

# RETHINKING REENTRY



**EDITED BY BRENT ORRELL**

*Foreword by Paul Ryan*



AMERICAN ENTERPRISE INSTITUTE

# RETHINKING REENTRY

**EDITED BY BRENT ORRELL**

*Foreword by Paul Ryan*

January 2020



A M E R I C A N   E N T E R P R I S E   I N S T I T U T E

© 2020 by the American Enterprise Institute. All rights reserved.

The American Enterprise Institute (AEI) is a nonpartisan, nonprofit, 501(c)(3) educational organization and does not take institutional positions on any issues. The views expressed here are those of the author(s).

American Enterprise Institute  
1789 Massachusetts Avenue, NW  
Washington, DC 20036  
[www.aei.org](http://www.aei.org)

# Contents

Foreword.....	v
<i>Paul Ryan</i>	
Introduction .....	1
<i>Brent Orrell</i>	
1. Considering Reentry Program Evaluation: Thoughts from SVORI (and Other) Evaluations.....	7
<i>Pamela K. Lattimore</i>	
2. Triaging of Services for Individuals Returning from Prison .....	39
<i>Edward Latessa</i>	
3. Integrating Lived Experience into Reentry Evaluation Design .....	72
<i>Nancy La Vigne and Janeen Buck Willison</i>	
4. Implementation and Intervention Sciences: New Frontiers to Improve Research on Reentry .....	88
<i>Faye S. Taxman</i>	
5. The Next Generation: An Automated Risk-Needs-Responsivity Assessment System for Correctional Populations.....	119
<i>Grant Duwe</i>	
6. What If People Decide to Desist? Implications for Policy.....	140
<i>Shawn Bushway</i>	
7. Creating Cognitive Behavioral Communities in Prison.....	163
<i>Christy Visher, Daniel O’Connell, and Hannah Cortina</i>	
8. Identity and Agency: A New Approach to Rehabilitation and Reentry .....	191
<i>Brent Orrell</i>	

iv RETHINKING REENTRY

Acknowledgments..... 199

About the Authors..... 200

# Foreword

PAUL RYAN

While the media tends to sensationalize political conflict, 2018 saw a moment of bipartisan collaboration and consensus with the passage of landmark legislation, the First Step Act, which reformed our nation's criminal justice system. The political uniting of the left and the right to modernize elements of our justice system was one of the least-covered events of 2018, and yet, it might be one of the most consequential from a public policy perspective. So, how did Democrats and Republicans agree on a controversial, hot-button topic?

One reason policymakers were willing to take a political risk was because of both practical and intellectual research in the field of criminal justice. My own experience is instructive: In 2007, I was one of several conservatives who voted against the Second Chance Act, but around that time, a sea change was occurring in this policy space.

Beginning with Texas in 2007, a whole swath of generally conservative-leaning states reformed their laws in ways that better protect their citizens and ensure victim's justice while ensuring a fairer system. These states focused on how they could reduce the need to imprison nonviolent offenders and reattach people to the workforce. And where these laws have been passed, we generally have seen reduced recidivism, crime, and costs associated with jailing offenders.

The scholarly work done around these issues was key to policymakers when we passed the First Step Act with the strong support of President Donald Trump, losing only two Republicans in the House of Representatives and passing 87–12 in the Senate. That is strong bipartisan consensus.

But the First Step Act, as its name implies, is only the beginning. States continue to move forward in developing innovative ways to decrease

recidivism and reform their criminal justice systems with an eye toward ensuring the safety of their citizens and justice for all.

This volume will be key in pushing future reform efforts and ensuring that the legislative changes enacted yield tangible results. The research conducted by the volume's authors provides policymakers with the knowledge they need to understand what does and does not work in anti-recidivism efforts. But, it does not stop at just describing the difficulties and problems associated with preventing recidivism; this volume provides a path forward on new ways to provide risk assessment, which is a key concern to policymakers. Importantly, it also takes on the decidedly less glamorous work of ensuring fidelity in program implementation. Evidence that new programs work is only as good as the faithful replication of program content by program implementers. This volume also identifies best practices on ensuring faithful replication of reentry programs.

