

Formerly Incarcerated Peer Support (FIPS) Program Manual 2021-2022

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Executive Summary

Formerly Incarcerated Peer Support (FIPS) Group

Executive Summary

Updated: 8/26/2021

History

The Formerly Incarcerated Peer Support (FIPS) Group was started to address crucial needs among the formerly incarcerated people (FIP) in New Orleans, Louisiana. With the inception of the Tulane Formerly Incarcerated Transitions (FIT) Clinic in 2014, it was realized that the psychological, emotional, and behavioral needs of FIP are as important as medical needs and require their own space. To that end, FIPS Group began in 2015 as a forum for FIP by FIP to begin to understand the lingering effects of incarceration on daily life.

Why is the FIPS Group Needed?

Incarceration creates life-long effects on physical and mental health. Formerly incarcerated people experience higher rates of chronic illness, psychiatric morbidity, and substance use, all of which contribute to, and are reinforced by, difficulties reintegrating into society. The effects are felt immediately upon release and predispose individuals to lifelong involvement in the criminal-legal system. Many of these challenges are rooted in childhood adversity, economic exploitation, and criminalized neighborhoods and are contributing factors in mental health disorders and incarceration.

Much of the research on the causal links between incarceration and mental health is limited to sociological theories and inference from observational studies. A novel framework for understanding these effects is as a post-incarceration syndrome (PICS). PICS seeks to describe the unique cluster of symptoms reported in qualitative research and inferred from epidemiological and population health statistics. This model understands these symptoms as a product of 1) prisonization and 2) complex trauma while incarcerated. FIPS continues to explore these effects within the framework of PICS.

Why Use a Peer Support Model?

Peer support groups facilitate spaces of growth for people with similar or shared experiences and have a very low cost of implementation. Peer support models are well-suited to address the unique needs of FIP. These programs are used in diverse settings, from addressing the psychiatric needs of those with substance use to post-traumatic stress among veterans.

FIPS Group Overview

FIPS operates primarily as a process group to provide emotional and informational support. The FIPS Group approach places value on a flexible group dynamic, understanding that the community-building goal of FIPS is best served by organic, but facilitated, conversation.

FIPS Group is unique in that it acknowledges that much of the ongoing challenges facing FIP, including social integration, substance use, and psychiatric morbidity, are rooted in the traumatic and institutionalizing effects of incarceration. Additionally, many other peer support programs are initiated by clinical, institutional, or professional parties, whereas the FIPS curriculum was made by FIP for FIP. The shared ownership of the FIPS Group has been the foundation of its longevity and success. Such an orientation makes the FIPS ethos comparable to peer support groups for veterans, recognizing that their unique challenges are strongly associated with their shared experience in a total institution.

Theory of Change

By creating a space where FIP can process their experiences of incarceration and its effects on daily life, FIPS Group creates solidarity, community, and space for understanding.

Goals

- Address the lingering and persistent psychological, behavioral, and emotional effects of incarceration
- Understand the role that experiences of incarceration play in everyday life
- Establish support networks among FIP
- Create a space of solidarity among FIP

Vision

FIPS Group seeks to create a community of formerly incarcerated people (FIP) on a foundation of mutual support, solidarity, and growth. This foundation is built on a shared understanding of how incarceration has shaped the lives of those coming home.

FIPS Curriculum

The current iteration of the curriculum includes an orientation session, 13 sessions, a debrief, and a graduation ceremony.

Evaluation Strategy

Evaluation of the FIPS model is based on qualitatively assessing the effect of FIPS Group in domains of social roles, adjustment to society, experienced stigma and stigma management strategies, mental health, and empowerment.

Acknowledgements

FIPS Group would not be possible without the tireless work of a community network of FIP, family, advocates, volunteers, and students. FIPS Group is fortunate to benefit from various partners in the New Orleans community. These include the Prisoners 2 Patients initiative, the

Formerly Incarcerated Transitions (FIT) Clinic, Voice of the Experienced (VOTE), Tulane University School of Medicine, the Promise of Justice Initiative, and the Corpus Christi Epiphany Church.

For more information, please visit <https://www.fipsgroup.org/> or email Facilitator Thad Tatum at thadtatum108762@gmail.com

The History of FIPS

In June of 2014, the Formerly Incarcerated Transitions (FIT) clinic was established in partnership with Tulane Medical School and Voice of the Experienced (VOTE) to provide medical care to those transitioning out of incarceration. The FIT Clinic officially opened in May of 2015 as the first transitional care clinic for formerly incarcerated people (FIP) in Louisiana. They began identifying the mental and emotional needs of FIP returning home and started holding bi-monthly peer support groups for FIP.



In 2019, FIPS Group implemented a more formal curriculum, focusing on a specific topic at each meeting. We are now holding the group virtually, via Zoom, due to COVID-19 but hope to return to an in-person format as soon as it is safe. Our goal is to expand the FIPS Group throughout Louisiana, and eventually nationwide. We intend to shed light on Post Incarceration Syndrome (PICS) and address the needs of those experiencing its effects.



How Incarceration Shapes Health:

An Introduction to a Proposed Post-Incarceration Syndrome

Medical and Psychiatric Considerations

FIP experience physical and mental health dynamics shaped by the unique stressors, socializations, and acculturations of prison environments. Erving Goffman developed a pioneering conception of this experience, characterizing prisons as total institutions.¹ In this conception, prisons subsume all aspects of personhood and agency, including decisions about self-care and wellbeing, relegating them to the goals of the institution housing them. In carceral settings, this results in daily stressors including a lack of privacy, overcrowded conditions, antagonistic relationships with guards and incarcerated persons, exposure to violence, and the threat of violent victimization.² This repeated exposure to traumatic events leads to conditions that are incompatible with health.³

Chronic stress and trauma have adverse effects on both physical and mental health. Physically, chronic stress can be immunosuppressive, lowering the body's defenses at the same time it is at greater risk of encountering infectious disease in confined, crowded settings. Chronic stress before and during incarceration likely contributes to the significantly greater rates of infectious disease in U.S. prisons, including HIV, hepatitis C, and tuberculosis. Such stress has also been linked to accelerated aging and lower life expectancies among incarcerated people, as well as to high burdens of chronic illness, such as obesity, hypertension, asthma and diabetes.^{4,5} In 2011–12, an estimated 40% of people incarcerated in state and federal facilities reported having a current chronic medical condition while about half reported ever having a chronic medical condition.⁶

There are both associative and causative links between incarceration and mental wellbeing. Though there is wide variation in prevalence estimates of mental illness in incarcerated populations, several conditions including depression, post-traumatic stress disorder and anxiety are either comparable or trend higher in incarcerated populations than in

the general population.⁷ While this reflects the ongoing criminalization of mental and behavioral illness, such selection makes the characterization of causal effects of incarceration and subsequent negative outcomes difficult.^{4,7} Research has shown that the formerly incarcerated have a very high prevalence of psychiatric morbidity, with associations especially pronounced for dysthymia and major depressive disorder and that incarceration is at least partly to blame for this increase.^{6,8,9}

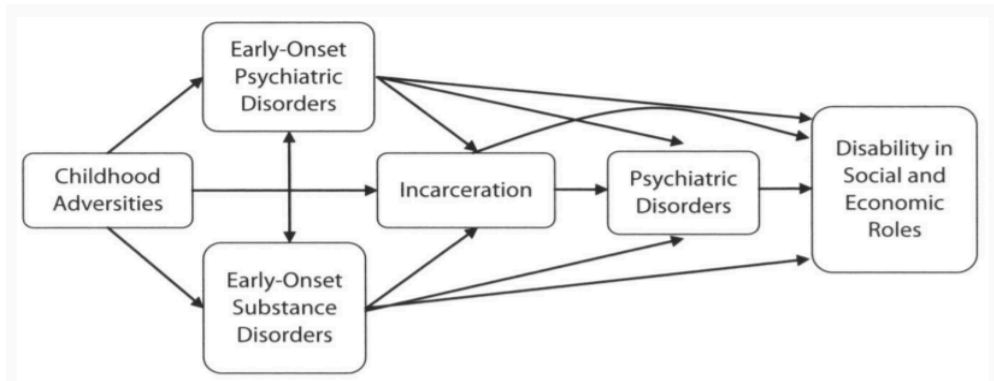


Figure 1: Proposed conceptual model illustrating influences in the incarceration-psychiatric disorder relationship. Adapted from Schnittker, Massoglia, and Uggen, 2012.

It is important to underscore the nonlinear relationship of confounding and reinforcing factors obfuscating a causal link between incarceration and psychiatric disorders, as illustrated in Figure 1. Much of the predisposing factors for incarceration are also predisposing for psychiatric disorders, such as childhood adversities and earlier onset substance use.^{8,10} Psychiatric disorder itself is also a predisposing factor to incarceration, and incarceration may worsen such conditions even if undiagnosed, confounding the causative link.^{2,11} Thus, one must be wary of reverse causation when considering these effects.

The neglect and even hostility to mental health needs could be expected to exacerbate psychiatric morbidity in such high-stress and traumatic settings. Incarcerated people have very little control over their health, and reports describe violent reprisal and isolation for those displaying symptoms of psychiatric distress.¹² In such conditions, incarcerated people may be less likely to report mental health needs and instead rely on in-prison social networks for promoting wellbeing.¹³

The lingering effects of prisonization, or the psychological responses and acquired traits in response to incarceration, may play a role in developing negative psychiatric outcomes post-release. A core part of the discourse surrounding prisonization is its implications for coping, rather than as a direct cause of psychiatric morbidity.^{9,14} However, several of the described behaviors associated with prisonization could be construed as evidence of psychiatric disorder, such as blunted affect, or a “prison mask”, which is a diagnostic criteria for certain mood disorders.¹⁵ Qualitative interviews have demonstrated the psychological adaptations made while incarcerated leave lasting effects and may be associated with traumatic stress.^{14,16}

A Trauma-Informed Understanding of Incarceration

A developing area of focus in understanding experiences and effects of incarceration considers the role of trauma. In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed a working consensus model of trauma. Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹⁸ This may be summarized as the "3 E's" of trauma: event(s), experience of event(s) and effect.

Applying a trauma-informed lens to experiences of incarceration provides important insight for understanding causal relationships between incarceration and mental and behavioral health.^{19,20} While many people may experience trauma and go on to lead normal lives, trauma can exact severe emotional and mental tolls on those experiencing it, resulting in psychiatric morbidity.

