Measuring Well-Being During Reentry

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SEPTEMBER 2021

INSTITUTE FOR JUSTICE
RESEARCH AND DEVELOPMENT

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About the Authors

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IJRD is a research center housed within the College of Social Work at FSU. Our mission is to use science to improve lives, communities, and institutions by developing and researching innovations that reduce unnecessary reliance on the criminal justice system and by offering solutions that produce equity and prosperity across race, socioeconomic class, and behavioral health status. IJRD specializes in conducting rigorous real-world research using randomized controlled trials and prioritizes rapid dissemination of research findings to advocates, professionals, and policymakers.

IJRD team members live and work in communities across the nation, implementing a range of research projects including the 5-Key Model for Reentry as well as research on other pressing issues relevant to criminal justice reform.

You can learn more about the overall 5-Key Model study methodology here, how the 5-Key Model was developed here, and the broader work of IJRD at ijrd.csw.fsu.edu.

You can access our 11 previous reports – including one-page summaries of each report – here

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Why the Reentry Well-Being Assessment Tool was Created

Over the last 20 years, the United States has experienced a rapid build-up of prison reentry programs to assist individuals in the transition from incarceration back to the community.

Upon reentry, a majority of incarcerated individuals present with co-occurring service needs including employment, social support, and mental health and substance use disorders, among others. Due to this constellation of needs, reentry programs continue to face two fundamental challenges. First, how can programs individualize services to target multiple areas of need? Second, how can organizations evaluate the effectiveness of services delivered to individuals who participate in the program?

Current paradigms to address these challenges are based on a risk-focused approach. For example, risk assessment tools, like the [Level of Service Inventory – Revised](#), have been used for decades to individualize treatment assignment. However, these tools are limited in their utility for treatment planning beyond determining how to structure the general intensity of services – such as offering intensive services to high-risk individuals and fewer services or no services at all to low-risk individuals.

Further, recidivism is the dominant measure of effectiveness from the risk-focused paradigm. Recidivism, however, is a poor measure of effectiveness because recidivism more often describes the interaction of criminal justice system-level factors than individual criminal behavior. Additionally, [no universal definition of recidivism exists, and recidivism is an imprecise indicator of both individual success and treatment effectiveness](#).

The Reentry Well-Being Assessment Tool (RWAT) was developed using the foundational principles of the [Well-Being Development Model](#), a theoretical model that focuses on psychosocial well-being to increase incarcerated and formerly incarcerated individuals' capacity to reach their full human potential while still being mindful of the common problems and barriers that compromise their best efforts to succeed. Psychosocial well-being is defined as a state of satisfying and productive engagement with one's life and the realization of one's full psychological, social, and occupational potential. The Well-Being Development Model framework is put into practice through the five key facilitators of well-being development that integrate the best evidence from both research on well-being promotion and the dominant risk-focused approach to reentry services.

The RWAT was designed to be an innovative, dual-purpose tool to address these two challenges, allowing practitioners to plan the delivery of program services and allowing researchers to evaluate program effectiveness in a way that moves beyond a risk-focused approach.

The first purpose of the RWAT is to provide a structured process for a practitioner to assess an individual's progress in reentry services and make decisions – in conjunction with practitioner expertise – to step-up or maintain an individual's intensity or type of service within a reentry program. Thus, the RWAT was designed to be administered at multiple time points to gauge change along the five key facilitators of well-being development over time.

The second purpose of the RWAT is to provide a consistent, universal outcome of reentry program effectiveness that is flexible enough to change over time as a result of receiving reentry services despite the unique characteristics of any given reentry program participant.

Designing the Reentry Well-Being Assessment Tool

The RWAT was developed by a team comprised of formerly incarcerated individuals, researchers, and corrections and reentry practitioners.

The design process began with a researcher-led comprehensive search for any existing measure that assessed the most important components of the WBDM key facilitators of well-being development. Then, the research team completed a thorough item review – items are the questions asked on each measure – to select those measures most appropriate for individuals receiving reentry program services. Any measure that was free to use and publicly accessible was given priority to increase accessibility of the RWAT for reentry practitioners, researchers, and organizations.

