EXPLORING REENTRY: THE ROLE OF FUNCTIONING, VOCATIONAL IDENTITY, AND CORE SELF-EVALUATIONS ON COMMUNITY INTEGRATION

BY

CHELSEA ELLEN GRECO

DISSERTATION
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Doctoral Committee:

Professor David R. Strauser, Chair
Professor John F. Kosciulek
Professor Reginald J. Alston
Associate Professor Deirdre O'Sullivan, Pennsylvania State University
Abstract

Individuals that have experienced incarceration are an underserved population in need of career development to reduce barriers to employment. Given the high rates of disability and health concerns for individuals that have been previously incarcerated, this study explored the relationships between individual health functioning, career development and community integration. Using structural equation modeling structural regression, results showed that functional difficulties negatively impact vocational identity and core self-evaluations. Conversely, core self-evaluations significantly improve community integration and mediate a positive relationship between vocational identity and community integration. In addition to the structural model, hierarchical regression analyses were used and identified both trauma and recovery capital as significant predictors of overall functioning. Career development activities aimed at core self-evaluations and increasing meaning in employment may reduce some of the barriers experienced by individuals post incarceration. Additionally, recovery capital and trauma may also be important screening tools to understand some of the contextual factors influencing an individual’s overall functioning.
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Chapter 1: Introduction

Substantial increases in rates of U.S. incarceration starting in the 1970s have contributed to steady growth among the U.S. prison population. Today, many of these individuals are reaching the conclusion of their sentences, adding to the more than 600,000 individuals being released from prisons and jails every year (Carson, 2020). Currently, as many as 77 million Americans, or 1 in 3 adults, have a criminal record. While this statistic includes felony arrests that may not lead to a conviction and subsequent incarceration, it is nonetheless a substantial population of Americans impacted by our criminal justice system (U.S. Department of Justice, 2016). These figures reveal a group of individuals facing significant challenges upon release in reentry and reintegration into society. One such challenge is in the area of individual career development as formerly incarcerated individuals struggle to secure gainful employment. While employment has been found to be a significant predictor of reentry success, difficulties in obtaining and maintaining employment persist, and put individuals at a higher risk to reoffend (Graffam et al., 2014; LaCourse et al., 2019; Sampson & Laub, 2005; Varghese et al., 2018). More than that, difficulty in establishing critical community connections, including stable and meaningful employment, impedes individuals from integrating into their community.

A specialized population within the reentry community are persons that identify with having been previously incarcerated and also have a disability, chronic health condition, or functional impairment. Individuals with criminal records and at least one disability make up a particularly marginalized population experiencing difficulties post-incarceration (Baloch & Jennings, 2018; Harley et al., 2014; Whitfield, 2009). Survey data revealed that disability prevalence was substantially higher among inmates than among non-incarcerated individuals. (Gonzalez et al., 2016). In 2016, one in four U.S. adults (or about 25.7%) reported having at least
one disability, totaling an estimated 61.4 million individuals. Conversely, almost 2 in 5 (or 38%) of state and federal prisoners had at least one disability in 2016 (Maruschak et al., 2021). Additionally, individuals that are incarcerated have much poorer health than the general population as evidenced by higher total rates of chronic illness including diabetes, hypertension, arthritis, and asthma (Brown et al., 2019). Given that these same individuals eventually make up the reentry community, it can be assumed that these differences among rates of disability would hold after individuals are released when compared to individuals that have not spent time in a correctional facility.

Barriers due to an individual’s status of having a criminal record are compounded by the addition of a disability and lead to reoffending at higher rates than individuals without disabilities (Baloch & Jennings, 2018). This subpopulation is at an additional disadvantage to their already marginalized fellow former inmates who do not have disabilities in securing a job upon release. Not only do they experience barriers to employment due to having a criminal record, but may face more employment challenges due to functional limitations related to their disability or health condition (Harley et al., 2014). Health limitations can negatively impact achieving prosocial adult roles such as work (Link et al., 2019). Work can also have a reciprocal negative effect on health for individuals with disabilities. It is not only more difficult to obtain and maintain stable employment with a disability, but unemployment and underemployment can also lead to poorer health outcomes (Strauser, 2013).

Mental and physical health states have important implications for social roles post-release in areas of employment, financial stability, and family relationships (Link et al., 2019). Individuals with criminal backgrounds and a history of past incarceration have been found to have worse mental and physical health in comparison to those who have not served time (Brown
Histories of higher reported levels of childhood trauma and prior substance abuse are substantially higher in individuals who have been incarcerated when compared to the general population and can lead to negative health outcomes (Baloch & Jennings, 2019; Stensrud et al., 2019; Young et al., 2017). Unfortunately, the inmates’ physical and mental health concerns do not remain within the correctional facilities and many individuals struggle in these same areas while reintegrating into society including family relations, employment, housing, health, and overall adjustment.

In recent years, there has been a growing momentum of research about offender reentry dedicated to figuring out how to prevent further crime and encourage prolonged reintegration through crime desistance (Aresti et al., 2010; Bennett & Amundson, 2016; Runell, 2017). Even with incentives such as post-release stipulations that individuals work, look for work, or go to school, pervasive difficulties persist obtaining employment (Harding et al., 2019). The mark of a felony conviction leads to higher rates of stigmatization and being barred from certain types of employment (Thompson & Cummings, 2010). Unfortunately, the negative stigma and barriers associated with a criminal background exist regardless of an individual’s guilt or innocence (Clow et al., 2012). A critical component of desistance of criminal behavior is the individuals’ personal commitment to change. Sampson and Laub (2005) have found that major adult life transitions, including employment, are key aspects in shifting future criminal behavior. It is not just the role of being employed but the important social and community ties that are forged as a result of that job experience. The opportunity to derive meaning from gainful employment is critical for a community of individuals seeking to make positive changes through rehabilitation.
1.1 Significance of the Study

Based on the discussion outlined above, a two-fold problem can be identified that serves as the basis for the present study. As noted, one problem area is that for formerly incarcerated individuals, an interaction of various contextual factors including personal factors, environmental factors, and overall health functioning can present significant barriers impeding reentry and reintegration into the community upon release from prison (or another custodial setting). The high rates of disability among this population demonstrate a need to focus on health and functioning and its impact on overall reentry. Some individuals are able to successfully reintegrate, while others tend to be at risk for future criminal behavior and are unable to rehabilitate into the community. To better understand why some individuals are able to overcome these barriers to improve community integration while others are not, it would be important to understand the protective factors and resources that may increase career development and integration. The second problem is that there is an overall lack of research regarding career development factors that could improve employment and community integration, while accounting for the complex interactions of contextual factors. Individuals with criminal backgrounds are rarely studied as a community group outside of custodial settings due to the difficulties in finding, tracking, and studying this population (Murphy, Gardner, et al., 2017).

Historically criminological and reentry research has largely focused on only one outcome of interest, recidivism, or a return to criminal behavior resulting in an arrest or reconviction. A primary focused outcome of preventing recidivism sends an underlying message to individuals with prior criminal background, that they are only evaluated on the ability to not commit future crimes. This group of individuals, rather than being encouraged through rehabilitative efforts to
reach their full potential and make a significant contribution to their community, is only watched to avoid repeating past mistakes.

This recidivism/reentry model has resulted in more barriers to career development and employment for individuals with disabilities, which are critical to community integration and improving overall health and wellbeing. However, if the focus is shifted to include a more diverse range of outcomes that can encompass integration, then, as a beneficial by-product recidivism is reduced. Career counseling and reentry intervention efforts focused on improving self-efficacy can engage formerly incarcerated individuals at a level of personal meaning within work (Ward & Fortune, 2013). Career development and employment have a direct impact on reducing recidivism, but also promote positive social ties in the community. There is a need for a multidimensional study aimed at understanding the needs of individuals returning from incarceration by accounting for individual experiences, current levels of functioning, as well as protective factors, that allows for a better understanding of an individual’s reintegration outcomes of employment and engagement in the community.

1.2 Purpose

In order to maximize career development and employment outcomes in reentry, it would seem important to gain an understanding of how personal and environmental factors interact with individual functioning to formulate an individual’s context that will then impact career development, employment, and community integration. “The inmates with disabilities population represents a distinctly marginalized group due to their disability and offender status” (Baloch & Jennings, 2018, p. 11), suggesting a need for research to better understand this subpopulation. There is a lack of empirical research that examines the impact of individual functioning and context as a predictor of career development, employment, and reentry outcomes among
individuals with criminal backgrounds, especially those with disabilities and chronic health conditions. As a result, attention should focus on how to increase career development and employment opportunities that reflect the unique needs of individuals with disabilities in the criminal justice system (Gonzalez et al., 2016).

Utilizing a strengths-based approach, this study attempts to examine the factors impacting career development and community integration of individuals that have previously been incarcerated. With an intentional focus on assets, rather than deficits or shortcomings, this research emphasizes that all individuals, regardless of prior criminal background status, hold value and can make a contribution to their community (Hunter et al., 2015). This study is further grounded in the presumption that reentry success is not the absence of future criminal behavior (recidivism), but a more multidimensional process of reintegration into society, promoting prosocial engagement and inclusion with others in the community. In response to these problems, this study investigated several factors hypothesized to increase community integration for individuals with disabilities and criminal backgrounds. Three major hypotheses guided this study. First, higher perceptions of overall functioning are related to increased levels of vocational identity and improved community integration. Additionally, overall functioning is made up of an individuals’ personal and environmental context, so measures of biopsychosocial factors of substance abuse and trauma have been included to account for the disproportionate impact that justice-involved individuals experience in these areas (Dias et al., 2018; Stensrud et al., 2019). Second, career readiness is hypothesized to impact community integration with higher vocational identity improving community integration. Finally, core self-evaluations are hypothesized to serve as a higher order construct to ameliorate barriers to employment and reintegration among individuals with health and functioning difficulties returning from incarceration.
1.3 Conceptual Framework

Given the likely underreporting of individuals with disabilities in correctional institutions (Prins et al., 2012; Whitfield, 2009; Zhang et al., 2011) and the need to understand both an individual’s capabilities and limitations to inform reentry, it would be useful to have a framework to conceptualize the personal, environmental, and functional factors that are likely to impact the overall reentry process. Emphasis of the strengths, assets, and contextual factors of an individual and their environment is a fundamental portion of vocational rehabilitation practice (Chan et al., 2019). This socio-ecological, strengths-based approach is also demonstrated in the World Health Organization (WHO) International Classification of Functioning, Disability, and Health (ICF). The ICF model integrates an individual’s disability or health condition, their unique interactions and activities, as well as their environmental context (World Health Organization, 2001). As an extension of the ICF model, the Illinois Work and Wellbeing Model (IW²M) takes this same model approach and considers how the complex interaction of personal and environmental factors, and functioning limitations or capacities impact areas of career development and overall participation in society (Strauser et al., 2018). According to the model’s description, the Contextual domain consists of bi-directional arrows to show the reciprocal relationship implying growth or change in one factor can impact change in other factors.

**Illinois Work and Wellbeing Model**

The Illinois Work and Wellbeing Model (IW²M; Figure 1) has three major domains, Contextual, Career, and Participation, with an intervention component that facilitates the interaction between the contextual and employment development domains and conceptually has a direct and indirect effect on the participation domain. Each domain is comprised of factors,
which allows for analysis across the domains and between the factor levels. All arrows between domains and factors are bi-directional, indicating a reciprocal effect between the model components. Relationships between domains, factors, and interventions can be positive, negative, or neutral implying that the value of the directional impact is determined by the situational specific research being conducted (Strauser et al., 2018). Importantly, the structure of the IW²M allows for the exploration of process factors such as core self-evaluations to understand its potential mediation effect between career development and participation.

The model utilizes a definition of disability that incorporates not only an individual’s functional capacities and limitations, but also includes an understanding of the individual in context of their unique personal characteristics and environmental experiences. By shifting the focus from disability diagnosis and clinical presence of a health condition to individual functioning, interventions and programs may be able to better address the multiple factors that impact the reentry process for individuals with disabilities and chronic health conditions. The

Figure 1. Illinois Work and Wellbeing Model (IW2M; Strauser et al., 2018)
The IW²M framework is situated to show that participation in work, home, society, and community are all interconnected. It is suggested that increased positive participation in these four areas will lead to an increase in overall wellbeing and improve quality of life (Blustein, 2008).

The IW²M does not serve as a replacement for specific theories that attempt explanation of important career and employment constructs. Rather, these theories can be embedded into the overall framework (Strauser & Greco, 2019). The suggested relationships among the variables of interest for this study have been developed using prior research and relevant theoretical concepts.

Research has found that individuals who have been incarcerated also often exhibit underdeveloped career identities and lack the dynamic ability to adjust in the labor market (Bennett & Amundson, 2016). This would suggest that for individuals with disabilities returning from incarceration, it would be important to focus on strengthening an individual’s vocational identity which can, in turn, inform and increase the individual’s overall career decision-making self-efficacy. Improving healthy work outcomes such as employment opportunities in meaningful careers can be achieved through furthering individual career identity. In supportive employment contexts, for example, career counseling aimed at increasing self-efficacy for individuals with disabilities has led to positive vocational rehabilitation outcomes (Regenold et al., 1999). According to the model, the Individual Awareness factor of the Career Development domain addresses an individual’s personal awareness of how their skills, abilities, interests, values, needs, and preferences relate to work activities and can be conceptualized as an individual’s vocational identity (Strauser et al., 2018). The model is therefore well set-up to situate how functioning impacts identity and later participation.

In addition to a strong vocational identity, core self-evaluations (CSE) is a psychological construct that has shown promise in the area of career development research. Core self-
evaluations (CSE), an individual’s perception of how they see themselves, the world, and others has been found to be related to positive work outcomes (Jiang, 2015; Judge et al., 1998). Core self-evaluations (CSE) are comprised of self-esteem, generalized self-efficacy, non-neuroticism, and locus of control and can be used as a focused area of research to improve person-environment fit and encompasses individual factors to improve overall integration as well as successful employment outcomes (Jiang et al., 2017). It has also been suggested that CSE may improve over time with changes in social value and acceptance (Tocci et al., 2020). Increasing self-evaluations could therefore relate to better adjustment and resilience among changing world of work.

The framework of the Illinois Work and Wellbeing (IW²M) allows for simultaneous measurement of the direct and indirect effects of CSE on career development and later participation in society. Using the IW²M framework and structural equation modeling structural regression, this research will examine how functioning impacts career awareness (vocational identity) and community integration. The model will also assess the potential mediation effect of an individual’s core self-evaluations (CSE) between vocational identity and community integration (Figure 2). Finally, in order to see whether there is a biopsychosocial relationship between personal and environmental factors and functioning, this study will measure whether recovery capital and trauma predict overall functioning.
Specifically, the following research questions will guide this study:

1. Is the proposed model a well-fitting structural model of functioning, career development (vocational identity, core self-evaluations) and participation (community integration) for a sample of individuals that have been previously incarcerated?

2. Is there a direct relation from functioning to vocational identity?

3. Is there a direct relation from vocational identity to core self-evaluations and community integration?

4. Does core self-evaluations support an indirect relation (i.e., mediate the relationship) between vocational identity and community integration?

5. Does past trauma significantly impact overall functioning, vocational identity, and community integration for individuals that have been previously incarcerated?

6. Does recovery capital significantly impact overall functioning, vocational identity, and community integration for individuals in recovery that have been previously incarcerated?

