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### Incarcerated Adults' Perceptions Of Remaining Opiate Free Upon Release

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Incarcerated Adults' Perceptions Of Remaining Opiate Free Upon Release

James Froncek

Submitted to Pamella Stoeckel, RN, PhD, CNE in partial fulfillment of

NR706C DNP Capstone Project

Regis University

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### Abstract

Incarcerated adults face the challenge of remaining opiate free after release from incarceration. Despite services offered in jail substance use disorder disproportionately affects approximately half of incarcerated adults. There has been little research into the perceptions related to incarcerated adults experiences to remain opiate free upon release from jail. This descriptive phenomenological project helped elucidate this matter by understanding the lived experiences of five adults who had undergone opiate use treatment while incarcerated, were released, and re-used opiates. The nurse investigator conducted face-to-face interviews with these participants. Seven open-ended questions related to their perceptions and multiple probing questions resulted in rich, deep, and robust data which were analyzed by constant comparative analysis and coded into themes and subthemes. The revealed themes included: *Anticipation of Staying Opiate Free*, *Difficulties in Staying Opiate Free*, *Benefits to Being Opiate Free*, and *Needed to Remain Opiate Free*. The findings revealed that these incarcerated adults experience a plethora of perceived challenges to remaining opiate free upon release. An increased understanding of motivations, behaviors, and perspectives can better inform nursing practice and target strategies aimed at bringing about behavioral change by mitigating the myriad of vulnerability factors and perceived challenges to remain opiate free after release.

**Key Words:** DNP Project, opiate use, incarceration, perceptions

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## **Executive Summary**

### **Incarcerated Adults' Perceptions Of Remaining Opiate Free Upon Release**

#### **Problem**

Opiate re-abuse among incarcerated individuals following release from jail is a problem that has continued to challenge practitioners. Substance use disorder disproportionately affects approximately half of incarcerated adults. Understanding the reasons for opiate re-abuse can potentially help many different people by reducing criminal activity, reincarceration, and risky behavior. This quality improvement project utilized the following PICO question: How do incarcerated adults who have re-used opiates following past release from jail perceive their ability to remain opiate free after release?

#### **Purpose**

The purpose of this project was to gain insight into the challenges that incarcerated adults experience to remain opiate free upon release from jail.

#### **Goals**

Goals for this project included interpreting themes and subthemes extracted from the data, understand former opiate users motivations, behaviors, and perspectives as it relates to opiate use after release, utilize and embed information from the project to formulate strategic interventions and determine what changes may be needed to make it part of clinical practice.

#### **Objective**

The objectives for this project were to conduct in-depth face-to-face interviews with former opiate users and collect participants' perceptions about their experience with opiate re-use, and to identify challenges to remaining opiate free upon release.

#### **Plan**

This was a quality improvement project that used a descriptive phenomenological design to gather understanding and make sense of the phenomenon of repeat opiate use by examining the perceptions of former users at a local detention center. Data was gathered using purposive sampling and data collection through audio taped one-on-one interviews. Interviews consisted of seven open-ended questions specifically designed to gain a holistic understanding of opiate use through the lived experiences of people who had perspectives to share.

#### **Outcomes and Results**

Data was collected through in-depth interviews, and the process of constant comparative analysis used to evaluate the data. Four themes emerged from the project: *Anticipation of Staying Opiate Free*, *Difficulties in Staying Opiate Free*, *Benefits to Being Opiate Free*, and *Needed to Remain Opiate Free*.

### **Acknowledgments**

I would like to acknowledge Dr Pamela Stoeckel, my DNP project chair, for countless hours of support, encouragement, enlightenment, and revisions. Her enthusiasm and wisdom were responsible for the completion of this project. I am grateful for the nursing faculty at Regis who have in no small way contributed to my growth and development. My family, who provided an essential ingredient: Love.

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## Incarcerated Adults Perceptions Of Remaining Opiate Free Upon Release

Opiate re-abuse among incarcerated individuals following release from jail is a problem that has continued to challenge practitioners. In America the cost of substance abuse exceeds 400 billion dollars annually and includes loss of productivity, and many health-related problems (Welty et al, 2016). According to the National Institute on Drug Abuse (2018) approximately half of incarcerated adults suffer from substance use disorder (SUD) and the abuse continues upon release from jail. The Center for Prisoner Health and Human Rights (2018) estimated only eleven percent of detainees with SUD receive treatment. Opiate use is not a new phenomenon. Addictions and treatment have long been acknowledged and studied. Despite the known negative consequences of opiate use and reported motivation to remain clean, many incarcerated adults return to opiate use after release (Hunt, Peters, & Kremling, 2015). This quality improvement project gives information about the perceived barriers, perceptions, and beliefs from the viewpoint of incarcerated adults who have failed to remain opiate free after prior release.

### **Problem Recognition and Definition**

#### **Statement of Project Purpose**

This project gathered perceptions from incarcerated adults who had re-abused opiates in the past and are preparing to be released from jail again. The purpose was to gain insight into their perceptions and use the findings to make recommendations for adapting clinical practice for this unique population.

#### **Problem Statement**

A problem noted in this jail is the constant readmittance of opiate abusers upon release. This is occurring even with extensive services provided before they are released. The concept of substance abuse and the known deleterious consequences related to substance abuse are well

documented and raise many concerns about whether the services provided are meeting the needs of addicted persons. There is little information about this vulnerable group of opiate abusers and their experiences remaining opiate free. A better understanding of the factors that influence and shape a culture of opiate re-abuse outside of the jail was needed. To address the problem we needed to dig deeper.

### **PICO Question**

The PICO acronym guided this project. PICO stands for population, intervention, comparison, and outcomes. According to Zaccagnini and White (2017) the PICO question is necessary to practice evidence-based nursing and ensures the scientific collection of available evidence. The PICO question was:

P- Incarcerated adults

I- Who have re-used opiates following past release from jail

C- None

O- Perceived ability to remain opiate free after release

The project question was: How do incarcerated adults who have re-used opiates following past release from jail perceive their ability to remain opiate free after release?

### **Project Scope, Significance, and Rationale**

**Scope:** This was a quality improvement project that focused on a specific vulnerable population of inmates at a Midwestern suburban jail who had previously abused opiates. The project was not intended to generate new knowledge or generalizable across populations. The focus was addressing a problem specific to this population and inform clinicians in guiding future treatment programs with the focus on health promotion and disease prevention as it relates to the cessation of opiates on release.

**Significance:** Opiate re-abuse is a problem for incarcerated individuals and for those in the community. Understanding the reasons for opiate re-abuse after incarceration can potentially help reduce reincarceration for drug related reasons, and possibly reduce health related risks (National Institute on Drug Abuse, 2018).

**Rationale:** The project provided insight into the inmates' perceptions, beliefs, motivations, and barriers to remaining opiate free after release. Understanding the perceptions of previous opiate abusers can help improve education in the jail and mitigate the risk of inmates re-using opiates upon release by answering the question: What else does this vulnerable population need?

### **Theoretical Foundation for Project and Change**

Theory is an essential ingredient to improving nursing practice. Pender's health promotion model, the Transtheoretical model of change, and the theory of self-care management for vulnerable populations facilitated analysis and interpretation of the findings.

One of the supportive frameworks for this project was Pender's Health Promotion Model (HPM) (Pender, Murdaugh, & Parsons, 2011). The HPM "integrates constructs from expectancy-value theory and social cognitive theory" (Pender et al., 2011, p.44). Jones, Baldwin, and Lewis (2012) defined the major concepts: individual characteristic and experiences, behavior-specific cognitions and affect, and behavioral outcome. The HPM provides a conceptual framework that explains and predicts how psychosocial dimensions affect health promotion behavior (Zaccagnini & White, 2017).

This model served as framework for this project, facilitating discovery of perceived barriers to health promotion for this vulnerable population in correctional healthcare. A better

understanding of patients' perceptions can better inform treatment programs that motivate detainees to remain opiate free after release.

The Transtheoretical Model of Change (TTM) was another framework relevant to the project. The major concepts include precontemplation, contemplation, preparation, action, maintenance and termination (Prochaska & DiClemente, 1992). It proposes that people move through sequential phases that reflect their desire to change behavior. These phases reflect a persons values, beliefs, and motivation to change. The theory continues to be socially relevant particularly in the field of addictions (MacGill, 2011). The TTM provided a theoretical framework to assess motivation to change. Using this theory clinicians can employ strategies aimed at bringing about behavioral change and continued cessation of opiate use after release from jail.

The Theory of Self-Care Management for Vulnerable Populations was relevant to the project. This middle range nursing theory is a blend of the Vulnerable Populations and Stress-Diathesis Models and emphasizes the role of the patient and his/her responsibility for self-care which positively influences health status (Dorsey & Murdaugh, 2003). According to Jenerette and Murdaugh (2008) the major propositional statements are vulnerability negatively affects health, and strengthening intra-personal factors increases quality of life by mediating the negative effects of vulnerability.

The theory emphasized the role of the patient and his/her responsibility for self-care management across the detainees' lifespan in multiple environments and helped explain motivation and personal challenges to remaining drug free. An increased understanding of personal challenges can target treatment interventions aimed at strengthening intra-personal

factors that mediate the myriad of vulnerability factors, thus strengthening the detainees' self-care management and avoiding substance re-use upon release.

### **Review of Evidence**

#### **Literature Selection**

A search strategy using databases CINAHL, MEDLINE, and EBSCO resulted in over 28,000 studies using only "substance abuse". After narrowing publication date to 2000-2019 and adding "factors" and "incarceration" to search criteria, CINAHL produced 58 publications and MEDLINE 44. A total of six articles relevant to my problem statement resulted from this literature review. The search was narrowed by adding additional search terms: prison, jail, perceptions, factors, opiate use, education, and treatment. Adding the key words: prison or jail or incarceration, and adding education, treatments, opiate use or perceptions to these key words increased the yield of relevant articles. This produced a comprehensive review of the literature that included 35 articles that were both general to the field of opiate abuse and specific to incarcerated adults and concluded that opiate use continues to be a problem.