Finally, this volume ties it all together with a new model for prisoner reentry. Brent Orrell provides a road map to federal and state policymakers for a new approach to anti-recidivism. This new approach unifies a number of methodologies—such as case management, cognitive behavioral therapy, and substance abuse treatment. While modest in initial scope by cautiously calling for an experimental approach with rigorous evaluation, it calls for large-scale reform in how we approach prisoner reentry. If pursued and successful, it could fundamentally shift how we deliver prisoner reentry services in America.

Good policy begins with good evidence. With this volume, AEI has provided policymakers and practitioners with a wealth of information on how to pursue better programs for formerly incarcerated individuals.

# Introduction

*BRENT ORRELL*

Policymakers and researchers have been searching for a solution to persistently high rates of recidivism for decades. While the number of incarcerated individuals under federal and state jurisdiction has decreased in recent years and is currently at a 10-year low,<sup>1</sup> the United States still incarcerates more people per capita than any other nation.<sup>2</sup> This level of incarceration has real consequences.

By some estimates, nearly 70 million Americans have a criminal record.<sup>3</sup> According to a Bureau of Justice Statistics report, if you are a male born in 2001, there is a one in nine chance you will find yourself in prison in your lifetime. We see wide variations when broken down by race, with white men having a one in 17 chance of experiencing imprisonment, while black and Hispanic men have a one in three and one in six chance, respectively. Women have considerably better odds at a one in 56 chance, although the number of incarcerated women has jumped significantly over the past few decades.<sup>4</sup>

Unfortunately, the vast majority of the nearly 600,000 people released from federal and state prisons every year cannot successfully transition back into our neighborhoods and communities, often swiftly returning to incarceration for new crimes. A 2018 Bureau of Justice Statistics report reinforces this dismal reality. The study examined nearly 68,000 people released from state prisons in 2005 and found that 83 percent—roughly equivalent to five out of six—were arrested again within nine years of their release.<sup>5</sup>

Why the recidivism rate has remained so high has puzzled criminologists, practitioners, researchers, and justice authorities for decades. Some have argued that the justice system is excessively “sticky,” essentially trapping those with criminal records in a cycle of crime and incarceration.



## 2 RETHINKING REENTRY

Others have pointed to racial bias in the criminal justice system or to the array of social, economic, and family challenges that many reentering individuals face when they return to their neighborhoods and communities. Federal, state, and local governments and private and philanthropic organizations have devoted billions of dollars to strategies and programs targeted at stopping the revolving door of crime and imprisonment. To date, the positive results from these programs have ranged from low to nonexistent. Whatever the solutions might be, it is safe to say limited progress has been made in finding them.

This volume seeks to explore the roots of the reentry challenge and new approaches for trying to break out of the current policy box. It contains chapters by some of America's leading researchers, policy experts, and evaluators in criminal justice, reentry, and recidivism. Each brings a particular perspective on the reentry challenge and how existing programs and practices might be strengthened or reformed to help improve criminal justice system performance and outcomes. Others propose more significant departures from existing strategies and practices as alternatives to explore.

In Chapter 1, Pamela K. Lattimore, senior director for research development in the division for applied justice research at RTI International and a former senior official at the US Department of Justice, reviews outcomes of several seminal reentry evaluations, with a particular focus on the Serious and Violent Offender Reentry Initiative's multisite evaluation. Lattimore synthesizes decades of reentry literature addressing the 1975 finding that "nothing works" in reentry<sup>6</sup> and finds that many reentry and recidivism studies had "incomplete implementation for the treatment group(s), partial treatment for the control and comparison group(s), and weak findings on recidivism outcomes." Lattimore's chapter provides researchers with a road map for improving our understanding of what works and for whom.