Figure 2 Hypothetical Model
1.4 Definition of Terms

**Career Development**—“the lifelong process of managing learning, work, leisure, and transitions in order to move toward a personally determined and evolving preferred future” (CERIC, 2021)

**Community Integration**—a term described as achieving the opposite of any social disadvantages that result from impairments (McColl et al., 2001). While originally constructed to describe the experience of individuals with disabilities, it could also be understood as an outcome goal of reentry. Community integration can be conceptualized as consisting of the following four factors: assimilation, support, occupation, and independent living (McColl et al., 2001)

**Context**—integration of the totality of circumstances that comprise the social environment of human life and functioning (Shogren et al., 2014); personal and environmental factors that interact with health conditions

**Core self-evaluations**—an individual’s perception of how they see themselves, the world, and others (Judge et al., 1998)

**Disability**—utilizing the umbrella term from the International Classification of Functioning, disability includes and individuals impairments, activity limitations, and participation restrictions (World Health Organization, 2001)

**Functioning**—refers to all life activities of an individual and encompasses body structures and functions, activities and participation (World Health Organization, 2001)

**Illinois Work and Wellbeing Model**—a framework that considers how the complex interaction of personal and environmental factors, and functioning limitations or capacities impact areas of career development and overall participation in society (Strauser et al., 2018).
**Recidivism**- a term used to describe a relapse into criminal behavior often measured by "acts that resulted in re-arrest, reconviction or return to prison with or without a new sentence during a three-year period following the prisoner's release” (National Institute of Justice, 2008)

**Recovery**- the Recovery Science Research Collaborative defines recovery for research contexts as “an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness” (Ashford et al., 2019, p. 5)

**Recovery Capital**- a conceptual term that has been used to incorporate an individual’s resources supporting recovery (Arndt et al., 2017)

**Reentry**- the process of leaving any type of incarceration including jails, prisons, or juvenile facilities, and returning to society (Travis, 2005)

**Rehabilitation**- While identified under a medical context, I think this definition encompasses all of the various types of rehabilitation alluded to in my research study. Rehabilitation is defined as “the process of helping an individual achieve the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being. Rehabilitate (from the Latin "habilitas") means to make able” (Columbia University Medical Center, 2019)

**Substance Abuse**- “a pattern of substance use that causes someone to experience harmful consequences which includes failing to meet key responsibilities, engaging in reckless activity, and refusing to resist the substance despite recurrent interpersonal, occupation, and financial problems brought on by drug use” (Editors of Sakem Press, 2018)

**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” (Substance Abuse and Mental Health Services Administration, 2014, p. 7)

**Vocational Identity** - an individual’s goals and interests in relation to work, with a strong vocational identity leading to increased confidence in decision making in spite of environmental circumstances (Holland et al., 1980)

**Vocational Rehabilitation** - Vocational rehabilitation (VR) is defined as “a multi-professional evidence-based approach that is provided in different settings, services, and activities to working age individuals with health-related impairments, limitations, or restrictions with work functioning, and whose primary aim is to optimize work participation” (Escorpizo et al., 2011)
Chapter 2: Review of the Literature

2.1 Illinois Work and Wellbeing Model

The Illinois Work and Wellbeing Model (IW²M) identifies that it is the interaction of the contextual, career development, and participation domains that is key in explaining how each of these factors serve as facilitators or barriers to overall societal participation (Strauser et al., 2018). The three model domains, Contextual, Career Development, and Participation, are situated to provide structure for understanding career development of individuals with disabilities. The Contextual domain combines an individual’s functioning capacity and abilities with the personal and environmental contexts they are situated within (Chan et al., 2019). A strength of the IW²M is that it promotes a multi-level cross and within domain analyses along with the conceptualization of the factors that act as facilitators or barriers to the career development and employment process (Strauser & Greco, 2019). The Career Development domain contains three factors including identity awareness, acquisition, and maintenance. This research study concentrated on operationalizing constructs within the identity awareness factor. Regarding the Participation domain, work, home, society, and community are all included to encompass areas of life participation. I have developed an interest in understanding work as a career development process rather than an objective outcome. Specifically, within the employment and reentry literature for formerly incarcerated individuals, work is often cited as a dichotomous outcome of interest measuring whether or not an individual is employed. The framework of the IW²M, however, provides space to study not only the outcome of employment but the various critical components of the career development process that impact later participation in employment. This also coincides with the conceptualization of work and
employment serving as both facilitators within the career development domain as well as a portion of societal participation.

The socio-ecological approach recognizes that individuals influence and are influenced by their families, social networks, the organizations in which they participate (workplaces, schools, religious organizations), the communities of which they are a part, and the society in which they live (McKenzie et al., 2018). An ecological perspective can help to understand this social issue in the context of an individual’s outside influences and not just their personal behavior and serve as a framework for the implementation of interventions. Similar to former inmates without disabilities, individuals returning to their community with a disability or chronic health condition should be provided an opportunity to receive appropriate reentry services, including career development services, with a goal of maximizing individual functioning and integration in their community.

2.2 Incarceration and Health

The contextual domain of the IW²M emphasizes the importance of understanding an individual’s personal and environmental contexts and their subsequent influence on overall functioning. The experience of being incarcerated can have lasting environmental impacts that affect outcomes following release including employment. Incarceration was identified as a social determinant of health within the in the social and community context of health in Healthy People 2020 and named a key issue to be addressed (U.S. Department of Health & Human Services, 2013). Incarceration has been set up as a mechanism of control to punish criminal offenders and prevent further harm to a community. However, incarceration itself can negatively affect the health and well-being of individuals who have or are currently serving time as well as their families and communities (U.S. Department of Health & Human Services, 2013). A recent
article even concluded that mass incarceration and confinement are so traumatic that they may cause psychological harm and mental health impairments in and of themselves (Hattem, 2020). Brown et al. (2019) suggested that even the experience of reintegration may pose health challenges, based on the finding that within two years of incarceration, formerly incarcerated individuals had 3.5 times the mortality rate of the general population. While inmates are assessed and screened on communicable diseases, mental & physical health, substance abuse/addictions, and disabilities, the focus of these assessments is to manage risk and confinement and not to understand rehabilitative needs (Harding et al., 2019). All of these factors demonstrate a clear need for health-informed reentry services to aid individuals following incarceration (Link et al., 2019).

**Disability in Prison**

Despite the awareness of the disproportionate rates of disability in the criminal justice system, the number of individuals who are incarcerated and have a disability or chronic health condition is difficult to determine for a variety of reasons. For example, several studies acknowledge concerns with tracking and studying individuals with disabilities due to a lack of consensus within the criminal justice system about documentation and assessment of disabilities and chronic health conditions (Prins et al., 2012; Whitfield, 2009; Zhang et al., 2011). Additionally, it becomes difficult to report accurate prevalence rates when disabilities are often under-diagnosed and not consistently defined across the correctional institutions (Hutchison et al., 2013; Morris & Morris, 2006). The problem identifying the true number of individuals who are incarcerated with disabilities further intensifies the concerns after incarceration. There is no systematic way to reach these individuals in need of targeted reentry interventions upon release. It is difficult to accurately assess how many individuals who are currently or previously have
been incarcerated have a disability and could benefit from vocational rehabilitation services (Baloch & Jennings, 2018). There is a need for interagency collaboration in assisting adjudicated youth with disabilities to make a successful transition to the community (Unruh & Bullis, 2005). Gonzalez et al. suggests that, “as prisoners with disabilities face greater disadvantage educationally, vocationally, and in their home environments, attention should focus on how rehabilitative opportunities might be structured to reflect the unique needs of prisoners with disabilities in the correctional system” (Gonzalez et al., 2016, p. 113).

There are several contributing factors to the disproportionate number of individuals with disabilities, especially intellectual and developmental disabilities, currently housed in correctional facilities. Individuals with intellectual disabilities are often quicker to confess, have difficulty understanding citizen rights after arrest, psychological testing is rarely completed in the courts system, and many times these individuals are forced into plea bargains and serve time (Baloch & Jennings, 2018; Hutchison et al., 2013; Murphy, Chiu, et al., 2017). The rates of intellectual disabilities in prison are also disputed due to methodological sampling issues, current assessment measures to detect and diagnose disability, as well as legal issues within the criminal justice system of diverting offenders identified with a disability from serving time in certain correctional facilities (Murphy, Gardner, et al., 2017).

**Personal and Environmental Factors**

Both barriers and facilitators surrounding employment and rehabilitation can include personal and environmental factors. Personal factors including race and gender highlight disparate impacts in the criminal justice system. Incarceration disproportionately affects men, and more specifically men of color. Black and Latino men are incarcerated at disproportionately higher rates than the general population and are overrepresented in both state and federal prisons.
(Baloch & Jennings, 2019; Prins et al., 2012). For example, in 2018, the black male imprisonment rate was 5.8 times that of white males and more likely to be convicted of a violent offense (Carson, 2020). While men are more likely to be imprisoned, women are also disproportionately impacted in areas of health and incarceration. Women who have been incarcerated are more likely to have experienced childhood trauma as well as both physical and sexual abuse (Austin & Wetle, 2016). Among women currently or previously involved with incarceration, traumatic experiences are highly prevalent and associated with increased rates of psychopathology, comorbidity, and decreased self-esteem (Salina et al., 2017).

Incarceration can also have negative effects on the physical and mental health of community members that are close to the individual who has been incarcerated (Kruger & De Loney, 2009). Children are vulnerable to negative effects as a result of having an incarcerated parent including being more likely to live in poverty and witness domestic violence or substance abuse by a parent (McKenzie et al., 2018). There is evidence to show that children of incarcerated parents have higher rates of developmental and learning disabilities, and that having a parent who has been incarcerated increases a child’s risk to end up in the criminal justice system fivefold. The ability, or inability, to access mental health services impacts not only the individual but the quality of life for family, friends, their community and social networks (Austin & Wetle, 2016). While family members of formerly incarcerated individuals are not included in this study sample, the impact of the criminal justice system reaching beyond the incarcerated individual is important to understand and adds to the stress and overall wellbeing of the individual reentering society. Each of these challenges serves as an additional barrier impeding reentry and threatening the likelihood of reoffending, thus repeating the vicious cycle. The
impact of mental illness among incarcerated and formerly incarcerated individuals and their
close circles makes this a community health problem.

**Mental Health, Substance Use, and Trauma**

Individuals in prison are also found to have higher levels of stress, depression, and
overall mental health concerns. Histories of reported levels of childhood trauma and prior
substance abuse are substantially higher in individuals who have been incarcerated when
compared to the general population, and these factors have been found to have a negative impact
on career development and employment. (Baloch & Jennings, 2019; Stensrud et al., 2019; Young
et al., 2017). One study found that mental illness vulnerability and substance abuse risk
separately and jointly increased the risk of recidivism within 6 months of release (Dias et al.,
2018). Briere, Agee, & Dietrich (2016) found that about 48% of their inmate sample met criteria
for post-traumatic stress disorder (PTSD), much higher than the general population (4%) and that
cumulative trauma experiences predicted the likelihood of PTSD. In rehabilitation research
regarding individuals with disabilities there has been overlap with some research in areas of
criminal justice and substance use or addiction. This is in part because the co-occurrence among
these groups is disproportionately higher when compared to the general population.
Unfortunately, the criminal justice system is often utilized as a solution for the epidemics of drug
addiction and alcoholism in our country (Editors of Sakem Press, 2018).

It has been suggested that there may be a “trauma to prison pipeline” as evidenced by the
high levels of childhood trauma across multiple dimensions reported by incarcerated individuals
(Stensrud et al., 2019). Stensrud et al. (2019) also explored this correlation further and found that
this relationship may be better described as intersectional, as it is not necessarily a single type of
trauma that matters but rather the cumulative impact of multiple traumas and family dysfunction

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throughout childhood that contribute to maladaptive societal behavior and eventual imprisonment. Rates of traumatization are even worse for criminal justice-involved women, and can negatively shape an individual’s self-concept, leading to lower levels of self-esteem and self-worth (Salina et al., 2017). One particular form of chronic trauma, childhood maltreatment, has been found to have lasting negative outcomes across several life domains (O’Sullivan, Watts, et al., 2019). While not all individuals impacted by incarceration will have experienced trauma, many have. Therefore, understanding the impact of childhood trauma on perceptions of adult health functioning can inform trauma-informed reentry and rehabilitation for justice-involved men and women.

Early definitions of recovery had a focus on reduction or elimination of the symptoms often associated with substance use disorders (SUD). It was later made clear that recovery should shift from a deficit-based paradigm to a more strengths-based focus of the ongoing process of recovery with multiple pathways of growth (Ashford et al., 2019). The Recovery Science Research Collaborative defines recovery for research contexts as “an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness” (Ashford et al., 2019, p. 5). Recovery from substance use disorders is not to be thought of as a one-time event. Recent research has advocated that substance use is a chronic condition, in need of continued post-treatment supports to navigate the complex process of recovery that involves multiple life domains (O’Sullivan, Cambria, et al., 2019). Recovery from addiction is in itself a developmental process with early focus on abstinence and later focusing on individual growth and development (O’Sullivan, Cambria, et al., 2019). Relapse, when an individual who was previously abstinent gives into an urge to resume substance use, is considered a consequence of
attempts to change a chronic behavior rather than a failure of the rehabilitation process (Editors of Sakem Press, 2018).

Conversely, personal and environmental factors can also include protective and mitigating contexts that promote resiliency and improve outcomes for individuals with disabilities and incarceration experience. Research related to substance use disorders has recently focused on the personal and environmental sources that may aid an individual in treatment and recovery (Arndt et al., 2017). This study seeks to improve understanding of how, in light of these disparate health impacts among formerly incarcerated individuals with disabilities, an individual’s context may be related to sense of self and vocational identity in employment pursuits. Recovery capital is a conceptual term that has been used to incorporate an individual’s resources supporting recovery (Arndt et al., 2017). Recovery capital is a single general factor measuring an individual's level of strengths in several recovery domains: substance use and sobriety, global psychological health, global physical health, citizenship and community involvement, social support, meaningful activities, housing and safety, risk-taking, coping and life functioning, and recovery experience (Arndt et al., 2017).

A strength of defining recovery as a dynamic change process can be utilized to inform in understanding how formerly incarcerated individuals may reenter society. While relapse is possible at any time in recovery, achievement in areas of participation such as stable employment can be an additional protective factor to continue reducing risk (O’Sullivan, Cambria, et al., 2019). The future of addiction research needs to focus on multivariate, biopsychosocial approaches, acknowledging the impact of an individual’s environmental context (Editors of Sakem Press, 2018). Rather than viewing a misstep during reentry as a failure leading
to recidivism, understanding the reentry process as dynamic, we can begin to look at the factors that may bolster reentry success rather than only focus on risk of repeat offending.

It is important to remember that the relationship between drug use/misuse and crime is actually quite difficult to study. There are several different ways in which drugs and alcohol may be associated with criminal behavior. There are examples of individuals committing crimes due to the illegal nature of certain drugs but, there is also evidence to support that some individuals commit crimes while under the influence of drugs or alcohol. In a study of individuals incarcerated in several prisons across Australia, mental illness vulnerability and substance abuse risk separately and jointly increased the risk of recidivism within 6 months of release (Dias et al., 2018). In another example, engagement in community life, while encouraged as a means of connection and prosocial behavior, can for many individuals returning from incarceration, be a source of potential temptation to drugs and crime (Harding et al., 2019). The relationship between substance use and crime is not easy to determine and can be a source of debate among researchers in criminology and sociology (Editors of Sakem Press, 2018). These personal and environmental factors played a role at all parts of the criminal justice process and therefore also impact the rehabilitation process and should be included in considerations regarding community integration. There is a lack of research simultaneously addressing the barriers and facilitators related to recovery, desistance from crime, and reentry in the community.

2.3 Stigma and Collateral Consequences of Incarceration

Collateral consequences is a term used to describe the additional punishments, exclusions, and barriers faced by individuals as a direct result of their criminal convictions that last long after their sentence has been served (Dowden et al., 2016). These can include restrictions on licensing, employment, and educational options due to the nature of the criminal
conviction. However, often collateral consequences also include the ways in which employers continue to avoid and even refuse hiring of individuals with prior criminal convictions. Employer stigmas concerning individuals with a criminal record continue to be a significant barrier to employment. In a study of public attitudes towards hiring individuals with criminal records, Darakai, Day, and Graffam found that presence of a mild intellectual disability and status as an ex-offender significantly changes their expectation about employment outcomes (2017). Additionally, opinions towards individuals with criminal records were the same regardless of sentence length. This is concerning to think about the permanent barriers formerly incarcerated individuals face upon release, even for very short sentences.

2.4 Career Development

Employment offers more than just a job and often also serves as a connection to the community to foster both social and economic reintegration. If we reconceptualize the importance of work after the acquisition of a job, efforts can be focused on utilizing resources to end up in a good fitting, stable job. In a large research project in Michigan that followed a group of individuals post-incarceration, three key findings regarding employment emerged. First, results highlight the significant barriers in hiring faced by minority individuals with a criminal background, as African Americans were employed at disproportionately lower rates when compared to whites. Additionally, most of the available jobs were concentrated in what the authors called the "second labor market", jobs characterized by lower wages, high turnover, harsher working conditions, and fewer opportunities to advancement. Finally, many of the individuals following incarceration experienced high instability in work, partly due to the temporary status of available jobs and high turnover of these secondary labor market positions (Harding et al., 2019).
Post-prison employment has often been studied as a significant predictor to protect against recidivism, but there have also been mixed results suggesting there is a need for further exploration (Harding et al., 2019). Scholars have mixed agreements about whether or not employment has a causal relationship with a reduction in recidivism. There is evidence to state that individuals with criminal records who obtain jobs are less likely to recidivate; however, there are also studies that show that obtaining employment is not associated with a significant decrease in recidivism. The discrepancies in results related to these variables is partly due to the lack evidence based employment interventions to assist this population with job placement (Harley et al., 2014). Much of the vocational programs provided to inmates are industry or job specific and do not address career development and understanding developmental needs to individuals in correctional settings. There is a lack of employability skills and career guidance (Vernick & Reardon, 2001) and unfortunately, many job trainings and initial employment opportunities for individuals with felony records are temporary positions or training focused in a singular skillset and do not address the need for skills to navigate the dynamic, ever-changing labor market (Bennett & Amundson, 2016).

**Vocational Identity**

In order to improve an individual’s integration into the community, it is critical to understand what facets of career development can increase competitive, stable employment. Harding, Morenoff, & Wyse articulated that “…successful reintegration depends not only, or even primarily, on the traits and proclivities of individuals when they entered prison but also on the family, community, and institutional contexts they encounter after prison and on the social roles and identities they construct for themselves after release” (2019, p. 3). One such identity, in relation to career and employment development, is an individual’s vocational identity.
Vocational identity is understood as an individual’s goals and interests in relation to work, with a strong vocational identity leading to increased confidence in decision making in spite of environmental circumstances (Holland et al., 1980).

