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Psychosocial Needs of Released Long-Term Incarcerated Older Adults

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Psychosocial Needs of Released Long-Term Incarcerated Older Adults

by

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABBREVIATIONS

OARP   Older Adults Released from Parole

OA   Older Adult

RI   Reentry Initiative Program

MHC   Mental Health Continuum

PCL   PTSD Checklist Civilian Version

K10   Kessler Depression and Anxiety Checklist

FIOA   Formerly Incarcerated Older Adult

ABSTRACT OF THE DISSERTATION

Psychosocial Needs of Released Long-Term Incarcerated Older Adults

by

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Loma Linda University, September 2020
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More than ever, long-term incarcerated older adults are being released into their

communities. Many find themselves ill prepared to function in a society that has changed

significantly during their incarceration. As a result, this growing population continues to

gain attention as many poorly reintegrate due to their complex physical health, mental

health, and social needs. Recent data suggest that this group of formerly incarcerated

older adults (FIOA) is uniquely motived to make their reintegration successful. However,

little is documented to further inform and validate best practices to help them succeed in

this.

The purpose of this dissertation research study was to explore prevalent

psychosocial needs of OAs' post-release. We also examined post-release mental health

functioning among older, formerly incarcerated adults as poor mental health has been

found to be associated with recidivism. Analysis were used to examine the influence of

sociodemographic variables, quality of life, and successful integration on three measures

of mental health, the Mental Health Continuum-Short Form, the Kessler-10 Depression

and Anxiety measure and PCL-C Post-Traumatic Stress Disorder assessment. We also

investigated prison and post-release factors that predict successful integration for older

adults, in relation to prison roles (work or volunteer), prison social support (prison pseudo families), and having contact with their family during incarceration. Furthermore, we attempted to investigate how prison experiences impact OA's mental health post-release. Specifically, this study attempted to explore if prison pseudo families, prison work roles and experiences served as non-traditional means to achieve Ego Integrity as theorized by Erickson and measured by the MEPSI psychosocial inventory scale. Finally, we investigated the differences in needs post-release of older adult releasees compared to their younger peer counterparts.

Results conveyed that being employed, having an income and quality of life predicted good mental health (MHC). When assessing post-traumatic stress (PCL), we found that all the above in addition to successful integration predicted lower PTSD scores. Furthermore, all of the above plus having a prison role predicted lower levels of depression and anxiety (K10). We also found that having contact with family, prison pseudo families and less needs post-incarceration predicted successful integration. We concluded that the MEPSI was not a suitable assessment tool for older adults who have aged in prison. We also found that needs post-incarceration were high regardless of age and a more sensitive assessment of needs is needed for this vulnerable population.

INTRODUCTION

Background and the Problem

The nature of the United States criminal justice system does not cater to the aging population who is greying behind bars (Maschi, et. al, 2014). The prison system lacks a lens of sensitivity and awareness as to how individuals progress through the stages of development and their psychosocial needs in relation to aging behind bars. The older adult prison population continues to grow at an alarming rate, forcing our correctional system to act as a nationwide long-term care facility which it was never designed to be (Williams, et. al., 2013). Notably, many older adults who have been incarcerated most of their adulthood are being released due to prison crowding, early compassionate release, and/or completing or nearing the end of their long-term prison conviction sentences (Handtke, et. al, 2017). However, very little research has explored their needs post release and how this may impact their ability to successfully integrate and avoid reincarceration.

Given this lack of information we conducted a small qualitative study and found that these formerly incarcerated OA population have a unique set of needs and challenges post-incarceration, these seem to be different from their younger adult counterparts (Lares & Montgomery, 2020). OA individuals post incarceration struggle trying to reintegrate into a society that they no longer recognize due to many changes least of all, technological advances. In addition, OAs struggle to gain employment (as do many other OAs) and housing, both requirements of their post- release conditions. There are several plausible reasons that the criminal justice system fails to serve these individuals; the inherent nature of our punitive criminal justice system's ideology, the growing aging demographic due to baby boomer aging and longer life expectancy, and the prevalent

ageism and lack of gerontological awareness of them as a high need group, that is embedded in the fabric of our society.

We found that while some OAs manage to find employment, housing, and meet the requirements of their post-release conditions, other OAs suffer from chronic mental health issues and do not meet the requirements of their post release conditions, leading to recidivism (Lares & Montgomery, 2020) putting them at high risk for recidivism. It is imperative to understand how prison experiences and mental health impact OAs' transition post-incarceration (Metzger, et al., 2017). Furthermore, understanding OAs' greatest psychosocial needs will convey how best to serve this aging vulnerable population post-incarceration.

Goals of the Proposed Study

The purpose of this study was to explore prevalent psychosocial needs of OAs' post-release. We also investigated how prison experiences impact OA's mental health post-release. Focusing on an Eriksonian approach to human development, we were interested in how OAs post-incarceration experience their final stage of life. Specifically, this study explored if prison pseudo families, prison work roles and experiences served as non-traditional means to achieve Ego Integrity as theorized by Erickson. In addition, this study explored if quality of life, successful integration, and ego integrity impact OA's mental health post-release. Moreover, this study investigated what prison and post-release structural factors impact successful integration post-release. Finally, this study investigated the differences in needs post-release of older adult releasees compared to their younger peer counterpart's needs post-incarceration.

Specific Aims

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1. This study explored how prison work roles, prison pseudo families and other prison experiences, impacted OAs' psychosocial stage (i.e. Erikson's 8 stages of ego integrity) post-release.

2. This study explored how the psychosocial concepts of quality of life and successful integration impacted OAs' mental health post-release.

3. This study explored what prison and post-release factors impacted successful integration for OAs post-release.

4. This study explored the difference in needs of OAs post-release compared to their younger peer counterparts.

Significance

This study is significant for several reasons. First, while there is a somewhat robust body of literature addressing the needs of individuals post-incarceration, very few studies focus specifically on the needs of the OA population post-release. Due to the nature of an aging society, there is a significant influx of OAs which is expected to continue due to baby boomer aging demographics (McBride, 2012).

Second, this study explored (and challenged) Erikson's theory of human development in the context of a population that progressed through many stages behind bars. Erikson's psychosocial development theory is a cornerstone for the social sciences. It is important to understand if and how marginalized populations can achieve ego integrity, a necessary precursor for good mental health in old age. It is important that theory is challenged and critiqued in social sciences to practice reflexivity and cultural humility. We decided to take a Bourdieudian lens to achieve this as he postulates that good social science research needs to be critical of generalized postulated processes, that are often build based on majority culture (Calhoun, 2011).

Third, mental health concerns are ubiquitous for OAs and inmates post-incarceration. However, little research focuses on the mental health disparities of OAs post-incarceration. Mental health is a key component to successful integration post-release (Bryson, et. al., 2017). Better understanding OAs' mental health needs post-incarceration can inform policy and program development to serve this vulnerable population. For this we applied a Social Equality lens to our work.

Lastly, and most importantly this study can help form a real life and policy perspective. Understanding the needs of OAs post-release will reduce recidivism and help OAs successfully reintegrate post-incarceration (Listwan, et.al., 2013). Crucial factors such as age and prison experience typically are not addressed when assessing needs and developing policy to better serve this population. Addressing post-release needs with a lens of sensitivity to age may better serve this population post-release.

Closing Statement

In closing, this study seeks to better understand how mental health and prison experiences impacted successful integration post-release. Specific aims to address the study's goals were outlined. This study is significant in the current climate where many OAs will be released and expected to reintegrate post-incarceration. To achieve successful integration post-incarceration, it is important to understand the psychosocial needs of OAs for policy and program development. Social policy is a key component when striving to create successful integration post-incarceration and reduce recidivism for OAs.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Overview of Chapter Two

Chapter two will examine relevant literature pertaining to the variables in this study including: aging demographics in the US prison demographics, aging demographics for prison populations, economic implications of long-term incarceration, psychosocial needs of OA prisoners, work roles in prison, prison families, and recidivism. Additionally, a theoretical framework consisting of *Erikson's 8 Stages of Human Development*, Bourdieu's *Promise of Theory* and *Social Inequality Theory* will be introduced as a lens to guide our study.

Aging in the US

The graying of American demographics is profound when compared to previous generations. Demographic trends in America convey that people are living longer, and having less children (Ortman & Velkoff, 2016). This means that the majority of individuals who will occupy the United States in years to come will be the OAs. In the 1930s, America's older population numbered less than 7 million—only 5.4% of the population (Demographics of Aging, 2016). However, projections are that between 2012 and 2050, the United States will experience a substantial growth in its older adult population. In 2050, the population aged 65 and over is projected to be 83.7 million, almost double its estimated population of 43.1 million in 2012. The large cohort of baby boomers, in combination with longer life expectancy (King, et. al, 2013), are largely responsible for this increase in the older population, as they began turning 65 in 2011. By 2050, the surviving baby boomers will be over the age of 85 (Ottman & Vellkoff, 2014). In addition, by the time the last of the baby boomers have turned 65, about 1 in 5

Americans will be in this age group (Rikard & Rosenberg, 2007). This aging trend affects individuals across all cultures and social standings. Likewise, prison demographics mirror the same aging trends in society (Carson & Sabol, 2014). Indeed, the OA prison population is also growing at alarming rates, as many of these individuals are greying behind bars.

Aging Prison Population

The rising OA inmate population is an imperative concern for society. The growing demographic of OA prisoners continues to rise exponentially. For instance, by 2020, California will see an expected increase in its OA inmate population of more than 200%. Indeed, it is estimated that by 2020, OA inmates will represent 21% to 33% of the U.S. prison population (Rikard & Rosenberg, 2007). In addition, there is an increase of OA offenders being convicted, a tenth (11%) of prisoners sentenced to more than 1 year in state or federal prison at year-end 2016 were age 55 or older (Carson & Sabol, 2016).

The US is infamous for convicting one of the world's highest numbers of persons to prison each year (Wagner & Rabuy, 2016); moreover, lengthy sentences are a cornerstone to the U.S prison systems (Wagner & Rabuy, 2016). Indeed, individuals who were convicted in their early adulthood and acquired long sentences, often spend most of their adult lives in prison. Truth-in-sentencing laws, mandatory minimums, and three-strikes-and-you're-out rules established over the past several decades are keeping more offenders confined in prison for extended phases of time (Van Wormer & Bartollas, 2007:Yorston & Taylor, 2006). These laws have created a "stacking effect," whereby OA inmates have grown both in proportion and in numbers due to their sentencing requirements that keeps inmates incarcerated long into their geriatric years (Kerbs, U.S. Department of Justice, 2004). An estimated 6,613,500 persons were under the

supervision of U.S. adult correctional systems on December 31, 2016. The adult correctional population includes persons held in prisons and jails as well as persons on probation and parole. At the end of 2016, about 1 in 38 persons in the United States were under correctional supervision (Kaeble et. al., 2016).

This trend has joined with the fact that, like other segments of the population, inmates are living longer. Moreover, current incarceration does little for rehabilitation and many are unprepared for life post-release. Not surprisingly, most individuals relapse within short periods of time post-release further adding to their already long sentences (Mears et. al., 2015) and thus adding to the growing population of older incarcerated adults.

Male Prison Demographics

The US comprises 5 percent of the world's population and hosts 25 percent of the world's prisoners (NAACP, 2016). Minorities make up the majority in prisons and jails (Bonner et. al, 2016). African Americans now constitute nearly 1 million of the total 2.3 million incarcerated population. African Americans are incarcerated at nearly six times the rate of Whites (Center on Juvenile and Criminal Justice, 2016). Together, African American and Hispanics comprised 58% of all prisoners in 2008, even though they make up only one quarter of the US population (Center on Juvenile and Criminal Justice, 2016). The racial component of mass incarceration must not be overlooked, as the intersection of aging and incarceration adds to this complex racial issue.

Clearly, Hispanic and Black males are significantly overrepresented in US prison institutions. Black males ages 18 to 19 were 11.8 times more likely to be imprisoned than White males of the same age. This age group had the highest Black-to-White racial disparity in 2016 (Carson & Sabol, 2016). By the end of 2016 there was an estimated 7%

of non-Hispanic White males in state and federal prison aged 18 to 24, compared to 13% of non-Hispanic Black males and 12% of Hispanic males (Carson & Sabol, 2016).

Moreover, older Black males are more likely to be imprisoned than older White males. Black males age 65 or older were 4.4 times more likely to be imprisoned than White males age 65 or older, although this age group had the lowest Black-to-White racial disparity in 2016 (Carson & Sabol, 2016).

Conviction sentences also differ by race which may be an indication of institutionalized racist sentencing within the criminal justice system. A little over half (54% or 707,900 prisoners) of all state prisoners sentenced to more than 1 year at year-end 2015 (the most recent year for which state prison offense data are available) were serving sentences for violent offenses on their current term of imprisonment (Carson & Sabol, 2016). In addition, 14 percent of state prisoners were serving time for murder or manslaughter, 12 percent for sexual assault or rape, and 15 percent for nonserious drug offense. Conviction sentences vary across race. At the end of 2015, 60% of all Hispanic prisoners sentenced to more than 1 year in state prison were sentenced for a violent offense, compared to 59% of Black and 47% of White prisoners (Carson & Sabol, 2016). A larger proportion of White offenders in federal prison (45%) were serving time for a public order offense on September 30, 2016, than Blacks (34%) or Hispanics (38%). More than half (57%) of Hispanic federal prisoners in 2016 were convicted of a drug offense, and nearly a quarter (23%) were serving time for an adjudicated immigration offense (Carson & Sabol, 2016).

Reviewing this evidence in sentencing patters, Jordan and Freiburger (2015) found that Black offenders did receive more punitive sentencing outcomes in the decision

to sentence defendants to jail or prison in comparison to White offenders. Moreover, their findings also suggest adverse sentencing outcomes for Hispanic offenders in the decision to sentence a defendant to jail as opposed to probation. This is consistent with prior arguments that Hispanic offenders, like Black offenders, are viewed as more threatening and dangerous to communities (e.g., Spohn & Holleran, 2000; Steffensmeier & Demuth, 2000) (Jordan & Freiburger, 2015).

Jordan and Freiburger (2015) conclude that at least one extralegal factor (i.e., race/ethnicity) influences sentencing decisions. Although sentencing is supposed to be based on legal factors (e.g., offense severity and type, prior record), it seems that biases endure to exist, ensuing in negative outcomes for various racial/ethnic groups. As a result of the building consensus on this issue, many state legislatures have made attempts to decrease biases in sentencing through incorporating written guidelines (Engen, Gainey, Crutchfield, & Weis, 2003). However, in spite of those guidelines, disparities continue to exist even after legal factors are statistically controlled (Jordan & Freiburger, 2015), not even counting those already incarcerated.

Economic Implications of OA Prisoners

It is well known that incarceration can be costly for taxpayers and society at large. A cost of $80 billion spent annually on corrections has been cited as the cost of incarceration (DeVuono-Powell, Schweidler, Walters, & Zohrabi, 2015). However, a growing body of research suggests the true cost of incarceration far exceeds the amount spent on corrections (Pettus et. al., 2016). In a global climate sensitized to human rights concerns and budgetary constraints, the continued neglect of OA prisoners has high human, social, and economic costs (Wilson & Barboza, 2010). Not even counting productive live lost years, warehousing OAs in prison is costly because of their chronic

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and serious physical and mental illnesses (American Civil Liberties Union [ACLU], 2012). In fact, estimates suggest that incarcerated OAs cost up to five times more than their younger counterparts (ACLU, 2012).

Humans Rights Watch (2012) reported that United States correctional systems bear the health care costs for aging prisoners who are omitted from receiving Medicare and Medicaid subsidy for prisoners when they are treated in the community. This financial factor may impact OA prisoners' ability to receive appropriate community health care referrals, including access to appropriate medications, when needed (Williams & Abradles, 2010). Additionally, in the United States, financial benefits, such as Social Security or supplemental income, are suspended for persons serving time in prison (Social Security Administration, 2010).

Moreover, health and social care costs associated with incarceration are growing in large part due to the aging inmate population. High medical expenditures for institutional care are common, especially those associated with serious illness, disabilities, or terminal illnesses (UNODC, 2009). In the United States, these costs represent approximately 10% of the total direct prison costs of care for those incarcerated; while the average cost of care for prisoner is approximately $5,500, for prisoners aged 55 to 59 the costs doubles ($11,000) and is 8 times higher for those aged 80 and older ($40,000; HRW, 2012) (Maschi, et. al., 2012).

Ahalt et. al., (2013) notes that as the prison population ages, healthcare costs in prison rise, and many correctional facilities struggle to meet the legal standard of care for prisoners. Older adult prisoners now account for 10 percent of the prison population and

failure to meet the healthcare needs of OA prisoners can cause preventable suffering in a medically vulnerable population.

Furthermore, these healthcare disparities transcend beyond the prison institutions. Older prisoners who cannot access adequate health care in prison also affect community healthcare systems because more than 95% of prisoners are ultimately released, many are released to urban communities where healthcare disparities are common and acute healthcare resources are already stressed (Ahalt et. al., 2013).

Psychosocial Needs of Older Prisoners

The growing OA prisoner crisis continues to gain attention due to the high human, social, and economic costs of warehousing OAs with complex physical health, mental health, and social care needs. According to the United Nations, OAs and the serious and terminally ill are considered a special needs populations subject to special international health and social practice and policy considerations (Aging and Disability, n.d). Maschi et. al, argues that older adults in prison have unique individual and social developmental needs that result from life course exposure to cumulative risk factors compounded by prison conditions that accelerate their aging (Maschi, et. al., 2012), yet little is done to address this in the US system.

OAs who are released from prison have unique needs compared to their OA peers and their younger parolee counterparts (Metzger et. al., 2017). After spending most of their adulthood years behind bars, they must try to reintegrate into a society that they no longer recognize. Most are released without the means to help them successfully reintegrate or meet their parole/probation requirements. While there is a somewhat robust literature on prisoners' mental health and other needs, few studies focus on the mental health and psycho-social needs of the post-release functioning of formerly incarcerated

older adults. This is especially critical given that current prison demographics point to increasing numbers of OA prisoners nearing the end of their long-term sentences (Kerbs & Jolly, 2009) and in light of new legislation to shorten sentences and grant early compassionate release (Maschi et. al, 2016).

Long-term incarcerated OAs who have often grown old in prison are being released, most without much preparation to understand the changes that have occurred during their incarceration. Since the US has the largest incarcerated population in the world, (NAACP, 2016) this affects large numbers of former OA prisoners who face elevated risks of mental health problems, substance misuse, and poor social reintegration post release (Bryson et. al, 2017). Coupled with these challenges, formerly incarcerated OAs often struggle to reintegrate into society that mostly does not value older age and has strong negative sentiments about former prisoners.

The state and federal prison systems are not equipped to service this surge of aging OA prisoners. Few resources are available behind bars that are aligned with an aging population, older prisoners absorb many of the already scarce resources such as medical care often leading to early release (Aday, 2006). Allen (2003) discusses how OA prisoners are being abandoned by a system that leaves them defenseless and unable to cope with the physical and psychological demands imposed by life behind bars. OA prisoners over the age of 60 also tend to be socially isolated which also puts them at greater mental health risks (Allen, 2003).

Policy reform is needed to address the specific needs of OA prisoners, as the prison system is poorly equipped to serve these shifting aging demographics. At this time, there is an absence of institutional or community programming that promotes the

physical, cognitive, emotional, social, spiritual, participatory, and root (basic needs) well-being of older adults across the international criminal justice system service trajectory. In the United States, only 4% of state correctional institutions provide any type of geriatric-specific services (Maschi et. al., 2012). Moreover, older adults in prison often derive little value from prison programming that was designed for younger prisoners, such as educational or vocational training and programs aimed at reducing offending behavior (Mesurier, 2011). An increasing need for more palliative care services is also a concern, given that a large number—more than 3,000 (5%) of U.S. prisoners, mostly aged 50 or older—die in prison each year (Maschi, et. al., 2012).

OA prisoners are an overlooked and understudied population which have specific needs that need to be addressed. Unfortunately, in the United States there is little to no policy or practice implication that serves the aging cohort of inmates. According to Snyder (2009) the aging of the prison population has created a host of problematic policy and practice issues that encompass justice considerations, cost containment issues, and biopsychosocial care needs. The older prisoner's physical, social, and psychological needs are complex and necessitate a gerontologically based service delivery system.

OAs in prison face extreme challenges compared to their younger inmate counterparts. OAs being physically fragile makes them extremely vulnerable and put at greater risk for harassment from other inmates. In addition, OA prisoners may be suffering from isolation from family members and friends due to the crimes they are committed for. This may lead to an extremely poor quality of life as well as self-inflicted harm.

According to Dawes (2009), there may be a major breach of trust causing damaged or fractured relationships between prisoners and their family members. Their transition to prison is often extremely difficult, the issue is that older adult prisoners who are estranged from their family are left without any hope and they can be at risk of serious self-harm or suicide. Dawes (2007) also conveys that imprisonment can represent the final dramatic change in status for this group of older adults and the last step in the series of humiliating experiences (status degradation). Their offences, especially if they involve convictions of sexual offences, makes them vulnerable in prison to bullying, harassment, or serious violence and even death. This may be in combination with serious health issues, including psychiatric morbidity (Aday, 2003).

Most OAs who are incarcerated have been exposed to severe traumatic life stressors or events that have caused them to experience mental disparities. Programs helping inmates in preparation for post release coping need to be put in place to help aid these individuals. Maschi et. al, (2014) found that although many older adults suffer from chronic stress or mental disparities from life events, those who are incarcerated may not only have been exposed to more and severe situations, they are currently in a disposition with little to no support to help them cope. Research conveys that putting coping mechanism in place may add to the value of helping individuals in later life who suffer from traumatic stress (Maschi et. al., 2014). A theoretical integration of the life course perspective, cumulative advantage, disadvantage or inequality, and stress processing theories provide an important integrated lens to study the relationship between accumulated interpersonal, social-structural, and historical trauma and stressful experiences on mental wellbeing in later life (Maschi, Viola, & Morgen, 2014).

Furthermore, research indicates that interventions that put coping mechanisms in place to help older adults in prison (and post-release) significantly improved their overall mental well-being. For instance, the presence of internal and external coping resources (e.g., cognitive, emotional, physical, spiritual, and social) had a significant and inverse effect on the relationship between trauma and stressful life experiences and mental well-being. (Maschi et. al., 2014). The implications of research emphasizes that prisons ideally should be places where individuals are helped to cope with the many past and current stressors that inmates experience, especially for aging prisoners. Research should begin to enhance our understanding of risk and resilience among older adults both in prison and post-release. This understanding will aid in the development and improvement of integrated theory-based interventions seeking to increase human rights, health, and well-being among older adults in prison (Maschi et al., 2014).