In Chapter 2, Edward Latessa, director of the University of Cincinnati's School of Criminal Justice, presents a strategy for better aligning services to the needs of incarcerated individuals and those who have returned to the community. Building on decades of experience in the field, Latessa provides an overview of "what works" in reentry programming, underscoring the importance of prioritizing services to individuals with the highest risk of recidivism and offering interventions and programmatic components

that focus on reducing criminal behavior by reshaping the attitudes and behaviors that drive it, as opposed to “non-criminogenic” services such as employment or housing that have shown little anti-recidivism value.

In Chapter 3, Nancy La Vigne, Urban Institute’s vice president for Justice Policy, and Janeen Buck Willison, senior fellow at the Urban Institute’s Justice Policy Center, discuss the importance of incorporating first-person perspectives in reentry program design and evaluation. La Vigne and Buck Willison note that many reentry program evaluations fail to document how well a program was implemented and whether the program aligned with the designers’ original intent, structure, and processes. They underscore the need to solicit input from incarcerated people, program developers, and program implementers throughout the design and implementation process to give researchers a more holistic picture of a given program’s strengths and weaknesses.

In Chapter 4, Faye S. Taxman, a professor of criminology, law, and society at George Mason University, addresses the need for fidelity to evidence-informed practices as supported through implementation and intervention science. Taxman notes that a majority of current studies have not adequately examined the operational features of programs, leading to unanswered questions and ambiguity about what features of a successful or unsuccessful program drove the observed outcomes. Her chapter provides practical insights into ways of developing theoretically and operationally sound program implementation that improves participant outcomes and program evaluability.

In Chapter 5, Grant Duwe, research director for the Minnesota Department of Corrections and adjunct scholar at the American Enterprise Institute, writes about risk-needs-responsivity (RNR) assessments for individuals serving prison sentences. In his chapter, Duwe argues that RNR assessment is crucial to the success of rehabilitation programs but that the current assessment processes are often cumbersome and can limit correctional agencies’ ability to implement the correct intervention. Duwe makes the case for automated RNR assessments as a means of ensuring fiscal and staffing efficiency to align prison programming to incarcerated persons’ needs.

In Chapter 6, Shawn Bushway, a senior policy researcher at the RAND Corporation, discusses the evidence base behind two different paths to

#### 4 RETHINKING REENTRY

desistance: slow glide paths versus sharp transitions. These two patterns map to different underlying models and theories of desistance. The first fits well with a maturation model of desistance, and the second fits well with models that describe individually initiated identity transformations. Bushway argues that the evidence shows clearly that even high-rate individuals can and do exit the criminal justice system, without any evidence of a gradual stepping down. He believes reentry programming needs to consider the implications of this distinctive change pattern, particularly if it is associated with the individual adopting and maintaining a new pro-social identity.

In Chapter 7, Christy Visher, director of the University of Delaware's Center for Drug and Health Studies; Daniel O'Connell, an assistant professor of sociology at the University of Delaware; and Hannah Cortina, a research assistant at the Center for Drug and Health Studies, develop a rationale and strategy for creating and implementing cognitive behavioral communities within the walls of prisons. In their chapter, Visher, O'Connell, and Cortina address the challenge of "street culture" in prison and advocate for using around-the-clock cognitive behavioral therapy residential communities in prison to provide an environment that is more conducive to behavioral change, well-being, and rehabilitation.

In Chapter 8, I reflect on the insights in this edited volume and offer a new approach to reentry based on identity theory and personal agency that builds on many of our contributing scholars' insights. The chapter seeks to create a rationale and framework for a new, experimental reentry program that would use best practices in risk-needs assessments and case management in specially designed cognitive behavioral therapy units in prisons. The program would focus on using the period of incarceration in an intentional effort to reshape criminogenic thinking, develop reentry plans designed principally by the incarcerated person, and offer Reentry Support Accounts for the purchase of goods and services aligned to the participant's reentry plan.