**Core Self-Evaluations**

Core self-evaluations (CSE), an individual’s perception of how they see themselves, the world, and others has been found to be related to positive work outcomes (Jiang, 2015; Judge et al., 1998). Individuals with a higher positive self-concept, or self-evaluation, are more likely to be accepting of their identities. In the case of individuals with disabilities and prior criminal backgrounds, this would suggest that efforts aimed at improving an individual’s self-concept and overall self-evaluations regarding work can improve vocational identity and participation in work. CSE is a broad construct that is comprised of four more specific traits: self-esteem, generalized self-efficacy, internal locus of control, and non-neuroticism. Individuals with a poor self-concept have inaccurate and incomplete self-knowledge which can lead to a loss of control over your own reputation.

The Social Cognitive Theory (SCT; Bandura, 1977) demonstrates that confidence in a health behavior, in this case behaviors related to work and career, are enhanced through mastery experiences, social modeling, verbal persuasion, and practice under a stress-free environment (Kelder et al., 2015). Self-efficacy, an individual’s belief in their capacity to persist and execute behaviors, is a foundational construct guiding this dissertation study. Improved self-efficacy is also related to better overall adjustment and can influence resilience among changing world of work.

Promisingly, recent research regarding the stability of core self-evaluations (CSE) has demonstrated that CSE can change over time. Mastery experiences within the SCT refers to
overcoming challenges through perseverance and therefore influencing CSE (Tocci et al., 2020). Research supports that positive self-concept can be changed and improved over time, suggesting there may be developmental implications about how to induce changes to influence behavior and attitudes in the workplace.

2.5 Rehabilitation and Reentry

It is well researched that work is central to an individual’s life and should be regarded as a contributing factor to overall wellbeing. Work provides opportunities for economic participation and advancement, fosters social support, encourages self-expression and self-determination, and has been linked to increased physical and psychological health (Blustein, 2008). Work can be seen as so much more than just a paycheck. Latessa (2012) correctly addresses the importance of meaningful work and careers when he reiterates that employment programs in reentry will only work to reduce further crime if they are focused on more than just finding jobs. As an individual is just returning to their community, the chance to create ties through gainful employment in a meaningful job has the potential to present the social roles necessary to stay out of incarceration. Employment serves several critical purposes including, but not limited to: financial security, increasing positive social networks, a sense of meaning and purpose, financial security, and a stable routine (Bennett & Amundson, 2016; Graffam et al., 2008; Latessa, 2012).

The terms “rehabilitation”, “reentry”, “recidivism”, and “recovery” have all been used in reference to individuals that overlap in the disability, reentry, and addiction communities. This would suggest that it would be important to focus research efforts on understanding the connections between disability (rehabilitation), criminal justice (reentry/recidivism), and substance use disorders (recovery) to promote multidisciplinary efforts. My dissertation study
attempts to bring together prior research and scholarship regarding individuals with disabilities, that have previously been incarcerated, and that may have a history of addiction or substance use. By defining each of these terms and the contexts in which they may overlap, researchers and practitioners interested gaining understanding of the co-occurrence in these conditions can effectively collaborate to improve the health and well-being of these individuals.

The term reentry actually gained popularity when Jeremy Travis, director of the National Institute of Justice (NIJ) at the time, and others used it to describe the field of social services and supports aimed at assisting people returning from incarceration (Butts & Schiraldi, 2018). In his book, he establishes a reentry framework as a way to shift the focus of prison to understanding how to prepare individuals for their eventual return to society (Travis, 2005). One of the benefits of Travis’ definition of reentry, is that the programs existing inside of prison, were now evaluated on their effectiveness in outcomes following incarceration. For example, a job readiness program intended to improve job skills, was considered not just for its effectiveness in teaching those skills but also providing concrete job opportunities and prospects following release (Travis, 2005). Reentry research has therefore focused on individuals' participation in programs such as life skills training, job placement, substance abuse treatment to measure the extent to which they lowered rates of re-arrest and reincarceration. An unfortunate consequence of this focus is that the expectations regarding formerly incarcerated individuals’ potential for societal contributions following release has been reduced to preventing future crime.

It should also be noted that in criminal justice literature, reentry is not meant to be synonymous with reintegration. Reentry and community reintegration are defined apart from one another with reentry being the transition from prison to community experience and reintegration encompassing tangible connections to the community work, education, housing, and community
organizations (Hunter et al., 2015). According to Travis (2005), reentry is not a state that someone can choose whether or not they enter into but rather, it is the inevitable return from incarceration at the conclusion of a prison or jail sentence, with the exception of individuals imprisons for life without parole. Prisoner reentry is considered a precursor to successful integration, defined as a life absent from further crime.

In order to make sense of the present literature, it is important to realize that scholars referring to people with disabilities and people returning from incarceration use the same terms, but they actually mean different things. ‘Rehabilitation’ of offenders does not necessarily mean that an individual who is incarcerated has a disability. In criminology literature, rehabilitation is defined more broadly to encompass individuals returning to their prior state of not being incarcerated (Uche & Greg, 1995). Prisons are set up to punish individuals who break the law and also have an ideal to serve to rehabilitate individuals so that they no longer commit crimes. Programs within a prison system designed to carry out this rehabilitative goal include education, counseling, and vocational training in preparation for eventual release (Zgourides & Zgourides, 2000).

The National Institute of Justice states that "Rehabilitation refers to the extent to which a program is implicated in the reduction of crime by "repairing" the individual in some way by addressing his or her needs or deficits" (National Institute of Justice, 2008). Individuals with criminal records were also found to have a history lacking rewarding employment experiences (Vernick & Reardon, 2001) and adherence to meaningful social ties, such as a good fit work environment, is an effective way to assist individuals with disabilities and criminal records and work to reduce recidivism among this particularly vulnerable group. Low or poor societal expectations about an individual who has served any amount of time in a correctional facility
serve as a potential self-fulfilling prophecy, making expectations post-incarceration a critical component of an individual realizing their potential in functioning, career, and reintegration.

Conversely, in reference to individuals struggling with addiction, rehabilitation is often used in reference to drug treatment rehabilitation programs, or "Rehab" centers (Editors of Sakem Press, 2018). In disability literature, vocational rehabilitation refers to the profession of providing counseling to individuals with disabilities, focused on employment. A definition of rehabilitation that captures its multidisciplinary nature across several disciplines refers to rehabilitation as, “the process of helping an individual achieve the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being” (Columbia University Medical Center, 2019, para. 3). Dias and colleagues make the case for community-based rehabilitation which places a stronger focus on increasing valued social role functioning rather than purely clinical supports for individuals with disabilities (2018).

Rehabilitation efforts aimed at improving health outcomes through meaningful employment are a part of the field of vocational rehabilitation (VR). Vocational rehabilitation is defined as “a multi-professional evidence-based approach that is provided in different settings, services, and activities to working age individuals with health-related impairments, limitations, or restrictions with work functioning, and whose primary aim is to optimize work participation” (Escorpizo et al., 2011, p. 130). Rehabilitation, and more specifically, vocational rehabilitation is uniquely situated to provide a comprehensive framework and improve upon quality-of-life outcomes post-incarceration for individuals with disabilities and chronic health conditions. There needs to be a critical shift in thinking around ‘success’ as the absence of future criminal behavior
(recidivism) to a more multidimensional construct of rehabilitation and reintegration into society promoting prosocial engagements with those around them. Reintegration success depends on characteristics of the individual when they entered prison but also on the family, social, and community contexts they experience after prison and the social roles and identities constructed upon release (Harding et al., 2019) Social and economic reintegration have been seen as a way to explain recidivism (Harding et al., 2019). I believe a better explanation is to look at these milestones of important social roles in society as the outcomes of interest and understand the lack of future criminal behavior as a positive by-product of these newly adhered roles. Desistence is just one component of rehabilitation and reintegration, and future research should "focus on reintegration as an outcome and a process worthy of its own study as we attempt to understand how and why some formerly incarcerated individuals fare better than others on its various dimensions" (Harding et al., 2019, p. 9).

**Vocational Rehabilitation**

There is an overall positive effect when individuals utilize rehabilitation services after release from prison. Even more so, Baloch and Jennings (Baloch & Jennings, 2018) found consistent and positive employment outcomes when individuals with disabilities utilize vocational rehabilitation services after release from incarceration. Federal-State Vocational Rehabilitation services is adequately equipped to address the unique barriers and employment needs of individuals with disabilities and criminal records (Whitfield, 2009). Conversely, correctional officers, social workers, case managers, and educators within the prison system are not job developers and should not be expected to be experts about employment resources in all of the surrounding communities (Whitfield, 2009). Outside agencies, including programs like state vocational rehabilitation therefore need to work closely with the individuals working within the
correctional system to make referrals and connect individuals who may benefit from services. Promisingly, vocational rehabilitation counselors serving individuals with criminal backgrounds were able to maintain strong working alliance with their clients to address unique barriers to employment (Bates-Maves & O’Sullivan, 2017). Adherence to meaningful social ties, such as a good fit work environment, is an effective way to assist individuals with disabilities and criminal records and work to reduce recidivism among this particularly vulnerable group. Employment has a direct impact on reducing recidivism and promoting positive social ties in the community.

It should also be noted that vocational rehabilitation (VR) provides critical assistance to people with disabilities returning from prison. When eligible, VR can provide post-secondary funding opportunities to individuals with a disability and a felony drug conviction that prevents them from applying for federal financial aid (Whitfield, 2009). Vocational rehabilitation (VR) services are also made available in all states and all parts of the states. We know that individuals returning from incarceration to rural settings have a more difficult time reaching resources that are all too often concentrated in urban areas. VR offices are located across the state and would be available regardless of where the individual returns post-release.

**Recidivism and Desistance**

Recidivism is utilized as a measure of the success of an individual’s reentry efforts to refrain from reoffending. However, the institutional cultures of corrections and the criminal justice system on order, control, and punishment as a means to solve problems does not leave much room for the coexistence of rehabilitative efforts. Harding et al. provides a critique of the current literature stating that "criminological researchers tend to view prisoner reintegration through a narrow lens, focusing on recidivism as the primary issue, and seeking to identify the key risk factors accumulated before and during prison that predict recidivism" (Harding et al.,
Recidivism is a term used to describe a relapse into criminal behavior. Rates of recidivism are measured by "acts that resulted in re-arrest, reconviction or return to prison with or without a new sentence during a three-year period following the prisoner's release" (National Institute of Justice, 2008, para. 1). However, the measurement of recidivism does not always paint an accurate picture of how an individual is doing in their process of reentering society. Not all arrests conclude with a conviction, and not all convictions end up with additional prison or jail time. This makes it misleading to use recidivism as an ultimate measure of success after incarceration. To put this confusion into perspective, in 2018, there were five different states in which over half of their prisoners were admitted due to violations of post-incarceration supervision (Carson, 2020). These violations that led to their reincarceration could be as minor as failing to show up and meet your probation or parole officer for a scheduled meeting or a minor crime such as speeding, unrelated to your prior conviction. The National Institute of Justice website refers to recidivism as "one of the most fundamental concepts in criminal justice" (National Institute of Justice, 2008, subtitle). This is also reflected in a large body of research related to reentry with recidivism almost always included as an outcome of interest.

Another concern with this overemphasis on recidivism as a major marker for reentry success is that the measurement of recidivism exacerbates the unjust and disproportionate rates with which our country arrests, convicts, and imprisons Black and Latino men (Butts & Schiraldi, 2018). Black and Latino men are incarcerated at disproportionally higher rates than the general population and overrepresented in both state and federal prisons (Baloch & Jennings, 2019; Prins et al., 2012). In 2017, the imprisonment rate for black males was almost 6 times that of sentenced white males (Bronson & Carson, 2019). This would suggest that conclusions about higher risks of recidivism among men and men of color may not be due to a true causal
relationship but rather a spurious conclusion that is actually fueled by the racism and discrimination within our criminal justice system.

The focus of reentry on recidivism is echoed in the assessments required during imprisonment--largely focused on obtaining a measure of "risk" to inform how best to control and contain an individual for the duration of their sentence and to predict reoffending upon release (Bonta et al., 2014; Piquero et al., 2015; Prins et al., 2012). This is problematic because, "relying on recidivism defines the mission of community corrections in law enforcement terms, relieving agencies of their responsibility for other outcomes such as employment, education, and housing," (Butts & Schiraldi, 2018, p.1). A primary focus of preventing recidivism sends a poor underlying message to individuals with prior criminal backgrounds that their ultimate potential outcome is only to stop committing more crimes. This group of individuals, rather than being encouraged to reach their full functioning potential and make a significant contribution to their community, is only watched to avoid repeating past mistakes.

Criticism of recidivism as an outcome measure is not a new discussion among many criminal justice researchers. In recent years, there has been a growing momentum of research about offender reentry dedicated to figuring out how to prevent further crime and also encourage prolonged reintegration (Aresti et al., 2010; Bennett & Amundson, 2016; Runell, 2017). However, policymakers still tend to turn to the rate of recidivism as an overall measure of corrections and recidivism still prevails as a primary outcome of interest when studying individuals with criminal backgrounds. It should be pointed out that these critiques are not directed at individual employees of the criminal justice system such as correctional officers enforcing rules in prison and parole officers upholding requirements of release. Rather, it is an
acknowledgement of the enacted "goal" of prison through policy to lock away individuals and control them from committing future crime instead of rehabilitation.

Recidivism should be measured as a beneficial by-product and not the sole focus of reentry. One alternative approach is to promote desistance as opposed to preventing recidivism. Desistance is defined as a process of arriving at a permanent state of nonoffending (Butts & Schiraldi, 2018). In this sense, desistance is considered the opposite dichotomous outcome of recidivism. If you do not recidivate, you have desisted. When interventions and sanctions affect the process of desistance, the research overlaps. If the measures of reentry are focused on social development and community wellbeing, these constructs are much more useful for evaluating the effects of justice interventions, and they are less likely to distort and mislead policy discussions about criminal justice reform (Butts & Schiraldi, 2018).

Community Integration

Research within the field of criminology has largely only considered a narrow scope of reentry, focusing on pre-existing factors/situations that put an individual "at risk" to commit a crime and using these factors to predict the chance this individual will engage in future crime, or recidivate (Harding et al., 2019). Rather than an explanation for preventing recidivism, this study places a targeted focus on reentry and community reintegration as an outcome of interest worthy of study to improve the lives of individuals returning from incarceration. The Good Lives Model (GLM), a strengths-based theory within offender rehabilitation, has a particular focus on abilities, strengths, and capacity-building to promote reentry and reintegration and suggests that rehabilitation should involve two main tasks, a normative task and capacity building. In normative task building, an individual that has previously been incarcerated engages in self-reflection to define what a “good life” would mean for them. In this process, individuals identify
core values and then these values can be used to engage in capacity-building, or acquiring both internal and external resources in order to carry out their good lives plan (Ward & Fortune, 2013). The GLM is one model that provides support for utilizing constructs of personal agency and self-efficacy such as vocational identity and core self-evaluations (CSE) to improve upon social and community integration.

Community integration is described as achieving the opposite of any social disadvantages from disabling conditions or impairments (McColl et al., 2001). Community integration can be understood as a single construct consisting of 4 main factors: Assimilation, Support, Occupation, and Independent Living. According to the model of community integration, assimilation includes acceptance, conformity, and orientation. Support encompasses the support of acquaintances, close friends, and family. The third factor, occupation, is more than just work activities but also includes an individual's perception that they have productive and enjoyable activities. Finally, independent living, or independence, is an individual's perception of their ability to be independent and overall satisfaction with their living situation (McColl et al., 2001). Community integration has been called the "ultimate goal of rehabilitation" among health service providers (McColl et al., 2001, p. 429) and researchers and should be expanded to the criminal justice population, especially individuals returning from incarceration with functional impairments and disabilities. An important distinction of community integration is the focus on how an individual feels about their support, work, or independence as opposed to an objective measure of task achievement or degrees of assistance (Reistetter et al., 2005). In both rehabilitation and reentry, how a person feels about their role in a community rather than the role itself is just as critical to understand and focus on. While objective measures of participation in society are warranted, the focus of this inquiry is on the subjective experience of societal participation for individuals with
disabilities returning from incarceration. Community integration can be seen as a multifaceted construct that concisely measures the experience of belonging and participation (McColl et al., 2001). Community integration uses a subjective lens to focus how an individual feels about their community participation (Reistetter et al., 2005).

In vocational rehabilitation research, community integration has been utilized as an encompassing outcome of interest among individuals with traumatic brain injuries described as achieving the opposite of any social disadvantages that result from impairments (McColl et al., 2001). While both employment and community ties have been supported as positive predictors of successful reintegration, less is understood about where to focus initial career or vocational interventions upon release from incarceration, especially given the stress of competing priorities upon returning to old communities or introduction into a new environment. In vocational rehabilitation research, community integration has been utilized as an encompassing outcome of interest among individuals with traumatic brain injuries described as achieving the opposite of any social disadvantages that result from impairments (McColl et al., 2001). Importantly, occupation or employment is a focused factor of community integration but is understood within the context of an individual’s broader connection to the community. Community integration also encompasses the major tenants of the definitions of reentry, rehabilitation, and reintegration among this specialized population.