In addition, many OAs in prison suffer from mental disorders such as chronic depression (Hayes, 2013). Although older inmates suffer from a greater amount of mental issues than younger adult prisoners, there is no system put into place to serve older inmates specifically. Turnbull and Shaw found that, prisoners aged 50 to 59 years were significantly more likely to have mental disorders, including mental illness and major depression, substance use and personality disorders. Those aged 50–54 years were also more likely to have a psychotic disorder, and there appeared to be no reduction of cognitive functioning with age in this group (Hayes et. al., 2013).

One of the most detrimental attributes of the current prison systems is all prisoners are treated the same regardless of their age. While older individuals in society are often treated and regarded with specialized care to address their needs when

compared to the younger population, in prison all is done with a "one size fits all approach." Hayes et. al., (2013) conveys that there is currently no assessment on entry to prison specific to older prisoners. This would be useful in determining needs and arranging their management. Almost two-thirds of this group felt worried or confused on reception into custody and a more individualized assessment may relieve some of these concerns (Hayes et. al., 2013).

Maschi et. al., (2011) conducted a study of the 344 prisoners housed in the New Jersey Department of Corrections and examined the relationship of age, objective, and subjective measures of trauma and stressful life events and post-traumatic stress symptoms among older adults in prison. Results revealed that past year subjective impressions of traumatic and stressful life events had a positive and significant relationship to current post-traumatic stress symptoms. Age was found to have a significant and inverse relationship to subjective traumatic and stressful life events (Maschi et. al., 2011).

Similarly, 677 older adults in the New Jersey Department of Corrections were assessed for their biopsychosocial, spiritual, and prison use characteristics. Results of this study indicates great diversity within this population based on demographic, clinical, social, legal profiles, prison service use patterns, and professional and personal contacts (Maschi et al., 2014). The authors argue that due to this diversity an interdisciplinary approach is needed for this aging population, if one wishes to address the complex social and health care needs of an aging prison population and to plan for their reentry. They further suggest the need for holistic prevention, assessment, and interventions to interrupt

the social-structural disparities that foster and support pathways to incarceration and recidivism (Maschi et al., 2014).

Likewise, a study that focused on 2,319 older adult prisoners, ages 50 and above conveyed the complexity of the population regarding reintegration (Maschi et. al., 2013). The findings revealed that most OAs in prison were men of color who had been incarcerated for a range of serious and non-serious offenses with a high likelihood of returning to high-crime, low-income geographic regions. The sociodemographic and social/environmental characteristics of prisoners in the study, in the author's opinion, likely influence their community reintegration prospects (Maschi et. al., 2013). For example, community reintegration needs are more complex for different subgroups of OAs based on characteristics, such as race/ethnicity, age, gender, physical and mental health status, socioeconomic status, and level of family and community support. Older age puts prisoners at higher risk of age-related health decline and also may vary by gender and race. The needed services for the older and chronically or terminally ill adults may not be readily available in the community. Additionally, the significance of offenses (e.g., sex offenses) may make it more difficult to finding housing or nursing home placements (Maschi et al., 2013). The combination of age, racial, social/environmental and physical and mental health disparities coupled with the significance of offense type demonstrates the need for a holistic aging sensitive reintegration plan.

Merten and colleagues discovered that older African American adults in prison report fewer health conditions than white OA prisoners. African American prisoners also reported greater valuation of life, less loneliness and lower depressed modes. The results from this study indicate that taking care of OA's mental health will reduce incidence of

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illness and disease among OA prisoners (Merten et al., 2012). The presence of social

support and good mental health directly impacts OA's physical health. Prison institutions

need to foster this need for OA prisoners by possible fostering social support programs

and mental health treatment that is geared toward OAs.

Findings from a study comparing older adult prison and younger adult prisoners

regrading life trauma and event life stressors conveyed the differences in the population

to better inform trauma services provided in the prison. Older adults in prison were more

likely to report severe trauma or life event stressors associated with natural disasters, life-

threatening illness or death of a loved one. Approximately 40 percent of prisoners

reported exposure to violent victimization. Services should be catered to the differences

found in the prison population and tailored to meet the mental health needs of older adult

prisoners (Maschi et al., 2011).

Similarly, another study identified and described important psychosocial

characteristics, particularly trauma, life-event stressors, health, mental health, and

substance abuse, among older adults in prison (Haugebrook et al., 2010).   Findings

exposed that the study participants are a diverse group with wide-ranging psychosocial

issues and needs, including trauma and stress histories, substance use, and health and

mental health issues. Most had childhood or adult trauma, such as physical or sexual

abuse. Family problems were common in childhood and adulthood. Understanding the

problems and needs of OA prisoners may help improve practice, promote advocacy, and

prompt research that can enhance the quality of life of this population (Haugebrook et al.,

2010).

Echoing the findings of the studies above, another study focused on the mediating role of coping resources on trauma and stressful life experiences. Since most OA prisoners (70%) reported experiencing one or more traumatic or stressful life experiences during their lifespan internal and external coping resources (e.g., cognitive, emotional, physical, spiritual, and social) were found to be critical as they had a significant and inverse effect on the relationship between trauma and stressful life experiences and mental well-being (Maschi et al., 2013).

Better understanding their psychosocial and mental health needs an offer aligned services would likely assist in helping them successfully integrate back into society, benefitting both the older formerly incarcerated adult and society at large.

There is evidence that aging specific programs for OA prisoners is beneficial. A pilot program study implemented a True Grit Program for older adult veteran prisoners and older adult prisoners in Nevada. The findings of this study suggest that not only do older adult veteran prisoners benefit from multifaceted living program that caters to dealing with combat stress related issues, but non-veteran older adults can benefit from such programs as well (Kopera-Frye et al., 2013). Evaluation results from 111 inmates at post-test indicate higher life satisfaction and daily physical functioning, low psychological distress (depression, anxiety, and somatization), moderate prison context stress, and high satisfaction with this program. The True Grit program provided a helpful environment developing more adaptive coping, thereby amending a certain amount of prison stress, while promoting a healthier aging in place experience for the elder inmates (Kopera-Frye et al., 2013).

Work in Prison

There is little research done regarding inmates who work while in prison and the impact that prison work roles may have post-release integration. Although many prisons offer job positions to inmates for a fraction of minimum wages, there is little known about the potential psychological benefits that prison work may exult. Alarid (2005) discusses that the advantages of prison labor include cost reduction (or reducing the strain on government budgets), reduction of prisoner idleness, establishing good work habits, creating a sense of independence and self-respect, and that some prisoners were able to learn meaningful vocational skills (Flanagan and Maguire 1993; Guynes and Greiser 1986; Hawkins 1983). When prisoners were somewhat paid for their work it allowed them to have some savings for release, support their families, pay victim restitution, and pay taxes to the government (Alarid, 2005).

The lack of research on beneficial attributes of working prisoners may be a present gap in research that deserves further attention. Due to this lack of investigation, prisons may be offering or not offering employment opportunities to inmates. Alarid (2005) concludes that even though prisoners have been removed from society to serve their sentences as punishment, state prison systems vary widely on the degree to which they have jobs available for prisoners while incarcerated. While some states report that all "work capable" inmates are required to have a job in the prison or at least be enrolled in school full time, there are at least 15 states (mostly in the northeast) that report employment rates as low as 10-15% of the inmate population (Alarid, 2005). For the prisons that do implement "work capable" programs, there is not enough evidence how work capability is determined, who benefits from these programs, and if there are certain target inmate populations that may benefit from holding a prison job (Alarid, 2005).

For most adults work usually occupies a large amount of their time. Durkheim suggests that inmates who work in prison workshops have in a sense "been fitted" into the division of labor system characteristics of market societies (Guilbaud, 2011). Thus, inferring that although inmates have been removed from other parts of social life by a judicial decision, they are nonetheless organically linked to society by way of their productive labor, if allowed/expected to work while in prison (Guilbaud, 2011). Research is needed to discover whether a prison work role can also serve as a construct to improve mental health for aging prisoners and influence post-release social integration.

Prison Family

Prisoners are not able to raise their children or have much of a connection to their families as it is difficult to contribute emotionally, physically and financially while one is incarcerated. Previous research indicates that individuals who find pseudo families and social support groups in prison to help them on many different levels (Sharp & Gilly, 2010). Prisoners can find emotional, financial, and protective support through the networks that they engage and become a member of while in prison. However, research has not been conducted conveying if these pseudo familial relationships are efficient in fulfilling an individual's generative needs. Researchers have historically focused on the structure and nature of gangs in male prisons while ignoring the fact that "gangs" are more than just stereotypical predatory groups for exploiting others. Indeed, they serve the needs of their members, often providing safe harbors within the dangerous prison world. Thus, they can provide an extended psychological and emotional support system and also serve as an economic function (Forsyth & Evans, 2003).

Although, these prison families are not traditional in a social sense, inmates report that they gain some of the same benefits from their prison families. Forsyth and

Evans (2003) also note that inmates discuss the material support offered by pseudo-families. A prisoner comments on the financial support it provides: "...They call me mom. None of us get much money, but I find myself being able to give them what they need when they come to me. I never ask or accept anything in return, but that's alright. I come to love them, and I pray they never have days as I did. Days where I had no soap or decent pair of shoes..." (Forsyth & Evans, p.20, 2003).

Not only are these prison family systems common, they benefit both female as well as male inmates by providing the social support of friendship offered through prison gangs. Forsyth and Evans (2003) suggests that gangs and pseudo-families are similar. Male gangs have many of the functions of pseudo families. Also, professional discourse inhibits our view of these similarities. He describes that the social organization of women's prisons is composed of pseudo-family units, dyads, and cliques while men bond together through friendships and political/gang associations (Forsyth & Evans, 2003).

Although males and females both benefit and participate in pseudo prison families, women may have more to gain from these relationships due to the ailment of separation from their families. Research conducted by Collica discusses that both men and women adopt various roles in the inmate subculture to survive the pains of imprisonment. It is assumed that one reason females feel the pains of imprisonment more harshly than males is because of the difficulty in being separated from their family and children. To ameliorate the pains of separation, female inmates re-create their lost family in prison (Collica, 2014). This is not to say however, that this is not also critical to males and that prison families may serve them as a potential mental health buffer.

Recidivism

Recidivism is a serious social problem that many offenders experience. Previously, the Bureau of Justice Statistics (BJS) has published various statistical reports on the recidivism of former inmates in U.S. jails and prisons. Previous reports compared rates of recidivism of violent and non-violent offenders in several states in 1983 (Beck & Shipley, 1989) and in 1994 (Langan & Levin, 2002). In both cases almost two thirds (62.5% in 1983) of the released prisoners from were re-arrested within the first 3 years following their release, with slight increases in recidivism in 1994 (67.5%) within the 3-year period following discharge. (Palmero, 2015).

Another study (James, 2014) reported that since 1990, state and federal inmates have been released and positioned under parole or probation supervision with an average of 590,400 persons annually. The BJS released a report that followed state prison inmates for 5 years after being released in 2005 (Durose, Cooper, & Snyder, 2014). Though some individuals were able to integrate themselves into society effectively, a great number did not (Palmero, 2015). For example, of prisoners released in 30 states in 2005, more than two thirds (67.8%) had some form of interaction with the justice system within 3 years and nearly half (49.7%) had returned to jail or prison, either for violation of parole or a new crime. Of note, the recidivism rate for non-violent offenders during the above period was higher than that of violent offenders (Palmero, 2016). At the end of the 5-year period, 82% of property offenders, 77% of drug offenders, and 74% of public-order offenders had been rearrested; violent offender recidivism was 71.3%. The non-violent-offender recidivists, many of whom were young, were found to lack compassion, had ethical reasoning shortfalls, an antisocial tendency with impulsivity, and some type of mental disorder, such as attention deficit disorder or borderline personality disorder

(Palmero, 2016). Many researchers have indicated that the cause for such high rates of recidivism include insufficient training for discharge and a lack of the offenders' cooperation with these preliminary programs. Palmero (2016) suggest that it is very significant to prepare the offenders for discharge from the time of their first admission to an institution and during the first year following release.

One of the main explanations for the rise of mass incarceration in the United States is that placing offenders behind bars decreases recidivism by teaching offenders that "crime does not pay." This rationale is based on the view that custodial sanctions are uniquely painful and thus exact a higher cost than noncustodial sanctions (Cullen et. al, 2011). Another position, industrialized mostly by criminologists, is that imprisonment is not merely a "cost" but also a social experience that excavates illegal involvement. Cullen and colleagues used an evidence-based approach and concluded that there is little evidence that prisons indeed serves to reduce recidivism and that there is at least some evidence to suggest that prisons have a criminogenic effect (2011). The policy implications of this finding are noteworthy, for it means that beyond crime saved through incapacitation, the use of custodial sanctions may have the unexpected consequence of making society less safe (Cullen et. al, 2011).

Similarly, Listwan and colleagues (2013) discuss that imprisonment may increase subsequent levels of offending. Drawing on general strain theory (GST), Listwan et. al., examined whether exposure to the strains associated with imprisonment affects recidivism. These strains include direct victimization, the perception of a threatening prison environment, and hostile relationships with correctional officers. Consistent with GST, data from a sample of 1,613 recently released inmates in Ohio suggest that certain

types of these strains do increase the likelihood of recidivism. These results challenge specific deterrence theory and claims by public officials that painful prisons will reduce reoffending (Listwan et. al., 2013).

Van Vugt et. al., (2011) conveyed that there are certain risk factors that may attribute to recidivism risks. A meta-analysis explored (a) which attributes predict general, sexual, and violent recidivism for adults in the American justice system, and (b) if some characteristics are more influential than others. The authors determined the following domains are statistically significant predictors of recidivism: younger age, antisocial personality, criminogenic needs, distress, family criminality, family rearing, male gender, history of antisocial behavior, behavioral risks ($r = .17$), lack of social achievement, and substance abuse (VanVugt, et. al., 2011).

Likewise, Oueslati et. al., (2017) found similar potential risk factors associated with recidivism. In a case control study, they included 25 cases and 38 controls, eight recidivism factors were identified independent of type of offense. Living in poor urban neighborhoods, having been unemployed and not having lived with the family after discharge were found to be risk factors. Also involved in re-offense were alcohol and cannabis use disorders; a hospitalization shorter than 6 months multiplied the risk by 1.79 ($P = 0.046$) and a combination of conventional antipsychotics and a poor adherence to treatment were considered significant recidivism risk factors as well.

In another study conducted by Van Vugt et. al., (2011) moral development and recidivism was studied. Their meta-analysis of 19 studies ($N = 15,992$ offenders) showed a significant inverse relation between more mature moral development and recidivism. Moderator analyses revealed a larger effect size for moral cognition) than for moral

emotion. Larger effect sizes were found for female delinquents than for male delinquents. Only small differences in effect sizes were found between juvenile delinquents and adult delinquents. Finally, self-report measures of recidivism revealed much larger effect sizes than official reports of recidivism. The relation between moral development and recidivism is an interesting concept that needs to be further explored for discharge planning as well as confinement programs hosted by the prison institutions.

Furthermore, it is important not to only assess individual characteristics associated with recidivism but also institutional attributes that may contribute to recidivism risks. Chen and Shapiro (2007) discovered that institutional environment plays a significant role in recidivism. They estimated the casual effect of prison conditions on recidivism by prisoners housed security levels. Inmates that are house in higher security levels are no less likely to recidivate than those house in minimum security levels. Chen and Shapiro also conclude that harsher prison conditions lead to more post-release crime (2007).

In addition, Kubrin and Stewart not only studied individual characteristics in relation to recidivism but also neighborhood context as well. Their research used data on a sample of ex-offenders in Multnomah County, Oregon (Portland and surrounding area) in conjunction with 2000 census data. They found that those who return to disadvantaged neighborhoods recidivate at a greater rate while those who return to resource rich or affluent communities recidivate at a lesser rate, controlling for individual-level factors (Kubrin & Shapiro, 2007).

Literature Gaps and Need for the Current Study

While we have some knowledge about recidivism, mental health functioning and risk factors for prisoners few studies have explored these issues for aging prisoners. Even

less is known about the OAs post-release and their social integration process. Issues previously discussed point to the fact that the needs of these OA prisoners are not only overlooked in the prison system but, once released continue to go unaddressed. OAs post-release rarely are connecting with family members for support and due to their age and prison record are often considered 'unemployable, further adding to their consumed isolation, which may actually be worse than in prison.

Theoretical Framework

The theoretical framework of this study encompasses three theories that guided our research. An Eriksonian model of development provided a framework to assess OAs development, specifically focusing on the last two stages of life; stage 7 Generativity versus Stagnation and stage 8 Ego Integrity versus Ego Despair. This study aimed to investigate if the traditional tenants of the theory are applicable to an OA who has aged in prison.

Pierre Bourdieu's concept of "the promise of theory" was used to provide a critical lens to Erikson's theory of development. It is imperative to understand if individuals who have aged in prison fall subject to traditional theories due to their unique disposition of living their lives and progressing through development behind prison bars. Bourdieu serves as justification as to why to challenge dominant theories that are present in our western culture.

As a result, we added a lens of the Social Inequality Theory (SIT) to contextualize Erikson's lens and the aligned master narratives present in research. Focusing on three tenants of the theory; social location, inequality, and the interconnectedness between the individual and the institution can help frame a perspective and understanding of this social problem.

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Erikson's 8 Stages of Human Development

Erik Erikson's (1963) life-span development theory offers an alluring scheme for the examination of satisfactory adjustment to the aging process. Erickson views ego development with ego integrity as a goal, vs. ego despair, as spanning the entire life cycle, which is composed of a hierarchically ordered sequence of stages. Associated with each of these stages is a psychological "crisis" or turning point that ascends from the combination of psychological maturation and psychological demands that are encountered by the person during each given stage (Hannah, 1996). The likelihood of an older adult reaching a state of Ego Integrity versus Ego Despair is highly correlated with the success of the previous stage Generativity versus Stagnation. Hannah noted that the manner in which these crises are eventually resolved has subsequent personological impact: the positive adapted resolution contributes the to the probability that the crisis in the next stage will be resolved positively (1996).

For OAs who have spent most of their adulthood years in prison, reaching a stage of Ego Integrity may be difficult. The stage prior to Ego Integrity versus Ego Despair is Generativity versus Stagnation. In this stage Erickson claims that adults need to establish careers, have a committed relationship, begin families, give back to society, be productive at work and become involved in the community (Hanna, 1996). If an individual failed to accomplish these tasks, Erikson posits, it will lead to a feeling of stagnation and unproductiveness. Failure to overcome the crisis in this stage may lead to ego despair (Cheng, 2009). For OAs who were incarcerated during the Generativity versus Stagnation stage of their life they are not afforded the opportunities to give back to society, raise their children or become involved in the community, at least not in a traditional sense. Of note, however, our preliminary research suggests that some older

prisoners somehow achieve this in alternative ways. It is critical however to carefully document and understand how this occurs and under what circumstances.

What we have learned thus far is that if Erikson's theory is still somewhat applicable to the imprisoned population; two of the components of this stage that the older inmates may have access to while serving their sentence in prison are work roles and prison pseudo families. Older prisoners who take on work roles in the prison, such as a chef, librarian, janitor, mentor, etc., may be able to gain a sense of purpose and productiveness, which then may lead to a sense of integrity in their final stage of life. In addition, prison family relationships may serve as a support system for the OA prisoner. Due to the sequential interdependence of the stages, the emergence of positive characteristics associated with earlier life stages is a prerequisite to the successful encounter with future stage related developmental struggles, including the encounter related to the final stage of ego integrity versus ego despair (Hannah, 1996).

Research indicates that stage 7, Generativity versus Stagnation, is the stage that predicts ego integrity versus ego despair the most when compared to all other Eriksonain stages (Cheng, 2009). Generativity emerged as the most influential Eriksonian stage predictor of integrity. Research suggests that generativity may be the single most important factor in achieving ego integrity. The findings are congruent with Eriksonian theory, which suggests that although all of the phases of life are interdependent, the concept that the achievement of ego integrity is inseparably linked with the quality of the resolution of the generativity stage (Cheng, 2009).

Erickson's theory maintains that OAs who reach the final stage of life and are in a state of integrity have better quality of life and less health complications compared to

those in a state of despair (Cheng, 2009). For instance, OA prisoners who have less physical and psychological ailments can better reintegrate back into society and are less costly on the healthcare system than those who are accompanied by mental stressors, chronic disease, and physical impairments. Research is needed to explore the relationship between prison experiences, such as work roles and prison pseudo families and the impact they may have on post-release social integration and mental health.

Bourdieu-The Promise of Theory

Although Erick Erickson's 8 stages of development has been a cornerstone in the social sciences, much of Erickson's theory of human development was built on the premise of studying this in white middle-class Americans (Kivnick & Wells, 2013). There is insight to gain in the investigation if Erickson's 8 stages of development are applicable to marginalized individuals, and if it is applicable, in effect questioning if the traditional tenants of each stage need to be maintained as theorized or if more marginalized populations find other ways to achieve a positive outcome. Bourdieu discusses the promises of theory must be challenged to be reflexive in social science. Bourdieu suggests that science as "fact" was used as an instrument of power designed to fortify the elite classes (Calhoun, 2011). In addition, much of classical theory was published on findings from studying the privileged and published by the privileged. Therefore, theories may not be objective in nature and must be critiqued to determine if the theory's true utility is applicable (Calhoun, 2011). If science is not challenged it will continue to perpetuate the norm, while social scientists attempt to find a place for their findings and questions in existing theories. Although Erickson is a credible and widely accepted key theory of "human" development, Bourdieu suggests that we must challenge if it applies to all and how (i.e. if it applies in the same fashion). In other words, we are

challenged to explore if integrity is conceptualized the same for OAs who have

progressed through adult development behind bars.

"Doxa" is Bourdieu's term for the taken-for-granted, preconscious understandings

of the world and our place in it that shape our more conscious awareness's (Calhoun,

2011). Bourdieu maintained that the educational system, apparently designed to protect

and support the power elite, created a system that essentially perpetuated itself through

reinforcing the same "factual" knowledge (Calhoun, 2011). Social scientists may ask

questions that reflect theories that are already known. For example, the scientific process

designed to uncover truth did not promote innovation but rather new ways of discovering

what is already known – based on "everybody knows" assumptions (Calhoun, 2011).

