior as a result (Agnew, 2009). Furthermore, Agnew (1999) alleged that it is not the impact of a distinct strain that is vital; instead, what matters is the cumulative effect of all strains that a person encounters. Several studies have specifically tested GST; however, they have assessed forms of pressure associated with GST, as well (Agnew 2009; Aseltine et al., 2000; Barron, 2004; Broidy, 2001).

For example, one study reported that adolescent crime is strongly associated with criminal victimization, neglect and parental abuse, family problems, poor academic performance, excessive disciplinary methods, joblessness, and failure to attain economic objectives (Cernkovich, Giordano, & Rudolph, 2000). Although, GST does not adequately explain the verbal and physical actions associated with crime, it does consider

failure to attain educational and occupational objectives and the potentiality of negative influences by friends (Agnew, 2009). Such strains fall under Agnew's (1992) categorization, and they frequently appear at high levels in terms of degree and timeframe.

A further study on GST indicated that although various types of goal blockage can contribute to delinquency, failure to attain financial goals, independence, and "masculinity" objectives are of great significance (Agnew & Brezina, 1997). In addition the authors emphasized, though a variety of negative stimuli may lead to delinquency, physical and verbal assaults are significant. However in their study, Agnew and Brezina (1997) depicted ad hoc efforts to explain empirical findings or to integrate other theoretical and practical approaches into general strain theory.

Theoretical and empirical results, for instance, indicate that threats to an individual's status, especially masculinity, lead to crime in particular groups (Jang, 2007). Additionally, the cultural values that a particular individual adopts can have a great impact on whether that person is susceptible to general and/or cumulative strain (Jang, 2007). Although the focus of this study is on male ex-offenders, GST does not discriminate regarding gender and criminal activity (Agnew & Brezina, 1997). However, recent studies have examined how GST could describe gender disparities in criminal activities (Glaze & Kaeble, 2014; Jang, 2007; James, 2015). Self-esteem, social support, self-efficacy, and customs were likely to increase the positive impacts of adverse coping approaches on self-directed, nondeviant, or legitimate coping norms, while reducing the effects of deviant coping strategies is less in males (Jang, 2007).

James (2015) further suggested that the disparity between genders among offenders and reoffenders may be due to the fact that men are less effective at forming support mechanisms than women. This means that a male offender would be less likely to depend on others when attempting to reintegrate into society (James, 2015). Ultimately, it would seem that any individual who has been in prison would make major efforts not to return there, but the current high rates of recidivism suggest that this is not the case (Hamilton & Campbell, 2013).

In summary, GST provides an appropriate theoretical lens for this research study, through which to view the problem of criminogenic risk and recidivism rates. The problems that former male offenders face have not been examined with this perspective in mind thus far; however, it may appear that the stressors ex-offenders face during the reassimilation process could explain their frequent reoffending behavior (James, 2015). In order to meet the objectives of this study, it is important to identify if there is empirical evidence that reducing stressors helps former inmates avoid recidivism. Therefore, the current study will help forensic counselors and prison officials determine not only the dynamic risk and criminogenic need factors that affect recidivism among adult male ex-offenders, who have or have not received counseling services after release, but also which factors are present with high-risk for recidivism.

Forensic Counseling and CACREP

For the first half of the 20th century, the U.S. criminal justice system turned to psychiatrists for mental health expertise testimony (Packer, 2008). However, following a landmark case *Jenkins v. U.S.,* in 1962, forensic testimony from a psychologist permitted

as admissible testimony, established precedent in allowing for future psychologists with proper training in the field of diagnosing mental disorders testify (Packer, 2008). As a result, the justice system's need for psychological expertise outweighed the number of psychologists available to provide forensic services (Packer, 2008). Therefore, mental health authorities began developing their own training and certification programs in order to fill this gap. These programs were being made available to licensed mental health practitioners (counselors, criminologists, social workers, etc.), who are also considered experts in the field and who provide a wide range of legal testimony within the judicial system.

The most recent definition of forensic psychology, adopted by the Forensic Specialty Council (Arnold, 2016) is:

> The professional practice by psychologists within the areas of clinical psychology, counseling psychology, school psychology, or another specialty recognized by the American Psychological Association, when they are engaged as experts and represent themselves as such, in an activity primarily intended to provide professional psychological expertise to the judicial system. (p. 2).

The most recent definition of forensic counseling, adopted by the National Association of Forensic Counselors (NAFC: 2016) is:

> The NAFC was the first to establish postgraduate standards, guidelines, and professional responsibility to identify a competent workforce in the mental health, criminal justice, addictions and corrections professions

in the very specialized areas of forensic counseling and criminal justice

counseling and supervision (p. 13).

Specifically, forensic mental health practitioners work directly with the criminal

population on a multitude of issues ranging from the offenders weighing legal issues to

ensuing mental health and addictions issues (Heilbrun, 2001). As noted above, the NAFC

is the first accrediting organization to recognize the importance of training and

certification of mental health counselors as forensic counseling specialists and forensic

counseling supervisors. The NAFC offers clinical and non-clinical certifications under

the umbrella of forensic specializations, some of which include: clinically certified

forensic counselor, clinically certified forensic interviewer, certified criminal justice

specialist, and certified forensic interviewer (NAFC, 2016).

Currently, there are two primary forensic programs offered in community mental

health agencies for offenders: Jail Diversion Programs and Forensic Assertive

Community Treatment (Cuddeback et al., 2011; Cusack et al., 2010; Drane et al., 2005;

Steadman & Naples, 2005). These specific programs are not new to ex-offenders.

However, prison reentry programs have evolved due to the overwhelming demand for

supportive services because of the increased number of incarcerated people to date. These

changes have a significant impact on the level of training, knowledge and skills

professional counselors providing the case management and counseling supportive

services require when dealing with the forensic population. For example, counselors must

familiarize themselves with state and federal mandates for confidentiality and disclosure

of information while working with ex-offenders (American Counseling Association,

2014). Furthermore, a primary duty as a future counselor educator is my responsibility to familiarize my students about confidentiality and privileged information shared between counselors and their clients. However, in forensic counseling, many of these principles do not apply as they would in dealing with a non-criminal or ex-offender clientele. These types of practices require specialized training, added knowledge and specific skills that unfortunately, are not part of existing counseling accredited training programs.

Currently, the CACREP accredits counseling programs that may include an addiction counseling track specialization (CACREP, 2014). However, this may not specifically include specialization in working with individuals involved in the criminal justice system. Forensic and addictions counseling are not the same; treatments to address addictions are not similar to those addressing criminogenic thinking and behavior (Southern & Hilton, 2015). For instance, Sadoff, and Dattilio (2012), revealed the importance and benefits of adding a forensic counseling component to current mental health counselor education programs curriculum. Specifically, regarding supervision and consultation, Bourgeois et al. (2011), discovered the lack of supervision in forensic practice as it pertains to rehabilitation counselors. The researchers reveal that as the numbers of individuals with mental illness involved in the criminal justice system continues to rise, so too will the demands for counselors with diverse training in providing forensic counseling services (Barros-Bailey et al., 2009; Bourgeois et al., 2011).

Gaps in the Literature

Reduction of recidivism requires case-by-case analysis (Fitzgerald et al., 2012). There is no single, universally effective approach to rehabilitation; yet, the system currently applies the same approach for widely disparate cases (Brooks et al., 2012). This sweeping application could be due to scarce resources and to the stigmatization of former offenders (Brooks et al., 2012). Authorities do not consider ex-offenders to be appropriate recipients of scarce social services because most of them reoffend, which to law makers is reason enough that any such efforts would be wasted anyway (Brooks et al., 2012).

A number of studies have established the dynamic risk and criminogenic need factors that affect recidivism among ex-offenders (Beech & Craig, 2012; Brooks et al., 2012; Prince & Butters, 2013). Researchers have also highlighted particular factors associated with dynamic and criminogenic need factors, such as offender reentry and recidivism (Anstiss et al., 2011; James, 2015). Additionally, one study shows that antisocial cognition and criminal associations can lead to repeat criminality (Boduszek et al., 2012). However, there is a lack of research on the empirical effects of anti-recidivism policies (James, 2015). Researchers have not accurately measured whether there is a correlation, let alone a causal link, between rehabilitation and reintegration programs and recidivism rates (Hamilton et al., 2013; James, 2015).

In summary, Helen et al. (2012) found that 20th century policies were faultily offense-based, not considering the individual ex-offender. Furthermore, proposing that authorities anchor methodologies for curtailing recidivism on offenders' criminogenic

needs is advised (Brooks et al., 2012). However, existing studies have not focused on the dynamic risk and criminogenic need factors coupled with effective counseling treatment plans designed with ex-offenders risk factors in mind that may affect recidivism among adult male offenders. There is a lack of research on criminogenic risk factors identified by the LSI-R between adult male recidivists versus nonrecidivists. This study therefore, seeks to bridge the gap in the literature by exploring the risk levels identified by the LSI-R, counseling received or not, and recidivism rates.

Summary and Conclusion

Recidivism remains a major issue for the criminal justice system and society in general (Miller & Miller, 2015). There is little or no consensus on the best strategies to reduce recidivism (McMasters, 2015). Currently, the knowledge base on an ex-offenders' criminogenic needs and how they relate to recidivism is lacking; the findings of this study may help to broaden it (Brooks et al., 2012). The literature review revealed the need for more research on the impact of the rehabilitative justice programs during incarceration and the follow-up, supportive programs upon reentry on recidivism. To comprehend the efficacy of rehabilitative justice programs, researchers can adopt meta-analytic approaches (James et al., 2013). However, the existing literature has not addressed this gap in current understanding and researchers have not discussed the role of the community advocacy groups, in particular, to any significant extent.

There is perhaps little to study on this topic because the criminal justice system and the prison system are federal- and state-level mechanisms and the stakeholders at the local level view rehabilitation and reduction of recidivism as an issue for higher-level

authorities (Cullen, Jonson, & Nagin, 2011; Linhorst, Dirks-Linhorst, & Groom, 2012).

Therefore, this research may assist policy makers to expand resources that would enable

ex-offenders continued access to supportive services, such as essential mental health

counseling, access to affordable housing, and permanent employment opportunities for

combating factors that impact increased recidivism rates. For instance, as a critical

component for sustained successful reentry, forensic mental health counselors and

counselor educators may be able to identify and develop therapeutic and educational

programs specifically designed to work with ex-offenders identified as having higher-risk

for recidivism (Barros-Bailey et al., 2009; Bourgeois et al., 2011; Sadoff & Dattilio,

2012).

     In the following chapter, I will provide a discussion of the research methodology

and design I used in this study. In the chapter, I will also present an overview of the target

population, samples, and sampling technique employed as well as the instruments, data

collection, and data analysis procedures used. Finally, the chapter will end with a

discussion of the ethical considerations and a summary of the methodology followed.

Chapter 3: Research Methodology

Introduction

The purpose of this quantitative, nonexperimental, cross-sectional study was to identify ex-offenders' dynamic risk and criminogenic need factors, coupled with mental health counseling services (individual or group counseling) attended or not during the reentry process in relation to recidivism rates. Identifying the offenders' greatest criminogenic needs could allow reintegration specialists and community agencies to better prioritize resources for offenders at a higher risk of recidivism and may potentially affect the overall risk for recidivism (Crime and Justice Institute at Community Resources for Justice, 2009). Furthermore, this type of data may better assist forensic mental health professionals counseling inmates to identify specific barriers related to higher risk factors and assist with the coordination of services provided by community agencies upon reentry (see Anstiss et al., 2011; Barros-Bailey et al., 2009). Recidivism was the outcome variable in this study. The LSI-R survey and the Mental Health/Demographic Questionnaire are the assessment instruments I used in this study. In this chapter, I will present my research design and rationale, data collection and analysis plan, threats to validity, ethical procedures, my role as the researcher, and end with a summary of my methodology plan.

Research Design and Rationale

In this study, I used a quantitative method involving a comparative, nonexperimental design and employed a cross-sectional survey methodology. Quantitative methodologies are appropriate when the objective of the study is to measure

and analyze variables using statistical analysis to explain phenomena (Mustafa, 2011). As previously stated, in order to measure and statistically test the variables, I used survey questionnaires. The study variables are numerical or converted to a numerical form through the survey instrument. The relationship type between variables was correlational; in order to quantify the association between the variables, I used regression analysis to help determine whether a relationship exists.

In this study, I achieved an objective measure of the variables through the application of a quantitative method (see Babbie, 2012). A cross-sectional study, as opposed to a longitudinal study, was more appropriate for the study because the data collection involves survey questionnaires and will only happen during a single period (see Cozby, 2009). For this study, the goal in answering the RQs was not to determine changes over time; therefore, a cross-sectional design was more appropriate. Furthermore, a cross-sectional design was appropriate because in this study I focused on examining differences between groups of recidivists and nonrecidivists at one specific period in time. The RQs did not focus on comparing recidivism rates across different years. Each participant only underwent one session of data collection. Thus, differences between the responses of a participant in two or more periods were not relevant in this study.

Furthermore, this study was nonexperimental, as opposed to an experimental study, because it did not involve the manipulation of variables or the random assignment of participants (see Leedy & Ormrod, 2013). The RQs I developed for this study did not warrant the need for random assignment of participants into groups; random assignment

was not possible given the RQs and research design type. Moreover, the grouping

variable used in this study was the recidivism of participants, which was uncontrollable in

nature. This study involved the use of a quantitative research design as opposed to other

research designs because my focus was to investigate potential relationships and

differences between identified variables (see Bryman, 2012). Finally, this study was

comparative in nature because my goal was to compare groups, such as recidivist and

nonrecidivist groups, as well as reentered ex-offenders who have gone through

counseling and not.

In this study, my objectives were threefold. My first objective was to compare the

10 criminogenic risk factors identified by the LSI-R between adult male recidivists versus

nonrecidivists. My second objective was to compare the 10 criminogenic risk factors

identified by the LSI-R between the groups who have undergone counseling and who

have not undergone counseling. My third objective was to determine whether the

recidivism is different for reentered offenders who have undergone counseling and those

who have not. These results may potentially assist prison officials, reentry and

rehabilitation agencies, and forensic mental health professionals in identifying higher-risk

factors to recidivism.

Methodology

Population

The target population for this study included general population adult male

federal ex-offenders on probation/supervised release within the jurisdiction of the

Western District U.S. Probation office. The Western District U.S. Probation office

supervises ex-offenders residing within a nine city region of South Texas. The ex-offender participants ($N = 128$) included both ex-offenders who had not been reincarcerated since their release 2 years before this study and ex-offenders who recidivated prior to 2 years since their release from prison and have returned to the community. Ex-offenders on supervised release with the Western District U.S. Probation office in this study included adult males 18 years of age or older, from varied socioeconomic backgrounds and ethnicities. The reported ethnicities of these individuals included Caucasian, Mexican-American, African-American, Asian, Hawaiian/Pacific Islander, Native American, or mixed/other racial identity. Additionally, participants in this study were general population male federal ex-offenders. The term *general population* refers to both the absence of a violent criminal history and any type of severe mental health illness requiring hospitalization upon reentry.

Upon formal authorization from the Chief of the U.S. Probation Division, I gained access to the population of adult male ex-offenders through working with the deputy chief of the Western District U.S. Probation Office and supervisory U.S. probation officers responsible for the direct supervision of participants while on probation/supervised release from prison. Requesting permission to access this population of ex-offender participants required several levels of authorization and approval. I did not receive any special consideration or special access to conduct this research with the ex-offender participants because of being a U.S. federal officer.

I used G*Power v3.1.7 to determine the number of participants for this study. According to the result of the G*Power analysis, the minimum necessary sample size of

at least 128 participants was required. Specifically, two sample sizes consisting of 64

recidivists and 64 nonrecidivists were ideal for this study, yielding 128 participants in

total. Furthermore, over 384 adult male federal ex-offenders on probation/supervised

release within the South Texas region received an Invitational Letter from me to

participate in the study, determining that at least 128 total participants had the

opportunity to complete the survey questionnaires, by assuring a response rate of at least

30%.