Considerations for Formerly Incarcerated Women

When exploring the interplay between medical and psychiatric conditions, incarceration, and trauma, it is important to recognize how rates diverge between justice-involved men and women. For example, incarcerated women have a higher prevalence of chronic medical conditions; two-thirds of jailed women reported having a chronic condition, compared to half of men in jails and 27% of the general population.¹ Incarcerated women also experience very high rates of victimization trauma, such as childhood sexual abuse, sexual assault, and intimate partner violence. In fact, 86% of jailed women reported a history of sexual violence; 77% reported partner violence; and 60% reported caregiver violence.² This may also under-represent the trauma seen among incarcerated women, as the instruments that jail intake staff use to screen people for mental illness often assess women inaccurately, failing to detect trauma until the symptoms are extremely obvious.^{4,5} In addition, women may intentionally not report sexual abuse to avoid being assessed as high risk for victimization and placed in protective custody or solitary confinement.⁶

As with men, the conditions of incarceration exacerbate or introduce new trauma. According to the Bureau of Justice Statistics' 2009-2011 examination, women were much more likely than men to experience sexual victimization during incarceration. This includes both victimization by other currently incarcerated people (CIP) and victimization by facility staff. Women only made up 7% of all prison CIP, but represented 33% of all staff-on-incarcerated-person sexual victimization reports. A similar pattern is seen among women in jails, who made up 13% of all people incarcerated in local jails, but 67% of victims of staff-on-incarcerated person victimization.⁷

Mental illness is also very prevalent among incarcerated women. In the early 2000s, just over one-third of women in jail were affected by serious mental illness (major depression, bipolar disorder, and/or schizophrenia). This was double the rate for jailed men at the time and six times higher than women in the general public.⁸ Women have much higher rates of mental health problems than men across state prisons (73% vs 55%), federal prisons (61% vs 44%), and jails (75% vs 63%). The rate of mental disorder diagnoses by a mental health professional in the past year was three times higher for women than it was for men.⁹ More recently, the Bureau of Justice Statistics reported that a larger percentage of women in prison (20%) or jail (32%) than males in prison (14%) or jail (26%) met the threshold for serious psychological distress in the past month.¹⁰ Incarcerated women were more likely than incarcerated men to have been using drugs at the time of their arrest, and in state prisons, nearly 75% of women

who had a mental health problem also met criteria for substance dependence or abuse.^{3,9} Even among incarcerated women without mental health problems, 53.6% met criteria for substance dependence or abuse.¹⁰

Incarcerated women are far more likely than men to be single parents of dependent children, which can be its own source of chronic stress. In fact, 80% are single mothers, while only the minority of incarcerated men are single fathers.¹ Stress from being separated from their children is compounded by exacerbated financial hardships and strained support systems due to incarceration.¹¹ Furthermore, the chronic stress of separation can endure after incarceration as mothers may face opposition from caregivers, child protection agencies, or family court judges.¹²

In its assessment tools, requirements for community supervision, and resource administration, the justice system fails to consider these gender-responsive factors of trauma, substance use, mental illness, and parental stress. Not to mention, failures to provide adequate gynecological and obstetric health care, contraceptive care, and menstrual hygiene products only add to the chronic stress justice-involved women face.¹

The criminalization of mental and behavioral illness impacts both men and women, but recognizing where rates diverge and the unique stressors that women face before, during, and after incarceration are necessary to bring forth appropriate peer-led interventions for this group.

Post-Incarceration Syndrome

An emergent conceptualization of the causal relationship of incarceration and psychiatric morbidity is as a Post-incarceration Syndrome (PICS). This framework posits that the combined effect of prisonization and the exposure to experiences of traumatic stress while incarcerated lead to a unique cluster of psychiatric and behavioral symptoms. This concept has been suggested indirectly by much of the literature and directly by some researchers such as Liem and Kunst, and Gorski. While there are substantial limitations to the current characterization of PICS as a functional diagnosis, the notion of fundamental psychological and behavioral changes of incarceration is supported by research and resonates with FIP. Many describe the lasting impact of their incarceration on their sense of self and how they navigate the world.²¹

Social and Economic Deficits from Incarceration

While incarceration's direct role in psychiatric disorder requires further characterization, what is clear is the destructive role incarceration plays in social reintegration after prison. Incarceration is associated with the development of disability, both physical and cognitive, that adds social and economic stress to reintegration.⁸ FIP must deal with enduring stressors such as social stigma and the disruption of social bonds such as employment and relationships with family and friends.² The effects of these conditions have significant health consequences, where unmet social needs such as housing, social network support, and little ability to navigate resources leave FIP at great risk of mortality at immediate release.^{3,22} This often takes the form of drug overdose, lack of continued care for chronic conditions, like cardiovascular disease, and by violent victimization.²³

The urgency for answers is highlighted by the scale of those affected by incarceration. Most of the 2.3 million incarcerated people in the United States will be released, contributing to the approximately 4.4 million individuals that reside in the community on probation and parole.^{24,25} All told, there are roughly 70 million Americans who have been arrested, with varying

lengths of incarceration.²⁶ As the COVID-19 pandemic has made decarcerating our country a national priority, we have a responsibility to continue to study the associations between incarceration and psychiatric health. We as the FIPS group are continuing to explore PICS through our discussions and sharing our experiences pre-, during, and post-incarceration.

Peer Support Models

In developing the FIPS model, the team was at a disadvantage from the lack of a “one-stop-shop” for reviewing definitions, theory, models, evidence, and logistics for peer support groups and services. To make future adaptations of the FIPS model smoother, we have provided the following section to provide a primer of these topics and resources that guided our approach.

What is Peer Support?

Traditionally, the main purpose of peer support services is to provide mentoring, support, and care coordination for clients with histories of mental illness or substance use. A wider lens of such approaches could be described as fulfilling these roles for those who have shared primary experience, not merely substance use or mental health disorders. An example of this is support groups for veterans. The goals are to help others overcome personal and environmental barriers that impede recovery and wellness. Peer support accomplishes this through many activities, including advocacy, support during crises, recovery activities, modeling, education, and assistance in accessing available resources.^{19,27} Notably, peer support services have the potential to be considerably flexible to meet client needs at each stage of recovery. Specifically, peer support services can be incorporated across the continuum of care, starting with outreach services, and extending into long-term recovery services.

There are several models for peer support programs that are evidence-based and employed across different settings. Often, such groups are context-dependent; they are designed to cater both to a unique population, unique need, and within the constraints of resource availability. A 1:1 peer-mentorship program for veterans with trauma will be different from the approach of a support group to aid substance users maintain employment.

Background Theory

For someone coming home after incarceration, peers have a significant impact on the reentry process. Differential coercion and social support theory suggests that peers can be risk factors (via criminal associates) or protective factors (via social support) to FIP for successful reentry.^{28,29} Social support theory clarifies that through expressive, emotional, informational, and materially-based means, peers are powerful in that they can provide a unique form of support to FIP that has been shown to reduce crime.

Peer support groups provide an ideal setting for these bonds to form through discussion and reflection about shared experiences of incarceration and navigating reentry. Exploring shared experiences as a factor of one’s wellbeing offers a key avenue to understanding oneself not merely as a “patient” with a deficiency but as a person who has been shaped by systemic forces.³⁰ For example, a systematic review of literature about peer support groups of people who have experienced severe mental illness has shown that these groups improve symptoms,

promote larger social networks, and enhance quality of life through a process of understanding common experience.³¹

National Standards and Models

Substance Abuse and Mental Health Services Administration (SAMHSA) -

SAMHSA has comprehensive resources regarding evidence, best practices and different models of peer support programs, with a primary orientation towards recovery and rehabilitation from substance use disorders (SUD) and mental health disorders.^{32,33} Peer support has been defined as “offering help, based on the shared understanding, respect, and mutual empowerment between people in similar situations”. Such programs organize around a primary shared experience, such as mental illness, substance use disorders, trauma, military service or incarceration.^{27,34}

Medicaid -

Medicaid is the national public insurance program that offers health insurance to low-income Americans. Given that many peer support services are offered in partnership with clinics, Medicaid has made increasing policy shifts over the last 20 years to reimburse these services. Currently 23 states make provisions for peer services through their state plan authorities.^{37,38} Expanding the availability of payment options through Medicaid will be important for the sustainability of peer support services.

Summary of Evidence

Many of the peer services offered to the justice-involved are provided during incarceration, wherein the orientation and facilitation of the group has different effects than in community delivery. Many peer support services, such as forensic peer support specialists, for the justice-involved are initiated by and sustained by carceral institutions.^{39,40} Though these groups may be conducted by peers, the representation of these services being a part of the institution could confound positive effects. The evidence strongly indicates peer delivery is preferred to professional, with cross-cutting themes including peer deliverers demonstrating empathy due to lived experiences, being non-judgmental, being trusted by CIP and offering more time than staff.⁴¹

In the community, programs that have utilized peer reentry specialists have demonstrated that peers leverage their lived experiences to help each other seek treatment for substance use and mental health symptomatology, locate housing, and secure employment.⁴² There is substantial evidence demonstrating that peer support during the reentry process significantly lowers the odds of recidivism, has a protective impact on substance use, and improved life satisfaction. This protective effect on recidivism is mitigated through the strong bonds form due to mutual trust between FIPs and their peers.^{42–44} Regarding mental health, social support has been demonstrated to be inversely correlated with symptoms of depression and anxiety among formerly incarcerated persons.⁴⁵ Challenges facing these programs include loss of positive effect after cessation of the intervention group and sustainable funding and retention.⁴⁶

FIPS Model

Overview

FIPS operates primarily as a process group to provide emotional and affiliational support and secondarily to provide informational support. FIPS places value on a flexible group dynamic, finding that the community building goal of FIPS is best served by organic, but facilitated, conversation. This is administered through a group setting facilitated by a forensic peer support specialist (who is referred to as a Facilitator in this manual), oriented to the shared experience of incarceration. Within the framework of the Sequential Intercept Model, FIPS operates at Intercept 4 and Intercept 5, re-entry and community corrections, respectively.

FIPS group is unique in that it acknowledges that much of the ongoing challenges facing FIP, including social integration, substance use, and psychiatric morbidity, are rooted in the traumatic and institutionalizing effects of incarceration. Additionally, many other such peer support programs are initiated by clinical, institutional, or professional parties, whereas the FIPS curriculum was made by FIP for FIP. The shared ownership of the FIPS group has been the foundation of its longevity and success. Such an orientation makes the FIPS ethos comparable to those peer support groups for veterans, recognizing their unique challenges are strongly associated with their shared experience in a total institution.