#### **Scope of Evidence**

Of the nine articles used in the literature review, two were meta analysis studies (Level 1), three were case control/cohort studies (Level IV), three qualitative studies (Level V), and one case report (Level VI) according to Melnyk's level of evidence.

#### **Review of the Literature**

Three themes emerged from the review of literature: the problem of opiate use, causes and reasons for opiate abuse, and approaches to treating opiate abuse.

**The Problem of Opiate Abuse.** According to the Centers for Disease Control and Prevention (CDC) (2014) 16 of the 34 Healthy People (HP) 2020 measurable objectives for

substance abuse have not changed or are getting worse. Ten percent of the nation's population received care for concurrent substance abuse and mental health disorders, well above the HP2020 target of 3.6 percent (CDC, 2014). America spends more than 100 billion dollars a year on medical expenses related to substance abuse (Resnik, 2007) and includes transmission of HIV and Hepatitis through intravenous drug use (National Institute on Drug Abuse, 2018). The cost of substance abuse exceeds 400 billion dollars annually when factoring loss of productivity and the daily expense of housing inmates (Welty et al., 2016). Less than 25% of inmates receive substance abuse treatment, and less than 50% arrestees reported no history of behavioral health assessment despite the correlation of substance abuse and mental health disorders (Hunt et al., 2015). Incarceration in prison is typically long-term. The average length of incarceration at the jail is less than 30 days; therefore treatment that targets all inmates should begin immediately upon arrival to jail (Hunt et al., 2015).

**Causes and Reasons for Opiate Abuse.** The relapse rate for substance abuse is extraordinarily high. More than half of detainees will return to opiates after release (National Institute on Drug Abuse, 2018) The challenges to remain free from opiate abuse include pre-incarceration substance use, homelessness, pregnancy, mental health, SUD, community rehabilitation communities, education, public policy, and client experiences and perceptions (Krishnan et al., 2013). The multifactorial causes supported the relevance and need for this project.

In order to better understand the factors and the perceived challenges of the incarcerated population to remain free from opiate use McGillivray and Newton (2016) focused on the experiences and perceptions of prior opiate users with intellectual disability and concluded that 43% rated programs in jail helpful. Reported barriers to treatment included being "forced" to



participate, difficulty comprehending material, and “expectation” of a return to drugs upon release. The study queried boredom, poverty, poor physical and mental health, and loneliness as possible risk factors for substance re-use.

Review of the literature revealed strategies aimed at uncovering the factors that influence a return to drug use. Kouyoumdjian, Calzavara, Kiefer, Main, and Bondy (2014) suggested that incarceration should be viewed as an opportunity to understand the factors that lead to substance abuse and implement interventions that change behavior and reduce drug use and its negative health consequences to the individual and society. Alegagno (2001) argued that successful drug treatment goes beyond pathology alone and practitioners must address psycho-social needs and underscores the importance of availability of treatment in jail and in the community. This helped direct and argued the relevance and appropriateness of this project with a focus on understanding participants' perceived needs and perceived barriers to accessing treatment and remaining opiate free.

**Approaches to Treating Opiate Abuse.** The third theme examined treatment approaches to address the challenges to remain free from opiate use. According to the CDC (2014) more than half of persons diagnosed with a serious mental health disorder will develop a substance use disorder and people with substance use disorder are three times more likely to develop a serious mental health disorder in their lifetime. Accordingly, health resource utilization patterns argue for recognition and treatment of mental health disorders to lower the risk of SUD. The influential article by Phillips, Eikenberry, Beeler-Stinn, and Silver Wolf (2018) reviewed the literature to ascertain current issues and recommendations to mitigate substance use and recidivism after release from jail/prison. They argued for therapeutic communities, counseling programs, Narcotics Anonymous (NA), and medication assisted therapy (MAT) which include naltrexone,

buprenorphine/naloxone, and methadone. They advocated for making jails an epicenter for resource referrals, provide substance abuse treatment to ALL inmates, and advocate for continuity of care to reduce SUD after release.

The CDC (2014) recommends screening and treatment of substance abuse with MAT. MAT is used in less than half of all private sector treatment programs (CDC, 2014). Key initiatives from these findings support the use of MAT in conjunction with mental health counseling and formal substance abuse education classes. Ross (2015) explored the efficacy of reduction (not elimination) strategies. The premise of this controversial and ongoing National Institutes of Health funded HIV research is a reduction in use correlates with a reduction in high risk behavior.

The major contribution of the literature reviewed supported the problem statement that drug use remains a major problem, and that incarceration can be a critical intervention point owing to the substance-free nature of being a captured audience, benefiting both individual and community by reducing the personal and financial cost of SUD. Studies supported and encouraged treatment with a focus on formal mental health therapy, MAT, and informal programs like NA. Studies reported reasons for substance use and re-use are multifactorial. However, the results lacked generalizability. Consequently, a project aimed at understanding the psycho-social factors influencing opiate use at the local jail might provide an opportunity to better understand the factors that lead to opiate use upon release. This gap in knowledge, and the need to understand and describe the phenomenon, guided this project with the goal of improving clinical outcomes for a vulnerable population at the local detention facility.

## **Market/Risk Analysis**

### **SWOT Analysis**

Strengths included support from the healthcare administrative team, staff and providers, jail command staff interest, and patients' interest to decrease opiate re-use after release. The project was inexpensive and easy to replicate (See Addendum B for budget details).

Weakness' were related to the project's implementation and included recruiting and gaining trust of participants. Time constraints related to the timing of the interviews was another potential weakness.

Opportunities included the identification of perceived barriers to remaining opiate free, increasing knowledge that informs and improves practice, and the author's personal and professional growth.

Threats included observer bias, experimenter effects, not receiving approval from multiple entities, and participants' reluctance to share information about drug use and prior failures to remain clean.

### **Driving/Restraining Forces**

Driving forces included discovering and understanding the causes of re-using opiates. Multiple stakeholders interests (clinicians, society, and detainees) and understanding and informing practice that reduce the risk of returning to opiates.

Restraining forces included recruiting at least 4 participants from a transient population and scheduling time that coincided with the jail, detainees, and the principal investigator's work schedule. In addition, participants may have felt embarrassed or uncomfortable sharing personal experiences about prior drug use.

Strategies to mitigate restraining forces included reassurance that participation would not diminish benefits to which otherwise entitled, intervention strategic scheduling and collaboration that accommodated the needs of the participants, jail, and principal investigator. Finally, reassurance of anonymity and confidentiality increased willingness to share personal feelings and engage in open dialogue.

### **Need, Resources, and Sustainability**

The need for this project was to understand the motivation and behavior of detainees who had previously used opiates. Participants shared their perspectives leading to a better understanding of the psycho social barriers that negatively influence perceived self efficacy remaining opiate free. This information can inform and advise future treatment programs.

Project resources included (1) personnel (DNP project chair, principal investigator, participants, and clinical mentor), (2) time to conduct five 20-30 minute interviews, and (3) monies to purchase a tape recorder, locked file cabinet, paper, computer and printing supplies to transcribe each taped interview.

The purpose of this project supported sustainability: find something more effective and continue the strategy. Sustainability was illustrated by gathering data, analyze findings, discover themes, utilize and embed information from project to formulate strategic interventions, share new information with administration and clinicians, and determine what changes were needed to make it part of practice.

### **Stakeholders and Project Team**

Stakeholders included detainees, the institution, and the community. The principal investigator, project chair, clinical mentor, and participants comprised the project team. Additional consultants included on-site clinicians and university faculty.

### **Cost-Benefit Analysis**

A cost-benefit analysis revealed the benefits outweighing the costs. The costs to implement the project were minimal and consisted of the team's time, transcription services fee, and supplies. According to the Bureau of Prisons, the average annual cost to incarcerate an inmate is \$30,000 (Federal Registry, 2018). Clearly the costs of opiate use outweigh the project's cost.

The benefits outweighed the costs. Participants' perceptions and the identification of perceived barriers were valuable. A better understanding of the psycho-social factors influencing opiate addictions improved addiction treatment strategies for this vulnerable population that mitigate the use of opiate re-use on release.

### **Vision and Mission Statements**

The vision: to have fewer inmates returning to opiate use after release from this jail. The mission was to interview current opiate users and identify challenges to remain opiate-free after release to improve education before release.

### **Objectives and Goals**

**Objectives.** Identified a purposive sample of previous opiate abusers, conducted five in-depth face-to-face interviews with former opiate users, collected participants' perceptions about their experience with opiate re-use, transcribed data to assess for categories and themes, and disseminate findings.

**Goals.** Institutional Review Board (IRB) acknowledged QI status by September 2019, identified five detainees currently incarcerated who have re-used after prior release by October 2019, identified themes in the data, completed project, and disseminated findings by May 2020.

## **Evaluation Plan**

### **Logic Model**

According to the W.K. Kellogg Foundation (2004), the logic model is a tool to visually present the project and facilitated the planning, implementation and evaluation of the project. It is a visual representation of how the project worked; a road map that linked the resources and activities of the planned work with the intended results as expressed by outputs, outcomes, and impact (See Appendix C).

### **Project Design**

The project used a qualitative phenomenological design. A descriptive phenomenological project was used to capture and understand the perceptions of detainees who had re-used opiates after prior release. This approach allowed the investigator to explore the meaning of the lived experiences by describing and interpreting these experiences (Bahnsen, Braad, Lisby, & Sorensen, 2013). A better understanding of this vulnerable group's perceptions and meaning provided valuable insights into how to improve future treatment programs at the facility. A qualitative design provided the words of the participants rather than numbers to give further depth of the experiences of participants who had re-abused opiates.

