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An occupational therapy emotion regulation and problem solving program for incarcerated women

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BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

**AN OCCUPATIONAL THERAPY EMOTION REGULATION AND
PROBLEM SOLVING PROGRAM FOR INCARCERATED WOMEN**

by

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B.A., University of Montana, 2009
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Submitted in partial fulfillment of the
requirements for the degree of
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DEDICATION

I dedicate this doctoral project to my supportive family and friends who encouraged me, advised me, and simply put up with me while I completed this long process.

Most importantly, I would like to thank my parents for always being my loudest and most insistent cheerleaders. Without your continual encouragement and support I would not have finished this project. Thank you.

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Karen Duddy, my peer mentor, served as a stabilizing force when I felt lost. She was always available to answer questions, provide feedback on my drafts, and help me articulate the core of the problem. Her guidance always seemed to lead me down the right path, and I am grateful for her friendship.

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JANNA N. SMITH

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ABSTRACT

Incarcerated women face increased barriers to successful community reintegration, often including a history of trauma and poor coping skills. Using a composite of several theories, the author's proposed model of the problem states that as women return to the community following incarceration, maladaptive thought processes and decreased problem solving abilities may lead to detrimental behavior resulting in recidivism. The author suggests that an occupational therapy emotion regulation and problem solving program beginning in prison and continuing into the community will afford women the skills necessary to respond appropriately to stressors and prevent recidivism. Phase one of the proposed program consists of six modules introduced in three-hour weekly sessions in the prison environment, which will focus on emotion regulation and problem solving strategy development. Phase two of the program begins after the women have reentered the community and consists of monthly individual visits between the occupational therapy facilitator and participants. In addition, weekly phone calls will be initiated to reinforce learned concepts and provide an environment of support. As demonstrated throughout the author's proposal, this nine-month program has

the potential to decrease recidivism, lower taxpayer financial burden, and rebuild damaged communities.

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CHAPTER ONE

Introduction

The author seeks to develop and implement an emotion regulation and problem solving intervention for incarcerated women preparing to reenter the community. Mass incarceration and its concurrent issue of recidivism are widespread, expensive problems in this country. This phenomenon refers to the high rates of imprisonment in the United States in the 21st century, particularly among young, African American men and women (Kelly, 2015). Imprisonment has a negative impact on incarcerated individuals in almost every aspect of their lives, including physical health, mental health, and outside relationships (Schnittker, 2014). Incarcerated females are especially vulnerable, as they are more likely than their male counterparts to have a history of emotional, sexual, and/or physical abuse (Pelissier et al., 2003; Richie & Johnsen, 1996), and some researchers have found that a failure to address trauma symptoms in female inmates will result in adjustment difficulties both in prison and after reentry (Messina, Burdon, Hagopian, & Prendergast, 2006). Occupational therapy, as a rehabilitative service that acknowledges the importance of wellbeing and quality of life, has the potential to play an integral part in preparing incarcerated women to re-integrate into the community. With increased emotion regulation and problem solving skills training, individuals are more likely to manage barriers in an adaptive way, leading to lower recidivism rates. The author's program is designed to assist this population in recognizing methods for identifying and moderating emotions, coping with past traumas and everyday stressors, and solving specific problems related to community reintegration.

Incarceration with recidivism is a critical problem in the way that it places an emotional, psychological and physical burden on individual lives, families, communities, and entire ethnic groups. There are a number of ways that incarceration adversely affects human functioning, participation and wellbeing:

- **Psychological Distress and Emotion Regulation.** The prevalence rate of mood and anxiety disorders among former inmates is about twice that of the general population (Schnittker, 2014). This ratio is even higher for impulse control disorders and substance use disorders. Schnittker (2014) found that not only do former inmates have a higher rate of psychological disorders, they also experience more disability as a result of these disorders. These psychological barriers, combined with the structural barriers formerly incarcerated individuals must overcome, make re-integration into the community challenging.
- **Societal Stigma.** On average, former inmates rate themselves as having a lower social status than the general population (Schnittker, 2014), with incarcerated females tending to report lower levels of self-efficacy than their male counterparts (Pelissier & Jones, 2006). Former inmates also experience collateral consequences of their time in prison, which may include ineligibility for federal welfare benefits, government-assisted housing, jury service, various types of employment and employment-related licenses, and military service. Some face sex offender registration and voting disenfranchisement (Pinard, 2010).
- **Occupational Deprivation.** In the prison setting, inmates are commonly limited in occupational choices by a 'no tools' policy that denies access to any object that

could potentially cause self-harm or be used as a weapon (Whiteford, 1997).

Because of this, inmates' occupations are often limited to cleaning their cells, smoking, mingling, and watching TV. This loss of meaningful occupation is significant and it poses a threat to individual health. Occupational deprivation can cause stress, loneliness, addiction, and violence (Hocking, 2012).

- **Parenting Skills.** Over sixty percent of incarcerated women are the parent of a child under 18, and many of these women were the primary caregiver before incarceration, with plans to resume custody of the children following reentry (Glaze & Maruschak, 2008). As incarcerated women have generally lead lives wrought with adverse circumstances and traumatic events, they have often not had the opportunity to develop effective emotion regulation or parenting skills (Shortt, Eddy, Sheeber, & Davis, 2014). Without intervention in preparation for release, many incarcerated mothers are unlikely to have the emotional and parenting skills necessary to facilitate successful parent-child reunification (Snyder, Carlo, & Coats-Mullins, 2001).

Moreover, recidivism imposes a financial burden on American taxpayers.

Funding requirements for the average inmate equal \$31,286 per year, and with over 2 million people in state or federal prisons, the cost of mass incarceration is upwards of \$40 billion annually (Henrichson & Delaney, 2012). This is a massive expense for a system that has been shown to be ineffective at rehabilitating people. The author's proposed program, with an expected cost of approximately \$19,000 and the potential to prevent recidivism of five women, is therefore a cost-effective solution that may save American

taxpayers thousands of dollars.

Though the problem of mass incarceration and recidivism is many-fold, and there are complex factors that contribute to the problem, for the purposes of her project the author intends to focus on factors that may lead to recidivism following re-integration into the community. For incarcerated females with a history of trauma, these factors include poor emotion regulation and problem solving skills. The author proposes that a transitional occupational therapy intervention emphasizing development of emotion regulation skills as well as individual goal setting and problem solving will be successful at decreasing recidivism in this population.

This 9-month program will initially be available to five women ages 18–40 and will begin while participants are still in prison, with continued support into the community as the women re-integrate. The intervention will focus on emotion regulation and problem solving skills, but will use an individualized goal setting strategy to address barriers specific to participants. Continued support into the community will assist the newly returned women to apply learned skills and locate appropriate resources for success. These five participants will engage in pre- and post-outcome measurement to assess if any change in emotion regulation skills has occurred. Following completion of the intervention, participants and other key stakeholders will provide suggestions for improving program activities and modules.

The following chapters discuss the theoretical and evidence base for the proposed intervention, as well as a detailed description of program activities and logistics. Plans for evaluation, funding, and dissemination are also presented. Through the careful

implementation of this evidence-based, theory-driven intervention, recidivism of five formerly incarcerated women may be avoided.

CHAPTER TWO

Theoretical and Evidence Base to Support the Proposed Project

Incarceration and recidivism are complex topics affected by a multitude of elements. The problem model that guides the author's proposed intervention, depicted in Figure 2.1, establishes a pathway from stressful event to recidivism. The proposed occupational therapy program addresses the areas of emotion regulation and individual goal setting as a means to adjust thought patterns. The author's primary guide to her intervention is a composite of three theories: general strain theory, Ecology of Human Performance, and the process model of emotion regulation. The author's intervention model is based on the premise that recidivism in the target population is ultimately a result of maladaptive thought processes following a stressor. The progression from event to recidivism is a three-stage process. First, an internal or external traumatic event elicits an emotional response from an individual. Next, the person consciously or unconsciously processes the emotion and the catalyst as negative and threatening. Finally, negative perception of the stimulus causes the individual to react accordingly, possibly turning to detrimental behaviors such as violence, drug use, or crime.

The author's model of the problem is primarily based on general strain theory, a criminological set of principles suggesting that individuals who have negative affective states and who tend to have a poor ability to cope in response to accumulated stressors are more likely to engage in crime (Agnew, 1992). General strain theory argues that these negative affective states, namely anger and related emotions, may result from unhealthy relationships or adverse events early in life, and may cause people to cope by

1) making use of illegitimate channels for goal achievement, 2) attacking the source of the adversity, or 3) managing their negative affect through the use of illicit drugs (Agnew, 1992). This theory has been successfully applied to criminal behavior in many different populations, including: low-income urban women (Schroeder et al., 2011); male inmates (Morris et al., 2012); young adults leaving foster care (Barn & Tan, 2012); and those who commit intimate partner violence (Eriksson & Mazerolle, 2013). Context is crucial to general strain theory, as it approaches criminal behavior at the social-psychological level, focusing on an individual and his or her immediate influences and the impact of those influences on affective state (Agnew, 1992).

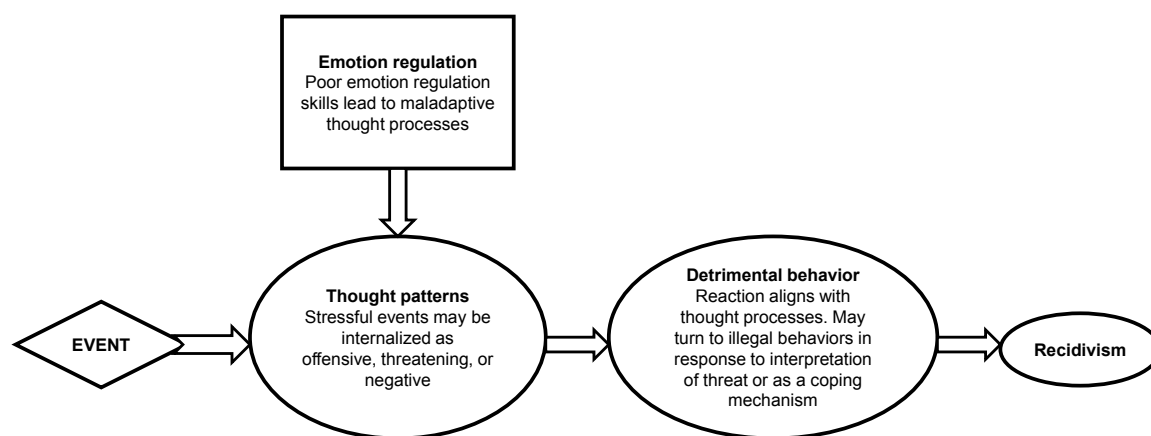


Figure 2.1. Model of the Problem

Another theory that recognizes the importance of context is the Ecology of Human Performance (EHP). The EHP is a framework that considers not only the physical environment, but also the temporal, social, and cultural elements that impact performance (Dunn, Brown, & McGuigan, 1994). For incarcerated females and those who have recently re-entered the community, context plays a significant role in ability to cope with stress and manage negative emotions. EHP offers a guideline for aligning

interventions with the specific environment in which these women will be performing their meaningful occupations following reentry into the community.