Selected measures were then pilot tested with formerly incarcerated individuals to ensure that each measure was tailored and well-suited for use with currently and formerly incarcerated populations. The selected measures were also reviewed by corrections and reentry practitioners to gain critical feedback on their utility within the reentry program context.

Guided by feedback from formerly incarcerated individuals and corrections and reentry services stakeholders, a graduate student who was not involved in the initial selection process thoroughly reviewed the measures again to shorten and refine the tool while maintaining the most relevant information to assess progress on each key facilitator of well-being development.

The research team then took all this information and determined the final set of measures to include in the RWAT. The final RWAT comprised a total of nine free measures comprised of 87 items. Administering the RWAT takes approximately 30 to 45 minutes.
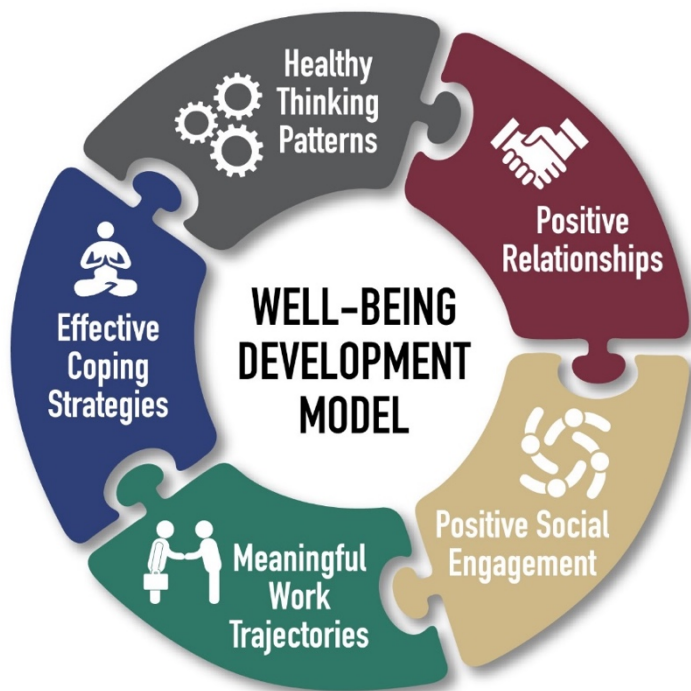
The Five Keys to Well-Being Development

Validating the Reentry Well-Being Assessment Tool

A validation study is a test of whether the assumed design of the RWAT can be reproduced using actual responses from incarcerated individuals preparing for release back to the community.

If the actual responses from incarcerated individuals match the response pattern assumed in the original design of the RWAT, then we can say the items "hang together" as a unified measure.

If we do confirm that the RWAT "hangs together" as a unified measure, that result provides factual support of its relevance and utility as a dual-use assessment tool of well-being in the prison reentry context.

The validation analysis followed a multiple step process:

1. Validate each of the nine measures independently.

2. Validate the combination of measures for each of the five key facilitators of well-being development.

3. Validate the combination of all RWAT measures in a single unified model.

Results of the Validation Analysis

The validation analysis was performed in three steps.

First Step Results:

The Cognitive Flexibility Inventory was shown to contain two scales that did "hang together" on their own. The first measured an individual's ability to develop alternatives to a difficult situation; the second measured an individual's ability to view a difficult situation as being within their control.

The Toronto Empathy Scale was shown to "hang together" as its own scale after one item that did not fit with the remaining items was removed.

The Herth Hope Index was found to "hang together" as its own scale with no changes from the original measure.

The Brief COPE was initially found not to "hang together" based on the original structure of the measure. Therefore, additional steps were undertaken to see if a new structure using Brief COPE items could be identified. To determine a new structure to the Brief COPE, a second sample of incarcerated individuals who also completed the Brief COPE was used to conduct an exploratory analysis of the measure items. The exploratory analysis found three different measures of coping among the Brief COPE items: Active Coping, Support Coping, and Low Avoidant Coping. Each of these coping subscales were then retested using data from the original sample of incarcerated individuals and the results suggested that they did "hang together" as three separate measures. These three separate measures of coping were found not to "hang together" as a unified measure of coping.