Goals

- Address the lingering and persistent psychological, behavioral and emotional effects of incarceration
- Understand the role of experiences of incarceration in everyday life
- Establish support networks among FIP
- Create a space of solidarity among FIP

Conducting Community Needs Assessment

While the FIPS group was an organic outbranching of needs reported by the patients of the FIT clinic, conducting a community needs assessment has been identified as a key step in planning a peer support program. To implement the FIPS model, we recommend following the best practices for conducting Community Needs Assessments put forth by the UNC Peers for Progress and SAMHSA guidelines for certified behavioral health clinics.^{47,48}

An important consideration is whether there are already peer support services that are active in the community. Planning a FIPS Group model should be considerate of duplicative services. The FIPS Group model is adaptable to existing models, specifically with its focus on experiences of incarceration as a grounding principle.

Building a FIP Network by Identifying Stakeholders

It starts in the community. Identifying stakeholders in the community that are already involved in the lives of FIP is essential. Key stakeholders may include working with FIP-led community organizations, advocacy groups, health care providers, criminal justice reform movements, mental health facilities, SUD treatment facilities, and state agencies.

FIPS Group has relied heavily on word-of-mouth advertising and networking among FIP to build its community. Social media, such as Facebook and Instagram, is another important tool

to build networks and recruit participants. Advertising FIPS group through flyers at parole office pin bulletins and community partner offices is another important avenue. By advertising at parole offices in this way, it can differentiate FIPS group from corrections services and establish credibility to build essential trust.

In building the FIP network, authenticity is key. You must be conscientious about how you introduce people to the group and make people included. This must be done in consideration of people already involved within the space as well.

FIPS Group Partners

FIPS group is fortunate to benefit from various partners in the New Orleans community. These include the Prisoners 2 Patients initiative, the Formerly Incarcerated Transitions (FIT) Clinic, Voice of the Experienced (VOTE), Tulane University School of Medicine, the Promise of Justice Initiative, and the Corpus Christi Epiphany Church.

Building relationships with such community partners is foundational to the success of FIPS group. Such partnerships are important for logistic, material, and financial support, as well as for recruiting participants.

Program Structures

FIPS Group consists of 3 primary structures: an organizing body consisting of various community partners called the Prisoners 2 Patients initiative, an internal planning team discussed below, and the group itself, consisting of a facilitator, peers, and participants.

Group Roles

FIPS groups consist of facilitators, peers, and participants. The facilitator acts as forensic peer specialist, leading and guiding group discussions based on the curriculum. The facilitator also checks in on group members outside of sessions, letting people know about meeting schedules and topics, as well as holding planning meetings with an internal planning team prior to each group. A peer at FIPS group is someone who has also experienced incarceration and its traumatic effects and has returned home. The FIPS group model encourages the attendance of participants who are allies to FIP, including spouses, children, friends, and others affected by incarceration. The FIPS group model recognizes that when a family member is incarcerated, the family is incarcerated as well.

The FIPS model has relied on a small planning team consisting of the facilitator, FIP, student volunteers, and health professionals. This planning team meets regularly on Sundays prior to the FIPS Group session and then as-needed to plan logistics, support members, and implement the vision of the group.

Purpose of Each FIPS Group Meeting

- Provide a positive and safe environment
- Motivate, uplift, and empower one another
- Reflect on our experiences and how to cope with the impacts of incarceration
- Assess our strengths and our struggles in overcoming the long term effects of incarceration

- Discuss helpful resources with one another and the challenges that go along with accessing those resources
- Share strategies for success

Qualifications

Facilitator (Forensic Peer Support Specialist) –

FIPS Group facilitator requirements are aligned with that of Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) Standards for Peer Support specialists

- Has lived experience with incarceration
- Minimum of a High School diploma or a GED
- At least 18 years of age
- Completed PSS training program

Preferred but not required

- Education, certification or experience with mentoring and/or counselling
- Substance use experience

Peers - A peer at FIPS is someone who has also experienced incarceration and its traumatic effects and has returned home.

Participants – This includes anyone who is interested or been affected indirectly by incarceration, such as health professionals, family members, and student volunteers.

Facilitator Credentialing

The initial credentialing of FIPS facilitator was through the certified peer specialist training program offered by Peerstar, LLC, which provides forensic peer support services to jails in Pennsylvania.^{40,49}

FIPS Group facilitators have also been credentialed by the state of Louisiana by the LDH OBH Peer Support Specialist certification training program. It is strongly recommended to complete standard credentials offered by state departments of health.

Reach

Over the last 5 years, FIPS group has grown into a network of over nine New Orleans community organizations, with 59 people contributing to the group. We have now been fortunate to connect with people from 4 states via virtual meetings, significantly growing potential reach.

Timing and Space

In planning the logistics for the group, consider holding meetings in the evening so as not to interfere with work; FIPS has historically been held from 6-8pm. This schedule includes some flexibility between 6-6:30 to allow people to join, get food if available and settle in. See Sample Lesson Plan (p. 20) for more details. Additionally, the FIPS group has been held bi-monthly, every 2nd and 4th Tuesday, which has been sufficient to balance the planning needs of the internal planning team as well as the desire to meet from group members.

Regarding meeting space, FIPS group has been fortunate to be in partnership with local community organizations such as VOTE, Corpus Christi Epiphany Church, and Promise of

Justice Initiative that have offered space at different times in FIPS evolution. Consider searching local community spaces to host a FIPS group.

An important consideration for the space and efficacy of the group is the size of each session. From experience, an ideal group would consist of 15 FIP. After this threshold, it becomes difficult to budget time and solicit the input of all group members.

Cost of implementation

Funding from the 2016-2017 and 2017-2018 Helping Hands Grants enabled the FIT Clinic to start a bi-monthly peer support group, facilitated by FIP, focused on the emotional and practical aspects of reentry. There has been subsequent funding by the American Psychological Association to support the efforts of FIPS Group at national conferences. Further, the facilitator role has been supported on a contract basis with the Tulane University School of Medicine. Tulane University has also offered support through the Mellon Fellowship for Community Engaged Scholarship. A significant area of growth and sustainability would be in funding full-time facilitator roles or similar roles of one full-time employee (FTE) to grow the program.

FIPS Group budget is largely dependent on the resources available in the community network. Primary expenditures included food and beverages at meetings, which often was from contributions from group members or their families. Planning for a food and event budget would account for much of the challenges.

In the COVID-19 era, there has been lower cost to implement due to all-virtual meetings hosted through Zoom. A Zoom subscription was obtained from academic accounts of volunteers.

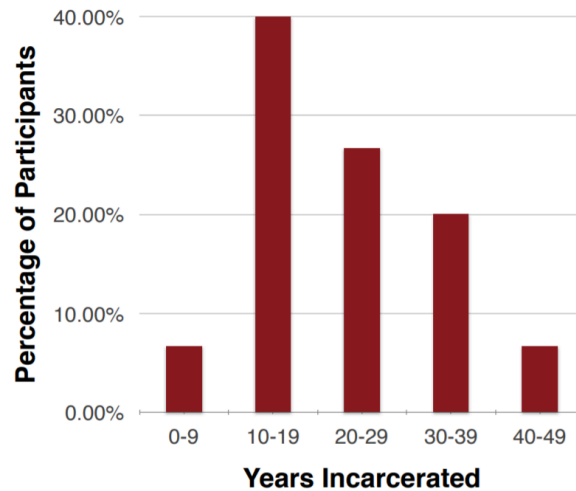
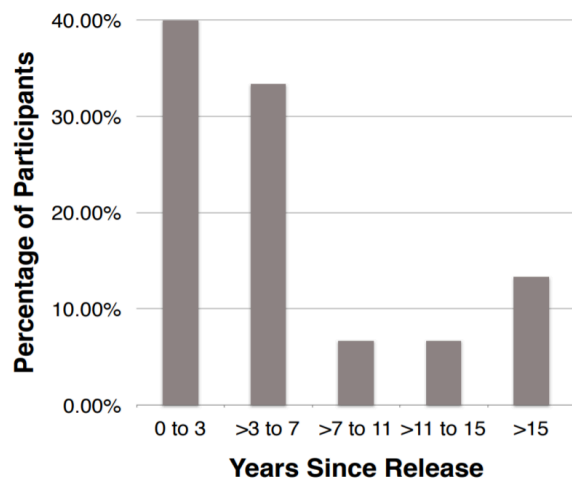
Flexibility of Curriculum

The FIPS Group model is based on shared ownership. In practical terms, this means that the group members decide much of the direction of each session. When there are important developments in the community or national affairs, the group would likely want to discuss these. It is important to be conscientious of current events in budgeting time, sometimes it may be worth foregoing topics or integrating with that week's curriculum.

Completion of Curriculum

Upon completion of the curriculum, FIPS group members become eligible to become facilitators, and the group supports them in pursuing the credentialing process. Additionally, there is the option to participate in a post-graduate forum to continue discussions on alternating weeks to the active curriculum, similar to the unstructured discussions of the pre-curriculum model of FIPS group. This space can be used to further build networks, solicit feedback, assist with logistics, participate in community-engaged research, and reflect on the curriculum.

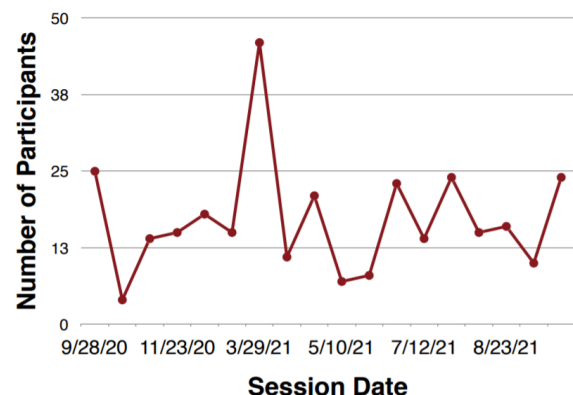
Evaluation



Evaluation of FIPS group was conducted in its second year of operation in 2017, prior to the implementation of the curriculum. Anonymous, voluntary feedback was solicited to assess the feasibility of the program. Basic demographics were collected. Outcome measures included participant characteristics, satisfaction via Client Satisfaction Questionnaire (CSQ8).

The high satisfaction levels, number of participants referred for individual counseling/psychiatric care, and turnout suggest the FIPS group space may build community and improve mental health outcomes for FIP.

Question (n=16)	Median (max 4)	Mean (SD) (max 4)
Quality of group	4	3.69 (0.48)
Kind of service	4	3.56 (0.73)
Extent needs met	3	3.06 (0.77)
Recommend to friend	4	3.94 (0.25)
Satisfied with help	4	3.50 (0.63)
Helped me deal with problems	3	3.38 (0.62)
Overall satisfaction	4	3.69 (0.48)
Would come back	4	3.81 (0.40)
Total Score (max 32)	30.5	28.63 (3.5)



Number of sessions: **40**
Mean participants per session: **16.1**
Median participants per session: **15**

Evaluation strategies should be sensitive to the needs of FIP, especially in new groups. FIPS group's emphasis on building community during its first year necessitated avoiding "over-testing" and invasive screening that could diminish trust. Another consideration in evaluation planning is

in the validity of results limited by selection bias, lack of comparison group and pre-intervention data.

