



# INSTITUTE FOR JUSTICE RESEARCH AND DEVELOPMENT

PRIORITIZING RAPID DISSEMINATION OF RESEARCH FINDINGS TO ADVOCATES, PROFESSIONALS, AND POLICYMAKERS.

## Well-Being and Community Stability Outcomes as Alternatives to Recidivism

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# Agenda

- To facilitate conversations on outcome measures
- Brief overview of the Well-Being Development Framework
- Brief overview of the 5-Key Model for Reentry
- Reentry Well-being Development Assessment Tool
- Tool validation
- 5 Key trends to date
- Community stability

# An Alternative Framework: The Well-Being Development Model

- What is well-being?
  - A state of satisfying & productive engagement with one's life and the realization of one's full psychological, social, & occupational potential

# Why Well-Being?

Growing empirical base in medicine, public health, psychology, sociology, education, occupational therapy, recreation and leisure studies, & social work

# Why Well-Being?

## Well-being:

- Is protective in the face of stress and difficulty
- Can be achieved and increased despite adversity and social inequality
- Is stable over time – enhancing well-being has more lasting effects than deficits-oriented reentry approaches

# Why Well-Being?

Existing research suggests that interventions designed to develop well-being differ from those designed to mitigate deficits

Well-being-based interventions:

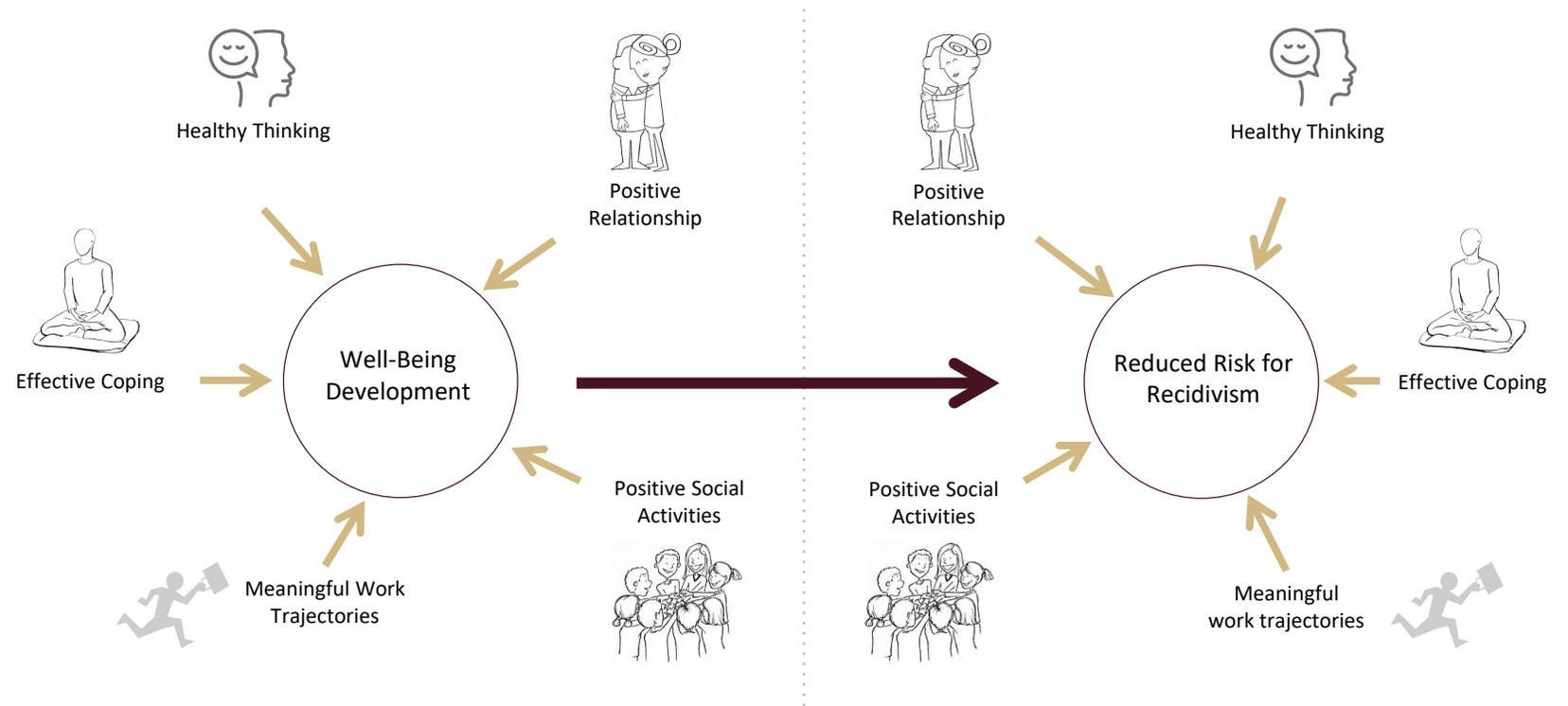
- Are effective among people who face a range of barriers & who struggle to fully engage in the community due to these barriers
- Can be delivered by non-clinicians in short timeframes
- Are easily scaled & delivered in correctional & community spaces