To engage this population and ensure that the women feel invested in their own rehabilitation, collaborative goal setting through the goal attainment scaling process will be used as a guide for intervention. This approach is based on the premise that goals affect performance by focusing attention, directing effort, increasing motivation, and enabling the development of strategies to achieve one's objectives (Hurn, Kneebone, & Cropley, 2006). Working toward personally meaningful goals is often accompanied by self-directedness and a sense of hope (Moran et al., 2017), which may empower these women to face adversities, manage stress, and ultimately succeed in the community.

As depicted in Figure 2.1, this author suggests that progression from negative thought patterns to criminal behaviors can be moderated by the addition of emotion regulation strategies. People naturally regulate their emotions to different degrees (Gross, 2014), so if the individual is able to process stressful input in an adaptive way, a more appropriate behavior could result that does not evolve into recidivism. Emotion regulation may be especially pertinent when considering female inmates, as they are more likely to have a history of emotional, sexual, and/or physical abuse (Pelissier et al., 2003; Richie & Johnsen, 1996). Research suggests that up to 70 percent of female prisoners have been sexually abused on at least one occasion in their adult lifetime, with half of these women reporting child sexual abuse victimization (McDaniels-Wilson & Belknap, 2008). Sexually victimized women are likely to be challenged by select aspects of emotion regulation; and child sexual abuse victims tend to have more difficulty

identifying and regulating emotional states, and accepting their emotions (Walsh, DiLillo, & Scalora, 2011). Many incarcerated women report that past incidences of sexual victimization are related to their subsequent offending (Belknap & Holsinger, 2006; Chesney-Lind & Rodriguez, 1983), and some researchers have found that failure to address rape-related trauma symptoms in female inmates may result in adjustment difficulties both in prison and after release (Messina, Burdon, Hagopian, & Prendergast, 2006).

Before unpacking the emotion regulation processes, emotion itself must first be explored. According to the model introduced by Gross (2014), emotions arise from complicated person-situation transactions that can be internal or external, and are initiated by a trigger. For example, an internal transaction might be a feeling of inferiority when comparing oneself to one's sister, while an external transaction might be sensations of anger triggered by an accusation from a loved one. The modal model asserts that a person first attends to this situation, then assesses and interprets its meaning in light of relevant personal goals. This appraisal leads to an emotional response, which may involve changes in experiential, behavioral, and neurobiological response systems (Ellsworth & Scherer, 2003). The emotional responses that are generated often change the situation that gave rise to the response in the first place. For example, if a woman comes home from work and sees that her husband has not washed his dishes, she may feel angry because it conflicts with her goal of keeping a tidy house. She assesses the situation, notes that this is the third time this week that the dishes haven't been done, and decides to confront her husband. Her husband begins crying because he is under great stress at work

and is now in an argument with his wife. The sight of her husband crying changes the woman's anger to compassion and empathy, and the pair spend the evening discussing his stress at work. Thus, the woman's emotional response to her husband has changed the original situation. This flow of causation is shown in Figure 2.2.

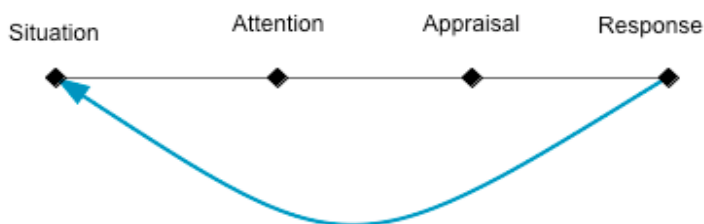


Figure 2.2. The modal model. Adapted from Gross, 2014.

Gross (2014) describes three core features of emotion regulation, namely activation of a goal, the strategy used to achieve the goal, and the outcome from this attempt. The first feature, activation of a goal, is described as one's desire to regulate one's own emotions, termed intrinsic emotion regulation; or regulate the emotions of others, known as extrinsic emotion regulation (Gross, 2014). The next core feature of emotion regulation involves the strategy used to alter or process an emotion. Gross (2014) asserts that these strategies range from conscious, explicit, effortful, and controlled processes to unconscious, implicit, effortless, and automatic processes. Finally, the emotion regulation process has some sort of effect on the emotion itself. Depending on the goal and the strategy implemented, emotion regulation may increase or decrease the latency, magnitude or duration of the emotional response or offset it altogether (Gross, 2014).

Based on the modal model of emotion and these three core features, Gross (1998) developed the process model of emotion regulation, represented in Figure 2.3. The

process model builds on the modal model, treating each step in emotion generation as a potential target for emotion regulation (Gross, 2014). This results in five points at which an individual can regulate their emotions by using one of the families of emotion regulation:

- situation selection – taking actions that make it more or less likely that one will find oneself in a situation that invokes desirable or undesirable emotions;
- situation modification – altering a situation to change its emotional impact;
- attentional deployment – directing one’s attention within a given situation in order to influence one’s emotions;
- cognitive change – modifying how one appraises a situation and determines its emotional significance; and
- response modulation – directly influencing experiential, behavioral, or physiological components of the emotional response (Gross, 1998).

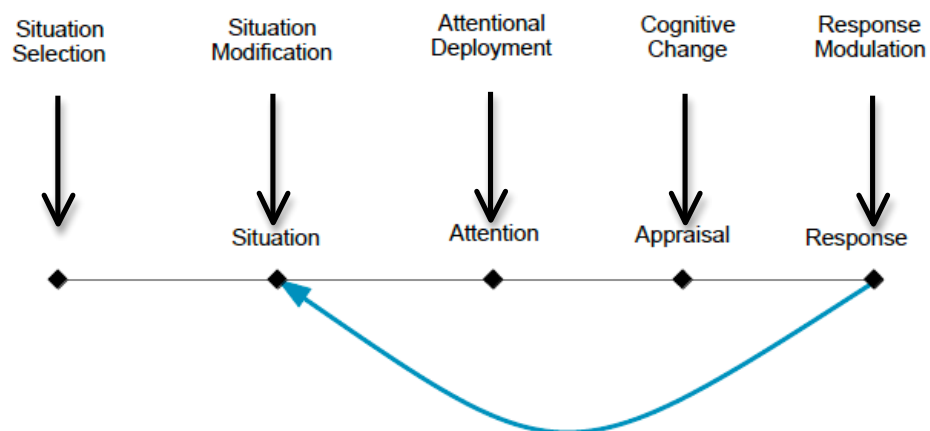


Figure 2.3. The process model. Adapted from Gross, 2014.

Laws and Crewe (2016) applied the process theory of emotion regulation to male prisoners, and found that in the prison system, some emotion regulation strategies are more readily available than others. For example, prisoners are by definition confined to small spaces, which makes situation selection and situation modification difficult. Female prisoners report contextual challenges when attempting to escape bullies, because outside of prison they would be free to walk away, but since that is often not an option in prison they are forced to use alternative coping mechanisms (Nelson, Woodhams, & Hatcher, 2010). Prisoners also report relying more heavily on attentional deployment especially distraction, and response modification in the form of emotional suppression (Laws & Crewe, 2016). The prison context appears to induce emotional suppression, as prisoners report hesitancy to express 'weaker' emotions since this is believed to result in exploitation by others (Laws & Crewe, 2016). Problematically, emotional suppression has been found to lead to a number of damaging social consequences, including difficulty forming relationships and increased levels of stress (Butler et al., 2003).

Emotion regulation also plays a significant role in effective parenting. Over sixty percent of incarcerated women are the parent of a child under 18, and many of these women were the primary caregiver before incarceration with plans to resume custody of the child(ren) following reentry (Glaze & Maruschak, 2008). These women have generally led lives wrought with adverse circumstances and events, without the opportunity to fully develop effective emotion regulation or parenting skills (Shortt, Eddy, Sheeber, & Davis, 2014). Without intervention in preparation for release, many incarcerated mothers are unlikely to have the emotional and parenting skills necessary to

facilitate successful parent-child reunification (Snyder, Carlo, & Coats-Mullins, 2001). Since incarcerated females tend to report lower levels of general self-efficacy than their male counterparts (Pelissier & Jones, 2006), and also are more likely to have a wider range of problems (Pelissier et al., 2003), this population in particular may benefit from an emotion regulation intervention to prepare for community re-integration.

The author has presented her working model to guide intervention as a composite of several theories, namely general strain theory, ecology of human performance, and the process theory of emotion regulation. The importance of goal setting for motivation and self-efficacy with this population has also been briefly explored. A literature review reveals that these specific elements have not yet been combined to address the needs of incarcerated women preparing to reintegrate into the community.

Several recent research articles have examined the effectiveness of interventions with incarcerated females or similar populations. A pilot study by Shortt, Eddy, Sheeber, and Davis (2014) used a quasi-experimental design to investigate the effectiveness of an emotion regulation program for incarcerated mothers preparing to reenter the community and reunite with their children. This intervention was developed to facilitate a healthy reunion between mothers and their minor children, and included an emotion regulation program where the women learned to identify emotions, experience them without judgment, and appropriately moderate responses. Shortt et al. (2014) found that in their study of 47 mothers, those who participated in the emotions program increased in effortful control from baseline to after release from prison. This means that they were more successful at identifying and controlling their emotions. In addition, mothers who

reentered the community and continued to seek support with emotion regulation and parenting had lower emotional dysregulation than those who stopped receiving support when they returned to the community. However, the researchers found no association between participation in the emotions parenting intervention and decreased recidivism. This investigation by Shortt et al. (2014) suggests that an emotion regulation program with continuing support as women reenter the community may be helpful to decrease emotional dysregulation and increase coping skills for the plethora of barriers these previously incarcerated females face following release from prison. Additionally, an intervention focused on more general application of emotion regulation, with an emphasis on individual goals as opposed to concentrating solely on parenting skills may be more successful in reducing recidivism in this population.

In a study by Clark and Duwe (2015), the authors examined the effectiveness of a prison-based life skills program, Power of People (PoP). PoP focuses on leadership and self-efficacy skills, and follows a curriculum including readings, homework assignments, and class discussions. The concept was first developed for use outside of prison, but has since been adapted to be used with incarcerated individuals. Through a retrospective quasi-experimental research design, Clark and Duwe (2015) matched offenders who had completed the program with those who had not and compared recidivism outcomes. The authors found that involvement in the intervention did not have a significant effect on recidivism rates. The addition of evidence-based elements such as matching the approach to prisoners' risk levels and criminogenic needs and adopting smaller class sizes are proposed to increase effectiveness of the program (Clark & Duwe, 2015).