Helpful Resources

- The Transitions Clinic Network provides contact with clinical community members caring for the formerly incarcerated as well as offering technical assistance: <https://transitionsclinic.org/>
- The University of Michigan Behavioral Health Workforce Research Center Scope of Practice for Behavioral Health Professionals Database may be found at: <https://www.behavioralhealthworkforce.org/practice-data-visualizations-old/>
- The Copeland Center and Doors to Wellbeing maintains a comprehensive list of training and certification requirements and appropriate contacts in each state. This list may be found at: <https://copelandcenter.com/peer-specialists>
- The University of North Carolina Gillings School of Global Public Health, Department of Health Behavior, Peers For Progress Program has comprehensive resources for adapting core principles of peer support found in the FIPS manual to different contexts. These resources may be found at: <http://peersforprogress.org/>

Facilitator's Notes

The following are personal tips and notes that our expert facilitator, Thad Tatum, uses to create an open, respectful, effective discussion during FIPS group meetings.

Before the Meeting

When inviting people to the meeting, your goal is to *invite* and inform people about the meeting, not to *convince* them.

People shouldn't come because they feel pressured to, or because they want to please you - their intentions need to be that they want to help themselves or help other formerly incarcerated folks.

- *"Most of the guys think they're doing me a favor by coming... You need to come because you want to discuss what you're going through on a platform...or come to help..."*
- *"Sometimes we don't recognize what we're going through. A lot of us went through some things, but we can't put a name to what we've been through. So we repress it with 'I'm good'. No, you're not good, but I'm never going to tell you that. I'm going to say, 'Since you're good, you could come and explain to the group how you've been able to adjust so well.'"*

For example, sometimes current attendees will refer other people to Thad to talk to them about attending the group. Thad makes a point that the interested person needs to show enough initiative to be the one to call him - he will not call that person himself. On these calls, it is often to describe what the group is about. Thad might lay down the house rules about respect, talk about the purpose of the group, inform them that these guys have been going through the same things you're going through, and that you might already know some of these people.

Reminding people of the meeting the night before.

A reminder call that the meeting is happening tomorrow night is helpful. It's important to be sensitive to internet literacy among formerly incarcerated folks, and this presents an opportunity to coach them in these skills while demonstrating that we're all in this together.

- *"Sometimes it's frustrating, but I recognize the disability of guys such as myself to navigate technology, and make it go as smooth as possible."*

Specifically inviting certain people for specific topics based on their expertise and background.

For example, when discussing controversial subjects like spirituality, make sure to invite people of different faiths and denominations.

- *"I reach out to a certain type of people depending on what the topic matter is. I do that because it allows somebody else to set the tone by sharing their experiences and struggles and whatnot."*
- *"I don't want it to just be me all the time."*

There are some people in the community who have garnered a certain degree of respect so that when they speak, people will listen. It can be helpful to have them help lead the meeting with you. When having conversations with a FIP outside of the group about a relevant topic, you might ask them, "How would you feel about talking about this Tuesday? It just so happens that the topic that night is just what you're talking about now." Sometimes people understandably won't be comfortable with leading a group conversation. You might instead offer that you'll tie in their thoughts into Tuesday night's conversation, so they can listen to others' opinion on that matter and chime in if they'd like.

Know your group.

Having a personal relationship with most of the people on the call before the meeting creates a tight-knit and welcoming atmosphere. Be considerate of each person you're speaking to and the nature of that relationship. What might be an offensive "Man, you're talking too much," to one person might be a funny pass to someone else who you already have a comfortable relationship with.

Have regular planning meetings nights prior to the meeting.

Thad has his managerial meetings on Sunday night for the Tuesday night peer support meeting. Going over the topics and topics beforehand makes facilitating go more smoothly and allows you to plan who you might call on specifically to answer certain questions.

- *"Facilitating is not easy. I try to put my own little knack into it from being able to know the guys... So I can improve on a lot of things and that's normally what I do, but you do need to follow a script."*

Keep the curriculum flexible and adaptable- talk about a topic if it's particularly relevant to the group at that time.

For example, when the Black Lives Matter movement came to the front of the country's consciousness, some topics such as conflict with authority or mental health were more relevant to talk about that night than what the schedule had planned.

Include people on the planning team who can help with the technology aspect for Zoom calls.

Thad has a handful of students who are in charge of collecting everyone's emails; sending out Zoom invites and reminders; and, most importantly, troubleshooting at the beginning of the call. For example, re-sending emails to people who didn't receive the link at the start of the call; advising people to check their junk mails; making sure they sent it to the correct email for the attendee.

- *"These guys don't check their email every hour like everyone else does... It takes jobs and school to get so used to the importance of checking your email all day...When you tell them they got an email, it [can be] as foreign as any other thing."*

During the Meeting

Feel free to start the call a little late in order to let people catch up with each other to foster that community spirit and comfort.

This is reflected in the sample lesson plan.

Framing is important.

Let people know at the start of the call when it's going to be a 'hot topic', such as spirituality.

Listening is essential.

Don't tell people what is or isn't right, just make it clear that you are listening and valuing their thoughts, opinions, and reflections.

Make sure everyone is engaged by calling on people one-by-one.

Be mindful of time.

When you have larger groups, count how many people there are and judge it against the time you have.

Prioritize engaging FIP.

Ensure that you call on and center interactions with FIP not the other guests (allies, students, etc). Make sure that FIPs' voices are heard, and if there is time at the end, you might call on the guests.

For people who you don't know, or for people whose first time it is in the group, you can expect that they might be pretty quiet. So make sure you get to rope them in: " X, what do you think about this?"

Directly calling on them for their thoughts gives them the space to get engaged and feel welcome.

Building the Group Dynamic

Occasionally recall sayings/themes that have been brought up in previous meetings when applicable. Examples include:

- *"It's us helping us."*
- *"I know something is wrong... but it's not me."*
- *"I am 'getting out' every day."*

Use "we" and "us" and "our" when possible to describe the group's collective trauma, struggle, efforts, and successes.

- *"If I can make you see that it's 'we' that's got to do this, overcome this, go through this, then it becomes easier to open up."*

Avoid starting each meeting with a recap of the last.

We want each meeting to be as accessible as possible, so newcomers feel welcome. Every meeting should be mostly a fresh slate to participate.

When people disagree or when one participant interjects or interrupts another, learn how to effectively and politely shift the conversation to the next participant.

Phrases you might use to shift the conversation:

- *"I appreciate that you brought that up, X, as that leads to the next point I wanted to make..."*
- *"We don't want to just overlap and talk over anyone. I wanted to go on to somebody -- I'm going to go to Y first because he touched on it first. Y, how has...."*
- *"You make a good point, X. Y, what do you think?"*
- *"Hold that thought for a minute, X. I don't want you to lose your train of thought, but let me finish what Y's saying right then, then you let me know what you're saying."*

When applicable, put more of the focus on the environment and conditions inside and outside the group that led to people's perceptions, as opposed to focusing on who said what.

When dealing with big emotional responses, try not to let emotions guide - not govern - participants.

Learn to gauge when to let emotions play itself out, and when to entertain it.

When people come on late: "X, how are you doing? I want to ask you a question and get you looped in on this."

Ask people at the end what they walked away learning from each other in the discussion.

This allows everyone to express their individual perspective on what they got out of that night's discussion.

- *"I don't want people to leave thinking we were talking just to talk. I want you to lay in bed at night time and think about what we went through that night. And the best way is by asking, 'What you got out of that, X?'"*
- *"I want people to leave with a concrete take away. People will call me the next day to say how much it helped them. The group is never over."*

If you have questions or would like more information about facilitating FIPS groups, email Thad Tatum to learn more at thadtatum108762@gmail.com.

Sample Lesson Plan

This is an example of a lesson plan from Unit 2.

	Time	Activity	Specifics
5	5 minutes	Introductions	Objectives (Participants will be able to): <ul style="list-style-type: none"> Identify barriers to stability, strategies to overcome those barriers, and maintain peace-of-mind along the journey Activities/Exercises: <ul style="list-style-type: none"> Name, and “one bill you got beef with” Facilitator Responsibilities: <ul style="list-style-type: none"> Keep it moving, jot down the bills
10	5 minutes	Review agenda	Objectives (Participants will be able to): <ul style="list-style-type: none"> Describe topic(s) to be discussed today Activities/Exercise <ul style="list-style-type: none"> Class discussion Facilitator Responsibilities: <ul style="list-style-type: none"> Read agenda and ensure participants are interested in topic(s)
45	35 minutes	Financial Stability / How does being incarcerated contribute to money issues and staying afloat?	Objectives (Participants will be able to): <ul style="list-style-type: none"> Openly discuss their struggle to become/stay financially stable Identify which of their struggles are actually common among fellow group participants Name ways that a history of incarceration has caused fellow group participants money issues Name resources available in the community, and FIP Life/Finance Hacks Reduce the emotional stress that finances places on our minds/hearts Activities/Exercise: <ul style="list-style-type: none"> Particular consequences of not paying certain bills discussion on priorities, Life Hacks (around bills) Facilitator responsibilities: <ul style="list-style-type: none"> Facilitate discussion <ul style="list-style-type: none"> What has been the biggest barrier between you and financial stability? <ul style="list-style-type: none"> How have your financial obligations changed before, during, and after incarceration? Do we agree on Priorities? (discuss worksheet areas) What happens if we skip a bill? Or pay less than the full amount? Answer questions Briefly review handouts from Job1, Strive, and where someone can file for unemployment/disability.
65	20 minutes	Credit	Objectives: <ul style="list-style-type: none"> What is credit, do we want it, and how to access it? Activities/Exercise <p>Class discussion – Access, how to get, pros/cons</p> <ul style="list-style-type: none"> credit cards business loan mortgage student loan Facilitator responsibilities: <ul style="list-style-type: none"> Facilitate discussion: Ensure each topic gets their due, and people with experience are allowed to share it