Procedures for Recruitment, Participation, and Data Collection

Prior to any preliminary contact with potential participants, I received Walden

University Institutional Review Board (IRB) approval and permission to conduct research

(IRB approval #12-29-16-0316111) that ensured that data collection conducted through

this study followed and adhered to the Walden University's IRB ethical standards.

Following the notification of IRB approval, administrators for the U.S. Department of

Justice Probation Division received a letter from me requesting permission to collaborate

and support conducting this research study. Upon approval from the U.S. Probation

Division chief, a meeting with the deputy chief of the Western District U.S. Probation

Office took place where we discussed the logistics of recruitment and data collection

processes. During the meeting, the deputy chief shared policies pertaining to ethical

standards, including confidentiality and the importance of maintaining the anonymity of

the participants. Additionally, the deputy chief assigned supervisory probation officers to

assist me with the handing-out of flyers. Access to the information shared is public

knowledge. However, for the purpose of this study, information remained confidential

and purposely withheld from me concerning participants. Furthermore, the Invitation Letter and Implied Informed Consent for Participation Forms both clearly stated that the responses in the survey will not negatively affect the participants in any manner.

The distribution of 384 initial Invitation Letters (see Appendix A for Initial Invitation Letter) at the U.S. Probation Office locations established the start of recruitment for this study. By disseminating this letter, I formally invited all interested participants to inquire about the study and ask any questions prior to receiving an Implied Informed Consent Form. The Implied Informed Consent Form provided background information regarding the study, a description of the study questionnaires, the purpose of the study, the directions for completion in the study, the participant inclusion criteria, a statement concerning anonymity and voluntary participation, the risks associated with participation, the website location for research results, and my contact information. If participants had further questions about the procedures involved in the study, I made available many opportunities for inquiries prior to deciding whether to participate. Participants understood that they could opt to participate or not participate in the study at any time throughout the process. Participants who decided to participate in the study kept a copy of the Implied Informed Consent Form for their records. Only the participants who agreed to the information provided on the informed consent form participated in the study and received the paper forms of the survey questionnaires for completion.

I provided the participants in this study with four documents in total. The first document was the Initial Invitation Letter (see Appendix A), and the second document was the Implied Informed Consent for Participation Form. Upon agreement with the

Implied Informed Consent, I used the remaining two assessment documents with the participant for data collection purposes: the LSI-R Survey Questionnaire (see Appendix B), and the Mental Health/Demographic Survey Questionnaire (see Appendix C). In order to stay organized, I created a time and schedule plan for the administration of the LSI-R survey assessment and the Mental Health/Demographic Survey Questionnaire within the 4-week period of data collection. Specifically, I administered 128 LSI-R survey assessments and 128 Mental Health/Demographic Survey Questionnaire forms during the 4-week schedule, as planned.

Following the completion of the LSI-R assessment, participants also completed the Mental Health/Demographic Survey Questionnaire. Although I was available to provide and receive information in person, I provided an envelope to allow participants to return both documents anonymously and confidentially if they chose to complete it later that week. A secured drop-box located in the administrator's office where the participants could submit their envelopes was available. However, it was not necessary, since all 128 participants agreed to complete both assessments in person. Since I collected the data within the original planned 4-week period, there was no need for a second round of participant recruitment and data collection period. I recorded the data collected through both the survey questionnaires in a password-protected file on my personal computer that remained in my possession at all times throughout the study. In addition, I will be maintaining the hard copy survey assessment documents, as required for the purpose of this research study, as previously agreed.

Sampling and Sampling Procedures

Administrators of the U.S. Western Division Probation Services identified prospective samples for use in this study. As a result, a sample of 384 male federal ex-offenders within the area of the South Texas region received the Initial Invitation Letter (reflected in Appendix B) during required weekly visits to the probation office as to whether they are interested in participating in the study. I used a convenience sampling technique, which helped enable the gathering of prospective participants in the study. The convenience sampling technique is a nonprobability sampling method wherein prospective participants gain selection based on their willingness and availability to participate in the study (Leedy & Ormrod, 2013).

From the prospective participants invited to participate in the study, only those who agreed to the terms of the Implied Informed Consent Form and who were available during the collection period for survey completion participated in the study. I used a priori power analysis to help determine a sufficient number of samples for this study. I considered a number of factors in order to conduct the power analysis, including the effect size, significance level, type of analysis, and power of the analysis. As previously stated, according to the result of the G*Power analysis, 128 participants were required for this study.

The effect size will measure the strength of the relationships between variables (Cohen, 1988). A medium effect size (Cohen's $d = 0.5$ for the independent samples t test) will ensure that this study's analysis is not too strict or too lenient in identifying significant relationships. The significance level involves the confidence that the statistical result has 95% likelihood to be true (Cozby, 2009). The alpha level for this study was set

at .05 because this is the standard used in statistical analysis (Cozby, 2009). The analysis

considered in this study will be an ANOVA with three independent groups. Based on

G*Power analysis set at .80, at least 128 participants (ideally, 64 from the recidivist

group and 64 from the nonrecidivist group) should compose the samples for the study.

Thus, at least 384 adult male federal ex-offenders were invited to participate in the study

ensuring that at least 128 participants completed the survey questionnaire based on a

response rate of at least 30%.

Instrumentation and Operationalization of Constructs

The data sources that this research explored exclusively entailed the use of survey

questionnaires, the LSI-R and the Mental Health/Demographic Survey Questionnaire.

The data collected through the survey questionnaires consisted of closed-ended questions.

The LSI-R survey questionnaire is a risk/needs assessment tool used in correctional

settings (Chenane et al., 2014). The LSI-R is a 54-item instrument that involves

dichotomous questions answered with a value of 0-no or 1-yes. In addition, there are

required responses of 0 to 3 rating format, based on the following scale (3) A satisfactory

situation with no need for improvement, (2) A relatively satisfactory situation with some

room for improvement, (1) A relatively unsatisfactory situation with a need for

improvement, and (0) A very unsatisfactory situation with a very strong need for

improvement. Higher scores represent higher levels of criminogenic risk factors and

ultimately, higher risk towards recidivism.

The LSI-R was ideal for this study because its 10 domains represent key

criminogenic risk factors, including criminal history, education/employment, financial,

family/marital, accommodation, leisure/recreation, companions, alcohol/drug problems, emotional/personal factors, and attitudes/orientation (Guastaferro, 2011). The LSI-R *user's manual* (Andrews & Bonta, 2001), provides the details on the reliability and validity of the assessment. The first is interrater reliability, demonstrated by a study where absolute differences between rates were always five or less for total LSI-R scores. The second is test-retest reliability, which is consistent over the short term, because many items are dynamic, it is reasonable to expect that LSI-R scores will change to a degree over the course of time (Andrews & Bonta, 2001). Specifically, the test-retest reliability statistics for the LSI-R ranges from $r = .87$ (after 6 months) to $r = .99$ (within 1 month) of retesting (Andrews & Bonta, 1982; Andrews & Robinson, 1984). Next is internal consistency reliability, this is for utilization with studies showing mid-to-moderate statistically significant positive correlations. The manual addresses face validity, because the LSI-R items were based on practitioner input, construct validity, shown by LSI-R scores' relationship to rule violations, relative validity, due to its higher level of prediction than compared measures, and discriminant validity, with a low false-negative rate (Andrews & Bonta, 2001). According to authors Andrews and Bonta (2001), two groups of data comprise the normative samples of the LSI-R assessment: inmates and community ex-offenders. The inmate norms established came from a sample of 19,481 inmates from seven Department of Corrections throughout the United States. The community ex-offender sample consists of 4,240 probationers from seven samples in four states in the U.S.

The second survey in this study, is the Mental Health/Demographic Survey Questionnaire, which is comprised of multiple-choice questions related to the types of counseling received (i.e., Individual, AA/NA Support Groups, Marriage & Family-Child Protective Services for minor children). The survey questionnaire also inquired the number of and duration of counseling sessions attended, and whether counseling was voluntary or mandated by the courts. In addition, the Mental Health/Demographic Survey Questionnaire was used to identify and ask the participant questions regarding their past counseling or lack of counseling experience and whether they had been to prison/jail before (recidivist) or first time being released from prison/jail (nonrecidivist) status.

For this study, ensuring that the study took place within a fixed period of 4 weeks with the ex-offender population in the various U.S. Probation Offices throughout the South Texas region, helped control threats to face validity. Hence, conducting the data collection in a timely manner ensured that the data gathered were relevant in providing valid conclusions. In addition, I contacted the copyright distributors, Multi-Health Systems, Inc. (MHS, Inc.) of the LSI-R instrument, and gained permission to use this assessment tool with prospective participants, with the purchase of the complete LSI-R test kit, which included the user's manual, interview guides, Quikscore forms, and necessary profile sheets.

Operationalization of Variables

Recidivism was the outcome variable in this study. A higher score for each of the 10 criminogenic factors on the LSI-R indicate higher risk for recidivism. Results are continuous and based on the scores of the LSI-R assessment ranging from 0–54, the

lower the score-the less-risk for recidivism (Andrews & Bonta, 2001). An example

question on the LSI-R is: Have you had any adult convictions? As a result, the analyst

would add one point to the possible 54 total points if the participant were to answer, yes

(Andrews & Bonta, 1982).

The Mental Health/Demographic Questionnaire is a yes/no/multiple choice-type

assessment. Results of the questionnaire place the participants in counseling-received

(eight or more sessions) or counseling-not received (less than eight sessions) groups.

With the use of both assessments, I was able to collect data from a sample of recidivists

and nonrecidivists male ex-offenders. The participants composing the recidivist group

came from a population of male ex-offenders who returned to prison before the end of 2

years from their initial release and the nonrecidivist group came from a population of

adult male federal ex-offenders who have not returned to prison since their initial release

more than 2 years ago. To protect the confidentiality of the participants who are adult

male offenders, the survey questionnaires did not include any personal identifying

information; therefore, the participants remained anonymous throughout the study.

Data Analysis Plan

I entered data gathered from the responses of participants in the paper survey into

SPSS v23.0 to prepare for data analysis. The study required analyses of the demographic

characteristics of participants using descriptive statistics, such as frequencies and

percentages for categorical variables and measures of central tendencies for continuous

variables. Specifically, the demographic questionnaire included questions regarding

counseling, the type of counseling, and the amount of counseling sessions participants

attended. I planned to calculate each participant's scores for the 10 domains of criminogenic risk factors of the LSI-R and report the mean, standard deviation, and range values of the constructs. The LSI-R is available in two formats; paper-and-pencil and software form. The paper-and-pencil utilizes a Quikscore form, which allows for the easy transfer of the possible points to the scoring grid for a total risk factor score. The Quikscore format is the method of choice for the analyses process of this study.

To answer the study's first RQ, I planned to conduct an independent samples *t* test to determine whether statistically significant differences exist between recidivist and nonrecidivist male offenders with regard to their total scores for the 10 criminogenic risk factors of the LSI-R. An alpha level of .05 was set to determine statistically significant differences. To address the second RQ of the study, I also planned to conduct an independent samples *t* test to determine whether statistically significant differences exist between reentered male offenders who have undergone counseling or not with regard to their total scores for the 10 criminogenic risk factors of the LSI-R (Prince & Butters, 2013). A post hoc analysis was included in the plan based on the results of the study. If a significant difference exists, the next step in the analysis was to look at the group of participants who have undergone counseling based on the type of counseling and the amount of counseling sessions attended by using an ANOVA. To address the third RQ, I planned to conduct a chi-square test to determine whether statistically significant differences exist between male offenders who have gone through counseling and not based on whether they became a recidivist or nonrecidivist ex-offender. Throughout the entire analyses, I utilized a .05 alpha level.

Research Questions/Hypotheses

This quantitative comparative research answered the following RQ's and tested the following hypotheses:

RQ1: Is there a statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R?

$H_0 1$: There is no statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R.

$H_a 1$: There is a statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R.

RQ2: Is there a statistically significant difference in the scores for the 10 criminogenic risk factors of the LSI-R between male ex-offenders who have undergone counseling and male ex-offenders who did not undergo counseling upon reentry?

$H_0 2$: There is no statistically significant difference between scores for the 10 criminogenic risk factors of the LSI-R in male ex-offenders who have undergone counseling and male ex-offenders who did not undergo counseling upon reentry.

$H_a 2$: There is a statistically significant difference between scores for the 10 criminogenic risk factors of the LSI-R in male ex-offenders who have

undergone counseling and male ex-offenders who did not undergo

counseling upon reentry.

RQ3: Is there a relationship between male ex-offenders who have undergone

counseling or not during reentry and recidivism rates?

$H_0$3: There is no statistically significant relationship between ex-offenders

participation in counseling during reentry and recidivism rates.

H_a3: There is a statistically significant relationship between ex-offenders

participation in counseling during reentry and recidivism rates.

Threats to Validity

Validity is an important factor in research because it determines how the findings

of the study lead to valuable conclusions. The study's research methodology will

determine its validity. Nonetheless, the validity of an instrument is the extent to which it

correctly measures the constructs that it purports to assess (Andrews & Bonta, 2001). As

previously mentioned, for the purpose of this study, I controlled the internal threats to

validity of maturation by ensuring that the study took place within a fixed period of 4

weeks. The conducting of the study in a timely manner ensured that the data gathered

were relevant in providing valid conclusions. Validity is also dependent on the survey

instrument that the study employs. In line with this facet of validity, a validated survey,

the LSI-R, facilitated the collection of data to measure the variables of criminal history,

education/employment, financial, family/marital, accommodation, leisure/recreation,

companions, alcohol/drug problems, emotional/personal factors, and attitudes/orientation

(Guastaferro, 2011). To say that a survey instrument is valid rests upon the weight of

accumulated evidence from a number of validity studies using various methodologies (Campbell & Fiske, 1959). Establishing the validity of the LSI-R survey was possible through a large number of research studies and with the use of a number of different techniques (Andrews & Bonta, 2001).

According to Chenane et al. (2014), the LSI-R has an internal consistency score of .70 to .90. It is not a psychometric necessity that the component parts of an inventory intercorrelate to a statistically significant degree. However, there is strong evidence from other studies that the many predictors of recidivism are at least mildly intercorrelated (Andrews & Bonta, 2001; Andrews, Kiessling, Mickus, & Robinson, 1986; Prince & Butters, 2013). Convergent validity also indicated that the items in the questionnaire were able to measure the 10 constructs this study considers. Internal consistency values for the LSI-R subcomponents were calculated for the domains of Criminal History (α = .64 - .84), Education/Employment (α = .56 - .81), Financial (α = .46 - .75), Family/Marital (α = .52 - .74), Accommodation (α = .06 - .78), Leisure/Recreation (α = .35 - .74), Companions (α = .45 - .78), Alcohol/Drug Problem (α = .68 - .86), Emotional/Personal (α = .38 - .74), and Attitudes/Orientation (α = .45 - .76), based on previous studies (Andrews & Bonta, 2001; Andrews et al., 1983; Andrews et al., 1986; Bonta & Motiuk, 1985; 1990).

For this study, assuring and maintaining the confidentiality and anonymity of participants encouraged participants to respond to the survey questionnaire items honestly. The convergent validity of the LSI-R, achieved by authors, Andrews, Kiessling, Mickus, and Robinson (1986), is evident through research by analyzing the relationship

between the various subcomponents of the LSI-R and alternative measures of the same construct. Moreover, the statistical tests for the reliability and validity of the survey questionnaire strengthened the validity of the survey items. Tests for assumptions, such as normality tests, helped control the threats to this study's statistical validity.

Ethical Procedures

Prior to beginning data collection processes, this research study received Walden University's IRB approval # 12-29-16-0316111. Any information shared by the U.S. Department of Justice Western Division Probation Office regarding participants in this study is public record. However, after meetings with U.S. Probation staff, it was determined that sharing of information was not necessary and that data collection was anonymous and confidential. Furthermore, the information provided by U.S. probation officers throughout the data collection process did not include participant personal identifying information or access to any database records.