Schram and Morash (2002) evaluated a more traditional life skills group implemented specifically with female inmates in Michigan. The primary purpose of their approach was to enhance eight specific skills: problem solving, stress management, anger management, money and time management, self-esteem, negotiation skills, parenting, and employability skills. The program was designed to include assistance from an aftercare agency to provide support and advocacy and some financial assistance for housing and childcare following reentry into the community. In the evaluation by Schram and Morash (2002), the researchers found that women who participated in the program reported insignificant changes in anger, conflict management, problem solving, income management, time management, and well being. There were significant improvements in cognitive coping skills, with participants' ratings indicating that they were "more likely to use cognitive, social, spiritual and overall coping resources to handle stress" than prior to the intervention (Schram & Morash, 2002, p. 57). Participants of the life skills group also had significantly lower recidivism rates than the comparison group after sixty days in the community. Of note, the aftercare agency in this endeavor only successfully reached 62% of the participants, and many women reported feeling that the agency did very little to help and expressed the desire for more support in the community.

As previously mentioned, incarcerated females often have a traumatic past including higher rates of physical or sexual abuse (McDaniels-Wilson & Belknap, 2008). Child sexual abuse is frequently linked with posttraumatic stress disorder (Famularo, Kinscherff, & Fenton, 1992; McLean et al., 2013). In this way, incarcerated females preparing to reenter the community are not unlike veterans with PTSD preparing to

reintegrate into the community following a tour of service. Tenhula et al. (2014) evaluated the veterans' program Moving Forward, which focuses on building resilience and decreasing emotional stress in veterans using a problem-solving approach. The study describes the program as consisting of three parts: problem-solving multitasking, emotional regulation using the "Stop, Slow Down, Think, and Act" method, and planful problem solving (Tenhula et al., 2014). The evaluation of 479 veterans who completed the program showed an overall reduction in depressive symptoms, lower levels of reported distress, higher levels of resilience, and more effective problem solving as compared to pre-treatment scores. This study suggests that emotion regulation skills combined with problem-solving strategies may be effective in reducing distress and increasing adaptive problem solving in a population with a history of trauma.

As shown, several researchers have investigated the efficacy of interventions with incarcerated females or similar populations. However, none of these interventions has the specific combination of emotion regulation skills, context-driven theory, and focus on individual goals and challenges that this author plans to implement. The author believes that this combination of factors will create a program that is successful in improving coping skills and decreasing recidivism in previously incarcerated women.

CHAPTER THREE

Description of the Proposed Program

As incarcerated females are more likely than their male counterparts to have barriers to successful reintegration into the community (Pelissier et al., 2003), and to have experienced significant trauma prior to incarceration (Richie & Johnsen, 1996; Pelissier et al., 2003), the author proposes a two-phase occupational therapy program directed at this population. Intervention will be focused on emotion regulation and individual problem solving aimed at specific anticipated issues related to community reentry.

Research suggests that intervention with incarcerated females should have a trauma-focused approach (Miller & Najavits, 2012), to prevent repeating aspects of past abuse and promote trauma recovery. One aspect of this approach is trauma-informed care, which is practiced in correctional facilities (Miller & Najavits, 2012) as well as residential centers for youth with behavioral and psychological issues because of a history of complex trauma (Hummer, Dollard, Robst & Armstrong, 2010). Agencies that incorporate trauma-informed practices train staff to recognize behaviors that arise as manifestations of past trauma and to respond therapeutically. A second aspect encompasses trauma-specific services, which include cognitive-behavioral therapy, emotion regulation, and other coping skills interventions. Individuals that receive emotion regulation training are taught to develop awareness of their emotional response to stressful situations and to moderate their reactions to be appropriate for the environment (Gross, 2014). The author selected this method because of its likelihood of being effective in assisting incarcerated women to cope with past trauma and impending

stressors in light of approaching community reintegration. In addition, Tenhula et al. (2014) found that problem-solving therapy is effective for decreasing distress and increasing positive coping behaviors in a population that has experienced trauma. For these reasons, both emotion regulation skills and problem-solving skills will be addressed in the proposed intervention. By providing individualized support that continues into the community following re-integration, the author anticipates that the women participating in this program will have decreased stress, increased problem-solving skills, and ultimately lower recidivism rates.

Inclusion criteria for the proposed program include females who are 18–40 years old, have spent at least 1 year in prison, are scheduled to reenter the community within 4 months, and express commitment to follow through with a 9-month program. These criteria are based on national recidivism data, which indicate that former inmates under 40 years old are more likely to recidivate, particularly within the first year, with over one third of former inmates being rearrested in the first 6 months following release (U.S. Dept. of Justice, 2014). In addition to these criteria, the program will target a group of women who will return to communities within a 40-mile radius of the selected state prison. The purpose of this specification is to enhance feasibility of attendance at community follow-up meetings conducted by the occupational therapist facilitator. This proposed program will be presented to incarcerated women in the same way as other available prison programming for the year to elicit interested participants; screening for eligibility will then be conducted in conjunction with the prison case manager and any counselors employed by the prison to select the five women who will participate.

Phase one of the program will consist of twelve weekly group meetings, in which 6 teaching modules will be presented, while the women are incarcerated. Meetings will be three hours long and will focus on aspects of emotion regulation and problem-solving skills, as depicted in Table 3.1. Phase two of the program will consist of weekly phone calls and individual once-monthly meetings between the occupational therapist and participants after participants have returned to the community. This phase of the program is consistent with literature on successful prisoner reentry programs, which suggests that effective services begin in prison and continue throughout the reintegration process (Hunter et al., 2016; Clear, Rose, & Ryder, 2001; Seiter & Kadela, 2003).

Topic	Sessions	Goals
Emotion Regulation	1–2	Module 1. Identification of emotions in oneself and others.
	3–4	Module 2. Identification of potential areas of emotion regulation.
	5–6	Module 3. Application of emotion regulation to imaginary and real-life situations.
Problem Solving	7–8	Module 4. Problem externalization, visualization, and simplification.
	9–10	Module 5. Problem definition, realistic goal setting, generation of solutions.
	11–12	Module 6. Application of problem-solving skills to imaginary and real-life scenarios.

Schwartzberg, Howe, & Barnes (2008) report that an ideal occupational therapy group size is between 5 – 10 members; however, to best attend to participants' needs and assist with development of rapport and trust, group size for the current program will be limited to five incarcerated females for one occupational therapist. Before the first group meeting, the occupational therapist will meet with each of the five women individually to

engage in motivational interviewing and goal attainment scaling. This process will enhance awareness of potential challenges following reentry, and it will ensure that the program modules are geared toward personally meaningful occupational goals set by the participants (Rollnick, Miller & Butler, 2008).

Motivational interviewing, which is a client-centered interaction intended to help a person recognize and address his or her current or potential problems (Rubak et al., 2005) will play a significant role in the goal setting process with the female participants. It is thought to be particularly useful with people who are resistant to change or are ambivalent about change. The technique relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change, and it has been used successfully in a wide variety of settings by many different professions (Rubak et al., 2005). For this program, motivational interviewing will assist the participants to examine their goals for community reentry and potential barriers toward reaching those goals. In addition to facilitating goal setting, motivational interviewing will allow development of a relationship between participants and the facilitator, and will give the facilitator information about what each of the women value and hold as important. This can be helpful information to revisit if any of the women become overwhelmed with working toward their goals following community reentry.

The female participants will be asked to create three goals for community reentry using goal attainment scaling (GAS), an individualized goal setting and assessment process that allows people to monitor their own progress in ways that may be difficult using standardized measures (Mailloux et al., 2007). There are three steps in the GAS

process. First, problems or issues that will be the focus of intervention are identified (Kiresuk, Smith & Cardillo, 1994). This step will be completed during the motivational interviewing portion of participant evaluation. Next, the participant will be guided to generate three goals from the problems list that are realistically attainable within the given time period and that refer to an observable behavior or area of function (Kiresuk, Smith & Cardillo, 1994). Finally, each of the three goals will be scaled by establishing five levels of potential outcomes, with the expected outcome being the middle level and receiving a score of 0 points. Two possible results that represent lower than anticipated outcomes are scored -1 or -2. Similarly, two possible results that represent a better than anticipated outcome are scored +1 or +2. Each level of a goal represents a specific, observable criterion, as illustrated in Table 3.2. For example, a woman may choose a goal of responding appropriately to her toddler when he tantrums. The expected outcome may be written as: maintains normal voice volume for 2 to 3 minutes while toddler tantrums. The step-down results may read as: maintains normal voice volume for 1 to less than 2 minutes while toddler tantrums, and maintains normal voice volume for less than 1 minute while toddler tantrums, with scores of -1 and -2 respectively. Then, the step-up results would read as: maintains normal voice volume for greater than 3 to 4 minutes while toddler tantrums, and maintains normal voice volume for more than 4 minutes while toddler tantrums, with scores of +1 and +2 respectively. Thus, goal attainment scaling allows participants to visualize a range of success in relation to a specific problem.

<i>Table 3.2 Sample goal scaling chart for a parenting goal</i>	
Level of Attainment	Goal 1: Respond Appropriately to Tantrum
Much less than expected: Score of -2	Maintains normal voice volume for less than 1 minute while toddler tantrums
Somewhat less than expected: Score of -1	Maintains normal voice volume for 1 to less than 2 minutes while toddler tantrums
Expected level of outcome: Score of 0	Maintains normal voice volume for 2 to 3 minutes while toddler tantrums
Somewhat more than expected: Score of +1	Maintains normal voice volume for more than 3 up to 4 minutes while toddler tantrums
Much more than expected: Score of +2	Maintains normal voice volume for more than 4 minutes while toddler tantrums

Once scaled goals have been set, phase one of the program will begin with group meetings in the prison environment. For the first six weeks of the proposed program, group meetings will focus on development of emotion regulation skills. Module 1 will initially assist participants in recognizing emotions in themselves and others. Then, the women will learn to identify the five potential areas of emotion regulation and effective strategies for each area in Module 2. Finally, role-play and case study will be used in Module 3 to practice active regulation of emotion in stressful situations. Throughout these six weeks, the women will have homework assignments focused on development of learned skills with everyday interactions in the prison system. A short verbal quiz will be administered following each of the modules to support proper absorption of class materials. Appendix D provides an example session focused on identification of emotions.

The next six weeks of the in-prison program target both general and specific problem-solving skills. The women participants will learn to define problems, set realistic goals, and generate alternative solutions. In Module 4, the women will be introduced to three tools used to prevent cognitive overload when dealing with stressful situations: externalization, visualization, and simplification (Rogers & Monsell, 1995). This module is based on research demonstrating that displaying problems externally by methods such as writing ideas down, drawing pictures or charts, making lists, or using audio recorders, can help with creative problem solving by reducing stress on working memory (Tenhula et al., 2014). Visualization can then be used to clarify the problem or imagine possible consequences generated by solutions. Finally, simplification of problems breaks complex problems into smaller, more manageable components. In Module 5, the women will learn to define problems in concrete terms, transforming abstract or vague concepts into specific problems. They will then explore realistic goal setting with regard to problem solving, and learn to generate creative solutions. Once the participants have mastered these tools, the occupational therapist will work with them in Module 6 to apply the strategies to real-life situations. Similar to Modules 1–3, participants will engage in a short verbal quiz following Modules 4–6 to support understanding of the material. Appendix D provides an example of a session focused on externalization and simplification of problems.