I hope you find this volume helpful, whether you are a policymaker, criminal justice official, or citizen interested in becoming more educated about criminal justice reform. The authors and researchers who contributed to this volume are optimistic that rigorous research and the competition of ideas from both sides of the political and ideological aisle will

lead us to, if not “what works,” at least “what will work better” in prisoner reentry. These scholars’ willingness to explore new concepts is a hopeful sign as we continue our work to create a better, more effective, and more compassionate criminal justice system that supports public safety while offering effective pathways to rehabilitation and reentry.

Notes

1. Jennifer Bronson and E. Ann Carson, “Prisoners in 2017,” US Department of Justice, Bureau of Justice Programs, April 2019, <https://www.bjs.gov/content/pub/pdf/p17.pdf>; and Editorial Board, “The Number of People Jailed in US Prisons Is at a Decade Low. It’s Still Too High.,” *Washington Post*, April 28, 2019, [https://www.washingtonpost.com/opinions/the-number-of-people-jailed-in-us-prisons-is-at-a-decade-low-its-still-too-high/2019/04/28/1e49dd18-6859-11e9-a1b6-b29b90efa879\\_story.html](https://www.washingtonpost.com/opinions/the-number-of-people-jailed-in-us-prisons-is-at-a-decade-low-its-still-too-high/2019/04/28/1e49dd18-6859-11e9-a1b6-b29b90efa879_story.html).

2. Sentencing Project, “Criminal Justice Facts,” <https://www.sentencingproject.org/criminal-justice-facts/>; and Prison Studies, “Highest to Lowest—Prison Population Total,” <https://www.prisonstudies.org/highest-to-lowest/prison-population-total>.

3. Jo Craven McGinty, “How Many Americans Have a Police Record? Probably More Than You Think,” *Wall Street Journal*, August 7, 2015, <https://www.wsj.com/articles/how-many-americans-have-a-police-record-probably-more-than-you-think-1438939802>.

4. Thomas P. Bonczar, “Prevalence of Imprisonment in the U.S. Population, 1974–2001,” US Department of Justice, Bureau of Justice Statistics, August 2003, <https://www.bjs.gov/content/pub/pdf/piusp01.pdf>.

5. Mariel Alper, Matthew R. Durose, and Joshua Markman, “2018 Updated on Prisoner Recidivism: A 9-Year Follow-Up Period (2005–2014),” US Department of Justice, Bureau of Justice Statistics, <https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>.

6. Douglas S. Lipton, Robert Martinson, and Judith Wilks, *The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies* (New York: Praeger Publishers, 1975).

# 1

## Considering Reentry Program Evaluation: Thoughts from SVORI (and Other) Evaluations

*PAMELA K. LATTIMORE*

In 1975, Douglas Lipton published research widely interpreted as signaling that “nothing works” in correctional programming.<sup>1</sup> Pamela Lattimore and Ann Witte published a rejoinder to Frederick Englander,<sup>2</sup> who cited Lipton suggesting that resources should be shifted from prisoners and ex-offenders to provide education and training to those who had not been involved in the criminal justice system.<sup>3</sup> In their rejoinder, Lattimore and Witte concluded:

(1) We don’t know what does work and (2) available research does not suggest abandoning employment programs for prisoners or parolees but rather initiating different types of programs that will build on what has been learned over the past 12 years.<sup>4</sup>

To address these issues, the Sandhills Vocational Delivery System (VDS) was developed in North Carolina in 1982 by a consortium of state and federal agencies.<sup>5</sup> The VDS was provided in two prisons for youthful offenders (18- to 22-year-old men) with coordination for post-release employment assistance with the Employment Security Commission (ESC).<sup>6</sup> Specific components were (1) identification of vocational interests and aptitudes, (2) development of a vocational training plan, (3) provision of vocational training and other needed services, and (4) help attaining post-release employment. The focus on employment was consistent with Witte’s economic and labor theoretic model of criminal behavior that implied that improvements in returns to legal labor would reduce incentives to engage in less profitable illegal activities.