# Well-Being: The Foundation

Pettus-Davis, Veeh, Renn, & Kennedy (2021). The Well-Being Development Model: A Theoretical Model to Improve Outcomes Among Criminal Justice-System Involved Individuals. *Social Service Review*.

## A focus on well-being provides:

- Re-oriented conceptual framework
- Focus on the value and worth of the individual
- Intermediate outcomes for intervention delivery



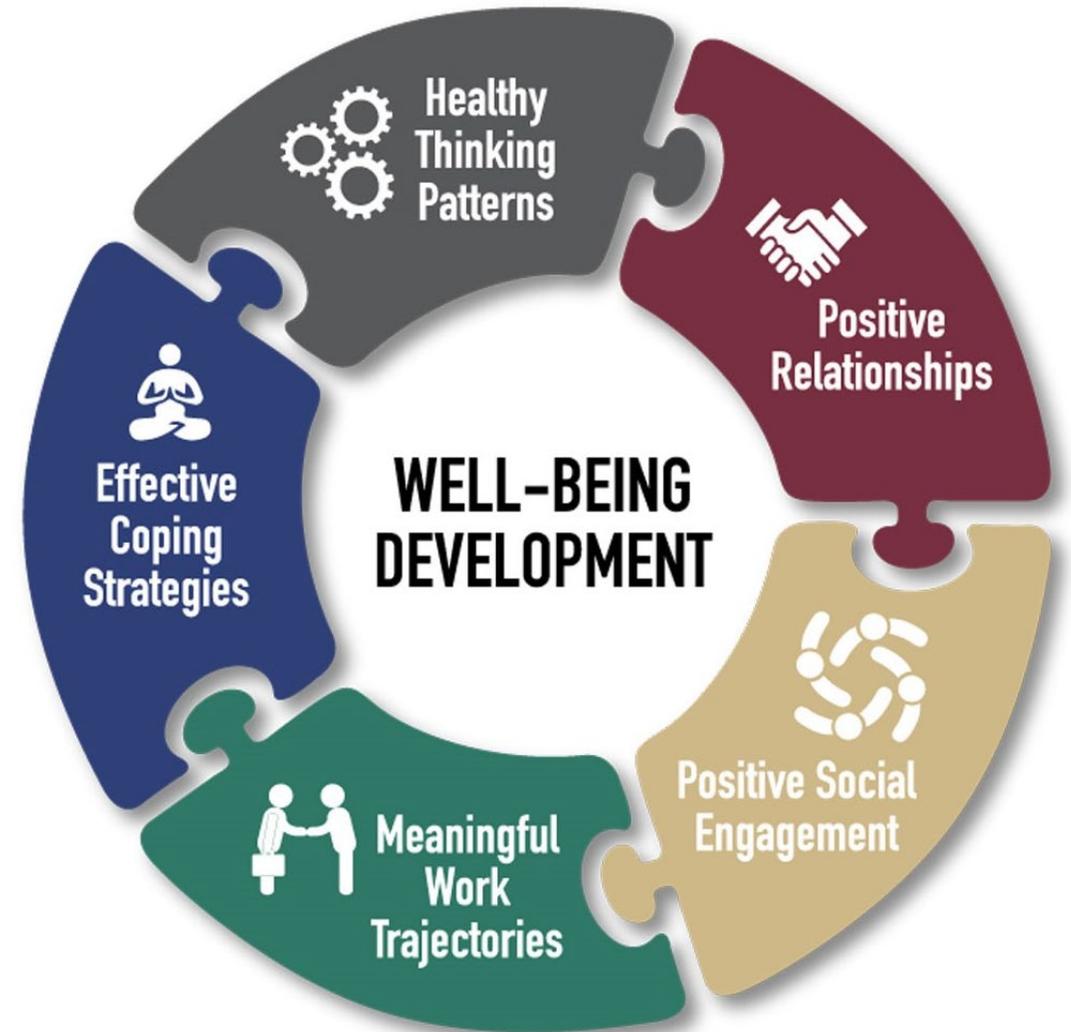
# Theoretical Foundation

Psychological Well-Being  
Model

Seligman's PERMA Model

Leisure and Well-Being  
Model

Good Lives Model + RNR



# WBDM Building From Existing Theory

Risk-Needs-Responsivity	Good Lives Model	PERMA	Psychological Well-Being	Leisure and Occupational Well-being	Well-Being Development Model for Reentry
Low employment / Low education	Excellence in work	Meaning in life Achievement		Occupational well-being	<b>Meaningful work trajectories</b>
Criminogenic thinking patterns Antisocial personality patterns	Inner peace Creativity Knowledge	Positive emotions	Self-acceptance Personal growth Purpose in life		<b>Healthy Thinking Patterns</b>
Substance abuse	Spirituality Life		Environmental mastery Autonomy		<b>Effective Coping Strategies</b>
Associations with others who engage in crime Lack of prosocial leisure activities	Excellence in play Excellence in agency Pleasure	Engagement		First medial leisure	<b>Positive Social Engagement</b>