This may have led to a condition in knowledge building that Bourdieu referred to as

misrecognition, misrecognition is not simply error; every recognition is also a

misrecognition. This is true because we cannot be objective and outside our own

relations, we cannot see them from all conceivable angles. He challenges us to reflect

which aspects of them we understand and how it reflects on our own practical

engagement in them and the conditions for perpetuating the games in which we are

participants (Calhoun, 2011). The OA prison population is a marginalized population

that faces challenges that many other individuals will not have to encounter, but yet may

be forced to participant in the same game as the rest of society.

Bourdieu conveys the importance of challenging preconceived notions through

his concept of Doxa. Doxa is felt reality, what we take not as beyond challenge but before

any possible challenge (Calhoun, 2011). Though doxa seems to us to be simply the way

things are, it is in fact a socially produced understanding, and what is doxic varies from

culture to culture and field to field. In order for humans to process, and to recognize anything, it is required the kind of orientation to action and awareness that doxa gives. Doxa thus also implies misrecognition, partial and distorted understanding (Calhoun, 2011). Theories in academia are socially produced understandings of how reality is experienced. However, it is important to ask who's reality do they describe?

Bourdieu challenges the social sciences to be reflexive, and contest and critique the norm. It is in this reflexivity that true discoveries regarding truths are found, and with this comes justice for the marginalized, "othered" individual, which for decades have been subjected to dominant theories and ways of knowing. We seek to understand how OAs who have aged in prison achieve a sense of ego integrity and how they define this integrity for themselves. It would be dubious to apply a human development theory that was founded on the premises of white middle-class Americans without offering room for critique (and adjustment); in line with these concerns we propose to add the additional lens of Social Inequality Theory (SIT) (see below).

<center>**Social Inequality Theory**</center>

A theoretical framework that can be used to discuss some of the underlying components of the disparities that OAs who have aged in prison are subjected to is SIT. Focusing on three tenants of the theory; social location, inequality, and the interconnectedness between the individual and the institution can help frame a perspective and understanding of this social problem (Cohen et. al., 1981). An individual's social location, such as being a prisoner, is accompanied by a plethora of preconceived social notions that either demonize or rationalize why an older adult prisoner's quality of life is not of value. The social construction of the "prisoner" allows society to justify that there is no need to assess and hold accountable the prison institution

and its policies that prisoners are subjected to when it comes to ultimately reaching a positive state for those incarcerated. This somewhat explains the changing philosophy of our prison system from rehabilitative to punitive, as it allows society to use the rationalization that these individuals "deserve" to be locked away without many systems to aid them in positive adjustments as if they do not deserve to obtain integrity. Arguing the ethical and moral components of what one deserves is too controversial for research purposes and is beyond the scope of this research.

However, it is important to document and discuss the social inequalities that these prisoners may have experienced that may well have lead them to aging behind bars. The prison systems are largely comprised of minorities, who have often been victims of social inequalities and racial disparities that may have predestined them to a life of crime and incarceration (Brewer & Heitzeg, 2008). Furthermore, the institutional silhouettes of American social inequality have been transformed by the rapid growth in the prison and jail population. America's prisons and jails have produced a new social group, a group of social outcasts who are joined by the shared experience of incarceration, crime, poverty, racial minority, and low education (Western & Pettit, 2010). As an exiled group, the men and women in our correctional institutions have slight access to the social mobility available to the mainstream (Western & Pettit, 2010). In addition, these individuals may never have been given the same access to opportunities because of their social location of inequality to begin with (Western & Pettit, 2010).

The social interplay between institutions and individuals is a key component to understanding that OAs in prison need a prison institution that is sensitive to their aging needs. On one end of the spectrum OAs who are incarcerated will respond more will age

more successfully when their needs are taken into consideration and they feel a sense of security inside the prison walls. Many of these OAs were subjected to a social location that may have deemed them to no other life but a life behind bars (Western & Pettit, 2010).

The essential challenge at the focus of the field of sociology is understanding the relationship between structure and agency. Structure refers to the complex and interconnected set of social forces, relationships, institutions, and elements of social structure that work together to shape the thought, behavior, experiences, choices, and overall life courses of people (Cole, 2009). These complex interconnected set of social forces play a significant role in shaping an individual's life, in essence, these social constructions shape an individual's perceived abilities of themselves and also perceived access to cultural means and goals. Deviance results because of an imbalance of the goals and the means arguing that society systematically does does not give everybody the same opportunity to achieve the goals (Merton, 1983).

We used our conceptual framework as a lens to explore the disparities and complexities that OAs who have aged in prison may have experienced. We aimed to explore this issue with recently OA released prisoners (RPs) to help inform future policies that may allow for a more human approach to allowing these OAs to successfully reintegrate post-incarceration and gain some sense of completion and balance before they die. See Figure 1. Theoretical Framework.

Figure 1. Theoretical Framework.

Theoretical Framework		R. Questions	Scales
Eriksonian Framework of Human Development	• The likelihood of an older adult reaching a state of Ego Integrity versus Ego Despair is highly correlated with the success of the previous stage Generativity versus Stagnation. • The stage prior to Ego Integrity versus Ego Despair is Generativity versus Stagnation. In this stage Erickson claims that adults need to establish careers, have a committed relationship, begin families, give back to society, be productive at work and become involved in the community. If an individual fails to accomplish these tasks, he posits, it will lead to a feeling of stagnation and unproductiveness. Failure to overcome the crisis in this stage may lead to ego despair. • For older adults who were incarcerated during the Generativity versus Stagnation stage of their life they are not afforded the opportunities to give back to society, raise their children or become involved in the community, at least not in a traditional sense. Of note, however, our preliminary research suggests that some older prisoners somehow achieve this in alternative ways. It is critical however to carefully document and understand how this occurs and under what circumstances.	**R1:** Do prison experiences impact OAs' psychosocial stage post-release?	• Prison Demographic survey indicating years incarcerated during adulthood. • The Modified Erikson Psychosocial Stage Inventory (MEPSI) is designed to measure the strength of psychosocial attributes that arise from progression through Erik Erikson's eight stages of development.
Social Inequality Theory	• A theoretical framework that can be used to discuss some of the underlying components of the disparities that older adults who have aged in prison are subjected to is the Social Inequality Theory. • Focusing on three tenants of the theory; social location, inequality, and the interconnectedness between the individual and the institution can help frame a perspective and understanding of this social problem • The institutional silhouettes of American social inequality have been transformed by the rapid growth in the prison and jail population. America's prisons and jails have produced a new social group, a group of social outcasts who are joined by the shared experience of incarceration, crime, poverty, racial minority, and low education.	**R3:** What are prison and post release structural factors impact successful integration for OAs post-release? **R4:** What are the differences in needs of OAs' post-release compared to their younger peer counterparts?	• Demographic questionnaire. • What are the greatest needs of older adults post-release?
Qualitative Feasibility Findings	• The feasibility study conveyed that prison involvement in social prison roles was a contributing factor to quality of life and reintegration once released. Prisoners who took on work roles, mentoring roles or volunteer roles in prison had a sense of purpose during their incarceration period. • The preliminary study found that families played a significant role in quality of life and social reintegration. Family in our study was investigated in two veins; prison pseudo families and traditional family. • Mental health issues, such as depression, anxiety, stress and lack of coping skills were noted throughout, as issues affecting functioning in prison as well as affecting effective non-reoffending function once older adult prisoners are released. • Older adults post-incarceration have very specific needs different than their younger parolee	**R2:** Does quality of life and successful integration impact OAs' mental health post-release?	• The Quality of Life Scale (CASP-19) uses four domains (i.e., control, autonomy, pleasure and self-realization) to assess the quality of life in individuals in early old age. • MEPSI (see above). • The Mental Health Continuum Short Form measures emotional (reflects hedonic well-being), social and psychological well-being. • The Kessler Psychological Distress Scale (K10) is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. • The PCL-C is a 17-item self-report checklist of PTSD symptoms based closely on the DSM-IV criteria.

CHAPTER THREE

QUALITATIVE FEASIBILITY STUDY

Abstract

In the context of mass-incarceration, more and more prisoners grow old in US prisons and with recent changes in legislation more and more are being released. These individuals are often ill-prepared to function in a society that has changed significantly during their incarceration. This qualitative study examines the psychosocial needs of these releasees. Nineteen semi-structured interviews took place with adults aged 55 and older who were released from parole and professionals who worked with this population. A grounded theory methods approach was used for data collection, coding, and analyses. Using saturation as a consensus, several themes emerged related to the specific needs and challenges older adult face post-incarceration: challenges of parole, challenges of parole specific to older adults, reentry initiative (RI) program success, and quality of life/mental health. The needs of formerly incarcerated adults are complex, and many find themselves in an environment that does not help them with the required adjustments. Many lack ties to the community, having lost contact with friends and family who might assist them at this crucial time. As a result, many older adults released from parole seriously consider reoffending as an option. The paper concludes with a discussion of best practice suggestions such as formal RI programs to assist older adults post-incarceration in successfully transitioning back into society and policy changes to address the needs of this vulnerable population.

Keywords: Older Adult, Prisoner, Needs, Challenges, Parole.

Background

The United States has the largest incarcerated population in the world (NAACP, 2016) and, much like its society overall (Ortman & Velkoff, 2014) its prison population is aging (Carson & Sabol, 2014). Between a trend in new legislation in states and territories nationwide that provides for compassionate release (Maschi et. al, 2016) and increasing numbers of older adult prisoners nearing the end of their long-term sentences (Kerbs & Jolly, 2009), the population of recently released formerly incarcerated older adults is ballooning. In 2009, more than 700,00 offenders were released from state and federal institutions and into the community, and aging prisoners represent an increasing share of this population (Wyse, 2017). This group has needs that affect neither their older adult peers nor their younger parolee counterparts, facing elevated risks of mental health problems, substance misuse, and poor social reintegration post release (Bryson et. al, 2017). Many have been in prison a long time, and they face a society that mostly does not value older people and that has strong negative sentiments about former prisoners. Programs to address their specific needs are scant.

While there is a somewhat robust literature on prisoners' mental health and other needs, few studies focus on the mental health and psychosocial needs of the post-release functioning of formerly incarcerated older adults. Understanding their psychosocial and mental health needs is crucial to helping them successfully integrate back into society, which while benefit both this vulnerable population and society at large.

Aging in the US

The aging population in the United States is becoming more diverse in terms of rural or urban residency, racial identity, sexual orientation, ability, socioeconomic status, culture, religion, and other factors (Mehrotra & Wagner, 2009). As of 2013,

approximately 44.7 million of the total US population, or roughly 14% of the overall

population, was aged 65 or older and this is estimated to increase to 21% of the total

population by the year 2040 (U.S. Department of Health and Human Services, 2014).

The graying of the nation will coincide with the diversification of the nation, as the

United States is anticipated to become minority-majority by the year 2050 (McBride,

2012).

Minorities also make up the majority in prisons and jails (Bonner et. al, 2016).

Together, African American and Hispanics comprised 58% of all prisoners in 2008, even

though they make up only one quarter of the US population (Center on Juvenile and

Criminal Justice, 2016). The racial component of mass incarceration must not be

overlooked in general, but the intersection of aging and incarceration adds to this

complex issue. As increasing numbers of older adults are being released to society, the

field of ethnogeriatrics needs to include this growing group in their focus.

Social Integration Post-Release and Recidivism

At the end of 2016, an estimated 4.5 million adults in the United States were

under community supervision (Kaeble, 2018). A plethora of social challenges face

formerly incarcerated peoples as they seek to socially integrate and meet the demands of

their parole or probation requirements. Such conditions might be general, such as

refraining from breaking the law, reporting to probation officers as required, and not

leaving the state without permission, or special, tailored to the circumstances of each case

(e.g., drug testing and treatment, curfews, restraining orders) (Corbett, 2015). Post

release requirements may include finding and maintaining regular employment,

participating in intensive supervision programs, not changing residence or employment

without permission, and paying supervision fees. These requirements can complicate

successful reintegration for older adults, who may be particularly lacking in knowledge about available resources, skills to execute technological processes, and social connections for support. Older offenders' connections to family may be frayed due to years of criminal involvement, drug abuse, or lengthy prison sentences (Wyse, 2017).

Many researchers have indicated that insufficient preparation for discharge can lead to high rates of recidivism, and lowering recidivism rates are a policy goal in most jurisdictions (Durose, Cooper, & Snyder, 2014). While little data exists parsing out the recidivism rates for older adult former prisoners, overall data for recent releasees is concerning. For instance, a five year BJS study (Palmero, 2015) regarding prisoner post release found that more than two thirds (67.8%) had some form of interaction with the justice system within 3 years and nearly half (49.7%) had returned to jail or prison, either for violation of parole or a new crime. It has been established that older offenders recidivate at lower rates than younger offenders, it remains mostly unknown how older offenders fare in the process of social integration (Wyse, 2017).

Social inequality theory, with its tenets of social location, inequality, and the interconnectedness between the individual and the institution can help frame a perspective and understanding of the social problem of reintegrating older releasees from prisons and jails into society. According to this theory, a plethora of preconceived social notions attends individuals' social location, such as being an older adult on parole, and may indicate that a person's quality of life is not of value to society, as the stigmatized term "ex-convict" suggests. Arguing the ethical and moral issues that attend a prisoner's identity is beyond the scope of this study. However, it is important to mention the social inequalities that lead many to aging behind bars. The US judicial system incarcerates

minorities at a much higher rate (Wildeman & Wang 2017) than non-minorities, and many researchers document how social inequalities and racial disparities put some groups at greater risk of incarceration (Travis et. al 2014; Western & Pettit, 2010). As an exiled group, these men and women have no access to what little social mobility the United States offers (Western & Pettit, 2010), and formerly incarcerated older adults may have had the least such access. The prison systems are largely comprised of minorities, who have often been victims of social inequalities and racial disparities that may have predestined them to a life of crime and incarceration (Brewer & Heitzeg, 2008). The institutional silhouettes of American social inequality have been transformed by the rapid growth in the prison and jail population. America's prisons and jails have produced a new social group, a group of social outcasts who are joined by the shared experience of incarceration, crime, poverty, racial minority, and low education (Western & Pettit, 2010).

Older adults who are incarcerated will likely respond more constructively when their needs are taken into consideration and they feel a sense of security once released. They may also be less likely to re-offend if they are given the means necessary to survive and complete their parole sentence. Analyzing the issue of aging behind bars with a more comprehensive lens may help our understanding of the complex needs of formerly incarcerated older adults to help live after prison with a sense of dignity and avoid recidivism. Little is known about the post-release experiences of older adults, a gap in the literature is addressed here.

Methods

Sampling and Recruitment

We recruited older English-speaking men aged 55+ who were released from parole (N=14). This study including only males ages 55+. Due to sample availability only men were included, the reentry center that was used for sample access did not have any females who had formerly received their services and are no longer on parole. This occurrence aligns with older prisoner demographics being that only 6 percent of older adult prisoners are female (Chettiar et. al, 2012). We also spoke with five professionals who work with parole clients, using a combination of convenience and snowball sampling strategies, from an RI program in Southern California. The professionals included the director of the reentry center, the financial manager, a member of the security staff, a case worker, and an intake coordinator. Together this group of 19 people comprised our key informants (KIs). Triangulation was used to seek diversity by prison sentence, age, and time elapsed since release.

In the community, older adults are defined as defined as 65 years and older. In prison, the age at which an inmate is deemed "geriatric" varies from state to state (Lemieux, Dyeson, & Castiglione, 2002). In some states, inmates as young as 50 are defined as geriatric; in other states, inmates are not considered geriatric until they reach age 55 or 60 (Anno et al., 2004; Lemieux et al., 2002). Despite these differing definitions, there is consensus that inmates undergo a process of accelerated aging compared to their age-matched counterparts outside of prison (Aday, 2003). Outside of prison, people often encounter new physical, psychological, and social challenges as they age. In prison, an environment designed for younger inhabitants, aging introduces additional challenges in

safety, functional ability, and health (Williams & Albredes, 2007). The purpose of the study and participants' rights were verbally explained to each participant and they all signed informed consents. The Loma Linda University Institutional Review Board approved the study procedures.

Interview Procedures

To assure consistency across interviews, data was collected through semi-structured audio taped face-to face interviews by a qualitatively trained researcher between July 2017 and December 2017. Interview guides were used to ask the releasees (Appendix 1), and professionals (Appendix 2) about the experiences and challenges of formerly incarcerated older adults who have served parole. The interview questions for releasees covered the following topics: 1) experiences during parole, 2) prison experiences related to family, work roles, social roles, and mental health, and 3) current state of mental health and reintegration success/failure. The interview questions for professionals related to their perspective on former prisoner's post-release needs and experiences as well as their policy and resource recommendations. Participants were also asked to complete a brief paper-pencil form assessing their socio-demographic characteristics.

Qualitative Data Analysis

Six analytic strategies proposed and Miles & Huberman (1994) were used to guide our qualitative content analysis: 1) coding of data from interviews, 2) recording insights and reflections on data, 3) sorting through the data to identify similar phrases, patterns, themes, sequences, and important features, 4) looking for commonalities and differences across data and extracting them for further consideration and analysis, 5) deciding on generalizations that hold true for the data, and 6) examining these

generalizations in light of existing knowledge. In addition, a grounded theory approach as defined by Charmaz (2014) was implemented for qualitative analysis to apply the theoretical lens of social inequality theory (Western & Pettit, 2010). Thus, data analysis involved three stages of coding: open coding, axial coding, and selective coding. This technique organized the data into similar categories, allowing us to examine the phenomenon of interest. These categories yielded themes that allowed for the coherent understanding of the phenomenon in relation to the theoretical lens of social inequality theory.

The transcribed data was read in depth for context and then coded using emerging line-by-line coding to create a list of emerging codes. The list was then organized into groups that aligned as axial emerging main codes, and additional sub-codes under each main code, which then constructed the structure of the analyses to aid in systematically theming responses from participants. Once a finalized codebook was created it was applied to all transcribed interview transcripts included in this analysis. A constant comparison method was used to assure that analyses were truly based on participant responses.

Establishing Trustworthiness and Rigor

In order to ensure trustworthiness and rigor, the authors used the following strategies, which Patton (2002) recommended: 1) ensuring participants' confidentiality, 2) data triangulation, by recruiting a diverse array of stakeholders who have different roles within the community, 3) member checking by discussing new data with participants that had been interviewed earlier, and 4) research reflexivity by debriefing with coauthors to identify our own biases during the data collection process, and 5) incorporating verbatim statements that were linked to descriptions of data.

Results

Sample Characteristics

The average age of releasees in the study was 66 and their average length of incarceration was 19 years. Seven were White, including two who identify as Hispanic and seven were African American. More than half were not married, and more than half had obtained some high school education. Most were unemployed when we spoke and had an annual household income of less than $12,000. Among the five service providers, all were earning at least $36,000 annually. Their average age was 44 and the average number of years they had worked with the population of interest was 13.4 years.

Table 1.

Socio-Demographic Table Releasee (n = 14) Professional (n = 5)

	R M(SD) or %	Professional M(SD) or %
Gender		
Male	100%	20%
Female		80%
Age	66.92 (9.61)	44.32 (5.41)
Years Incarcerated	19.00 (6.00)	N/A
Years Working RI Program	N/A	13.4 (7.2)
Race		
White	50%	80%
African American	50%	20%
Ethnicity		
Non-Hispanic	85.7%	60%
Hispanic	14.3%	40%
Marital Status		
Single	64.3%	20%
Married	21.4%	60%
Divorced	14.3%	20%
Widowed	0%	0%
Education		
Some HS	57.2%	0%
Graduated HS	21.4%	20%
Some College	21.4%	60%

Bachelor's degree	0%	20%
Employment	14%	100%
Income		
Less than $12,00	64.6%	
Between $12,000-$24,000	14.3%	
Between $24,000-$36, 000	7.1%	
Over $36,000	14%	100%

The qualitative analysis conveyed several emerging themes, each with 3-4 sub-themes: challenges of parole, challenges of parole specific to older adults, RI program success and quality of life/mental health.

Table 2.

Axial Codes and Themes Older Adult KI

Axial Code	Theme-Sub-codes
Challenges of Parole	Lack of Resources
	Homelessness
	Type of Offense
Challenges of Parole Specific to Older Adults	Job Discrimination
	Technology Challenges
	Unfamiliar Society
	Medication Management
Quality of Life/Mental Health	Social Integration/Positive Mental Health/ Ego Integrity
	Lack of Social Integration/Poor Mental Health/Ego Despair
	Older Mentality/Maturity
Reentry Initiative Success	Services
	Safe Space
	Giving Back
	Importance of Empowerment

Theme 1: Challenges of Parole

1a. Sub-Theme: Lack of Resources

Most individuals post-release are mandated to complete parole. Releasees

emphasized the lack of resources available to assist them in successfully completing their

parole requirements. They cited lack of transportation in communities with poor

infrastructure; lack of referrals for many types of needed services, including housing,

food, jobs, health care, and if referrals are identified, the delay in receiving general relief

aid; and lack of funding or clear guidance for completion of mandatory requirements

such as obtaining state-issued ID. A 72-year-old releasee explained how these problems

might lead to recidivism:

> They expect us to go to all these places and they are not close and do all these
> things. They don't even give us a bus pass and you cannot walk in [this
> metropolitan area, which generally lacks sidewalks]. We need to get an ID, but
> that costs money, and it's hard to try and fill out all the paperwork to try and get
> food stamps or cash aid to help us eat or with the costs. Sometimes it's just easier
> to do something to go back in [to prison]. You get hungry being on the streets,
> and lots of us old timers, we don't have family anymore that will take us in. I
> know it sounds crazy but the stress of all the things you got to do, and being
> hungry, sometimes makes prison look greener [i.e., like the greener grass on the
> other side of the fence].

Releasees and professionals alike described healthcare as a serious challenge for

older releasees. Many had been treated in prison for chronic conditions and diseases, but

they had no access to immediate continued care after their release. A 68-year-old releasee

explained that this is so serious that he was prioritizing: "I wasn't even that worried about

my blood pressure or heart medications—it's my psych meds that I was panicked about."

He was worried he might return to prison if he did not get better support, as he said:

> When I go off my meds I go crazy and they tellin' me to fill this out and I got to
> go get referrals and stuff and I ain't got time for all that. I knew off my meds I
> might commit another crime and be right back in. I know myself, it's sad.

While this man had avoided committing another crime, as the fact that he

completed his parole and was still living in the community suggests, his story suggests

the danger that neglecting older releasees poses. The delay he incurred because of the

bureaucracy attached to continuing medications that the state had been supplying to him

for years put members of his community at risk, according to his description. The delay

in his medications for physical health also threatened to make his sentence into a death

sentence.