As researchers have identified the need for continued support following prisoner reentry (Grieb et al., 2014; Hunter et al., 2016), phase two of this program will bridge services between prison and the community. Once the women have transitioned home,

the occupational therapist facilitator will travel to meet with them individually once a month for six months to address any specific barriers faced following reentry. In addition, the facilitator will make weekly phone calls to each of the women to maintain more frequent contact and reinforce an environment of support. During the once monthly meeting, the therapist will focus on reinforcing emotion regulation and problem-solving skills and applying these learned strategies to real-life challenges the women are facing. Goals set at the beginning of the program will be revisited at each monthly meeting, and progress will be jointly assessed. Additionally, these monthly meetings will serve as an opportunity for the occupational therapist facilitator to connect the women with local resources that may be of assistance and enhance participants' abilities to seek out these resources for themselves.

The most significant barriers to the success of this program, as designed by the author, revolve around resources available and policies enforced within the prison system. As many prisons are overcrowded nationally (U.S. Dept. of Justice, 2015), physical space for programming in prisons is often limited. This course can only successfully be completed if the prison is able to accommodate the group meetings for 12 weeks. This will include providing physical space and prison staff to oversee the groups, as mandated by most facilities. Additionally, all prisons have regulations regarding interactions between people within prison grounds, and restricted use of tools that may impact some of the proposed activities. Prison policies often pose a barrier to creating a safe, inviting environment where women feel comfortable sharing personal information and engaging in the healing necessary for successful reentry (Program Director at a MT

prison facility, personal communication, June 9, 2017).

Time for monthly meetings, which must be dedicated by the formerly incarcerated individuals once they have returned to the community, may also be a barrier to the success of the program. However, this is hopefully accounted for in selection of participants who live within a 40-mile radius of the prison and are able to commit to the full 9-month program. These criteria will enable the facilitator to negotiate scheduling of sessions to meet the needs of formerly incarcerated women.

In summary, the author has laid out a program to address emotion regulation and problem solving in a population of women that will be reentering the community after serving a prison sentence. It is believed that this evidence-based, theoretically driven program will assist the participating women in decreasing stress and increasing positive coping strategies for successful reintegration. With the skills necessary to navigate barriers and solve individual problems, these women may ultimately be free to experience success in the community and avoid recidivism.

CHAPTER FOUR

Evaluation Plan

Overall Vision

To review, the author's intervention will focus on developing emotion regulation and problem-solving skills in a population of women that are currently incarcerated, with the aim of increasing successful community integration and decreasing recidivism. A logic model depicting the overall flow of the program is provided in Figure 4.1. In the long term, summative or outcomes program evaluation will be a means to determine if the intervention is effective in producing the desired results. The current phase of program development calls for formative or process evaluation, where qualitative and quantitative information obtained from participants, families, and stakeholders will be used to adjust intervention activities as indicated to fine-tune the process and improve the chance of success (Kielhofner, 2006). The data will provide a basis for key stakeholders comprised of funding providers, prison administrators and community program leaders, as well as participants and their families, to justify the program. Also, preliminary outcomes data will be gathered to test the value of the goal attainment scaling approach and of a selected standardized measurement. Continued evaluation is anticipated to establish a role for occupational therapy in working with this population to decrease recidivism.

Evaluability Assessment

Key stakeholders will be approached for involvement in evaluability assessment to determine readiness for program evaluation. Input from all sides of the community re-

integration process will be imperative to ensure that the evaluation is justified, feasible, and likely to provide useful information. As the leader of the proposed program, the author will provide the team with research literature on current approaches with this population and government reports on recidivism. In addition to important information justifying the need for this type of program, strategic plans, budgets, and any records of results from early stages of the author's intervention will be provided at evaluability assessment meetings. Together as a team, attendees can review the original logic model, particularly with regard to preliminary outputs and outcomes, and negotiate any needed changes in intervention design or implementation before program evaluation begins. Then the team will develop a plan for formative program evaluation by exploring multiple research designs, data collection procedures, and allocation of funds.

Scope of the Evaluation

The author's program will be initiated with five concurrent incarcerated individuals who have approximately thirteen weeks remaining in prison (phase 1), and it will continue for six months after release into the community (phase 2). Formative evaluation will take place over a period of nine months. It will begin when program participants have three months of imprisonment remaining and will continue in the community for an additional six months. Program evaluation will include all five clients and their families.

Evaluation Questions

This evaluation will be designed to answer the following questions, targeted at specific stakeholders:

Participants:

- Are participants satisfied with program interventions and activities?
- What skills do participants believe they have mastered as the result of group sessions?

Funding Providers:

- Is the budget allocated for this program sufficient? Is this program sustainable?

All stakeholders:

- Are there barriers to successful community reintegration that are not being addressed by this program?
- How could this program be fine-tuned to promote efficient achievement of targeted short-term outcomes?

Type of Research Design

To obtain specific guidelines for program improvement based on formative program evaluation, the author will obtain both qualitative and quantitative data from participants and other stakeholders using a descriptive, exploratory research methodology. Following completion of phase 1, a survey will be administered to participants that will include open-ended questions about the content of group activities, quality of instruction, skills learned, and suggestions for improvement. Likert-style or visual analog scale type questions will ask participants to quantitatively rate satisfaction with the program and quality of skills learned. At the conclusion of phase 2 of the program, qualitative information will be gathered from all participants in the form of one hour-long individual semi-structured exit interviews. Surveys will be administered to

other stakeholders at the conclusion of phases 1 and 2 and will include rating and open-ended questions regarding effectiveness of the intervention, suggestions for additional topics to be included in the program, program budget, and program efficiency. The data gathered from these surveys will be analyzed and used to improve program activities.

Preliminary outcome data gathering will follow a single group pre- and post-intervention design (Kielhofner, 2006). During the intake interview, participants will be asked to rate their level of confidence that they can successfully re-integrate into the community, develop three scaled goals for community reentry using the goal attainment scaling (GAS) technique, and complete the Difficulties in Emotion Regulation Scale (DERS). The DERS was developed to assess emotion dysregulation within four dimensions: awareness and understanding of emotions, acceptance of emotions, ability to respond appropriately when experiencing negative emotions, and access to emotion regulation strategies perceived as effective (Gratz & Roemer, 2004), with high scores suggesting more emotional dysregulation (see Appendix D). It was created by several psychologists to address gaps in available emotion regulation measures, and research has shown that the DERS has high internal consistency, good test-retest reliability, and adequate construct and predictive validity (Gratz & Roemer, 2004).

At completion of phase 1 of the intervention, participants will again rate level of confidence for community re-integration and also satisfaction with the GAS process. They will also score their level of goal attainment and retake the DERS to assess change in emotion regulation abilities. Participants will repeat these three indicators following phase 2. In addition, the exit interview at the conclusion of phase 2 will be used to obtain

qualitative data related to program outcomes. The time frame for each of these measurements is displayed in Table 4.1.

Table 4.1 <i>Program Evaluation Measurement</i>		
Target Group	Time Frame	Approach to Measurement
Descriptive, exploratory research		
Participants	Conclusion of Phase 1	- Surveys regarding group intervention
	Conclusion of Phase 2	- Individual interview
Other Stakeholders	Conclusion of Phase 1	- Surveys regarding effectiveness, efficiency, budget, suggestions.
	Conclusion of Phase 2	- Surveys regarding effectiveness, efficiency, budget, suggestions.
Outcomes Data		
Participants	Pre-testing Before Phase 1	- Create goals using Goal Attainment Scaling - Difficulties in Emotion Regulation Scale (DERS) - Confidence scale
	Conclusion of Phase 1	- Goal Attainment Scaling - DERS - Confidence scale
	Conclusion of Phase 2	- Goal Attainment Scaling - DERS - Confidence scale - Interview

Planned Approach to Data Gathering

Intake data for participants will be obtained during the initial meeting in the prison setting between each participant and the occupational therapist facilitator. The facilitator will engage each of the women in a motivational interview and the goal attainment scaling process, administer the Difficulties in Emotion Regulation Scale, and

ask her to rate confidence for returning to the community. At the completion of phase 1, the same occupational therapy facilitator will meet with each of the participants while still in the prison setting. Under the facilitator's guidance, the women will score their level of goal attainment and retake the DERS to assess change in emotion regulation abilities. They will rate level of confidence for community re-integration for a second time and also their satisfaction with the GAS process.

The occupational therapy facilitator will gather qualitative data from program participants during hour-long, one-to-one exit interviews conducted at the conclusion of phase 2 of the program in a community location that is convenient for the participants. The facilitator will be seeking to determine which interventions and activities the women found helpful for transition and where the teaching modules might be improved. During the exit interviews, the facilitator will have the women rate level of confidence for community integration and complete the DERS for the third time. They will again scale their level of goal attainment and rate their satisfaction with the GAS process.

Surveys will collect quantitative and qualitative data from involved stakeholders and will be administered via email at the conclusion of phases 1 and 2. Stakeholders will receive a reminder email one week prior to receiving the surveys in order to ensure the highest level of response. They will have two weeks to complete and return surveys and will receive additional email reminders to return the surveys if they have not been received.

Planned Approach to Data Analysis and Reporting

Independent individuals not involved in the collection of data will perform

analysis for this program evaluation. Following final interviews with participants, all audio recordings will be transcribed into computerized text files. Using qualitative data analysis software and enumerative methods, data analyzers will endeavor to categorize qualitative data into themes and then determine the frequency or proportion of responses that fall into each theme. This will allow program developers to understand how clients and stakeholders perceive the effectiveness of the program as it stands, and to use this information to adjust program interventions. To enhance confirmability of interpretation, findings of qualitative data analysis will later be crosschecked by the five women who graduated from the program.

Quantitative ordinal data obtained from surveys will be analyzed using nonparametric statistics with analysis software. This data will be analyzed to reveal descriptive findings, including frequency, central tendency and variability of answers provided by stakeholders and participants. Due to small sample size, information obtained from pre and post measures will be analyzed using effect size to determine if change occurred in the individual scaled goals, ability to regulate emotions, or the women's confidence for success in the community. This material can also be used to inform future directions of intervention for the program.

All data will be compiled, analyzed, and reported to participants and stakeholders following the conclusion of the nine-month evaluation period. This information will be reported both electronically through email and with a paper copy through the mail to ensure that all stakeholders receive the report. Continuing collaboration with

stakeholders will then be arranged so the information can be used to adjust program interventions and activities.