Poor family and other relationships	Relatedness Community	Relationships	Positive relations	Second medial leisure	<b>Positive Relationships</b>

# The Five Keys to Successful Reentry



## Meaningful Work Trajectories

COMPATIBILITY BETWEEN AN INDIVIDUAL'S GOALS AND ABILITIES AND THE DEMANDS OF THAT INDIVIDUAL'S OCCUPATION IS SUSTAINABLE.



## Effective Coping Strategies

ADAPTIVE BEHAVIORAL AND PSYCHOLOGICAL EFFORTS TAKEN TO MANAGE AND REDUCE INTERNAL/EXTERNAL STRESSORS IN WAYS THAT ARE NOT HARMFUL IN THE SHORT OR LONG-TERM.



## Positive Social Engagement

WHEN AN INDIVIDUAL IS ENGAGED IN SOCIAL EXPERIENCES ORGANIZED FOR BENEFICIAL SOCIAL PURPOSES THAT DIRECTLY OR INDIRECTLY INVOLVE OTHERS, ENGAGED IN DURING DISCRETIONARY TIME, AND EXPERIENCED AS ENJOYABLE.

# The Five Keys to Successful Reentry



## Positive Relationships

AN ASSOCIATION BETWEEN TWO PEOPLE THAT OCCURS IN PERSON AND CAN RANGE IN DURATION FROM BRIEF TO ENDURING WITHIN FORMAL OR INFORMAL SOCIAL CONTEXTS. THE RELATIONSHIP IS RELIABLE, MUTUALLY BENEFICIAL, AND ENHANCES PSYCHOLOGICAL WELL-BEING.



## Healthy Thinking Patterns

ADAPTIVE MENTAL ACTIONS OR PROCESSES, THE PRESENCE OF EMPATHY, AND THE ACCEPTANCE OR INTERNALIZATION OF VALUES AND NORMS THAT PROMOTE PRO-SOCIAL BEHAVIOR.