1b. Sub-Theme: Homelessness

All KIs in the study mentioned homelessness as being a key barrier to

successfully integrating and meeting the demands of parole. Indeed, many releasees said

that homelessness the greatest challenge they faced in during their parole sentence. A

professional explained that the state provides releasees 120 days of housing at the most,

and that this was far from sufficient for older releasees:

> There is no way an older adult is going to be able to get on their feet in 120 days. One hundred and twenty days is not enough to find employment and a place to live. Older adults cannot survive on the streets! Some of these individuals are close to death due to their chronic conditions. It breaks my heart when I have to tell a 70-year-old, "sorry, there is no housing for you."

Much like lack of access to other resources, participants tied homelessness to the

risk of re-offending. A 79-year-old releasee said:

> You know, trying to do this and trying to do that, you got all this stress of doing right so you don't get penned up again, but that's hard, you know. When you ain't got nowhere to lay your head or take a hot shower. I asked my parole agent, where am I supposed to go. He said, "you see that field over there? Go stay in that field for 2 years (time to complete parole sentence). So I was like, man, at least inside I had a shower and a bed.

Another releasee explained:

> Because there was nothing that your parole agent could do or tell you where you were gonna stay, or if there were any funds for you to be housed—and, you know, I was like, "Well, before I live in the streets, I guess we'll turn around and, and go back and, you know. There's no hope. Turn around and go back. I can do homeless when I was in my 30s. I can't do homeless in my 70s. It—it's just too hard.

Another releasee, who was 68, explained how terrible homelessness was:

If you ain't ever been in the streets you don't know that pain, the cold you can't escape, the heat you can't escape, there is nowhere to go. [I couldn't go to] a park or a bench, they [police] will come kick you out. You forget about all of your classes [on how to behave] and sh** that you have to do. You first start to only think survival, and that's why you are probably going to catch another case [re-offend].

1c. Sub-Theme: Type of Offense

As releasees explained, some types of offense made it particularly difficult to re-integrate into society. For example, a 79-year-old releasee explained how the fact that he was a registered sex offender made him homeless:

> Uhh, because I had a, before this case [the most recent crime that led to imprisonment], I had a case. Well not quite a case. It was 20 years ago, and it was a sexual case. Umm, so I had to become a [registered] sex offender. When I got this case I had ended up having to do new registration stuff and all this other stuff. So, being that my wife and my grandchildren were in the home, I couldn't go home.

Sex offender registry laws in many states confine individuals who have been convicted of a sex crime to live within certain geographical areas. Going outside these boundaries and venturing too close to a school violates the terms of their parole. Another registered sex offender, who is 72 years old, said:

> I'm boxed in. I can't do this, I can't do that, I can't go here, I can't go there. I can't go this distance, I can't look for a job there, I can't look for a job here. It just—umm, yeah. If I use certain public transportation routes and they pass by a school I am in violation. I was so paranoid once I spent like three extra hours walking in the sun to be sure [I would not commit] no GPS violation. Also I had to be homeless on parole because my family, they got a house they got a house close to a school. So, yeah.

A professional explained:

> It's hard to even *find* housing for [sex] offenders [for the 120 days the state will provide]; we can't guarantee their safety in the housing units that we have. Of course, their information is always kept confidential, but word gets out. These types of criminal acts are even demonized by other criminals. I had an individual almost get beat to death the first night on parole in a housing unit because [the attacker felt] you don't mess with women or children.

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Theme 2: Challenges of Parole Specific to Older Adults

2a. Sub-Theme: Job Discrimination

One of the many requirements of parole and probation sentences is to obtain

employment within a short period. Older releasees face the same ageism that all older

adults face as well as discrimination in hiring against people with a criminal record and

the fact that most jobs recent prison releasees can obtain are manual labor jobs that they

may be physically unable to perform. A 66-year-old releasee explained:

> Here are some challenges you face in the work world as an older person: you may
> go for an interview they can obviously tell that you're older and most of the time
> they're looking for, let's say the only job that you're really able to get is through a
> temporary service and working in a warehousing district. It's hard work, it's labor
> intensive, you are 60 years old. You do not have the stamina that a 30-year-old,
> 20-year-old has, even a 40-year-old—you don't have that stamina.

Another releasee, who was 82, explained that after a long prison stint he does not

have any skills that are applicable in the modern work industry.

> What am I gonna do? I don't know how to do most of what is out there. I went in
> so long ago. Now even in the warehouses and constructions they got fancy new
> ways of doing it all. I never got much skill or training before I went to prison,
> none on the inside. And now here I am, and I got nothing to offer.

2b. Sub-Theme: Technology Challenges

For many releasees who had been incarcerated at least 20 years the changing face

of technology was a barrier to reintegration. Some of the basic requirements of parole,

like getting an identification card/social security card, applying for a job, or registering

for mandatory classes requires them to go online. There are many older adults who do not

even understand the concept of the internet, let alone know how to operate a computer or

smartphone. A 78-year-old releasee explained:

Well it was, it was kinda, it was kinda hard because I'm still learning because, uh, everything's—social security, [inaudible] bank, um, whatever you had to do you had to do it online almost, now. And that's, that's been hard for me trying to get that. I need somebody to sit down with me two, three hours, uh seven days a week and learn and learn computers.

Another releasee expressed more anger than shame:

I don't understand [the move to online communication]. Why can't I just give you my information on an application? Why must they make it harder for me? And everyone is using a cell phone! I don't even know how to use it for much except call. I asked my PO [parole officer] how do I get to the social security office and he said to navigate it [use a navigation app]. What the hell do you mean? Just give me the damn directions. I just feel lost with all this.

2c. Sub-Theme: Unfamiliar Society

All of the releasees mentioned how much society had changed since they had been incarcerated. They spoke of not recognizing the society to which they returned. Beyond technological barriers to applying for a job or benefits, they found the increased cost of living a shock that complicated their adjustment to the contemporary society. A 75-year-old releasee said:

It's a whole new world out here, and it ain't pretty. Before life was much easier. If I wanted a job I would look in the ads in da paper and then go in for an interview. Now they got it all online—I don't even know what that means, what's online? Got to submit an application online. And you call *me* the criminal? Sh** *you* all is the criminal. I came out and went and order a pastrami sandwich and Coke and they tried to charge me ten dollars. Now you trying to rob me! Ten dollars for a sandwich and Coke. It hit me hard that day. I knew I wasn't going to be able to survive.

Professionals said that there was a critical, immediate need for a liaison who could work with older releasees to help them transition. One explained,

It is hard to keep up with the needs of older adults; they are very different needs than younger parolees have, and no one is really trained or versed with working with them. Helping them apply for social security, potentially access old retirement funds, helping them apply for Medicaid, etc.—it's too much. To add to all of these challenges, I can't say, get help from a family member, many of them

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have no family at all, they have been locked up for too long. And teaching an older adult how to use the computers is also a challenge.

Theme 3: Quality of Life/Mental Health Post-Release

3a. Sub-Theme: Social Integration

Despite their many challenges some releasees were able to successfully socially integrate back into society. Two men expressed a strong sense of self, existing social connections, and good mental health, without exuding anger over time lost. A 77-year-old releasee said:

> I am a supervisor for Pepsi now, I love my job and love being a leader there. They gave me a second chance and I took it. I would say life right now is good. I have a lot to be thankful for. My family have accepted me back, my job is good and good pay. I still volunteer around here and now I am a grandpa, so I am real busy. I wasn't able to be there for my kids—but my grandkids, they are gonna' get sick of me because I ain't going nowhere. It has been a long hard road traveled but life is good and I am blessed.

The other, who was 82, discussed his future with much optimism and hope, having found acceptance from his family and used that to add meaning through service in his life:

> The future to me is bright. I am hopeful. I still have a lot of life left in me and I am doing alright out here. I got a good job, my own little place, and I keep real busy down at the church helping other people like me. I ain't scared to die. I know I have made some terrible mistakes but I know God forgives me and my family still loves me. As long as I have that, no matter what comes up in the future I will be just fine.

However, the rest and reported experiencing a near constant state of mental despair, disconnectedness from their families and friends and paranoia. A 66-year-old releasee said:

> I can't get a job because they won't hire someone like me and it's [meaning the prison system] just a business anyway. My parole officer told me it's a business, they want us back—we are their paychecks. So everyone [is] out to get me and I am barely surviving, always having to look over my shoulder. You never know

who is trying to do what. I just try and stick to myself. No, I don't even know where my family is, someone told me out of state. It doesn't matter anyway, we haven't been family for a long time. They wanted them to lock me up and throw away the key. So, yeah, it's just me and I don't give a sh** anyway. The future is scary, and I don't know what's going to happen.

While it was common for those who were still struggling to reintegrate to say they didn't care, an 82-year-old releasee who was struggling said this:

You see, all my problems and troubles is because of my past. I can't get a job, or if I get one I can't keep it. I am a convict for life—there ain't no changin' that. My family, that's how they see me too and that's what it is. If I could only go back and start over, everything would be different. And it's not like I have much time left, you know. I am old and could die any day and I don't have time to go back and get things right.

Yet he retreated to the passive voice: "It's done, so that's the hand I got dealt."

3b. Sub-Theme: Older Adult Maturation

In spite of the fact that some releasees spoke of recidivism, many said they had no interest in continuing the pre-sentencing mistakes. The professionals also said that older adults have a different attitude towards life than younger releasees and agreed that they are too old for criminality. As they described, this group truly wants to "make it" and function outside of the prison, and intentional effort and support would likely make that possible. As one said:

The older adults, once they are released, they are much easier to work with in the sense [that] they have a different mindset. It's not like working with a young 20-something year old who think they are all hard and can't be told what to do. My older guys that come through, they pretty much say, look I don't have much time left, I need to get set up and I am too old to be running the streets. They are easier to work with in the sense that I am not worried too much about them reoffending. I am more worried about their health.

A 68-year-old releasee said:

You get to a point in your life when you are just too old for all the nonsense; you are not trying to prove nothing anymore. You just want to get on with yourself and make the best of what you got left. I tell these younger cats that come through

here, 'Don't be stupid and waste your whole life like I did. It's not worth it, you will lose everything that counts and matters most." I'm too old to be a criminal now; I have paid my debt to society and now I am just trying to do what is best for me and my family.

Theme 4: Reentry Initiative Program Success

4a. Sub-Theme: Services

Releasees all described the RI program in a positive way. They said that the services that were offered through the program were critical to any successes they had, that the program had helped them to comply with their parole requirements and given them whatever ease or confidence they had in the process.

A 62-year-old releasee said:

Without this program I would be back inside. This place made it possible for me to do everything on my requirement list—they offered everything I needed in one place. I don't have to go here and then take a bus and go somewhere else and then miss my deadlines. And whatever they don't have here that you need, they help you find a way to get it or do what is needed to not get locked up. No one ever cared that much about me before on the outside. For once, you know, someone was on my team.

A releasee of the same age said:

They let me take all the classes here, even if I didn't need them. It kept me busy— distracted. And I learned things I need to try and you know, get back into society. This place taught me how to use a smartphone and make a résumé. When I went away [meaning into prison], none of this was here, and this place [the RI program] not only gave me a hot meal and somewhere to come in off the streets. I was here learning and keeping my mind and hands out of trouble. This is a win-win for someone like me.

This informant felt that without the services of the program, that he initially did not even knew he needed, he would likely be back in prison.

4b. Sub-Theme: Safe Place

In addition to the services they received at the RI program, releasees said it was important that it provided them a safe place, a haven from the streets where they could

focus on their reintegration process. Releasees said that the RI program provided them with a sense of mental health stability, as it was one of the few places where they were treated well, and where they were seen as human, not as a criminal, and given choices. A 66-year-old releasee explained:

> This is the only place I was treated like a human being since a long time. In prison, you are not treated like a human, [and when] you get out your family only sees you as a criminal. But not here, not here. They [the people at the RI program] were the first ones who made me realize I was a man again, not just a criminal. They don't refer to you by your crime or parole number. They give you choices and ask for my opinions on things. Hell, they even put me in a suit and some nice shoes for a job interview, I was a new man. And this place gave me that. I wasn't worried about being judged or someone rooting against me to get locked up. It was nice. They helped me find myself because I was lost for a long long time. Sh**. Too long.

Another releasee emphasized the RI program's welcoming environment and physical space:

> You know, when you ain't got nowhere to go—that's when you get in trouble. This place is somewhere you can go and just rest, like, rest in your mind. Don't have to be lookin' over your shoulder all day. I come in here and get something to eat and focus on my classes or requirements. Or sometimes I just come and hang out and play cards or I talk to the other parolees, we find each other in the struggle and it helps to have the support. When I come in here, they ain't like, what do you want? They ask me how I am doing and offer me a place to come in from the outside. That is hard to find for men like me. Not even your own family look at you like that sometimes.

4c. Sub-Theme: The Importance of Giving Back

Many of the older adults felt a sense of obligation to give back to the RI program through volunteering or mentoring other parolees. They felt that the program was effective and wanted to help contribute in any way possible. The RI program does not require parolees to perform this service; they took on this responsibility freely and felt that it helped them in their own journey. For example, a 62-year-old release said:

Even though I have been done and off of parole, I come back here all the time. To visit and tell them I am still doing good, but also to help out and, you know, do my duty of giving to them. I'll come and help them clean up after lunch or help move stuff or whatever, just trying to pay them back for what they gave me. [One of the staff members] knows she can call me anytime of the day or night and I'll be here for whatever she needs, because she was always there for me like that. So yeah, I spend a lot of my free time here. I believe in this place and if others who come through here see that, then maybe they can make it through and make it out.

4d. Sub-Theme: The Importance of Empowerment

The professionals emphasized the importance of empowerment and choices. Many said that informing releasees of choices instead of choosing for them or ordering them was critical and giving releasees choices and making them feel they had a voice at the RI program made them more willing to comply with program requirements. They also feel that the range of classes the RI program offers helps to empower individuals to make the right choices, as does the staff's policy of encouraging and reinforcing growth and even small successes. One explained:

I tell them right when the walk through the door, if you are not ready to be here you don't have to be here. There is the door. Many of them look so surprised that they are given a choice, a choice to change. We allow them to vote on things here at the center that are important to them; we make a suggestion box available to them. We let them know, we are here to help you, that is our job, and ask them what they need. They have lived most of their lives being ordered what to do and we don't do that here.

Discussion

The purpose of this qualitative study was to explore the psychosocial needs of older adults post incarceration. Both the older adult former parolees and the professionals who worked with them spoke of the tough challenges releasees face as they transition back into society, challenges arising from a combination of their age, lack of resources, length, and type of incarceration. Most had not overcome these challenges, which wreck their mental health and wear them out. However, all spoke of the RI program as playing a

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critical role in successful reintegration post-release, as it was designed to tap into their resilience and move them toward being self-sufficient, many found in giving back to others like themselves. Another premise of this study was that while all releasees from prison have significant needs for help with re-integration, the challenges older adults face post-release are very different from their younger counterparts.

Releasees and professionals both discussed the prevalent ageism in our society and how it contributes to the challenges that older adults face to meet their parole requirements. Older adults on parole have a very difficult time obtaining employment due to the type of employment available to formerly incarcerated people. Most of the jobs available to this population are manual, heavy labor jobs that are often not manageable for the older adults on parole. However, obtaining employment is not just an important parole requirement; it also is known to reduce the risk of recidivism. Skardhamar and Telle (2009) found that employment lowers the hazard of re-incarceration by 63 percent. While individual circumstances accounts for some of the association between employment and re-incarceration, having employment by itself resulted in lower odds of re-offending.

Moreover, older adults are not offered the same opportunities as their younger prisoner counterparts to prepare for release. Institutional programs are not geared for older inmates; educational, vocational, and recreational programs all are geared to the 20-to-40-year-olds (Skardhamar & Telle, 2009). Older adults have little opportunity for reintegration employment, as they cannot work strenuous manual labor jobs and face age discrimination and criminal stigmatization which puts them at high risk of not meeting parole requirements and of extreme poverty, as releasees who reference hunger suggest.

Not only does lack of employment lead to material hardship and parole violations, it also impacts older adults' mental health. As Wyse (2017) found in her study of formerly incarcerated people, and the releasee who works at Pepsi conveyed, a job can signify to a man that he still has a place in society and personal significance that is lacking without it.

Bryson et. al. (2017) discussed the importance of developing multidisciplinary and case-management based parole and probation programs to help identify, prioritize, and address the complex needs of older adults who were formerly incarcerated. Multidisciplinary parole and probation services should include collaborations with community organizations to work with older adults who are involved in the justice system. Policy makers should consider investing in such strategies, as re-incarceration is far more expensive. Locating such programs in the community where they can be sustainable could result in a much more robust support system for referrals, education and information, and resource exchange. In addition, community health care practitioners need to be involved with older adults who have had correctional involvement and must be conscious that they are likely to have complex psychosocial needs (Bryson et. al, 2017).

Research has also noted that the complexity of formerly incarcerated older adults' needs requires greater collaboration among a diverse group of local stakeholders, including professionals from healthcare delivery, public health, and criminal justice and the directly affected individuals, their families, and advocates (Metzger et. al, 2017).

Many older adults in this study attributed their successful integration to the RI program. The program takes a comprehensive approach to serving individuals on parole and assesses their needs individually. It could serve as a model framework of how to aid these individuals with reintegration post-release.

Moreover, older adult releasees have a very difficult time navigating technology that had changed so much while they were incarcerated. Many do not understand how to access services online or use smartphone devices, which have become a way of living in our society. With the advent of technology and institutions digitalizing operations, older adults who were incarcerated during this societal shift experience frustration and anxiety related to navigating these processes. It is noteworthy to emphasize that older adults in this study were not trying to utilize technology for recreational purposes, yet they needed to master technology to meet some of the basic parole sentence requirements: applying for employment, creating a résumé, and applying for government aid, a social security card, and a government-issued identification card.

Both groups of KIs emphasized the importance of housing post release. Physical vulnerabilities and chronic ailments made it nearly impossible for releasees to survive on the streets. These findings align with Western et. al. (2015), who conveys that material insecurity combined with the adjustment to social life outside prison creates a stress of transition that burdens social relationships in high-incarceration communities. Their study revealed that material hardship and lack of housing post release creates extreme feelings of anxiety and isolation. Wyse (2017) found that older offenders are the most materially disadvantaged of any group of releasees. They are insecurely housed and less likely to be employed and more likely to be socially disconnected. Providing housing for older adults may be the first step that is crucial to their reintegration process. While some housing may be available for parolees, funding and availability are both limitations, and in the jurisdiction of focus they cannot stay more than 120 days. This gives the parolees four months to obtain steady employment, save for a down payment on an apartment, and

have enough money left for rent and to pay for mandated classes to complete their

parolee requirements. This task may be insurmountable for older adult parolees, who

have trouble obtaining employment and searching for possible living locations. Policy

makers should consider extending the housing allowances for releasees over 55 before

turning them out on the streets when the allotted time has expired. Wyse (2017) suggests

that this period be at least 6 months, preferably a year.

Post-release experiences may be influenced by prison experiences. Older adults in

prison have more complex health and social care needs than both younger prisoners and

their age-matched peers living in the community (Forsyth et. al., 2014). Aday (2003)

discussed the concept of accelerated aging that inmates undergo due to a harsh prison

environment and stressors. Outside of prison, people often encounter new physical,

psychological, and social challenges as they age. In prison, an environment intended for

younger inhabitants, aging introduces added challenges in safety, functional ability, and

health. Coupled with past prison experiences influencing mental and physical health,

older adults post-release may also face social and environmental challenges. As older ex-

prisoners re-enter their communities, they may face further challenges such as being frail

in an unsafe neighborhood, having numerous medical conditions with limited access to

medical care, and leaving the familiarity of the place they have lived in for decades

(Williams et. al., 2007). Noteworthy, older adults in this study who took on active rolls in

prison such as a volunteer, mentor or had a prison job seemed to transition post-release

more successfully.

A contributing factor to older adult's poor transition post-release is the lack of

post-release planning. Older adults in this study described the lack of resources and post-

release planning as detrimental to their integration process. Many older adults shared that they did not receive any sort of post-release guidance or planning. Many felt the transition from prison to society was abrupt and beyond being ill-prepared to meet their parole requirements, they were unable to survive outside of the prison walls. These findings are similar to Forsyth et. al., (2017) who conveyed that older prisoners in their study perceived release planning to be non-existent. They reported lack of formal communication and continuity of care, which caused them high levels of anxiety.

Society is not meeting the psychosocial needs of older adults post-release. Given the current prison and aging demographics, the impact of this will increase in the coming years. Older adults who have spent many years in prison have complex disparities. Policy makers, institutions, health care providers, and other stakeholders, need to take a collaborative approach in aiding older releasees with successful social integration post-release. The idea of compassionate release is not very "compassionate" if we do not take the needs of older adults into consideration. Older adults have different challenges and needs compared to their younger parolee counterparts and older adult peers. Older adults post release are the least socially integrated of any releasee group, and have the weakest family ties, the most unstable housing, and lowest level of employment (Western et. al., 2015). Better addressing the needs of this vulnerable population may lower the risk of recidivism for older adults and help them successfully integrate post-release.

Strengths and Limitations

The use of a theoretical sample was a limitation in this study. Therefore, the results of the current study need to be interpreted with the understanding of the impact of self-selection bias on the study sample. However, given the sensitivity of the topic, recruiting a sample of key informants seemed a logical first step to gaining further insight

on how to investigate the needs of this sensitive population. While the sample was small, we found data saturation across the themes, which for the most part was supported by the limited existing literature, therefore lending further credence to the validity of our findings. While the sample is too small to make generalizations of the national older adult population, the study's findings suggest that further investigation is needed to expand on the complexities of understanding the psychosocial needs of older adults post-release. Older adults post-release may be deterred to seek services and resources that will aid them in their post-release integration process if professionals are not sensitive to their unique geriatric needs that are different from their younger counterparts. In addition, another limitation of this study was that older adults needs were not assessed using valid and reliable instruments that would allow for better interpretation of their psychosocial needs post-release.

Another limitation of the study is the relative limited number of professional participants who worked with the population of interest. However, our study focus was on formerly incarcerated older adults, and the inclusion of professionals was done for triangulation purposes. Interestingly, while many of our findings were confirmed by the professionals we interviewed, we also found that most were not very aware of the specific day-to-day struggles older adults post-incarceration faced in comparison to their younger counter parts. For instance, many noted that they were not able to offer guidance regarding social security payments, geriatric medical issues, or senior resources available in the area. They felt that they lacked the knowledge and gerontological awareness to optimally help older adults with their unique psychosocial needs. Given the increasing numbers of older adults and their special challenges it would be beneficial to have an

individual present at every RI program who specialized in the needs and care for older adults.