This study employed a survey method, considering humans as participants. Therefore, it is important to consider ethical procedures to ensure the anonymity and confidentiality of participants. Participants' confidentiality remained protected with an implied informed consent form. The implied informed consent form included a brief background of the study, its purpose, the role of participants, and the conditions of the study in terms of data safekeeping. Additionally, the Implied Informed Consent Form notified the participants that they could have withdrawn from the study at any time without reprisal or loss of benefit or penalty. The Implied Informed Consent Form included my website domain, where interested stakeholders could read the finding of this

research study within 90 days after completion. Furthermore, the informed consent makes note of the possibility of the publication of the results in academic journals and for possible use in future studies. However, there would be no identifiable information from the participants and all data would remain confidential and anonymous indefinitely.

Each participant received an Implied Informed Consent Form prior to receiving the survey questionnaires. The agreement on the Implied Informed Consent Form determined whether the participant was included as a sample in the study. To ensure anonymity of participants, there were no identifiable information such as name, address, or ID numbers collected in the study. Only aggregate data will appear in future published papers. Furthermore, only aggregate data will appear in any future studies, if applicable.

The data collected in this study remained secure in a password-protected computer and personally kept safely guarded. Paper survey results I administered during data collection remained with me and did not contain identifiable information. I plan to store all surveys and documentation for the current study for 5 years after the completion of this study. I will delete and discard all information, documents, and files after the 5 year retention period. Only aggregate and statistical data from the study will be available upon request. Additionally, there was no foreseen likelihood of adverse events triggered by the participation in this study or by the use of the surveys for participants.

Role of the Researcher

As the researcher, I personally contacted the administrators of the U.S. Department of Justice, Western Division Probation Office in the South Texas region to ask permission to conduct research with ex-offenders on supervised release in their

jurisdiction as prospective participants. In addition, I gained permission to use the LSI-R as the primary assessment survey tool, by purchasing the copyright materials from the authorized distributor, MHS, Inc. Upon gaining approval from the Walden University IRB to conduct this research study, several meetings were attended at the Western Division Probation Office to review the standard operating procedures required to begin conducting this research project with the ex-offenders. Ex-offender information obtained and used in this study remained anonymous and confidential. Participants who received and agreed to the Invitation/Implied Informed Consent for Participation Form, had the LSI-R survey assessment and Mental Health/Demographic Questionnaire survey assessment administered; however, all personal identifiable information were omitted from the results.

I distributed the Invitation Letter and the Implied Informed Consent Forms to prospective participants inviting them to participate in the study, by face-to-face interaction during the participants' weekly probation office visit. Before moving forward, I ensured each ex-offender in this study received, understood, and fully agreed to the terms of the Implied Informed Consent Form prior to participation. Furthermore, it was my responsibility as researcher: to have provided clear and understandable instructions on the procedures of the study, to answer all inquiries, to clarify any concerns throughout the course of the study, and to ensure no conflict of interest existed. I also input the data gathered from survey responses and results from the LSI-R and Mental Health/Demographic Questionnaire surveys. Additionally, I ensured any document received throughout this study did not include personally identifiable information.

Finally, I conducted the statistical analysis and analyzed the results to draw conclusions, based on the information in the LSI-R *User's Manual* regarding reliability and validity of instrumentation to answer research questions.

Summary

The purpose of this quantitative, nonexperimental, cross-sectional study was to identify ex-offenders' dynamic risk and criminogenic need factors, coupled with mental health counseling services (individual or group counseling) attended or not during the reentry process in relation to recidivism rates. The target participants of this study included general population adult male federal ex-offenders currently on probation within the South Texas region. At least 128 participants ($N = 128$) were necessary to ensure that statistical tests for this study are valid.

A survey method measured the variables of the 10 criminogenic risk factors identified by the LSI-R, a risk/needs assessment tool used in correctional settings (Chenane et al., 2014). The second survey, the Mental Health /Demographics Questionnaire was utilized to collect additional information regarding counseling received or not during reentry and additional demographic characteristics of participants. I analyzed the responses in the survey to determine whether there were significant differences in terms of the 10 domains of criminogenic risk factors between the groups of recidivists and nonrecidivists, as well as the counseling or non-counseling groups. Descriptive statistics, independent samples *t* test, ANOVA, and chi-square analyses will help facilitate testing of the hypotheses posed in this study. Throughout the entire analyses, I utilized a .05 alpha level.

In summary, this chapter contained a description of the methodology proposed for this quantitative study on the impact of the criminogenic needs and risk factors identified on the LSI-R assessment, the type of and duration of counseling received or not and recidivism. This chapter also contained information on the participants, research design and rationale, threats to validity, my role as the researcher, the ethical protection of participants, data collection, and data analysis plan. The next chapter will include a detailed presentation of the completed data collection and data analysis process.

Chapter 4: Results

Background

The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the outcome variable of recidivism by identifying an ex-offender's dynamic risk and criminogenic need factors using the LSI-R, coupled with or without mental health counseling services during the reentry process in relation to recidivism rates. In this chapter, I will cover the data collection process steps completed, illustrating my adherence to the approved research methodology plan previously presented in Chapter 3. I will also present the results of my research study in this chapter.

The sample population consisted of 128 adult male federal ex-offenders on probation/supervised release within the South Texas region of the Western District U.S. Probation office. Once I completed data collection and prior to presenting the results of the analytical techniques used in this dissertation, I determined whether parametric or nonparametric statistical testing was required. Therefore, a change from the proposed data analysis procedures presented in Chapter 3 was required. By using descriptive statistics, I determined that the variables were not normally distributed and accordingly, I used nonparametric statistics instead. This change resulted in the use of different statistical tests. Specifically, in order to answer the RQs, I used a series of Mann-Whitney U tests.

Data Collection

The period of data collection that I previously presented in Chapter 3 resulted in a good plan for the successful completion within the 4 weeks of recruitment and data

collection through the administration of the survey assessments. Participants were present in the facility throughout the day and availed themselves for participation in the study. Appointments were necessary to ensure ample time afforded for each participant to answer questions on the surveys. An average of approximately 15 minutes was necessary to complete both surveys with each participant. During the 4-week period of my office visits, I was available from 10am to 3pm on Tuesdays and Thursdays and completed three to four assessments each hour. A small private office was available for confidentially administering these assessments. By the end of the data collection period, all 128 LSI-R assessments and Mental Health/Demographic Questionnaires were completed, and there was no need for further data collection.

Description of the Sample

More than half of the sample participants of this study were recidivists 53.1% (n = 68), while 46.9% (n = 60) were nonrecidivists. This indicated that the recidivism rate is quite large and that more than half of ex-offenders in this sample tended to reoffend within 2 years of their release. When the respondents were asked whether they attended counseling services, 67% (n = 86) responded in the affirmative, while the rest said that they did not receive counseling 33% (n = 42).

The Mental Health Demographic Questionnaire included a question for those participants who checked "none" regarding the attendance of counseling sessions. Those who responded with "none" provided their reasons behind not attending counseling services. There were opportunities on the questionnaire to check more than one response, although most respondents only checked one box, several participants responded with

multiple reasons. Table 1 illustrates the aggregated responses received and compiled from the questionnaire. The top three reasons that the participants cited for not participating in counseling services included: no funds (33%), no transportation (26%), and homelessness (20%).

Table 1

Participant Responses for Reasons Behind Nonparticipation in Counseling Services

Reason for Not Attending Counseling	Number of Responses	Percent (%)
No Funds	23	33
No Transportation	18	26
Homelessness	14	20
Conflict with Job	11	16
Negative Stigma	4	5
Total	70	100

Analysis Procedures

I used descriptive statistics to analyze the participant scores on the LSI-R, and it demonstrated that those who did not attend counseling (no counseling; $n = 42$) sessions had moderately high risk to reoffend ($M = 32.85$, $SD = 16.58$). While those who attended counseling sessions ($n = 86$) had a lower mean LSI-R score ($M = 27.10$, $SD = 10.28$) and were classified as having a moderate risk to reoffend. Table 2 shows the mean scores for

the recidivist (*n* = 68) group and nonrecidivist (*n* = 60) group, while Figures 1 and 2

show the histograms of the LSI-R scores for the participants who attended and did not

attend counseling services.

Table 2

Mean LSI-R Scores Based on Attendance to Counseling Sessions

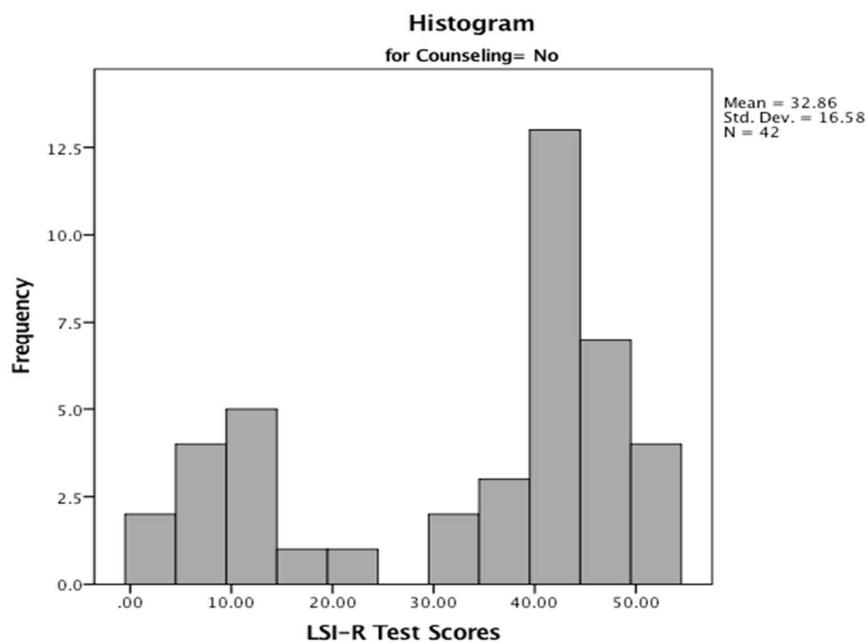| Group	*N*	Minimum	Maximum	*M*	*SD*
Did Not Attend Counseling					
LSI-R Test Result	42	2	53	32.8571	16.58029
Attended Counseling					
LSI-R Test Result	86	8	50	27.1047	10.27736

Figure 1. Histogram of the LSI-R test scores for the ex-offenders who did not attend mental health services.
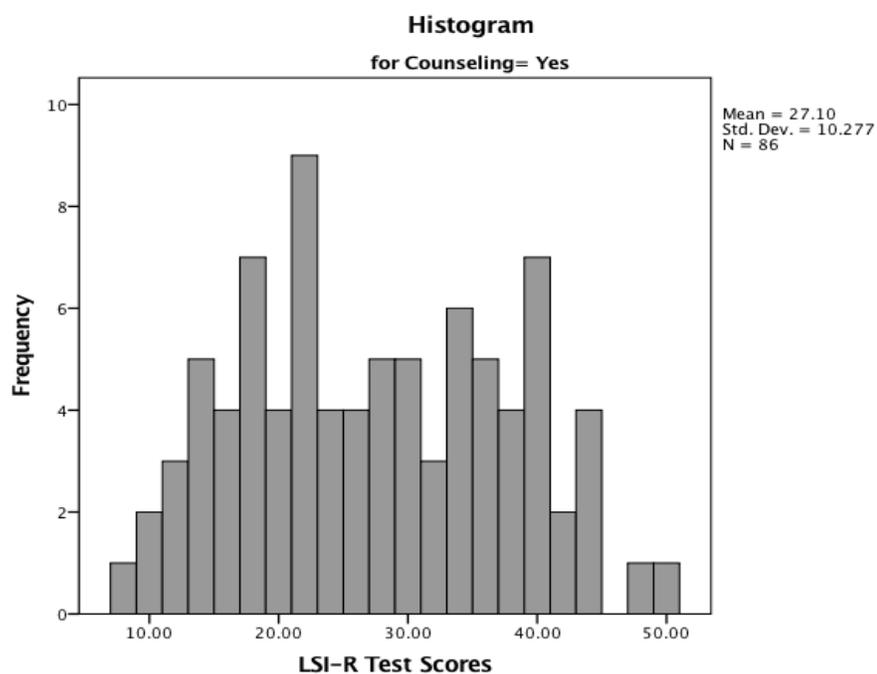

Figure 2. Histogram of the LSI-R test scores for the ex-offenders who attended mental health services.

Level of Service Inventory-Revised (LSI-R) Subcomponent Risk Factor Results

I used descriptive statistics to report measures of central tendency for the 10 subcomponents that comprise the LSI-R survey instrument. Through my analysis, I was able to identify specific areas of concern regarding high risk factors towards recidivism. Included in the LSI-R are the following 10 subcomponent sections, which add up to 54 possible risk factor points. They include criminal history (10 possible points), education/employment (10 possible points), financial (2 possible points), family/marital (4 possible points), accommodation (3 possible points), leisure/recreation (2 possible points), companions (5 possible points), alcohol/drug problem (9 possible points), emotional/personal (5 possible points), and attitudes/orientation (4 possible points).

The following values presented are first the recidivist group followed by the nonrecidivist group. The recidivist group had higher mean scores for the LSI-R subcomponents (risk factors) of education and employment ($M = 9.03$; $M = 3.61$), financial ($M = 1.93$; $M = 1.84$), family and marital ($M = 3.00$; $M = 2.84$), accommodation ($M = 2.69$; $M = 2.44$), companions ($M = 4.08$; $M = 3.08$), and alcohol/drug problem ($M = 7.46$; $M = 6.10$). On the other hand, the nonrecidivist group had higher mean scores for the following subcomponents: leisure and recreation ($M = 1.65$; $M = 1.67$), emotional and personal ($M = 3.61$; $M = 3.72$), and attitudes/orientation ($M = 1.93$; $M = 2.42$). For the criminal history subcomponent, questions that inquired about prior adult convictions or prior escape history from a correctional facility did not apply to the nonrecidivists. As these questions did not apply, participants in the nonrecidivist group reported 0 points in this subcomponent section. Hence, there was no data for the nonrecidivists for the

criminal history subcomponent. Similarly, the nonrecidivist group had few applicable

responses that added points in the leisure/recreation subcomponent as well. Table 3

reports the measures of central tendency for the LSI-R survey instrument subcomponents

for the recidivist and nonrecidivist groups while Figures 3 through 11 illustrate the mean

comparisons between the recidivist and nonrecidivist groups for the 10 subcomponents of

the LSI-R survey instrument.