			<ul style="list-style-type: none"> Answer questions
75	10 minutes	Housing	<p>Objectives:</p> <ul style="list-style-type: none"> Openly discuss their housing situations. Identify common obstacles group participants have faced in finding housing or staying housed <p>Activities/Exercise</p> <ul style="list-style-type: none"> Class discussion Discuss housing discrimination, and ways around it Roommates, family, or Nah? (pros/cons) <p>Facilitator responsibilities:</p> <ul style="list-style-type: none"> Facilitate discussion: What issues have you faced in finding housing or staying housed? Answer questions Discuss collective advocacy that ends discrimination (e.g. created HANO policy)
105	30 minutes	Financial support from friends, family, and gov't programs	<p>Objectives:</p> <ul style="list-style-type: none"> Examine the intersection of pride and assistance What is actually available, and what is fraudulent <p>Activities/Exercise</p> <ul style="list-style-type: none"> Class discussion – Name the programs that have helped (EBT, vouchers, Reentry program etc.) Discuss family supports- and are there strings attached? Help Up v. Handout <p>Facilitator responsibilities:</p> <ul style="list-style-type: none"> Facilitate discussion: Key in on how it makes someone feel to receive support Answer questions
120	15 minutes	Wrap up	<p>Objectives (Participants will be able to):</p> <ul style="list-style-type: none"> Reflect on most useful aspect of the meeting today <p>Activities/Exercise</p> <ul style="list-style-type: none"> Each participant shares one thing they have learned or gotten out of the discussion and/or one tip they can share <p>Facilitator Responsibilities:</p> <ul style="list-style-type: none"> Distribute and collect evaluations

FIPS 2020 Curriculum Pilot

Unit 1: Culture Shock

Rationale

American society has undergone continual transformation since mass incarceration began in earnest in the 1970s. Such changes include the rise of the internet, the digitalization of all aspects of living, and the pervasive use of cell phones. Shifts in norms of behavior and human interaction have evolved along with these material and technological shifts. The perfect example is the explosive growth of online social media networks, such as Facebook, Twitter and Instagram. Imagine explaining tweets to someone in 1990.

Such a scenario is not farfetched for formerly incarcerated people (FIP). The American prison population is “graying.” Incarcerated people who are 55 years of age and older increased 400 percent between 1993 and 2013. This reflects both a greater average age at incarceration,

and the aging of people sentenced to increasingly longer terms of incarceration.⁵⁰ Many FIP re-enter society as if they are emerging from a time capsule where they walk into a new world.

While incarcerated, FIP live in a different culture within a total institution possibly for decades. Prison encompasses a culture FIP must *adapt to* when first incarcerated and then *adapt from* upon release. The perceptions, reactions, and habits developed within prison culture is a form of institutionalization called *prisonization*. Thus, culture shock is entering a new culture and seeing it through a prison lens, or the “prison gaze.” The prison gaze, however, is not necessarily negative: it can provide a fresh and sometimes needed critique on the “free world” culture a FIP is entering. A FIP will also learn many of the strengths, skills, and disciplines he or she learned inside can be applied on the outside as well. Much of the art of reentering is learning when you are using the prison gaze, what strengths, habits, and principles you want to keep, and which ones perhaps are best let go of.

Lived Experience

Thad:

Thad spent 28 and a half years in Angola, beginning when he was 22 years old (*check this). He described the shock and frustration he encountered after returning to a “so-called civilized society” in 2011. Learning new technology in particular was difficult for him. When he entered prison in the 80s (*check exact year), the most advanced technology around him was beepers. After his release, he returned to a world where kids knew how to use smartphones, and everyone seemed to have knowledge easily accessible to them. It seems that being away from society for so long gave him a unique, outside perspective once he returned. He observed that even with so much knowledge available at people’s fingertips, many still couldn’t apply it. Something that eased Thad’s transition was his enrollment in college. Going from one institution to another gave Thad structure and helped him achieve his goal of earning a degree. College was especially helpful because Thad was surrounded by young people, giving him more chances to learn what the new world was like. However, in general his transition was “a shock to the psyche.” He felt handicapped in the sense that he needed assistance learning and relearning many things, especially technology. He had to quickly adapt to all the changes that occurred over 28 and a half years, in his neighborhood, his family, and the world as a whole.

Jarrold:

Jarrold entered prison in 1989 when he was 17 years old and spent a total of 26 years incarcerated. He gave numerous stories that exemplified the culture shock he experienced due to both the length of time he spent in prison and the age at which he entered. For example, his mom had to teach him how to use a gas pump when he got out. He had never been to a bar before or been in a relationship. The first time he went to Subway he was overwhelmed by all of the menu choices, and all he could do was laugh. Jarrold explained that everyone in the outside world is like a fish in water in the sense that they don’t think about the etiquettes and social norms that make up their everyday lives. It’s difficult to recognize and explain these to someone coming out of prison because they are so ingrained in our society. Trial and error was the only way to figure out what was appropriate for every situation, even etiquettes like eating more slowly when you’re with another person had to be learned. Jarrold described the experience of

keeping old prison reactions in new situations. Once while biking in a park, he saw someone running in front of him and immediately jumped to the conclusion that they were going to attack him. It wasn't until he realized that it was actually a deer that he paused to think about the immediacy of that reaction. Experiencing these "two realities" and having to integrate them with each other creates immense culture shock. Jarrod described his inability to understand at times how his life had been constrained to a prison for so long, how he couldn't have the freedom to do things like listen to whatever music he wanted to. He struggled to reconcile the fact that these newly available freedoms were kept from him for much of his life.

Learning Objectives

- Examine their experience of culture shock upon re-entry
- Ideate what could be done to ease culture shock after incarceration
- Contrast their experience of society before and after incarceration
- Identify how their specific experiences of incarceration have influenced their perceptions of culture and society

Sample Questions

- How do you define culture shock?
 - What was it like for you?
 - What would have made it easier for you?
 - [maybe ask non-FIP as other frame of reference]
- What was different when you came out? (TV Shows, Technology, Music, People, etc.)
- How is post-incarceration culture shock different from other types? (Visiting a new place, for example or coming home from the military)
 - What do you think would be the difference in experiencing coming home from prison vs. military?
- How was your community different from when you went in?
 - Are you happy or not about the change you see?
- What was the greater culture shock - when you went to prison or when you came home from prison?
 - Ex. Might describe differences like pre-Katrina/post-Katrina
- What was the most difficult part of culture shock for you?
 - What was the hardest part to adapt to?
- How would you describe your emotions when you first got home? (anxious, depressed, confused, etc.)
 - If you had to choose one word, how would you describe your emotions when you got home?
- What was your biggest surprise coming home?
- First memorable joy after coming home?
- First disappointment with coming home?
- What did you realize you hated the most? What do you miss?
- What was good about prison?
- How could FIPS make culture shock easier for others?

Unit 2: The Struggle, Poverty & Money Issues

Rationale

FIP are disproportionately impoverished. The collateral consequences and collateral costs of incarceration take heavy tolls on economic mobility and reduce FIP to second class citizens upon reentry [Pew 2010]. Some collateral consequences are well known, such as the democratic disenfranchisement of people with felony convictions, yet some are more obscure but can be even more impactful. For example, until recently, FIP were barred from receiving federal funding in the form of Pell Grants for higher education. Given that education significantly contributes to upward mobility, this exclusion makes reintegration very difficult. [cite]

An occupational lens grants more key insights here. Incarceration effectively eliminates decision making – if your life was dictated to you for 20 years, with no say in what you wore, where you went, or even if the lights were on or off, imagine coming home to a world of financial choices, and even obligations, such as bills and rent.

Lived Experience

Thad:

Thad described his struggles with being financially stable and paying bills on time. He compared being incarcerated as “taking a bear out of the woods into the zoo”, meaning you become dependent on getting meals, going to bed, and doing almost everything else on a set schedule that is out of your control. Then, as Thad explained, like a bear being returned to the wild, you suddenly have to become self-sufficient again when you previously had almost no autonomy over decisions and planning. Thad has difficulty paying his bills on time, even when he has the money to do so. This complete shift in responsibility from the prison institution to himself makes setting routines and planning ahead difficult, like in the case of paying bills and managing money. Thad wishes that he could have been better prepared to handle his finances before he left prison. His ultimate financial goal is to find a new job and save up enough money to fix up his mother’s house, who passed away while he was incarcerated.

Jarrold:

Another form of culture shock that Jarrold described was the realization that incarceration creates many barriers to opportunities and mobility. Jarrold was raised in a working-class family and had always held the belief that if you work hard and persevere, you will see the results of your efforts. After incarceration, he was faced with the reality that goals set in prison would be constrained by the stigma and collateral consequences of incarceration. While he was able to stay with family and had a job, he was not financially stable. In his words, “we’re all poor when we get out.” Jarrold explained that in some ways, he kept himself poor on purpose. This allowed him to remain on Medicaid and other forms of government assistance for as long as possible. He also was fearful of getting comfortable in a good paying job that would distract him from his primary goal of earning a PhD. As he put it, he had already spent 26 years in prison and didn’t want to get lulled into spending another 20 years in a job that paid well but was meaningless to him.

Learning Objectives

- Openly discuss their struggle to become/stay financially stable
- Identify common financial struggles among FIP
- Name ways that a history of incarceration has caused fellow group participants money issues
- Acknowledge the emotional stress that finances places on our minds/hearts

Sample Questions

- How did you adjust to paying bills and expenses after being incarcerated?
- Would you consider yourself financially stable right now? If so, how did you get to that point?
- What are the stages of poverty and stability?
- What are the impacts of poverty on ourselves?
- What are the economic and discrimination barriers to overcome?
- How do we work through stages, and barriers, towards stability?
- What issues have you faced in finding housing or staying housed?
- How do you prioritize expenses?
- Do you have any financial support from friends or family?
- What could have helped you gain financial stability?

Unit 3. Jobs, Conflict with Authority

Rationale

Spending time in a total institution subjects one to prescriptive ways of living, where work is dictated by authorities. There is a role-reduction process that happens as a part of prisonization: you are no longer a brain-surgeon, mechanic, father, mother, son or daughter, you are what the institution makes you to be. There may be options for agency in the form of jobs in prison. For the people who were incarcerated at Angola, everyone was required to work in the fields, but after a period of time, they could ask for jobs in the library, auto shop, etc. However, the final decision on job placement was on the part of the institution. This can beget resentment toward authority as it relates to work, but also a sense of ineptitude and loss of purpose.

Lived Experience

Thad:

As an employee of a nonprofit, Thad encountered conflicts with his supervisor, who was resistant to his suggestions and lived experience. Thad struggled to deal with these conflicts and tended to shut down to avoid engaging with her, which created a tense work environment. He explained that while in prison this disengagement, especially with authority figures, was essential to avoid conflict and protect yourself. In a work setting however, this avoidance put a strain on their relationship and eventually led to him leaving the position. He expresses regret that he couldn't more effectively deal with this difficult authority leader and develop their programs to serve more people. Now, as someone who is in a position of authority with FIPS, Thad prioritizes making people feel equal and respected by avoiding a distinct separation between himself and the rest of the group.