### **Population, Sampling, and Setting**

The project used a purposive sample of persons currently detained in jail. Participants were asked to participate based on specific inclusion and exclusion criteria. Inclusion criteria included: all genders, age 18 and above, detainees who have undergone prior treatment in jail, re-abused and re-incarcerated, read and spoke English, and all ethnic groups. Exclusion criteria included first-time opiate use and never completed treatment at current jail. The five audiotaped

interviews were conducted in a private classroom inside the jail. Each lasted approximately 30 minutes.

### **Design Methodology**

The project followed a descriptive phenomenological design using purposive sampling and data collection through audio taped one-on-one interviews. Participants were recruited from the jail-sponsored substance abuse classes made available to all inmates. The participants provided verbal and written consent and confirmed they met the inclusion criteria. The open-ended interview questions elicited meaningful and thorough responses to perceived barriers to remaining opiate free. Probing questions gained further insight; to drill down and dig deep and let the person speak it. Closing questions and summarizing the interview provided additional participant insight and data, and supported member checking. The information gleaned from these questions provided a data set that was both rich and thick from which to identify emergent themes and barriers to remaining opiate free upon release. The interview data gathering tool increased data trustworthiness (See Appendix D). The taped interviews were transcribed verbatim to allow for analysis of themes and kept secured in a locked file cabinet.

### **Protection of Human Rights**

Working with a vulnerable population demanded the ethical principles of autonomy, beneficence, and justice were protected. The Nuremberg Code unambiguously states, "The voluntary consent of the human subject is absolutely essential."(Terry, 2018). Much debate has focused on the ability of prisoners to give "voluntary" consent given the vulnerability of this marginalized and historically coerced group. Understanding this and the idea that justice requires consideration ensuring protection and opportunity of benefit for project participants, a risk benefit analysis was conducted prior to initiating the project, to ensure protection of participants

while simultaneously affirming the project "should rest in part on its contribution to filling the gaps between the most important health needs in a community and the capacity of its social structures to meet them" (Institute of Medicine, 2007). Behavioral-social inquiry focused on an incarcerated population is necessary to understand the beliefs, values, and behaviors of an at risk population to better understand and target treatment aimed at preventing opiate use upon release. Furthermore, oversight by independent bodies (e.g., university IRB, colleagues, and internal ethics board) ensured ethical standards were maintained throughout the project.

Informed consent was given and signed by each participant acknowledging potential risks and discomforts, and benefits of participation. Participation was voluntary and consent to participate could be withdrawn at any time. Participation did not diminish benefits to which the participants were otherwise entitled. Participation or non participation had no impact on planned release from incarceration. There were no negative consequences associated with choosing to not take part in this quality improvement project or choosing to terminate the interview at any time. Detainees were not compensated for their participation. Confidentiality of interview records were maintained, did not have personal identifying information, and kept in a locked box and destroyed after 3 years.

The principal investigator successfully completed the Collaborative Institutional Training Initiative (CITI Program) Social-Behavioral module required courses on February 17, 2019, member ID#7917334 (See Appendix E – CITI Training Certificate).

### **Trustworthiness**

Evaluating the quality of data and its rigor are essential if findings are to be introduced into practice (Noble & Smith, 2015). Trustworthiness was accomplished through credibility and confirmability. Credibility by bracketing and setting aside bias and reading and re-reading the



data in a detailed manner allowed the investigators to maintain an eye of objectivity by viewing the data collection and interpretation process through a clear lens, free from preconception and subjective influences (Darawsheh, 2014). Detailed field notes were gathered during the interview process as part of an audit trail. Member checking was accomplished by asking participants for their feedback after summarizing each interview. Confirmability was achieved by having an additional experienced researcher Dr. Cheryl Kruschke review the process and results of the project.

### **Budget and Resources**

The budget analysis revealed that the financial cost to conduct this project was \$300. There were no outside funding sources. The cost of the researcher's time and the purchase of analysis software would increase the cost to replicate the study. This project required a large investment of time to plan, do, check, and act to ensure the steps of the project were executed and kept on schedule (See Appendix F Project Timeline).

### **Data Collection and Project Protocol**

Data collection consisted of semi-structured, tape recorded, participant interviews which were conducted by the principal investigator. The participants provided verbal and written informed consent at the start of the interviews. All participants agreed to a 20-30 minute face-to-face session using open-ended questions. The questions were formulated and reviewed with opinion leaders including physicians, nurses, and clinicians in the field of addictions. This collaboration provided validation.

- Question #1: How do you perceive your ability to remain opiate free upon release?
- Question #2: What has prevented you from remaining free from opiates in the past?
- Question #3: Why have you used opiates?

- Question #4: What do you think will help you remain free from using opiates?
- Question #5: Why do you want to remain opiate free?
- Question #6: What has caused you to return to opiate use?

The collected data was then transcribed to facilitate data management, analysis, and secured in a locked box.

### **Data Analysis**

Data was collected through one-on-one audiotaped interviews that were transcribed verbatim. Data was transferred to Word files for review. The results were read and reviewed multiple times by the project investigator and project chair. Information was de-identified. The process of constant comparative analysis was used for analysis (Graue, 2015). Data was coded and themes identified by the project investigator and project chair Dr. Pamela Stoeckel an experienced qualitative investigator.

### **Findings**

The participants included five individuals incarcerated in a Midwestern jail who had undergone prior opiate treatment in jail and then re-abused, and were re-incarcerated. The sample included four culturally diverse women and one man. They were between the ages of 20 and 50-years-old. The participants were diverse and included one African American, one Caucasian, one Hispanic, and one Native American. The data from the study revealed four themes: *anticipation of staying opiate free, difficulties in staying opiate free, benefits to being opiate free, and needed to remain opiate free*. Subthemes emerged from the data and are presented here in the order they appeared.

### **Anticipation of Staying Opiate Free**

*Uncertainty and Fear.* A prominent subtheme related to *anticipation of staying opiate free* was *uncertainty and fear*. One participant said, "I am kind of scared and anxious about it. Every time I'm in jail I say that I'll be clean and then I get out and instant relapse." Another expressed, "I'm not really sure." A number of participants shared their trepidation and concerns of relapse upon release. One participant stated "When I hit that oxygen or when the world is filled out and I'm free to spread my wings, that's when I need [help], no matter how much my intentions are, it's just hard for me." Another succinctly stated, "I am scared, I'm so scared."

*Situational Challenges.* The second subtheme associated with *anticipation of staying opiate free* was *situational challenges*. The participants identified situational challenges influencing their return to opiate use. "I think that my problem is because I'm homeless and that I don't have anywhere to stay, and the stability part...Once I quit my job it all went downhill from there. And that's when my addiction began. It's much harder to get a job and get back into that like structure because it's been totally so long since I've had it."

Participants described feeling despair and hopeless at the prospect of remaining opiate free. One participant expressed, "I feel that as soon as I get out, the support system is not there, the stability is not there...I feel almost hopeless." In addition to basic shelter, perceived inadequate and unreliable transportation contributes to re-use. "Transportation is very hard...and probably because I never succeed on probation (nervous laughter) because it's hard to do things like that..."

*Ambivalence.* An important subtheme from the interviews was the mixed feelings, and often contradictory ideas concerning remaining opiate free. One participant stated, "I really don't know what's going to happen when I get out yet, so it's kind of up in the air...I think about in

my head that it's like I do want to get high but at the same time I want to change." Another participant said, "When I have the opportunity or the choice it's like I'm drawn. Once I see the heroin I forget about the withdrawal symptoms." Another participant rationalized her return to opiate use by stating "I think you feel miserable the whole time in jail, so I really, really want to get high. So, I get out, [and] one of the first things you think about is as you get out those doors is who am I going to call to get high. So, it's really going to be hard for me." Another participant described the ongoing, intrapersonal dialogue this way; "I've thought about it [remaining opiate-free], it [using opiates] just became a part of life. I want to [quit opiates] ... but then again, I don't want to. There's still the pressure on my mind."

*Hopeful for Change.* Despite the uncertainty, fear, and ambivalence, all participants in this study valued hope and a desire for change. One participant stated, "I want a second chance again. I don't want much in this life, but I want my life." Optimism about an opiate free future was pervasive during the interviews. "I have goals, I have dreams and it sucks because it's not laziness. I'm a really hard worker...I know what I want, I am so capable. But it takes work to get there." Participants endorsed the value of remaining opiate free. "To me the clutches of addiction are no longer something I want to be a part of. I no longer want to be in a world where I have to worry about will I die." Another participant stated, "I know that people think I'm better sober than when I'm high...like they can tell the difference. So, then that makes me want to see the difference in the mirror." The participant went on to say "I just turned 48 and I don't have the desire to be an old lady and still in jail."

### **Difficulties in Staying Opiate Free**

*Depression.* The subtheme of *depression* was cited by every participant as a major difficulty in remaining opiate free. There was anticipation of being out of jail and the resulting

emotions. A participant noted “When you get out and your homeless and you’re thrown right back into the situation.... and for me it’s like I’m homeless and so I get high because I don’t want to be out on the streets sober, because its makes me depressed.” Many participants identified the perceived benefit of returning to opiates as a way to mitigate the symptoms of depression. One participant stated “Using takes away pain. Another participant said “I heard that it numbs the pain. And I also heard that ... kinda makes life go by a little faster. I don't have to stop and live life, [and face] what is actually happening.”

Depression was also linked with the experience of anxiety by some participants. One exclaimed, “Depression! Feeling of being depressed in general. It makes me where, I don't have to think about all that stuff...I really was bothered by anxiety.” Another participant stated, “When I feel down about it [life], that’s when I start using drugs. You need something to feel good about...you know, to feel worth.”