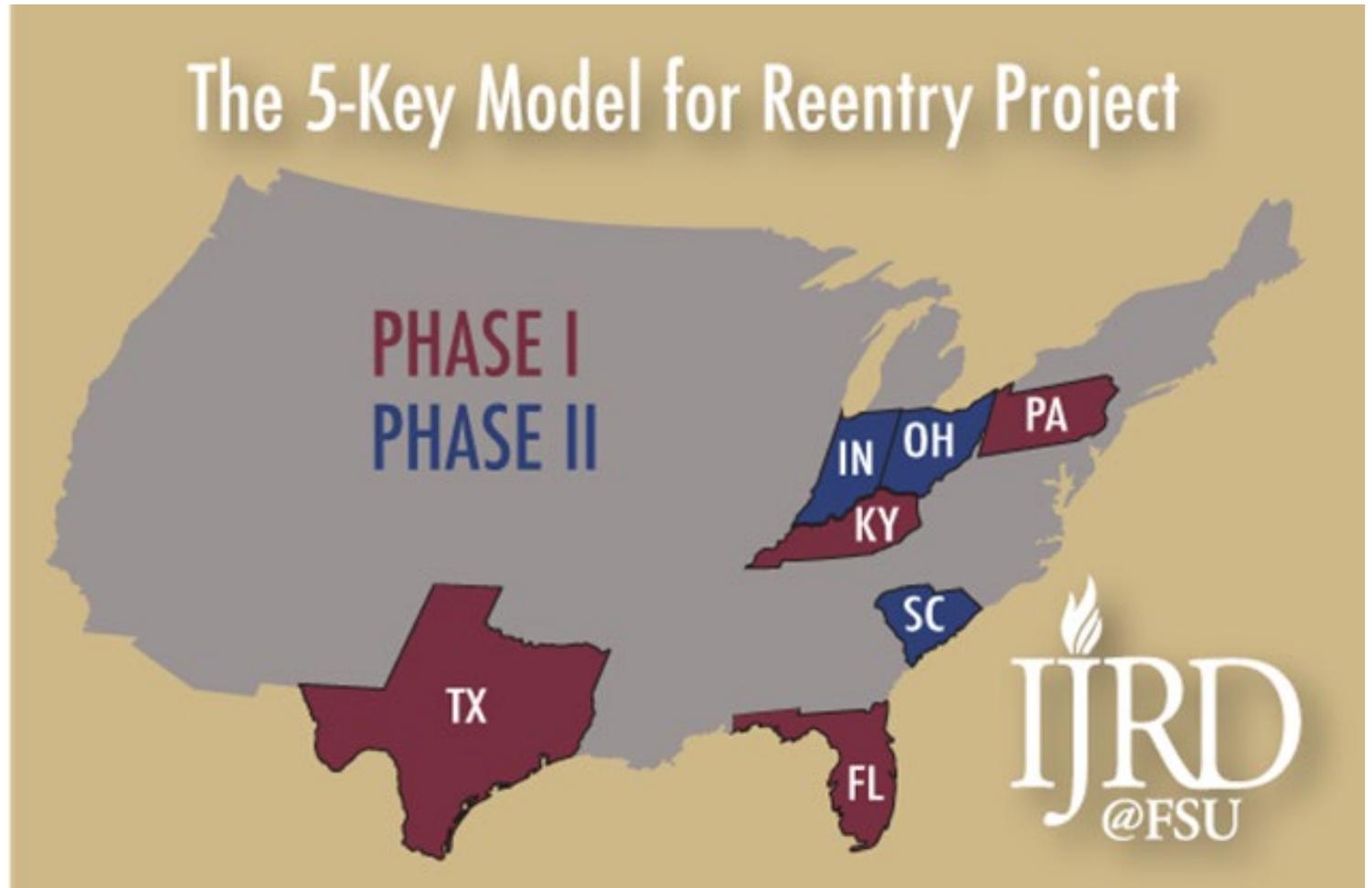
# How Is the WBDM Being Implemented?