The researchers choose to collect demographic data via paper forms due to the sensitivity of the questions being asked such as income, marital status, and sexual orientation. Due to the inherit nature of collecting data via interviews, some advantages and disadvantages are assumed. One of the advantages of face-to-face interviews is the interviewer can pick up on nonverbal cues, keep the interviewee on track and probe for more information when necessary. There are also noteworthy disadvantages related to interviewer effects. The participants may be reluctant to tell the truth due to the nature and sensitivity of the questions regarding criminality. In addition, qualitative research is based on the interpretation of the author. While measures were exercised to eliminate author biases or false interpretation, the interview is constructed between the interviewer and the respondent. During analysis the researcher interprets the meaning.

Summary of Findings and Future Research Recommendations

Older releasees from prison face many barriers to successful integration. Some of these general barriers are lack of resources such as referrals, transportation, and guidance for completion of mandatory requirements.

Challenges of parole that are specific to older adults include job discrimination attending both being an older adult and having been in prison. This discrimination ignores the fact that older adults are very unlikely to commit a crime and typically have an increased investment in conventional roles and ties that can make for a trustworthy employee (Wyse, 2017). In addition, older releasees have difficulty using technology to navigate societal life tasks. Many older adults had trouble adapting to an unfamiliar society due to being incarcerated for most of their adulthoods. Older adults post-

incarceration may have a time gap in healthcare access post-release, which impacts

medication management. In addition, older adults in the study varied regarding mental

health and quality of life. Some older adults in the study exhibited good mental health

and were hopeful for their future, but most were struggling with mental health issues such

as paranoia, hopelessness, and depression. At the same time, all of the participants had

positive feelings towards the RI program. They described the services they received

through the program as critical to any successes they had, as they helped them not only to

comply with their parole requirements but also to navigate the challenges of parole with a

better sense of ease and confidence.

     In addition to confirming prior findings, we were also able to identify issues that

point to the need for further research, especially regarding how prison experience may

impact social integration and mental health post-release. Older adults not only experience

challenges while serving their parole sentence; they also have recently experienced many

challenges in prison. It is important to try and understand the specific challenges of

prison life and how they may persist post-release. The aggregated long-term exposure to

chronic challenges may affect prisoners' ability to successfully integrate post-release.

     Future research should also focus on the differences in needs regarding older

adults and their younger peer counterparts post-release. Many of the professionals in this

study expressed that they were unaware of how to aid older adults post-release due to

their lack of understanding specific geriatric needs and recourse available to older adults.

The criminal justice system is infamous for using a "one size fit all approach." Future

researchers need to highlight the differences in psychosocial needs for someone who has

aged in prison in comparison to someone who has only spent a fraction of their adulthood

years behind bars. It is imperative that researchers understand how long-term exposure to high stress environments may impact a successful transition post-release. Furthermore, future research needs to explore how long-term incarceration may also cause individuals to perceive prison as a place of security providing the basic needs for survival, as opposed to trying to find food, shelter and clothing post-release.

Finally, some participants in the study successfully integrated post-release, while others continuously struggled and some recidivated. Studying successful integration post-release can help professionals, service providers and policy makers better serve this vulnerable population. Future research should explore if prison experiences, post-release services and resources, social support networks or individual agency impacts successful integration post-release.

<center>**CHAPTER FOUR**</center>

<center>**METHODOLOGY**</center>

<center>**Design and Purpose of the Study**</center>

The purpose of this cross sectional, quantitative study was to follow up our qualitative study to quantitatively further investigate how prison experiences impact OAs' psychosocial stage (i.e. Erikson's Stage 8 of Ego Integrity) and we further explored post-release functioning for OAs. Specifically, this study explored how (i.e. independent variables) prison pseudo families, prison work roles and other prison experiences may have served as non-traditional means to achieve Erikson's stage 8 of Ego Integrity.

In addition, this study explored if quality of life and successful integration impacted OAs' mental health post-release. This study also conveyed what are the prison and post-release structural factors that impact successful integration. Finally, this study highlighted the differences in needs of OAs post-release compared to their young peer counterparts.

<center>**Specific Aims**</center>

1. This study explored how prison work roles and prison pseudo families impacted OAs' psychosocial stage (i.e. Erikson's 8 stage of ego integrity) post-release.

2. This study explored how quality of life and successful integration impacted OAs' mental health post-release.

3. This study explored what prison and post-release structural factors impacted successful integration post-release for OAs.

4. This study explored the difference in needs of OAs post-release compared to their younger peer counterparts.

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Research Questions (RQ) and Associated Hypotheses

RQ1: Do prison work roles and prison pseudo families impact OAs' psychosocial stage (i.e. ego integrity) post-release?

Hypothesis 1: Prison work roles and prison pseudo families OAs' psychosocial stage (i.e. ego integrity) post-release.

RQ2: Does quality of life and successful integration impact OAs' mental health post-release?

Hypothesis 2: Quality of life and successful integration impact OAs' mental health post-release.

RQ3: What are the prison and post-release structural factors that impact successful integration for OAs post-release?

Hypothesis 3: Having a role in prison and a prison family positively contribute to successful integration post release. In addition, having family support and employment positively influence successful integration post-release.

RQ4: What are the differences in needs of OAs' post-release compared to their younger peer counterparts?

Hypothesis 4: OAs post-release need additional support with technology, transportation, healthcare utilization, and social support.

Participants and Procedures

The data for this study was collected through a survey questionnaire. Convenience sampling was used to recruit participants to gather data on mental health experiences and integration related constructs post-release. Participants were recruited by the student investigator and /or a trained IRB certified trusted community recruiter who regularly works with this population. Surveys were given to participants at local support group

meetings, church support groups, reentry program facilities, and through individuals in recruiter's network. Surveys were self-administered by the respondents and were therefore constructed at an 8th grade reading level.

Participants of varying ages, race, educational levels, and incarceration length were recruited. A total of 171 participants were recruited. Inclusion criteria for this study was: male, 18 years or older, and previously incarcerated. Although our study focused on OAs (55 years+) post-release (target N=140); this number was driven by the power analyses presented), younger adults 18-54 (N=60) were included in this study for comparison purposes. Our preliminary research indicated that OAs have unique needs compared to their younger adult counterparts. It is imperative that research highlights these post-release age differences and related needs to address OAs' post-incarceration needs more comprehensively.

Following IRB approval we conducted a pilot test with at 5 OAs and 3 younger adults from our target population, to determine if the survey was at an acceptable reading level for our participants, and to determine length and acceptability of length, and allow input regarding potential missing items or poorly worded items. Of note, scales were not changed as this would have limited our ability to compare results.

Measures

Dependent Variables (Note that some DVs at times will be used as IVs)

The short form of the **Mental Health Continuum (MHC-SF)** is derived from the long form (MHC-LF), which consisted of seven items measuring emotional well-being, six 3-item scales (or 18 items total) that measured the six dimensions of Ryff's (1989) model of psychological well-being, and five 3-item scales (or 15 items total) that measure the five dimensions of Keyes' (1998) model of social well-being. The measure of

emotional well-being in the MHC-LF included six items measuring the frequency of positive affect that was derived, in part, from Bradburn's (1969) affect balance scale, and a single item of the quality of life overall based on Cantril's (1965) self-anchoring items.

The estimates of internal consistency reliability for each of the three sets of measures—emotional, psychological, and social well-being—in the MHC short and long forms have all been high (> .80; see e.g., Keyes, 2005a). The response option for the short form was changed to measure the frequency with which respondents experienced each symptom of positive mental health, and thereby provided a clear standard for the assessment and a categorization of levels of positive mental health that was similar to the standard used to assess and diagnosis major depressive episode (Keyes, 2008). The MHC-SF was used to measure successful integration post-release.

The **Kessler psychological distress scale (K10)** is a widely used, simple self-report measure of psychological distress which can be used to identify those in need of further assessment for anxiety and depression. This measure was designed for use in the general population; however, it may also serve as a useful clinical tool.
The K10 comprises 10 questions that are answered using a five-point scale (where 5 = all of the time, and 1 = none of the time). For all questions, the client circles the answer truest for them in the past four weeks. Scores are then summed with the maximum score of 50 indicating severe distress, and the minimum score of 10 indicating no distress (Andrews & Salde, 2001).

The **PTSD Checklist (PCL)** is a self-report rating scale for assessing post-traumatic stress disorder (PTSD). The PCL consists of 17 items which correspond to the DSM-III-R symptoms of PTSD. Examinees are instructed to indicate how much they

have been bothered by each symptom in the past month using a 5-point (1-5) scale. The

anchors for the severity ratings are identical to those used on the SCL-90-R (Derogatis,

1983), and range from "Not at all" to "Extremely." There are two versions of the PCL:

the PCL-M, with reexperiencing symptoms written specifically for military experiences,

and the PCL-C, with reexperiencing symptoms written generically to apply to any

traumatic event. The PCL can be modified easily to fit specific assessment needs. For

example, in order to assess symptom severity repeatedly in the context of a treatment

protocol, the time frame of one month can be changed to "the past week" instead of "the

past month." The PCL is useful in a variety of clinical and research assessment contexts,

especially when information about PTSD symptoms is desired but administering a

structured interview is not feasible. The PCL can be used as a continuous measure of

PTSD symptom severity by summing scores across the 17 items (Weathers et. al, 1993).

Independent Variables

The **Modified Erikson Psychosocial Stage Inventory (MEPSI)** is designed to

measure the strength of psychosocial attributes that arise from progression through Erik

Erikson's eight stages of development. The Modified Erikson Psychosocial Inventory

(MEPSI) is an 80-item, comprehensive measure of psychosocial development based on

Eriksonian theory. The MEPSI is composed of 80 simple, theory-based statements

psychosocial attributes associated with each stage of development. A total of eight

subscales (10 items each), corresponding to Erikson's eight stages of development are

imbedded in the measure. Questions regarding regret, relatability, and achievement are

associated with each stage respectively. For each statement subjects are asked to respond

to the question "How often is this true of you?" on a five-point Likert scale. The MEPSI

total aggregate mean score reflects the strength of attributes across stages and is designed to serve as a parsimonious summary statistic and screening device (Leidy & Fisher, 1995).

The **Quality of Life Scale** was originally a 15-item instrument that measured five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation. After descriptive research that queried persons with chronic illness on their perceptions of quality of life, the instrument was expanded to include one more item: Independence, the ability to do for yourself. Thus, the QOLS in its present format contains 16 items. The QOLS is scored by adding up the score on each item to yield a total score for the instrument. Scores can range from 16 to 112. There is no automated administration or scoring software for the QOLS. The QOLS scores are summed so that a higher score indicates higher quality of life. Average total score for healthy populations is about 90 (Campbell & Hemsley, 2009).

Successful Integration was measured by 5 items in the demographic questionnaire. The five items address employment, returning to prison ideation, permanent housing, temptation to reoffend and feeling lonely and unable to connect with other based on the Wyse 2017 publication.

Prison Experiences and Prison Demographics was measured by questions regarding length of incarceration, amount of time incarcerated, prison work and volunteer roles and prison support systems.

Psychosocial Needs was measured with Likert scale attitudinal questions assessing greatest needs post-release (i.e. housing, employment, food security, social

support, technological support, etc.).

Data Analytic Plan

Descriptive Analyses

Before any analyses will begun, we explored our data for completeness, outliers, distribution and assumptions. We created scales as designed and scored according to guidelines. We then explored assumptions for scales and constructed Cronbach's alpha to see if they were in line with published norms.

Bivariate

To explore our data, and facilitate parsimonious model building we conducted bi-variable analyses. Variables not associated at .1 or below were not entered into any multi-variate models unless determined significant from the feasibility study.

Pearson's Correlation were used to examine the relationship of prison demographic variables and psychosocial needs variables on psychosocial stage, successful integration and quality of life with the study DVs. Significant relationships were determined. Simple linear regression analyses were used to determine what the greatest psychosocial needs of OAs post-release are, what impacted successful integration and how OAs differ from their younger peer counterparts in relation to needs post-release.

Multivariate

Multiple linear regression models were constructed to determine if successful integration and quality of life influenced mental health post-release measured by 3 constructs of mental health scales.

Anticipated Limitations of the Proposed Study

Limitations, like all studies, are presented for the study. Primarily, four aspects

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were examined. First, both the qualitative and quantitative portions of the study are specific to OAs released in the San Bernardino County. Therefore, the study is not generalizable to the larger population. Nonetheless, it may provide valued insights to guide policy and agencies to best serve the population of interest. In addition, other universities may benefit from examining similar variables within future studies. Second, being that the OA in the study have been recruited through church groups, support groups and community outreach the sample included in the study is a convenient sample and is not random. The study is cross-sectional in nature, thus only a moment in time will be examined. Thus, the study was only able to examine the current perceptions associated with well-being instead of future outcomes. However, a baseline is still needed and may serve to guide future research. Finally, the quantitative portion of the study is in survey format. Participants had to read the questions and select responses accordingly. It was assumed that subjects could comprehend the questions and were able to read the questionnaire. Nonetheless, measures were in place to accommodate those who could not understand the questions.

Human Subjects Considerations

The researchers held current human subjects training as outlined by LLU. We gained approval by the IRB and made adjustments as appropriated. Respect for persons, beneficence, and justice guided the research and was incorporated as outlined below.

Respect for Persons

According to the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978):

> Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection. The principle of respect for

persons thus divides into two separate moral requirements: the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy (pp. 4-5).

Beneficence

The Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978) further goes on to describe beneficence:

> Persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term 'beneficence' is often understood to cover acts of kindness or charity that go beyond strict obligation. In this document, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms (p. 9).

Justice

Additionally, the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978) explains the important aspect of justice:

> Who ought to receive the benefits of research and bear its burdens? This is a question of justice, in the sense of 'fairness in distribution' or 'what is deserved.' An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly. Another way of conceiving the principle of justice is that equals ought to be treated equally. However, this statement requires explication. Who is equal and who is unequal? What considerations justify departure from equal distribution? Almost all commentators allow that distinctions based on experience, age, deprivation, competence, merit and position do sometimes constitute criteria justifying differential treatment for certain purposes. It is necessary, then, to explain in what respects people should be treated equally. There are several widely accepted formulations of just ways to distribute burdens and benefits. Each formulation mentions some relevant property on the basis of which burdens and benefits should be distributed. These formulations are (1) to each person an equal share, (2) to each person according to individual need, (3) to each person according to individual effort, (4) to each person according to societal contribution, and (5) to each person according to merit (pp. 8-9).

Relevance to the Field of Study

This research presents relevance to the field of study for several reasons. To begin, the data revealed valuable information when considering program development and legislation regarding OA post incarceration. Information from the research provided greater insight into how aspects of mental health and prison experiences impacted successful integration post-release. Such information sheds light on how to better serve this population who is at high risk for recidivism and mental health disparities.

Dissemination of Research

Dissemination of research is a vital component to providing applicable use of findings. The process allows for a bridge from theory to practice. Therefore, results were disseminated to members of the church groups that serve this population. In addition, results were published in academic journals to suggest policy practices and inform service providers that work with OAs post-incarceration.

CHAPTER FIVE

EXAMINING THE EFFECTS OF SUCCESSFUL INTEGRATION AND QUALITY OF LIFE ON THE MENTAL HEALTH OF OLDER ADULTS POST INCARCERATION

Abstract

U.S. prisons have a growing geriatric population. This population has been prioritized in COVID-19 related release because of its high risk and its role in driving infection rates. This cross-sectional study examines post-release mental health functioning among (N=111) older, formerly incarcerated adults. Multiple linear regression models were used to examine the influence of sociodemographic variables, quality of life, and successful integration on the Mental Health Continuum-Short Form, the Kessler-10 Depression and Anxiety measure, and the Post-Traumatic Stress Disorder Checklist-C assessment. Being employed, having an income, and experiencing a higher quality of life predicted better mental health functioning and lower post-traumatic stress. The same set of variables, plus having had a prison role (worked in prison, volunteered in prison), predicted lower levels of depression and anxiety. Post-release factors such as having an income, being employed, successful integration, and perceiving higher quality of life, as well as pre-release factors such as having had a role/job in prison are clearly associated with older adult mental health post incarceration. Given the established association between poor mental health and recidivism, reintegration approaches should address both these pre- and post-release factors.

Keywords: Older Adult, Post-Incarceration, Mental Health.

The United States has the largest incarcerated population in the world, and much like the rest of the general population (Ortman, Velkoff, and Hogan, 2014), the country's prison population is aging, with the fastest-growing prison population being over the age of 55 (Carson & Sabol, 2014; Wyse, 2017). Furthermore, new legislation in many states and territories nationwide provides for compassionate release (Maschi et al., 2016). Medical parole and compassionate release laws, and programs for mostly nonviolent and/or terminally ill incarcerated people, have been implemented in an effort to transition aging and/or serious or terminally ill incarcerated people to community-based care (Maschi et al., 2016). This has resulted in an increasing number of older adult prisoners being eligible for an earlier release (Kerbs & Jolly, 2009) and led to an exponential growth of recently released incarcerated older adults in the last 10 years (Maschi et al., 2016). Another significant concern is that recent prison releasees face elevated risks of mental health problems, substance misuse, and poor social reintegration (Bryson et al., 2017), which consequently has been associated with reoffending. Unfortunately, programs that address the specific needs of older released inmates are scarce. While little has been published on this population, some studies point to complex needs, to further research factors that serve to support this population's successful reintegration. For instance, Maschi, Viola, and Morgen (2014) suggest utilizing a theoretical integration of the life course perspective, with a perspective of disadvantage or inequality, and stress processing theories to study the relationship between accumulated interpersonal, social-structural, and historical trauma and stressful experiences on mental well-being in later life, an approach that is especially important to this population of mainly poor and minority individuals.

This issue is especially timely as many prisons have accelerated their early release programs due to the COVID-19 pandemic, since older prisoners are among the main risk groups driving the significant rates of infection in prisons. Indeed, to prevent a public health crisis in prisons and jails, the national American Civil Liberties Union (ACLU) and many of its affiliates are asking for the immediate release of subgroups identified by the Centers for Disease Control and Prevention (CDC) as vulnerable (ACLU, 2020). Given the surge in positive cases in prisons and in response to Attorney General Barr's directives, the Bureau of Prisons (BOP) began immediately reviewing all inmates who have COVID-19 risk factors to determine which inmates are eligible for home confinement, resulting in an additional 2,428 inmates on home confinement—an increase of 85.9% (Federal Bureau of Prisons, 2020, para 3). Between these and other older adult prisoners increasing early releases, it is critical to better understand their post-release functioning and help facilitate their successful reintegration without recidivism.

Background

Older adults post incarceration have an overabundance of complex challenges that they must circumvent post release (L**** & M*********, 2020) though little research focuses on factors that affect the mental health needs of this growing population. While we know that older adults are less likely to reoffend (Wyse, 2017) policy reform is still needed to address the specific needs associated with the shifting demographics of older adult releasees to help ensure their reintegration success. Indeed, there are few services for pre- and post-release populations in general, and only 4% of state correctional institutions provide any type of geriatric-specific services (Maschi et al., 2012). Moreover, older adults in prison often derive little value from prison programming aimed at reducing reoffending behavior, as these programs are mainly designed for younger

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prisoners, such as educational or vocational training and programs (Le Mesurier, 2011).

An increasing need for more palliative care services is also a concern, as indicated by a

large number—more than 3,000 (5%) of prisoners in the United States, mostly aged 50 or

older—that die in prison each year (Maschi et al., 2012). Releasing individuals as part of

compassionate release programs can't be done in isolation and needs to be supported by

adequate post-release planning to help releasees successfully reintegrate into society.

Additionally, in light of the COVID-19 pandemic, the ACLU has asked the U.S.

Department of Justice and Federal Bureau of Prisons to heed the recommendations of

public health professionals and release those most vulnerable to the coronavirus (ACLU,

2020). Older adults are one of these vulnerable populations. According to the CDC, 8 out

of 10 deaths reported in the US have been in adults aged 65 years of age and older (CDC,

2020). While older adults in prison will be some of the first released due to their

heightened vulnerability to the coronavirus, there is no guarantee that their risk of

infection will be reduced upon their release, especially if there is not sufficient post-

release support available.

Older adults in prison and post release face extreme challenges compared to their

younger inmate counterparts. Older adults being physically fragile makes them extremely

vulnerable and puts them at greater risk for harassment from other inmates. In addition,

many may be suffering from isolation from family members and friends due to the type

of crimes they have committed and/or the length of time of their incarceration. According

to Dawes (2009), there may be a major breach of trust with their families, causing

damaged or fractured relationships between prisoners and their family members. Their

transition from prison to society is therefore often extremely difficult, especially for older

adult prisoners who, due to often long sentences, are estranged from their family and are often left without any hope of reconciliation, leaving them at risk of serious self-harm or suicide. Dawes (2009) also conveys that imprisonment can represent the final dramatic change in status for this group of older adults and the last step in the series of humiliating experiences (status degradation). Their offences, especially if they involve convictions of sexual offences, makes them vulnerable in prison to bullying, harassment, serious physical violence, and even death. This may be in combination with serious health issues, including psychiatric problems (Aday, 2006). Older adults who faced these circumstances while in prison may not have resolved their mental health issues or have the coping mechanisms put in place to ensure they stay in good mental health post release.

Most older adults who were incarcerated have been exposed to severe traumatic life stressors or events that have caused them to experience mental distress. Maschi et al. (2014) found that although many older adults suffer from chronic stress or mental disparities from life events, those who are incarcerated may not only have been exposed to more and severe situations, they are currently in a disposition with little to no support to help them cope. Putting pre- and post-release programs in place to help these individuals develop coping mechanisms is of critical value to older individuals who suffer from traumatic stress (Maschi et al., 2014).

In addition, many older adults in prison are also more likely to suffer from mental disorders such as chronic depression (Hayes et al., 2013) with few systems to address these needs. Turnbull and Shaw found that, prisoners aged 50 to 59 years were significantly more likely to have mental disorders, including mental illness and major

depression, substance use, and personality disorders. Those aged 50–54 years were also more likely to have a psychotic disorder (Hayes et al., 2013).

One of the most detrimental attributes of the current prison systems is that all prisoners are treated the same regardless of their age. While older individuals in society are often regarded with specialized standing to address their needs when compared to the younger population, prison offers a "one size fits all approach." Maschi et al. (2011) found high levels of traumatic and stressful life events with age as a significant predictor (Maschi et al., 2011). For the most part, there are however no assessments upon entry to prison, and more importantly, there are no programs to assess the mental health needs of older prisoners before release to help identify the challenges that may interfere with them transitioning post release and them finding resources specifically to meet their geriatric needs (Hayes et al., 2013).