Table 3

Descriptive Statistics for the LSI-R Subcomponents for the Sample Participants by Group

	Recidivist			Nonrecidivist		
Subcomponent (Possible pts.)	*N*	*M*	*SD*	*N*	*M*	*SD*
Criminal History (10 pts.)	68	7.29	1.31	0		
Education/Employment (10 pts.)	67	9.03	1.56	36	3.61	1.68
Financial (2 pts.)	57	1.93	0.26	25	1.84	0.37
Family/Marital (4 pts.)	54	3.00	1.08	43	2.84	1.04
Accommodation (3 pts.)	65	2.69	0.64	41	2.44	0.71
Leisure/Recreation (2 pts.)	26	1.65	0.49	3	1.67	0.58
Companions (5 pts.)	64	4.08	1.15	37	3.08	1.34
Alcohol/Drug Problem (9 pts.)	68	7.46	1.43	49	6.10	2.60
Emotional/Personal (5 pts.)	61	3.61	1.53	46	3.72	1.41
Attitudes/Orientation (4 pts.)	45	1.93	0.86	24	2.42	1.14
Valid *N* (listwise)	18			0		

Figure 3. Histogram of the ex-offenders' scores for the education and employment subcomponent of the LSI-R.
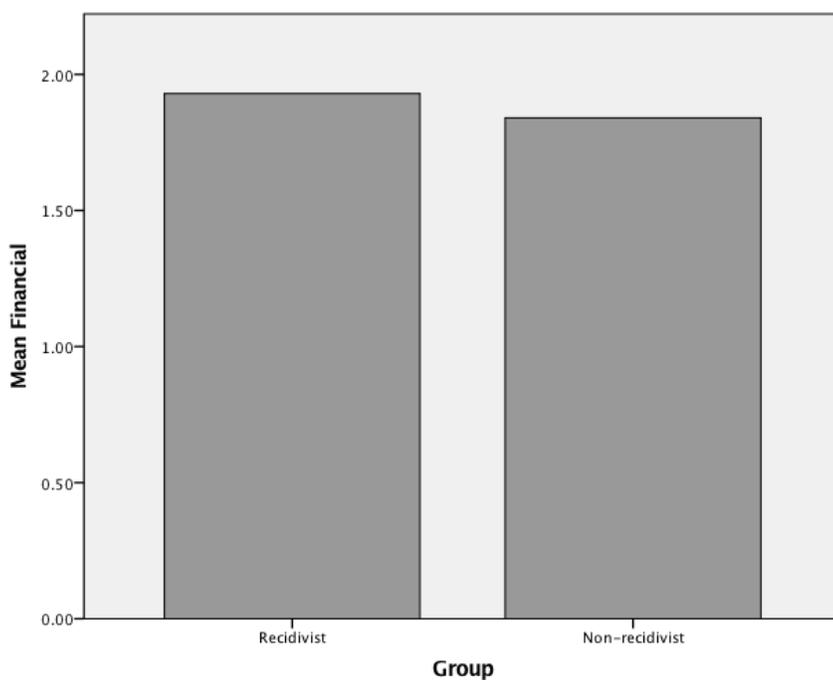
Figure 4. Histogram of the ex-offenders' scores for the financial subcomponent of the LSI-R.
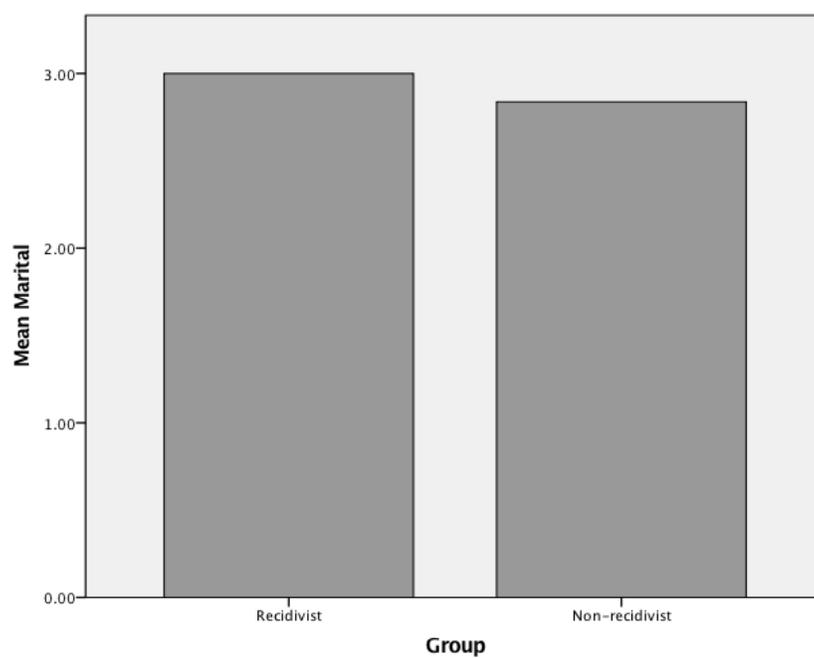
Figure 5. Histogram of the ex-offenders' scores for the marital subcomponent of the LSI-R.
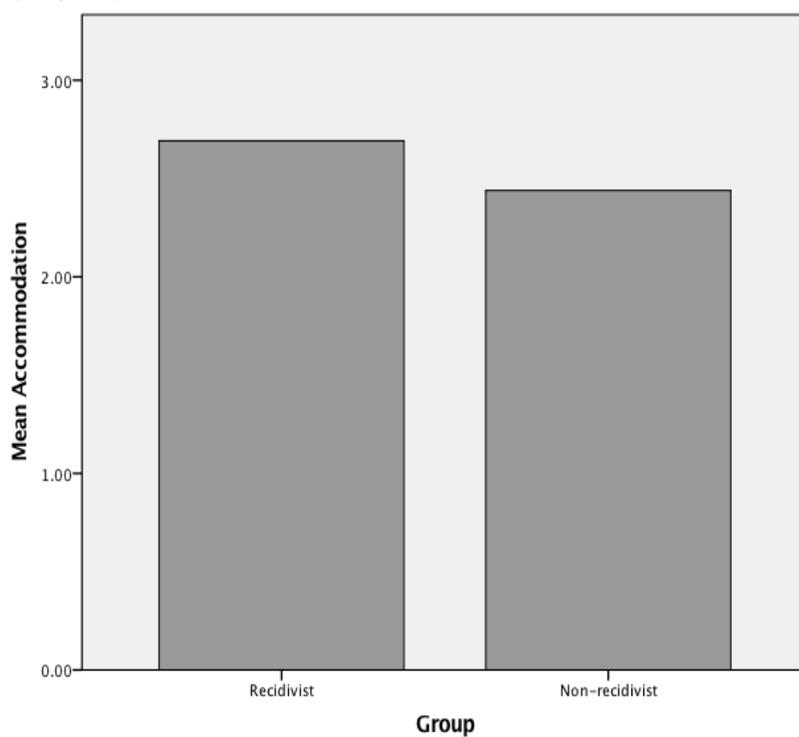
Figure 6. Histogram of the ex-offenders' scores for the accommodation subcomponent of the LSI-R.
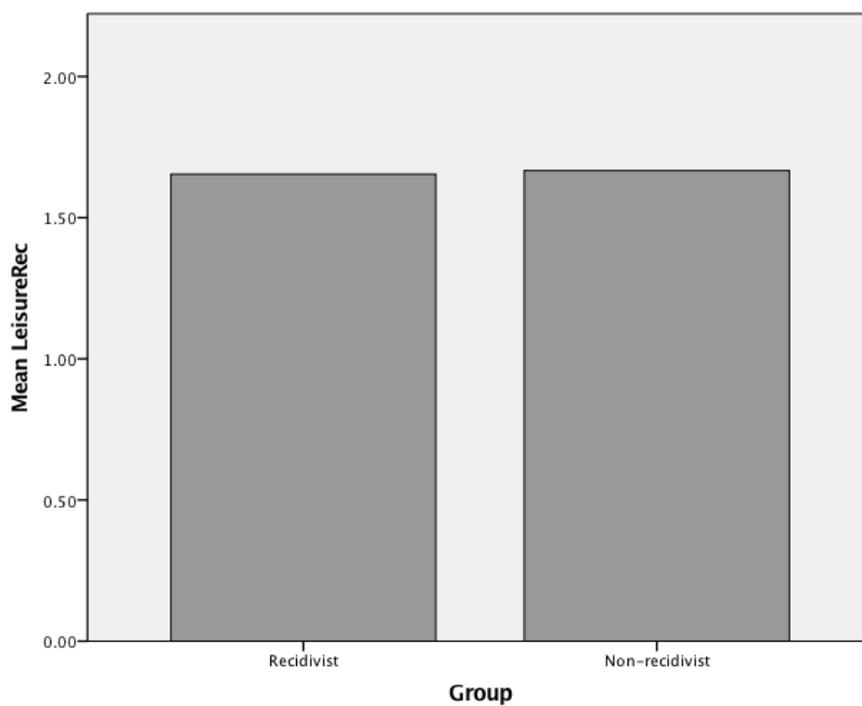
Figure 7. Histogram of the ex-offenders' scores for the leisure and recreation subcomponent of the LSI-R.
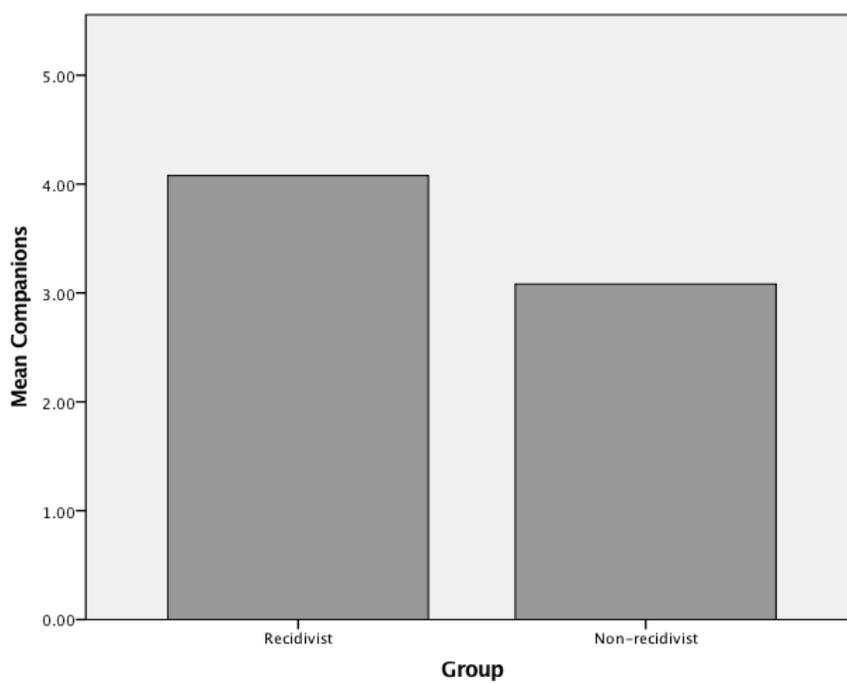
Figure 8. Histogram of the ex-offenders' scores for the companions subcomponent of the LSI-R.
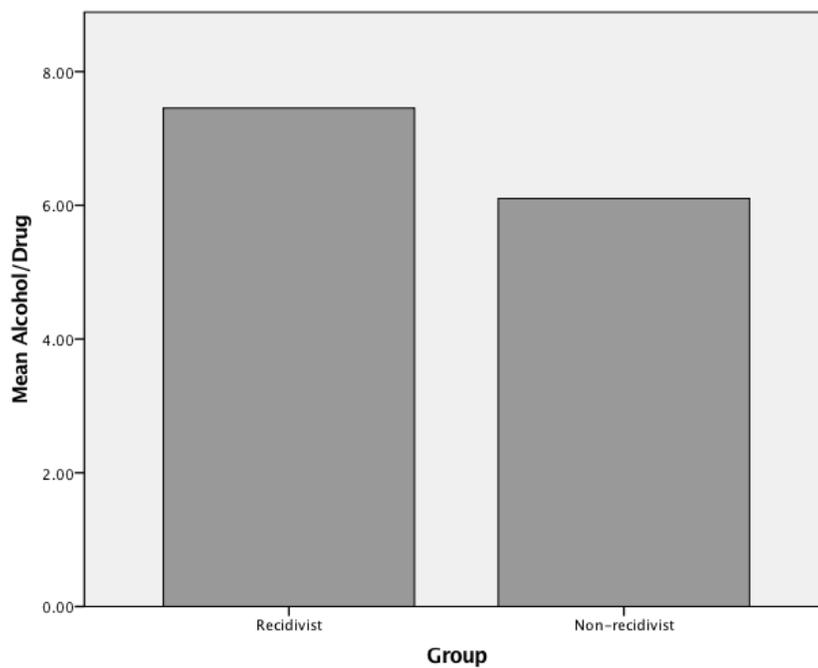
Figure 9. Histogram of the ex-offenders' scores for the alcohol and drug subcomponent of the LSI-R.
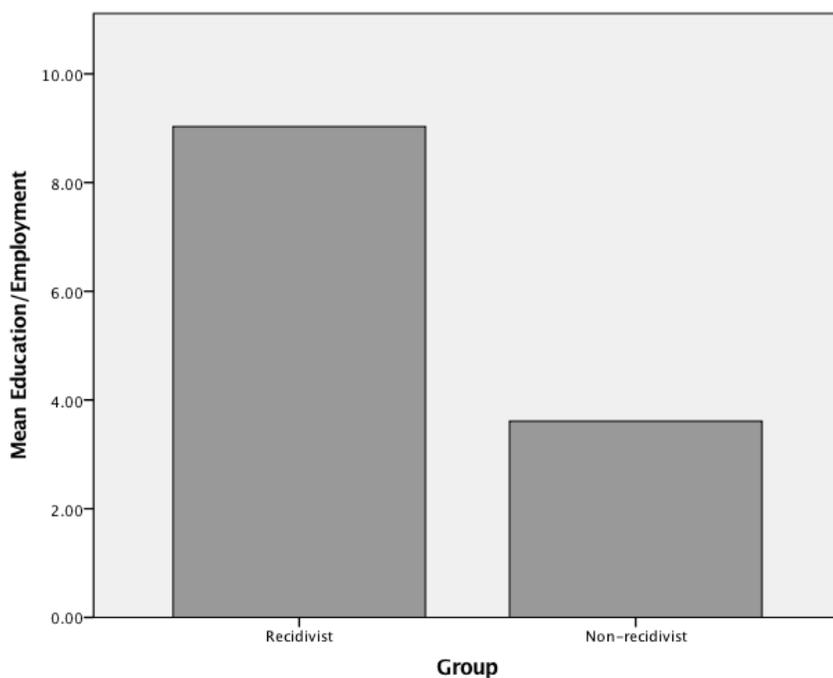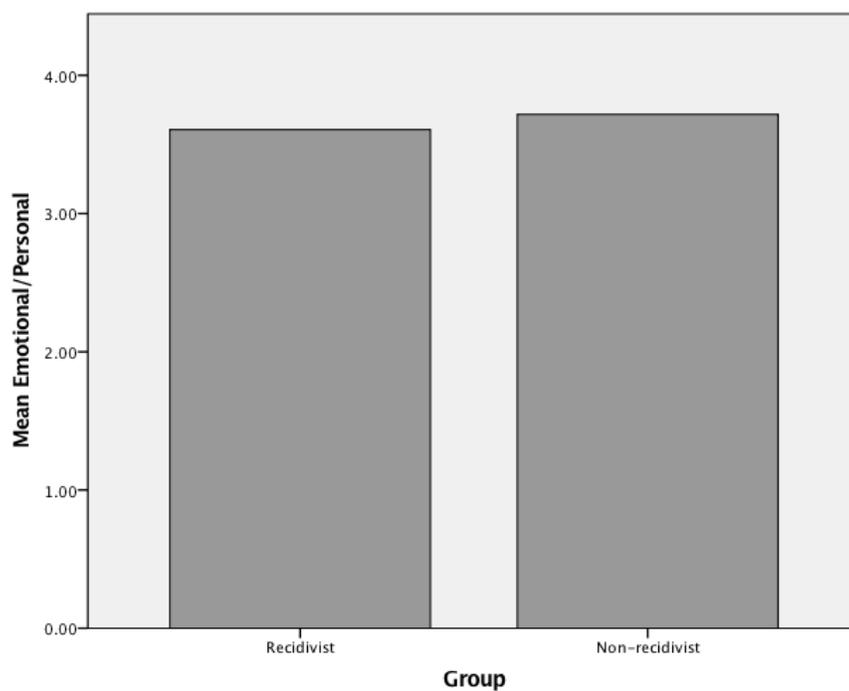

Figure 10. Histogram of the ex-offenders' scores for the emotional and personal subcomponent of the LSI-R.
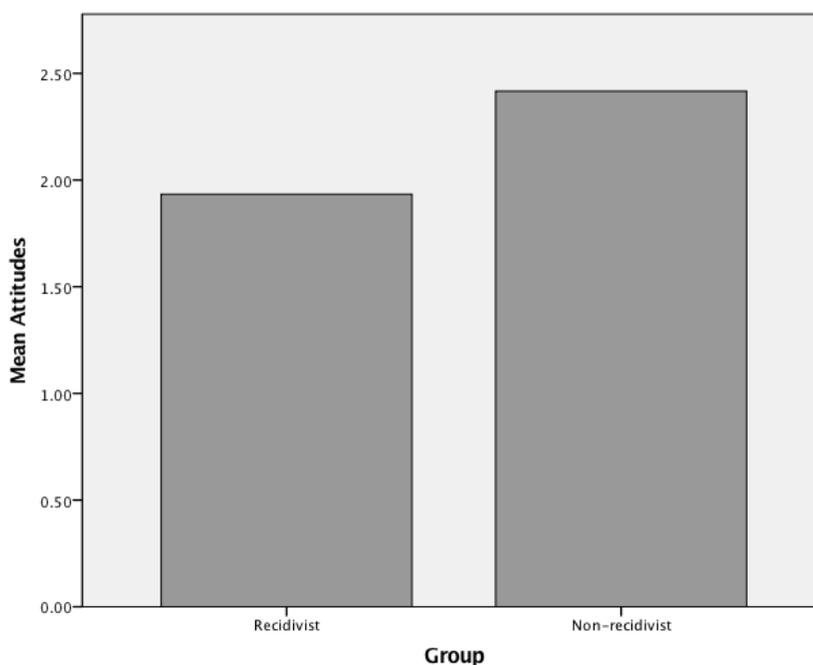
Figure 11. Histogram of the ex-offenders' scores for the attitudes and orientation subcomponent of the LSI-R.