Phase	Activities
Discovery (Phase 0)	Guided by theory - Identifies problem, target population, existing evidence that supports why intervention may work
Feasible/Acceptable (Phase 1)	Identify intervention components and determine feasibility and acceptability. Define and refine intervention delivery characteristics (e.g., dose, intensity, intervention elements). Qualitative research very helpful during this stage.
Exploratory (Phase 2)	Initial test of the intervention in comparison with an appropriate alternative (e.g., a small RCT). Identify outcomes and whether measures are sensitive enough to the expected change and generate effect sizes. Continue to monitor theoretical basis for model as well as feasibility and acceptability. Evaluate fidelity and refine a monitoring plan. Preliminary evidence that the intervention is effective and has a well-defined intervention manual
Efficacy (Phase 3)	<p>Definitive RCT comparing fully developed intervention with appropriate alternative (standard care, usual care, attention control, active alternative control)</p> <p>Intent-to-treat analysis considered best – but can be adapted</p> <p>Per protocol analysis as including dosage analysis</p> <p>Mediator analyses – examine underlying mechanisms responsible for treatment benefit</p> <p>Moderator analyses – evaluate whether differential treatment effects are obtained on the basis of factors of interest (age gender, cognitive status, health, race, etc)</p>
Effectiveness (Phase 4)	Effectiveness in targeted setting. Moving from efficacy to effectiveness in criminal justice settings.
Translational (Phase 5)	An estimated 17yrs or more and then only 14% of new scientific discoveries ever enter real-world contexts. “Americans receive only about 50% of recommended evidence based services and minority populations receive these services less than 35% of the time”

# The 5-Key Model for Reentry

- Implemented in 90 prisons & 21 urban and rural counties in 7 states
- Quarterly reports detail findings & inform policy



		5-Key Model (n=789)	Comparison (n=754)
Gender	Male	90.1%	90.2%
	Female	9.9%	9.8%
	Black/African American	47.7%	50.0%
	White/Caucasian	33.1%	33.4%
	Latinx	9.1%	9.2%
	Multi-racial	5.5%	5.1%
	Native American	1.1%	0.9%
	Asian/Pacific Islander	0.1%	0.0%
	Other	3.4%	1.4%
		0.0%	0.0%
Ethnicity	Non-Hispanic	87.0%	87.7%
	Hispanic	13.0%	12.3%
Marital Status	Single	63.4%	64.6%
	In a Relationship	11.3%	10.5%
	Married	10.8%	9.4%
	Divorced	9.1%	9.8%
	Separated	3.3%	3.3%
	Widowed	1.4%	1.1%
	Other	0.7%	1.3%
Average age at first adult offense		24.1 years	24.6 years
Average age at current offense		32.8 years	33.7 years
Average number of prior incarcerations		1.3 (range: 0-10)	1.3 (range: 0-8)
Average current sentence length		4 years (range: less than 1 year-32.5 years)	5 years (range: less than 1 year-45 years)

# 5-KEY MODEL FOR REENTRY

# What is the 5-Key Model?

- Individualized and flexible
- Focuses on 5-key Ingredients to promote well-being

# 5-Key Ingredients

1. Healthy Thinking Patterns
2. Meaningful Work Trajectories
3. Effective Coping Strategies
4. Positive Social Engagement
5. Positive Relationships

# How was the 5-Key Model Developed?

- Review of over 100,000 program evaluations
- Team of researchers, service providers, corrections professionals and individuals with incarceration histories
- Selected evidence driven intervention manuals, adapted, refined, and combined