*Lack of Support.* The second subtheme associated with *difficulties in staying opiate free* was a *lack of support*. A participant noted, “It’s kinda hard to go by yourself to clinics... unless you have a good support system that will help you. When I got out [last time] I didn’t follow through from day to day.” Many participants acknowledged the importance of healthy relationships in remaining opiate free. “I think it’s [challenging] where we [are] going to [after release] and the people I [will] surround myself with aren’t a very good support system anymore. And so, I don't have a lot of people in my life who are going to say, ‘hey, don’t do this or don't do that.”

The participant acknowledged prior healthy relationships but expressed the inability to cultivate similar future relationships. “But now all the friends that were good to me, [are gone] and I don’t talk to most of them. So that makes me...not being that person, and playing that role

again... feel good, [but] it makes me feel real low about myself as well.” In addition to nourishing healthy friendships, participants expressed value in a spouse or significant other.

“I’ve seen a lot women and men drop out of treatment, or leave treatment, because it’s too hard to try [to] fight addiction and be away from the one person that’s there for them. Why is there not options to be together? It’s one more thing [that would] make it more comfortable or easier to focus on. It’s too hard to try [to] fight addiction and be away from the one person that’s there for them.”

*Lack of Self Confidence.* A number of participants identified a *lack of self-confidence* as a *difficulty in staying opiate free*. “I have never walked out of jail feeling confident and great about myself. I don’t have the support, or the strength. [Not] being a really strong person growing up... opiates have made me even weaker.” Another participant shared, “[There is] not much to really touch the core or issue of my addiction. For some reason, I don’t know why, it’s like I am hardwired to constantly pick the negative behaviors and knowing full well the consequence is almost unbearable but I still do it.” Another participant incarcerated over 5 years stated, “Nothing has ever really worked for me thus far. I’ve been an addict for 20 years now. It’s hard to refocus when you’re normal [not using opiates] ... We come in here [jail], and we already feel so low about ourselves, we are already down and out and society casts us out.”

*Rationalization.* A number of participants justified their prior opiate use through rationalization. Multiple reasons were cited. One participant stated, “If you’re going to use [opiates], you’re going to use, regardless. And plus, I realize it’s hereditary and it’s a learned habit. I use the opiates cause I like the way it makes me feel.” Many participants described an innate, biological need to use opiates. One participant stated “I don’t know why, it’s like I am hardwired to constantly pick the negative behaviors. The thing is that it’s kind of [a] no option

that my addictions [are] in my life [and are the reasons] that I was making the choices in my life.”

Participants gave a variety of rationalizations for using opiates in the past. One participant stated “I got out of jail, I got along with my mom living at her house but I didn’t make it 48 hours before leaving and getting high...it was really stressful for me and I felt like I couldn’t do it [stay opiate free].” Another participant extolled the benefits of opiate use justifying, “It [opiate use] is providing relief. So not only is the opiates taking away the drama, the cacophony, the pressures that again, I was in sensory overload. It drowns it out, it cloaks it, it shrouds it.” Another participant rationalized opiate use as a necessary part of their adult life. “[It is] something to help us [opiate users] feel something. It became repetitive. I’m a creature of habit-[a] bad habit.”

### **Benefits to Being Opiate Free**

*Want my life back. Being healthy. Being normal.* The subtheme of *wanting my life back* was evident in a number of interviews where participants shared the theme of *benefits to being opiate free*. Despite the rationalization of opiate use, participants identified multiple benefits to being opiate free. “I want my life back. Or at least a better life to do the things that I love again because that what makes me feel good. I want to take care of myself. I want to be a better parent. I want to be a better wife.” Another participant stated, “I want something that will just level me... I want a second chance again.”

Participants stressed wanting to overcome the negative consequences of using opiates. “I don’t want to go back to it [opiates] and then quit, and then get sick again. I don’t want it [opiates] to influence me in that way where I think I have to go to it just to be OK. I just want to be healthy.” Another participant described the physical sequela as result of using opiates, “...I’m

also the one who got hurt by it [opiates] too. Like I've had staples in my head... I've been kicked in my face where my teeth are gone.”

*Time with Family and Friends.* A number of participants identified time with family and friends as a benefit to remaining opiate free. “On the day that I get out my daughter turns 10. So, it's like do I want to miss those days anymore... I don't...she can't get them [time] back, can't request for those days.” Another interviewee stated, “I want to make new friends. If it weren't for them [friends that use drugs] doing it, I don't think that I would have done it. My influences again [is], the people that I'm around, the people that I choose to be around. [I need] a good support team, a good support system...I'm going to want to get my nails done, or get new clothes to try to make my life more positive instead of more negative.” Family had a powerful influence on the participants drive to stay opiate free. A participant said, “What's making me really want to stop is my oldest son has children. I haven't seen one of my grandchildren. I want to be a role model and support them.” Another participant lamented, “My daughter's getting older. My mom's getting older.”

*Productive Life. Working. Meaning Through Helping Others.* Many of the participants said they wanted to live a productive life. Working and finding meaning through helping others were reported as benefits to remaining opiate free. A participant noted that “When I get out [of jail] I want to get a job. So now I'm going to stay away from all that [opiate use] and do what a productive person would do. What would they do? Work. Stay away from places or hanging out [around] drugs.” Another participant stated, “I think if I got out of jail, and went to a clinic and stayed on suboxone, and I had a certain amount of time that I was actually working on myself and [was] working on the goals that I'm working on [now], that it could maybe work. Another



participant shared her belief that her opiate addiction could provide meaning through helping others.

“...give us [opiate abusers] an option instead of warehousing [us] in prison, why don't we go [to] work on a farm, or some way [serve] community needs, and they're begging for people. Why not have us go [to] work and you know, do something good... I've got to do something to help...Walking out of there [prison] with that totally obtainable goal [of being opiate free] and [with the] mindset of wanting to help people is so rewarding. To have that state of mind... I'll do whatever I can to help others.”

### **Needed to Remain Opiate Free**

*Forced Sobriety.* Many of the participants identified *forced sobriety as needed to remain opiate free*. A participant shared a common perception of forced sobriety:

“To force sobriety, I'll have to be in jail. I said I want to go to prison for no less than 8 years because that would allow me at least a couple years of forced sobriety and maybe another developmental growth part of my life or something I don't know. But at least I would have a sober mind. I think I'm clearer head, rational, not selfish. I'd spend the rest of my life in jail if it meant my son being OK, if knowing his mom is OK instead of being absent....So anyways, I told the judge that I only wanted to go to prison because the only way I was going to stay sober without any help or anything different was forced sobriety or being pregnant.”

In addition to incarceration, one participant identified the need for in-patient/residential living-assisted forced sobriety. A participant stated “I keep telling myself, three years. I think I would

need to be in that incubator [inpatient treatment] for recovery and have like that gestation period..." Another participant identified pregnancy as a means to force sobriety. "[I was motivated] to stop because of the children. It was forced sobriety."

*Immediate Support on Release.* The data revealed a third subtheme related to the *need to remain opiate free*. Participants identified multiple types of support needed to remain opiate free on release. A participant described needing safe housing "...it all comes down to stability and like, feeling safe and secure, and having a place of my own and not living outside, but I'm homeless. How am I even going to go to a job interview? Or anything like that. How am I going to shower? To clean up...have nice clothes to put on. So, for me, I wish I knew a lot more housing options...when released from jail."

Participants identified addiction therapy and getting to know themselves as key to remaining opiate free. One of the participants stated "To seek long-term treatment to give themselves an opportunity to be sober and to give the keys to somebody else instead of trying to run[alone] all broken. I need long term inpatient treatment. I've had it before and I've had some success in the past." Another participant stated, "I didn't follow through from day one [before] and that's why I know that I need [someone] to hold my hand to follow through." A team approach to remaining opiate free was perceived as paramount to remaining opiate free. A participant described what was needed was "A good support team. A good support system. I need that. I need that team. I have to also kind of subject myself for a while under that and admit it. Right now, I believe in recovery, again, and [believe] I need that gradual reintegration." A third participant stated, "You have to love yourself. Getting to know yourself, start[ing] therapy. The will to want to live [opiate free]. The will to live a productive life realizing that whatever

happened to you in the past is not your fault and you can always start at the beginning. The past is the past and start from the beginning.”

Some participants shared the belief that relationship support on release was needed to remain opiate free. “Relationships are a huge part of life and they make you feel happiness...and in treatment they like to separate couples which I think is a huge part [of the problem].” Another participant stated, “I did it [took opiates] a lot with my husband. And I don’t know where he’s at with staying clean, and I feel it would be more like a support team if we both quit at the same time.” A third participant described the support they have and how it was important to their hope for recovery. She stated, “I’ve lost everything but still [am] lucky to have the support that most addicts don’t [have]. Like my family is amazing. My son, my son’s dad is still fully ready to co-parent with me just as soon I can keep clean. I have always had the support, I’ve always had the same things consistently throughout my life.”

*Using Skills Learned in Classes.* A third subtheme identified by participants when describing *remaining opiate free* was using skills learned in classes at the prison. “I think I’m old enough and the stuff that I’m learning in substance abuse class here is really like about the brain malfunction ... I’m reading [a book] *Unbroken Brain* and how sometimes with age everybody’s road to recover is different.” Another participant also spoke of the skills she learned in classes by saying. “You have to make a plan, write it down and then execute including [understanding] boundaries and goals. I heard what she said [in a previous class in jail] but I wouldn’t apply it. So, this time I sat down and I really paid attention and everything she’s been teaching me stuck with me. So, her class is very beneficial.” Other participants expressed the need for medication assisted therapy to remain opiate free on release; “I think it’s getting out [of jail] and going

straight to a suboxone clinic.” Another participant stated, “Honestly, I think people need to go all in. There is methadone or suboxone.”