Data Management Plan

To adequately manage the data obtained from this program evaluation, the budget will allow for one laptop computer, external hard drive, and the necessary analysis software to be used solely for this purpose. Data entry will take place within one week of collection, and will be entered by a trained volunteer. The figures will then be double checked by another team member to ensure accuracy. All information will be backed up onto an external hard drive that will be stored in a second location to ensure nothing is lost in case of an adverse event. To maintain confidentiality of stakeholders, analyzers will assign numbers to each interview and survey participant. A file matching code numbers to stakeholder names will be maintained in a separate secure location, and only the numbers will be used in analysis documentation. At the end of the study, files linking code numbers to stakeholder names will be destroyed to maintain confidentiality.

Conclusion

By following this plan for program evaluation and qualitative and quantitative data analysis, the author expects that preliminary findings regarding effectiveness of the intervention will become apparent. With input from all stakeholders, modifications can be made to modules and activities in order to ensure best outcomes from this occupational therapy program. The author anticipates that, within several years, women who participate in this program will experience decreased recidivism rates and increased success in the community.

CHAPTER FIVE

Funding Plan

Proposed Program

Incarcerated females are more likely than males to have experienced trauma in their past, which may be related to their subsequent offending (Belknap & Holsinger, 2006; Chesney-Lind & Rodriguez, 1983). Because of the high rates of emotional, sexual, or physical abuse prevalent in this population (Pelissier et al., 2003; Richie & Johnsen, 1996), research suggests that failure to address trauma symptoms in female inmates may result in adjustment difficulties following release (Messina, Burdon, Hagopian, & Prendergast, 2006). Emotion regulation interventions allow participants to address emotional response to situations and moderate reactions as appropriate (Gross, 2014); thus, these interventions will likely be effective in increasing coping strategies during the stressful transition from prison to community. In addition, training in problem solving has been found to decrease stress and increase positive coping behaviors in a population that has experienced trauma (Tenhula et al., 2014). Therefore, the author's proposed trauma-focused emotion regulation and problem-solving program has the potential to decrease recidivism in females who are reintegrating into the community.

The average annual cost per inmate in a federal prison is \$31,977 (U.S. Dept of Justice, 2016), with a recidivism rate of 56.7% in the first year following reentry (National Institute of Justice, 2014). This program has the potential to prevent recidivism of five women; however, if it is successful in preventing just one woman from returning to prison, the program benefit will outweigh the cost.

The occupational therapy program as designed requires multiple person, environmental, and material resources for proper implementation. The program will be implemented in two phases, with each phase representing specific expenses. Phase one involves emotion regulation and problem-solving skills training in the prison environment. These sessions will take place in three-hour blocks once weekly for 12 weeks. Phase two commences when the women have reentered the community and consists of weekly phone calls between the occupational therapist facilitator and each of the participants, as well as a monthly face-to-face meeting. Table 5.1 depicts the anticipated costs of operation associated with this program for two years.

Table 5.1: Two-year operating costs		
	Year One	Year Two
Occupational Therapist salary <ul style="list-style-type: none"> • \$39.38/hr • Year One: <ul style="list-style-type: none"> ○ Phase one: 36 hours of sessions, 48 hours prep ○ Phase two: 60 hours meeting, 120 hours phone meetings, 60 hours prep • Year Two: <ul style="list-style-type: none"> ○ Phase one: 36 hours of sessions, 24 hours prep ○ Phase two: 60 hours meeting, 120 hours phone meetings, 30 hours prep 	\$12,759	\$10,633
Travel <ul style="list-style-type: none"> • Mileage (\$0.53/mile) – Estimate 800 miles/month in phase 2 of the program 	\$2,544	\$2,544
Office supplies <ul style="list-style-type: none"> • Computer • Printer • Paper • Markers • Miscellaneous 	\$500 \$100 \$50 \$30 \$100	– – \$50 \$30 \$100
Materials preparation	\$150	\$150
Telephone <ul style="list-style-type: none"> • Cell phone and calling plan at \$80/monthly for six months (phase 2) 	\$480	\$480
Evaluation <ul style="list-style-type: none"> • Transcriber (\$18/hr x 30 hours) • Data Analyst (\$30/hr x 20 hours) • Tableau data analysis software (\$35/month) 	\$540 \$600 \$420	\$540 \$600 \$420
Dissemination Plan <ul style="list-style-type: none"> • Flyers and brochures – 50 each in color • Postage • Mileage for meetings • Support staff and contractors 	\$60 \$49 \$106 \$720	– – –
Total	\$19,208	\$15,547

The most significant expenditure is the salary of an occupational therapist to facilitate the program for nine months. The occupational therapist in the role of a facilitator will be paid at the national median occupational therapist salary of \$39.38 (U.S. Department of Labor, 2016). It is anticipated that significantly more preparation time will be necessary during the first implementation of the program; during year two many of the materials and intervention activities will likely be duplicated. The occupational therapist must also be paid mileage for visiting participants in the community following reentry during phase two of the program. This cost has been calculated assuming that participants live an average of 20 miles from the prison, requiring 40 minutes of drive time per participant per week. The standard mileage rate suggested by the Internal Revenue Service (2016) is \$0.53, which includes basic maintenance, fuel, repairs, taxes, and registration fees.

The next category of expenses includes office supplies and technology to facilitate intervention activities and data analysis.

- The computer and printer purchased during year one will be considered part of the start-up costs.
- Materials preparation and miscellaneous office supplies will be included in the budget to ensure ample funding for the basic supplies necessary for program implementation.
- A cell phone and calling plan are necessary for the facilitator to complete the weekly phone calls during phase two; cost of this expense is estimated at \$80/monthly based on the author's current cellular plan.

- Qualitative data from the one-hour exit interviews must be transcribed and analyzed. A personal contact of the author confirms that one hour of interview requires six hours to transcribe by a professional transcriber at a rate of \$18/hr. This transcribed text must then be analyzed by a hired contractor at a rate of \$30/hr. The author estimates the data analysis process would take approximately 20 hours.
- For quantitative data, data analysis software must be purchased on a monthly basis. For efficiency and year-round access to data, the author suggests a yearly subscription to the software at \$35/monthly.
- Finally, dissemination costs must be considered. The author will use color-printed flyers and brochures to promote the program.

Available local resources

Local volunteers will be solicited to assist with community resources once the participants have left prison. In order to ensure success with reentry, local support systems and resources are imperative (Hunter et al., 2016). During phase two of this program, the occupational therapy facilitator will connect the participants with local resources to assist with developing these support systems. Local volunteers, then, will be invaluable assets contributing to the success of this program. Several local community support networks have been identified, and are represented here in Table 5.2.

Table 5.2: Community Support Networks		
Program	Contact Information	Description of Services
Pioneer Human Services	http://pioneerhumanservices.org/	Pioneer serves people released from prison or jail in Washington State, and those in recovery from addiction, who are in need of treatment, housing and job skills training. Their mission as a social enterprise is to provide individuals with criminal histories the opportunity to lead healthy, productive lives.
New Connections	https://nctacoma.org/	New Connections offers safe housing in a supportive community along with advocacy and case management to help previously incarcerated women transition back into the community.
STAR (Successful Transition and Reentry) Project	http://www.thestarproject.us/	The STAR project is a transition program that provides previously incarcerated people with tools necessary to be successful in the community. It offers case management, housing, education, and employment opportunities.

A personal colleague of the author will provide assistance with quantitative data analysis during the program evaluation. The colleague has experience with data analysis and has offered his assistance. This analysis will be performed with the computer and Tableau software purchased for the program.

Potential Funding sources

Although this program is relatively costly to run, it has the potential to save taxpayers a significant amount of money by reducing recidivism. The program may also

be appealing to human rights advocates and foundations that support underserved populations, as it represents an opportunity to provide an innovative solution to an expansive problem. Table 5.3 displays some potential funding sources for the proposed program.

Table 5.3: Potential Funding Sources	
Federal Grants	
Second Chance Act Grant	The Second Chance Act grant program is managed through the U.S. Department of Justice and works with state, local, and tribal governments and nonprofit organizations on programming to reduce recidivism and improve outcomes for people returning from correctional facilities. Through the Second Chance Act, multiple grants are available with grant size depending on the facility requesting funding. In 2016, \$68 million was distributed to government agencies and nonprofit organizations working to reduce recidivism. https://csgjusticecenter.org/nrrc/projects/second-chance-act/
Other Grants	
Walmart Community Grant	Walmart Community Grants range in size from \$250 to \$2500 and are available to organizations with proposed projects that will benefit the public. http://giving.walmart.com/apply-for-grants/local-giving-guidelines
AOTF Intervention Grant	The American Occupational Therapy Foundation awards Intervention Research Grants to advance the science of occupational therapy. Grants are awarded for up to \$50,000 depending on the budget of the proposed intervention http://www.aotf.org/scholarshipsgrants/aotfinterventionresearchgrantprogram
Foundations	
Washington Women's Foundation	The Washington Women's Foundation offers grants to support nonprofit programs or projects that represent a response to an urgent and critical need or a new approach to an ongoing problem. These grants are in amounts of \$2,000 to \$100,000. http://wawomensfoundation.org/forgrantseekers
Seattle Rotary	Seattle Rotary Service Foundation awards grants to innovative service project proposals. These grants are in amounts of \$5,000 to \$30,000.

Service Foundation	http://www.seattlerotary.org/service-foundation/how-to-apply-for-a-grant
Other Sources	
Crowd-sourcing	<ul style="list-style-type: none"> • Fundit.Buzz is a crowdfunding platform especially for social enterprises that allow funders to donate either money or time to support social enterprises working in a wide variety of fields. https://fundit.buzz/ • Start Some Good is a crowdfunding startup that allows both for-profit and nonprofit social enterprises to post fundraising campaigns. https://startsomegood.com/
Angel Capital	It may be possible to elicit angel capital from a private individual.

Conclusion

This funding plan has introduced a budget for the author's proposed occupational therapy emotion regulation and problem-solving program for incarcerated women. As the average annual cost of one incarcerated individual is \$31,977 (U.S. Dept. of Justice, 2016), and this program has an expected cost of \$19,208 with the potential to prevent recidivism of five women, implementation of this program may significantly decrease taxpayer spending. The author has located several potential funding sources, making the proposed occupational therapy program for incarcerated women financially feasible and practical to implement.

CHAPTER SIX

Dissemination Plan

Introduction

This doctoral project outlines an occupational therapy emotion regulation and problem-solving intervention to assist incarcerated women with successful community reentry. The proposed program would be a total of nine months, with group sessions starting when participants have three months remaining in the prison system, and individualized support continuing for six months following reentry into the community. This intervention is theory driven and evidence based, and has potential to decrease recidivism of the targeted population. It may reduce taxpayer spending by a significant amount when the prevention of recidivism is considered. In order to successfully implement the proposed program, successful dissemination of program development and goals must occur.