Completing a One-Sample Kolmogorov-Smirnov test on the study variables determined that the motivational risk to reoffend, recidivist vs. nonrecidivist group and counseling variables were not normally distributed, $p < .01$. Given that the data was nonparametric, a Mann-Whitney U test was appropriate to determine whether statistically significant differences existed. Table 4 presents the results of the test for normality.

Table 4

One-Sample Kolmogorov Smirnov Test for LSI-R Scores, Group, and Counseling

Item		LSI-R Test Scores	Group	Counseling
N		128	128	128
Normal Parameters [a,b]	*M*	28.9922	1.4688	1.6719
	SD	12.91492	0.50098	0.47138
Most Extreme Differences	Absolute	0.101	0.357	0.429
	Positive	0.081	0.357	0.251
	Negative	-0.101	-0.324	-0.429
Test Statistic		0.101	0.357	0.429
Asymp. Sig. (2-tailed)		.003c	.000c	.000c

Results

RQ1 Findings

The first RQ was: Is there a statistically significant difference between recidivist male ex-offenders and nonrecidivist male ex-offenders with regard to their scores for the 10 criminogenic risk factors of the LSI-R? By using descriptive statistics and after testing for normality, I found that the variables were not normally distributed, so the medians are reported instead of the mean in the following sections of the analysis. Therefore, the median scores showed that recidivists (*Mdn* = 39.5) had higher motivational risks to reoffend when compared to nonrecidivists (*Mdn* = 18). Table 5 presents the summary

results of the descriptive statistics of the participants' LSI-R scores while Figure 12

presents the median LSI-R test scores of the recidivist and nonrecidivist ex-offenders.

I performed a Mann-Whitney U test and the results determined that there was a

statistically significant difference between the median scores of the recidivist (n = 68)

and nonrecidivist (n = 60) male ex-offenders with regard to scores for the 10

criminogenic risk factors of the LSI-R, U = 40.5, z = -9.55, p = .000, r =.84. Therefore, I

rejected the null hypothesis with regard to RQ1. This demonstrated that recidivists had

higher motivational risks to reoffend compared to nonrecidivists.

Table 5

Summary Descriptive Statistics for the Recidivists and Nonrecidivists LSI-R Test Scores

Group	Item	Statistic
Recidivist (n = 68)	*Mdn*	39.5
	Minimum	24
	Maximum	53
	Range	29
Nonrecidivist (n = 60)	*Mdn*	18
	Minimum	2
	Maximum	33
	Range	31
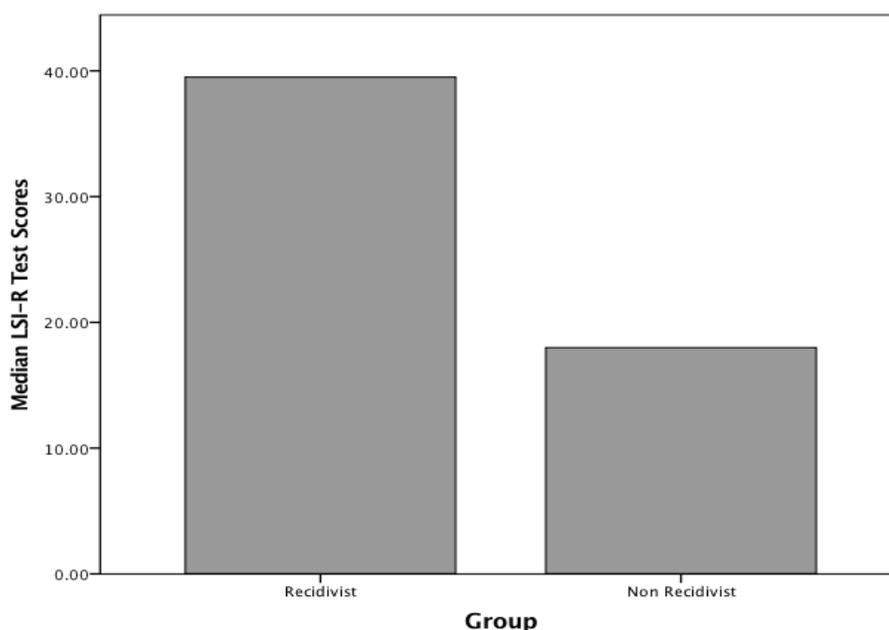
Figure 12. Median LSI-R Scores for the recidivist and nonrecidivist groups.

RQ2 Findings

The second RQ was: Is there a statistically significant difference in the scores for the 10 criminogenic risk factors of the LSI-R between male ex-offenders who have undergone counseling and male ex-offenders who did not undergo counseling upon reentry? Descriptive statistics were carried out and the median scores showed that those who attended counseling sessions ($n = 86$; *Mdn* = 26.5) had lower motivational risks to reoffend compared to participants who did not attend counseling sessions ($n = 42$; *Mdn* = 40.5). Table 6 presents the summary results of the descriptive statistics for the ex-offenders based on their participation in mental health services while Figure 13 presents the median LSI-R test scores for the ex-offenders based on their participation in mental health services.

I performed a Mann-Whitney U test and the results determined that there was a statistically significant difference between the participants' who attended and did not attend counseling sessions with regard to the scores for the 10 criminogenic risk factors of the LSI-R assessment, $U = 1,261.50$, $z = -2.77$, $p = .006$, $r = .24$. Therefore, for these variables, I rejected the null hypothesis. This demonstrated that those who did not participate in counseling services ($n = 42$) had higher motivational risks to reoffend compared to those who participated in counseling services ($n = 86$).

Table 6

Summary Results of Descriptive Statistics for the Ex-Offenders Based on Their

Participation in Mental Health Services

Participation in Counseling	Item	Statistic
Did Not Participate in Counseling (*n* = 42)	*Mdn*	40.5
	Variance	274.91
	SD	16.58
	Minimum	2
	Maximum	53
	Range	51
Participated in Counseling (*n* = 86)	*Mdn*	26.5
	Variance	105.62
	SD	10.28
	Minimum	8
	Maximum	50
	Range	42
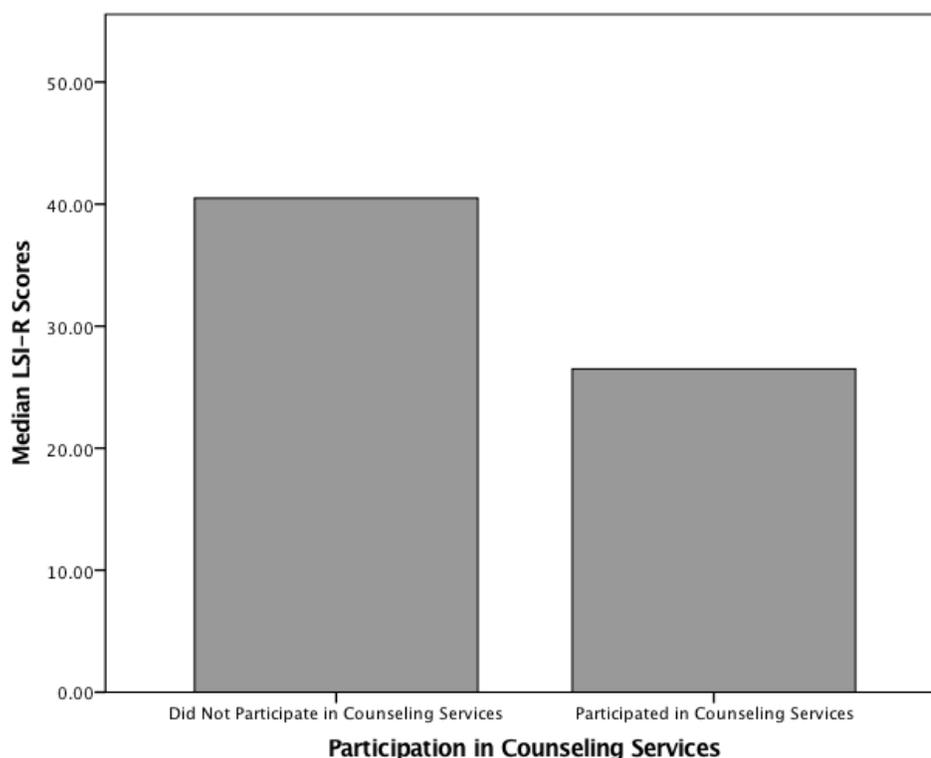
Figure 13. Participants' median LSI-R scores based on their participation in counseling services.

In order to examine whether there was a difference in the participants' motivational risk based on their participation in counseling services, descriptive statistics determined that the participants who attended more than eight sessions of counseling (*n* = 53*; Mdn* = 22) had lower motivational risks compared to those who had between four to eight sessions of counseling (*n* = 33*; Mdn* = 33). Figure 14 shows the participants' LSI-R scores based on the number of times they attended mental health counseling services. I performed a Mann-Whitney *U* test and the results determined that there was a statistically significant difference in the median scores of the ex-offenders based on the number of times they attended counseling sessions, $U = 372, z = -4.47, p = .001, r = .40$. This demonstrated that those who attended four to eight sessions of counseling services had

higher motivational risks to reoffend compared to those who participated in counseling sessions more than eight times. Hence, this suggested that the longer the duration of counseling sessions attended correlated with reducing motivational risks to reoffend.
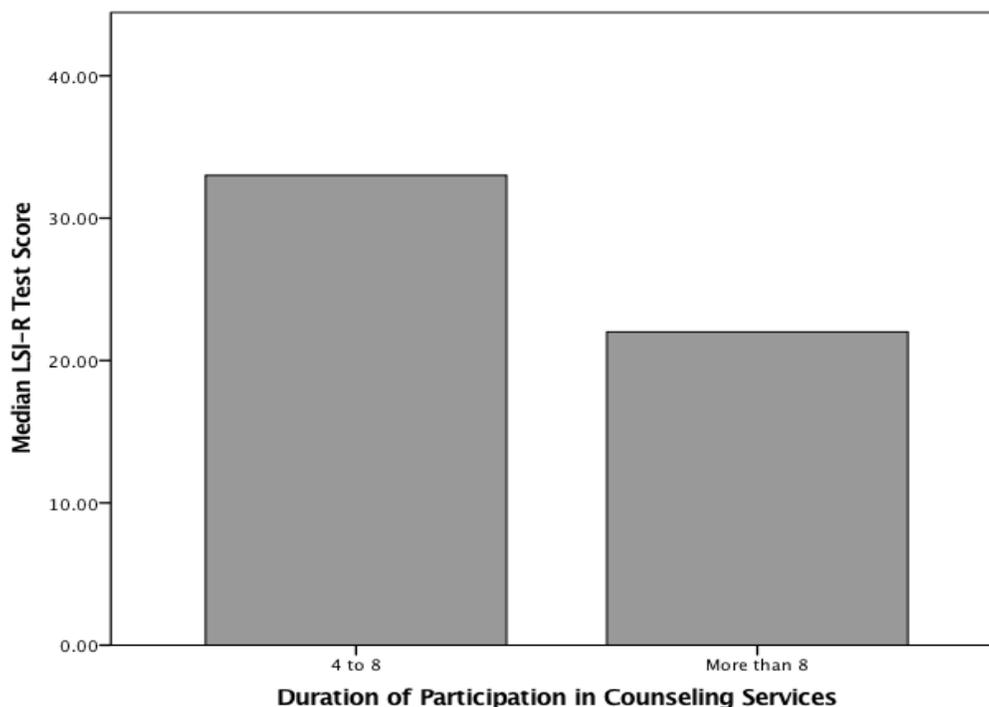
Figure 14. Median LSI-R scores for participants who had mental health services based on the duration of the counseling services.

I conducting further statistical analysis to determine whether there was a difference in the motivational risk levels of the ex-offenders based on the type of counseling they had undergone. As a result, descriptive statistics determined that those who had individual or group mental health counseling sessions had lower motivational risks to reoffend (n = 46*; Mdn* = 21) compared to those who attended alcoholics or narcotics anonymous support groups (n = 40*; Mdn* = 36). Figure 15 presents the participants' scores based on the type of counseling that they attended.

I performed a Mann-Whitney *U* test and the results determined that there was a statistically significant difference in the median scores of the ex-offenders who attended individual or group mental health counseling sessions (*n* = 46) versus those who attended alcoholics or narcotics anonymous support groups (*n* = 40), *U* = 253.5, *z* = -5.79, *p* = .001, *r* = .51. This demonstrated that those who had attended alcoholics or narcotics anonymous groups had higher motivational risks to reoffend compared to those who had individual or group mental health counseling. This suggested that when compared to attending alcoholics or narcotics anonymous support groups only, individual or group mental health-counseling sessions correlated with reducing the motivational risks to reoffend.
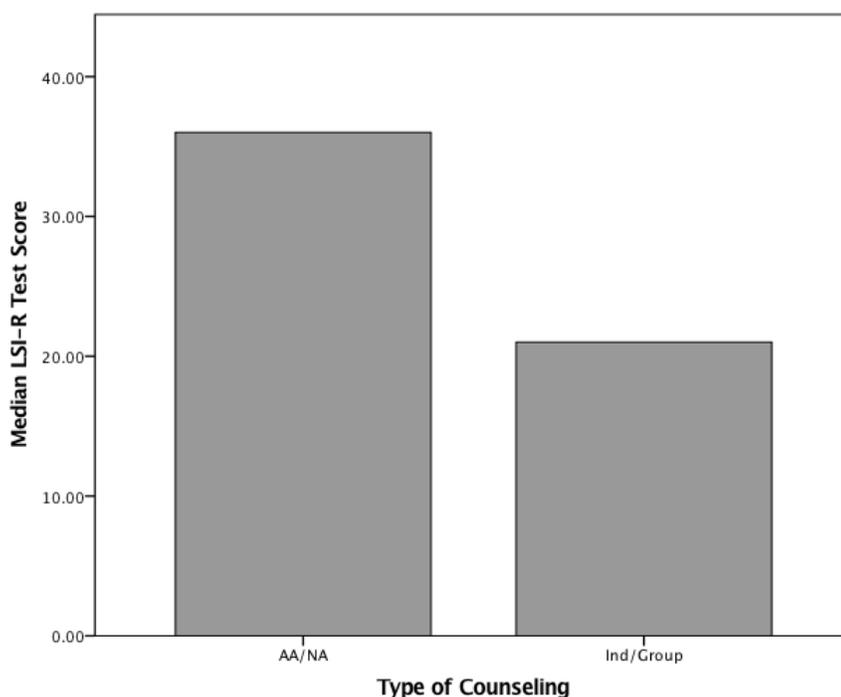
Figure 15. Median LSI-R scores for participants who had mental health services based on the type of counseling that they received.

RQ3 Findings

The third RQ was: Is there a relationship between male ex-offenders who have undergone counseling or not during reentry and recidivism rates? I carried out a *chi square* to determine whether there was an association between the male ex-offenders' participation in counseling services during their reentry process and recidivism rates. All expected cell frequencies were greater than 5. Table 7 presents the summary results of the *chi square* for participation in counseling and the recidivism rates. The test results indicated that there was a statistically significant association between the male ex-offenders' participation in counseling during reentry and recidivism rates, X^2 (1, $N = 128$) = 6.36, $p = .012$ and that this association was moderately strong ($\varphi = .223$, $p = .012$). This revealed that there is a relationship between the participants' continued attendance to mental health counseling sessions and recidivism rates.