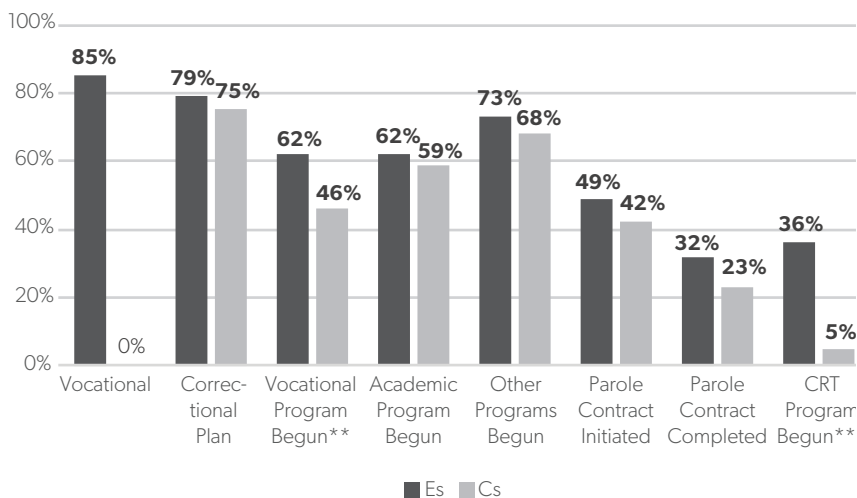
VDS study participants were male (100 percent), single (92 percent), white (53 percent), from urban areas (61 percent), and from a subsistence-poverty background (72 percent). Participants were 20 years old at enrollment and had completed the ninth grade. They were likely employed at time of arrest (56 percent), working in construction or manufacturing. They likely had unstable or no work history (74 percent) and were unskilled (70 percent). The incarceration was their first in North Carolina prisons (63 percent), and they had been sentenced to an average of 61.5 months for breaking and entering (75 percent).

Coordination with employment specialists and the ESC was intended to assure that vocational training pursuits were consistent with labor market opportunities in the geographic region where the offender would return. In addition to vocational-related activities, the VDS included a set of wrap-around services familiar to those studying 21st-century prisoner reentry programs.<sup>7</sup> VDS participants were assigned case managers, and a parole contract was negotiated between each individual and his parole officer to further incentivize completing the program.

Additional training and services were provided according to a case management plan, including academic education, self-improvement and life enrichment activities (e.g., Alcoholics Anonymous and Explorer Scouts), work assignments (e.g., prison laundry), and Community Reentry Training (CRT, a program developed to teach life skills such as applying for a job). The program included in-reach by ESC offender and employment specialists and outreach by case managers to contacts throughout the state.

The experimental study began in June 1983 with random assignment of eligible individuals to the VDS or usual services and programming.<sup>8</sup> Enrollment continued through May 1986, at which time 595 individuals had been randomly assigned—295 to the experimental VDS program (Es) and 296 to the control program (Cs). Program participation data were available through July 1986, at which time 154 Es and 130 Cs participants had been released from prison.<sup>9</sup> Of those released, 55 percent were paroled,

**Figure 1. VDS Program Elements and Delivery to Experimental (Es, N = 154) and Control (Cs, N = 130) Study Participants**



Note: \*\*Significant at the 0.05 level; \*\*\*Significant at the 0.01 level.

Source: Pamela K. Lattimore, Ann Dryden Witte, and Joanna R. Baker, "Experimental Assessment of the Effect of Vocational Training on Youthful Property Offenders" (working paper, National Bureau of Economic Research, Cambridge, MA, 1990), <https://www.nber.org/papers/w2952>.

20 percent were conditionally released, and 16 percent were conditionally discharged after serving an average of 18.5 months.

Figure 1 shows VDS implementation for the Es and access to programming for the Cs. Two conclusions are immediately apparent. First, full implementation for VDS participants was less than 100 percent—sometimes strikingly so. Second, Cs also received services.