Jarrold:

Being released on parole meant that Jarrold was required to have a place to stay and a job. He was fearful of losing his job and carefully avoided any conflicts, as he felt the 30 years (*check this) of parole hanging over his head. Jarrold explained that in prison, if you enter a conflict, you must be prepared for it to escalate quickly or end in violence. Although this pattern is not true outside of prison, this mentality undoubtedly stays with FIP. This can lead to a passivity that creates resentment towards oneself for not speaking out against authority figures or coworkers. [While in prison, it is not unheard of for people to live in close quarters without interacting that much, in order to avoid conflict escalation. In the outside world, this disengagement is not the norm and can make people, especially coworkers, uncomfortable.] (*unsure about wording here*) In one of his past jobs, Jarrold described the deliberation that went into choosing to confront a coworker, which actually led to a productive conversation about Jarrold's background and prison culture. Jarrold explained that it has taken time and practice, but he is now able to slow situations down and be reflective if he jumps to using a prison reaction. Jarrold described the culture of respect in prison, where there was a tendency to "avenge every slight", creating a pettiness that is not beneficial to anyone. Transitioning from this hypermasculine environment into a workplace, and the outside world in general, requires formerly incarcerated people to "renegotiate normality."

Learning Objectives

- Discuss career goals and steps to reach these goals
- Understand job power dynamics and hierarchy
- Identify signs of good and bad work culture
- Describe discrimination and identify when it's legal or not
- Describe conflict resolution techniques; mediation
- Describe anger management techniques
- De-escalate physical conflicts with coworkers
- Differentiate between conflicts you can let go, and when you can't
- Practice assertive communication (lessons from prison)
- Describe how to ask for what you need: raise, time-off, work equipment, training
- Describe how to be an effective boss
- Name places to seek guidance or assistance w/ employment issues

Sample Questions

- What kind of jobs did the people around you growing up have?
- What did you want career wise? Do you feel like you can still do that?
- How did you feel about authority before vs. after incarceration?
- Did prison affect how you deal with conflicts and authority figures?
- How do you navigate conflict with a boss or coworker? Or PO?
- Does your relationship or history with authority influence your career?
- Have you encountered stigma or discrimination in your workplace?

Unit 4: Goals, Planning, Time Management, Responsibility

Rationale

When one is incarcerated for decades, planning and setting goals is essential, yet challenging. By focusing on goals for one's time while incarcerated, such as plans after incarceration, one is able to stave off the monotony and hopelessness of "dead time." However, the structure of American corrections limits one's ability to determine how and when basic tasks are accomplished. In other words, setting individual goals is impeded by the institutions.

Moreover, an important frame for viewing one's agency to budget time and set goals is occupational deprivation.¹ In this framing, one's decision making ability, and thus capacity to plan, may be contracted. Post-release responsibilities and rediscovered self-agency can feel overwhelming. One must re-learn how to budget their own time, set goals, and manage obligations they potentially have not before.

Lived Experience

Jarrold:

As Jarrold explained, when he left prison, he was still functioning on "60-year time." For someone with a decades long sentence, time flows a lot differently than it does in the outside world. Jarrold still struggles with time management, especially now that he is a PhD student with many responsibilities and deadlines. In prison, it didn't really matter if he completed a task or responded to a letter within the next week or the next couple of months. Time tended to blur together. Now, Jarrold experiments with different ways to plan and manage his time, like making a 24-hour log of everything he does in a day. Jarrold also had to adjust goals made during incarceration. He had made a broad goal of continuing his education, but after his release it was much more challenging to set the smaller goals necessary to accomplish this. It took time for him to even know which goals to set. As he explained, he didn't know all the possibilities that a person could have. Jarrold emphasized the importance of not comparing his life to other people who have not been incarcerated, as their chronologies are vastly different. In prison, he lacked the stages of life that most people are surrounded by, like getting married, having kids, and retiring. Time is undoubtedly experienced completely differently in prison.

Learning Objectives

- Discuss how incarceration has affected your ability to set goals, make plans, manage time
- Talk about your goals set during and after incarceration
- Discuss what prison habits have helped/hindered your transition
- Identify ways to improve staying on top of responsibilities

Sample Questions

- Where do you find strength and focus? How do you maintain it?
- What goals did you make for your lives while incarcerated? How has being out changed these goals, if at all?
- Have you been successful at time management and making time for both your goals and personal well-being?
- How do you cope with the change in your independence and ability to choose for yourself?

- Does age at first incarceration influence decision making after incarceration?
- What could have helped you better prepare for setting goals, planning, time management after incarceration?
- What do you wish to improve, if anything, about staying on top of responsibilities?

Unit 5: Parenting and Family

Rationale

Incarceration fractures functional family systems and communities as a whole. Incarcerated individuals and their loved ones alike may face social, financial, and emotional strain while separated. Children of incarcerated individuals are particularly at-risk for negative cognitive and behavioral outcomes, and navigating these challenges proves difficult for their caregivers even after one's incarceration has ended. Seventy-percent of children of incarcerated parents will one day be incarcerated themselves (cite). This indicates that justice-involvement has intergenerational impacts.

The individual experience of incarceration has a significant impact on how one views familial roles upon release. If one is released into the household of a loved one, conflict may arise about money or pitching into household income after a time. More positively, some may redouble their efforts to build relationships with loved ones. Developing the ability to communicate the effects of one's experience of incarceration to family is critical to reintegration.

Lived Experience

Thad:

Thad explained that after coming home it was a challenge for him to integrate back into his family. Even though they had kept in touch with phone calls and visits during his time in Angola, it was still difficult for them to understand that he was a very different person after coming out of prison, that he had been shaped by the system. He says his family struggled to understand his preferences, such as feeling comfortable in isolation and not always wanting to socialize. One of his biggest realizations, as someone with a large family, is that he wouldn't necessarily have a good relationship with everyone in his family, that family can cause stress and frustration as well as love and support. Thad is also raising a seven-year-old daughter who brings him a lot of joy. At the same time, he struggles to watch her grow up so quickly and wants to make sure that he can protect her from the world. Culture shock plays a role in their relationship as well, as Thad still feels a disconnect from the world his daughter is growing up in. For example, she often has to show Thad how to use technology.

Jarrold:

Jarrold was fortunate to have parents that supported him throughout and after his incarceration. After his release, he chose to go home to spend time with them and his grandfather. Jarrold explained that while formerly incarcerated people must adjust to being back with their families, their families also must "stretch" to integrate them back into their lives. Jarrold's family is hard working, and they expected him to get himself back on his feet. At times, he had to assert himself and assure them that he knew what would be best for his life. Jarrold came out of prison

a vastly different person from when he entered. He was no longer a teenager and had almost three decades of education and experiences that had shaped him. He realized that they hold distinctly different views than him. They are conservative Christians, and he identifies as a more progressive atheist. Even with these differences, Jarrod was able to talk openly with his family about his incarceration, something he says was made easier by their consistent communication while he was in prison.

Learning Objectives

- Identify the impact of incarceration on their family and family relationships
- Discuss the experience of communicating with their families about post incarceration syndrome and their incarceration in general
- Identify things they wish to improve/change with family relationships
- (For people with children) Share what has helped or hindered their parenting

Sample Questions

- How did incarceration influence your relationship with your family (kids especially)? How have you been easing fear of the current situation? (COVID-19)
- What things are you working on with your families now?
- How can you explain post incarceration syndrome to your families? Are there any specific things that are particularly hard to explain?
- What things from your upbringing and homelife growing up do you want to give to your kids? What would you want to change or improve on? If you were a kid now, what would you want adults to tell you?
- How did you deal with grief and loss? How does being home complicate grief?

Unit 6: Dating and Relationships

Rationale

Incarceration deprives people of intimacy and fulfilling romantic relationships, even for those who have partners on the outside. After coming home, finding a romantic partner and starting a family are common priorities for many FIP. However, addressing stigma and adjusting expectations is an unexpected and uncomfortable process that can pose unique challenges for FIP coming home. This may involve determining how to disclose about one's incarceration, how to pace relationships, or how to navigate web-based dating. Even those in stable, longer-term relationships may find there are unforeseen consequences of incarceration influencing their romantic lives. Sharing one's emotions, thoughts, challenges, and successes relevant to romantic relationships in a comfortable environment may allow FIP to secure more fulfilling, healthy partnerships.

Lived Experience

Thad:

Because Thad went into prison at 22, he had little experience with relationships and struggled to understand the difference between healthy and unhealthy relationships post incarceration. He also lacked the social skills and desire to socialize, making dating more difficult. Once Thad

entered into relationships, he had to explain certain behaviors he had adopted as a result of his incarceration. Notably, Thad has struggled to get romantic partners to understand that he enjoys quiet time and isolation because he had gotten so used to this while incarcerated. He doesn't mind just sitting in silence with someone and prefers more space in a relationship than most people are accustomed to. He also has to explain little things like always waking up early because the lights were turned on at 5 AM every day or sleeping a certain way because of the small beds in prison.

Jarrold:

Jarrold explained that when he got out of prison, he felt as though he was "several ages in one." In some ways, he was aged well beyond his years, but in other aspects, like dating, he still felt like a 20-year-old. Coming out of prison, he had to figure out his sexuality, relationship style, and healthy communication, among other things. A major thing Jarrold learned was how and when to tell people about his criminal background. He realized that it was best to put it out there early on to avoid the rejection and hurt that often came later. Now, with dating apps, he discloses his background from the beginning. In a way, this serves as a litmus test, as it shows which people are going to be more openminded and accepting, qualities he values in a relationship. The issue of age has also played a big role in Jarrold's relationships. His chronology in life is vastly different than most people his age, and he often finds that younger romantic partners are easier to relate to. In some ways, his inexperience can feel like a burden to a romantic partner, but at the same time his partners have told him it can be refreshing. He still has a "childlike excitement" about many things that most people his age have lost.

Learning Objectives

- Discuss a range of relationships (dating, fling, marriage, etc.)
- Identify healthy vs. unhealthy relationships
- Identify difficulties and successes with relationships after incarceration
- Discuss the impacts of incarceration on relationships (during and after)
- Discuss the experience of communicating with their partner about post incarceration syndrome and their incarceration in general (at first and throughout relationships)

Sample Questions

- There are no right answers, no norms, and all forms of relationships are embraced.
- What is a healthy relationship to you? What are the hallmarks of an unhealthy relationship?
- Where do you think you learned your standards for a healthy relationship?
- How has incarceration shaped your relationships?
- What was it like to have relationships (if you had) before or during incarceration?
- What would you like your significant others to understand about your incarceration?
- How do you navigate the topic of your incarceration with new relationships?