*Making Better Choices.* A final subtheme of *making better choices* was emphasized by many participants. They described the importance of making decisions that would support their success in remaining opiate free. A participant stated, “When I get out there it’s going to be totally different, because I know where to get it [help]!” They identified how they would make different decisions to improve their chances of being successful. One participant reflected on the challenges that they were facing by saying “The option of saying no is going to be hard.” Other choices that needed careful thought were choice of friends. A participant stated “I had the best control of my addictions being around people that were positive and [I] felt good about myself. Even in jail if you hang around the wrong people that are negative- anything negative is not good. [If] I get that gut feeling that that’s not [for] me. If I feel that way I stop it. Stop, Think, and React: stop think about what happened to you, and move on.”

A participant expressed concern about making decisions related to her relationship with her husband. She stated, “I’m going to have to go out there and face him [my husband] and realize...are you still stuck in that [opioid abuse] or are we going to be together again?” Another participant succinctly stated, “just realizing what I missed out on” can influence making better choices.”

### **Discussion**

This project revealed how five culturally diverse young and middle-aged incarcerated adults perceived their ability to remain opiate free upon release. All of the participants had abused drugs and previously been in jail. A unique aspect of this project was that participants were interviewed within months of leaving jail. They were in a facility that offered classes and

counseling to prepare them for release. The timing of the project offered the opportunity to gain understanding of the immediate emotions and perceptions they faced in anticipation of remaining opiate free. There are studies of vulnerable groups which may be helpful in addressing addiction problem. A review of the literature does produce results similar to this. Lobmaier, Berman, Gossop, and Ravndal (2013) examined substance use, beliefs, and treatment motivation among drug-involved prisoners in Norway. However, few studies examining the perceptions of incarcerated patients with Opioid Use Disorder (OUD) exist and little is available about the responses of addicts after incarceration.

The participants revealed mixed perceptions of their ability to remain opiate free. Many were uncertain and fearful. Others felt concern about situational challenges such as where they would live and how they would travel to clinics. Some were hopeful and wanted “a second chance.” A surprising finding was the number of participants that were ambivalent about remaining opiate free. This was particularly surprising considering their release was imminent. Many participants were emphatic about saying “I want to [quit opiates] but then again, I don’t want to.” Addressing the emotions of addicts before release is an important aspect of preparation for success not reusing opiates. Ambivalence of addicts is addressed in the literature through studies that cite a common perceived barrier was an “expectation” of a return to drugs upon release (McGillivray & Newton, 2016). According to the National Institute on Drug Abuse (2018) the preponderance of detainees will return to opiates after release.

Participants shared what they perceived as difficulties in staying opiate free. They were concerned about lack of support which was expressed by saying “I don’t have a lot of people in my life who are going to say, ‘hey, don’t do this or don’t do that.’” They also said they lacked self-confidence by noting “I have never walked out of jail feeling confident and great about

myself.” These responses from participants were not unexpected and were addressed in the literature by Krishnan et al., (2013) highlighting the importance of interpersonal influences such as loneliness, lack of partnership, and negative personal influences, i.e. friends or family, as perceived barriers to remaining opiate free. The author also identified homelessness and mental health as challenges to remain free from opiate abuse.

Several responses related to difficulties in staying opiate free were not expected. One of the surprising findings were that all participants stated that they felt depressed. Depression was experienced not only in anticipation of being out of jail, but also after release if they abused opiates again. One participant stated “I’m homeless and so I get high because I don’t want to be out on the streets sober, because it makes me depressed.” The extent of the depression was not anticipated and seemed to be an important finding that could give insight into future preparation for release. The literature addresses the problem of depression in addicts by saying less than 50% arrestees report no history of behavioral health assessment despite the correlation of substance abuse and mental health disorders (Hunt et al., 2015) . According to the CDC (2014) more than half of persons diagnosed with a serious mental health disorder will develop a substance use disorder and people with substance use disorder are three times more likely to develop a serious mental health disorder in their lifetime.

Another significant finding in regard to remaining opiate free was the unexpected rationalization participants gave for using opiates. They expressed fatalism about reusing opiates by saying, “If you are going to use [opiates] you’re going to use, regardless.” Because the participants were so close to release from jail it was surprising to hear these comments. The extent of rationalization made it evident that this was something along with self-confidence that needed attention before release. Approaches to working with addicts’ rationalization is supported

by Lobmaier et al., (2013) work with over 100 prisoners in Norway with SUD which revealed a high incidence of cognitive dissonance. Conflicting statements and inconsistent thoughts relating to behavior decisions and attitudes towards remaining drug free after release is a common phenomenon. The extent of incarceration on cognitive dissonance is poorly understood.

“However, the hope that imprisonment can be used as a window of opportunity for change talk is supported by the finding that the group of problem users tended to express more treatment readiness and interest in change than did the prisoners with less problematic use “(Lobmaier et al., 2013, p. 217). In general, dissonance-based interventions have demonstrated positive behavioral change with SUD (Steiker, & Powell, 2011).

All participants expressed the benefits to being opiate free. They wanted their life back and to be healthy as expressed in this quote, “I don’t want to go back to it [opiates] and then quit, and then get sick again.” They also wanted to have time with family and friends with statements such as “I want new friends.” Being productive was another benefit to being opiate free. One participant expressed what others felt by saying, “When I get out [of jail] I want to get a job.” The findings were consistent with the literature which states boredom, poverty, poor physical and mental health, and loneliness as possible risk factors for substance re-use. (McGillivray & Newton, 2016).

A final theme emerged from the project where participants gave their perceptions of what was needed to be successful in remaining opiate free when transitioning out of jail. A common request was for immediate support on release. They wanted help in obtaining safe housing, and continuation of therapy they received in jail. Examples of their feelings were “I wish I knew a lot more housing options” and “I need someone to hold my hand to follow through.” These are options for support that are expressed in the literature and are being addressed in various ways.

The literature states housing and community rehabilitation communities mitigate the return to opiate use (Krishna et al., 2013).

A finding that was surprising in the study was that many of the participants said they needed forced sobriety to be successful at staying opiate free. An example of this was one inmate stated “I want to go to prison for no less than 8 years because that would allow me at least a couple years of forced sobriety...” Participants looked at extended incarceration as a solution to remaining opiate free and in some cases created situations to be incarcerated. This was not a solution that was addressed directly in the literature but studies state that forced sobriety in prison offer detainees a period of reflection and evaluation of their lives lending clarity and a catalyst to cognitive change termed “sober aged reflection” (Wyse, 2018).

Other findings from the data revealed that participants felt that making better choices and using the skills that they learned from classes in the jail were important in remaining opiate free. An inmate described making better choices as “... stop think about what happened to you and move on.” Another participant stated “I really paid attention and everything she’s teaching me stuck with me.” This finding was an indication that classes can help addicts make different decisions and learn skills that can contribute to being successful in staying opiate free. Based on these findings there is potential for classes to expand their curriculum and address many of the emotional challenges and resource issues that inmates face. The research states that therapeutic communities and counseling programs mitigate substance use and recidivism after release from jail (Phillips et al., 2018). The CDC (2014) supports the use of medication assisted therapy in conjunction with mental health counseling and formal substance abuse education classes.



### **Limitations**

Limitations of this project included that the sample size included only five individuals. While the sample was culturally diverse, there was only one male participant. Future projects should include more gender diversity and more participants over 50 years of age. The project was completed in a small suburban jail. Further projects should be completed in jails or prisons of different sizes and various parts of the country.

### **Implications for Change and Recommendations**

The findings of this project support the continued need for classes and mental health therapy for opiate abusers released from jail. A recommendation is to continue and expand classes that address issues facing opiate abusers on release. Classes should include additional information on mental health problems such as dealing with depression, rationalization for using opiates, and ambivalence in remaining drug free. There should be continued research on what is effective in dealing with these challenges.

Participants requested a team approach and continued therapy after release from jail. They stated that “forced sobriety” was a way of preventing re-abuse of opiates. Based on these findings it is recommended to have a more extensive jail release plan that includes resources such as providing immediate access to safe housing, transportation, opportunities to get jobs, and possibly access to in-house therapy for a period of time. There should be more of a serious coordinated plan to address the needs of opiate abusers released from jail in order to avoid re-abusing and re-incarceration.

### **Conclusion**

This paper examined the problem of opiate use among incarcerated adults and illustrated how rigorous scholarly inquiry provided an opportunity to understand factors that influence a

return to opiate use after release. Listening to this vulnerable population and hearing their words provided new insights into this phenomenon and contributed to clinical practice.

## References

- Alemagno SA. (2001). Women in jail: is substance abuse treatment enough? *American Journal of Public Health, 91*(5), 798–800. Retrieved from <http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=106942673&site=ehost-live&scope=sit>
- Bahnsen, I. B., Braad, M., Lisby, H., & Sørensen, I. M. (2013). Nursing students' perceptions of taking part in an Inter-professional Clinical Study Unit. *Nordic Journal of Nursing Research & Clinical Studies / Vård i Norden, 33*(3), 39–43. Retrieved from <http://search.ebscohost.com.dml.regis.edu/login.aspx?direct=true&db=ccm&AN=104231693&site=ehost-live&scope=site>
- Center for Prisoner Health and Human Rights. (2018). Incarceration, Substance Abuse, and Addiction. Retrieved from <https://www.prisonerhealth.org/educational-resources/factsheets-2/incarceration-substance-abuse-and-addiction/>
- Centers for Disease Control and Prevention. (2014, February). Healthy people 2020: Substance use and mental disorders: Early detection, prevention and treatment. Retrieved from [https://www.cdc.gov/nchs/ppt/hp2020/hp2020\\_mh\\_md\\_and\\_sa\\_progress\\_review\\_presentation.pdf](https://www.cdc.gov/nchs/ppt/hp2020/hp2020_mh_md_and_sa_progress_review_presentation.pdf)  
<https://doi-org.dml.regis.edu/10.1111/j.1465-3362.2011.00298.x>
- Darawsheh, W. (2014). Reflexivity in research: Promoting rigour, reliability and validity in qualitative research. *International Journal of Therapy & Rehabilitation, 21*(12), 560–568. Retrieved from <http://dml.regis.edu/login?url=http://search>.

ebshost.com/login.aspx?direct=true&db=ccm&AN=103922716&site=ehost-live&scope=site

Dorsey, C. J., & Murdaugh, C. L. (2003). The theory of self-care management for vulnerable populations. *Journal of Theory Construction & Testing*, 7(2), 43-49.