Overall, more than three-quarters of those in the VDS program received vocational evaluations (85 percent) and developed correctional plans (79 percent), while fewer than two-thirds began vocational (62 percent) and academic programming (62 percent). Only about one-third completed their parole contracts (32 percent) and began the CRT program (36 percent). The Cs, who experienced treatment as usual, were equally likely as the Es to have a correctional plan (75 percent), begin academic programming (59 percent), and complete their parole contracts (23 percent). The primary differences between the two groups were those in the VDS program



were more likely to have the vocational evaluation and assessment, begin a vocational program, and begin the CRT program. By design, they also received some job development and placement assistance, although we could not quantify the amount. (Cs members did not receive any.)

There were statistically significant differences in the successful *completion* of vocational, academic, and CRT programming between the two groups—but overall achievement was low. VDS participants were more likely than control group members to complete a vocational program (35 versus 23 percent) and more likely to successfully complete academic programming (14 versus 8 percent). Only 29 percent of VDS participants completed the CRT program.

VDS participants were somewhat less likely to be arrested during the two years following release—36 percent of the Es compared with 46 percent of the Cs ( $p < 0.10$ ). Thus, rearrest was reduced by about 22 percent for those participating in the VDS program. Given that the program was only partially implemented and that members of the control group also received services, Pamela Lattimore, Ann Witte, and Joanna Baker concluded:

Although the VDS program was not fully implemented, there is only about a 1 in 10 chance that the better postrelease arrest record of the experimental group is due to chance. . . . Given the relatively weak implementation of the program, this difference that is significant at the 0.10 level is highly suggestive of the efficacy of the VDS program.<sup>10</sup>

Final takeaways from the evaluation were (1) a multifaceted, integrated, vocation-based program for reentering prisoners was partially implemented, providing some services to most program participants; (2) most members of the randomly assigned control group received some of the same services as the usual treatment; and (3) a noticeable difference (22 percent) in post-release arrests between the two study groups was statistically significant at the  $p < 0.1$  level but not at the standard  $p < 0.05$  level. Lattimore, Witte, and Baker were optimistic in their reporting that the results suggested something that could be built on that would generate even better results with better (more complete) implementation.<sup>11</sup>

Following completion of the VDS evaluation, I continued to study the correlates and modeling of criminal recidivism, including statistical studies of recidivism using an extensive California Youth Authority data set<sup>12</sup> and the application of recidivism models to develop automated risk assessment tools for Florida probationers.<sup>13</sup>

In 1998, efforts turned to an eight-site study to determine whether individuals with co-occurring serious mental illness and substance abuse disorders, who were diverted from jail either pre- or post-police booking, would experience better access to services and better mental health and justice systems outcomes than those detained in jail post-arrest.<sup>14</sup> The quasi-experimental study included nearly 2,000 participants.

Like the VDS findings, those diverted were more likely to have received services than those who were not enrolled in a diversion program, but overall the differences in proportions receiving services were small. There were no outcome differences on various measures, including recidivism.<sup>15</sup> Thus, again, we saw modest differences in treatment among study groups and limited to no effects. In this case, however, the risk environments of the treatment and control subjects were different—as the treatment groups were released back to the community, while the comparison subjects, by design, were detained in jail (at least for a short period).

There were other studies along the way, including those looking at substance abuse treatment among probationers in Florida, a juvenile detention facility treatment program in Oregon, and drug courts in Florida.<sup>16</sup> Findings from these studies exhibited similarities to earlier work: incomplete implementation for the treatment group(s), partial treatment for the control and comparison group(s), and weak findings on recidivism outcomes—although in some cases statistically significant reductions in the likelihood and number of arrests were up to 20 percent.<sup>17</sup> And then there was the multisite evaluation of the Serious and Violent Offender Reentry Initiative (SVORI).

### **The SVORI Multi-Site Evaluation**

In 2003, 69 state agencies received federal funds (\$500,000 to \$2 million over three years) to develop 89 programs to facilitate the reentry of adult and juvenile offenders as they were released from adult prisons and

juvenile detention facilities. Under SVORI, the federal government distributed more than \$100 million in grant funds to develop, enhance, or expand reentry programs focused on improving criminal justice, employment, education, health, and housing outcomes for released prisoners.