Unit 7: Stigma and Profiling

Rationale

There are multiple layers of stigma associated with incarceration. This includes higher rates of stigmatized mental health and substance use disorders, racial discrimination and disparate treatment, and the many forms of legally sanctioned social exclusion due to being formerly incarcerated, such as being barred from public political participation (Tyler & Brockmann, 2017). FIP may face these different layers of stigma at every step of reintegrating into society. Whether it's while dating, reforming family connections, or trying to tie down stable housing or employment, formerly incarcerated folks find themselves having to work to shed stigma. Addressing these feelings of stigma is crucial, as labeling theory (Becker 1963) would suggest that being negatively labeled can lead to internalization into one's personal identity or self-concept. In a peer support group setting, a participant can learn peer-informed approaches to coping with the various emotions associated with stigma while recognizing that other FIPs relate and that they are not alone in feeling profiled.

Lived Experience

Thad:

Thad described stigma as being categorized by people, even if the categories don't reflect your true self. He said that you have "to be really conscious to recognize that you can be stigmatized by anyone, almost any time." As a formerly incarcerated person, this stigma can affect relationships and everyday interactions as well as housing and employment opportunities. For example, after his incarceration, Thad was denied a housing voucher after it became known he was a convicted felon. This collateral consequence of his incarceration meant he had to stay with family, which worsened his already unstable economic position. Thad explained that while growing up stigma was not a part of his vocabulary, but he had undoubtedly felt it his whole life. As someone who identified as a "street warrior", he had been profiled and stigmatized for the way he dressed and acted, even by people close to him. Looking back, he realizes the large role that race played and continues to play in this labeling. Thad explains that the added stigma of being formerly incarcerated comes from people viewing you only as "someone capable of committing a crime."

Jarrold:

There are 44,000 collateral consequences of incarceration at both the state and national level. These restrict crucial employment and housing opportunities for formerly incarcerated people and also lesser thought about freedoms such as adopting a pet. Jarrod himself has been denied or fired from jobs once his background was made apparent. He also was rejected from countless PhD programs before finding one that was accepting of his criminal history. As a FIP, this stigma means that you "don't get the opportunity for people to see you"; it is almost like a mask in between formerly incarcerated people and others. Even when stigma is not obviously present, there is a constant anticipation of stigma that means you "can never really operate the same as other people." Media images play a large role in the cultivation of stigma, as it is easy to place each FIP and their situation into a larger media narrative without considering their complexities or humanity. Jarrod often avoids certain places or situations because of this persistent anticipated stigma. In order to combat stigma, Jarrod professed the importance of "getting proximate" to people who have been in prison. Basically, by being around FIP and hearing their stories, people who have not have these same experiences can more easily break

down their preconceptions and see people as individuals worthy of respect and inclusion rather than just the flat, preconceived image of a felon. Interestingly, Jarrod explained that because New Orleans has extremely high incarceration rates, this stigma is less evident here because there are more spaces for formerly incarcerated people and more opportunities for others to “get proximate.”

Learning Objectives

- Share their experiences with stigma
- Discuss the collateral consequences of incarceration and stigma (housing, employment)
- Discuss how they have coped with stigma
- Discuss if/how stigma has affected their self perceptions
- Ideate ways to change and reduce stigma

Sample Questions

- What do you think others believe about people who’ve served time?
- What do you believe people feel about you (individually) as a formerly incarcerated person?
 - Have you ever felt these things about yourself?
 - Has that changed over time? If so, how?
- What stigma have you faced because of your incarceration and how did you respond to it in the moment?
- Who do you feel stigmatized around? Who do you not feel stigmatized around?
- How do you cope with stigma?
- What can you do to change stigma?

Unit 8: Substance Use vs. Abuse

Rationale

The criminalization of drug possession is a major driver of mass incarceration in the US. Every year, there are more arrests for drug-related crimes than arrests for all violent crimes combined, and more than 80% are for possession only. Furthermore, the enforcement of drug possession laws is racially discriminatory. While Black people use drugs at a similar rate as other racial and ethnic groups, they comprise 29% of arrests for drug-related crimes and nearly 35% of those incarcerated for drug possession in state prisons.

While it is crucial to recognize how criminalization of drugs has perpetuated trauma and injustice, it is also essential to acknowledge the tragic harms that many have experienced from licit and illicit drug use itself. According to the National Institute on Drug Abuse (2020), an estimated 65% of the U.S. prison population has an active substance use disorder. An additional 20% did not meet the criteria for substance use disorder during incarceration, but were incarcerated for a drug-related crime. Discussing each person’s experiences and perspectives on drug use can allow FIP to develop a framework for understanding what a healthy relationship with substance use looks like for any individual in a non judgemental space.

Lived Experience

Thad:

Thad stated that “no one understands drug addiction better” than he does. He grew up in a neighborhood with widespread drug use, where himself and many people close to him were either using or selling drugs. Thad believes that drugs have a place and reason within society, but the feeling that comes from using, a removal of pain and discomfort, both physical and psychological, can quickly turn drug use into abuse. Thad was faced with a decision while in prison, either continue with his lifestyle of abusing heroin and remain in prison or make a change and seek freedom. Thad explained that while in Angola, he was “living the life of a slave.” He felt connected to his ancestors that had once been enslaved on the same land, picking cotton just as Thad did. Knowing everything his ancestors had been through, he felt like they were “frowning down upon him.” He came to the realization that he could either die in prison as someone who had simply given up or live as someone who was “struggling and prideful” and “carrying on a legacy.” After making his choice and fighting his drug addiction, he was able to spend the last 10 or so years in prison with a clear purpose. Thad began working with a substance abuse clinic in prison, (check this?), where himself and other former drug addicts could share their experiences. Coincidentally, this group also met on Tuesday nights. After his release, Thad earned a degree in addictive behavior psychology and counseling.

Jarrold:

Jarrold has personally not had a lot of experience with substance use and abuse. However, he has found that alcohol is a way for him to cope with anticipated stigma. He says that it makes a lot of sense that people struggle with substance abuse after their incarceration because of the immense pressures and culture shock they experience. When people come out, they are “not expecting unhappiness”, but often that is what they find, with the stigma, mental health issues, and collateral consequences of their time in prison. Substances are one outlet to cope with the shock of the free world.

Learning Objectives

- Define substance use vs. substance abuse
- Discuss the effects of incarceration on their substance use
- Share experiences with addiction, before, during, and after incarceration
- Understand different forms of addiction (selling, using)

Sample Questions

- What is your definition of addiction? [addicted to selling vs. using substances]
- What do you consider substance use? When does use become abuse?
- Describe a healthy relationship with substances
- Describe how you knew you had a problem
 - Did people in your life express concern? How did you receive that?
- Describe or relate how substance abuse is related to incarceration
- Discuss or relate the substance use culture while incarcerated
- Reflect on how your addiction affected you during incarceration
- Reflect on how your addiction affected you after incarceration
 - Relationships, employment, reentry

- Describe how you think substance use or addiction affect both yourself and your family or loved ones
 - Does it help those coming up to talk about the risks of addiction?
 - What helped you stop your addictive behavior?
 - What resources would have helped?
 -

Unit 9: Building a Social Life and Spirituality → Meaning and Purpose

Rationale

Practicing spirituality or religion can play a significant role in persisting through life's hardships before, during, and/or after incarceration. Many FIP may even associate their time during incarceration with significant spiritual growth. Meanwhile, others may have found strength and peace through building strong social connections outside of religion. This peer support group session offers a safe space for FIP to explore what relationships, spiritual or not, serve as significant sources of perseverance during difficult times. Being able to explore these relationships and how they impact people's journeys may allow FIP to recognize, respect, and learn from others' sources of strength, while expressing gratitude for one's own.

Lived Experience

Thad:

While Thad was in prison, he started practicing Islam. At first, he viewed Islam "as something to grab onto" during incarceration, as well as a form of rebellion and protest against the government. It wasn't until later that he appreciated the true meaning of Islam, as a practice of respect for everything in the world. Islam greatly helped with Thad's transition by giving him a different form of the structure and discipline that he had become accustomed to in prison. Thad explained that in the context of breaking a drug addiction, what you do with your extra time will determine success or failure. By having five prayers each day and a mindset of respect, Islam provides Thad with a purpose around which to structure his time and prioritize his actions. As far as social life, Thad explained that he is most comfortable with likeminded people who have also been in prison and can understand his experiences. Thad and many other people coming out of prison struggle to socialize and be around a lot of people. Thad enjoys being by himself, doing things like going to City Park and feeding the ducks. However, he is proud of the fact that since prison he has developed an ability to talk to people of backgrounds vastly different from his own.

Jarrold:

In terms of social circles, Jarrod feels closest to the people he did time with, who understand his life experience most closely. He is still trying to improve his social life, especially because he is relatively new to New Orleans. His work as a PhD student can be very isolating, and as someone who doesn't drink in a place with such a strong drinking culture, he is still seeking communities and spaces that can fulfill his social life. While Jarrod genuinely enjoys solitary activities, like riding his motorcycle and rollerblading, he also recognizes his need to find people

with whom he feels a sense of belonging. For someone with a background vastly different than many people around him, it's "easy to feel like a stranger in a crowd."

Jarrold was reflective on the impact of incarceration on spirituality and religion. In prison, he observed that cell time "forces an inferiority and self-reflection" that allows many people to be more grounded and connected to a religion or spirituality. The excess time and lack of distractions ties into many religions' emphasis on renunciation. This turning to religion and spirituality is somewhat out of necessity as well; as Jarrold said, "those who find meaning will fare much better" in prison. For him, he actually moved on from his Christian upbringing while incarcerated and found his own meaning in a spirituality based on Buddhism. Coming out of prison, he explained that simply having a sense of gratitude for the world after "having lived a life of deprivation" can be a spiritual experience. Simple joys like riding his motorcycle over the Mississippi River bridge are a part of his spirituality.

Learning Objectives

- Discuss the variety of ways people find meaning and purpose
- Understand how spirituality contributes to your life
- Identify ways that incarceration changed your religious/spiritual outlook
- Discuss the importance of a healthy social life
- Discuss experiences/difficulties of creating/maintaining social connections after incarceration

Sample Questions

[Preface: We don't want to exclude anybody; we recognize everyone has their own personal philosophy and want everyone to be heard and included in this conversation]

- What gives you meaning and purpose?
- Define spirituality and religion
- What has your spiritual life/religion/philosophy done for you?
- What is spiritual health and how does it connect to your social wellbeing?
- How has your incarceration affected your religious/spiritual outlook?
- How did you express your religion/faith/spirituality while incarcerated?
 - What reactions did you get from COs? Other guys?
- Has your spirituality changed since you've been out? If so, how/If not, why not?
- If you consider yourself spiritual, does it give you strength and/or peace? If you're not spiritual, what gives you strength and/or peace?
- How have social connections helped you after your release? Did you have difficulty creating/maintaining these?
- How do you deal with relationships that you believe contributed to your incarceration?
- Are you content with your social life? How did you get to that point?