Federal Register. (2018, April). Annual Determination of Average Cost of Incarceration. Retrieved from <https://www.federalregister.gov/documents/2018/04/30/2018-09062/annual-determination-of-average-cost-of-incarceration>

Graue, C. (2015). Qualitative Data Analysis. *International Journal of Sales, Retailing & Marketing*, 4(9), 5–14. Retrieved from <http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=116381440&site=ehost-live&scope=site>

Hunt, E., Peters, R. H., & Kremling, J. (2015). Behavioral health treatment history among persons in the justice system: Findings from the Arrestee Drug Abuse Monitoring II Program. *Psychiatric Rehabilitation Journal*, 38(1), 7–15. <https://doi-org.dml.regis.edu/10.1037/prj0000132>

Institute of Medicine (2007). *Ethical Considerations for Research Involving Prisoners*. Washington(DC): National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK19885/>

Jenerett, C. M., & Murdaugh, C. (2008). Testuing the theory of self-care management for sickle cell disease. *Research in Nursing and Health*, 31, 355-369.

- Jones, K., Baldwin, K A., & Lewis, P. R. (2012). The potential influence of a social media intervention on risky behavior and chlamydia incidence. *Journal of Community Health Nursing*, 29(2), 106-120.
- Kouyoumdjian, FG, Calzavara, LM, Kiefer, L, Main, & C, Bondy, S. (2014). Drug use prior to incarceration and associated socio-behavioural factors among males in a provincial correctional facility in Ontario, Canada. *Canada Journal of Public Health*, 105(3), 198-202
- Krishnan, A., Wickersham, J., Chitsaz, E., Springer, S., Jordan, A., Zaller, N., & Altice, F. (2013). Post-Release Substance Abuse Outcomes Among HIV-Infected Jail Detainees: Results from a Multisite Study. *AIDS & Behavior*, 17, 171–180.  
<https://doi-org.dml.regis.edu/10.1007/s10461-012-0362-3>
- Lobmaier, P. P. K., Berman, A. H., Gossop, M., & Ravndal, E. (2013). Substance use and problem awareness among drug-involved prisoners in Norway. *Journal of Substance Use*, 18(3), 211–220. <https://doi-org.dml.regis.edu/10.3109/14659891.2012.661022>
- MacGill, V. (2011). A comparison of the Prochaska cycle of change and the Holling adaptive cycle: Exploring their ability to complement each other and possible applications to work with offenders. *Systems research and Behavioral Science*, 28, 526-536. doi: 10.1002/sres.1121
- McGillivray, J. A., & Newton, D. C. (2016). Self-reported substance use and intervention experience of prisoners with intellectual disability. *Journal of Intellectual & Developmental Disability*, 41(2), 166–176. <https://doi-org.dml.regis.edu/10.3109/13668250.2016.1146944>

National Institute on Drug Abuse. (2018). Medications to Treat Opioid Use Disorder. Retrieved from <https://www.drugabuse.gov/publications/medications-to-treat-opioid-addiction/how-opioid-use-disorder-treated-in-criminal-justice-system>

Noble, H. & Smith J. (2015). Issues of validity and reliability in qualitative research. *Evidenced Based Nursing*, 18(2), 34-35.

Pender, N. J., Murdaugh, C. L., & Parson, M. A. (2011). Individual models to promote health behavior. In *Health promotion in nursing practice* (6<sup>th</sup> ed., pp. 35-66). Upper Saddle River, NJ: Pearson Education.

Phillips, S., Eikenberry, J., Beeler-Stinn, S., & Silver Wolf, D. A. P. (2018). Substance Use Treatment in Jails: Current Issues and Recommendations. *Counselor: The Magazine for Addiction Professionals*, 19(4), 22–32. Retrieved from <http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=131074804&site=ehost-live&scope=site>

Prochaska, James O., and Carlo C. DiClemente. (1992). "In Search of How People Change. (Cover Story)." *American Psychologist* 47 (9): 1102. doi:10.1037/0003-066X.47.9.1102.

Resnik, D. B. (2007). Responsibility for health: personal, social, and environmental. *Journal of Medical Ethics*, 33(8), 444–445. <http://doi.org/10.1136/jme.2006.017574>

Ross, M. (2015). Pioneering New Strategies for Combating Substance Abuse. *Science of Caring*, 4–1. Retrieved from <http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=124458721&site=ehost-live&scope=site>

- Steiker, L. H., & Powell, T. (2011). Dissonance-Based Interventions for Substance Using Alternative High-School Youth. *Practice (Birmingham, England)*, 23(4), 235–252. <https://doi.org/10.1080/09503153.2011.597209>
- Terry, A. J. (2018). *Clinical research for the doctor of nursing practice*. (3<sup>rd</sup> ed.). Burlington, MA: Jones & Bartlett Learning.
- Welty, L. J., Harrison, A. J., Abram, K. M., Olson, N. D., Aaby, D. A., McCoy, K. P., ... Teplin, L. A. (2016). Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention. *American Journal of Public Health*, 106(5), 872–880. <https://doi-org.dml.regis.edu/10.2105/AJPH.2015.303032>
- W.K. Kellogg Foundation (2004). Logic model development guide. Retrieved from W.K. Kellogg Foundation Logic Model Development Guide.pdf
- Wyse, J. J. (2018). Older Former Prisoners' Pathways to Sobriety. *Alcoholism Treatment Quarterly*, 36(1), 32–53. <https://doi-org.dml.regis.edu/10.1080/07347324.2017.1355222>
- Zaccagnini, M. & White, K. (2017). *The Doctor of Nursing Practice Essentials*. Burlington, MA; Jones & Bartlett Learning.

Appendix A

Systematic Review of the Literature

<b>Article/Journal</b>	Alemagno S.A. (2001). Women in jail: is substance abuse treatment enough? <i>American Journal of Public Health, 91</i> (5), 798–800. Retrieved from <a href="http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=ccm&amp;AN=106942673&amp;site=ehost-live&amp;scope=site">http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=ccm&amp;AN=106942673&amp;site=ehost-live&amp;scope=site</a>
<b>Author/Year</b>	See above
<b>Database/Keywords</b>	Cinahl. Substance AND abue AND jail AND education
<b>Research Design</b>	Descriptive research.
<b>Level of Evidence</b>	Level VI
<b>Study Aim/Purpose</b>	Examine the self-reported needs of women in jail who indicated a need for drug abuse services.
<b>Population/Sample size Criteria/Power</b>	165 interviews Females, large, urban county jail, Ohio, May 1999
<b>Methods/Study Appraisal Synthesis Methods</b>	In this sample, the 50% of women who reported a need for substance abuse services were compared with the women who did not. themes/percieved needs obtained.
<b>Primary Outcome Measures/Results</b>	Drug-abusing women more likely to report Need for housing, mental health counseling, education, job training, medical care, family support, parenting assistance.
<b>Conclusions/Implications</b>	Drug-abusing women more likely to report Need for housing, mental health counseling, education, job training, medical care, family support, parenting assistance.
<b>Strengths/Limitations</b>	Limitations: year of study 1999. no random sampling. Small convenience sample size. Not generalizable to national pop. Study did not validate the self-reported needs of the women. Strengths: successful drug treatment goes beyond pathology alone: must address psycho-social needs. Highlights importance of availability of Tx in jail AND in community (resources; public policy)
<b>Funding Source</b>	National Institute on Drug Abuse grant.
<b>Comments</b>	Implications for my study: are these needs echoed and if so then How can these needs be met in order to increase chance to remain opiate free upon release ?