Dissemination Goals

- *Long term goal:* The dissemination of this planned program will lead to its implementation in several federal and state prisons, significantly reducing recidivism of previously incarcerated females and cementing a role for occupational therapy in the rehabilitation of incarcerated women.
- *Short term goal 1:* The dissemination of this program to the primary audience will lead to implementation of the intervention in one state prison.

- *Short term goal 2:* The dissemination of this program to all target audiences will lead to an increased awareness of the potential role of occupational therapy in the rehabilitation of incarcerated individuals
- *Short term goal 3:* The dissemination of this program to secondary target audiences will result in legislation that allows for increased funding for pilot programs aimed at recidivism reduction.

Primary Target Audience

The primary target audience for this dissemination will be program directors and developers within the Department of Corrections. Dissemination will begin with the Department of Corrections in Washington state. This is the state closest to the author.

Key messages for primary target audience:

- Current evidence suggests that correctional institutions should adopt a trauma-informed correctional care approach to promote healing of incarcerated females (Miller & Najavits, 2012); and that this approach should involve emotion regulation interventions (Shortt, Eddy, Sheeber, & Davis, 2014).
- This occupational therapy emotion regulation and problem-solving intervention has the potential to increase successful community reintegration and decrease recidivism. Lower recidivism rates will lead to less crowded prisons and decreased financial burden to taxpayers.

Messengers for primary target audience:

- Loraine Wodnik, Deputy Director of Montana Department of Corrections. This potential messenger has a personal relationship with the author, and is invested in

this doctoral project. In addition, Ms. Wodnik has access to contacts from many aspects of the Department of Corrections in multiple states. She would be able to assist with dissemination of program details and potential benefits to directors and program developers throughout the Department of Corrections.

Secondary Target Audience

The secondary target audience for this dissemination consists of local and federal legislators. As many prisons are overcrowded and have limited funding to provide programming (U.S. Dept. of Justice, 2015), ultimately legislative change is required to produce the support necessary to implement this program on a wide scale.

Key messages for secondary target audience:

- Taxpayers currently spend \$31,977 annually per inmate (U.S. Dept. of Justice, 2016), with a recidivism rate of 56.7% in the first year following reentry (National Institute of Justice, 2014). This program, with an estimated cost of \$19,208 and the potential to reduce recidivism of five women every nine months, represents a cost-effective opportunity to reduce taxpayer burden and promote healing in a population that has experienced trauma.

Messengers for secondary target audience:

- American Civil Liberties Union (ACLU) of Washington. The ACLU has several campaigns to promote prison reform and the humane treatment of incarcerated individuals. This group is nationally recognized and could use their influence to promote innovative prison programming.

- Vera Institute of Justice. This organization is dedicated to decreasing the number of Americans who are imprisoned. They also fight for a system that prioritizes rehabilitation and socialization over retribution in prison. These values align with the intended outcomes of the author's program.

Dissemination tools and techniques

- E-mail: The author will send email messages to primary and secondary target audiences to introduce the proposed program and relay potential benefits. This activity will take place first
- Flyers: The author will send flyers through the mail to target audiences. This activity will take place following the email as reinforcement of key messages.
- Phone calls: The author will call primary target audiences to schedule individual meetings to discuss the program and its benefits. Local legislators will also be contacted by phone to promote the role of occupational therapy with inmate rehabilitation and request increased prison program funding.
- Meetings: The author will schedule meetings with both primary and secondary target audiences to promote the proposed program and relay key messages.

Budget

The author has budgeted for dissemination costs in the funding plan. Table 6.1 lists these anticipated costs.

Table 6.1 Dissemination Budget

Item	Description	Dollar Amount
Graphic Designer	Hired contractor to design flyers and brochures for dissemination 4 hrs x \$30/hr	\$120
Administrative Assistant	Hired staff member to send emails, make phone calls, schedule meetings, and mail flyers and brochures 40 hrs x \$15/hr	\$600
Flyers and Brochures	Printing costs for flyers and brochures 50 flyers x \$.60 each 50 brochures x \$.60 each	\$60
Mileage	Gasoline and maintenance to attend dissemination meetings 200 miles x \$.53/mile	\$106
Postage	Postage for 50 flyers and 50 brochures 100 items x \$.49/item	\$49
Total Dissemination Budget		\$935

Evaluation of the Success of Dissemination

For the primary target audience, agreement to implement the program in one state prison will serve as criteria determining success of the dissemination. Therefore, if one state prison agrees to implement the program within 12 months of dissemination, the plan will be considered successful.

Determining success of dissemination to the secondary target audience is more complicated, as legislative change is often a slow process. Therefore, several criteria will be used to confirm successful dissemination to this group: verbal acknowledgment of the role of occupational therapy in working with incarcerated individuals and attempts at legislative change. If one legislator verbally acknowledges the potential for occupational therapy with rehabilitation of incarcerated individuals and the need for increased funding for prison programming, the dissemination plan will be considered initially successful.

To measure long-term success of this dissemination plan with the secondary target audience, one legislator contacted must support or propose legislation to reform prison programming budgets to include increased funding for programs targeted at reducing recidivism within two years following program dissemination.

Conclusion

The dissemination of this occupational therapy emotion regulation and problem-solving program for incarcerated women will target two audiences. First, directors and program developers within the Department of Corrections will be contacted in order to promote this intervention and relay its potential benefits for incarcerated women returning to the community. Next, the dissemination will target local legislators to assert a need for increased funding for prison programming and promote the role of occupational therapy in the rehabilitation of incarcerated individuals.

CHAPTER SEVEN

Conclusion

Incarcerated women are likely to have a history of trauma including physical, emotional, or sexual abuse (Chapman, Specht, and Cellucci, 2005), and frequently have increased barriers to successful community reintegration compared to men (Pelissier et al., 2003). Sexually victimized women are often challenged by select aspects of emotion regulation; and child sexual abuse victims tend to have more difficulty identifying and regulating emotional states, and accepting their emotions (Walsh, DiLillo, & Scalora, 2011). Current evidence suggests that correctional institutions should adopt a trauma-informed correctional care approach to promote healing of incarcerated females and help prepare them for community reentry (Walsh, DiLillo, & Scalora, 2011). For these reasons, the author has proposed an occupational therapy emotion regulation and problem solving program for incarcerated women.

The proposed program will occur in two phases, with phase one taking place in prison and consisting of twelve three-hour sessions. Six modules will be covered in the twelve weeks, focusing on emotion regulation and problem solving skills. In modules 1-3, participants will learn to identify and recognize emotions in themselves and others, and will become competent in applying emotion regulation strategies at different areas within the emotion generation process. During modules 4-6, the women will explore specific and general problem solving skills, and will practice applying these strategies to real-life situations.

Phase two of the proposed program takes place when the women have reentered the community. The occupational therapist facilitator will continue to meet them individually once per month to review learned emotion regulation and problem solving skills and assist the women in applying strategies to problems they are currently facing. In addition to these in-person meetings, weekly phone calls will be held to promote an environment of support and offer more frequent assistance as needed. This phase of the program is consistent with evidence that reports that ongoing support between prison and the community is more effective in reducing recidivism than prison programming alone (Grieb et al., 2014; Hunter et al., 2016).

The author has presented a plan for formative evaluation of this program with input from participants and other stakeholders considered. Stakeholders will engage in surveys following phase one and phase two of the program, providing information about perceived program efficiency, effectiveness, and budget. Participants will engage in surveys and an hour-long exit interview to discuss program effectiveness, individual modules and activities, and suggestions for improvements. All evaluation data will be used to improve the proposed program. In addition, outcomes data will be gathered in the form of the Difficulties in Emotion Regulation Scale, individually scaled goals using the goal attainment scaling method, and a simple confidence scale. This data will be analyzed to determine within-participant changes throughout the intervention.

An anticipated budget for the program lists total cost for five participants at \$19,208. This budget includes salary of the occupational therapist, necessary materials for program activities, and dissemination costs. As the annual cost per inmate in the

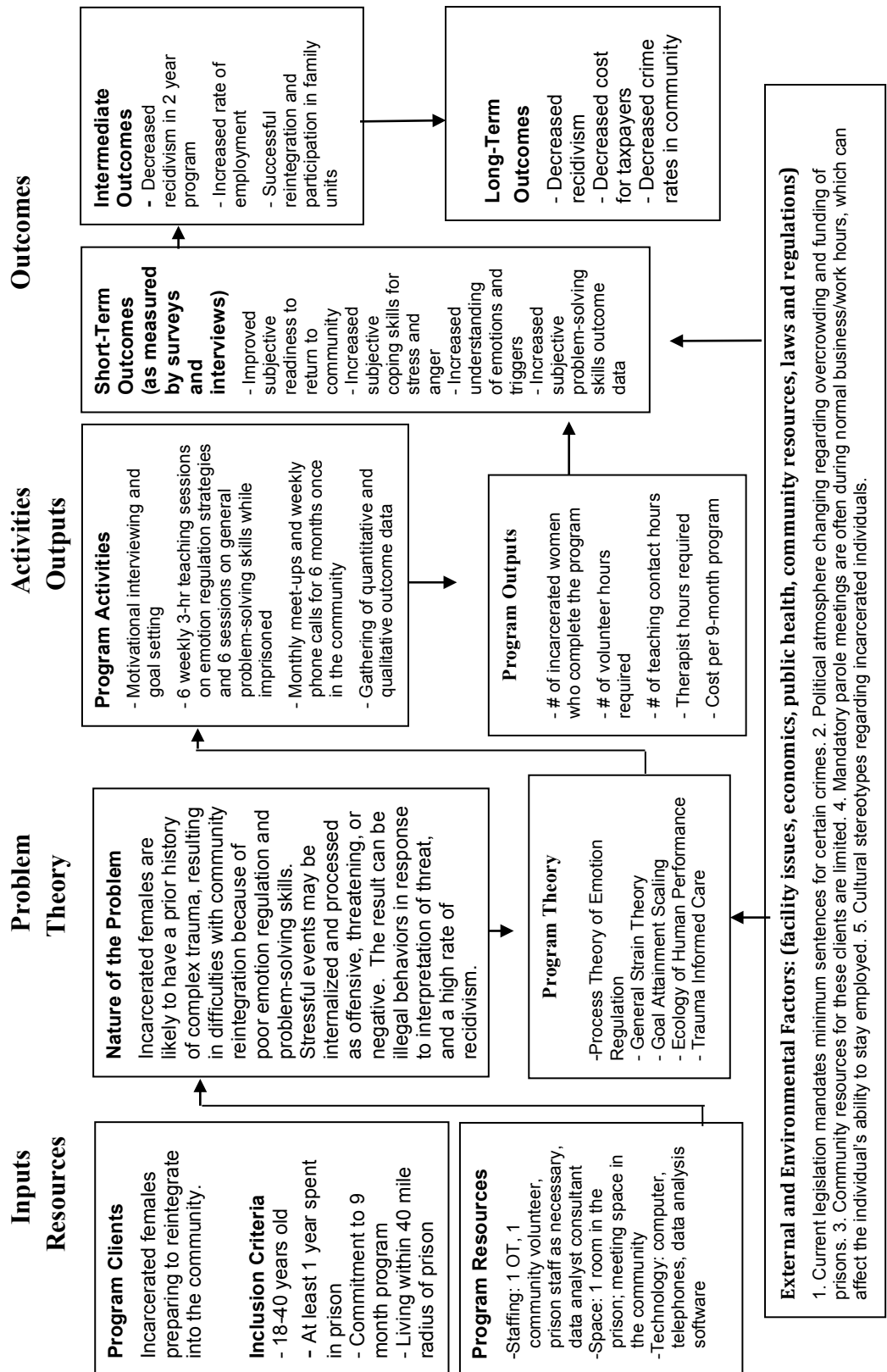
United States averages \$31,977 (U.S. Dept of Justice, 2016), this program has the potential to decrease taxpayer burden if recidivism of just one woman is prevented.