This paper sets out to explore what pre- and post-release variables are associated with a set of mental health measures in older male adults post release. Previous qualitative findings conveyed that older adults who reported more successful integration also reported higher quality of life and better mental health. They also felt that even while in prison, they had roles and supports that resulted in them function better than those who did not (L**** & M*********, 2020). Building on these qualitative findings, this cross-sectional study tested whether successful integration and quality of life positively influences mental health post incarceration. This study is the first of its kind to specifically assess mental health post release for older adults in relation to successful integration and quality of life. We hypothesized that older adults who had a defined prison role, better post-release quality of life, and reported better integration experiences

had better mental health, which we know is associated with less reoffending. This information will aid health practitioners, policy makers, and judicial professionals to inform pre-release and post-release programs that better serve this vulnerable population and create an environment that helps these older adults to be successful in their new lives.

Methods

Sampling and Recruitment

We recruited a convenience sample of English-speaking men aged 55 and older who were released from parole ($N = 111$).

The data for this study was collected through a self-administered survey. Participants were recruited by a trained, Institutional Review Board–certified, trusted community recruiter who regularly works with this population. Surveys were given to participants at local support group meetings, church support groups, reentry program facilities, and through individuals in the recruiter's network. The survey was not incentivized, and the survey was advertised by verbal announcement. These surveys were self-administered, and pilot-tested at an 8th-grade reading level. The study and informed consent processes were approved by the first author's affiliated Institutional Review Board. This process included a verbal consent process highlighting risks, anonymity and data management storage processes.

Measures

Outcome Variables

We used an abridged version of the **Mental Health Continuum Scale (MHC-SF)** (Keyes, 2007). The MHC-SF consists of 14 items that are the most prototypical items representing the construct definition for each facet of well-being. The scale consists of three items to represent emotional well-being, six items to represent psychological well-

being, and five items to represent social well-being. The response option for the short form was changed to measure the frequency with which respondents experienced each symptom of positive mental health, and thereby provided a clear standard for the assessment and a categorization of levels of positive mental health that was similar to the standard used to assess and diagnosis major depressive episode (Keyes, 2007). Overall, having a higher score means better mental health, with scores ranging from 0 to 70 (5 = Every day, and 0 = Never). This scale demonstrated excellent internal reliability (Cronbach's alpha = 0.94).

The **Kessler Psychological Distress Scale** (K10; Kessler et. al., 2010) is a widely used, simple, 10-item self-report measure of psychological distress, which can be used to identify those in need of further assessment for anxiety and depression in the general population. Items ask about the frequency of symptoms in the last four weeks, with response ranging from 1 (none of the time) to 5 (all the time). Scores are then summed, with the maximum score of 50 indicating severe distress and the minimum score of 10 indicating no distress; therefore, a higher score represents high anxiety and depression (Kessler et. al., 2010). The internal reliability for this scale was within the high range (Cronbach's alpha = 0.87).

The **Post-Traumatic Stress Disorder (PTSD) Checklist** (PCL; Weathers et al., 2013) is a self-report rating scale for assessing post-traumatic stress disorder symptoms. The PCL consists of 17 items which correspond to the Diagnostic and Statistical Manual of Mental Disorders III-R symptoms of PTSD. Participants were instructed to indicate how much they have been bothered by each symptom in the past month using a 5-point (1-5) Likert scale ranging from "Not at all" to "Extremely." The PCL is useful in a variety

of clinical and research assessment contexts, especially when information about PTSD symptoms is desired but administering a structured interview is not feasible. The PCL can be used as a continuous measure of PTSD symptom severity by summing scores across the 17 items (Weathers et al., 2013), giving a possible range of 16–80 (1 = Not at All, 5 = Extremely). The internal reliability for this scale was within the high range (Cronbach's alpha = 0.92).

Independent Variables

The **Quality of Life Scale** (QOLS; Burckhardt et al., 2003) is made up of 16 questions that are scored by adding the Likert scale scores of each item to yield a total score for the instrument. Each question is assessed using a 7-point Likert scale from "strongly disagree" (1) to "strongly agree" (7). Scores range from 16 to 112. The QOLS scores are summed so that a higher score indicates higher quality of life. A normative total score for healthy populations is a score of 90 or higher (Burckhardt et al., 2003) The internal reliability for this scale was within the acceptable range (Cronbach's alpha = 0.95).

Successful Integration was measured by five items in the demographic questionnaire measured by using a 5-point (1–5) Likert scale from "strongly disagree" (1) to "strongly agree" (5). This measure was created by the research team for the purposes of this study. The five items address employment, returning to prison ideation, permanent housing, temptation to reoffend, and feeling lonely or unable to connect with others. These areas were chosen as they are frequently noted in the literature. For example, Visher and Travis (2005) define successful social (re)integration as encompassing the following: (a) resource factors, such as the attainment of stable housing, benefits, and

employment; (b) network factors, such as the (re)establishment of social relationships and roles; and (c) psychosocial factors, such as feelings of "mattering" or being valued within these relationships and roles. Also Wyse (2017) defines successful reintegration as securing the material resources, social connections, and psychological grounding necessary for positive social functioning. The internal reliability for this scale within this study's population was within an acceptable range (Cronbach's alpha = 0.87).

Demographic Variables

The following demographic variables were included in the study analyses: race (White, Black, Hispanic, American Indian, Asian, or Other), education (0 = Middle School or Less, 1 = High School or More), employment (0 = Unemployed, 1 = Employed), income, and prison role (volunteer or work). Income was measured as a continuous variable, and participants filled in the weekly income from employment or wages. Prison role was also dichotomized, and participants were asked if they worked or volunteered in prison (1 = Yes, 2 = No). In addition, race was dichotomized in the regression model race with Whites compared to all other minorities.

Data Analysis

SPSS, version 26.0 (IBM Corporation, 2020) was used for all data analyses. Prior to conducting any analyses, data was tested for missing data, outliers, and violation of univariate ordinary least squares regression assumptions. In regard to missing data, any participant survey that had more than 10 percent of items missing was removed from the study. All data met the univariate assumptions associated with ordinary least squares (OLS) regression.

Scales were created, and frequencies and descriptive analyses were conducted for all variables. Bivariate analyses using multiple independent sample *t*-test and Pearson's

correlations were conducted first to determine significant variables to be included in the final models.

The primary analysis consisted of three OLS models predicting the three mental health outcome variables of interest (MHC, PCL-C, K-10). In each of the three models, the univariate outcome measure was modeled as the dependent variable, and race, education, employment, income, and prison role were modeled as independent variables. In addition, the models estimated QOL and successful integration as additional predictors of mental health. All variables were analyzed using the Enter method in SPSS and in one step.

Results

Participant Characteristics

The average age of participants was 64 years old. The majority of participants did not live with family. The sample consisted mostly of Black and Hispanic men. Most participants were currently not married and unemployed. However, the majority possessed at least a high school diploma. The average length of incarceration was 19 years, and the average amount of times incarcerated was three times. Employment stability and permanent housing were indicated as the greatest challenges to successful integration post release for older adults. While temptation to reoffend for older adults was the least of the challenges to successful integration post release. See Table 3 below for sociodemographic characteristics.

Table 3.

Sample Descriptive Characteristics (N = 111)

Variables	*n*(%)
Race	26 (25.2%)
White	50 (41.5%)
Black	30 (28.8%)
Hispanic	5 (4.5%)
American Indian	
Age, mean (*SD*), in years	64.2 (8.61)
Marital Status	
Not Currently Married	98 (88.3%)
Married	13 (11.7%)
Education	
Middle School or less	22 (19.8%)
High School or More	89 (80.2%)
Employment	
Employed	43 (38.8%)
Not Employed	68 (61.2%)
Income, mean (SD), weekly	152 (24.3)
Length of Incarceration, mean (SD)	19 (7.796)
No. of Incarcerations, mean (SD)	3 (3.41)
Re-integration experiences, mean (SD) (range 1-5; higher score, higher on dimension)	
Employment stability	3.73 (1.37)
Returning to prison ideation	2.81 (1.41)
Permanent housing	3.72 (1.36)
Temptation to reoffend	2.41 (1.23)
Feeling lonely or unable to connect with others	2.59 (1.33)

Bivariate Analyses

Bivariate analyses were conducted with each outcome variable separately to

determine significant differences for categorical and continuous variables. Results for

multiple independent sample *t*-test and Pearson's correlation, illustrated in Table 4,

indicate that working or volunteering in prison, reporting good quality of life, and being

successfully integrated are significantly associated with mental health as measured by

three constructs (MHC, PCL-C, and K-10).

In addition, there were significant associations between the mental health

outcome variables and education, as well as employment, but no significant associations

with marital status. Furthermore, results from an analysis of variance (ANOVA)

indicated the significant differences between race and mental health post release. Blacks

and Hispanics had poorer MHC scores compared to Whites. Blacks and Hispanics also

suffered from more PTSD symptoms than Whites. Additionally, Blacks were more

anxious and depressed post release compared to Hispanics and Whites.

Table 4.

Categorical and Continuous Variables Measured at the Bivariate Level (N = 111).

Variables	MHC		PCL-C		K-10	
	m(sd)	*t or r*	*m*(sd)	*t or r*	*m*(sd)	*t or r*
Prison Role						
Yes	59.70(13.84)	6.74*	44.91(15.09)	−5.30*	26.75(9.82)	−6.80*
No	44.19(17.08)		56.13(11.99)		36.38(7.59)	
Education						
Middle School or Less	36.22(13.31)	−7.55*	10.16(2.75)	4.65*	10.79(2.30)	4.98*
High School or More	60.10(13.27)		45.00(14.51)		27.27(9.74)	
Employment						
Employed	64.94(11.66)	−7.14*	38.96(13.12)	7.57*	23.77(8.68)	6.71*
Unemployed	46.45(15.11)		56.71(11.44)		56.71(11.44)	
QOLs	55.36(16.31)	.807*	48.04(15.11)	−5.84*	29.44(10.19)	−.642*
Successful Integration	55.36(16.31)	.258*	48.04(15.11)	−.378*	29.44(10.19)	−.432*
		.284		-.184		-.212
Income	55.36(16.31)		48.04(15.11)		29.44(10.19)	

Note. *p < .001

Table 5.

ANOVA Analysis Indicating Race Differences by Mental Health Measures

Variables	MHC	PCL	K10
	m(sd)	*m(sd)*	*m(sd)*
Race			
White	59.03(15.58)	43.92(15.68)	27.17(9.96)
Black	47.65(17.51)	55.68(12.22)	33.87(9.17)
Hispanic	58.26(15.19)	45.13(15.62)	27.76(10.65)
American Indian	57.60(5.17)	49.00(5.83)	29.20(5.67)

OLS Analysis

Mental Health Continuum-MHC

A multiple linear regression was used to determine if successful integration and quality of life predicted mental health. The overall model fit the data well (F (7,104) =36.496, $p = .000$,) and explained 72% of variance in the MHC variable. The model estimated employment ($\beta = 0.21$, $p < 0.05$), and income ($\beta = 0.15$, $p < .05$) as significant predictors of MHC. In addition, QOL ($\beta = 0.67$, $p < .05$) predicted MHC in that higher MHC were associated with higher QOL scores. Successful integration did not contribute to the model or predict mental health as measured by MHC.

Post-Traumatic Stress Disorder-PCL

A Multiple Linear Regression was used to determine if successful integration and quality of life predicted post-traumatic stress disorder. The overall model fit the data well (F (7,104) = 15.63, $p = .000$) and explained 52% of variance in the PCL-C variable. The model estimated quality of life ($\beta = 0.38$, $p < .05$), employment ($\beta = 0.41$, $p < .05$) income ($\beta = 0.24$, $p < .05$) and successful integration ($\beta = 0.16$, $p < .05$) predicted post-traumatic stress disorder.

Psychological Distress (Depression and Anxiety-K-10)

A multiple linear regression was used to determine if successful integration and quality of life predicted anxiety and depression. The overall model fit the data well (F $(7,104) = 18.82$, $p = .000$) and explained 56% of variance in the K10 variable. The model estimated quality of life ($\beta = -0.45$, $p < .05$), employment ($\beta = 0.25$, $p < .05$), income ($\beta = -0.13$, $p < .05$), successful integration ($\beta = -0.22$, $p < .05$), and prison role ($\beta = 0.218$, $p < .05$) predicted depression and anxiety.

Table 6.

Multiple Linear Regression Predicting MHC, PCL, and K10 Scores

Variables	*MHC β (SE)*	*PCL β (SE)*	*K10 β (SE)*
Race	−0.05 (6.99)	−0.11 (1.29)	−0.81 (.833)
Education	−0.99 (1.08)	−0.04 (4.51)	−0.85 (2.90)
Employment	0.21 (3.76)**	−0.41 (2.85)***	−0.24 (1.83)**
Income	0.15 (.005)*	0.24 (.006) **	−0.12 (.004)
Prison Role	−0.37 (2.96)	0.04 (3.55)	.218 (2.28)**
QOLS	0.67 (.050)***	−0.38 (.060)***	−0.45 (.039) ***
Successful Integration	−0.14 (.179)	−0.14 (.215) *	−0.15 (.138)**
R^2	0.72	0.52	0.57
Adjusted R^2	0.70	0.48	0.53
F-statistic	36.49***	15.63***	18.82***

*Note. *$p < .05$, **$p < .01$, *$p < .001$

Discussion

The purpose of this study was to explore if pre-release factors such as prison role and support and post-release factors such as successful integration experiences and quality of life influence mental health (as measured by three measures of mental health: MHCs, PCL, K10) post incarceration. While we found that education, employment, having an income post release, having had a role in prison, quality of life, and successful

integration scores were associated with all three outcome measures, at a bi-variate level, when these demographic factors were modeled together, and in relationship to the QOL and successful integration, they varied in their relative significance. For example, the model evaluating the MHC (e.g., emotional well-being), which presented with the highest variance, explained (72%) pointing to post-release variables (being employed, having an income, and having higher quality of life) as most important. Similarly, the model evaluating post-traumatic stress (PCL) found only post-release variables to be significantly related, adding successful integration experiences as a contributing factor. However, in the model evaluating psychological distress (K10 depression and anxiety) both pre and post release variables (prison role, employment, QOLs, and successful integration) contributed to older adults reporting less distress.

The finding that post-release variables are more strongly associated with measures of mental health aligns with previous research findings. Skardhamar and Telle (2009) found that employment lowers the hazard of reincarceration by 63 percent. While individual circumstances account for some of the association between employment and reincarceration, having employment by itself resulted in lower odds of reoffending. Employment is not only protective in regard to reoffending but can also promote mental health. For older adults, employment seems to serve as a buffer to promote better mental health. As Wyse (2017) found in her study of formerly incarcerated people, a job can signify to a man that he still has a place in society and a sense of purpose. Putting employment placement programs into place would allow older adults post incarceration to successfully integrate and improve mental health status.

Having an income, which is of course closely related to having a job (though it predicted independently as well) was another positive contributing factor to post-release mental health. Older adults who reported having a weekly income (from a job or as retirees), regardless of the amount, had better mental health outcomes. These findings align with Western et al. (2015), who convey that material insecurity combined with the adjustment to social life outside prison creates a stress of transition that burdens social relationships in high-incarceration communities. Their study revealed that material hardship and lack of housing post release creates extreme feelings of anxiety and isolation. Wyse (2017) found that older offenders are the most materially disadvantaged of any group of releasees. They are insecurely housed, less likely to be employed, and more likely to be socially disconnected. Supporting our findings, Wyse (2017) also found that older adults post release who have income to sustain housing and the basic necessities enjoy better mental health, have less post-traumatic stress and lower levels of depression and anxiety.

It remains mostly unknown how older adults post incarceration successfully integrate in general (Wyse, 2017). While it was not significantly associated (though in the desired direction) with the overall mental health continuum score, successful integration in our study predicted two of our mental health measures for older adults post incarceration. This is important for a variety of reasons. As we discussed earlier, with prison overcrowding, older prisoners are increasingly getting released with the assumption that they are less likely to reoffend at older ages. Indeed, 12% of U.S. prisoners aged 50 and above are released each year with more expected to be released as part of the BOP's response to COVID running rampant through the prison system. In this

context, released prisoners' abilities to socially integrate has significant implications for their long-term health and well-being. Wyse (2017) conveys that successful reintegration following prison is the psychological grounding necessary for positive social functioning post incarceration.

In our study, perceived better quality of life predicted better outcomes for all three of our mental health measures. Interestingly, there is no literature that investigates quality of life for formerly incarcerated older adults and the impact age may have on post-release functioning. Our results conveyed that older adults who had high quality of life scores enjoyed better mental health (lower depression and anxiety), had a higher sense of well-being, and less PTSD. The quality of life measure used in this study assessed material comfort, physical health, social relationships, emotional well-being, and having a sense of independence. Having these circumstances in place post incarceration can help older adults successfully integrate post release. Older adults who are not worried about food, shelter, or financial security are able to not worry about the majority of stressors, allowing them to make the space to focus on their health, relationships, and remaining autonomous for as long as possible and arguably thus positively impacting potential recidivism.

Research indicates that interventions that help older adults in prison (and post release) significantly improved their overall well-being and mental health (Maschi et al., 2014). As prisoners pay their debt to society, prisons could be places where individuals are helped to cope with the many past and current stressors they experience, especially for aging prisoners. For instance, programs can help facilitate internal and external coping resources (e.g., cognitive, emotional, physical, spiritual, and social) to help

mitigate a prisoner's trauma and stressful life experiences and ultimately help promote

better mental well-being (Maschi et al., 2014). Research should begin to enhance our

understanding of risk and resilience among older adults both in prison and post release.

This understanding will aid in the development and improvement of integrated theory-

based interventions seeking to increase human rights, health, and well-being among older

adults in prison (Maschi et al., 2014).

Having a prison work role (volunteering or working) can serve to influence post-

release psychological distress in aging prisoners, though we found that it was not as

important as post-release experiences. This does not mean that it is not important—it

seems that the post-release variables are simply more important to experiencing better

well-being and less PTSD. This aligns with L**** and M********* (2020) findings that

suggest that older adults who were active in a volunteer role or work role in prison were

more equipped to combat the stressors of post-release functioning. For most adults, work

usually occupies a large amount of their time. Durkheim suggests that inmates who work

in prison workshops have, in a sense, "been fitted" into the division of labor system

characteristics of market societies (Guilbaud, 2011). Being able to work or be "useful" to

others through volunteering suggests to them that although they have been removed from

other parts of social life by a judicial decision, they are nonetheless organically linked to

society by way of their productive labor, if allowed/expected to work while in prison

(Guilbaud, 2011). While this potential protective effect of working/volunteering while in

prison is exciting, it is, however, important to keep in mind that when the realities of post

incarceration do not align with the expectations set by pre-release involvement in work,

this positive outcome diminishes in importance, thus resulting in less well-being and

higher levels of PTSD. In addition to encouraging more work and volunteer programs in prison, formerly incarcerated individuals need to be supported by post-release opportunities to either work or volunteer, though sadly, few such connector programs for age-appropriate work or volunteer opportunities exist.

On a final note, given the current COVID-19 pandemic reality, of the 2.3 million incarcerated peoples in the United States, roughly 165,000 are over the age of 55. Compared to their older adult peers outside of prison and younger parolee counterparts, older adult parolees are more likely to have preexisting health conditions, which places them even higher risk of falling ill or dying from COVID-19. This may be the time that elected officials and policy makers take older adults who have served their sentence into consideration and help facilitate positive post-release experiences, which are critically important, according to our findings.

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Limitations

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This study focused on formerly incarcerated older male adults in Southern California and therefore has limited generalizability. As many of the released men struggle with trust, we used convenience and snowball referral sampling to reach this hard-to-access, vulnerable population through a trusted connector. Despite this, participants may have been reluctant to tell the truth due to the nature and sensitivity of the questions. Finally, our results are cross-sectional, therefore limiting causal observations. Nevertheless, there are very few studies that have explored older adult mental health experiences post incarceration. Our results are therefore important in their ability to help us understand mental health and well-being correlates for this growing vulnerable population, though further investigation is needed to expand on our findings.

CHAPTER SIX

EXAMINING THE IMPACT OF PRISON AND POST-RELEASE FACTORS ON THE SUCCESSFUL INTEGRATION OF OLDER ADULTS POST INCARCERATION

Abstract

Little is known about the challenges and psychosocial needs of incarcerated older adults recently released from prison—a segment of the United States prison parolee population that has grown substantially in recent years. This cross-sectional study, which is part of a larger sequential mixed-method study, examines pre- and post-release factors that predict successful reintegration among this population. We recruited 111 older adults and assessed their prison experience in relation to prison roles (work or volunteer), prison social support (prison pseudo families), having contact with their family during incarceration, their post-release experiences in relation to their needs, and family support systems using both validated scales and those informed by our preliminary qualitative work. Regression analysis demonstrated that having prison social support and contact with family during incarceration was significant in predicting successful integration post release and explained 80% of the successful integration variable. In addition, post-release needs such as housing, employment, and accessible transportation were significant in predicting successful integration such that those with fewer needs post incarceration were more likely to successfully integrate back into society. These findings suggest interventions targeting older adults are imperative and need to be implemented as

soon as possible, especially in light of surging releasee numbers due to the COVID-19 pandemic.

The United States has the largest incarcerated population in the world, warehousing 25% of the world's prison population, and much like its society overall (Ortman & Velkoff, 2014), its prison population is aging (Carson & Sabol, 2014). Between a trend in new legislation adopted across a number of states ensuring compassionate release (Maschi et al., 2016) and increasing numbers of older adult prisoners nearing the end of their long-term sentences (Kerbs & Jolley, 2009), the population of (recently released) formerly incarcerated older adults is ballooning. The COVID-19 pandemic has also contributed to this growth, given fears that older adult prisoners will succumb more easily to this disease.

The growth of formerly incarcerated older adults in the COVID-19 pandemic has paved the way for the early release of non-violent prisoners (Federal Bureau of Prisons, 2020) to prevent what the American Civil Liberties Union sees as a potential public health crisis (ACLU, 2020). Given the surge in positive cases at select sites, and in response to the Attorney General Barr's directives, the Bureau of Prisons began immediately reviewing all inmates who have COVID-19 risk factors to determine which inmates are eligible for home confinement. Since the release of the Attorney General's original memo to the Bureau of Prisons on March 26, 2020, instructing them to prioritize home confinement as an appropriate response to the COVID-19 pandemic, the Bureau of Prisons has placed an additional 2,428 inmates on home confinement; an increase of 85.9% (Federal Bureau of Prisons, 2020, para 3). Due to the current pandemic

circumstances and early compassionate release legislation, it is imperative to understand the post-release functioning of older adults due to the current influx of releasees.