<b>Article/Journal</b>	Phillips, S., Eikenberry, J., Beeler-Stinn, S., & Silver Wolf, D. A. P. (2018). Substance Use Treatment in Jails: Current Issues and Recommendations. <i>Counselor: The Magazine for Addiction Professionals</i> , 19(4), 22–32. Retrieved from <a href="http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=ocm&amp;AN=131074804&amp;site=ehost-live&amp;scope=site">http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=ocm&amp;AN=131074804&amp;site=ehost-live&amp;scope=site</a>
<b>Author/Year</b>	See above
<b>Database/Keywords</b>	Cinahl/ substance abuse jail
<b>Research Design</b>	Descriptive research
<b>Level of Evidence</b>	Level V
<b>Study Aim/Purpose</b>	Review of literature to ascertain current issues and recommendations to mitigate substance use and recidivism after release from jail/prison
<b>Population/Sample size Criteria/Power</b>	39 sources reviewed.
<b>Methods/Study Appraisal Synthesis Methods</b>	As above
<b>Primary Outcome Measures/Results</b>	2 promising modalities: Therapeutic communities, counseling programs, and MAT
<b>Conclusions/Implications</b>	Make jails an epicenter for resource referrals. Provide substance abuse TX to All inmates; modular approach. Providing spatial units specifically devoted to TX. Continuity of Care. Drug courts.
<b>Strengths/Limitations</b>	Reduce SUD after release. cost/public perception
<b>Funding Source</b>	None provided
<b>Comments</b>	Incarceration can be a critical intervention point- benefiting both individual and community. 7.9million adults had both SUD and mental illness. Cost \$740Billion annually

<b>Article/Journal</b>	Krishnan, A., Wickersham, J., Chitsaz, E., Springer, S., Jordan, A., Zaller, N., & Altice, F. (2013). Post-Release Substance Abuse Outcomes Among HIV-Infected Jail Detainees: Results from a Multisite Study. <i>AIDS &amp; Behavior</i> , 17, 171–180. <a href="https://doi-org.dml.regis.edu/10.1007/s10461-012-0362-3">https://doi-org.dml.regis.edu/10.1007/s10461-012-0362-3</a>
<b>Author/Year</b>	See above
<b>Database/Keywords</b>	Cinahl/ substance abuse jail
<b>Research Design</b>	Prospective cohort
<b>Level of Evidence</b>	Level IV
<b>Study Aim/Purpose</b>	Examine the effect of predisposing factors, enabling resources and need factors on subsequent drug use after release from jail.
<b>Population/Sample size Criteria/Power</b>	1,032 hiv infected inmates surveyed in a ten-site project during incarceration and 6-month post release in nine different states (Eastern USA)
<b>Methods/Study Appraisal Synthesis Methods</b>	Dependant variable of interest: any cocaine or Opioid use at the end of 6-month post release. Data analyzed using SPSS 19 (IBM, New York), binary coded, univariate analysis using Walt tedst.
<b>Primary Outcome Measures/Results</b>	Preincarceration of opioid use and Severity of use significantly associated with post-release drug relapse
<b>Conclusions/Implications</b>	SUDs and mental health prevalence High. Importance of reestablishing insurance (prior to release), secure housing, supports ID and TX opiate dep/use AT ENTRY INCARCERATION. Target resources towards most vulnerable: chronic SUDs, mental illness, and homelessness.
<b>Strengths/Limitations</b>	Strengths: prospective(longitudinal ) study. Added needed space in the re-entry literature. Limitations: measurements (data taken only at periodically and at 6 months. Reliance self-reports Attrition (40% loss at 6 months)
<b>Funding Source</b>	HRSA-funded special project of National Significance (national institute on drug abuse)
<b>Comments</b>	Topics of concern (housing, insurance, social support) g eneralizable to my population?]

<b>Article/Journal</b>	Hunt, E., Peters, R. H., & Kremling, J. (2015). Behavioral health treatment history among persons in the justice system: Findings from the Arrestee Drug Abuse Monitoring II Program. <i>Psychiatric Rehabilitation Journal</i> , 38(1), 7–15. <a href="https://doi-org.dml.reg.is.edu/10.1037/prj0000132">https://doi-org.dml.reg.is.edu/10.1037/prj0000132</a>
<b>Author/Year</b>	See above
<b>Database/Keywords</b>	Cinahl/ substance abuse jail
<b>Research Design</b>	Descriptive prospective cohort study
<b>Level of Evidence</b>	Level IV
<b>Study Aim/Purpose</b>	Explore rates of lifetime behavioral health Tx utilization and factors associated with involvement of Tx
<b>Population/Sample size Criteria/Power</b>	18,000 males in 10 US metropolitan jails
<b>Methods/Study Appraisal Synthesis Methods</b>	Logistic regression and x2 analysis used to explore the relationship between self-reported lifetime Tx hx , self-reported substance use and severity of substance use.
<b>Primary Outcome Measures/Results</b>	> 50% arrestees .reported no Hx of behavior health assessment , Caucasians more likely to receive Tx than AA& Hispanics. Rates of tx lowest among etoh and THC users. Highest among Heroin.
<b>Conclusions/Implications</b>	Considering the high rates of mental and SUD in this population, the overall lack of behavioral health service utilization among offenders is concerning: NEED to <i>engage</i> offenders. (staff proactive) Ex pand services
<b>Strengths/Limitations</b>	Limitations: only males - Generalizable to women? Self reporting bias, limited info about severity of MH illness. Strengths: large sample pop.
<b>Funding Source</b>	None provided
<b>Comments</b>	Need to engage offenders (e.g. my workshop on substance abuse)

<b>Article/Journal</b>	McGillivray, J. A., & Newton, D. C. (2016). Self-reported substance use and intervention experience of prisoners with intellectual disability. <i>Journal of Intellectual &amp; Developmental Disability, 41</i> (2), 166–176. <a href="https://doi-org.dml.regis.edu/10.3109/13668250.2016.1146944">https://doi-org.dml.regis.edu/10.3109/13668250.2016.1146944</a>
<b>Author/Year</b>	See above
<b>Database/Keywords</b>	Cinahl/ substance abuse prison treatment
<b>Research Design</b>	Incidence study/descriptive
<b>Level of Evidence</b>	Level VI
<b>Study Aim/Purpose</b>	Ascertain directly from prisoners with intellectual disability (ID) details regarding patterns of drug and etoh use, and EXPERIENCE with drug and etoh education and treatment programs
<b>Population/Sample size Criteria/Power</b>	33 inmates adult (30 men) Victoria, Australia
<b>Methods/Study Appraisal Synthesis Methods</b>	Semi structured interview (simplified concepts, pictograms, increased font size, etc)
<b>Primary Outcome Measures/Results</b>	Most high or intoxicated at time of offense. 43% rated programs in jail helpful, reported barriers to tx : -being "forced" undertake programs -difficulty in following content (ID related) - short-term nature of any benefit from programs -their EXPECTATION of a return to substance after release.
<b>Conclusions/Implications</b>	Focus on developing and maintaining motivation importance of ongoing community support
<b>Strengths/Limitations</b>	Small sample size. sampling bias d/t volunteerinG. reporting bias (r/t ID)
<b>Funding Source</b>	Corrections Vicotria
<b>Comments</b>	Attempt to address RISK Facors for SUD: lonliness, boredom, poverty, poor physical and mental health

<b>Article/Journal</b>	Ross, M. (2015). Pioneering New Strategies for Combating Substance Abuse. <i>Science of Caring</i> , 4-1. Retrieved from <a href="http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=ccm&amp;AN=124458721&amp;site=ehost-live&amp;scope=site">http://dml.regis.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=ccm&amp;AN=124458721&amp;site=ehost-live&amp;scope=site</a>
<b>Author/Year</b>	See above
<b>Database/Keywords</b>	Cinahl / substance abuse prison
<b>Research Design</b>	Case reports/descriptive
<b>Level of Evidence</b>	VII
<b>Study Aim/Purpose</b>	Can implementing harm reduction strategies (e.g. say When study, whose aim is to lower use/amt of substance use which correlates with reduction high risk behavior, eg. sexual risk behaviors roots in needle exchange program
<b>Population/Sample size Criteria/Power</b>	ongoing
<b>Methods/Study Appraisal Synthesis Methods</b>	ongoing
<b>Primary Outcome Measures/Results</b>	pending
<b>Conclusions/Implications</b>	Keep people in treatment, reach people who may not attend 12 step "normalizing substance abuse Tx
<b>Strengths/Limitations</b>	New strategies to reduce
<b>Funding Source</b>	NIH funded HIV -prevention research
<b>Comments</b>	Nonjudgmental approach =keeps dialogue going. "The idea of working with patients to identify their own treatment goals encapsulates the "meet people where they are" ethos of harm reduction. "Is this a realistic goal for some in Tx (reduction but not abstinence? Is this realistic/healthy?

<b>Article/Journal</b>	Drug use prior to incarceration and associated socio-behavioural factors among males in a provincial correctional facility in Ontario, Canada. CAN J PUBLIC HEALTH, 105(3), 198-202
<b>Author/Year</b>	Kouyoumdjian, FG, Calzavara, LM, Kiefer, L, Main, C, Bondy, S. (2014)
<b>Database/Keywords</b>	CINAHL/substance abuse, factors, incarceration
<b>Research Design</b>	Descriptive analysis comprised of a Secondary data analysis. Correlational research.
<b>Level of Evidence</b>	Level IV: evidence obtained from well-designed case-control and cohort studies (non-experimental studies)
<b>Study Aim/Purpose</b>	To describe the prevalence of drug use in males during the year before incarceration and to examine the association between socio-demographic and behavioural factors and drug use.
<b>Population/Sample size Criteria/Power</b>	Canada. 921 inmates eligible. 500 participated.
<b>Methods/Study Appraisal Synthesis Methods</b>	Survey questionnaire administered as a structured interview by a study nurse. Descriptive analysis & Unadjusted logistic regression analyses examined the association between socio-demographic and behavioural factors and each of any drug use.
<b>Primary Outcome Measures/Results</b>	50% used drugs. 90% sexually active. significant socio-demographic factors: ages 25-44, risk factors: commercial sex involvement, sex while intoxicated; Hep C. > 85% participated had at least one risk factor.
<b>Conclusions/Implications</b>	Identified high rates of recent drug use and risky behavior/further work needed to understand high prevalence of drug use and lack of change over time
<b>Strengths/Limitations</b>	Strengths: Year long study. Large sample size. Limitations: data collected from single facility may not be generalizable. Underreporting by inmates about illegal activity(drug use, ie factors of study)
<b>Funding Source</b>	Grant from physicians' services incorporated foundation
<b>Comments</b>	Despite the many limitations ,Identified factors that influence substance abuse and need for further work to understand drug use by incarcerated populations

