



# WHAT IS POST INCARCERATION SYNDROME "PICS"



# • PRESENTERS •



**C. Ray, LMSW, CDCA**  
**Accompanying Returning Citizens**  
**with Hope (ARCH) Reentry**  
**[cray@archreentry.com](mailto:cray@archreentry.com)**



**Harry Cox**  
**Accompanying Returning Citizens**  
**with Hope (ARCH) Reentry**  
**[hcox@archreentry.com](mailto:hcox@archreentry.com)**



**Sandra Smith, PhD, PRSS, RPS**  
**Vice-President, ViaHope**  
**[sandra.smith@viahope.org](mailto:sandra.smith@viahope.org)**

# • AGENDA •

Overview of PICS

Reflections from the Field

Creating a Reentry Peer Credential

Planning and Assessing Ohio's Landscape





# POST INCARCERATION SYNDROME

**It is estimated that 40% of  
the 600,000 people  
released annually will have  
PICS.**

## What is PICS?

Post-incarceration syndrome (PICS) is a psychiatric disorder that affects individuals who have been incarcerated and then are released back into society. It is characterized by a range of psychological, emotional, and social difficulties that can arise as a result of being imprisoned. These difficulties can include depression, anxiety, post-traumatic stress disorder (PTSD), difficulty adjusting to life outside of prison, and difficulty forming and maintaining relationships.

PICS is not currently a recognized psychiatric disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) or the *International Classification of Diseases* (ICD). However, the term is used by some researchers and practitioners to describe the very real psychological challenges that people who have been imprisoned may face upon reentry.



## Symptoms

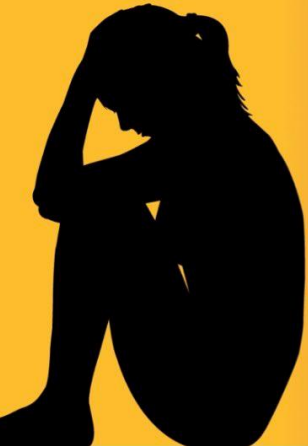
- *Institutionalized Personality Traits*
- *Post-Traumatic Stress Disorder (PTSD)*
- *Antisocial Personality Traits (ASPT)*
- *Social-Sensory Deprivation Syndrome*



### POST INCARCERATION SYNDROME (PICS)

- PTSD
- Depression
- Suicidal tendencies
- Institutionalized
- Social withdraw ( loss of trust and hope)
- Disability in social and life skills
- Insomnia
- Diminished self-esteem
- Self-destructive behavior

Prisons facilities LACK means to provide psychological support





# Stages of PICS

Stage 1 - Helplessness and hopelessness

Stage 2 - Intense immobilizing fear

Stage 3 - Free-floating anger and rage and the emergence of flashbacks and other symptoms of PTSD

Stage 4 - Impulsive violence

Stage 5 Effort to avoid violence by severe isolation to avoid the triggers of violence

Stage 6 - Flashbacks, nightmares, sleep impairments, and impulse control problems caused by self-imposed isolation





**Celebrating one year of  
Settling the Score:  
Reflections from  
Facilitator, Harry Cox**

## **Settling the Score**

In November 2022, ARCH Reentry launched the first Ohio-based pre-release program helping to raise awareness and reduce stigma for PICS and trauma-informed reentry preparation. Since then:

Expansion to Franklin County Community Based Correctional Facility and to the Ohio Reformatory for Women.

Multi-media instructional materials in progress including facilitator guidebooks and recorded curriculum from ARCH facilitators.

Nearly 150 participants educated on the many types of trauma, PICS, and pro-social coping skills.

Ongoing conversation about the need for reentry and forensic peer supporters.



# Who is Via Hope

*Via Hope traces its' roots to the 2003 final report of the President's New Freedom Commission **Achieving the Promise**, which called for fundamentally transforming the nation's mental health system to a consumer, family, and youth-driven Recovery Model, a system in which recovery is the expected outcome for everyone with a mental health challenge.*

Mental Health Resource of Texas dba **Via Hope** is a Texas based 501c3 nonprofit organization that provides national trainings and organizational change work.

**Mission:** Via Hope is changing the way we all think about Behavioral Health.

## Reentry Peer Support Specialist: an evidenced-based practice (Steps to Certification)

- The concept was developed by someone that had been formally incarcerated based on the specific traumas need of returning citizens.
- The Hogg Foundation for Mental Health embraced the idea and funding the development.
- Professional curricula writers were hired.
- A work group to develop the curriculum was formed.
- Subject Matter Experts assisted in the writing of the curriculum.
- A beta test of the curriculum was run.
- Presentation to the Texas Certification Board.
- TCB voted to approve the certification.
- Edits were made based on beta test.
- First training was provided



## **WHAT DOES A FORENSIC PEER DO?**

- Support people during their involvement in the Criminal Justice System
- Promote Recovery Principles including Self-Advocacy
- Advocate for recipients of behavioral healthcare when they are unable to advocate for themselves
- Educate all stakeholders in the Criminal Justice System about Mental health Recovery
- Inspire hope through shared life experiences