In addition, older adults post incarceration have needs that neither their older adult community-dwelling nor their younger parolee counterparts have. Older adults post incarceration face an elevated risks of mental health problems, substance misuse, and poor social reintegration post release (Bryson et al., 2017). Additionally, many have been in prison a long time, and they face a society that already places little value on older people on top of strong negative sentiments about former prisoners. Programs to address their specific needs are scant; there are currently no post-release transition programs that are tailored to the unique needs of this vulnerable population.

While there is a robust knowledge-base on prisoners' post-release functioning and social integration, only a handful of studies have focused on the post-release functioning of formerly incarcerated older adults. Understanding factors that influence their transition out of institutionalization is crucial to helping them successfully integrate back into society, which may potentially benefit both this vulnerable population and society at large.

Background

Social Integration and Recidivism

At the end of 2016, an estimated 4.5 million adults in the United States were under community supervision (Jones, 2018). A plethora of social challenges face formerly incarcerated persons as they seek to socially integrate and meet the demands of their parole or probation requirements. Such conditions might be general, such as refraining from breaking the law, reporting to probation officers as required, and not leaving the state without permission, or especially tailored to their circumstances (e.g.,

drug testing and treatment, curfews, restraining orders) (Corbett, 2014). Post-release requirements may include finding and maintaining regular employment, participating in intensive supervision programs, not changing residence or employment without permission, and paying supervision fees. These requirements can complicate successful reintegration for older adults, who may be particularly lacking in knowledge about available resources, skills to execute technological processes, and social connections for support (Authors, 2020). Furthermore, older offenders' connections to family as a source of support or successful reintegration may be frayed due to years of criminal involvement, drug abuse, or lengthy prison sentences (Wyse, 2017).

Many researchers have indicated that insufficient preparation for discharge can lead to high rates of recidivism and lowering recidivism rates are a policy goal for all jurisdictions (Manchak et. al., 2019). Data specifically on the recidivism rates for older adult former prisoners is scarce; however, we reviewed overall data, and the numbers are concerning. For instance, a five-year Bureau Justice Statistics study regarding prisoners post release found that more than two-thirds (67.8%) had some form of interaction with the justice system within three years after being released, and nearly half (49.7%) had returned to jail or prison, either for parole violation or a new crime. While it has been established that older offenders recidivate at lower rates than younger offenders, it remains mostly unknown how older offenders fare in the process of social integration (Wyse, 2017). Many end up joining the burgeoning masses of homeless populations as they are not able to make it in an increasingly complex post-release system (Skardhamar & Telle, 2009), a troubling trend in the times of COVID-19 where social distance and contact tracing are critical (Centers for Disease Control and Prevention, 2020).

Prison Family

Prisoners are not able to raise their children or have much of a connection to their families as it is difficult to contribute emotionally, physically, and financially while one is incarcerated. Previous research indicates that individuals who find pseudo families and social support groups in prison can help them on many different levels (Sharpe, 2010). Researchers have historically focused on the structure and nature of gangs in male prisons while ignoring the fact that "gangs" are more than just stereotypical predatory groups for exploiting others. Indeed, they serve the needs of their members, often providing safe harbors within the dangerous prison world. Thus, they often also provide an extended psychological and emotional support system and serve as an economic function (Forsyth & Evans, 2003). It is unknown if and how these prison familial relationships impact post-release functioning and integration, and if these pseudo familial relationships are efficient in fulfilling an individual's generative needs.

Prison Work Roles

Many prisons offer job positions to inmates for a fraction of minimum wages, but there is little known about the potential psychological benefits that prison work may exult besides the immediate benefit of this remuneration. Alarid (2005) discusses that the advantages of prison labor include cost reduction (or reducing the strain on government budgets), reduction of prisoner idleness, establishing good work habits, creating a sense of independence and self-respect, and opportunity for some prisoners to learn meaningful vocational skills (Flanagan and Maguire, 1993; Guynes and Greiser, 1986; Hawkins, 1983). When prisoners were somewhat paid for their work, it allowed them to have some savings for release, support their families, pay victim restitution, and pay taxes to the government (Alarid, 2005). However, no studies have explored its potential impact on

post-release integration, a gap that deserves further attention. Alarid (2005) concludes

that even though prisoners have been removed from society to serve their sentences as

punishment, state prison systems vary widely on the degree to which they have jobs

available for prisoners while incarcerated. While some states report that all "work

capable" inmates are required to have a job in the prison or at least be enrolled in school

full time, there are at least 15 states (mostly in the Northeast) that report employment

rates as low as 10–15% of the inmate population (Alarid, 2005). For the prisons that do

implement "work capable" programs, there is not enough evidence on how work

capability is determined, who benefits from these programs, and if there are certain target

inmate populations that may benefit from holding a prison job (Alarid, 2005).

For most adults, work usually occupies a large amount of their time. Durkheim

suggests that inmates who work in prison workshops have, in a sense, "been fitted" into

the division of labor system characteristics of market societies (Guilbaud, 2011). Thus,

inferring that although inmates have been removed from other parts of social life by a

judicial decision, they are nonetheless organically linked to society by way of their

productive labor, if allowed/expected to work while in prison (Guilbaud, 2011). Research

is needed to discover whether a prison work role can also serve as a construct to improve

mental health for aging prisoners and influence post-release social integration. It is

unknown how and if prison work roles prepare inmates for the work force post release.

Post-Release Needs of Older Adults

Older adults post-release must navigate through many social challenges in order

to reintegrate. The prevalent ageism in our society contributes to the challenges that older

adults face to meet their parole requirements. Older adults on parole have a very difficult

time obtaining employment due to the type of employment available to formerly

incarcerated people. Most of the jobs available to this population are manual, heavy labor jobs that are often not manageable for the older adults on parole. However, obtaining employment is not just an important parole requirement; it also is known to reduce the risk of recidivism. Skardhamar and Telle (2009) found that employment lowers the hazard of reincarceration by 63%. While individual circumstances account for some of the association between employment and reincarceration, having employment by itself resulted in lower odds of reoffending. Moreover, older adults are not offered the same opportunities as their younger prisoner counterparts to prepare for release. Institutional programs are not geared for older inmates; educational, vocational, and recreational programs are mostly geared to 20- to 40-year-olds (Skardhamar & Telle, 2009). In addition to age discrimination and criminal stigmatization, this affects older adults' opportunities for reintegration employment, as they cannot work strenuous manual labor jobs, and in addition, they often do not have the technical skills necessary for non-labor jobs. Being less likely to gain employment then puts them at high risk of not meeting parole requirements and thus of extreme poverty or homelessness. Not only does lack of employment lead to material hardship and parole violations, it also impacts older adults' mental health. As Wyse (2017) found in her study of formerly incarcerated people, a job can signify to a man that he still has a place in society and personal significance that is lacking without it.

Due to a lack of educational opportunities for them in prison, older adult releasees have a very difficult time navigating technology that has changed so much while they were incarcerated. Many do not understand how to access services online or use smartphone devices, which have become a way of living in our society. With the advent

of technology and institutions digitalizing operations, older adults who were incarcerated during this societal shift experience frustration and anxiety related to navigating these processes (L**** & M*********, 2020).

Housing post release for older adults is one of the most imperative needs. Physical vulnerabilities and chronic ailments make it nearly impossible for releasees to survive on the streets. Western et al. (2015) conveys that material insecurity combined with the adjustment to social life outside prison creates a stress of transition that burdens social relationships in high-incarceration communities. Their study revealed that material hardship and lack of housing post release creates extreme feelings of anxiety and isolation. Wyse (2017) found that older offenders are the most materially disadvantaged of any group of releasees. They are insecurely housed, less likely to be employed, and more likely to be socially disconnected.

Post-release experiences are influenced by prison experiences in many other ways. For instance, older adults in prison have more complex health and social care needs than both younger prisoners and their age-matched peers living in the community (Forsyth et al., 2003). Aday (2006) discussed the concept of accelerated aging that inmates undergo due to a harsh prison environment and stressors. Outside of prison, people often encounter new physical, psychological, and social challenges as they age. In prison, an environment intended for younger inhabitants, aging introduces added challenges in safety, functional ability, and health. Coupled with past prison experiences influencing mental and physical health, older adults post release may also face social and environmental challenges. As older ex-prisoners reenter their communities, they may face further challenges, such as being frail in an unsafe neighborhood, having numerous

medical conditions with limited access to medical care, and leaving the familiarity of the place they have lived in for decades (Williams et al., 2018). Indeed, many older adults end up reoffending because prison is safe, gives them housing and food, and is familiar to them (L**** & M*********, 2020).

Feasibility Study Findings

This study is part of a larger sequential mixed-method study that described the psychosocial needs of released older adults. Findings from this study conveyed that older releasees from prison face many barriers to successful integration. Some of these barriers include experiencing ageism in regard to finding employment and utilizing technology to execute simple task such as apply for benefits and affordable housing in safe neighborhoods (Authors, 2020).

In addition, the present study set out to explore how prison experience impacts post-release social integration, mental health, and, in turn, reoffending. We hypothesized that older adults who report having had a prison work role, a prison pseudo family, support from family while incarcerated, and fewer needs post release were more likely to successfully reintegrate. This study is significant due to the given influx of older adults being released into communities. Helping them successfully reintegrate will lower recidivism rates and keep the cost of warehousing older adults in prison down. Moreover, formerly incarcerated individuals who are successfully reintegrated are less likely to reoffend, making our communities safer places for all.

Methods

Sampling and Recruitment

We recruited English-speaking men aged 55 and older who were released from parole (N = 111) in San Bernardino County. The data for this study was collected through

a survey informed by a prior qualitative study conducted by Authors that assessed

psychosocial needs of released older adults (Authors, 2020). Themes from this study

were used to identify aligned validated scales or to develop a set of new questions

(Authors, 2020). This survey was then pilot-tested for comprehension, readability, length,

and relevance to the target population. Convenience sampling was used to recruit

participants through a trained, Institutional Revenue Board–certified, trusted community

recruiter who regularly works with this population. Surveys were given to participants at

local support group meetings, church support groups, reentry program facilities, and

through individuals in the recruiter's network. Surveys were constructed at or below an

8th-grade reading level, were self-administered, and took 30–40 minutes to complete. IRB

approval was obtained from the sponsoring academic institution.

Measures

Dependent Variable

Successful Integration was assessed according to five items that addressed

employment, returning to prison ideation, permanent housing, temptation to reoffend, and

feeling lonely and unable to connect with others, and are based on research by Wyse

(2017). A 5-point (1–5) Likert scale was used ranging from 1 = "strongly disagree" to 5

= "strongly agree." Building on the multidimensional concept of reintegration put forth

by Visher and Travis (2003), successful social (re)integration is here defined as

encompassing (a) resource factors, such as the attainment of stable housing, benefits, and

employment; (b) network factors, such as the (re)establishment of social relationships and

roles; and (c) psychosocial factors, such as feelings of "mattering" or being valued within

these relationships and roles. In other words, successful reintegration following prison

entails securing the material resources, social connections, and psychological grounding

necessary for positive social functioning (Wyse, 2017). The internal reliability for this scale was within the acceptable range (Cronbach's alpha = 0.87).

Independent Variables

Prison Support was measured by a single binary item question in the survey, asking participants if they had any type of support from fellow inmates while they were in prison (1 = Yes, 2 = No)

Prison Role was measured by a single binary item question in the survey, asking participants if they worked or volunteered in prison (1 = Yes, 2 = No).

Contact with Family during incarceration was measured with a single binary item question in the survey, asking participants if they kept in contact with their family members while incarcerated (1 = Yes, 2 = No).

Family support/contact post incarceration was measured with a single binary item question in the survey, asking participants if anyone in their family offered them any type of support post incarceration (1 = Yes, 2 = No).

Needs were measured by a 10-item scale using a 5-point (1–5) Likert scale ranging from 1 = "strongly disagree" to 5 = "strongly agree" that assessed material needs, social needs, healthcare needs, technological needs, and transportation needs. Statements assessing needs included, "It is difficult to reconnect with family post incarceration," "Transportation is often required and I have no access," "There are not enough resources for individuals post incarceration," among others. The higher scores indicated greater needs. The internal reliability for this scale was within the acceptable range (Cronbach's alpha = 0.92).

Data Analysis

SPSS, version 26.0 (IBM Corporation, 2020) was used for all data analyses. Data

was tested for missing values, outliers, and violation of any assumptions. Any surveys that had more than 10 percent missing data were excluded from the analyses, a total of 4 cases were excluded from the study.

Frequencies and descriptive analyses were preformed, followed by independent t-tests and a Pearson correlation analyses to determine significant correlations between independent and the outcome variable. Using the Enter method, a multiple linear regression was used to explore whether prison roles, prison support, contact with family during incarceration, post-release needs, and family support predict successful integration. The analysis was assessed for normal distribution of residuals (via scatterplots of errors of observed and predicted values), multicollinearity (via correlation matrix), and homoscedasticity (via scatterplot of residuals versus predicted values). The data was found to support these assumptions.

Results

Participant Characteristics

As shown in Table 9, the average age of participants (N = 111) was 64 years old. The majority of participants did not live with family, however most of them had children. The sample consisted mostly of Black and Hispanic men. Most of them were not married and about half were not employed. However, many of them had at least a high school diploma. The average length of incarceration was 19 years, and the average number of times incarcerated was three.

Table 7.

Sociodemographic Characteristics (N = 111)

Variables	*n* (%)
Race	26 (25.2%)
White	50 (41.5%)
Black	30 (28.8%)
Hispanic	5 (4.5%)
American Indian	
Age, mean (*SD*), in years	64.2 (8.61)
Marital Status	
Not Married	98 (88.3%)
Married	13 (11.7%)
Education	
Middle School or less	22 (19.8%)
High School or more	89 (80.2%)
Employment	
Employed	43 (38.8%)
Not Employed	68 (61.2%)
Income, mean (SD), weekly	152 (24.3)
Length of Incarceration, mean (SD)	19 (7.796)
No. of Incarcerations, mean (SD)	3 (3.41)

Bivariate analyses were conducted to determine significant differences for categorical and continuous variables. Results for independent sample t-tests and a Pearson's correlation indicated that having contact with family during incarceration, post-release needs, and family support were significantly associated with successful integration post release. Although prison pseudo family and prison role were not significant at the bivariate level, due to the a priori nature of our study given the feasibility findings, these variables were still included in the final model. The preliminary findings suggest that prison role and prison support are significant contributors to post-

release successful integration (Authors, 2020).

Table 8.

Categorical Variables and Continuous Variables Measured at the Bivariate Level (N = 111)

Variables	Successful Integration	
	m(sd)	*t or r*
Prison Role		
Yes	14.97(5.20)	0.910
No	16.03(6.18)	
Prison Support		
Yes	15.37(5.36)	0.292
No	15.05(5.80)	
Contact with Family		
Yes	14.02(4.80)	3.248*
No	17.39(5.97)	
Family Support		
Yes	14.18(5.28)	
No	16.49(5.57)	2.211*
Needs	25.60(5.32)	−0.864*

Note. *p < .05

OLS Analysis

Predictors of Successful Integration

A Multiple Linear Regression was used to determine if prison role, prison support, contact with family during incarceration, post-release needs, and family support predicted successful integration. The overall model fit the data well (F (7,104) = 82.260, p = .000), and explained 80% of the variance in the successful integration variable. The model estimated contact with family during incarceration (β = 0.21, t(109) = 4.145, p < .05), prison support (β = 0.16, t(109) = −3.283, p < .05), and needs (β = −0.83, t(109) = −18.366, p < .05) as significant predictors of successful integration. This means that individuals who

had contact with family during their incarceration, a prison pseudo family, and low needs post incarceration were more likely to successfully integrate post release. However, prison role and family support did not contribute to the model or predict successful integration. At the bivariate level, prison support was not found to be a significant predictor of successful reintegration; however, when included in the model, it was found to be significant.

Table 9.

Multiple Linear Regression Model Predicting Successful Integration (N = 111).

	B (SE)	t	p
Prison Role	0.34 (1.34)	.593	.555
Contact w. Family during Incarceration	0.22 (.71) *	4.145	.000
Prison Support	0.18 (.65) *	−3.283	.001
Family Support Post Incarceration	0.02 (.45)	.421	.675
Post incarceration Needs	−0.83 (.03) *	−18.366	.000
R^2	0.80		
Adjusted R^2	0.79		
F-statistic	82.26 df (7,104)		

*Note. *$p < .05$

Discussion

The purpose of this study was to examine factors associated with successful reintegration among older parolees. Among a convenience sample of 111 participants, we found that having contact with family during incarceration, having a prison pseudo family, and having fewer post-release needs predicted successful integration post

incarceration. We found support for some of our hypotheses, namely that contact with family during incarceration, prison support, and fewer needs were associated with better integration post incarceration. Conversely, we did not find evidence that family support post incarceration or prison role/work was associated with integration. Although, family support was not a significant predictor of successful integration post release in the model, it is noteworthy that family support was a significant predictor of successful integration post release on the bi-variable level and should thus nevertheless be considered.

Our results indicated that having a prison pseudo family during incarceration is a predictor of successful integration post release. Although there is no existing literature that investigates if prison support, prison pseudo families, or prison friendships influences successful integration post release, it is noteworthy to highlight the research that discusses the benefits of having prison familial support systems in place while incarcerated. We indeed found the same to be true. Though, these prison families are not traditional in a social sense, inmates report that they gain some of the same benefits from their prison families as from their traditional families. Forsyth and Evans (2003) also note that inmates discuss the material support offered by pseudo families. A prisoner comments on the financial support it provides:

> They call me mom. None of us get much money, but I find myself being able to give them what they need when they come to me. I never ask or accept anything in return, but that's alright. I come to love them, and I pray they never have days as I did. Days where I had no soap or decent pair of shoes." (Forsyth & Evans, 2003, p. 20.)

Not only are these prison pseudo families common, others have found that they benefit both female as well as male inmates by providing the social support of friendship offered through prison gangs. Forsyth and Evans (2003) suggests that gangs and pseudo

families are similar. Male gangs have many of the functions of pseudo families. Also, professional discourse inhibits our view of these similarities. He describes that the social organization of women's prisons is composed of pseudo family units, dyads, and cliques while men bond together through friendships and political/gang associations (Forsyth & Evans, 2003). Maintaining these pseudo familial relationship behinds bars versus discouraging them, as they are often seen as only for their threatening nature, may influence an individual's post-release functioning regarding successfully integrating back into family and social structures. Since we did not explore in more detail how these supports functioned and how they benefited, future research could explore this further to determine if intentionalizing the positive aspects is possible.

Remaining in contact with family members during incarceration predicted successful integration. Research implies maintaining family connections during incarceration enables positive post-release functioning. Individuals who have family contact during incarceration are less likely to recidivate, more likely to have and secure opportunities for post-release employment, less likely to be depressed, and more likely to be involved with their children post release, which is related to less depression and substance use (Folk et al., 2019). This further validates our own findings that older adults who were able to maintain family contact while incarcerated had an easier time adjusting post release (Authors, 2020). It was surprising however that family support post release was not significant, though this may have been due to the fact that there is a big difference between having contact with family while incarnated and spending time/relying on them after release. This may have become more burdensome and, as some of our participants had shared with us in our qualitative work, may have led to

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conflicts due to high expectations of fitting back in, more or less seamlessly, resulting in the person havening less and less contact.

Finally, post-release needs for older adults predicted successful integration. The fewer needs an older adult had post release, the more likely they were to successfully integrate. LL and SBM (2020) found that older adults post release have specific challenges and needs that are unique. They struggle to gain employment, housing, and meet the requirement of their parole. In addition, older adults must navigate the unfamiliar society to which they are exposed post release, such as navigating technology. Bryson et al. (2017) discussed the importance of developing multidisciplinary and case-management-based parole and probation programs to help identify, prioritize, and address the complex needs of older adults who were formerly incarcerated. Multidisciplinary parole and probation services should consider including collaborations with community organizations to work with older adults who are involved in the justice system. Policy makers should consider investing in such strategies, as reincarceration is far more expensive. Locating such programs in the community where they can be sustainable could result in a much more robust support system for referrals, education and information, and resource exchange. In addition, community health care practitioners need to be involved with older adults who have had correctional involvement and must be conscious that they are likely to have complex psychosocial needs (Bryson et al., 2017). Research has also noted that the complexity of formerly incarcerated older adults' needs requires greater collaboration among a diverse group of local stakeholders, including professionals from healthcare delivery, public health, and criminal justice, as well as the directly affected individuals, their families, and advocates (Metzger et al., 2017).

Our findings suggest that older adults who have many unmet needs are less likely to successful integrate. Given the current prison and aging demographics, the impact of this will increase in the coming years. Older adults who have spent many years in prison have complex disparities. Policy makers, institutions, health care providers, and other stakeholders need to take a collaborative approach in aiding older releasees with successful social integration post release. Older adults have different challenges and needs compared to their younger parolee counterparts and older adult peers. Older adults post release are the least socially integrated of any releasee group and have the weakest family ties, the most unstable housing, and the lowest level of employment (Western et al., 2015). Better addressing the needs of this vulnerable population may lower the risk of recidivism for older adults and help them successfully integrate post release.

This issue is especially timely as many prisons have accelerated their early release programs due to the COVID-19 pandemic, since older prisoners are among the main risk groups driving the significant rates of infections in prisons. Indeed, to prevent a public health crisis in prisons and jails, the national American Civil Liberties Union and many of its affiliates are asking for the immediate release of sub-groups identified by the Centers for Disease Control and Prevention as vulnerable (ACLU, 2020). Given the surge in positive cases in prisons and in response to the Attorney General Barr's directives, the Bureau of Prisons began immediately reviewing all inmates who have COVID-19 risk factors to determine which inmates are eligible for home confinement, resulting in an additional 2,428 inmates on home confinement—an increase of 85.9% (Federal Bureau of Prisons, 2020, para 3). Between these and other older adult prisoners increasingly early

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releases, it is critical to better understand their post-release functioning and help facilitate their successful reintegration without recidivism

Limitations

While this study provides a first glimpse into older adult prisoner reintegration issues, there are several limitations. This study accessed formerly incarcerated older adults in the Southern California; in addition, the sample was a cross section, convenience sample. To this end, the study's findings may be unique to this geographic area as well as to the convenience sample. If a large, more representative sample was accessed, the findings might vary. For example, each county is unique regarding their post-release planning and also services that they offer to individuals on parole or probation. Counties that have more funding to aid individuals with housing and resources may have higher successful integration rates.

Our study's findings suggest that further investigations are needed to expand on the complexities of understanding the predictors of successful integration of older adults post release. Finally, the sample size of the study was limiting in regards to the ability to explore multiple variables of interest in depth, as well as consider more complex interactional effects among variables. Future studies with larger, more representative populations will be need to verify these results as well as explore the more complex interaction relationships between variables.