Unit 10: Physical Health

Rationale

It is clear that incarceration negatively impacts an individual's physical health. As of 2011-12, 40% of all people incarcerated in the United States reported having a chronic medical condition, and about half reported ever having a chronic medical condition. Being incarcerated has profound harmful effects on one's physical health even once they are free (Widelman and Wang 2017). Due to poor healthcare in prison, incarcerated people may return home with chronic medical conditions that they either did not have prior to incarceration, or that have been exacerbated throughout their time incarcerated. Patients with chronic conditions who are released from prison are often done so without a proper supply of their medications and/or a follow-up appointment with a medical provider in his or her community (Widelman and Wang 2017). Since medical care in prison is so substandard, many individuals understandably refrain from speaking up about their conditions. This leads to worsened conditions and a continued distrust in medical professionals even after release.

By providing a space where FIP can discuss the realities of their physical health, they are further able to realize the impact incarceration has had on one another. Allowing FIP to share their successful experiences with medical professionals on the outside can help foster a more trusting environment and may encourage others to seek help as well.

Lived Experience

Thad:

Thad became paralyzed seven years into his sentence after an altercation with another incarcerated person. This obviously had a major impact on his physical health, as he went through physical therapy and had to learn how to adjust to using a wheelchair while in prison. His position as an incarcerated person impacted how he was treated by doctors, who tended to stigmatize him. He even had to keep his shackles on during physical therapy. Ultimately, Thad brought forward lawsuits that improved conditions for other disabled people in prison. Thad explained how incarcerated people rarely got quality healthcare, creating a tendency to distrust health care providers.

Jarrold:

When Jarrod came out of prison, he made it a priority of his to maintain his physical health. He often saw people who gained weight after their prison time and was conscious not to let that happen to him. In prison, the diet was very poor with few options, so people often wouldn't know how to maintain a healthy diet for themselves after their incarceration. Jarrod was actually diagnosed with osteopenia, a condition of weak bones, due to the low-quality prison diet he had eaten for almost thirty years. Jarrod stressed the importance as a formerly incarcerated person of having a doctor that he could trust and talk openly to about his incarceration. As a FIP, distrust of health care providers is to be expected. Jarrod described the doctors at his prison as quacks who couldn't find work anywhere else. One of them attributed all his medical problems to smoking, even though Jarrod was not and had never been a smoker. They also stopped providing him with migraine medicine simply because it was not statistically as common of a problem in men. Needless to say, the healthcare in prison was abysmal. Because of this, and due to the age when many people come out of prison, FIP have many unaddressed health issues once they are released. For example, there are not generally cancer screenings in prison, so many people will discover they have cancer only once they have gotten out. In spite

of these terrible conditions for health, Jarrod focuses on maintaining healthy routines. Mental and physical health are undoubtedly connected, and habits like working out and eating a balanced diet help Jarrod's mental state as much as his physical.

Learning Objectives

- Understand impact of incarceration on physical health
- Discuss healthy routines (working out, diet)
- Examine interactions with healthcare providers and the impact of stigma on physical health
- Identify ways to improve physical health and resources available

Sample Questions

- How was your physical health while you were inside?
 - Note: Some people's physical health improved during incarceration (e.g. working out), others maimed themselves to avoid being forced to go out in the field, had inadequate healthcare, diet, etc.
- How was your physical health when you were just getting out?
- What have you been doing to maintain good physical health now since you've been out?
- What, if any, challenges have you faced in maintaining your health since you've been out?
- What role does your family play in you staying healthy? How's your family's health?
- As parents, what kind of messages are you trying to leave with the younger children about health?
- Describe or relate what you do if you get sick.
- Is stigma a barrier to health? How do you overcome that barrier? What about insurance status?
- Do you feel like you trust healthcare providers?
- How do you navigate local health resources in case of illness? Clinics, pharmacies etc.
- Reflect on your diet as it relates to your health.
- Reflect on the sexual health challenges that you face post-incarceration.
- What do you do to protect yourself from illnesses?
- Describe your sexual protection practices, such as condom use, STI testing etc.
- Reflect on what happened when you got sick while incarcerated.
- Reflect or relate on how you think the care (or lack of care) you got while incarcerated affects what you do when you get sick now.
- Describe or relate practices of self-care or home remedies.

Unit 11: Mental Health

Rationale

Prison is a traumatic experience no matter the length of one's stay. Individuals are likely to witness violence, experience pain (both emotional and physical), and are sometimes locked in cells too small for any human being to remain mentally stable. Prisons do not encourage expression of one's emotions and do not foster a compassionate environment. With any

traumatic experience, the effects persist long after the event. Additionally, returning to a completely unfamiliar world has its own challenges that can also weigh on one's mental health.

Correctional facilities do not encourage individuals to seek psychiatric help, and sometimes individuals are even punished for doing so. As we know, the majority of the incarcerated population is made up of people of color. These negative experiences while incarcerated only contribute to an already present distrust towards the mental health professional community. As a result, FIP may be even less likely to seek mental health assistance post-incarceration.

Starting the curriculum with culture shock and ending with two sessions devoted to mental health brings the group full circle. In order to increase awareness of PICS, it is imperative that we recognize and discuss the trauma experienced in prison and how it continues to present itself today. Without addressing the mental wellness of FIP, perhaps the most challenging and yet important subject to address, we will not be able to shed light on the traumatic nature of incarceration and its lasting effects.

Lived Experience

Thad:

Before his incarceration, Thad didn't have issues with his mental health. He was a bright, stable kid, recognized as one of the best in the district. During his incarceration, Thad felt very unstable and out of place. He started to act out more and become more irrational. After his release, Thad learned about post incarceration syndrome and felt the effects himself. He realized how habits and mindsets that are normalized in prison are brought back into the outside world and are revealed to be disordered. While Thad still grapples with PICS, he finds joy in the work he does with FIPS and working towards an end goal of bringing support and recognition to formerly incarcerated people.

Jarrold:

When Jarrod was facing trial for his crime, his attorney asked him "Why did you do it?". As a 17-year-old, Jarrod realized that he couldn't comprehend let alone articulate why he had done what he did, which scared him. Eventually, through talking to therapists and using prison "as a monastery" to rehabilitate and address his problems, Jarrod arrived at a healthy place with his mental health. Jarrod described trauma as a line that can follow people before, during, and after their incarceration. Even if this line is very thin before prison, it can get thicker as experiences in prison contribute to additional trauma. Often, this trauma and other mental health issues are not talked about or given support in prison, so upon release, FIP have to cope with their existing trauma line on top of the already straining process of readjusting to the outside world. Jarrod was lucky to have good therapists in prison who helped him reach a place of peace, something he says is necessary to stop from reenacting trauma in your own life or directing it towards other people. Even so, his mental health was tested upon his release. As Jarrod explained, this "renegotiation of normality" makes you feel as though you aren't normal anymore, as though everyone knows you just came out of prison. This stigma and feeling of otherness is internalized. That is why the peer support group is so important. FIPS group provides people with a "safe zone" from stigma, a place where shared experiences and shared difficulties with culture shock, stigma, and PICS create a sense of solidarity. Jarrod described FIPS as a

“container for experiences.” When other FIP explain or connect concepts to their experiences, they are often explaining Jarrod’s own experiences in a way that is easier to understand and process. Having this space is especially important because of the stigma associated with seeking mental help in prison. In prison, people, especially men, are socialized to present an image of strength. Even after coming out of prison, this fear of showing weakness becomes so habitual that many FIP struggle to shed this persona. FIPS group helps to counteract this stigma associated with discussing mental health. My final question for Jarrod was “what brings you joy?” Jarrod spoke about the joy he feels learning new things and experiencing so many firsts, even at his age. Even though incarceration took many things from him, he remains grateful for his life in the present.

Learning Objectives

- Understand the impact of incarceration on mental health
- Understand the impact of stigma on mental health
- Examine your thoughts on seeing a professional for mental health needs

Sample Questions

- Do you feel that incarceration has affected your mental health?
- How did incarceration affect your existing mental health issues?
- Do you feel like stigma affects your mental health?
- Have you seen someone for your mental health needs? Why or why not?
- If not, would you feel comfortable seeing a professional concerning your mental wellness? Why or why not?
- How do you feel about people who see psychiatrists/professional mental health providers?
- Do you have or recognize behaviors/reactions in daily life that come from your incarceration?

Lessons Learned

The development of the FIPS group model has been a highly collaborative and iterative process. The organic nature of its development is its greatest strength and shared ownership among FIP is the cornerstone of its sustainability. At the same time, such a space makes formalization and evaluation in the traditional sense challenging. Imagine trying to hand your friends a survey before and after you hang out. Thus, while building trust and solidarity as FIPS grew, a major lesson learned has been to leverage such collaboration early in the development of the formal aspects of the program. If we were to go back, we would bring in the group members earlier in working out an evaluation strategy that would not compromise the integrity of the space.

Along similar lines, another lesson to be learned is in defining FIPS groups as a process, not a psychoeducational, peer support group. Process groups, as the name implies, are more about working through challenges with those who have similar experiences. A psychoeducational peer support group, by contrast, provides more structured resources and tools to develop strategies for development. The planning team had considered introducing

informational and educational components into the curriculum, such as worksheets. However, it was decided that the group would not appreciate things that feel like a classroom. Thus, resource guides and informational components are used as-needed or in the form of announcements. For instance, the healthcare team members have made an announcement about flu shots and their importance at the beginning of the group.

Directions for Growth

A major consideration for application of the FIPS model is that it is based on the experience of formerly incarcerated men. Though it has had input and participation of formerly incarcerated women, a significant area of growth is in potentially adapting this curriculum for a dedicated women's group.

Appendix

Louisiana Program Models

In Louisiana, like many other states, there are several peer services offered to the justice-involved based on shared experiences. These range from SUD, surviving domestic violence to HIV status.

- Louisiana DOC Offerings for re-entry and rehabilitative services may be found at <https://s32082.pcdn.co/wp-content/uploads/2020/08/Catalog-of-Rehabilitation-Services.revised-August-2020-final.pdf>
- The Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) qualifications can be found at <https://ldh.la.gov/index.cfm/page/2578>

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