## **APPROPRIATE SETTINGS FOR FORENSIC PEER SUPPORT**

- **Crisis Intervention Teams**
- **State Hospitals**
- **Emergency Rooms**
- **Jails/Prisons**
- **Courts/Specialty Courts**
- **Halfway Houses**
- **Mental Health Offices**
- **Community Settings**

## **States with Forensic or Reentry Peer Support**

**Alaska**  
**Arizona**  
**California**  
**Georgia**  
**Hawaii**  
**Idaho**  
**Indiana**  
**Maryland**  
**Minnesota**  
**Michigan**  
**Mississippi**  
**Nebraska**  
**North Carolina**  
**Pennsylvania**  
**South Carolina**  
**Texas**  
**Vermont**

# Creating a Landscape for Ohio Reentry Peers: *Collaborative Campaign Ideation*

## Ohio's Current Peer Offerings

**"PRS"** is an all-inclusive term consisting of peer specialists, recovery coaches, and peer supporters. In order to have a formal certification, individuals delivering peer services needed to have one title for consistency. PRS was chosen as it represents the three largest sections of the current peer workforce.

In the State of Ohio, to be eligible to be certified as a PRS, you must have a direct lived experience of mental health and/or substance use issues. "Direct lived experience" means that you are personally in recovery from a mental health and/or substance use issue (having a friend or family member in recovery does not qualify you for PRS certification).

# Creating a Landscape for Ohio Reentry Peers: *Collaborative Campaign Ideation*

## Ohio's Current Peer Offerings

A **Certified Family Peer Supporter** (CFPS) is someone who self-identifies as the caregiver of an individual with behavioral health challenges (mental health/substance use disorder); and who has navigated service systems for at least one year on behalf of the individual.

A caregiver may include a birth parent, adoptive parent, foster parent, legal guardian/custodian, or a person chosen by the family or youth to have the role of primary caregiver. A CFPS supports an individual's or family's ability to address needs, navigate systems and promote recovery, resiliency, and wellness.

# Creating a Landscape for Ohio Reentry Peers: *Collaborative Campaign Ideation*

## Ohio's Current Peer Offerings

A **Certified Youth Peer Supporter (CYPS)** is someone who has direct lived experience with behavioral health challenges (mental health/substance use disorder) and who is between the ages of 18-30.

Although the direct lived experience is the same as the Certified Peer Recovery Supporters, CYPS are unique in that they have been impacted by behavioral health challenges while they were a part of the child-serving system. A CYPS is trained to use their lived experience to help youth/young adults advocate for services and systems supports. A CYPS also work with youth/young adults to create and maintain positive peer interactions that promote wellness, resiliency and recovery. They promote youth-guided practices that focus on strengths as part of the solution and ensure that youth/young adults participate in all aspects of their care.

# Creating a Landscape for Ohio Reentry Peers: *Collaborative Campaign Ideation*

## Other Notes on Ohio's Current Offerings

- Peers may bill Medicaid for services once panelled.
- Individuals on probation/parole may not be licensed until it has been completed - but MAY take coursework
- There are 26 disqualifying offenses for licensure BUT a CQE can be used to request OMHAS to evaluate individually.
- PRSs are often incorporated into elements of the criminal legal process including through specialty dockets, resource centers, and various social service agencies.
- The Ohio Department of Rehabilitation and Correction has been exploring these trainings statewide for individuals in their custody

# Creating a Landscape for Ohio Reentry Peers: *Collaborative Campaign Ideation*

## The Issue ID Worksheet

Helps us focus on **real and specific changes** we can fight for

Allows us to figure out campaign goals that **align with our shared values  
and long-term vision** for transformation

Lets you weigh competing priorities & how best to balance them





Discussion and Q/A!



# References

National Incarceration Association. (2023, April 15). *The definitive guide on Post incarceration syndrome (PICS)*. <https://joinnia.com/post-incarceration-syndrome/#section-62c50d8d8f0956>

Bureau of Justice Statistics. (2019). *Correctional populations in the United States, 2019*. Retrieved from <https://www.bjs.gov/content/pub/pdf/cpus19.pdf>

Lykes, M. B., & Topper, M. (2007). *Incarceration and re-entry: A qualitative study of the process of reintegration*. *Qualitative Health Research*, 17(1), 92-104.

Visher, C., & Travis, J. (2003). *The social context of reentry: A review of the literature on prisoners returning to the community*. In R. L. T. Hotchkiss (Ed.), *From prison to home: The effect of incarceration and reentry on children, families, and communities* (pp. 67-115). Washington, DC: National Academy Press.

Hagan, J., & Dinovitzer, R. (1999). *Collateral consequences of imprisonment for children, communities, and prisoners*. *Crime and Justice*, 26, 115-169.

Hirschi, T., & Gottfredson, M. R. (1983). *Age and the explanation of crime*. *American Journal of Sociology*, 89(3), 552-584.

Warren, J. I., & Travis, J. (2001). *The social costs of incarceration: Implications for race and ethnicity*. *Du Bois Review: Social Science Research on Race*, 8(1), 51-70.

Fazel, S., & Danesh, J. (2002). *Serious mental disorder in 23000 prison review of 62 surveys*. *The Lancet*, 359(9306), 545-550.