The Quality of Relationships Inventory – Depth was found to "hang together" with no changes from the original measure.

The Social Provisions Scale – Reassurance of Worth was found not to "hang together" as a measure on its own. However, the research team determined that the information collected by this scale was important to retain on the RWAT. Since the Social Provisions Scale was partnered with the Quality of Relationships Inventory in the design of the RWAT, the research team tested whether items from the two scales could be combined into single measure able to stand on its own. A new combined measure with the original six items from the Quality of Relationships Inventory and one item from the Social Provisions Scale was found to "hang together" as a unified measure.

The Community Participation and Leisure Assessment was found to "hang together" as its own scale with no changes from the original measure.

The research team was unable to validate the Life Balance Assessment as a stand-alone measure, thus it was removed from the RWAT. After reviewing the results and the information gathered on the Life Balance Assessment, the research team determined that while it should not be included in the RWAT, it held utility for practitioners to better understand how a participant uses their time on a typical day so it is included as an adjunct tool in an appendix.

Employment and Education Satisfaction and Aspiration were shown to contain four separate scales that each stood on their own: employment satisfaction, education satisfaction, employment aspiration, and education aspiration. These four separate measures of employment and education aspiration and satisfaction were found not to "hang together" as a unified measure.

Second Step Results:

Following the findings from the first step, only the Healthy Thinking Patterns key facilitator remained with separate measures to be combined as a unified measure.

The Cognitive Flexibility Inventory, Herth Hope Index, and Toronto Empathy Scale were found to "hang together" as a unified measure after dropping one item from the Toronto Empathy Scale that did not fit well with the remaining items on the measure.

Third Step Results:

After removing the Life Balance Assessment, the remaining eight measures found to "hang together" as stand-alone measures were combined into a single model. This final combined model tests whether the individual stand-alone measures could be validated as different but related dimensions of a similar underlying concept – the concept we originally identified as *reentry well-being*.

