

IMPROVED

REENTRY EDUCATION

TIP SHEETS

CONSIDERING BEHAVIORAL HEALTH AS A CRITICAL COMPONENT OF REENTRY PROGRAMMING

While reentry education programs focus primarily on education and training, providers generally recognize that addressing behavioral or mental health needs for their participants can be as crucial to participants' success as the academics and technical training. Yet, program staff do not always understand or have the training necessary to address the most pressing needs that the reentry population faces. This tip sheet is designed to give an overview of behavioral health issues and the "criminogenic" needs that frequently emerge for people in reentry programs. With this knowledge, providers can begin to either implement or secure partners' services to address these behavioral health needs and improve the participants' outcomes in reentry program.



TIPS

Familiarize program staff with the scope of behavioral health issues often experienced by people returning from incarceration.

Typically, the staff working in reentry education and workforce development have expertise in education or technical skill development and not in mental health or behavioral health strategies and needs. As a result, they do not understand the scope of behavioral health issues among the population they serve.

The criminal justice system, both jails and prisons, is the largest source of mental health referrals. This is because the majority (83%) of the adults in prisons and jails have a substance addiction.¹ Mental health disorders are also a serious issue for this population: nearly 17% of adults in corrections facilities, including jails and prisons, have a serious mental illness². The numbers are also similar for those on probation and parole³. Thirty-five percent of parolees and 40 percent of probationers had drug or alcohol dependence or abuse in the past year

Given this scope, program providers should expect that behavioral health issues will be common, not an aberration. Program providers should plan accordingly to provide supports, either as part of the program or through well-connected partners. In addition, program staff should be well-informed about the issues their students are dealing with face.

Familiarize program staff with the basic needs that, when addressed, are associated with improved reentry outcomes.

Recidivism research has identified categories of needs, described as the “Big Four Needs” and “Lesser Four Needs”, that should be addressed in order to decrease recidivism. Put simply: change is most likely when participants change their thoughts, feelings, and actions.

¹ The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance abuse and America’s Prison Population. <https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america's-prison-population> An earlier study, breaking this down by prison and jail populations, found that 50% of adults in prison and 70% of people in jail have a substance abuse disorder. James, D.J., and Karberg, J.C. (2005). Substance dependence, abuse and treatment of jail inmates, 2002. Office of Justice Programs. <http://www.csdp.org/research/sdatj02.pdf>

² Steadman, H.J., Osher, F.C., Robbins, P.C., Case, B., and Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60(6): 761-765.

³ Feucht, T.E., and Groerer, J. (2011), Mental and substance use disorders among adult men on probation or parole. SAMHSA. http://samhsa.gov/data/2k11/Mental_Disorders/Mental_Disorders.pdf

The table below identifies the big four criminogenic needs and the desired responses are identified below.⁴

Big Four Criminogenic Needs

Criminogenic Need	Response
Anti-social cognition	Reduce anti-social cognition, recognize risky thinking and feelings, adopt an alternative identity
Anti-social companions	Reduce association with criminals, enhance contact with pro-social activities and people
Anti-social personality (temperament)	Build problem solving, self-management, anger management, and coping skills
Poor critical thinking	Address repeated mistakes, decision making patterns, inaccurate assumptions

Education or workforce training is not identified as a response. While these needs do not explicitly reference education or employment training, reentry education programs can promote the desired responses to these needs. For example, reentry programs often include program elements designed to improve critical thinking skills in cognitive and non-cognitive context. Many embed or work with partners that provide cognitive behavioral therapy or motivational interviewing to reduce anti-social cognition and anti-social behaviors. Peer groups and connections with program alumni increase opportunities for pro-social companions.

Research has also identified **Lesser Four Needs**⁵ and the desired responses. Education and employment are specifically referenced among the lesser needs. Reentry programs can also connect participants to services to address other needs through partnerships with organizations that provide legal services to support family

⁴ Central Eight Criminal Risk Factors & Treatment

http://www.ajc.state.ak.us/sites/default/files/imported/acjc/BehavioralHealth/criminogenic_riskstx_targets.pdf

⁵Central Eight Criminal Risk Factors & Treatment

http://www.ajc.state.ak.us/sites/default/files/imported/acjc/BehavioralHealth/criminogenic_riskstx_targets.pdf

reunification or family counseling to support reconciliation. Partners that provide substance abuse treatment for individuals and family support should be a priority in the providers' portfolio.

Lesser Four Criminogenic Needs

Criminogenic Need	Response
Family and/or marital	Reduce conflict, build positive relationships and communication, enhance monitoring/supervision
Substance abuse	Reduce usage, reduce the supports for abusive behavior, enhance alternatives to abuse
Employment/Education	Provide employment seeing and keeping skills, enhance performance rewards and incentives
Leisure and/or recreation	Enhance involvement and satisfaction in pro-social activities

It is important for reentry program providers to understand these needs as their education and training programs can be a critical intervention for addressing these needs.

Prepare program staff to better address these needs in the context of the reentry program. An individual program cannot possibly meet all of the underlying mental health issues for their participants, but there are ways to enhance existing offerings and build strategic partnerships to address the most commonly occurring issues that emerge among the participants in a program. Here are some tips from programs who have implemented different strategies to try to promote change in those areas.

- ✓ **Build partnerships to address substance abuse, serious mental health issues or the co-occurrence of both.** For example, Washburn Institute of Technology has implemented a variety of strategies to bring existing expertise to the participants in their reentry education program. The program partners with the Regional Alcohol and Drug Assessment Centers to provide substance abuse assessments, facilitate services to provide a continuum of care, and help foster partnerships in order to provide services. When needed, participants can get referrals to End Dependence Kansas that is facilitated by Care Coordinators working with participants from incarceration through release.
- ✓ **Provide professional development that equips staff who work directly with participants.** For example, Western Technical College's Project Proven reentry

program includes cognitive behavioral therapy training as part of their instructors' professional development. This gives instructors a new toolbox for responding to disruptive behavior as teachable moments that address Big Four Needs – moving them to more prosocial behaviors, problem solving, and improving critical thinking – instead of simply removing people from class.

- ✓ **Create a network of reentry support organizations that coordinate comprehensive support services for reentry population.** For example, Lancaster Lebanon IU13 is part of a regional Reentry Management Council that includes organizations from all sectors, legal, mental health, education, workforce training providers, etc. All of these systems stakeholders work together to integrate resources to better support reentry in the region. Mental health service providers and agencies are integral part of this network and partner closely with other members of the Council to be able to address behavioral health needs.