The relationship of community integration to both QOL and life satisfaction supports the need for community integration as a desired rehabilitation outcome (Reistetter et al., 2005). Dias and colleagues make the case for community-based rehabilitation which places a stronger focus on increasing valued social role functioning rather than purely clinical supports for individuals with disabilities (2018). Individuals with criminal records were also found to have a history
lacking rewarding employment experiences (Vernick & Reardon, 2001) and adherence to meaningful social ties, such as a good fit work environment, is an effective way to assist individuals with disabilities and criminal records and work to reduce recidivism among this particularly vulnerable group.
Chapter 3: Methods

Given the importance of career development and employment for successful reentry, there is a significant need to conduct research examining the factors impacting the career development and reintegration of formerly incarcerated individuals. Applying the IW²M framework, this study examined how an individual’s perception of overall functioning as measured by physical, psychosomatic, cognitive, negative coping, and social isolation factors impacts career awareness (vocational identity), core self-evaluations (CSE), and ultimately an individual’s community integration, including employment (Figure 3). Utilizing structural equation modeling (SEM) structural regression, the following research questions guided this study:

1. Is the proposed model a well-fitting structural model of functioning, career development (vocational identity, core self-evaluations) and participation (community integration) for a sample of individuals that have been previously incarcerated?
2. Is there a direct relation from functioning to vocational identity?
3. Is there a direct relation from vocational identity to core self-evaluations and community integration?
4. Does core self-evaluations have an indirect relation (i.e., mediate the relationship) between vocational identity and community integration?

Figure 3: Hypothesized Conceptual Model

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In addition to SEM, hierarchical linear regression analyses were used to evaluate:

5. Does past trauma significantly impact overall functioning, vocational identity, and community integration for individuals that have been previously incarcerated?

6. Does recovery capital significantly impact overall functioning, vocational identity, and community integration for individuals in recovery that have been previously incarcerated?

3.1 Participants

Participants consisted of 133 adults that self-identified as having been previously incarcerated. Eligible individuals were at least 18 years of age and agreed to voluntarily participate in the study. Since the focus of this project is on functioning rather than disability status, an individual did not have to identify as having a disability or chronic health condition in order to participate. Due to the sample potentially including individuals from vulnerable populations, additional safeguards were considered during sample recruitment. For individuals with intellectual or cognitive disabilities, they may have a court appointed individual who serves as a substitute decision-maker for them. A specific inclusion criteria question was used to screen for these individuals prior to data collection to ensure voluntary consent was still followed. Additionally, individuals who were still under correctional supervision or incarceration in a correctional facility, by definition, possess diminished capacity to consent to research participation. Due to the nature of what it means to be incarcerated in this country, an individual still under state or federal supervision would be compromised in their ability to provide voluntary consent and were also screened during recruitment.
Participants ranged in age from 20-69 ($M=43.67$, $SD=11.38$). Most of the participants identified as White, making up about 80.5% of the sample, followed by 15.8% Black or African American, 0.8% Native American/Alaskan Native, 0.8% Other, and 8.3% Hispanic/Latinx. There were slightly more male participants (59.4%) compared to female participants (40.6%). Just over half of the participants identified as having a disability (53.4%). When asked which categories (they were allowed to select more than one) best described their disability (or disabilities), the majority identified as having a physical disability (45.9%), followed by psychiatric or mental health disability (26.3%), then neurological (5.3%), learning disability (6%), Deaf/hard of hearing (2.3%), vision impairment/Blind (0.8%), cognitive (0.8), and other (4.5%). Just under half of the sample identified as working in some capacity (48.1%), while 21.8% were unemployed but looking for work, 6.0% were unemployed and not looking for work, 6.8% were retired, and 15.8% said they were unable to work. Participants, recruited throughout the United States, were represented from 35 out of the 50 states with the largest number of participants (11) located in Texas.

Participants also were asked a series of questions to better understand their incarceration experiences. The majority of individuals stated they had spent most of their time incarcerated in a jail setting (63.2%), followed by 26.3% in state prisons, 3.0% in federal prisons, and 5.3% in alternative to incarceration custodial settings. The years of cumulative incarceration ranged from less than a year to 44 years ($M=3.88$, $SD=5.6$). See Table 1 for a full list of participant demographics.
### Table 1. Characteristics of the Sample Participants

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</tr>
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<td>8-11 / Some High School</td>
<td>9</td>
<td>6.8%</td>
</tr>
<tr>
<td>12 / High School Graduate</td>
<td>16</td>
<td>12.0%</td>
</tr>
<tr>
<td>GED</td>
<td>22</td>
<td>16.5%</td>
</tr>
<tr>
<td>Some college</td>
<td>41</td>
<td>30.8%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>15</td>
<td>11.3%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>14</td>
<td>10.5%</td>
</tr>
<tr>
<td>Post Graduate degree</td>
<td>8</td>
<td>6.0%</td>
</tr>
<tr>
<td>Trade School / Apprent.</td>
<td>6</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Disability Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>71</td>
<td>53.4%</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
<td>41.4%</td>
</tr>
<tr>
<td>Unsure</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Disability type‡</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>61</td>
<td>45.9%</td>
</tr>
<tr>
<td>Neurological</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td>Psychiatric/Mental Health</td>
<td>35</td>
<td>26.3%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Deaf/Hard of Hearing</td>
<td>3</td>
<td>2.3%</td>
</tr>
<tr>
<td>Vision Impairment/Blind</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>6</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>SUD Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>54</td>
<td>40.6%</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>57.9%</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Percent of monthly income spent on Housing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No monthly house payment</td>
<td>39</td>
<td>29.3%</td>
</tr>
<tr>
<td>30% or less</td>
<td>20</td>
<td>15%</td>
</tr>
<tr>
<td>31-35%</td>
<td>13</td>
<td>9.8%</td>
</tr>
<tr>
<td>36-40%</td>
<td>18</td>
<td>13.5%</td>
</tr>
<tr>
<td>41-50%</td>
<td>11</td>
<td>8.3%</td>
</tr>
<tr>
<td>More than 50%</td>
<td>29</td>
<td>21.8%</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time</td>
<td>46</td>
<td>34.6%</td>
</tr>
<tr>
<td>Part-Time</td>
<td>9</td>
<td>6.8%</td>
</tr>
<tr>
<td>Contract / Freelance /</td>
<td>9</td>
<td>6.8%</td>
</tr>
<tr>
<td>Temporary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed (seeking)</td>
<td>29</td>
<td>21.8%</td>
</tr>
<tr>
<td>Unemployed (not looking)</td>
<td>8</td>
<td>6.0%</td>
</tr>
<tr>
<td>Retired</td>
<td>9</td>
<td>6.8%</td>
</tr>
<tr>
<td>Unable to work</td>
<td>21</td>
<td>15.8%</td>
</tr>
<tr>
<td><strong>Childhood Trauma (using CTQ subscale cutoff values)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>69</td>
<td>51.9%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>72</td>
<td>54.1%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>59</td>
<td>44.4%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>76</td>
<td>57.1%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>91</td>
<td>68.4%</td>
</tr>
</tbody>
</table>

Note: N= 133. Frequencies may not equal the column total due to missing observation; they may not add to exactly 100% due to rounding; GED=General Education Development; Apprent.=Apprenticeship; SUD=Substance Use Disorder; CTQ=Childhood Trauma Questionnaire.

†-Participants were able to select more than one category so values may not add to 100%.

‡-Participants that did not identify as having a disability were not asked about disability type.
3.2 Procedures

Human subjects research approval for this project was granted from the University of Illinois at Urbana-Champaign Institutional Review Board. Due to limitations of in-person participant recruitment during the COVID-19 pandemic, online data collection was the most feasible option. Participants were recruited using the crowdsourcing data collection tool Amazon Cloud Research Panels (formerly known as TurkPrime). After obtaining consent, participants were administered a one-time online survey via Qualtrics. Those who completed the survey received a $10.00 incentive payment. Participants were informed that their participation was voluntary, that they were free to withdraw at any time, and that they would receive a small honorarium for completing the survey.

Participants were invited to complete a study regarding personal experiences in life and work and then asked a series of screening questions to determine study eligibility. When utilizing a crowdsourced platform such as Cloud Research, there can be concern of confirmation bias where individuals may select “yes” to all questions in anticipation of hoping to qualify for the survey. To account for this potential bias of self-selection into the study, participants were asked to check the box for any of the of life scenarios that applied to them, one of which included having been previously incarcerated in a jail or prison setting. Participants who self-selected to having been previously incarcerated that also met the other study criteria were then prompted to the study consent page to continue with the survey. For further study validation, an additional validity check question was added towards the end of the survey asking participants to select a particular response. Case analysis was performed with the obtained participant responses and participants who did not select the matching response were then removed and not included in the final sample. A total of 5399 individuals attempted the survey, of which only 211 passed the
initial screening for inclusion criteria. The final sample of fully completed surveys that passed the validity checks was 133 participants. This comprised an incidence rate of 3.9% among the Cloud Research participant pool and a response rate of 63% among eligible participants.

A self-report method of data collection highlights the importance of learning about the quality of employment and community integration through an individual’s perceptions rather than quantity of employment measured by number of days at work or employment status (Rumrill & Bellini, 2018). Research information focused on perception is best obtained by learning how the participant makes meaning about the constructs of interest. Additionally, the organization of the IW²M seeks to understand the influences of context on individual functioning. Context as personal and environmental characteristics is best understood from the perspective of the individual and their own values and goals for participation in both work and society (Shogren et al., 2014).

3.3 Instruments

In addition to a demographic form, the following instruments were used to answer the research questions in this study:

**Community Integration Measure** (CIM; McColl et al., 2001). The CIM is a 10-item self-report scale asking participants to rate their self-perceived quality of community integration using a 5-point scale. The scale measures assimilation, support, occupation, and independence. According to the model of community integration, assimilation includes acceptance, conformity, and orientation. Support encompasses the support of acquaintances, close friends, and family. The third factor, occupation, is more than just work activities but also includes an individual's perception that they have productive and enjoyable activities. Fourth, independent living, or independence, is an individual's perception of their ability to be independent and overall
satisfaction with their living situation. The CIM internal consistency, or Cronbach’s alpha score with the original sample of individuals with traumatic brain injuries was 0.87 (McColl et al., 2001). In a replication study which compared individuals with and without brain injuries, no significant differences were found in factor structure and validity of the scale (Reistetter et al., 2005). The standardized Cronbach’s alpha for this sample was calculated to be 0.857.

The CIM has previously been utilized as a measure for individuals with disabilities to understand the subjective experience opposite of social exclusion and can be seen as a multifaceted construct that concisely measures the experience of belonging and participation (McColl et al., 2001). While originally conceptualized for individuals with disabilities and developed among a sample of individuals with traumatic brain injuries, the items of the community integration measure are not disability-specific and therefore is being applied to a sample of individuals, with and without disabilities, in reentry. Community integration uses a subjective lens to focus how an individual feels about their community participation (Reistetter et al., 2005). With items such as ‘I know my way around this community’ and ‘There are people I feel close to in this community’, the CIM provides a subjective measure of reintegration for individuals post-incarceration.

Core Self-Evaluation Scale (CSES; Judge et al., 2003). The CSES (2003) is a 12-item scale developed by Judge, Erez, Bono, and Thoresen to assess core self-evaluations (CSE). It is a stable personality trait encompassing self-esteem, generalized self-efficacy, emotional stability, and locus of control. The CSES comprises 12 items (e.g., “I am confident I get the success I deserve in life”) rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores range from 12 to 70, with higher scores indicative of greater levels of CSE. According to Judge et al. (2003), the CSES is a unidimensional measure consistent with
CSE theory, and correlated significantly with measures of job satisfaction, job performance, and life satisfaction. One-month test–retest reliability was computed to be .81 and internal consistency reliability estimates (Cronbach’s alphas) ranging from .81 to .87 (Judge et al., 2003). Standardized Cronbach’s alpha for this sample was 0.898 indicating good internal consistency reliability.

**My Vocational Situation** (MVS; Holland et al., 1980). The MVS is a brief, self-administered, hand-scored instrument that Holland et al. (1980) designed for use in career planning by a wide group of individuals. It is composed of 26 questions in total, 18 of which make up the vocational identity (VI) subscale which was used for the present study. The MVS defines vocational identity (VI) as possessing a clear and stable understanding of one’s career goals, interests, personality, and talents. VI is operationalized through questions such as "The jobs I can do may not pay enough to live the kind of life I want." Holland et al. (1980) reported internal consistency reliability coefficients ranging from .86 to .89 for the VI subscale. The standardized internal consistency (Cronbach’s alpha) was found to be 0.916.

**Illinois Brief Functioning Inventory (IBFI).** The IBFI (Strauser et al., 2021) is a 28-item brief measure to understand the functional limitations of individuals across five subscales relevant to functioning in vocational contexts: physical/pain, psychosomatic, cognitive, negative coping, and social isolation. In a large sample of individuals with disabilities, Cronbach’s alpha scores for the IBFI total score and subscales showed very good reliability with a mean of 0.83, and scores ranging from 0.70 to 0.91 (Strauser et al., 2021). Comparable internal consistency reliability was found among this sample, with standardized Cronbach’s alpha scores ranging from 0.589 to 0.92 for the following: Total score (0.92), Physical subscale (0.906),
Psychosomatic subscale (0.898), Cognitive subscale (0.851), Negative Coping subscale (0.589), and Social Isolation subscale (0.778).

Determining an individual’s overall level of functioning is an important step in understanding the complex relations of personal and environmental factors and how they may interact to encompass current levels of functioning. The IBFI was developed to measure dimensions of functioning that have been found to impact the career development process for all individuals and not exclusively individuals with disabilities (Strauser et al., 2021). Therefore, the IBFI is an appropriate measure of functioning among a sample of individuals likely to have underreported physical and emotional health problems impacting employment and reentry.

*Childhood Trauma Questionnaire* (CTQ; Berstein & Fink, 1998). The CTQ is a 28-item self-report screening instrument to detect a history of child maltreatment in adults, as well as assess the frequency and severity of maltreatment across five categories: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The CTQ includes a 3-item Minimization/Denial Scale for detecting false-negative trauma reports and is used to help identify individuals with a tendency to give socially desirable responses. Reliability coefficients were computed with Cronbach’s alpha and ranged from 0.66 to 0.92 (Bernstein & Fink, 1998). The 25-item total score of the 5 subscales was utilized for this analysis, with standardized Cronbach’s alpha scores ranging from 0.803 to 0.949 for the following: Total score (0.949), Emotional Abuse subscale (0.928), Physical Abuse subscale (0.887), Sexual Abuse subscale (0.961), Emotional Neglect subscale (0.887), and Physical Neglect subscale (0.803).

*Assessment of Recovery Capital* (ARC; Arndt et al., 2017; Groshkova et al., 2013). The ARC scale is a summary measure used in substance use recovery literature. It consists of 50 items in 10 domains including Substance Use and Sobriety; Global Psychological Health; Global
Physical Health; Citizenship and Community Involvement; Social Support; Meaningful Activities; Housing and Safety Risk; Risk-Taking; Coping and Life Functioning; and Recovery Experience. Recent literature supports these 10 domains converge to a single general factor and the domains demonstrate internal consistency Cronbach’s alpha values ranging from .71 to .80 (Arndt et al., 2017). In this study, the ARC scale was only administered to participants that self-identified as being in recovery and had a prior diagnosis of a substance use disorder as it would be most relevant for this subpopulation. A standardized Cronbach’s alpha score of 0.91 demonstrated good internal consistency reliability among this sample.

3.4 Statistical Analysis

All data were entered and analyzed using SPSS Statistics for Windows (Version 26) and SPSS Amos (Version 27). Any potentially identifying information was removed from the participant responses to maintain confidentiality. Descriptive statistics were obtained for all demographic variables and appropriate assumption checks were performed prior to analyses. Reliability for each of the instruments was calculated for this sample and compared against their original normative reliability estimates to ensure the scale is behaving how it was intended to be used. Cronbach's alpha was used as a check for internal consistency of the scales for this particular sample and then compared to prior published alpha levels as a benchmark to interpret the results. In addition to general descriptive statistics, there were a number of statistical assumptions to be met prior to performing multivariate analyses. These include multivariate normality, completely random missing data, sufficient sample size, and assumption of exogeneity. Multivariate normality ensures normal distribution of variables and that samples are drawn from a continuous, multivariate normal population.
After the descriptive statistics were completed and the appropriate assumptions were met or addressed, inferential statistics were completed to address the research questions. The temporal order and direction of variables is outlined in the hypothesized model (see Figure 3). The predictor (exogenous) variables in this study were individual functioning, vocational identity, and core self-evaluations (CSE). The dependent (endogenous) variables include vocational identity, core self-evaluations (CSE), and community integration. Notice that in an SEM path analysis with latent variables technique, some variables will serve as both exogenous and endogenous.