# The Reentry Well-Being Assessment Tool

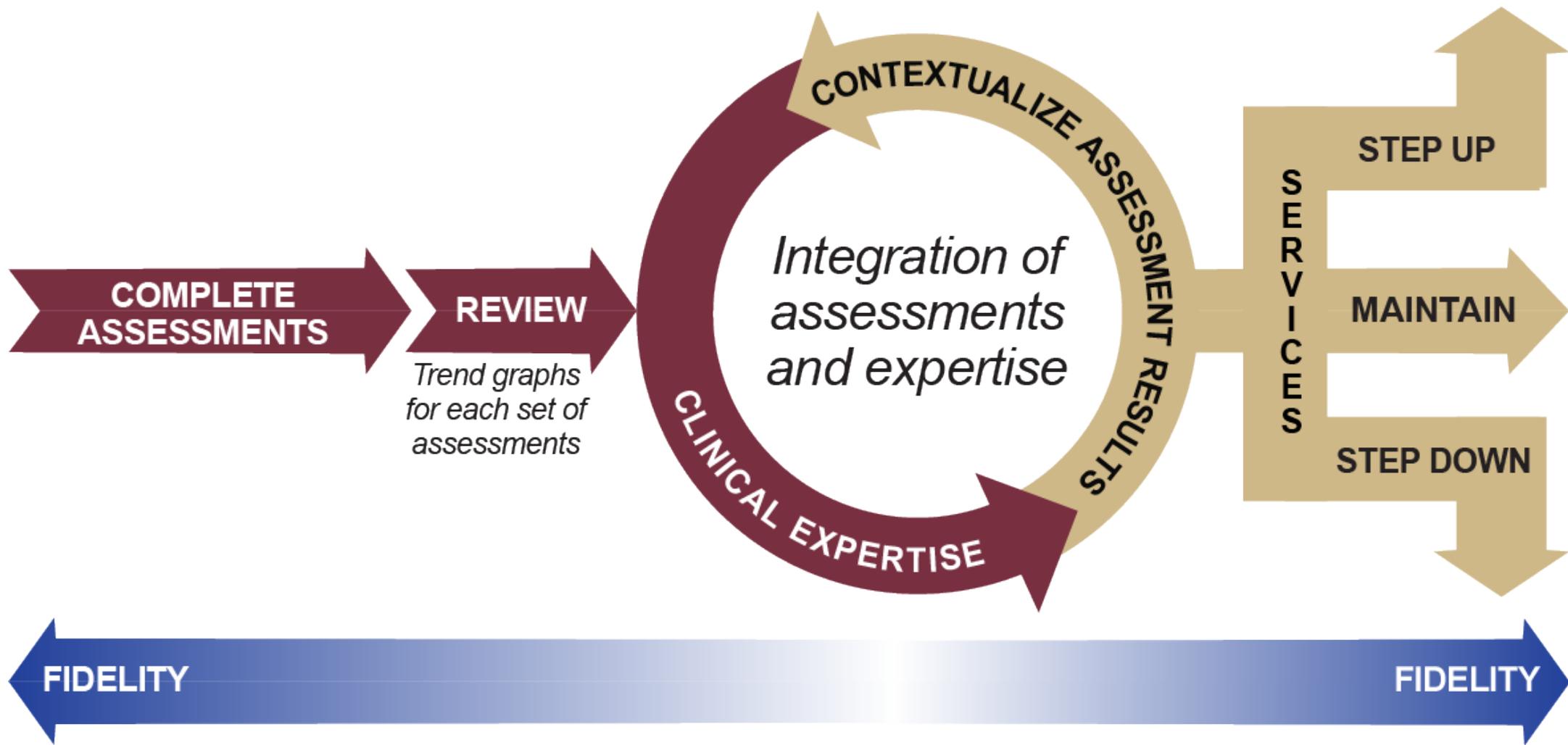


# Reentry Well-Being Assessment Tool

- 9 measures:
  - Brief COPE
  - Cognitive Flexibility Inventory
  - Toronto Empathy Scale
  - Herth Hope Index
  - Quality of Relationships Inventory
  - Social Provisions Scale – Perceptions of Worth subscale
  - Vocational and Education Aspiration/Satisfaction
  - Community Participation and Leisure Assessment
  - Life Balance Assessment

# Reentry Well-Being Assessment Tool

- Evaluates for steady growth over time
- Assesses participant progress, strengths, and areas for continued improvement
- Engagement and retention enhanced through discussion and collaboration with participant
- RWAT is an opportunity for intervention as well as assessment on outcomes.
- Existing literature informed benchmarks



# RWAT

- Existing literature informed benchmarks
- Validation study with Item Response Theory

# Rapidly Releasing Research Findings

- QR1: Researching & Responding to Barriers to Reentry
- QR2: Psychological Toll of Reentry
- QR3: Accelerating Research using the Feedback Loop
- QR4: Voices of 5-Key Model Participants
- QR5: When Death Follows Release
- QR6: Going Back to Jail without Committing a Crime
- QR7: Trauma & Loss During Reentry
- QR8: COVID-19, Incarceration & Reentry
- QR9: Associations between Well-Being & Reincarceration
- QR10: Stories of Hope & Change
- QR11: COVID-19's Impact on Reentry Research