Final model results indicate that the measures included in the final RWAT are each assessing different dimensions of the overarching concept of reentry well-being and the five key facilitators of well-being development.
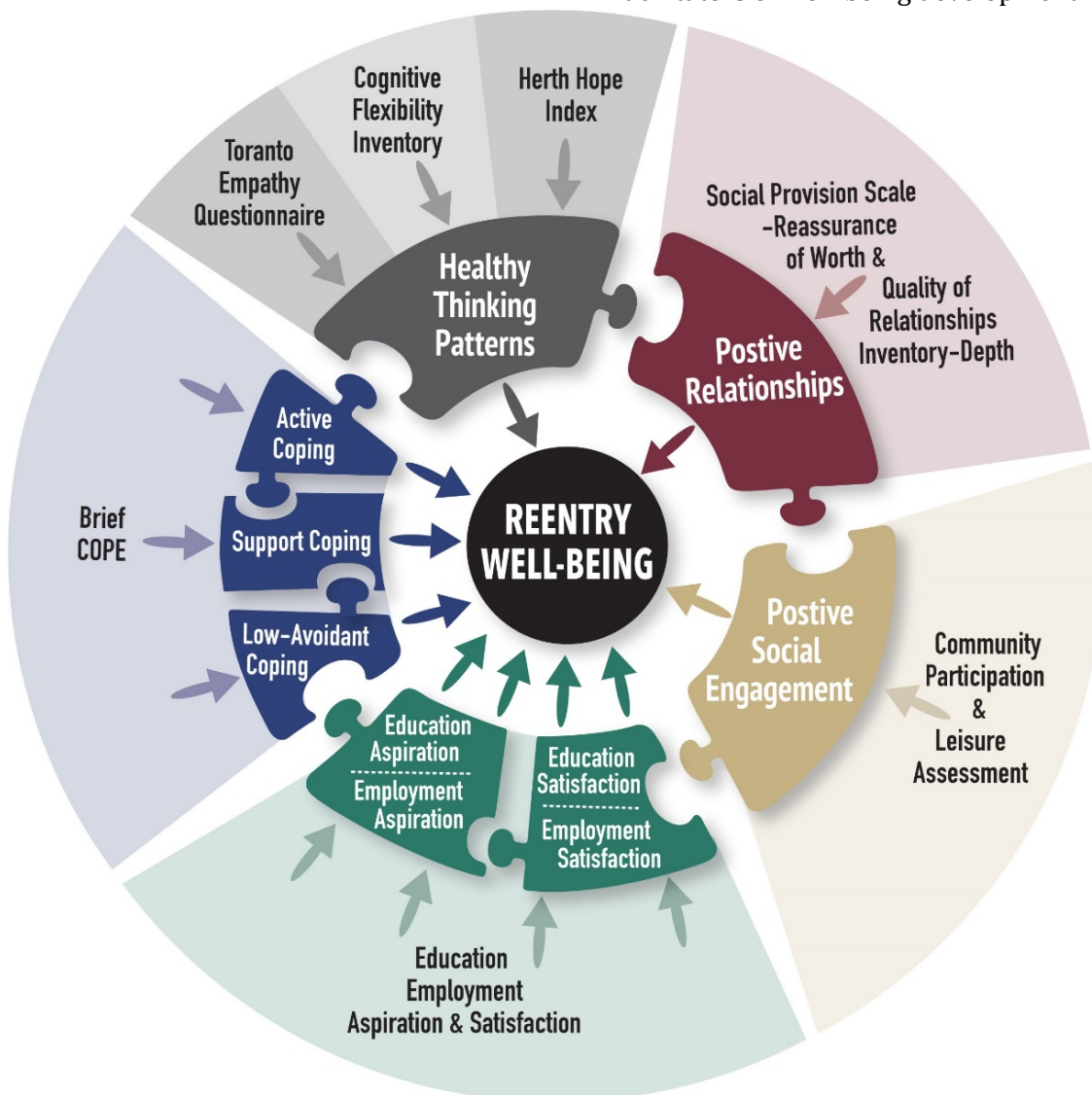
MODEL STATISTICS: $\chi^2(3638) = 12,468.54$, $p < .001$; RMSEA = .040 [.039 - .041]; CFI = .912; TLI = .910

The Final Reentry Well-Being Assessment Tool Model

How the Reentry Well-Being Assessment Tool Advances the Reentry Field

Over the past 20 plus years, reentry and corrections professionals have been reliant on risk- and needs-focused tools to determine how to connect people with relevant programming and correctional supports. A growing number of scholars and practitioners are seeking both alternative approaches to identify these key supports and new frameworks guide how community stability and success can be achieved for those returning home from incarceration to our communities.

Our team developed a well-being oriented conceptual framework – the Well-Being Development Model – and a manualized reentry program approach – the 5-Key Model for Reentry – which focus on human potential and thriving. We needed a tool to assess the theoretical validity of our model, the strategies for assigning people to the right supports, and the impact of the 5-Key Model on participant outcomes. The results of the validation study presented in this report confirm that the Reentry Well-Being Assessment Tool is an appropriate means for assessing these three factors.

The development and validation of the RWAT also has greater implications for the reentry field. As scholars and practitioners seek new frameworks for thinking about reentry that extend beyond risks and needs, they need new tools to measure well-being and human potential within the reentry context. The RWAT is a validated resource for scholars and practitioners to achieve these goals.

The results presented in this report provide support that the RWAT can be effectively and confidently adopted by reentry service providers, researchers, and organizations as a cohesive measure of reentry well-being to guide service delivery and program evaluation. Further, our results provide greater assurance that when a reentry program can show changes in participants' experiences in the community, practitioners and policymakers will have a universal understanding on what aspects of social, psychological, and occupation factors are changing in individuals lives as well as across groups of reentry program participants.

Moving forward, we vision that the RWAT will amplify data-driven policy and practice reforms designed to help individuals develop well-being and thrive after they leave incarceration and return home.