Table 7

Summary Results of the Chi Square for Participation in Counseling and the Recidivism Rate

Statistic	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.364[a]	1	0.012		
Continuity Correction[b]	5.448	1	0.02		
Likelihood Ratio	6.497	1	0.011		
Fisher's Exact Test				0.014	0.009
Linear-by-Linear Association	6.315	1	0.012		
N of Valid Cases	128				

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 19.69.

b Computed only for a 2x2 table.

Summary

The aim of this quantitative, nonexperimental, cross-sectional study was to explore recidivism by identifying an ex-offender's dynamic risk and criminogenic need factors using the LSI-R, coupled with or without mental health counseling services during the reentry process in relation to recidivism rates. Statistical analyses determined that nonrecidivists had lower motivational risks than the recidivist participants did. Additionally, those who attended counseling sessions had lower motivational risks to

reoffend compared to participants who did not attend regular, on-going mental health counseling sessions.

Moreover, through this study I found that ex-offenders who attended more than eight sessions of mental health counseling had lower motivational risks than those who attended no counseling services. Additionally, it was also determined that those who attended individual or group mental health counseling had lower motivational risks to reoffend compared to those who attended alcoholics or narcotics anonymous groups only. Finally, the results also demonstrated that there is a relationship between participation in counseling sessions and the recidivism rate. In the succeeding chapter, I will provide a more in-depth discussion of the findings of this research. Specifically in Chapter 5, I will provide further interpretation of the findings of the study, suggest future research opportunities, outline the limitations of the study, discuss the implications for positive social change, and provide a conclusion for readers.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

According to Prince and Butters (2013), despite the extensive research on the subject of recidivism, there is still a need to properly assess and identify the dynamic risk and criminogenic risk factors to more effectively help reduce recidivism. By properly assessing and identifying risk factors leading to criminal behavior, forensic professionals may effectively produce treatment plans during the rehabilitation and reentry process, including comprehensive mental health and substance abuse programs' to help prevent recidivism (Polaschek, 2012). I sought to discover whether by identifying the higher-risk factors that influence recidivism, could it be possible for the community programs and services, such as individual mental health counseling and support group meetings for reentry programming, better address specific issues that inhibit the successful rehabilitation of inmates and the reentry process (Anstiss et al., 2011; Barros-Bailey et al., 2009). Although my research study produced statistically significant results to the RQ's, which has allowed me to help bridge the gap currently present in the literature on the subject, further exploration in this subject may be warranted.

Communities generally lack the resources to create effective offender reintegration programs, and so the burden falls on local and state government (Cobbina et al., 2012). While these resources are important components of a successful reoffense reduction approach, with no matching investment, they cannot generate a substantial decrease in recidivism (Cullen et al., 2011). In fact, such underfunded programs often do not help the problem at all (Leshnick et al., 2012). During the imprisonment period, when

inmates are strictly supervised, such programs may be useful in stabilizing and rehabilitating them; however, such gains are short-term without any supportive prisoner reintegration initiatives provided outside of that setting within the communities the ex-offenders eventually return to (Hamilton & Campbell, 2013).

These initiatives would cost only a small percentage in comparison to the incarceration costs and could generate considerable cost-effective outcomes (Hamilton & Campbell, 2013). In addition, Hamilton and Campbell (2013) alleged that decreasing the number of rearrests implies fewer victims, improved societal safety, and reduced pressure on the criminal justice system. Effective offender reintegration implies a reduced number of rearrests (James, 2015). Each offense has a significant social cost in enforcement, investigation, and prosecution (Glaze & Kaeble, 2014). Additionally, there are the incarceration costs, costs to victims, and costs to the community (Raphael, 2011). The economic and social costs of inmates' ineffective community reintegration are primary challenges for policy makers (Linhorst et al., 2012). Failure to reintegrate offenders suitably carries both direct and indirect costs to our communities, states and the nation (Cullen et al., 2011).

Much of petty criminal behavior involves substance abuse, mental problems, or inadequate employment skills (Lockwood et al., 2012; Mears & Mestre, 2012). In prison, such offenders often do not receive the treatment and interventions they require due to the transient nature of their incarceration (Kesten et al., 2012). Regrettably, some such inmates take part in these programs when in prison but receive no support or follow-up services in the community after release from prison (Kesten et al., 2012). Community

advocacy centers and prison reentry efforts should provide offenders access to rehabilitative and reintegration programs and to help manage follow-up services after release (Miller & Miller, 2015). For example, the results of a recent study indicated the participation in successful on-going mental health services after release from prison has assisted 38% of parolees in relapse prevention, reducing the number of rearrests for the dually-diagnosed and closely-monitored ex-offenders (Marier & Alfredo, 2014). Additionally, local community involvement and advocacy programs for the reintegration of ex-offenders exist in many cities across the United States (Leshnick et al., 2012). However, negative stigmatization towards ex-offenders by the law-abiding citizens within the community develops an unwillingness to accept individuals with felony convictions, which adversely affects reintegration efforts (Bennett et al., 2011; Miller & Miller, 2015). Leshnick et al. (2012) suggested that communities need to be aware that released former inmates have much to contribute to society and can enhance the well-being of the community while simultaneously improving themselves. However, there are gaps in the literature outlining strategies that can accomplish this type of reintegration. This might be due to the difficulty, for ethical and practical reasons, of conducting empirical studies on this specific topic (James, 2015).

Nevertheless, recidivism continues to be a significant societal problem (James, 2015; Lawson, 2015). Some may view it as an ipso facto failure of the criminal justice system, and by extension, the judicial system (Lawson, 2015). Recidivism is a failure of the criminal justice system if the goal of the prison term is only rehabilitation; ideally, a released prisoner has rehabilitated and will have no desire to reoffend (Lawson, 2015).

However, it is a failure of the justice system if an individual views the goal of the justice system as punishment and retribution; if criminals' inclinations to commit crimes remains, then they should never have been released in the first place, and their sentences were insufficient (Lawson, 2015).

Therefore, the purpose of this quantitative, nonexperimental, cross-sectional study was to explore the outcome variable of recidivism by identifying an ex-offender's dynamic risk and criminogenic need factors using the LSI-R, coupled with or without mental health counseling services during the reentry process in relation to recidivism rates. In this chapter, I provide a discussion on the interpretation of the findings and implications, an analysis related to the theoretical framework, the limitations of the study, recommendations, and the study's conclusion.

Interpretation of the Findings and Implications

The findings of this study confirm and extend knowledge in the discipline of social justice and reentry programs. The existing prisoner rehabilitation and ex-offender reentry programming designed to address the increasing problem of recidivism remains a societal concern (James, 2015). Based on my findings in the literature review, current reentry programming was substandard, and I conducted this study because recidivism rates remain a record high (see Gideon & Sung, 2012; Kroner & Takahashi, 2012; Taxman & Pattavina, 2013). Despite efforts undertaken by the government to prepare prisoners for reintegration as law-abiding citizens, high recidivism rates are one of the most significant challenges facing the criminal justice system (Durose et al., 2014; Glaze & Kaeble, 2014; Miller & Miller, 2015).

Of the studies I reviewed and discussed in Chapter 2, with a primary focus on recidivism, none involved researchers exploring the use of the LSI-R assessment in conjunction with or without counseling services on a group of recidivist and nonrecidivist male ex-offenders. Therefore, with this study I aimed to show a correlation between the dynamic risk and criminogenic need factors among adult male ex-offenders coupled with mental health counseling services on recidivism. Through this study, I was able to show there was statistical significance in outcomes regarding recidivists having higher motivational risks to reoffend compared to nonrecidivists. In addition, I found that those ex-offenders who did not participate in counseling services had higher motivational risks to reoffend compared to those who participated in mental health counseling services during the reentry process.

I also examined the participants' motivational risks to reoffend based on the number of counseling sessions, and the findings demonstrated that the participants who attended more than eight sessions of counseling had lower motivational risks compared to those who did not attend mental health counseling services at all. This finding suggested that the ex-offenders' motivational risk differed based on their participation in counseling sessions and that the more they participated in counseling sessions, the lower their motivational risk to reoffend. I conducted further statistical analysis to determine whether there was a difference in the participants' motivational risk based on the type of counseling they had attended, and the results showed that those who had individual or group counseling sessions had lower motivational risks to reoffend compared to those who attended alcoholics or narcotics anonymous groups only. This finding implied that

the type of counseling that the ex-offenders received had a significant effect in their

motivational risks to reoffend. Finally, the results of this study showed there was a

relationship between the participants who attended or did not attend mental health

counseling services and recidivism rates.

My reexamination of the information compiled in the literature review showed

that the findings of this study help to increase the knowledge base on recidivism risk

factors. My use of the LSI-R assessment and the analysis of the 10 subcomponents

afforded the opportunity to identify ex-offenders with higher risks towards recidivism in

specific areas. The results of total points in each subcomponent illustrated a significant

difference between the two sub-groups of recidivists and nonrecidivists in the areas of

criminal history and education/employment. Criminal history points were not applicable

to any of the participants in the nonrecidivist group ($n = 60$), as they did not relate to any

of the questions on that scale. However, every participant in the recidivist group ($n = 68$)

responded with answers yielding points in the criminal history subcomponent.

Additionally, the average score for the recidivists in the subcomponent of

education/employment was 9.03 points out of a possible 10 points. In contrast, regarding

the education/employment subcomponent scale, the nonrecidivists yielded an average

score of 3.61 out of 10 points. This difference indicates that a majority of ex-offenders

who are released from prison for the first time are more apt to secure employment shortly

following their release.

Previous studies on the subject of employment and education in relation to

recidivism remain unclear (Blomberg et al., 2012; Davis et al., 2013; Lockwood et al.,

2012; Tripodi et al., 2012). Brushway and Apel (2012) stated gainful employment is an important aspect of successful reentry, and Lockwood et al. (2012) asserted that educational achievements are more and more crucial to obtaining job opportunities. Based on the results from the nonrecidivist group ($n = 60$) to the employment/education subcomponent of the LSI-R, the participants who reported their not attending counseling sessions (11 out of 13) was because counseling interfered with their work schedules and 2 out of 13 participants was due to having a negative stigma towards counseling. On the other hand, in the recidivist group ($n = 68$), those who reported not attending counseling sessions (29 participants) illustrated it was not due to a conflict with work, but rather it was because of the negative stigma they feared or because they were unemployed, homeless, had no transportation, or did not have the funds to help pay for mental health services.

The implications of barriers to receiving counseling services during reentry for ex-offenders associate with recidivism (James, 2015). It is particularly important for mental health practitioners to understand the barriers that influence effective reentry and mental health services. Untreated mental illness and continued substance abuse jeopardizes an ex-offender's ability to acquire safe and affordable housing and suitable employment upon release (Lockwood et al., 2012; Polascheck, 2012; Wooditch et al., 2014). These two barriers were the most significant subcomponents I reviewed from the LSI-R assessment in this study that most affected recidivism rates among the participants interviewed. As I discussed in the literature review, forensic counselors responsible for implementing RNR into therapeutic strategies have assessed the need for more intense

behavioral modification techniques for those offenders identified as having higher-risk

potential towards criminality (Skeem et al., 2015). Furthermore, comprehensive, on-

going counseling services by mental health professionals, coupled with direct supervision

by probation staff, have resulted in reduced risk of recidivism (Skeem et al., 2015).

However, information provided by the BJS (2016) indicated that factors, such as

antisocial cognition, criminal associates, family and marital relations, employment and

school barriers, preclusion of leisure activities, housing constraints, and sentencing law

changes, affect recidivism with or without the integration of reentry programming

(Skeem et al., 2015).

Prince and Butters (2014) conducted a study, which looked at reported changes in

the cumulative LSI-R scores over time of released ex-offenders. However, the authors did

not specify the risk factors coupled with counseling services in comparison to a group of

recidivists and nonrecidivists in reentry programming. In my study, I found a significant

relationship between and effect that counseling services and the identification of

criminogenic risk factors have on recidivism based on the outcomes. As such, coupling

current forensic counseling services to inmates along with the examination of the

dynamic risk and criminogenic need factors among adult male ex-offenders may allow

for a more streamlined reentry program, including comprehensive supportive mental

health counseling services developed to reduce recidivism rates. Furthermore, for

forensic mental health counselors, possessing this type of information about their

clientele would allow for specific, individualized treatment planning designed to address

higher-risk factors such as untreated substance abuse issues, mental illness, and

educational and employment deficits, rather than creating a similar plan for each ex-offender despite their needs. For that reason, counseling the ex-offender population involves specialized skills and competencies beyond the general counselor training requirements.

The findings of this study enable forensic specialists and mental health counselors to begin working with inmates who are due for release, draft action plans that address potential high-risk factors that affect recidivism (Barros-Bailey et al., 2009; Prince & Butters, 2013). Ex-offenders' scores on the LSI-R will allow for the identification of their potential risks of recidivism (Labrecque et al., 2014) and permit counselors to anticipate and identify specific risks and address them during individual and group counseling sessions. Additionally, this study is also beneficial to the counseling field because the results provide empirical evidence to professionals in forensic counseling that demonstrate individual mental health and group counseling, significantly reduces motivational risk in male ex-offenders.

Furthermore, this study will benefit the counseling profession by bringing awareness and advocacy for the specific training requirements of forensic counseling. As previously discussed, the CACREP accredits counseling programs that may include a track specialization in addiction counseling (CACREP, 2014). However, specialized training for forensic counseling certification is not required. Because of this current study, my hope for future research on the need for specialized training requirements ensures forensic counselors gain competencies when working with the forensic population. A study, which surveyed 200 forensic mental health doctoral students, found

that over 89% of the students reported their specialized training in the management of potentially violent clients was less than adequate (Gately, 2015). Furthermore, the students rated training in the phases of a violent episode, intervention strategies, and counselor defensive techniques as virtually nonexistent (Gately, 2015).

Specifically, counselors working in the field of forensics with the incarcerated and ex-offender populations, require a greater understanding of the psychological and physical aspects of the overall incarceration experience. Forensic counselors need to take extra time to build a strong rapport with these clients in order to help build trust, which many of these individuals lack because of their traumatic prison experience. A few recognized downsides to forensics, according to the NAFC (2016), involve the heightened state of ethics involved for forensic specialists who must take sides in cases, just as attorneys do. These types of situations may cause an increase in work-related stress, which may eventually lead to counselor burnout. Additionally, forensic specialists must consider the negative stigma that ex-offenders face when reentering back into society that impact successful reentry.

In general, all counselors must possess the ability to remain impartial and non-judgmental towards the clients they serve. However in forensics, it is critical to manage and be self-aware of these professional competencies at all times regardless if the client is a child-sex offender, serial rapist, or guilty of murder. The ability to debrief regularly, be in command of the counseling session, closely monitor clinical transference, and avoid counter-transference are examples of specialized skills mental health counselors working with forensic populations must possess (NAFC, 2016). As a future counselor educator, I

feel it will be important to cover and discuss these skills within the curriculum for students who acknowledge an interest in working in forensic counseling.

Additionally, the findings of this study may be beneficial to the administrators of reentry programs and rehabilitation facilities. Mainly because, by understanding and identifying which cases are likely to be associated with high-risk recidivism, and by providing a means to reduce this risk, administrators may develop or improve current programs and services that foster the successful rehabilitation of inmates and their reentry into society as law-abiding citizens. Moreover, the results of this study could also be used as the empirical basis for recommendations to policy makers for reentry or rehabilitation programs that account for the identified risk of recidivism of adult male ex-offenders before releasing from prison (Prince & Butters, 2013). Specifically, the identification of an inmate's dynamic risks assessment and criminogenic need factors while incarcerated will better assist probation officers, forensic counselors and community advocacy leaders prepare more effective reentry supportive services and counseling programs for their release plan and ultimately help reduce recidivism rates over time. Finally, the finding of this research that reveals that counseling significantly reduces motivational risk in ex-offenders calls for policy makers to prioritize counseling services and the associated fiscal resources when reintegrating ex-offenders back into the community to help prevent recidivism.