# QR 9: Associations between Well-being and Re-incarceration: January 2021

- At both 8 and 15 months post-release, fewer 5-Key participants experienced a reincarceration compared to the control group
  - at 8 months 18% of 5 Key Participants re-incarcerated compared to 28% of those in the control group
  - at 15 months, 28% of those in the 5 Key Participants compared to 40% in control group
- At 15 months after release from incarceration, participants in the 5-Key Model group reported higher levels of overall well-being
- Among participants assigned to the 5-Key Model group, higher levels of reported well-being on each of the 5 Keys was associated with reduced likelihood of reincarceration
- Across both 5-Key and control participants, higher levels of overall well-being were associated with reduced likelihood of reincarceration.
- Across both groups of participants, having a job was not associated with reincarceration or well-being but employment and education satisfaction and aspiration were
- At 15 months after release from incarceration, a slightly higher percentage of participants in the 5-Key Model group reported active employment (78%), compared to participants in the control group (74%).

# QR 9: Associations between Well-

- Each of the 5 Key Facilitators of Well-Being – Healthy Thinking Patterns, Meaningful Work Trajectories, Effective Coping Strategies, Positive Social Engagement, and Positive Relationships – are associated with increases in overall well-being.
- Participants of color, older participants, and participants with multiple incarceration histories were more likely to engage in 5-Key Model programming and receive more sessions than those without these characteristics
- The amount of program engagement with the 5-Key Model varies, but findings suggest that at 15 months after release from incarceration, individuals who received more sessions of 5-Key Model programming report higher levels of employment, overall well-being, and less substance use (among those who reported any substance use).



# Community Stability

## **Housing Stability:**

- Stable housing is defined as living in one's own room, apartment, or house, or with family, with an expected duration of residence of 4 months or more, or tenancy rights
- A 10- item measure assesses housing stability

## **Employment Stability:**

- Employment stability is a continuum based the number of days employed, job turn over & mobility between work & unemployment
- A 10-item measure assesses employment stability

# Psychological Well-Being

- Complex combination of various psychological & personality characteristics
- Measured using the Ryff scale of psychological well-being, a 54-item inventory assessing 6 areas of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, & self-acceptance
- Respondents rate statements on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement

# Other Brief Measures of Emotional/Psychological Outcomes for Considerations

## **Self-Efficacy:**

- Self-efficacy is a cognitive mechanism based on expectations or beliefs about one's ability to perform actions necessary to produce a given effect.
- The 26-item Coping Self-Efficacy Scale assesses self-efficacy & confidence in coping with stress

## **Impulsivity:**

- Impulsivity is defined as a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions to the impulsive individual or to others.
- Measured using the 30-item Barratt Impulsivity Scale
- Assesses general impulsiveness on 6 first-order factors (attention, motor, self-control, cognitive complexity, perseverance, & cognitive instability impulsiveness) and three second-order factors (attentional, motor, & non-planning impulsiveness)

# Other Brief Measures of Emotion/Psychological Outcomes for Considerations

## **Depression:**

- Depressive symptoms marked by dysphoric mood, inactivity, lack of interest, insomnia, feelings of worthlessness, diminished ability to think, and thoughts of suicide
- Measured using a 6-item subscale of depressive symptoms on the Brief Symptom Inventory, where a respondent characterizes the intensity of distress

## **Anxiety:**

- Anxiety symptoms identified as apprehension or fear of impending actual or imagined danger, vulnerability, or uncertainty
- Measured using a 6-item subscale of anxiety symptoms on the Brief Symptom Inventory, where a respondent characterizes the intensity of distress

## **Incidence of Substance Use Disorder**

- A pathological pattern of impairment related to the overuse of, or dependence on, psychoactive drugs, prescription medications, or other substances
- A 9-item substance use disorder subscale of the MINI assesses current incidence of SUD
- Items are rated on a dichotomous Yes/No scale and follow psychiatric guidelines of the DSM-5