Utilizing the Amos package of SPSS, a partially latent structural regression model approach was conducted using maximum likelihood estimation measures. Model fit statistics including root mean square error of approximation (RMSEA), comparative fit index (CFI), and Tucker-Lewis index (TLI) were utilized to evaluate obtained model fit (Hu & Bentler, 1999). Rather than relying on the chi-square hypothesis test as it is sensitive to sample size, model fit was adjusted using the cutoff of <3 for $\chi^2/2$ as acceptable (Carmines & McIver, 1981). Potential modification indices were then conducted to see proposed fit changes to improve the model and decisions made to balance both parsimony and fit in model factor structure to conclude a final structural model. After obtaining an appropriate structural model, the directional relationships outlined in the model were simultaneously tested using a partially latent structural regression model. Parameter estimates provide appropriate information regarding the significance and magnitude of both direct and indirect relationships. Obtained model fit and item parameters provided information about how the variables of interest related to one another. One of the practical benefits of SEM techniques is that obtaining a measurement model of latent variables in
CFA can significantly reduce the number items, or parameters, included in the SEM structural model. This reduces the burden of sample size to maintain adequate statistical power and allows us to compare complex constructs that cannot otherwise be easily measured.

Structural regression sets up a test of potential mediation of core self-evaluations (CSE) between career awareness and community integration. Mediation models allow for decomposition of correlated variables found in the naturally occurring world to be examined in relation to the extent to which they help explain a specified outcome and examine the direct and indirect effects of the hypothesized relationships (Shrout & Bolger, 2002). In this study, the extent to which an individual’s core self-evaluations (CSE) mediate the relationship between vocational identity and integration into the community was evaluated.

**Statistical Analyses for Research Question 5 & 6:**

Due to sample size constraints for the SEM model, trauma (Childhood Trauma Questionnaire) and recovery capital (Assessment of Recovery Capital) were removed from the hypothesized model (Figure 2). In order to investigate the relationship of both past trauma and recovery capital (specifically for individuals in recovery) on the outcome of interest, two sets of multiple linear regression models were conducted. To control the potential confounding effects of demographic variables (i.e., age, gender, race/ethnicity, and level of education) in multiple regression analysis, hierarchical regression was performed. In the first step age, gender, and race/ethnicity, and level of education, and were entered into the model to be controlled and in the second step the predictors of interest to be evaluated and the control variables were included together and regressed on functioning. As articulated in research questions 5 and 6, overall functioning (IBFI) was measured as a composite dependent variable with childhood trauma (CTQ) and recovery capital (ARC) as the predictor variables of interest for each of the two
regressions. To appropriately assess the predictor recovery capital, the sample was reduced to include only individuals that identified as being in recovery from substance abuse.
Chapter 4: Results

Prior to inferential statistics, data were examined for important assumptions. To examine scale internal consistency, each of the composite single-factor scales and subsequent subscales for the research questions were evaluated using Cronbach’s alpha coefficient values. These were then compared with prior sample estimates and found to be similar or comparable to past studies, providing evidence of these scales performing as intended with their original factor structure (Table 2). Descriptive statistics including means, standard deviations, and number of items for each of the scales are also provided.

Table 2. Scale Descriptives

<table>
<thead>
<tr>
<th>Scale</th>
<th># Items</th>
<th>N</th>
<th>Mean(SD)</th>
<th>Reliability (α)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MVS</td>
<td>18</td>
<td>133</td>
<td>9.01 (5.67)</td>
<td>.916</td>
</tr>
<tr>
<td>2. CSES</td>
<td>12</td>
<td>133</td>
<td>36.54 (9.42)</td>
<td>.898</td>
</tr>
<tr>
<td>3. CIM</td>
<td>10</td>
<td>133</td>
<td>36.77 (7.45)</td>
<td>.857</td>
</tr>
<tr>
<td>4. IBFI-Tot.</td>
<td>25</td>
<td>133</td>
<td>159.13 (100.85)</td>
<td>.920</td>
</tr>
<tr>
<td>IBFI-Phys.</td>
<td>5</td>
<td>132</td>
<td>35.70 (32.80)</td>
<td>.906</td>
</tr>
<tr>
<td>IBFI-Psychos.</td>
<td>9</td>
<td>133</td>
<td>75.75 (52.39)</td>
<td>.898</td>
</tr>
<tr>
<td>IBFI-Cogn.</td>
<td>5</td>
<td>133</td>
<td>23.43 (23.36)</td>
<td>.851</td>
</tr>
<tr>
<td>IBFI-Neg.C.</td>
<td>3</td>
<td>133</td>
<td>10.17 (11.23)</td>
<td>.589</td>
</tr>
<tr>
<td>IBFI-Soc.Is.</td>
<td>3</td>
<td>133</td>
<td>14.60 (14.80)</td>
<td>.778</td>
</tr>
<tr>
<td>5. ARC</td>
<td>50</td>
<td>96</td>
<td>33.38 (10.22)</td>
<td>.921</td>
</tr>
<tr>
<td>6. CTQ-Tot.</td>
<td>25</td>
<td>133</td>
<td>56.32 (22.75)</td>
<td>.949</td>
</tr>
<tr>
<td>CTQ-Phys.</td>
<td>5</td>
<td>133</td>
<td>10.38 (5.40)</td>
<td>.887</td>
</tr>
<tr>
<td>CTQ-Emotional</td>
<td>5</td>
<td>133</td>
<td>12.80 (6.56)</td>
<td>.928</td>
</tr>
<tr>
<td>CTQ-Sexual</td>
<td>5</td>
<td>133</td>
<td>9.92 (6.64)</td>
<td>.961</td>
</tr>
<tr>
<td>CTQ-Phys. Neg.</td>
<td>5</td>
<td>133</td>
<td>9.92 (4.47)</td>
<td>.803</td>
</tr>
<tr>
<td>CTQ-Emotional Neg.</td>
<td>5</td>
<td>133</td>
<td>13.29 (5.41)</td>
<td>.887</td>
</tr>
</tbody>
</table>

Note. Reliability calculated using standardized Cronbach’s Alpha coefficient values. SD=standard deviation

4.1 Research Questions 1-4

To investigate how functioning, vocational identity, and core self-evaluations (CSE) predict community integration, a partially latent structural regression was conducted using structural equation modeling (SEM). The model structure was mirrored after the construct relationships outlined in the IW²M. Namely, the regression path of functioning to vocational identity, to community integration, with core self-evaluations (CSE) mediating the relationship
between vocational identity and community integration was conducted. SEM structural regression allows for simultaneous evaluation of both the direct and indirect relationships among these variables.

Next, data screening was performed to investigate normality, outliers, and missing values. Data were evaluated for multicollinearity by comparing the correlations between all of the scales and checking VIF and tolerance values. Tolerance values were all greater than .10 and VIF was less than 10 for all comparisons indicating no concerns of multicollinearity (Kline, 2015). Correlations among variables included in the structural regression are provided in Table 3.

**Table 3. Correlations Between Variables for Structural Regression**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IBFI-Physical</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2 IBFI-Psychosomatic</td>
<td>.330***</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3 IBFI-Cognitive</td>
<td>.327***</td>
<td>.486***</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4 IBFI-Negative Coping</td>
<td>.211*</td>
<td>.465***</td>
<td>.519***</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5 IBFI-Social Isolation</td>
<td>.277**</td>
<td>.494***</td>
<td>.653***</td>
<td>.473***</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6 MVS</td>
<td>-.118</td>
<td>-.458***</td>
<td>-.364***</td>
<td>-.332***</td>
<td>-.405***</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7 CSES</td>
<td>-.261**</td>
<td>-.667***</td>
<td>-.325***</td>
<td>-.318***</td>
<td>-.363***</td>
<td>.618***</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>8 CIM</td>
<td>-.024</td>
<td>-.357***</td>
<td>-.198*</td>
<td>-.309***</td>
<td>-.275***</td>
<td>.193*</td>
<td>-.495***</td>
<td>—</td>
</tr>
</tbody>
</table>

*Note. N=133; IBFI=Illinois Brief Functioning Inventory; MVS=My Vocational Situation; CSES=Core Self-Evaluations Scale; CIM=Community Integration Measure; *p ≤ .05. **p ≤ .01. ***p ≤ .001.*

Overall data were checked for outlier values and investigated using both visual and quantitative techniques. No outlier variables were found to be erroneous and therefore were retained in the dataset. The last assumption was to check and evaluate missing data. Since missing data for the whole dataset was less than 2% and found to be missing at random, regression imputation was used to handle missing data for the structural regression. In regression imputation, the model is first fitted using maximum likelihood estimation and then linear regression is used to predict the unobserved variables as a linear combination of observed values
for that same case (Arbuckle, 2014). Within the SPSS Amos statistical package, imputation also allowed for output of modification indices within the model which provide suggestions of improved model fit.

Structural equation modeling combines the use of a measurement model and a structural model, utilizing a two-step procedure. The first step involved testing the measurement model using a confirmatory factor analysis (CFA) approach of the a priori hypothesized model (Figure 2) to test the overall fit of the model with all of the variables, or factors, in relation to one another. Due to sample size constraints of maintaining a participant to freely estimated parameter ratio of 5:1 (Tanaka, 1987), there was a need to adjust the parameters first outlined in the original hypothesized model. To meet this objective, utilization of scale composite scores was determined as the best course of action to reduce parameters. Total scale scores were utilized for three of the constructs in the model: vocational identity, core self-evaluations (CSES), and community integration. The five indicators of functioning, physical, psychosomatic, cognitive, negative coping, and social isolation were retained to show the individual contribution of each of these indicators to the overall latent construct of functioning. Model estimation of the initial model (Figure 4) shown below was performed using maximum likelihood estimation.

*Figure 4. Initial Measurement Model*
To evaluate fit within the models, several indices were relied upon. The root mean square error of approximation (RMSEA) and subsequent 90% confidence interval and p value, seeking values less < .08 for indication of a good fit. Both comparative fit index (CFI) and Tucker-Lewis index (TLI), with obtained values ≥ 0.95 indicating a good fit model (Hu & Bentler, 1999). Rather than relying on the chi-square hypothesis test, model fit was measured using the cutoff of <3 for $\chi^2/2$ as acceptable (Carmines & McIver, 1981). Results from the initial model (Figure 2) suggested poor model fit given the goodness-of-fit indices related to this model were $\chi^2/df=4.04$, RMSEA=0.15, CFI=0.85, and TLI=0.77. Since structure does not indicate appropriate fit measures, modification indices will allow for adjustment of the structural model prior to path analysis. Modification indices (Hu & Bentler, 1999) inform how model fit would change if new parameters were added to the model. They are the amount that the $\chi^2$ value will drop if the new parameter is estimated as part of the model. To achieve a better fit, two paths were added because they were theoretically sensible and had a MI value greater than or equal to 10 into the model, which corresponded to a reduction of a value of 10 in $\chi^2$ statistic. The modification index suggested the correlation of error terms among the IBFI indicator Psychosomatic and CSE and a correlation among the error terms of the composite score of IBFI and CSE to be estimated to improve model fit. Accordingly, the final best-fitting causal model is depicted in Figure 3. Results revealed an exceptionally well-fitting model to our data as indicated by the following goodness-of-fit indices outlined in Table 4: $\chi^2/df=1.67$, RMSEA=0.07, CFI=0.97, and TLI=0.95. This supported the adequacy of the model for subsequent tests of structural paths and mediation. The first research question pertains to the overall fit of the model and serves as the conduit to investigate the next three research questions. As evidenced by the fit indices, the proposed model is a well-fitting model and provides support for the structural relations outlined in the study.
Table 4. Model Fit Statistics

<table>
<thead>
<tr>
<th>Model</th>
<th>df</th>
<th>$\chi^2$</th>
<th>$p$</th>
<th>RMSEA</th>
<th>CFI</th>
<th>TLI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Model</td>
<td>17</td>
<td>28.345</td>
<td>.041</td>
<td>.071</td>
<td>0.970</td>
<td>0.950</td>
</tr>
</tbody>
</table>

Note. $N = 133$. $RMSEA = \text{root mean square error of approximation}; CFI = \text{comparative fit index}; TLI = \text{Tucker-Lewis index}$

With the model fitting the data adequately, both the direct effects of IBFI and MVS and the mediating effect (the path via CSES) on CIM were estimated and tested (Figure 5). Inference on indirect effect was tested using a bootstrap estimation approach with 200 samples. Bias corrected bootstrap standard errors and confidence intervals of the direct and effect effects were calculated.

![Diagram](image)

Figure 5. Final Model

Note. Values denote standardized estimates of the indicators and direct effects of the paths; IBFI=Illinois Brief Functioning Inventory; Phys=Physical; PsycSom=Psychosomatic; Cog=Cognitive; NegCop=Negative Coping; SocIso=Social Isolation; MVS=My Vocational Situation; CSES=Core Self-Evaluations Scale; CIM=Community Integration Measure; $^*p \leq .05; ^{**}p \leq .01; ^{***}p \leq .001$. 

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**Functioning (IBFI)**

The latent construct Functioning has a higher order factor of Functioning predicted by five lower order indicator variables: Physical, Psychosomatic, Cognitive, Negative Coping, and social isolation. All items were positively loaded, and the factor loadings were significant (see Table 5). The direct effect of Functioning on MVS was examined. Results indicated that the standardized path coefficient between Functioning and MVS was significant. Functioning predicted MVS negatively: $\beta = -0.518$, SE=0.071, 95% CI = (-0.63, -0.35). The indirect effects of Functioning on CIM (via MVS) and Functioning on CSES (via MVS) were also evaluated using a bootstrap estimation approach with 200 samples. Results indicated that there was not a significant indirect effect of Functioning on CIM, but there is a significant negative indirect effect of Functioning on CSES $\beta = -0.225$, SE=0.059, 95% CI = (-0.335, -0.110).

**Mediating Effect**

The direct effect of MVS on CIM and the mediating effect of CSES on the association between MVS and CIM were examined. Results indicated that the standardized path coefficients for the path from MVS to CSES, and from CSES to CIM were all significant (see Table 5). MVS predicted CSES positively: $\beta = 0.434$, SE=0.084, 95% CI = (0.233, 0.584) and CSES positively predicted CIM: $\beta = 0.594$, SE=0.096, 95% CI = (0.373, 0.770). In addition, the direct pathway from MVS to CIM once the CSES was accounted for was nonsignificant. By using bootstrap estimation approach with 200 samples, a significant indirect pathway (from MVS to CIM through CSES) was found $\beta = 0.258$, SE=0.061, 95% CI = (0.155, 0.393). As Preacher and Hayes (2004) argued, it is possible to find an indirect effect is significant even when there is not a significant total effect.
Table 5. Standardized Bootstrap Results of the Mediation Model for CIM

<table>
<thead>
<tr>
<th>Factor Loadings</th>
<th>Point Estimate</th>
<th>Standard Error</th>
<th>Confidence Interval (95%)</th>
<th>p-value</th>
<th>Variance Explained</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBFI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>0.380</td>
<td>0.073</td>
<td>[0.236, 0.535]</td>
<td>0.007</td>
<td>14.4%</td>
</tr>
<tr>
<td>Psychosomatic</td>
<td>0.669</td>
<td>0.082</td>
<td>[0.495, 0.805]</td>
<td>0.006</td>
<td>44.7%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>0.795</td>
<td>0.050</td>
<td>[0.650, 0.882]</td>
<td>0.021</td>
<td>63.2%</td>
</tr>
<tr>
<td>Negative Coping</td>
<td>0.641</td>
<td>0.090</td>
<td>[0.373, 0.763]</td>
<td>0.028</td>
<td>41.0%</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>0.780</td>
<td>0.068</td>
<td>[0.622, 0.899]</td>
<td>0.013</td>
<td>60.9%</td>
</tr>
<tr>
<td>Correlations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d3←→d1</td>
<td>-0.323</td>
<td>0.104</td>
<td>[-0.550, -0.122]</td>
<td>0.010</td>
<td></td>
</tr>
<tr>
<td>e5←→d3</td>
<td>-0.496</td>
<td>0.085</td>
<td>[-0.641, -0.294]</td>
<td>0.009</td>
<td></td>
</tr>
<tr>
<td>Total Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Integration</td>
<td></td>
<td></td>
<td></td>
<td>26.2%</td>
<td></td>
</tr>
<tr>
<td>Core Self-Evaluations</td>
<td>0.594</td>
<td>0.096</td>
<td>[0.373, 0.770]</td>
<td>0.011</td>
<td></td>
</tr>
<tr>
<td>Vocational Identity</td>
<td>0.074</td>
<td>0.098</td>
<td>[-0.127, 0.264]</td>
<td>0.465</td>
<td></td>
</tr>
<tr>
<td>Functioning</td>
<td>-0.038</td>
<td>0.051</td>
<td>[-0.144, 0.062]</td>
<td>0.529</td>
<td></td>
</tr>
<tr>
<td>Core Self-Evaluations</td>
<td></td>
<td></td>
<td></td>
<td>30.9%</td>
<td></td>
</tr>
<tr>
<td>Functioning</td>
<td>-0.225</td>
<td>0.059</td>
<td>[-0.335, -0.110]</td>
<td>0.010</td>
<td></td>
</tr>
<tr>
<td>Vocational Identity</td>
<td>0.434</td>
<td>0.084</td>
<td>[0.233, 0.584]</td>
<td>0.007</td>
<td></td>
</tr>
<tr>
<td>Vocational Identity</td>
<td></td>
<td></td>
<td></td>
<td>26.8%</td>
<td></td>
</tr>
<tr>
<td>Functioning</td>
<td>-0.518</td>
<td>0.071</td>
<td>[-0.630, -0.35]</td>
<td>0.009</td>
<td></td>
</tr>
<tr>
<td>Direct Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Integration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Self-Evaluations</td>
<td>0.594</td>
<td>0.096</td>
<td>[0.373, 0.770]</td>
<td>0.012</td>
<td></td>
</tr>
<tr>
<td>Vocational Identity</td>
<td>-0.184</td>
<td>0.104</td>
<td>[-0.403, 0.009]</td>
<td>0.062</td>
<td></td>
</tr>
<tr>
<td>Core Self-Evaluations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Identity</td>
<td>0.434</td>
<td>0.084</td>
<td>[0.233, 0.584]</td>
<td>0.014</td>
<td></td>
</tr>
<tr>
<td>Vocational Identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functioning</td>
<td>-0.518</td>
<td>0.071</td>
<td>[-0.630, -0.35]</td>
<td>0.010</td>
<td></td>
</tr>
<tr>
<td>Specific Indirect Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MVS to CIM via CSES</td>
<td>0.258</td>
<td>0.061</td>
<td>[0.155, 0.393]</td>
<td>0.008</td>
<td></td>
</tr>
<tr>
<td>IBFI to CSES via MVS</td>
<td>-0.225</td>
<td>0.059</td>
<td>[-0.335, -0.110]</td>
<td>0.010</td>
<td></td>
</tr>
<tr>
<td>IBFI to CIM via MVS</td>
<td>-0.038</td>
<td>0.051</td>
<td>[-0.144, 0.062]</td>
<td>0.450</td>
<td></td>
</tr>
</tbody>
</table>