Within this project proposal, the author has introduced a plan to disseminate the program to directors of the Department of Corrections and individual local and state legislators arguing this ability to lower taxpayer burden and decrease recidivism.

In conclusion, this proposed occupational therapy intervention is theory-driven and evidence based, and has the potential to reduce recidivism in the target population. The program is cost effective, as lower recidivism rates ultimately equate to reduced taxpayer spending on corrections efforts. Most importantly, this program has the capability to promote healing and adaptation in a vulnerable population, which may lead to more cohesive family units and stronger healthier communities.

APPENDIX A: Logic Model

Program Title: An Emotion Regulation and Problem-solving Program for Incarcerated Females



APPENDIX B: Executive Summary

Introduction

The author seeks to develop and implement an emotion regulation and problem-solving intervention for incarcerated women preparing to reenter the community. Mass incarceration and its concurrent issue of recidivism are widespread and an expensive problem in the United States. This phenomenon refers to the high rates of imprisonment in the 21st century, particularly among young, African American men and women (Kelly, 2015). Imprisonment has a negative impact on incarcerated individuals in almost every aspect of their lives, including physical and mental health; and outside relationships (Schnittker, 2014). Incarcerated females are especially vulnerable, as they are more likely than their male counterparts to have a history of emotional, sexual, or physical abuse (Pelissier et al., 2003; Richie & Johnsen, 1996). Some researchers have found that a failure to address trauma symptoms in female inmates will result in adjustment difficulties both in prison and after reentry (Messina, Burdon, Hagopian, & Prendergast, 2006).

Occupational therapy, as a rehabilitative service that acknowledges the importance of wellbeing and quality of life, has the potential to play an integral part in preparing incarcerated women to re-integrate into the community. With increased emotion regulation and problem-solving skills training, individuals are more likely to manage barriers in an adaptive way, leading to lower recidivism rates. The author's program is designed to assist this population in recognizing methods for identifying and moderating emotions, coping with past traumas and everyday stressors, and solving

specific problems related to community reintegration.

Theories and Evidence

The author's intervention model is based on the premise that recidivism in the target population is ultimately a result of maladaptive thought processes following a stressor. The progression from event to recidivism is a three-stage process. First, an internal or external traumatic event elicits an emotional response from an individual. Next, the person consciously or unconsciously processes the emotion as negative and threatening. Finally, the negative perception of the stimulus causes the individual to react accordingly, possibly turning to detrimental behaviors such as violence, drug use, or crime.

The primary guide to the proposed intervention is a composite of three theories: general strain theory, Ecology of Human Performance, and the process model of emotion regulation. General strain theory is a criminological set of principles suggesting that individuals who have negative affective states and who tend to have a poor ability to cope in response to accumulated stressors are more likely to engage in crime (Agnew, 1992). The Ecology of Human Performance is a framework that considers not only the physical environment, but also the temporal, social, and cultural elements that impact performance (Dunn, Brown, & McGuigan, 1994). This is particularly relevant for incarcerated females and those who have recently re-entered the community as context plays a significant role in ability to cope with stress and manage negative emotions. Finally, the process model of emotion regulation suggests five areas within the emotion generation process at which moderation of emotion or response can take place (Gross, 2014).

Proposed Intervention

The proposed intervention involves two phases. The first phase occurs while the women are in prison. The second phase takes place after the women have reentered the community. The program is designed to be implemented with five women with the following inclusion criteria: 18–40 years of age, at least one year spent in prison, scheduled to reenter the community within four months, commitment to a nine-month program, and live within a 40-mile radius of the prison. These criteria are based on recidivism data and the feasibility of the proposed program.

Prior to the commencement of program intervention, the female participants will engage in motivational interviewing and goal attainment scaling with the occupational therapist facilitator. Motivational interviewing is a client-centered interaction intended to help a person recognize and address his or her current or potential problems (Rubak et al., 2005). For this program, motivational interviewing will assist the participants to examine their goals for community reentry and potential barriers toward reaching those goals. Participants will specify three goals for reentry using goal attainment scaling, which is an individualized goal setting and assessment process that allows people to monitor their own progress in ways that may be difficult using standardized measures (Mailloux et al., 2007). Once goals have been established, the occupational therapy program will begin.

Phase 1 of the intervention will consist of 12 weekly group meetings, in which six teaching modules will be presented. Meetings will be three hours and will focus on aspects of emotion regulation and problem-solving skills. For the emotion regulation modules, participants will learn about emotions and strategies for emotion moderation

and appropriate response. They will then practice applying the strategies to real life situations. Likewise, during the problem-solving modules, participants will learn basic problem-solving techniques and will then apply the knowledge to various real-life situations.

Phase 2 of the program will consist of weekly phone calls and individual once-monthly meetings between the occupational therapist and participants. Phase 2 will be for six months after participants have returned to the community. During these meetings, the occupational therapist will focus on reinforcing emotion regulation and problem-solving skills and applying these learned strategies to real-life challenges the women are facing. Additionally, the monthly meetings will serve as an opportunity for the occupational therapist facilitator to connect the women with local resources that may be of assistance and enhance participants' abilities to seek out these resources for themselves. This phase of the program is consistent with evidence literature on successful prisoner reentry programs, which suggests that effective services begin in prison and continue throughout the reintegration process (Hunter et al., 2016; Clear, Rose, & Ryder, 2001; Seiter & Kadela, 2003).

Evaluation Plan

To obtain specific guidelines for program improvement, the author will collect both qualitative and quantitative data from participants and other stakeholders using a descriptive, exploratory research methodology. Following the completion of Phase 1, a survey will be administered to participants that will include open-ended questions about the content of group activities, quality of instruction, skills learned, and suggestions for

improvement. At the conclusion of Phase 2, qualitative information will be gathered from all participants in the form of one hour individual semi-structured exit interviews.

Surveys will be administered to other stakeholders at the conclusion of Phases 1 and 2 and will include rating and open-ended questions regarding effectiveness of the intervention, suggestions for additional topics to be included in the program, program budget, and program efficiency. The data gathered from these surveys will be analyzed and used to improve program activities.

Preliminary outcome data gathering will follow a single group pre- and post-intervention design (Kielhofner, 2006). During the intake interview, participants will be asked to rate their level of confidence that they can successfully re-integrate into the community, develop three scaled goals for community reentry using the goal attainment scaling (GAS) technique, and complete the Difficulties in Emotion Regulation Scale (DERS).

At completion of Phase 1, participants will again rate their level of confidence for community re-integration and satisfaction with the GAS process. They will also score their level of goal attainment and retake the DERS to assess change in emotion regulation abilities. Participants will repeat these three indicators following Phase 2. In addition, the exit interview at the conclusion of Phase 2 will be used to obtain qualitative data related to program outcomes.

Independent individuals not involved in the collection of data will perform analysis for this program evaluation. Following final interviews with participants, all audio recordings will be transcribed into computerized text files. Using qualitative data

analysis software and enumerative methods, data analyzers will endeavor to categorize qualitative data into themes and then determine the frequency or proportion of responses that fall into each theme. Quantitative ordinal data obtained from surveys will be analyzed using nonparametric statistics with analysis software. This data will be analyzed to reveal descriptive findings, including frequency, central tendency and variability of answers provided by stakeholders and participants.

Funding Plan

The budget for this program shows an expected cost of \$19,208 for the first year of implementation, and \$15,547 for the second year. These costs are for five individuals, which would be \$3,841.60 and \$3,109.40 per person respectively. As the average annual cost of one incarcerated individual is \$31,977 (U.S. Dept. of Justice, 2016), and this program has the potential to prevent recidivism of five individuals, implementation may significantly decrease taxpayer spending. In addition, the author has located several potential funding sources, making the proposed occupational therapy program financially feasible and practical to implement.

Dissemination Plan

The dissemination of this proposed program for incarcerated women will target two audiences. First, directors and program developers within the Department of Corrections will be contacted in order to promote this intervention and relay its potential benefits for incarcerated women returning to the community. Next, the dissemination will target local legislators to assert a need for increased funding for prison programming

and promote the role of occupational therapy in the rehabilitation of incarcerated individuals.

Conclusion

The author has proposed an evidence and theory based occupational therapy emotion regulation and problem-solving intervention for incarcerated women. The intervention has the potential to prevent recidivism of five women, thereby decreasing taxpayer spending on corrections.

APPENDIX C: Fact Sheet



An Occupational Therapy Emotion Regulation and Problem Solving Program for Incarcerated Females

Janna N. Smith, MS, OTR
OTD Candidate

Introduction

The author proposes that with training in emotion regulation and specific problem solving techniques, previously incarcerated women will successfully reintegrate into the community and recidivism will be prevented. To address deficiencies in coping skills and increased barriers associated with this population, an occupational therapy bridge program is proposed that will start in prison and continue as participants reenter the community.

Introduction to the Problem

- **Mass Incarceration** refers to the unprecedented influx in incarcerated Americans in the past 40 years. The United States now has 5% of the world's population and 25% of the world's prisoners (Walmsley, 2016). The average annual cost per prisoner is **\$31,977** (U.S. Dept of Justice, 2016), with **56.7%** of previously incarcerated individuals recidivating within one year of reentry (National Institute of Justice, 2014).
- Incarcerated women are an especially vulnerable population as they often have a history of trauma including childhood physical, emotional, or sexual abuse (Chapman, Specht, and Cellucci, 2005). Women who have experienced abuse as children are more likely to have increased difficulties with emotion regulation (Walsh, DiLillo, & Scalora, 2011).
- In addition to histories of trauma and poor coping skills, incarcerated women have increased barriers to successful reintegration including difficulty finding work and housing, and minor children (Pelissier et al., 2003). Sixty percent of incarcerated women are the mother of at least one child under 18, and many of these women were the sole caregiver prior to incarceration with plans to regain custody following reentry (Glaze & Maruschak, 2008).