CHAPTER SEVEN

OTHER RESULTS

To assess if prison work roles and prison pseudo families impact older adult's psychosocial stage of development Erikson's MEPSI assessment was used. The Modified Erikson Psychosocial Stage Inventory (MEPSI) is designed to measure the strength of psychosocial attributes that arise from progression through Erik Erikson's eight stages of development. The Modified Erikson Psychosocial Inventory (MEPSI) is an 80-item, comprehensive measure of psychosocial development based on Eriksonian theory. The MEPSI is composed of 80 simple, theory-based statements psychosocial attributes associated with each stage of development. A total of eight subscales (10 items each), corresponding to Erikson's eight stages of development are imbedded in the measure. Questions regarding regret, relatability, and achievement are associated with each stage respectively. For each statement subjects are asked to respond to the question "How often is this true of you?" on a five-point Likert scale (Leidy & Fisher, 1995).

Research indicates that stage 7, Generativity versus Stagnation, is the stage that predicts Ego Integrity versus Ego Despair the most when compared to all other Eriksonain stages (Cheng, 2009). Research suggests that generativity may be the single most important factor in achieving ego integrity. The findings are congruent with Eriksonian theory, which suggests that although all phases of life are interdependent, the concept that the achievement of ego integrity is inseparably linked with the quality of the resolution of the generativity stage (Cheng, 2009).

For OAs who have spent most of their adulthood years in prison, reaching a stage of Ego Integrity may be difficult. The stage prior to Ego Integrity versus Ego Despair is

Generativity versus Stagnation (GS). In this stage Erickson claims that adults need to establish careers, have a committed relationship, begin families, give back to society, be productive at work and become involved in the community (Hanna, 1996). If an individual failed to accomplish these tasks, Erikson posits, it will lead to a feeling of stagnation and unproductiveness. Failure to overcome the crisis in this stage may lead to ego despair (Cheng, 2009). For OAs who were incarcerated during the GS stage of their life they are not afforded the opportunities to give back to society, raise their children or become involved in the community, at least not in a traditional sense. Of note, however, our preliminary research suggests that some older prisoners somehow achieve GS in alternative ways.

Given the potential lack of progress to work through this GS stage, we were uncertain if OAs who are incarcerated most of their adulthood years progress through adult development in the usual Eriksonean fashion. Moreover, we were uncertain if the MEPSI would be a good assessment tool for this population. Erikson designed the measure with white middle-class Americans, whose lives are very different from that of individuals who are incarcerated.

In our study we therefore used Erikson's MEPSI to measure psychological development for OAs who were incarcerated during their adulthood years. When we explored the items used for both stage stages, they showed very poor internal reliability. The subscale alpha for our population of interest for stage eight was very low (Cronbach's alpha=.194). The subscale alpha for our population of interest for stage seven was also very low (Cronbach's alpha=.346). Further investigative analysis took place by combining stage 7 and stage 8, although this is not how the scale is

traditionally used. When both subscales were combined, while the alpha improved, the

scale continued to present with poor (below acceptable) internal reliability (Cronbach's

alpha=.609). See Table 10 Reliability Analysis for MEPSI Subscales.

Table 10.

Reliability Analysis for MEPSI Subscales

MEPSI Scale	Cronbach's Alpha
Stage 7	α=.346
Stage 8	α=.194
Stage 8 & Stage 7	α=.609

This indicates that grouped items for each of the stages did not correlate well with

each other, conveying that older adults who are incarcerated do not advance through the

life stages in the traditional fashion as theorized by Erikson. According to stress process

theory, individuals who have comparatively stable life experiences, such as being mostly

free of traumatic and stressful life experiences, generally develop relatively stable life

course trajectories, including stable mental well-being (Pearlin et al., 2005). On the

contrary, individuals who experience one or more challenging periods of chaos or

change, combined with the stressful conditions of institutional confinement, are exposed

to heightened risk of adverse mental well-being. Among older adults in prison, these

experiences may include being exposed to childhood physical and sexual victimization,

the unexpected death of a loved one, being diagnosed with a serious illness, combat,

natural, and manmade disasters, and financial stress or poverty (Maschi, Dennis, Gibson,

Sternberg, & Hom, 2011; Maschi, Kwak, Ko & Morrissey, 2012; Maschi, Morgen, Viola

& Koskinen, 2013).

The literature supports that we might have observed this in the data since the traditional Erikson stage 7+8 had poor validity for this population. Studies also support that due to the hostile environment and the increase of adverse childhood experiences, individuals who were formally incarcerated may either be delayed in their psychological development and/or the MEPSI is not a sensitive or appropriate tool for this population.

This finding aligns with our theoretical framework using a Bourdieun lens to critique theory. Bourdieu challenges the social sciences to be reflexive, and contest and critique the norm. It is in this reflexivity that true discoveries regarding truths are found, and with this comes justice for the marginalized, "othered" individual, which for decades have been subjected to dominant theories and ways of knowing. The finding suggests that Erikson's measure of psychosocial development is not a good assessment tool for this population. Further investigation is needed to understand how OAs who have aged in prison achieve a sense of ego integrity and how they define this integrity for themselves.

Apart from using the Erikson measure, we wanted to further explore the need items we developed from our qualitative work. To assess if there were significant differences in needs for OAs post release compared to their younger peer counterparts, a summary independent t-test was conducted for each need. Needs were measured with Likert scale attitudinal questions assessing greatest needs post-release (i.e. housing, employment, food security, social support, technological support, etc.). Surprisingly while older adults reported higher mean scores for each of the needs in the questionnaire, only utilizing technology and finding classes were significantly different between these groups. Noteworthy, high needs were reported regardless of age, indicating that younger and older releasees face multiple barriers post incarceration (see Table 11).

According to the United Nations, OAs and the serious and terminally ill are considered a special needs populations subject to special international health and social practice and policy considerations (Aging and Disability, n.d). Maschi et. al, argues that older adults in prison have unique individual and social developmental needs that result from life course exposure to cumulative risk factors compounded by prison conditions that accelerate their aging (Maschi, et. al., 2012), yet little is done to address this in the US system.

In addition, it is important to note that there is no existing assessment tool that analyzes needs for individuals post-incarceration. The needs assessment that was used in our study was designed based off of our preliminary research that indicated needs that were present in our sample data. Future research needs to explore the needs of post-incarcerated individuals across a variety of ages and an assessment tool for this population needs to be constructed. Furthermore, investigating the differences of OAs post-incarceration compared to their younger peer counterparts is imperative to design service to optimize each group's successful reintegration. OAs who are released from prison have unique needs compared to their OA peers and their younger parolee counterparts (Metzger et. al., 2017). After spending most of their adulthood years behind bars, they must try to reintegrate into a society that they no longer recognize. Most are released without the means to help them successfully reintegrate or meet their parole/probation requirements. Understanding the needs and challenges post-incarceration will allow professionals, policy makers, and social scientist to better serve this vulnerable population.

Table 11.

Summary Independent Sample t-Test Assessing Needs

Need	M(SD)	*t*
Technology Difficulty		
Younger	2.72 (1.52)	2.723*
Older	3.36 (1.41)	
Reconnect w/ Family		
Younger	3.20 (1.37)	
Older	3.17 (1.52)	.903
Reconnect w/ Friends		
Younger	3.28 (1.36)	
Older	3.43 (1.43)	-.659
Healthcare Difficulty		
Younger	3.15 (1.13)	
Older	3.07 (1.23)	.686
Transportation Difficulty		
Younger	3.06 (1.13)	
Older	3.09 (1.61)	.890
Connecting w/ People		
Younger	2.31 (1.12)	
Older	2.59 (1.33)	-1.450
Finding Classes		
Younger	2.50 (1.00)	
Older	2.87 (1.43)	-1.993*
Criminal Record Inhibiting		
Younger		
Older	2.45 (1.09)	-.970
	3.59 (1.50)	
Lack of Resources		
Younger	2.31 (1.17)	
Older	3.34 (1.47)	-.125
Life Harder Post Prison		
Younger	3.05 (1.37)	3.66
Older	2.96 (1.63)	

Note. *p* < .05

CHAPTER EIGHT

CONCLUSION

The purpose of this dissertation research study was to explore prevalent psychosocial needs of OAs' post-release. We also examined post-release mental health functioning among older, formerly incarcerated adults as poor mental health has been found to be associated with recidivism. Analysis were used to examine the influence of sociodemographic variables, quality of life, and successful integration on three measures of mental health, the Mental Health Continuum-Short Form, the Kessler-10 Depression and Anxiety measure and PCL-C Post-Traumatic Stress Disorder assessment. We also investigated prison and post-release factors that predict successful integration for older adults, in relation to prison roles (work or volunteer), prison social support (prison pseudo families), and having contact with their family during incarceration. In addition, their post-release experiences were evaluated in relation to their needs and family support systems. Analysis conveyed prison and post-release structural factors that impact successful integration. Furthermore, we attempted to investigate how prison experiences impact OA's mental health post-release. Specifically, this study attempted to explore if prison pseudo families, prison work roles and experiences served as non-traditional means to achieve Ego Integrity as theorized by Erickson. Finally, we investigated the differences in needs post-release of older adult releasees compared to their younger peer counterparts.

The prevalence of psychosocial needs for older adults post-release was conveyed through an exploratory qualitative analysis. Both the older adult former parolees and the professionals who worked with them spoke of the tough challenges releasees face as they

transition back into society, challenges arising from a combination of their age, lack of resources, length, and type of incarceration. Most had not overcome these challenges, which strongly impacted their mental health as well as overall well-being. However, all spoke of the local Re-integration Initiative (RI) program as playing a critical role in successful reintegration post-release, as it was designed to tap into their resilience and move them toward being self-sufficiency. Through the program many found it important to give back to others like themselves. Another premise of this study was that while all releasees from prison have significant needs for help with re-integration, the challenges for older adults post-release are quite different from their younger counterparts as many had a difficulty recognizing society after long periods of incarceration.

This study also conveyed how successful integration and quality of life influence mental health post-incarceration as measured by three measures of mental health: MHCs, PCL, K10. While we found that education, employment, having an income post release, having had a role in prison, quality of life and successful integration scores were associated with all three outcome measures, at a bi-variate level, when these demographic factors were modeled together, and in relationship to QOL and successful integration, they varied in their significance. When evaluating MHC (e.g. emotional well-being) post release variables (being employed, having an income and having higher quality of life) were identified as most important. The model evaluating PCL also only found post-release variables as standing out, adding successful integration as a contributing factor to PCL (post-traumatic stress). The model evaluating depression and anxiety (K10) found that both pre-and post-release variables (prison role, employment, QOLs, and successful integration) contributed to lower depression and anxiety.

We also explored if prison roles, prison support (pseudo family), contact with family during incarceration, family support and post-release needs predict successful integration. Having contact with family during incarceration, having a support system in prison and post-release needs predicted successful integration post-incarceration. We found support for some of our hypotheses, namely that contact with family during incarceration, prison support, and less needs were associated with better integration post incarceration while we did not find that family support post incarceration were not associated and surprising so, neither was having a prison role/work. Although, family support was not a significant predictor of successful integration post-release in the multivariate model, it is noteworthy that family support was a significant predictor of successful integration post-release on the bi-variable level and should thus nevertheless be considered.

To assess if prison work roles and prison pseudo families impact older adult's psychosocial stage of development Erikson's MEPSI assessment was used. However, both stages aligned with our respondent's age showed very poor internal reliability with a subscale Cronbach's alpha of .194 (very low), and a low internal reliability for stage 7 (Cronbach's alpha=.346). Arguing (based on the published research) that men age more quickly in prison, we then combined stage 7 and stage 8 (although this is not how the scale is traditionally used). While this improved the internal reliability somewhat, it remained on the low end (Cronbach's alpha=.609). This indicates that grouped items for each of the stages did not correlate well with each other, conveying that older adults who are incarcerated do not advance through the life stages in the traditional fashion as theorized by Erikson.

According to stress process theory, individuals who have comparatively stable life experiences, such as being mostly free of traumatic and stressful life experiences, generally develop relatively stable life course trajectories, including stable mental well-being (Pearlin et al., 2005). On the other hand, individuals who experience one or more challenging periods of chaos or change, combined with the stressful conditions of institutional confinement, are exposed to heightened risk of adverse mental health and well-being. Among older adults in prison, these experiences may include being exposed to physical and sexual victimization, the unexpected death of a loved one, being diagnosed with a serious illness, and knowing that their families are struggling without their support. This is in addition many childhood risk factors and later stressful life experiences (poverty, violence) that many incarcerated adults report (Maschi, Dennis, Gibson, Sternberg, & Hom, 2011; Maschi, Kwak, Ko & Morrissey, 2012; Maschi, Morgen, Viola & Koskinen, 2013).

Finally, we assessed the difference in needs for older adults compared to their younger counterparts. Though not significant, older adults reported higher mean scores for each of the needs questions we posed in the questionnaire. However, the only ones that were significantly higher for OAs were challenges utilizing technology and finding classes. Noteworthy, high needs were reported regardless of age, indicating that younger and older releasees face multiple barriers post incarceration lowering their chances of successful re-integration and increasing their chances of recidivism.

Policy Implications

Bryson et. al. (2017) discussed the importance of developing multidisciplinary and case-management based parole and probation programs to help identify, prioritize, and address the complex needs of older adults who were formerly incarcerated.

Multidisciplinary parole and probation services should include collaborations with community organizations to work with older adults who are involved in the justice system. Policy makers should consider investing in such strategies, as re-incarceration is far more expensive. Research has also noted that the complexity of formerly incarcerated older adults' needs requires greater collaboration among a diverse group of local stakeholders, including professionals from healthcare delivery, public health, and criminal justice and the directly affected individuals, their families, and advocates (Metzger et. al, 2017).

Furthermore, research indicates that interventions that help put coping mechanism in place for older adults in prison (and post-release) significantly improved their overall mental well-being. For instance, the presence of internal and external coping resources (e.g., cognitive, emotional, physical, spiritual, and social) had a significant and inverse effect on the relationship between trauma and stressful life experiences and mental well-being. (Maschi et. al., 2014). The implications of research suggests that prisons ideally should be places where individuals are helped to cope with the many past and current stressors that inmates experience, especially for aging prisoners. This has not been a strength of the US incarceration system that is more punitive vs. helping people improve so that they do not repeat mistakes from the past.

On a final note, given the current pandemic reality, of the 2.3 million incarcerated peoples in the United States, roughly 165,000 are over the age 55. Compared to their older adult peers and younger parolee counterparts, older adult parolees are more likely to have preexisting health conditions which places them even higher risk of falling ill or dying from the COVID-19 (Jones & Jackson, 2020). This may be the time that elected

officials and policy makers take older adults who have served their sentence into consideration and help facilitate their more positive post release experiences which is critically important not just for them but also for the communities in which they get placed.

Limitations

While our research was cross sectional, which is a limitation, the mixed methods approach we used allowed us to cross validate findings. Given the hard to reach nature of this very vulnerable population that does not easily trust outsiders, self-selection bias is a limitation as well. However, given the sensitivity of the topic, recruiting OA former prisoners cross sectionally is a logical first step to gaining further insight on how to investigate the needs of this sensitive population. While our qualitative sample was small, we found data saturation across the themes, which for the most part was supported by the limited existing literature, therefore lending further credence to the validity of our findings. Furthermore, nearly all themes identified in the qualitative work were reaffirmed in our quantitative study. While both samples are too small to make generalizations to the national older adult former prisoner population, the study's findings were able to point to some important and practical patterns of needs and barriers that ideally should be further investigated and confirmed.

A strength of our mixed methods study was that we used triangulation in both samples. In our qualitative sample, we included both younger and older adults post-release as well professional who work with this population. Similarly, while we wished to mainly understand the needs of formerly incarcerated older adults, we also recruited younger releases to allow for a comparison of needs. In addition, due to the inherit nature of collecting data via personal interviews, some advantages and disadvantages are

assumed. One of the advantages of face-to-face interviews is the interviewer can pick up on nonverbal cues, keep the interviewee on track and probe for more information when necessary.

As many of the released men struggle with trust, we used convenience and snowball referral sampling to reach this hard-to access, vulnerable population through a trusted connector. Despite this, participants may have been reluctant to tell the truth due to the nature and sensitivity of the questions.

Finally, as noted above, our results are cross-sectional therefore limiting causality. Nevertheless, since there are very few studies that have explored older adult mental health experiences post incarceration, our results are important in their ability to help us understand mental health and well-being correlates for this growing vulnerable population. Indeed, our exploration of successful integration provided one of the first glimpses in older adult prisoner reintegration issues.

Future Research

There is a significant need for more research to enhance our understanding of risk and resilience among older adults both in prison and post-release. This understanding will aid in the development and improvement of integrated theory-based interventions seeking to increase human rights, health, and well-being among older adults in prison (Maschi et al., 2014).

According to the United Nations, OAs and the serious and terminally ill are considered a special needs populations subject to special international health and social practice and policy considerations (Aging and Disability, n.d). Maschi et. al, argues that older adults in prison have unique individual and social developmental needs that result from life course exposure to cumulative risk factors compounded by prison conditions

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that accelerate their aging (Maschi, et. al., 2012), yet little is done to address this in the US system.

Finally, our finding that Erikson's measure of psychosocial development is not a good assessment tool for this population is significant and further points to the need for more research into how we can help these men, who have paid their debt to society, successfully age. Further investigation is needed to understand how OAs who have aged in prison achieve a sense of ego integrity and how they define this integrity for themselves. An assessment tool that properly measures psychosocial development is needed for a population who has aged behind bars. Understanding their development is crucial in post release planning.

It is important to note that there is also no existing assessment tool that analyzes needs for individual's post-incarceration. The needs questions we asked in the quantitative study were based on our preliminary qualitative research. Future research should aim to design better instruments to facilitate research into successful re-integration to avoid reoffending.

Furthermore, investigations into the differences of OAs post-incarceration compared to their younger peer counterparts is imperative for their successful reintegration. One size does not fit all. OAs who are released from prison have unique needs compared to their OA peers and their younger parolee counterparts (Metzger et. al., 2017). After spending most of their adulthood years behind bars, they must try to reintegrate into a society that they no longer recognize. Most are released without the means to help them successfully reintegrate or meet their parole/probation requirements.

Understanding the needs and challenges post-incarceration will allow professionals, policy makers, and social scientist to better serve this vulnerable population.

In sum, the findings of this dissertation research are a first but important step to better understand the re-integration needs of this growing and very vulnerable population. Future policies are ideally based on data – we find that there are both pre and post release factors that made our men successful or, alternatively more vulnerable. Imprisonment is expensive and funding to support such factors through programs to prepare prisoners for release and help them while integrating post release are critically needed. Our qualitative work suggested that one such post release program was seen as critically important to help men not re-offend. Indeed, many spoke of others simply re-offending because they were not able to make the transition to freedom. It is not only the humanly right thing to do, it would save society money if we invested into such programs, we know are needed.

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APPENDICES

Appendix A. Older Adult Interview Guide

Experience with Parole

Can you tell me about your experiences serving parole? Describe your parole sentence and what you were obligated to do to be released from parole?

What services, specifically were helpful for you while serving your parole sentence? Can you tell me how and why there were helpful?

What were the biggest challenges that you faced when serving your parole sentence? Due to your age, do you think you faced any additional or different challenges in comparison to younger parolees?

Time Served

How many years were you incarcerated? How long was your prison sentence and how many years of the sentence did you actually serve in prison?

Can you share with me what about your experience being incarcerated? Is there anything that you share that would give me insight regarding what it is like to be incarcerated? Do you have a specific memory or an experience that sticks out to you…that reminds you about your time served?

What is the biggest challenge you faced while serving your prison sentence? What were some of the services inside of prison that helped you complete your sentence and face these challenges?

Prison and Family

When you were incarcerated did you keep in touch with your family members? If so, how often and how did you stay in touch?

Did you feel connected to your family while you were in prison?

While in prison did you have any prison family relationships? Did you feel well connected to your prison family? What actually makes a prison family?
What are ways a prison family is similar to a family on the outside?

Prison Roles

While you were in prison did you take on any type of role, like a mentor, a chef,

librarian?

While in prison did you ever work? If so, were you paid for the work? What type of work did you do while in prison? How is a work role in prison different from a work role on the outside, if at all?

Why did you choose to take on a role in prison? Did this role give you any type of fulfillment or bring any ease to your time served?

Do you now take on any roles in society, grandparent, work, mentor, volunteer, etc?

Psycho Social Needs/ Ego Reflection of Formally Incarcerated Older Adults

Looking back at your life what are you most proud of?

In your opinion, looking back at your life do you feel that you have missed out on anything?

Reflecting on your life how do you feel about the past, present and your future?

Are there any regrets that you have now as an older adult? Are there any amends that you feel you need to make with others or society?

What is your greatest accomplishment in life, what are you most proud of?

How do you feel about the future?

What does aging mean to you?

Appendix B. Professional Interview Guide

Overview of Parole Services

Tell me what kind of professional services do you provide for parolees or individuals released from parole (e.g., as a security guard, caseworker, care manager, researcher, program director, community leader, policy expert)?

Please describe what, if any, is your contribution to policy or programs for older adults who were previously incarcerated? Please give me some examples.

Challenges of Older Adult Parolees

What are some of the specific needs of the elderly who are being released on parole? What financial, familial, geographical or adaptive challenges do they face?

How do the elderly compare to other adults released on parole in regards to needs and challenges? Do the elderly face more or less challenges once released from parole? Can you give me some specific examples of individuals you recall who were released from parole and were elderly and how they are doing as a free agent in society?

If you could suggest specific policy changes or services that would help aid these individuals what recommendations would you have for policy makers?

Psycho-social Needs of Older Adult Parolees

Overall, when elderly are released from prison and are serving their parole sentence, do many of them have connections with their family members?

How do the older adults who have, or are completing parole sentences, seem to feel about their self-worth, self-esteem or future?

Do they feel that they still have a purpose in the world or a chance to make amends?

Do the older parolees take on any specific roles here at the center? Do they receive any additional support services because they are elderly in comparison to other parolees…for example are they given the same resources, classes, assessments as the other parolees? Are there any senior citizen benefits or a lens of sensitivity when dealing with this population on parole?

Policy Recommendations

Do you as a professional receive any funds from the government in providing medical or professional help conducting research, or designing programs for older adults on parole?

Are you familiar with aging policy or benefits that may be available to the parolee clients that you serve?

Are you familiar with medical parole or early compassionate release programs?

Do you feel that the government and society should provide help to older adults who were incarcerated and are serving or released from parole sentences?