Analysis Related to Theoretical Framework

Agnew's GST theory helped conceptualize this study, supporting the concept that stressors or strains lead to negative emotions and actions (Broidy, 2001). The findings of

this study verified all three of Agnew's (2001) categories of strain. The first two categories verified were the addition of positively valued stimuli to the individual by achieving goals set through counseling and the removal of negative stimuli, illustrated by the participant responses of satisfaction with various aspects of their lives outside of prison. The third category, removal of positively valued stimuli verified from responses of the noncounseling attended, recidivist group who had higher LSI-R total scores confirmed by barriers to successful reentry such as lack of transportation, lack of funds, unemployment, and homelessness increase strain and the risks towards recidivism.

There are several stages for interpreting responses to the LSI-R. According to the authors, Andrews and Bonta (2001), the first step in the interpretation process is to examine the LSI-R Total Score. The second step is to look at the 10 subcomponents of the LSI-R so that one can easily see areas of concern. In addition, the third step is to interpret the results of the 54 individual response items carefully (Andrews & Bonta, 2001). Through this systematic process, I was able to distinguish a pattern of lower LSI-R total motivational risk scores that developed from the counseling-attended, nonrecidivist group.

In general, counselors who administer the LSI-R assessment should have an understanding of the basic principles of psychological testing, and especially psychological interpretation. It is important to recognize that the LSI-R should not be the only instrument for assessing the level of service required for the ex-offender's treatment planning. For this study, the LSI-R and the Mental Health Demographic Questionnaire were used together to assess motivational risk factors, reentry programming, and the

potential of reincarceration in regard to criminal history, education/employment, financial

matters, family/marital relationships, housing, leisure activities, companionships,

substance abuse issues, emotional/personal well-being, and the attitudes/orientation of the

ex-offender. Specifically, counselors can take away a better understanding of the holistic

process required when creating individualized post-incarceration reentry plans,

identifying areas of strength, threats, and weaknesses that negatively affect the ex-

offenders success. For example, a counselor should develop easily attainable short-term

goals for the ex-offender to achieve creating a continual feeling of success.

Furthermore, this finding extends Agnew's conceptualization of strain, in that

counseling, which was a positively valued stimulus, was correlated with the ex-offenders'

decreased motivational risk levels to reoffend. Additionally, this research has also

displayed that the duration of the sessions in counseling correlated with the participants'

decreased motivational risk levels to reoffend. Although the results of this study

illustrated there is a relationship between motivational risk factors, counseling and

recidivism, further exploration into whether there is an association between effective

types of mental health counseling services and a decrease in recidivism may be

significant.

Finally, the findings of this study support previous studies on GST that revealed

that various strains can result in increased potential for crime (Agnew, 2009; Aseltine et

al., 2000; Barron, 2004; Broidy, 2001). However, while past studies utilized existing

datasets that were not gathered for the aim of examining GST (Aseltine et al., 2000), this

study collected data through the LSI-R instrument particularly for the purpose of

identifying an ex-offender's motivational risk and criminogenic need factors (Andrews et al., 2011). Secondly, when compared to the majority of previous studies (Agnew, 2009; Aseltine et al., 2000; Barron, 2004; Broidy, 2001), the use of the LSI-R survey instrument enabled the collection of a more comprehensive evaluation of stimuli in the participants' environment. The improvement of these two elements in this research has provided for the extraction of more valid conclusions. Although, the findings of this study confirm previous studies by Kahnweiler (1978) and Ayub et al. (2015) that affirmed the effectiveness of both individual and group mental health counseling services in significantly reducing aggression and anger among the ex-offender population upon release, this study illustrates there is a relationship between the ex-offenders motivational risk factors, counseling attendance and recidivism.

Limitations of the Study

Highlighted in Chapter 1 were the possible limitations of the present study. Discussed here are the ramifications of these limitations on the study. During the commencement of this study, it was a concern that the sample population of federal ex-offenders would be hesitant to participate in this research due to social and emotional factors such as shame and embarrassment, as well as the unwillingness to discuss private experiences related to their past offenses. In order to yield a minimum of 128 respondents for this study, a large base of 384 adult male federal ex-offenders on probation/supervised release within the South Texas region received invitations to participate. Additionally, due to the anonymous and confidential nature of the data collection process, respondents were more comfortable in participating in this research study. In order to comply with

ethical procedures with regard to human subjects, only the aggregate data from the LSI-R survey instrument transferred into the statistical analyses of this research.

A limitation to generalizability that arose includes the fact that this study focused on male ex-offenders within the South Texas region and no female ex-offenders. Hence, conclusions presented from this study are limited to the male ex-offender population from the South Texas region only. Further, the study did not include any information regarding culture, ethnicity, race, sexual orientation, age, socioeconomic status, religion, or any other demographic information. Lastly, this study lacked any information about the educational training, certifications and credentials of the counselors, who provided mental health counseling services working with these ex-offenders during the reentry process.

Recommendations

Future research could consider examining the effect of how counseling, especially in individual or group settings mediates the relationship between ex-offenders' motivational risk to reoffend and the increasing recidivism rates. Specifically, it would be beneficial to conduct a future study on recidivism involving a comparative analysis on risk assessment and mental health counseling services for a group of ex-offenders who are not on supervised release or probation and a group of ex-offenders who are on supervised release or probation. Additionally, future researchers could also consider examining the individual criminogenic factors that comprise the LSI-R to determine which factor or factors carry the most weight towards an ex-offenders' risk to reoffend. The analysis could utilize the Pearson product moment correlation in order to determine

statistically significant correlations and identify the magnitude and direction of these correlations.

The proposed future research could ultimately help professionals in the field of forensic and mental health counseling to better understand how positively valued stimuli can negate the cumulative effects of negative strains. This proposed research could include a qualitative study involving more in-depth research with comprehensive interviews on elements and factors that affected the participants risk towards recidivism. Furthermore, this type of proposed qualitative study could help to better identify types of counseling services that are effective and ineffective with the ex-offender and forensic population, in general. Specifically, I would like to know the reasons for habitual recidivism, especially when I am preparing an inmate for release and they adamantly state they will never return to prison, when in fact, I see them return within a few months.

Since the focus of this dissertation was on male ex-offenders only, future research could explore how mental health counseling services correlates in an increase or decrease in recidivism in the female ex-offender population. Alternatively, a comparative study on how mental health counseling services affects the recidivism rate in male and female ex-offenders could be considered, to better enable forensic counselors, prison officials, and reentry directors in developing more effective rehabilitation and reentry programming, specific to male and female needs. Ultimately, sharing information from this study with local criminal justice community advocates and reentry officials may help to create mental health counseling services designed to meet each ex-offenders needs based on results to testing for criminogenic risk factors toward recidivism. This practice will

enable U.S. Probation officers, community advocacy leaders and forensic mental health counselors to better function within a multidisciplinary team approach and provide a more strengthened, well-structured array of reentry programs specifically designed to combat ex-offenders identified high risk factors towards recidivism.

Conclusion

In conclusion, this study, which originated from substantive interest of the increasing rates in recidivism affecting society today, resulted in statistically significant outcomes. The information provided in this research study acknowledged the limitations in the literature and the related methods. Additionally, the study's design was to determine if a correlation exists between ex-offenders risk factors, counseling received or not received and recidivism rates. Specifically, the results established through a series of Mann-Whitney U tests determined that those who attended counseling services, especially in the individual or group setting and the longer duration of counseling sessions undertaken, had a significantly lower motivational risk to reoffend compared to those who did not attend counseling services. I aspire that the findings of this study to streamline forensic mental health counseling services with criminogenic needs assessments for the successful reintegration of male ex-offenders be utilized resulting in a positive societal impact to help reduce prisoner recidivism.

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offender reintegration. *International Journal of Offender Therapy and*

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Appendix A: Initial Invitation Letter to Participants

Dear Participant,

My name is Nazak Dadashazar. I am a doctoral candidate in the Counselor Education & Supervision program at Walden University. I am conducting a research study titled: "Offender Recidivism: A Quantitative Study of Motivational Risk Factors and Counseling" as part of the requirements for my Ph.D., and I would like to invite you to participate.

I am studying recidivism and looking to recruit ex-offenders who have or have not returned to prison and identify differences between the two. If you decide to participate, I will ask you to complete some surveys questionnaires, which may take up to 20 minutes of your time. There is no compensation for participating in this study.

Participation is confidential and anonymous. Although the data collection process is confidential and anonymous, I may publish or present the results of the study at professional meetings.

Furthermore, because participation is anonymous, this means that no one will know your identity, please do not write your name or other identifying information on any of the study materials.

I will be happy to answer any questions you have about the study. You may contact me at XXXXXXXX or my faculty advisor, Dr. Mallicoat at XXXXXXXX if you have study related questions or problems.

Thank you for your consideration. If you would like to participate, please accept the terms on the Implied Informed Consent Form you will receive and complete the survey assessments associated with this research study.

With kind regards,

Nazak Dadashazar, MA, LPC-S, NCC

Doctoral Student,

Walden University

Appendix B: Level of Service Inventory-Revised (LSI-R) Assessment

Name: (Not Applicable)

Date:_____/_____/_____

The role of interviewing in LSI-R assessments is described in the Manual. Interviewers may choose to develop their own semi-structured interview to elicit the information needed to make the LSI-R ratings. If this interview is used, interviewers should ask each of the numbered questions; however, they may vary the wording of questions as necessary, in order to make them comprehensible or to maintain rapport. Questions in square brackets [ ] are probes; they are asked only to prompt the individual for more detailed information, or to clarify a point for the individual so that they may provide you with more information. In general, when evaluating a client's situation, focus upon the present and/or past year. The LSI-R focuses on assessing a client's situation and the factors that require attention in order to minimize the risks for re-offending.

LSI-R Subcomponents

1. Criminal History

It is often useful for rapport building to begin an interview with the Criminal History subcomponent since most offenders are quite at ease in answering the questions in this section. However, every effort should be made to collaborate the client's responses with a collateral review based on available archives. The questions are quite straightforward and follow those on the record form.

1–3. Have you had any prior adult convictions? ☐ No ☐ Yes How many?_____

4. Do you have three or more present offences? ☐ Yes ☐ No

5. Were you ever arrested under the age of 16? ☐ Yes ☐ No

6. Were you ever incarcerated upon conviction as an adult? ☐ Yes ☐ No

7. Have you had any history of escape or attempted escape from a youth or adult correctional facility, including institutional and residential facilities? ☐ Yes ☐ No

8. Were you ever punished for institutional misconduct? ☐ Yes ☐ No

For what infraction?_____

9.   Were charges ever laid or your probation or parole suspended during prior community supervision?

☐   Yes ☐   No

Describe the event:_____

10.   Do you have an official record of assault or violence? ☐   Yes ☐   No

Specify:_____

2.   Education/Employment

This subcomponent is also relatively straightforward when interviewing probationers and parolees.

However, extra care is needed when administering the LSI-R to inmates who are, strictly speaking,

unemployed. When doing an LSI-R with an incarcerated client it is helpful to view his/her incarceration as

a type of "leave without pay." If he/she is serving a relatively brief sentence (under two years) consider

first, was he/she working before incarceration and if so, will he/she be able to return to this job. If the

answer is yes, then assess on items 18, 19 and 20. If the answer is no, then the client is assessed as

unemployed. If a client, whether incarcerated or not, is being paid to participate in a training program and

there is a work component, then he/she is assessed as employed.

If the respondent is currently in the labour market (i.e., in the community or working in prison

setting), ask the following questions:

11.   Are you currently unemployed? ☐   Yes ☐   No

(Note: If item 11 is answered with a "Yes," then items 18, 19 and 20 are each rated as "0.")

12.   Are you frequently unemployed? [Have you been employed less than 50% of the last twelve months,

or the twelve months prior to incarceration? ☐   Yes ☐   No

13.   Have you never been employed for a full year? [Have you never been employed in the community for

a continuous twelve months?] ☐   Yes ☐   No

14.   Have you ever been fired? ☐   Yes ☐   No

(Note: Items 15 and 16 refer to achievement in education through a regular academic or technical high

school program. Upgrading, equivalency and correspondence programs are not considered as regular

high school programs. If, however, the client is presently attending an alternative program of education, do

assess his/her reward ratings for school in items 18, 19, and 20.)

15. Have you completed less than regular grade 10? This means that the client has not achieved a grade 10 education during attendance at an academic or technical high school. If this item is answered with a "Yes," then item 16 must also be answered with a "Yes." ☐   Yes ☐   No

16. Have you completed less than regular grade 12? [Have you not achieved a grade 12 education during attendance at an academic or technical high school?] ☐   Yes ☐   No

17. Have you ever been suspended or expelled at least once? ☐   Yes ☐   No

If the respondent is in school or was in school just before incarceration and plans to return to school upon release, then ask the following three questions:

18. How do you do in school? _____

19. Do you get along well with your fellow students? [Do you eat lunch with them? Do you spend time outside of school with them?]_____

20. How do you feel about your teachers? [Do you ever talk to your teachers outside of class? Do you ever seek their opinions on personal matters? Do you value their opinions?]_____

If the respondent is employed or was employed just before incarceration and plans to return to the same employment upon release, then ask the following three questions:

18. How do you do in your job? [Do you like your work? Does your boss compliment you on your work?]

19. Do you get along well with your co-workers? [Do you eat lunch with them? Do you spend time outside of work with them?]

20. How do you feel about your boss? [Do you respect and like your boss? Do you ever seek your boss's opinions on personal matters? Do you willingly follow your boss's orders?]

3.   Financial Problems

21.a. Source of Income

With reference to the household in which you are now living (or were living at the time of your incarceration), what is the estimated total annual income from all sources? Sources other than income

from employment might include Unemployment Insurance, Welfare, etc.

Total Income:_____

Does the household sometimes receive Welfare, or other forms of assistance? ☐ Yes ☐ No

Are you worried about having sufficient money to pay debts? ☐ Yes ☐ No

Has your spouse or have your parents complained about you spending too much on non-essentials?

☐ Yes ☐ No

b. Use of Banking Services

Do you have a bank account (savings or checking)? ☐ Yes ☐ No

Have one or more personal cheques "bounced" or been returned "NSF"? ☐ Yes ☐ No

c. Use of Credit

Do you have a credit card? ☐ Yes ☐ No

Do you have credit with any major department stores? ☐ Yes ☐ No

Have you been denied credit because of poor credit rating? ☐ Yes ☐ No

Have you had any phone calls, letters or personal visits from creditors requesting payment of past due

accounts? ☐ Yes ☐ No

d. Financial Management Skills

Do you have a personal budget? ☐ Yes ☐ No

Do you follow your budget? Or do you have problems with budgeting?_____

Are you worried about sufficient income to meet basic needs (housing, food)? ☐ Yes ☐ No

Has declaration of personal bankruptcy been advised, or suggested, or has it occurred? ☐ Yes ☐ No

Have your wages been threatened with garnishment? ☐ Yes ☐ No

22. Are you receiving General Welfare Assistance or Family Benefits Allowance? [Workers'

Compensation? Unemployment Insurance? Disability Pension?] ☐ Yes ☐ No

4. Family/Marital

23. Are you dissatisfied with your marital or equivalent situation? ☐ Yes ☐ No

(Note: You may consider the following points in assessing the above reward rating for client's situation.)