Note. IBFI=Illinois Brief Functioning Inventory; d3=disturbance term of CSES; d1=disturbance term of IBFI; e5=error term of IBFI-Psychosomatic; CSES=Core Self-Evaluations Scale; MVS=My Vocational Situation; CIM=Community Integration Measure. Significant estimates bolded.
4.2 Research Question 5

To investigate how childhood trauma predicts functioning, when controlling for demographic factors, a hierarchical regression analysis was conducted in which all five subscales of the Childhood Trauma Questionnaire (CTQ), Physical abuse, Emotional abuse, Sexual abuse, Physical neglect, and Emotional neglect, were all regressed on the Illinois Brief Functioning Inventory (IBFI). Pearson correlation and multiple regression analyses were conducted to examine the relationship between functioning and potential predictors (Table 6). Prior to analysis, there was a small amount of missing data found on several variables. The mean percentage of missing data across the variables in the data set was less than 1% (range 0%-.9%), therefore missing data were excluded from data analysis using listwise deletion.

Table 6. Correlations Between Variables for Regression of Trauma on Functioning

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gender</td>
<td>.035</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Race/Ethnicity</td>
<td>-.267**</td>
<td>-.125</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Highest Education</td>
<td>.147</td>
<td>-.086</td>
<td>-.073</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CTQ-EmoAbuse</td>
<td>-.080</td>
<td>.210*</td>
<td>.113</td>
<td>.150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. CTQ-PhysAbuse</td>
<td>-.009</td>
<td>.007</td>
<td>.230**</td>
<td>.121</td>
<td>.768***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. CTQ-SexAbuse</td>
<td>-.034</td>
<td>.277***</td>
<td>.144</td>
<td>-.037</td>
<td>.503***</td>
<td>.362***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. CTQ-EmoNeglect</td>
<td>-.121</td>
<td>.077</td>
<td>.017</td>
<td>.193*</td>
<td>.739***</td>
<td>.582***</td>
<td>.311***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. CTQ-PhysNeglect</td>
<td>-.280***</td>
<td>-.098</td>
<td>.273***</td>
<td>.102</td>
<td>.645***</td>
<td>.644***</td>
<td>.334***</td>
<td>.625***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. IBFI Total Score</td>
<td>-.229**</td>
<td>-.202*</td>
<td>.000</td>
<td>.009</td>
<td>.428***</td>
<td>.270**</td>
<td>.181*</td>
<td>.280***</td>
<td>.255**</td>
<td></td>
</tr>
</tbody>
</table>

Note. CTQ=Childhood Trauma Questionnaire; EmoAbuse=Emotional Abuse; PhysAbuse=Physical Abuse; SexAbuse=Sexual Abuse; EmoNeglect=Emotional Neglect; PhysNeglect=Physical Neglect; IBFI=Illinois Brief Functioning Inventory; *p ≤ .05. **p ≤ .01. ***p ≤ .001.

Demographic factors including age, gender, race/ethnicity, and education were entered in step 1. The 5 subscales were then entered in step 2 of the regression model. The use of hierarchical regression analysis allowed for determination of the amount of variance that was accounted for by demographic factors as covariates prior to the addition of childhood trauma in the later step. Table 7 shows a summary of the regression model of childhood trauma predicting
overall functioning in a sample of individuals that have been previously incarcerated. The adjusted $R^2$ value indicates that the predictors accounted for 19.2% of the variance, indicating the regression was significantly different from zero, $F(11, 118) = 3.792, p < .001$. That is, the linear combination of predictors was significantly related to formerly incarcerated individuals’ functioning. In addition, age was an individual significant negative predictor and emotional abuse was a positive significant individual predictor of functioning indicating that younger individuals and individuals with higher emotional abuse experienced more functional difficulties. However, the other four factors of childhood trauma (physical and sexual abuse, physical and emotional neglect) did not uniquely contribute to the prediction of formerly incarcerated individuals’ functioning. A significant $F$ value for the change in $R^2$ demonstrates that childhood trauma significantly predicts and accounts for 12.9% of the variance in overall functioning.
### Table 7. Results from Multiple Regression Analyses Predicting the Impact of Trauma on Functioning.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B [95% CI]</td>
<td>β t</td>
</tr>
<tr>
<td>Age</td>
<td>-2.556 [-4.129, -0.983]</td>
<td>-0.288 -3.216</td>
</tr>
<tr>
<td>Gender</td>
<td>38.811 [3.032, 74.590]</td>
<td>0.188 2.147</td>
</tr>
<tr>
<td>RaceCAT2</td>
<td>-35.171 [-81.624, 11.283]</td>
<td>-0.135 -1.499</td>
</tr>
<tr>
<td>RaceCAT3</td>
<td>21.411 [-46.183, 89.065]</td>
<td>0.054 0.628</td>
</tr>
<tr>
<td>EducCAT2</td>
<td>13.222 [-25.180, 51.624]</td>
<td>0.065 0.682</td>
</tr>
<tr>
<td>EducCAT3</td>
<td>13.294 [-37.144, 63.733]</td>
<td>0.049 0.522</td>
</tr>
<tr>
<td>CTQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EmoAbuse</td>
<td></td>
<td>8.329 [3.109, 13.550]</td>
</tr>
<tr>
<td>PhysAbuse</td>
<td>-0.799 [-5.883, 4.284]</td>
<td>0.043 0.311</td>
</tr>
<tr>
<td>SexAbuse</td>
<td>-1.238 [-4.123, 1.646]</td>
<td>0.082 0.850</td>
</tr>
<tr>
<td>EmoNeglect</td>
<td>-2.331 [-7.062, 2.400]</td>
<td>0.125 0.976</td>
</tr>
<tr>
<td>PhysNeglect</td>
<td>-0.093 [-5.797, 5.611]</td>
<td>0.004 0.032</td>
</tr>
<tr>
<td>(R^2)</td>
<td>0.132</td>
<td></td>
</tr>
<tr>
<td>(R^2_{\text{adj}})</td>
<td>0.089</td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td>3.113</td>
<td></td>
</tr>
<tr>
<td>(df)</td>
<td>(6, 123)</td>
<td></td>
</tr>
<tr>
<td>(p)</td>
<td>0.007**</td>
<td></td>
</tr>
<tr>
<td>(\Delta R^2)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>(F) for (\Delta R^2)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>(df) for (\Delta R^2)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>(p) for (\Delta R^2)</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

*Note. N = 133. Beta is the standardized regression coefficient; Model 1 regressed Functioning on all control variables; RaceCAT2=Non-white (compared to white); RaceCAT3=Mixed white (compared to white); EducCAT2=Some college/Associate’s degree/Trade (compared to High School & Below); EducCAT3=Bachelor’s Degree & Beyond (compared to High School & Below); CTQ=Childhood Trauma Questionnaire, EmoAbuse=Emotional Abuse, PhysAbuse=Physical Abuse, SexAbuse=Sexual Abuse, EmoNeglect=Emotional Neglect, PhysNeglect=Physical Neglect; \(*p \leq .05. \ **p \leq .01. \ ***p \leq .\)
4.3 Research Question 6

To investigate how recovery capital predicts functioning, when controlling for demographic factors, a hierarchical regression analysis was conducted in which the composite score of the Assessment of Recovery Capital (ARC) was regressed on the Illinois Brief Functioning Inventory (IBFI). Unlike other scales utilized in the current study, recovery capital is a measure used to understand the impact of the resources an individual has to aid in their recovery from substance use. Recovery capital, therefore, is an applicable measure of resources for individuals that identify as being a part of the recovery community and have previously been diagnosed with a substance use disorder. The decision was made to reduce the sample for research question 6 to only include individuals that identified within this subpopulation. The total sample of 133 was therefore reduced to 90 participants. Pearson correlation and multiple regression analyses were conducted to examine the relationship between functioning and various potential predictors (Table 7). Prior to analysis, there was a small amount of missing data found on several variables. The mean percentage of missing data across the variables in the data set was less than 1% (range 0%-9%), therefore missing data were excluded from data analysis using listwise deletion.

Table 8. Correlations Between Variables for Regression of Recovery Capital

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>_</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gender</td>
<td>.109</td>
<td>_</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Race/Ethnicity</td>
<td>-.158</td>
<td>-.178</td>
<td>_</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Highest Education</td>
<td>.105</td>
<td>-.079</td>
<td>-.064</td>
<td>_</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. ARC Total</td>
<td>.016</td>
<td>-.167</td>
<td>.045</td>
<td>-.045</td>
<td>_</td>
<td></td>
</tr>
<tr>
<td>6. IBFI Total</td>
<td>-.209*</td>
<td>.258*</td>
<td>.035</td>
<td>-.003</td>
<td>-.503***</td>
<td>_</td>
</tr>
</tbody>
</table>

Note. ARC=Assessment of Recovery Capital; IBFI=Illinois Brief Functioning Inventory; *p ≤ .05. **p ≤ .01. ***p ≤ .001.
Similar to the previous regression analysis, demographic factors including age, gender, race/ethnicity, and education were entered in step 1. The composite score of ARC was then entered in step 2 of the regression model. The use of hierarchical regression analysis allowed for determination of the amount of variance that was accounted for by demographic factors as covariates prior to the addition of recovery capital in the later step. Table 9 shows a summary of the regression model of recovery capital predicting overall functioning among a sample of formerly incarcerated individuals in recovery. The adjusted $R^2$ value indicates that the predictors accounted for 31.6% of the variance, indicating the regression was significantly different from zero, $F(1, 82) = 6.869, p < .001$. That is, the linear combination of predictors was significantly related to formerly incarcerated individuals’ functioning. In addition to recovery capital being a significant individual predictor, age was an individual significant negative predictor, gender (being female) was a positive significant individual predictor, and ARC of functioning indicating that younger individuals and women experienced more functional difficulties. ARC was significantly inversely related to functioning, indicating that higher levels of recovery capital mitigated functional difficulties. A significant $F$ value for the change in $R^2$ demonstrates that childhood trauma significantly predicts and accounts for 19.7% of the variance in overall functioning.
### Table 9. Results from Multiple Regression Analyses Predicting the Impact of Recovery Capital on Functioning.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$</td>
<td>$t$</td>
</tr>
<tr>
<td>Age</td>
<td>-0.238*</td>
<td>-2.260</td>
</tr>
<tr>
<td>Gender</td>
<td>0.276**</td>
<td>2.641</td>
</tr>
<tr>
<td>RaceCAT2</td>
<td>-0.145</td>
<td>-1.385</td>
</tr>
<tr>
<td>RaceCAT3</td>
<td>0.142</td>
<td>1.392</td>
</tr>
<tr>
<td>EducCAT2</td>
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<td>-0.059</td>
</tr>
<tr>
<td>EducCAT3</td>
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<td>0.265</td>
</tr>
<tr>
<td>ARC</td>
<td></td>
<td>-0.455***</td>
</tr>
<tr>
<td>$R^2$</td>
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</tr>
<tr>
<td>$R^2_{adj}$</td>
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</tr>
<tr>
<td>$F$</td>
<td>2.886*</td>
<td></td>
</tr>
<tr>
<td>$df$</td>
<td>6, 83</td>
<td></td>
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<tr>
<td>$p$</td>
<td>0.013</td>
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<td>$\Delta R^2$</td>
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</tr>
<tr>
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<td>-</td>
<td></td>
</tr>
<tr>
<td>$df$ for $\Delta R^2$</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>$p$ for $\Delta R^2$</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** $N = 90$. Beta is the standardized regression coefficient; Model 1 regressed Functioning on all control variables; RaceCAT2=Non-white (compared to white); RaceCAT3=Mixed white (compared to white); EducCAT2=Some college/Associate’s degree/Trade (compared to High School & Below); EducCAT3=Bachelor’s Degree & Beyond (compared to High School & Below), ARC=Assessment of Recovery Capital; *$p \leq .05$. **$p \leq .01$. ***$p \leq .001$.  


Chapter 5: Discussion

5.1 Functioning

The purpose of the current study was to examine the relationships between individual functioning, career development, and community integration for a sample of adults that have been previously incarcerated. Results provide support for a well-fitting structural model depicting that functioning, vocational identity, core self-evaluations (CSE), and community integration all significantly relate to one another. The hypothesized structural model was the framework of the Illinois Work and Wellbeing Model (IW^2M; Strauser et al., 2018), a model previously utilized in research for individuals with disabilities, that has been expanded to also be applied to a sample of individuals in reentry. Overall health functioning, measured by the Illinois Brief Functioning Inventory (IBFI, Strauser et al., 2021), provides a brief self-report measure for assessing an individual’s bio-psycho-social functioning as it impacts work and employment.

Model results provide support for the IBFI instrument factor structure. Examining each of the loadings, all five subscale factors significantly converge to a single latent factor of functioning. Over 60% of each of the factor variances of Cognitive and Social Isolation were accounted for in the latent factor, while functioning accounted for about 40% of the variance in both Psychosomatic and Negative Coping, and just over 14% of Physical. While the variance accounted for in the Physical indicator is low, this finding is consistent with previous research reporting that the IBFI items encompassing Physical functioning may not correlate as strongly and thus decreasing the variance accounted for within overall functioning (Strauser et al., 2021). The sample population indicated high incidence of disability and functional concerns, which is consistent with the literature suggesting that individuals in reentry comprise a population experiencing health difficulties that impact societal integration (Link et al., 2019). Self-
perceptions of functioning provide valuable insight into how an individual views their capability in a workplace setting and guides counseling and other interventions designed to improve functioning, career development, and participation.

Results indicate that functioning negatively impacts career awareness and more specifically, vocational identity. Higher frequency and duration of functional problems significantly decreased individual vocational identity. The model also illustrates that functioning has an indirect negative effect on core self-evaluations (CSE) through vocational identity. While the indirect effect of functioning on community integration was not statistically significant, employment is a portion of community integration. Results provide support that functioning impacts areas of career development areas that influence employment. This suggests that for individuals returning from incarceration, functioning should be considered as an important contributing component to overall wellness and participation in work. Findings in this study support previous research which found that health has a significant negative impact on work through career development (e.g., Link et al., 2019). Further research is needed to understand the specific impact of incarceration, which may influence health differently based on length of sentence and in comparison to individuals that have not experienced incarceration.

5.2 Career Development and Community Integration

Results from the structural regression mediation provide important insights into the relationships between vocational identity, core self-evaluations (CSE), and community integration. First, the direct relationships show evidence suggesting that higher vocational identity directly relates to higher levels of CSE which in turn directly effects increased community integration. Combined, CSE and vocational identity account for 26.2% of the variance in community integration. Second, the mediation analysis tests the indirect relationship
of vocational identity on community integration. While vocational identity does not have a direct impact on community integration, there is a significant indirect effect of vocational identity on community integration, through CSE. This indirect effect suggests that CSE can serve as a critical link to improve both vocational identity and community integration of individuals impacted by incarceration. With over 25% of the variance in community integration being accounted for by career development-related variables, career development and quality employment outcomes are highlighted as important linkages to community participation and integration.