Photo by Shaul Schwarz, retrieved from: libertyandjusticeforall.org

Theory and Evidence Base

General Strain Theory

- A criminological theory proposed by Robert Agnew in 1992 suggests that individuals who have negative affective states and who tend to have a poor ability to cope are more likely to engage in crime.

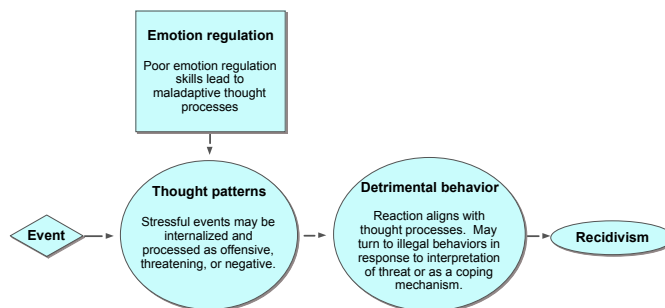
Process Theory of Emotion Regulation

- This theory posits that there are five specific areas at which emotion regulation may take place: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross, 2014). These are the five areas of emotion regulation targeted by this occupational therapy intervention.

Ecology of Human Performance

- EHP is a framework that recognizes the significance of the physical, temporal, social, and cultural elements that impact occupational performance. Context is an important consideration for incarcerated women's abilities to regulate emotions and cope with past traumas.

Using these three theories, the author created the model of the problem. This model suggests that following a trigger, negative thought processes may lead an individual to engage in detrimental behavior, resulting in recidivism for a previously incarcerated population.



Summary of the Proposed Program

The author has created a two phase program to address this problem.

- **Phase 1** will consist of weekly 3-hour meetings for 12 weeks while the women are in prison. The first six weeks will focus on understanding and applying emotion regulation skills, while the last six weeks will center around problem solving skills.
- **Phase 2** of the program will take place in the community after the women have reintegrated, and will consist of monthly individual meetings between each of the participants and the OT facilitator, as well as weekly phone calls. Phase two will focus on applying learned emotion regulation and problem solving skills to real-life challenges, and is consistent with research that shows that bridge programs are more effective at preventing recidivism than prison programming alone (Grieb et al., 2014; Hunter et al., 2016).

Potential Impact of this program

- Current evidence suggests that correctional institutions should adopt a trauma-informed correctional care approach to promote healing of incarcerated females (Miller & Najavits, 2012).
- With a budget of \$19,208 for five women to complete the intervention, this intervention has the potential to greatly reduce taxpayer spending on corrections.
- This program can assist in cementing a role for occupational therapy in the rehabilitation of incarcerated women.

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APPENDIX D: Supporting Documents

Example of Emotion Regulation Module 1

Identifying Emotions

Introduction/Warm up:

- Think about the last time you felt really happy. What were you doing? How did you know you were happy?
- Now think about the last time you felt angry. How did you know you were angry?

Main Activities:

Emotions chart

Purpose: to recognize and label one's own emotions

- Participants will work together to create a chart of possible emotions, including a list of emotions, how it feels to have that emotion, and times when that emotion is felt.
- Facilitator will assist with additional emotions as needed
- Group will then read through the list and attempt to assign physical sensation to each emotion. For example: when one feels angry, her heart might start beating faster and she might feel her face get hot. It also might feel hard to think clearly.

Assigning emotions

Purpose: to recognize emotions in others

- Participants will each receive a stack of photos with people expressing different emotions. They will assign labels to the people's emotions. Each participant will then describe why she picked a certain label based on clues in the photo.
- Facilitator will reinforce previous discussion about physical clues to emotion, and introduce component of body language.

10-minute break

Role-play

Purpose: to reinforce sensations and body language associated with emotions

- Participants will work in pairs where each pair will receive a scenario to act out. The women will first respond to the scene however they feel they would realistically act. They will then be assigned an emotion, and will attempt to respond to the scenario as if they were experiencing that emotion.

- The group will then dissect the scenarios and discuss whether the emotional responses of the women seemed appropriate in the given context.

Journaling

Purpose: to reflect on the group session and privately express one's own feelings surrounding the course

- Participants will be allotted 20 minutes to write or draw in their journals

Wrap-up and homework assignment:

- What did you learn during today's group? Do other people express emotions in the same way that you do?
- Homework assignment:
 - Pay close attention to your own emotions this week. Record a time when you feel angry, anxious, relaxed, and happy. How do you know you are feeling this way?
 - Try to imagine the way other people are feeling this week. Record a time when you notice that someone else seems angry, fearful, or happy. How do you know they are feeling this way?

Example of Problem-solving Module 4

Introduction to Externalization and Simplification

Introduction/Warm-up:

- Memory game where women are shown a series of images in quick succession and then need to pick those same images out of a larger number of pictures. The game will be played in three stages:
 - 4 images picked out of 16
 - 9 images picked out of 36
 - 16 images picked out of 64
- When your brain feels overwhelmed, it can be difficult to concentrate on finding a solution. How many images were you able to remember? As there were more images displayed was it harder to choose the right ones?

Main Activities:

Making a List

Purpose: to understand how externalization can help prevent cognitive overload and allow for more efficient problem solving

- Participants will be given a scenario involving multiple problems. For example: Terri is hoping to apply to several jobs today but her child is not feeling well and is crying in the other room; additionally, she has a list of household chores that must be completed by the end of the day.
- The women will use paper and markers to prioritize the problems, and complete a schedule for finishing necessary tasks within the time frame allotted.
- The group will discuss the activity, talk about how they prioritized tasks, and consider potential consequences of the fictional character not finishing all of the things she had hoped to in the day.

Simplification Puzzle

Purpose: to introduce simplification as a method of successful problem solving

- Participants will each be given a 100-piece puzzle, and will have 5 minutes to connect as many pieces as possible.
- Puzzle pieces will then be returned to the box, and the women will be instructed to sort the pieces based on whether they are edge pieces or inside pieces. The women will then have an additional 5 minutes to connect as many pieces as possible.
- The group will discuss whether the puzzle seemed easier when organization was applied to the task. The facilitator will elicit examples of task simplification or organization in real-life scenarios.

10-minute Break

Simplification Scenario

Purpose: to apply simplification strategies to a realistic situation

- The women will return to the story of Terri, the woman who is trying to find employment. Participants will first write out a list of things Terri needs to consider when looking for a job.
- Several job listings will be presented to the group, and the women will decide which jobs Terri should apply for based on the criteria they have developed.
- The group will then work together to identify the steps Terri should take to apply for the jobs. Facilitator will assist with suggestions such as:
 - Identify skills needed for the jobs
 - Look for resume examples
 - Write her resume to fit job skills listed in the listings
 - Bring resume to job location and ask to speak to hiring manager
- Group discussion will focus around the experience of breaking the large problem of “find a job” into smaller, more manageable components.

Journaling

Purpose: to reflect on the group session and begin to apply these strategies to individual problems

- Participants will be allotted 20 minutes to write or draw in their journals

Wrap-up and Homework Assignment:

- What did you learn during today’s group? Can you think of ways these strategies could be applied to your own problems?
- Homework assignment:
 - Write down one large problem that is on your mind. Is there a way to break this problem down into smaller pieces? Make a list or draw pictures of how you could tackle smaller parts of the larger problem.
 - Be prepared to discuss your homework at the beginning of the next session.

Difficulties in Emotion Regulation Scale (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1-----2-----3-----4-----5
 almost never sometimes about half the time most of the time almost always
 (0–10%) (11–35%) (36–65%) (66–90%) (91–100%)

- _____ 1) I am clear about my feelings.
 _____ 2) I pay attention to how I feel.
 _____ 3) I experience my emotions as overwhelming and out of control.
 _____ 4) I have no idea how I am feeling.
 _____ 5) I have difficulty making sense out of my feelings.
 _____ 6) I am attentive to my feelings.
 _____ 7) I know exactly how I am feeling.
 _____ 8) I care about what I am feeling.
 _____ 9) I am confused about how I feel.
 _____ 10) When I'm upset, I acknowledge my emotions.
 _____ 11) When I'm upset, I become angry with myself for feeling that way.
 _____ 12) When I'm upset, I become embarrassed for feeling that way.
 _____ 13) When I'm upset, I have difficulty getting work done.
 _____ 14) When I'm upset, I become out of control.
 _____ 15) When I'm upset, I believe that I will remain that way for a long time.
 _____ 16) When I'm upset, I believe that I will end up feeling very depressed.
 _____ 17) When I'm upset, I believe that my feelings are valid and important.
 _____ 18) When I'm upset, I have difficulty focusing on other things.
 _____ 19) When I'm upset, I feel out of control.
 _____ 20) When I'm upset, I can still get things done.
 _____ 21) When I'm upset, I feel ashamed at myself for feeling that way.
 _____ 22) When I'm upset, I know that I can find a way to eventually feel better.
 _____ 23) When I'm upset, I feel like I am weak.
 _____ 24) When I'm upset, I feel like I can remain in control of my behaviors.
 _____ 25) When I'm upset, I feel guilty for feeling that way.
 _____ 26) When I'm upset, I have difficulty concentrating.
 _____ 27) When I'm upset, I have difficulty controlling my behaviors.
 _____ 28) When I'm upset, I believe there is nothing I can do to make myself feel better.
 _____ 29) When I'm upset, I become irritated at myself for feeling that way.
 _____ 30) When I'm upset, I start to feel very bad about myself.
 _____ 31) When I'm upset, I believe that wallowing in it is all I can do.
 _____ 32) When I'm upset, I lose control over my behavior.
 _____ 33) When I'm upset, I have difficulty thinking about anything else.
 _____ 34) When I'm upset I take time to figure out what I'm really feeling.
 _____ 35) When I'm upset, it takes me a long time to feel better.
 _____ 36) When I'm upset, my emotions feel overwhelming.

Reverse-scored items (place a subtraction sign in front of them) are numbered 1, 2, 6, 7, 8, 10, 17, 20, 22, 24 and 34.

Calculate total score by adding everything up. Higher scores suggest greater problems with emotion regulation.

SUBSCALE SCORING** : The measure yields a total score (SUM) as well as scores on six sub-scales:

1. Nonacceptance of emotional responses (NONACCEPT): 11, 12, 21, 23, 25, 29
2. Difficulty engaging in Goal-directed behavior (GOALS): 13, 18, 20R, 26, 33
3. Impulse control difficulties (IMPULSE): 3, 14, 19, 24R, 27, 32
4. Lack of emotional awareness (AWARENESS): 2R, 6R, 8R, 10R, 17R, 34R
5. Limited access to emotion regulation strategies (STRATEGIES): 15, 16, 22R, 28, 30, 31, 35, 36
6. Lack of emotional clarity (CLARITY): 1R, 4, 5, 7R, 9

Total score: sum of all subscales

**"R" indicates reverse scored item

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