Do you have frequent arguments? ☐ Yes ☐ No

Are you sexually dissatisfied? ☐ Yes ☐ No

Have you ever experienced infidelity? ☐ Yes ☐ No

Was there an unwanted pregnancy? ☐ Yes ☐ No

Have you ever argued about child rearing? ☐ Yes ☐ No

Has there ever been any conflict concerning in-laws/parents? ☐ Yes ☐ No

Do you ever argue about money? ☐ Yes ☐ No

Do you argue about your choice of companions or friends? ☐ Yes ☐ No

Do you ever argue about leisure time? ☐ Yes ☐ No

Do you ever have arguments concerning ex-partners? ☐ Yes ☐ No

Do you experience stress over the individual problems of your partner? ☐ Yes ☐ No

Do you have difficulty with openness, warmth, or intimacy? ☐ Yes ☐ No

Do you have communication problems? ☐ Yes ☐ No

Are you or your partner excessively dependent on the other? ☐ Yes ☐ No

Have you been contemplating separation or divorce? ☐ Yes ☐ No

Are you going through separation or divorce? ☐ Yes ☐ No

Are you able to accept your separation or divorce? ☐ Yes ☐ No

Have there been problems with child access and custody issues? ☐ Yes ☐ No

Are you experiencing any harassment from your ex-partner? ☐ Yes ☐ No

Does your partner give you any physical, psychological, and/or sexual abuse? ☐ Yes ☐ No

24. How is your relationship with your parents? [Do you visit them? Are they helpful with problems you

   may have? Do you argue with them?] _____

25. How is your relationship with other relatives? [Grandparents? Siblings? Cousins? In-laws? Aunts?

   Uncles?]_____

26. Does anyone in your family, including spouse and close relatives, have a criminal record? ☐ Yes

☐ No

5. Accommodation

27. How do you like the place you live? [Do you plan to move? Do you enjoy showing your place to

    friends?]_____

28. Have you had three or more address changes in the last year? *Check collateral review.* ☐   Yes ☐   No

29. What kind of a neighborhood do you live in? [Do the police visit your neighborhood often? Are there

    people in the area who are dealing drugs, doing B & Es, or fencing stolen property?]_____

6. Leisure/Recreation

30. What kind of organizations or clubs have you belonged to over the past year (or in the year prior to

    your incarceration)? [Do you attend their meetings? Help out with activities?]_____

31. How do you spend your free time? [What kind of hobbies do you have? What kind of satisfaction do

    you derive from free time?]_____

7. Companions

32. Do you have a lot of friends? [Do you enjoy doing things with your friends? Do you prefer to be on

    your own?] _____

33. Do you know anyone who is involved in crime? ☐   Yes ☐   No

34. Are any of your friends involved in crime? ☐   Yes ☐   No

35. Do you know anyone who is not involved in crime? ☐   Yes ☐   No

36. Are any of your friends not involved in criminal activities at all? ☐   Yes ☐   No

8. Alcohol/Drug Problem

(Note: Excludes nicotine and caffeine.)

37. Have you ever had an alcohol problem? [How often did you drink?] ☐   Yes ☐   No

38. Have you ever had a drug problem? [What kind of drugs have you taken?] ☐   Yes ☐   No

    Specify Drugs Taken:_____

39. Do you currently have an alcohol problem? [How much do you drink in an average week? Have your

    drinking habits changed at all over the past year?] ☐   Yes ☐   No

40. Do you currently have a drug problem? [What kind of drugs are you taking? Have your drug taking

habits changed over the last year? Were you taking drugs while you were in prison?] ☐   Yes ☐   No

Specify drugs currently taken:_____

41. Do you think that your use of drugs/alcohol has or could contribute to any law violations? [Trafficking in drugs to support a habit? B & Es and thefts of property to fence for money for drugs? Parole violations?]

☐   Yes ☐   No

42. Has your family complained to you about your drinking/drug use? [Have you been kicked out of the house for substance abuse?] ☐   Yes ☐   No

43. Have you had problems in school or work because of your use of drugs or alcohol? [Have you ever not gone to school or work because you've had a hangover? Were you asked to leave school because of drug use? Did you lose your job because of intoxication?] ☐   Yes ☐   No

44. Have you had any medical problems due to drug or alcohol use? [Has a doctor told you to cut down on your substance use?] ☐   Yes ☐   No

45. How often do you use drugs or alcohol? Do you drink till you are unconscious? Have you experienced any financial difficulties because of drug use? Do you ever drink or take drugs to avoid a hangover? Do you drink when you first get up in the morning? Have you been to a Detox Center? Do you ever experience blackouts?_____

9. Emotional/Personal

"Interference" refers to an individual's ability to respond to life's stressors, and to the quality of that person's functioning in the real world. Is his/her ability and functioning affected by psychological or psychiatric problems? Assess client's level of adaptive functioning with regard to the past year.

46. Moderate interference

Examples of moderate interference or emotional distress: signs of mild anxiety (insomnia, worrying); signs of mild depression (quiet, underassertive). Consider here also the client whose emotional and cognitive functioning seems stabilized through mental health intervention._____

47. Severe interference

This item should be answered "Yes" based on any indicator(s) of client's mental health problems. The

intent of the item is to detect active psychosis in a client. The following types of questions are

suggested as a means of exploring some indicators of mental health problems:

Do you have any concerns about your emotional stability? ☐   Yes ☐   No

Have you been considering psychiatric consultation? ☐   Yes ☐   No

Have you been considering voluntary admission to a psychiatric facility? ☐   Yes ☐   No

Do you think committal to a psychiatric hospital may be necessary? ☐   Yes ☐   No

Do you think a lot about committing suicide? ☐   Yes ☐   No

Are you bothered by uncontrollable urges or ideas? ☐   Yes ☐   No

Severe emotional and cognitive interference may also be detected by observing the following types of

indicators during the interview: excessive sweating ☐   Yes ☐   No

Extreme passivity or aggression ☐   Yes ☐   No

Verbal abusiveness ☐   Yes ☐   No

Odd or strange verbalizations ☐   Yes ☐   No

Very slow or very fast speech ☐   Yes ☐   No

Rambling conversation ☐   Yes ☐   No

Reports of auditory and/or visual hallucinations ☐   Yes ☐   No

Delusional thinking ☐   Yes ☐   No

48. Mental health treatment, past ☐   Yes ☐   No

49. Mental health treatment, present ☐   Yes ☐   No

50. Psychological assessment indicators (see following list) ☐   Yes ☐   No

If the client has never been assessed, or if it is unknown whether the client has ever been assessed, but there

are indicators of problems with the following, answer "Yes" for this item and note the problems that the

client's behaviors indicate, for example:

☐ intellectual functioning

☐ academic/vocational potential

☐ academic/vocational interests

☐ excessive fears; negative attitudes towards self, depression, tension

☐ hostility; anger; potential for assaultive behaviour; over-assertion/aggression

☐ impulse control; self-management skills

☐ interpersonal confidence; interpersonal skills; under-assertive

☐ contact with reality; severe withdrawal; over-activity; possibility of delusion/hallucination

☐ disregard for feelings of others; possibility of reduced ability or inability to experience guilt/shame; may

  be superficially "charming," but appears to repeatedly disregard rules and feelings of others

☐ criminal acts that don't make sense, appear irrational

☐ other (specify)_____

10. Attitudes/Orientation

This need area is concerned with what and how a person thinks about him/herself, others, and the world.

Are his/her attitudes, values and beliefs, and thinking procriminal, antisocial or anticriminal, prosocial?

51. How do you feel about the crimes you've committed? [Do you think it was wrong? Do you feel

    sympathy for the victims of your crimes?] (Note expressions that provide excuses for criminal conduct

    or favorable evaluations of a crime and a criminal lifestyle.)_____

_____

52. Would you like to lead a life without crime? [Do you believe in obeying the law? Is the law fair? How

    important is education in life? How important is having a job?]

_____

53. Do you think your sentence was appropriate and fair?_____

54. Do you feel that the supervision you are being placed under is appropriate and fair? [Do you intend to

    co-operate and seek assistance for significant problems? Is your probation officer or worker fair and

reasonable?]_____

Notes: Circumstances Requiring Special Attention_____

LSI-R: The Level of Service Inventory – Revised

by D. A. Andrews, Ph.D., and James L. Bonta, Ph.D.

Name: _____   Identifying Number: _____

Date of Birth: ___/___/___   Sex: M   F   Date: ___/___/___

Referral Source: _____   Reason for Referral: _____

Disposition: _____   Present Offenses: _____

The LSI-R is a quantitative survey of attributes of offenders and their situations relevant to the decisions regarding level of service. The LSI-R is composed of 54 items. Items are either in a "yes-no" format, or in a "0-3" rating format, based on the following scale:

3: A satisfactory situation with no need for improvement

2: A relatively satisfactory situation, with some room for improvement evident

1: A relatively unsatisfactory situation with a need for improvement

0: A very unsatisfactory situation with a very clear and strong need for improvement

Place an "X" over the appropriate response for each question, whether it be a simple "yes" or "no", or a rating number. The answers will transfer through to the scoring sheet beneath for quick tallying of the LSI-R score. Be sure to see the manual for guidelines on rating and scoring. For missing information, circle the question number.

Criminal History

No Yes	1.	Any prior adult convictions? Number ___
No Yes	2.	Two or more prior adult convictions?
No Yes	3.	Three or more prior adult convictions?
No Yes	4.	Three or more present offenses? Number: ___
No Yes	5.	Arrested under age 16?
No Yes	6.	Ever incarcerated upon conviction?
No Yes	7.	Escape history from a correctional facility?
No Yes	8.	Ever punished for institutional misconduct? Number:
No Yes	9.	Charge laid or probation/parole suspended during prior community supervision?
No Yes	10.	Official record of assault/violence?

Education/Employment

When in labor market:

No Yes	11.	Currently unemployed?
No Yes	12.	Frequently unemployed?
No Yes	13.	Never employed for a full year?
No Yes	14.	Ever fired?

School or when in school:

No Yes	15.	Less than regular grade 10?
No Yes	16.	Less than regular grade 12?
No Yes	17.	Suspended or expelled at least once?

For the next three questions, if the offender is a homemaker or pensioner, complete #18 only. If the offender is in school, working, or unemployed, complete #18, #19 and #20. If the offender is unemployed, rate 0.

3 2 1 0	18.	Participation/performance
3 2 1 0	19.	Peer interactions
3 2 1 0	20.	Authority interactions

Financial

3 2 1 0	21.	Problems
No Yes	22.	Reliance upon social assistance

Interview Guide

Name: _____   Date: ____/____/____

Interviewer: _____

The role of interviewing in LSI-R assessments is described in the Manual. Interviewers may choose to develop their own semi-structured interview to elicit the information needed to make the LSI-R ratings. If this interview is used, interviewers should ask each of the numbered questions; however, they may vary the wording of questions as necessary, in order to make them comprehensible or to maintain rapport. Questions in square brackets [ ] are probes; they are asked only to prompt the individual for more detailed information, or to clarify a point for the individual so that they may provide you with more information.

In general, when evaluating a client's situation, focus upon the present and/or past year. The LSI-R focuses on assessing a client's situation and the factors that require attention in order to minimize the risks for re-offending.

LSI-R Subcomponents

Criminal History

It is often useful for rapport building to begin an interview with the Criminal History subcomponent since most offenders are quite at ease in answering the questions in this section. However, every effort should be made to collaborate the client's responses with a collateral review based on available archives. The questions are quite straightforward and follow those on the record form.

1–3. Have you had any prior adult convictions?   ☐ No   ☐ Yes   How many?_____

4.   Do you have three or more present offences?   ☐ Yes   ☐ No

5.   Were you ever arrested under the age of 16?   ☐ Yes   ☐ No

6.   Were you ever incarcerated upon conviction as an adult?   ☐ Yes   ☐ No

7.   Have you had any history of escape or attempted escape from a youth or adult correctional facility, including institutional and residential facilities?   ☐ Yes   ☐ No

8.   Were you ever punished for institutional misconduct? For what infraction?   ☐ Yes   ☐ No

_____

9.   Were charges ever laid or your probation or parole suspended during prior community supervision?   ☐ Yes   ☐ No

   Describe the event: _____

10. Do you have an official record of assault or violence?   ☐ Yes   ☐ No

   Specify: _____

Appendix C: Mental Health/Demographics Questionnaire Survey

Nazak Dadashazar, MA, LPC-S, NCC

2016 Research Study titled:
"Offender Recidivism: A Quantitative Study of Motivational Risk Factors and Counseling"

Mental Health/Demographic Questionnaire Survey

The following page contains questions regarding the Research Study

named above you have agreed to participate by receipt of the terms

included in the *Implied Informed Consent Document* previously given

to you. Any questions or concerns regarding this survey or any aspect

of the research study, contact the researcher at XXXXXXXX. No

personal identifying information will be requested or included in this

study, as this is a confidential and anonymous data collection process.

Participation in this study is voluntary; there is no consequence for

withdrawing from the study at any time.

The following survey includes 6 Questions and should take less than 5 minutes to complete.
Once completed, please:

☐**Directly hand-in the survey to the researcher during collection times Monday through Friday during the 4-week data collection period (or),**

☐**Place the survey in the provided envelope and drop in the secured lock box in the Probation Office**

Thank you, in advance for your participation.

Have you been to Prison before: ☐ **Yes**   ☐ **No**

If "Yes": How many times have you been incarcerated before?_____

    RECIDIVIST_____   **NON-RECIDIVIST_____**

1. **Since your release from Prison, have you attended <u>any</u> Counseling Services as part of your Reentry Programming?** ☐ **Yes**   ☐ **No**

If you answered "No", please answer the next question and skip to #5

2. **What was the reason why you did not attend Counseling Services?**

   o **Lack of funds to pay for counseling**

   o **Lack of transportation and/or housing**

   o **Interfered with work schedule/could not take off to attend**

   o **Personal_____**
   (ex. thought it wasn't beneficial, created a feeling of shame, or felt a negative stigma associated with attending counseling services)

3.   **Please state the type of Counseling Services you have attended:**

   o <u>**Individual Therapy (Examples):**</u>

      o **Situational Issues (Financial, Grief, Loss, Fears)**

- o **Post Traumatic Stress Disorder-Trauma/Abuse**

- o **Major Depression/Bi-polar Disorder/Anxiety**

- o **Hopelessness /Suicidal thoughts**

- o **Behavioral Issues**

- o **Severe Mental Illness Diagnosis**

- o **Marriage & Family Therapy (Examples):**

  - o **Spousal/Partner related issues**

  - o **Child Protective Services issues**

- o **Group Therapy & Classes (Examples):**

  - o **AA/NA /CA**

  - o **Sex or Gambling Addiction**

  - o **Anger Management Issues**

  - o **Coping Skills/Assertiveness/Trauma**

  - o **Other type (please specify):_____**

4. **How many Counseling Sessions have you attended since your current <u>release from Prison</u>:**
   - o **Just one**
   - o **1 to 4**
   - o **4 to 8**
   - o **More than 8**
     - ▪ **Number of counseling sessions attended _____**

5. **Were Counseling Services part of your Supervised Release Plan**

   ☐ **Yes**   ☐ **No**

   Specifically, sessions were:

   - o **Mandated by the Courts**
   - o **Voluntary**

Appendix D: Permission Letter Multi-Health Systems, Inc. (MHS, Inc.)

MHS

Multi-Health Systems Inc.

Publishers and Distributors of Professional Assessment Materials

November 30, 2016

To Whom It May Concern,

This letter is to confirm that Nazak Dadashazar has been granted permission by Multi-Health Systems Inc, (MHS) to use the LSI-R ™ for her dissertation at Walden University.

Nazak Dadashazar has also met our Qualifications, which are in accordance with the ethical and professional standards of the (American Psychological Association) and the (Standards for Education and Psychological Testing/Guidelines for Educational and Psychological testing), to administer this instrument.

Thank you,
XXXXXXX
Multi Health Systems, Inc.

Appendix E: Walden University Letter of Cooperation

US Probation Office

November 7, 2016

Dear Nazak Dadashazar (Student # XXXXXXXX),

Based on my review of your research proposal, 1 give permission for you to conduct the study entitled, *Offender Recidivism: A Quantitative Study of Motivational Risk Factors and Counseling* within the US Probation Office. Western District of Texas. As part of this study. I authorize you to attend visits at the offices to recruit potential pru1icipants. hand-out and/or administer appropriate survey assessments answer any questions that may arise. and distribute/obtain proper implied informed consent and be given access to public information available. Individuals' participation will be voluntary and at their own discretion.

Let it be known that as part of this cooperation agreement, all information will be and remain anonymous and confidential. Therefore, no identifying personal information will be provided or exchanged throughout this research study.

We understand that our organization's responsibilities include: allowing vou access to enter the Probation
Office and/or areas potential participants are located to distribute informational flyers for recruitment. hand-out Implied Informed Consent forms. provide a space to administer assessments and answer applicable questions and work with the Probation Officers to identify potential participants as needed. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected 'will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

XXXXXXXXXX
Deputy Chief US Probation Office,