5.3 Trauma

Overall model significance suggested that childhood maltreatment increased functional problems in the current sample of previously incarcerated individuals. The five types of childhood trauma accounted for 10.3% of the variance, after controlling for age, gender, race/ethnicity, and education. Among the control variables, age had a negative relationship with functioning, suggesting that older individuals experienced fewer functional problems. This finding is interesting and warrants further investigation. One explanation for the result may be that younger individuals have had less time elapse between their traumatic childhood experiences which may contribute to poorer overall functioning. Among the five maltreatment types, emotional abuse was a significant individual predictor suggesting that it significantly increases functional problems in adulthood. Results from the regression analysis provide further evidence to implement trauma-informed services in reentry and reintegration. In addition, due to their significance for work and community integration, findings from the current study emphasize the importance of understanding personal and environmental factors, such as trauma, that contribute to an individual’s overall health.
5.4 Recovery Capital

The overall model significance based on the sample data suggests that after controlling for age, gender, race/ethnicity, and level of education, recovery capital significantly improves overall functioning for a sample of previously incarcerated individuals that identified as being in recovery. Among the control variables, age was inversely related to functioning thus suggesting that as individuals get older, they experience fewer functioning problems or symptoms. This finding warrants further investigation. In addition, female participants in recovery experienced more functional difficulties. Combined, predictors within the model accounted for 31% of the variance in functioning and recovery capital accounted for 19% of the variance in overall health functioning after controlling for age, gender, race/ethnicity, and level of education. The resources included in recovery capital encompass important personal and environmental factors that improve an individual’s overall functioning. For individuals in recovery returning from incarceration, the Assessment of Recovery Capital provides a measure of the resources and protective factors needed for successful reentry and reintegration.

5.5 Significance and Implications

Harding and colleagues sum up the importance of this research by stating that, “successful reintegration depends not only, or even primarily, on the traits and proclivities of individuals when they entered prison but also on the family, community, and institutional contexts they encounter after prison and on the social roles and identities they construct for themselves after release” (Harding et al., 2019, p. 3). The significance of the current study is the contribution of strengths-based reentry research to expand on what is known about the needs of the underserved formerly incarcerated population. By utilizing a measure of overall functioning
rather than a diagnosed disability, results in the present study provide additional insight into the relationship between functioning and employment following release from incarceration. Findings provide support for the use of the Illinois Work and Wellbeing Model (IW²M; Strauser et al., 2018) framework to conceptualize research regarding career development in a population of formerly incarcerated individuals. Such data are intuitive given the overlap of individuals with disabilities and individuals that have experienced incarceration. Self-reported disability rates in the current sample substantiates further evidence that the occurrence of disability among individuals impacted by incarceration is higher than the general population (Gonzalez et al., 2016). In addition, current study data provide support for the collaboration between reentry organizations and vocational rehabilitation service providers to assist individuals in reaching their functioning and participation potentials. By highlighting the unique contribution of CSE for enhancing the relationship between vocational identity and community integration, results in the current study delineate an area of focus for interventions leading up to and post-release from prison.

Core self-evaluations (CSE) are comprised of self-esteem, generalized self-efficacy, non-neuroticism, and locus of control. CSE should not be thought of as a singular act but rather an accumulation of activities and experiences that build meaning, confidence, and identity within the world of work. The significant impact of CSE as a process factor for improving vocational identity and community integration suggests a need to embed CSE across all aspects of the rehabilitation process. In this manner, it may be beneficial for reentry career development interventions to follow the Good Lives Model which focuses on personal engagement and meaning of work (Ward & Fortune, 2013). Recent research supports the notion that CSE is not a stable trait and has the ability to change over time, making it a viable focus of intervention for
enhancing reentry processes (Tocci et al., 2020). Interventions aimed at assisting individuals with finding a well-fitting job will in turn increase self-efficacy and self-determination, thus improving overall CSE. If CSE is a malleable trait and functioning significantly impacts CSE, it is also important to also address areas of perceived functioning as well. Results in the current study suggest that screening for both trauma and recovery capital (for individuals in recovery) may be two focused areas to promote increased functioning.

The disability incidence rate in the current sample is useful for understanding future needs in the formerly incarcerated population and how best to reach individuals with disabilities and chronic health conditions within the reentry community. Over 50% of the sample identified as having at least one disability, which is higher than the estimated national average of 38% among currently incarcerated individuals (Maruschak et al., 2021). The higher rate of disability in the present sample may be due to the negative health implications of the reentry process and the difficulty in providing adequate attention to health and well-being with the numerous immediate demands post-release. Among the 78 study participants that identified as having a disability, 61 (78%) selected physical as at least one of the disability categories. Such a finding is informative and may be due to a self-report error of understanding the difference between a physical disability and physical limitations as a symptom of another category of disability. Direct comparison of the current sample with the national average for incarcerated individuals is difficult due to the category groupings that were utilized in this study. The 2016 Survey of Prison Inmates models the questions regarding disability after the American Community Survey completed by the Census Bureau which include areas of hearing, vision, cognitive, ambulatory, self-care, and independent living (Maruschak et al., 2021).
Another notable aspect of the current study is that I intentionally did not obtain specific information about the nature of the crime/s and conviction/s of participants and did not include a measure of recidivism as an outcome. Convictions and charges on record may not always paint a realistic or accurate picture of the nature of a crime or unique circumstances of an individual’s situation. An assumption in the current study was that recidivism should not be a focused outcome of reentry, but rather a beneficial by-product of outcomes focused on aspects of community integration. In addition, previous research suggests that many of the barriers experienced by individuals that have been incarcerated occur regardless of an individual’s guilt or innocence (e.g., Clow et al., 2012). Such data provide further justification to focus instead on individual circumstances to improve upon reentry and reintegration. Future research, intervention, and policy should focus on destigmatizing incarceration to work towards removing the many collateral consequences experienced by individuals in reentry. The current study provides support for a more dynamic measure of reentry and reintegration in the context of community integration. The Community Integration Measure utilized in the current study is just one potential outcome measure. Further research in this area should look expand upon outcome measures that account for the various ways in which individuals may participate in society post-incarceration.

5.6 Limitations

As with any planned study, the current study was not free from limitations. Each of the following limitations have been identified and are expanded upon in more detail below: cross-sectional data collection, lack of inclusion of additional demographic variables, lack of inclusion of employment status as an outcome variable, self-report data collection, and generalizability of study results. One limitation of my dissertation study was the use of cross-sectional vs.
longitudinal data collection. Cross-sectional data collection also meant that individual participants had been out of prison for differing lengths of time and varied on the amount of time they had spent in jail or prison. For example, the majority of the participants in this study had spent most of their cumulative incarceration time in jail settings (indicating one or more sentences of typically less than 2 years). While incarceration experiences vary widely by jurisdiction, facility, and length of stay, reentry barriers and challenges are more universal. Unfortunately, many of the barriers associated with the record of a criminal conviction are experienced by all individuals regardless of specific sentencing circumstances. Such information suggests that additional research is needed in this area to understand if, how, and where differences may emerge based on length of stay or type of correctional institution. Results from the current study serve as a starting point to engage in further exploration regarding the differences that may be illuminated when compared by sentencing lengths and time since release.

Second, additional demographic factors such as housing stability and income collected during the current study for descriptive purposes provide initial evidence for future research consideration. The present study does not measure or control for housing and transportation, two additional established barriers to reentry found to be related to both difficulty maintaining employment and preventing relapse (Harding et al., 2019). Regarding income, a majority of the sample reported earning less than $50,000 a year and more than 35% of the sample earning less than $25,000. In reporting housing situations, many of the participants stated they were currently renting (47.4%), but over 50% of individuals stated they were needing to spend over one third of their monthly income in order to make house/rent payments.

The present study was focused on areas of career development that have been shown to improve work and employment outcomes. Employment status was not an individual outcome but
rather subsumed under the categories of community integration. However, individuals were queried regarding their employment status at the time of the study. Approximately 35% were employed full-time with the next highest category of employment being temporary work (21.8%). Descriptive analysis of the employment status provides support for the increasing popularity of a “gig” economy. While such positions may provide greater employment flexibility, they are much more limited in providing benefits as well as stability over time. In addition, while approximately 28% of the sample identified as currently unemployed, the majority of these participants reported that they were still seeking employment. In relation to successful community integration, it is critical to reach individuals that are currently unemployed while they are still motivated to seek out employment opportunities before they become disenfranchised and disengage from work altogether.

Another potential limitation is the collection of self-report data. If precision is required in response accuracy, participant recall cannot always provide exact information and may be an approximation or even a guess (Rosenthal & Rosnow, 2008). Collecting only self-report data means there is a lack of additional input that could come from employers, care providers, family, or even observable characteristics (Rumrill & Bellini, 2018). However, self-report data highlights the importance of employment and integration through an individual’s perceptions rather than quantity of employment measured by number of days at work or employment status (Rumrill & Bellini, 2018). The current study is focused on perception, information that is best obtained by learning how the participant makes meaning about the constructs of interest. The organization of the IW2M seeks to describe the influences of context on individual functioning (Strauser et al., 2021). Contexts such as personal and environmental characteristics are best
understood from the perspective of the individual and their own values and goals for participation in work and society (Shogren et al., 2014).

Caution must be used relative to generalizability knowing that there is always heterogeneity among communities and the results may not be true for every individual. Such a caution is particularly important when attempting to generalize with vulnerable populations such as individuals with criminal backgrounds or individuals with disabilities. It is important to remember that individuals who identified as members of these communities are the experts on their own experience and their voices and knowledge are crucial to the research conversations about how to impart lasting and positive change within the criminal justice system. Another caution of generalizability highlighted in the current study is understanding accessibility based on sampling methods. Utilization of only online data collection limits individuals that have been convicted of crimes for which their sentence has imposed limitations or bans on internet usage (e.g., sexual offenders). Online surveys may also be inaccessible for individuals without a smartphone or reliable internet connectivity to complete the survey. Future research considerations should include an expansion of multiple methods of data collection to reduce these concerns. Future research should also consider additional methods of subjective experience, including qualitative and mixed methods research that can better incorporate individual participant voice and experience.

5.7 Future Directions

One recommendation stemming from the present research is proposing that measurement and evaluation of reentry on a national level needs to expand beyond recidivism and consider strengths-based approaches to improving reintegration following release from incarceration. Local community organizations engaged in reentry are intimately aware of this need, as many
organizations employ individuals that have experienced incarceration themselves. Future research and practice can work to include more aspects of career development in reentry by providing training and tools to these reentry organizations that help to translate research findings to practice. For example, an activity or training on how to increase CSE among individuals being released back into society would equip reentry counselors and professionals with resources to reduce reentry barriers.

In addition to the future directions emerging from limitations of this study, several areas of future research would expand the findings in the current study. The bidirectional relationships among functioning, career development, and participation could be explored further. A future structural equation modeling study could investigate the extent to which areas of critical career development such as vocational identity and CSE might improve overall functioning. In addition, it would be worthwhile to understand how participation in work and levels of community integration may impact functioning and wellbeing.

Functioning shows promise as a potential area of focus to identify individuals who may be in need of career development services, especially in communities where disabilities may be under-diagnosed. Future research may focus on the predictive validity of a measure like the Illinois Brief Functioning Inventory to understand individuals that may be eligible to receive State-Federal VR services. In addition, the dynamic nature of functioning across time supports the need to define functioning across various contexts including work, home life, and societal participation. Replication studies with individuals with disabilities and comparative samples of individuals without disabilities may help illuminate differences in functioning that exist for particular groups.
It would also be beneficial to expand reentry research regarding core self-evaluations (CSE) and career development to include measures of stigmatization. Self-stigma can negatively impact self-efficacy and outcome expectancy in work. As such, it is important to understand the relationships among these variables and how they may impact employment. Employer factors such as stigma and collateral consequences imposed on individuals with criminal backgrounds is an important area of demand-side research that may impact barriers impeding entry into the world of work.

Participant demographics among this sample provide valuable insights and potential areas of further research among individuals with disabilities that have been incarcerated. First, the racial and ethnic makeup of the current sample does not mirror current justice system. This sample is largely White and does not include enough racial and ethnic diversity to represent the number of individuals experiencing incarceration. Future research should work to constitute a more racially and ethnically diverse sample to be more representative of individuals impacted by incarceration. In addition, there is research to support that males and females do not experience incarceration (or reentry) in the same way so additional research is needed to understand potential differences based on gender.

The current study utilized a sample of individuals with incarceration histories, both with and without disabilities. Such an approach was taken for several important reasons. Disabilities may be unreported or underreported among individuals returning from incarceration and a sampling criteria including only individuals identifying with a disability may not capture an accurate picture of the health limitations impacting career development and community integration. In addition, obtaining information on a more dynamic measure such as overall health functioning provided a more comprehensive measure of identifying health problems among this
sample to inform reentry and rehabilitation services. Future research should compare samples of individuals in reentry with and without disabilities as well as individuals with criminal backgrounds that did not receive an incarceration sentence to better understand the relationship between disability, health, and functioning among individuals with criminal backgrounds and previous incarceration.

With that being said, the national population of individuals with criminal backgrounds is a very difficult group to study. Individuals are rarely studied as a community group outside of custodial settings as they are typically monitored immediately following release from a facility (Murphy, Gardner, et al., 2017). There is no formalized database or systemized way to reach individuals that have been released from all of the various custodial and incarceration settings in the United States. In theory, this would allow individuals to reintegrate without the lasting stigmas placed on people with criminal backgrounds. However, the challenges and barriers faced by individuals with backgrounds reach far beyond the prison walls and last much longer than the length of their sentence (Schlager, 2013). Such a situation presents important opportunities for further research and engagement with formerly incarcerated individuals to not only reduce stigma, but to also find individuals in reentry that are in need of reintegration supports.

The high incidence of trauma within the reentry community and reflected in the current sample provide further support for continued understanding of the intersectionality between incarceration, traumatic experiences, substance abuse, and overall emotional health and well-being. Understanding the challenges of reentry through a trauma-informed lens may illuminate important insights and establish a critical empathetic stance in order to provide appropriate resources and support to individuals that have experienced incarceration. It is important to study how strengths and assets such as recovery capital influence community integration outcomes.
Finally, future studies regarding community integration should incorporate both subjective and objective measures of participation to provide a more complete picture of this multifaceted construct. Further research understanding shared experiences among individuals who have been incarcerated will allow for a more complete picture and individualized interventions. Career services for individuals that have been involved with the criminal justice system continues to be a complex problem that needs to be individualized based on each person’s particular situation to maximize outcome potential.
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[https://www.bjs.gov/content/pub/pdf/p17.pdf](https://www.bjs.gov/content/pub/pdf/p17.pdf)


Disproportionate prevalence rate of prisoners with disabilities: Evidence from a

https://doi.org/10.1177/1044207315616809


https://doi.org/10.1177/0306624X12470526


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https://nij.ojp.gov/topics/articles/measuring-recidivism


https://doi.org/10.1177/0306624X13514733


Appendix A: Qualtrics Research Study Packet with Consent form

Hello! Thank you for your interest in participating in this important study regarding your personal experiences in your life and work. Please respond to the following statements as accurately as you can:

Q1.2 What is your current age in years? (For example: 34)

Q1.4 Please check the box for any of the following situations or events that apply to you.
   - I received a GED rather than a high school diploma
   - I worked outside of the home before turning 17
   - I still have at least one living parent
   - I have previously been convicted of a crime where part of my sentence was served in a prison or jail setting.
   - I have considered running for public office at the local level
   - At some point in my childhood I considered becoming a medical doctor or nurse
   - None of these situations or events apply to me.

Display This Question:
   If Q1.4 = I have previously been convicted of a crime where part of my sentence was served in a prison or jail setting.

Q1.5 In years, when was your most recent release from a correctional facility? (For example, 7)

Display This Question:
   If Q1.4 = I have previously been convicted of a crime where part of my sentence was served in a prison or jail setting.

Q1.6 Are you currently involuntarily confined or detained in a penal institution and remain under court order for a criminal conviction.
   - YES
   - NO

Q105 Select which is most applicable to you:
   - I do not have a legal guardian
   - I have a legal guardian

Consent

Reentry Career Development and Functioning Project

Instructions and Consent You are being asked to participate in a voluntary research study. The purpose of this study is to explore your individual post-incarceration experiences and how they relate to your career and employment. Some of the topics addressed in this survey include, but are not limited to, career thinking, areas of functioning, attitudes about your career, experiences of potential childhood trauma, as well as demographic information.

Length: Your participation will last approximately 45 minutes long and should be completed in one sitting.

Compensation: As a thank you for your participation and completion of the study, you will be compensated by the CloudResearch Panel.

Confidentiality: Keep in mind that this survey is confidential and at no point will we ask for any identifying information.
**Benefits:** Your participation in this research will benefit the larger reentry community by providing foundational information regarding career behaviors of individuals that have been previously incarcerated to address systematic barriers impacting employment.

**Risks:** There is a potential risk in this survey research that the questions may be stressful to some participants. If you become upset at any time, we urge you to end the survey and immediately call the National Crisis Hotline at 1-800-273-8255 (additional details about how to contact them are listed below). Examples of potentially distressing questions include:

*When I was growing up, someone tried to touch me in a sexual way, or make me touch them.*
*While I was growing up, people in my family hit me so hard that it left me with bruises or marks.*
*Do you experience any problems with alcohol or drug misuse?*

Any information you provide will be kept confidential. Your individual responses will not be tied to you in any way. With that being said, the research team has no way to directly assist a participant should the survey lead to feelings of distress. Should you need any assistance, we encourage you to reach out to the provided resources at the bottom of this form.