<b>Article/Journal</b>	Health disparities in drug-and alcohol-use disorders: A 12-year longitudinal study of youths after detention. American Journal of Public Health, 106(5), 872-880
<b>Author/Year</b>	Welty, L. J., Harrison, A.J., Abram, K.M, Olson, N.D., Aaby, D.A., McCoy, K.P., ... Teplin, L.A. (2016)
<b>Database/Keywords</b>	MEDLINE/substance abuse, factors, incarceration
<b>Research Design</b>	Descriptive research
<b>Level of Evidence</b>	Level IV: evidence obtained from well-designed case-control and cohort studies (non-experimental studies)
<b>Study Aim/Purpose</b>	To examine sex and racial/ethnic differences in the prevalence of 9 substance use disorders in youths during the 12 years after incarceration.
<b>Population/Sample size Criteria/Power</b>	Illinois. 1829 sample size. 1172 males. 657 females. 1005 African Americans, 296 non-Hispanic White, 524 Hispanics, mean age: 15 yo
<b>Methods/Study Appraisal Synthesis Methods</b>	Face-to-face interviews(diagnostic interview schedules) . Repeated at 1,3,4.5, 6, 8 and 12 years after baseline. Used Logistic Regression to examine sex and racial/ethnic differences , augmented sampling weights with nonresponse adjustment, using multiple imputation by chained equation
<b>Primary Outcome Measures/Results</b>	12 years after baseline, >90% males and 80% females had a lifetime substance use disorder (SUD) males higher etoh rates; females higher cocaine opiate amphetamine . Minorities lower etoh rate. Sex and racial/ethnic differences remained even.
<b>Conclusions/Implications</b>	SUD's during young adulthood differ markedly by sex, race/ethnicity and substance abused.
<b>Strengths/Limitations</b>	Large sample size. Duration longitudinal study. limitations: may not be generalizable to other parts of country. Findings to not consider mental health or substance abuse services.
<b>Funding Source</b>	Multiple grants(>10)
<b>Comments</b>	1. Health disparity: disproportionate incarceration of African American 2. need to improve the breadth and quality of preventative interventions, services during correctional stays (and after release) 3. increase access to substance abuse services (50% youths, 75% adult prisoners no access to services) 4. consideration of mental disorders (SUDs often comorbid with psychiatric d/o)

Project Budget

Researcher Costs		Costs to Replicate the Study	
Researcher time for development, implementation, and analysis - Time: \$75/hour - Development: 40 hours - Implementation: 2.5 hours - Analysis: 40 hours		Researcher time for development, implementation, and analysis - Time: \$75/hour - Development: 10 hours - Implementation: 2.5 hours - Analysis: 10 hours	
	\$0.00		\$1,688.00
Tape Recorder	\$50.00	Tape Recorder	\$50.00
Locking Cabinet	\$50.00	Locking Cabinet	\$50.00
Supplies	\$50.00	Supplies	\$50.00
Analysis Software	\$0.00	Analysis Software-NVIVO 12 Plus	\$7,200.00
Participants' Time	\$0.00	Participants' Time	\$0.00
Transcription Services	\$150.00	Transcription Services	\$150.00
<b>TOTAL COST</b>	<b>\$300.00</b>	<b>TOTAL COST</b>	<b>\$9,188.00</b>



Logic Model

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT & LONG-TERM OUTCOMES	IMPACT
<p><i>In order to accomplish the Set of activities we will need the following:</i></p>	<p><i>In order to address our problem or asset we will accomplish the following activities:</i></p>	<p><i>We expect that once accomplished these activities will produce the following evidence of service delivery:</i></p>	<p><i>We expect that if accomplished these activities will lead to the following changes in 1-3 then 4-6 years:</i></p>	<p><i>We expect that if accomplished these activities will lead to the following changes in 7-10 years:</i></p>
<p><b>INPUTS:</b></p> <ul style="list-style-type: none"> <li>● Participants</li> <li>● Capstone Chair</li> <li>● Clinical Mentor</li> <li>● Researcher</li> <li>● Resources: \$/time</li> </ul> <p><b>CONSTRAINTS:</b></p> <ul style="list-style-type: none"> <li>● Participant willingness</li> <li>● Participant availability</li> <li>● Time constraints</li> <li>● IRB approval</li> <li>● Interview location</li> </ul>	<ul style="list-style-type: none"> <li>● Five to Seven indepth interviews (25 minutes)</li> <li>● Transcribing interviews and</li> <li>● Analyzing data for categories and themes</li> <li>● Presenting findings to executive committee at jail</li> </ul>	<ul style="list-style-type: none"> <li>● Discover perceived barriers to remaining opiate free upon release</li> <li>● A better understanding of the personal challenges, beliefs, motivations and psycho-social dimensions affecting detainees' health behavior</li> </ul>	<ul style="list-style-type: none"> <li>● Increased awareness of percieved barriers</li> <li>● Improved addiction treatment intervention leading to reduction of opiate re-use after release</li> <li>● Publish article about the project and provide outcomes analysis</li> </ul>	<ul style="list-style-type: none"> <li>● Improved health status and health-promoting behavior for detainees through reduction of opiate use after release</li> <li>● Reduce costs to community and patients associated with opiate re-use</li> <li>● Increased stakeholder satisfaction</li> </ul>

Interview Data Gathering Tool

**Demographic Data:** age 18 or above, incarcerated adults who have undergone prior opiate treatment in jail, re-abused and re-incarcerated.

**Key Question:** How do you perceive your ability to remain opiate free upon release?

What has prevented you from remaining free from opiates in the past?

Why have you used opiates?

What do you think will help you remain free from using opiates?

Why do you want to remain opiate free?

What has caused you to return to opiate use?

**Probing Questions:** To gain further insight into answers, dig deep/drill down

**Closing Question:**

Opportunity for participant to give additional info/comments

Ask for recommendations/solutions to the problem

**Summary:**

Summarize major comments: Have I covered all the major points?

Anything else you would like to tell me?

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)  
COMPLETION REPORT - PART 1 OF 2  
COURSEWORK REQUIREMENTS\***

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** James Froncek (ID: 7917334)
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Email:** fronc772@regis.edu
- **Institution Unit:** nursing
  
- **Curriculum Group:** Human Research
- **Course Learner Group:** Social Behavioral Research Investigators
- **Stage:** Stage 1 - Basic Course
  
- **Record ID:** 30620039
- **Completion Date:** 17-Feb-2019
- **Expiration Date:** 16-Feb-2022
- **Minimum Passing:** 80
- **Reported Score\*:** 91

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Unanticipated Problems and Reporting Requirements In Social and Behavioral Research (ID: 14928)	17-Feb-2019	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	17-Feb-2019	4/5 (80%)
Conflicts of Interest In Human Subjects Research (ID: 17464)	17-Feb-2019	4/5 (80%)
History and Ethical Principles - SBE (ID: 490)	17-Feb-2019	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	17-Feb-2019	5/5 (100%)
Assessing Risk - SBE (ID: 503)	17-Feb-2019	5/5 (100%)
Informed Consent - SBE (ID: 504)	17-Feb-2019	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	17-Feb-2019	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	17-Feb-2019	5/5 (100%)
Research with Persons who are Socially or Economically Disadvantaged (ID: 16539)	17-Feb-2019	5/5 (100%)
Research with Prisoners - SBE (ID: 506)	17-Feb-2019	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid independent Learner.

Verify at: [www.citiprogram.org/verify/7k94a8ef0f-c513-4e68-8923-8c2b20a4f879-30620039](http://www.citiprogram.org/verify/7k94a8ef0f-c513-4e68-8923-8c2b20a4f879-30620039)

Collaborative Institutional Training Initiative (CITI Program)  
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Phone: 888-529-5929  
Web: <https://www.citiprogram.org>

CITI Program Certificate



## COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

### COMPLETION REPORT - PART 2 OF 2

#### COURSEWORK TRANSCRIPT\*\*

\*\* NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** James Froncek (ID: 7917334)
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Email:** fronc772@regis.edu
- **Institution Unit:** nursing

- **Curriculum Group:** Human Research
- **Course Learner Group:** Social Behavioral Research Investigators
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 30620039
- **Report Date:** 17-Feb-2019
- **Current Score\*\*:** 91

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	17-Feb-2019	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	17-Feb-2019	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	17-Feb-2019	5/5 (100%)
Research with Persons who are Socially or Economically Disadvantaged (ID: 16539)	17-Feb-2019	5/5 (100%)
Assessing Risk - SBE (ID: 503)	17-Feb-2019	5/5 (100%)
Informed Consent - SBE (ID: 504)	17-Feb-2019	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	17-Feb-2019	4/5 (80%)
Research with Prisoners - SBE (ID: 506)	17-Feb-2019	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	17-Feb-2019	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	17-Feb-2019	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	17-Feb-2019	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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 Web: <https://www.citiprogram.org>

Appendix F

Project Timeline

May 2019	PICO finalized
July 28, 2019	Defend proposal
September 2019	Site approval granted
September 2019	Submit to Regis IRB
September 2019	Identified participants/ informed consent
September 2019	Interviews
October 30, 2019	Completed data collection
February 2020	Analyzed data and identified themes
April 2020	Oral defense
May 2020	Graduation

Appendix G

IRB Approval

### **IRBNet Board Action**

Alan Stark <no-reply@irbnet.org>

Tue 9/10/2019 12:27 PM

To: Froncek, James B <fronc772@regis.edu>; Stoeckel, Pamella R <pstoecke@regis.edu>

Please note that Regis University Human Subjects IRB has taken the following action on IRBNet:

Project Title: [1492993-1] Incarcerated Adults' Perceptions of Remaining Opiate Free Upon Release

Principal Investigator: James Froncek

Submission Type: New Project

Date Submitted: September 8, 2019

Action: APPROVED

Effective Date: September 10, 2019

Review Type: Limited Review

Should you have any questions you may contact Alan Stark at [astark@regis.edu](mailto:astark@regis.edu).

Thank you,

The IRBNet Support Team