**Principal Investigator Name and Title:** David R. Strauser, Ph.D, Professor  
**Department and Institution:** Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign  
**Contact Information:** strauser@illinois.edu; (217) 244-3936

**Frequently Asked Questions**

*Will my study-related information be kept confidential?*  
Members of the research team and others with permission or authority to see your study information will maintain its confidentiality to the extent permitted and required by laws and university policies. The names or personal identifiers of participants will not be collected, published, or presented in any way.

*Will I be reimbursed for any expenses or paid for my participation in this research?*  
Yes, individuals that successfully complete the entire survey will be compensated by the CloudResearch Panel.

*Can I withdraw or be removed from the study?*  
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Your participation in this research is voluntary. However, should you choose to discontinue your participation and withdraw prior to completing the study, you will not be compensated for your participation and your responses will be removed from the study. Your decision of whether or not to participate or to complete the survey will not affect your current or future dealings with the University of Illinois at Urbana-Champaign.

*Will data collected from me be used for any other research?*  
Your non-identified study responses could be used for future research without additional informed consent.

*Who should I contact if I have questions?*  
If you have questions about this project, you may contact Dr. David R. Strauser at (217) 244-3936 or strauser@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at (217) 333-3670 or via email at
I have read and understand the above consent form. By continuing with this survey, you to participate in this research study.

**Demographics**

Q3.1 2. Gender
   - Male
   - Female
   - Other
   - Prefer not to answer

Q3.2 3. Race/Ethnicity (Please select all that apply)
   - White/Caucasian
   - Black or African American
   - Hispanic/Latinx
   - Native American/ Alaskan Native
   - Asian
   - Native Hawaiian/Pacific Islander
   - Other/Multiple Races (Please Specify)
   - Prefer not to answer

Q3.3 4. What state do you currently reside in?

Q3.4 5. What is the highest level of education that you have completed?
   - 8-11/ Some High School
   - 12/High School Graduate
   - GED
   - Some College
   - Associate's Degree
   - Bachelor's Degree
   - Postgraduate Degree
   - Trade School/Apprenticeship
   - Prefer not to answer

Q3.5 During elementary and high school, did you receive any special education services (This could include IEP, 504 plans, or any additional individualized academic supports?)
   - Yes
   - No
   - Unsure

Q3.6 6. Are you currently in school?
   - Yes
   - No

*Display This Question:*
  *If Q3.6 = Yes*

Q3.7 What grade or year are you in?  ___________________________
**My Vocational Situation (MVS)**

Try to answer all the following statements as mostly TRUE or mostly FALSE. Choose the answer that best represents your present opinion.

In thinking about your present job or in planning for an occupation or career:

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I need reassurance that I have made the right choice of occupation.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I am concerned that my present interests may change over the years.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am uncertain about the occupations I could perform well.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I don't know what my major strengths and weaknesses are.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The jobs I can do may not pay enough to live the kind of life I want.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>If I had to make an occupational choice right now, I am afraid I would make a bad choice.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I need to find out what kind of career I should follow.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Making up my mind about a career has been a long and difficult problem for me.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I am confused about the whole problem of deciding on a career.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I am not sure that my present occupational choice or job is right for me.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I don't know enough about what workers do in various occupations.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>No single occupation appeals strongly to me.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I am uncertain about which occupation I would enjoy.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I would like to increase the number of occupations I could consider.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>My estimates of my abilities and talents vary a lot from year to year.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I am not sure of myself in many areas of life.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I have known what occupation I want to follow for less than one year.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I can't understand how some people can be so set about what they want to do.</td>
<td></td>
</tr>
</tbody>
</table>
**Core Self-Evaluations Scale (CSES)**

Q5.1 Below are several statements about you which you may agree or disagree with. Please indicate your agreement or disagreement with each item using the scale below.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. I am confident I get the success I deserve in life.
2. Sometimes I feel depressed.
3. When I try, I generally succeed.
4. Sometimes when I fail I feel worthless.
5. I complete tasks successfully.
6. Sometimes, I do not feel in control of my work.
7. Overall, I am satisfied with myself.
8. I am filled with doubts about my competence.
9. I determine what will happen in my life.
10. I do not feel in control of my success in my career.
11. I am capable of coping with most of my problems.
12. There are times when things look pretty bleak and hopeless to me.
**Community Integration Measure (CIM)**

Q6.1 For each of the following statements, please indicate whether you agree or disagree:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Always Agree</th>
<th>Sometimes Agree</th>
<th>Neutral</th>
<th>Sometimes Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel like part of the community, like I belong here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I know my way around this community.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. I know the rules in the community and can fit with them.</td>
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<td></td>
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<tr>
<td>4. I feel that I am accepted in this community.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. I can be independent in this community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I like where I am living now.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. There are people I feel close to in this community.</td>
<td></td>
<td></td>
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<tr>
<td>8. I know a number of people in this community well enough to say hello and have them say hello back.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9. There are things I can do in this community for fun in my free time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10. I have something to do in this community during the main part of my day that is useful and productive.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Q7.1 Below are several statements of symptoms that you could be experiencing. Please answer all of the following questions as they relate to the severity of any physical, cognitive, or mental difficulties you have that may impact your work.

**I have problems with...**

Do Not Experience (0)  Minimal (1)  (2)  Moderate (3)  (4)  Severe (5)

1. .....joint/back pain
2. .....standing/walking
3. .....using my arms, hands, or fingers
4. .....moving around
5. .....stomach or intestinal pain
6. .....poor sleep
7. .....general pain and/or stiffness
8. .....understanding others
9. .....feeling anxious/nervous
10. .....feeling tense/on edge
11. .....excessive worry
12. .....repeated bad dreams/nightmares
13. .....feeling panic or frightened
14. .....feeling sad
15. .....low energy/motivation
16. .....focusing/concentrating
17. .....learning
18. .....reading
19. .....remembering things
20. .....talking with others
21. .....getting along with others
22. .....close relationships
23. .....getting into fights
24. .....alcohol or drug use
25. .....dizziness
Q7.2 We would like to understand a bit more about these symptoms that you are having. For the symptoms you have just selected previously, please select how often they happen using on the following scale.

Rarely (1)   (2) Occasionally (3)    Moderate (4)   (5) Almost Always
1. …..joint/back pain
2. …..standing/walking
3. …..using my arms, hands, or fingers
4. …..moving around
5. …..stomach or intestinal pain
6. …..poor sleep
7. …..general pain and/or stiffness
8. …..understanding others
9. …..feeling anxious/nervous
10. …..feeling tense/on edge
11. …..excessive worry
12. …..repeated bad dreams/nightmares
13. …..feeling panic or frightened
14. …..feeling sad
15. …..low energy/motivation
16. …..focusing/concentrating
17. …..learning
18. …..reading
19. …..remembering things
20. …..talking with others
21. …..getting along with others
22. …..close relationships
23. …..getting into fights
24. …..alcohol or drug use
25. …..dizziness

Q7.3 Please list any other symptoms or limitations that you may experience that were not included in the list above. If you do not have any additional symptoms, please write "none".

Q7.4 Finally, thinking about all of the health difficulties you have selected, how much do feel they impact your ability to gain employment or complete on-the-job activities?

0-Not at all   1   2   3   4   5-Nearly Impossible
I consider myself a person in recovery.
   True
   False
   Does not apply

**Display This Question:**
   *If Q10.2 = True*

I currently participate in the following recovery programs:
   Alcoholics Anonymous
   Narcotics Anonymous
   Similar 12-step program
   SMART Recovery
   Other ________________________________________________
   None

**Assessment of Recovery Capital (ARC)**
For each of the following questions, please select whether or not any of the statements describe you today:

<table>
<thead>
<tr>
<th>Substance Use and Sobriety</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am currently completely sober</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I am in control of my substance use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have had no 'near things' about relapsing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have had no recent periods of substance intoxication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are more important things to me in life than using substances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recovery Experience</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a sense of purpose in life is important to my recovery journey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am making good progress on my recovery journey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I engage in activities and events that support my recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a network of people I can rely on to support my recovery</td>
<td></td>
<td></td>
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<tr>
<td>When I think of the future I feel optimistic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Health (Psychological)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>I am able to concentrate when I need to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am coping with the stresses in my life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am happy with my appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In general I am happy with my life</td>
<td></td>
<td></td>
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<tr>
<td>What happens to me in the future mostly depends on me</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Global Health (Physical)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I cope well with everyday tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel physically well enough to work</td>
<td></td>
<td></td>
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<tr>
<td>I have enough energy to complete the tasks I set myself</td>
<td></td>
<td></td>
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<tr>
<td>I have no problems getting around</td>
<td></td>
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<tr>
<td>I sleep well most nights</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship/Community Involvement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am proud of the community I live in and feel part of it--sense of belonging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important for me to contribute to society and or be involved in activities that contribute to my community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important for me to do what I can to help other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important for me that I make a contribution to society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My personal identity does not revolve around drug use or drinking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy with my personal life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with my involvement with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get lots of support from friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get the emotional help and support I need from my family</td>
<td></td>
<td></td>
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<tr>
<td>I have a special person that I can share my joys and sorrows with</td>
<td></td>
<td></td>
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<tr>
<td>Meaningful Activities</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>I am actively involved in leisure and sport activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am actively engaged in efforts to improve myself (training, education and/or self awareness)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I engage in activities that I find enjoyable and fulfilling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have access to opportunities for career development (job opportunities, volunteering or apprenticeships)</td>
<td></td>
<td></td>
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<tr>
<td>I regard my life as challenging and fulfilling without the need for using drugs or alcohol</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing and Safety</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am proud of my home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am free of threat or harm when I am at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safe and protected where I live</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I am free to shape my own destiny</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My living space has helped to drive my recovery journey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Taking</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am free from worries about money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have the personal resources I need to make decisions about my future</td>
<td></td>
<td></td>
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<tr>
<td>I have the privacy I need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I make sure I do nothing that hurts or damages other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take full responsibility for my actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coping and Life Functioning</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy dealing with a range of professional people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not let other people down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I eat regularly and have a balanced diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look after my health and wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I meet all of my obligations promptly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Childhood Trauma Questionnaire (CTQ)** These questions ask about some of your experiences growing up as a child and a teenager. Although these questions are of a personal nature, please try to answer as honestly as you can. For each question, select the response that best describes how you feel. **When I was growing up...**

<table>
<thead>
<tr>
<th>Never True</th>
<th>Rarely True</th>
<th>Sometimes True</th>
<th>Often True</th>
<th>Very Often True</th>
</tr>
</thead>
</table>

1. ...I didn't have enough to eat
2. ...I knew that there was someone to take care of me and protect me
3. ...people in my family called me things like "stupid", "lazy", or "ugly"
4. ...my parents were too drunk or high to take care of the family
5. ...there was someone in my family who helped me feel that I was important or special
6. ...I had to wear dirty clothes
7. ...I felt loved
8. ...I thought that my parents wished I had never been born
9. ...I got hit so hard by someone in my family that I had to see a doctor or go to the hospital
10. ...there was nothing I wanted to change about my family
11. ...people in my family hit me so hard that it left me with bruises or marks
12. ...I was punished with a belt, a board, a cord, or some other hard object
13. ...people in my family looked out for each other
14. ...people in my family said hurtful or insulting things to me
15. ...I believe I was physically abused
16. ...I had the perfect childhood
17. ...I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor
18. ...I felt that someone in my family hated me
19. ...people in my family felt close to each other
20. ...someone tried to touch me in a sexual way, or tried to make me touch them
21. ...someone threatened to hurt me or tell lies about me unless I did something sexual with them
22. ...I had the best family in the world
23. ...someone tried to make me do sexual things or watch sexual things
24. ...someone molested me
25. ...I believe that I was emotionally abused
26. ...select Never True for this item.
27. ...there was someone to take me to the doctor if I needed it
28. ...I believe that I was sexually abused
29. ...my family was a source of strength and support

**Demographics**
In this section, we would like to know a bit more about you.

1. Birth year: Please provide the year you were born in the box provided. _______
2. While growing up, were you ever a part of the foster care system?
   - Yes
   - No
   - Unsure
3. What category best fits your current housing situation?
   Own a residence (may include a home for which you are still paying debt owed to mortgage loan)
   Renting a home/condo/apartment/townhouse/etc
   Living with family
   Living with friend/s
   No permanent home
   Halfway house or similar transition housing
   Other (please specify) ______________________________________________

4. Approximately what percent of your total household monthly income is spent on rent or mortgage payments?
   I do not pay monthly housing payments
   30% or less
   31%-35%
   36%-40%
   41-50%
   More than 50%
   Not sure
   Prefer not to answer

5. Do you have a disability or chronic health condition?
   Yes
   No
   Unsure

Display This Question:
   If = Yes
   Or = Unsure

Which category best fits your disability or chronic health condition type?
(Please select all that apply)
   Physical
   Neurological
   Psychiatric/Mental Health
   Cognitive
   Deaf/Hard of hearing
   Vision Impairment/Blind
   Learning disability
   Other (please specify) ______________________________________________

Display This Question:
   If = Yes
   Or = Unsure

Please provide the age in which you were diagnosed:
   Age (in years): ______
   I have not been formally diagnosed
   Prefer not to answer
6. Have you ever been diagnosed with a substance use disorder?
   Yes
   No
   Unsure

Display This Question:
If = Yes
Or = Unsure

Please provide the age in which you were diagnosed:
   Age (in years): ___________
   Unsure
   Prefer not to answer

8. Which of the following best describes your employment status?
   Full-Time (30 or more hours per week)
   Part-Time
   Contract, Freelance, or Temporary
   Unemployed (seeking opportunities)
   Unemployed (not looking for work)
   Retired
   Unable to work
   Other (please specify) __________

What industry best describes your work?
   Accommodation and Food Services
   Administrative and Support Services
   Agriculture, Forestry, Fishing, and Hunting
   Arts, Entertainment, and Recreation
   Construction
   Educational Services
   Finance and Insurance
   Government
   Health Care and Social Service
   Business Management
   Manufacturing
   Mining, Quarrying, Oil/Gas Extraction
   Other Services
   Professional, Scientific, Technical Services
   Real Estate
   Retail
   Transportation and Warehousing
   Utilities
   Wholesale Trade
   Does not apply/Not working

Display This Question:
If Q12.13 = Full-Time (30 or more hours per week)
Or Q12.13 = Part-Time
Or Q12.13 = Contract, Freelance, or Temporary
Or Q12.13 = Retired
Or Q12.13 = Other (please specify)

How long have you been on this job? (If you are retired, please indicate how long you worked in the job you retired from.)
   Less than 6 months
   6 months-1 year
   1-3 years
   3-10 years
   More than 10 years
9. What is your household (annual) income before taxes?
   - Less than $25,000
   - $25,000-$49,999
   - $50,000-$74,999
   - $75,000-$99,999
   - $100,000-$200,000
   - Over $200,000
   - Prefer not to answer

The final portion of this study asks questions about your past criminal background in an effort to understand your resiliency in work and career development. Please answer the following questions honestly and to the best of your ability.

1. Rounded to the nearest number of years, what is the total length of your incarceration?
   (If you have been incarcerated multiple times, estimate the time of all sentences combined)
   Number of Years ____________________________

2. At what age were you first arrested?
   Age (in years) ____________________________

3. At what age were you first incarcerated for any length of time?
   Age (in years) ____________________________

4. What was the date of your most recent release from incarceration? (If you are unsure, please provide an estimate)
   (mm/dd/year) ____________________________

5. What type of correctional facility best describes where you served the majority of your sentence/s?
   - Federal Prison
   - State Prison
   - Jail
   - Alternative to incarceration setting
   - Other (please specify) __________________
## Notice of Approval: Amendment #01

**October 6, 2020**

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>David Strauser</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC</td>
<td>Chelsea Greco</td>
</tr>
<tr>
<td>Protocol Title</td>
<td>Reentry Career Development and Functioning</td>
</tr>
<tr>
<td>Protocol Number</td>
<td>21088</td>
</tr>
<tr>
<td>Funding Source</td>
<td>University of Illinois Career Center, Larson Grant Recipient</td>
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<tr>
<td>Review Type</td>
<td>Expedited 7</td>
</tr>
<tr>
<td>Amendment Requested</td>
<td>Adding one recruitment site</td>
</tr>
<tr>
<td>Status</td>
<td>Active</td>
</tr>
<tr>
<td>Risk Determination</td>
<td>No more than minimal risk</td>
</tr>
<tr>
<td>Approval Date</td>
<td>October 6, 2020 (amendment approval date)</td>
</tr>
<tr>
<td>Closure Date</td>
<td>September 20, 2025</td>
</tr>
</tbody>
</table>

This letter authorizes the use of human subjects in the above protocol. The University of Illinois at Urbana-Champaign Institutional Review Board (IRB) has reviewed and approved the research study as described.

The Principal Investigator of this study is responsible for:

- Conducting research in a manner consistent with the requirements of the University and federal regulations found at 45 CFR 46.
- Using the approved consent documents, with the footer, from this approved package.
- Requesting approval from the IRB prior to implementing modifications.
- Notifying OPRS of any problems involving human subjects, including unanticipated events, participant complaints, or protocol deviations.
- Notifying OPRS of the completion of the study.