Programs began before release, provided intensive services just before and in the months following release, and continued support as individuals reintegrated into their communities. The SVORI programs shared the common goal of improving outcomes—including recidivism—across various dimensions, although programs differed in their approaches and implementations.<sup>18</sup> Although SVORI was an outcome-oriented initiative that specified improvements in intermediate outcomes—such as employment and drug use—and recidivism to be achieved by locally developed programs, the SVORI programs included elements similar to those in the North Carolina VDS program implemented in the mid-1980s.<sup>19</sup>

The six-year SVORI Multi-Site Evaluation included an evaluation feasibility assessment of all 89 SVORI programs, assessed implementation and outcomes for 12 adult and four juvenile programs, and conducted an economic analysis of some impact sites.<sup>20</sup> A follow-on study examined long-term (at least 56 months) recidivism outcomes for 11 of the 12 adult programs.<sup>21</sup>

The local nature of the SVORI programs and the expectation that programs would tailor services to meet individual needs meant the evaluated intervention was not a program per se (e.g., a residential drug program or a cognitive behavior program). Indeed, the SVORI logic model was an input-output model that envisioned the SVORI funding stream combining with local resources to provide an array of needs-responsive services leading to improved intermediate outcomes (e.g., employment, housing, and substance use) and reductions in recidivism. Although programs were locally designed, the services needed by participants were similar across

The SVORI Multi-Site Evaluation focused on 12 adult programs and four juvenile programs located in 14 states (adult only unless specified): Colorado (juveniles only), Florida (juveniles only), Indiana, Iowa, Kansas (adults and juveniles), Maine, Maryland, Missouri, Nevada, Ohio, Oklahoma, Pennsylvania, South Carolina (adults and juveniles), and Washington.

**Table 1. Distribution of Adult Participants in the SVORI Evaluation and Interview Response Rates**

	Wave 1		Wave 2		Wave 3		Wave 4	
	SVORI	Non-SVORI	SVORI	Non-SVORI	SVORI	Non-SVORI	SVORI	Non-SVORI
Men	863	834	529	455	565	470	582	531
Women	153	204	110	134	119	134	124	152
Total	1,016	1,038	639	589	684	604	706	683

Note: Wave 1 = 30 days prerelease, Wave 2 = three months post-release, Wave 3 = nine months post-release, and Wave 4 = 15 months post-release.

Source: Pamela K. Lattimore and Christy A. Visher, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, <https://www.ncjrs.gov/pdffiles1/nij/grants/230421.pdf>.

the sites, so observed variation among the programs was more with respect to the extent to which planned services were provided.<sup>22</sup>

The SVORI Multi-Site Evaluation was designed to determine whether individuals who participated in enhanced reentry programming, as measured by enrollment in SVORI programs, had improved post-release outcomes—not to examine the impact of specific services or combinations of services, although the follow-on study did examine specific services' impact. The evaluation included both adult and juvenile programs. Here, we focus on the 12 adult programs.

Two of the selected sites randomly assigned individuals to either SVORI or treatment as usual (non-SVORI). For the remaining sites, evaluation team members worked with local personnel to identify the site-specific SVORI eligibility criteria and establish procedures for selecting a comparison group. In most cases, comparison respondents were offenders who would have been eligible for (i.e., offered) SVORI if they had been in a facility that offered the SVORI program or if they had planned to return to a community with a post-release SVORI program.<sup>23</sup>

As Table 1 shows, the outcome evaluation included prerelease interviews (conducted approximately 30 days before release from prison) and follow-up interviews (conducted at three, nine, and 15 months post-release). Recidivism data were obtained from the Federal Bureau of Investigation National Crime Information Center and state correctional

agencies. A total of 2,054 adults returning to society—some of whom received SVORI programming and some of whom received “treatment as usual”—were included in the impact evaluation.<sup>24</sup>

### **SVORI Evaluation Participant Characteristics**

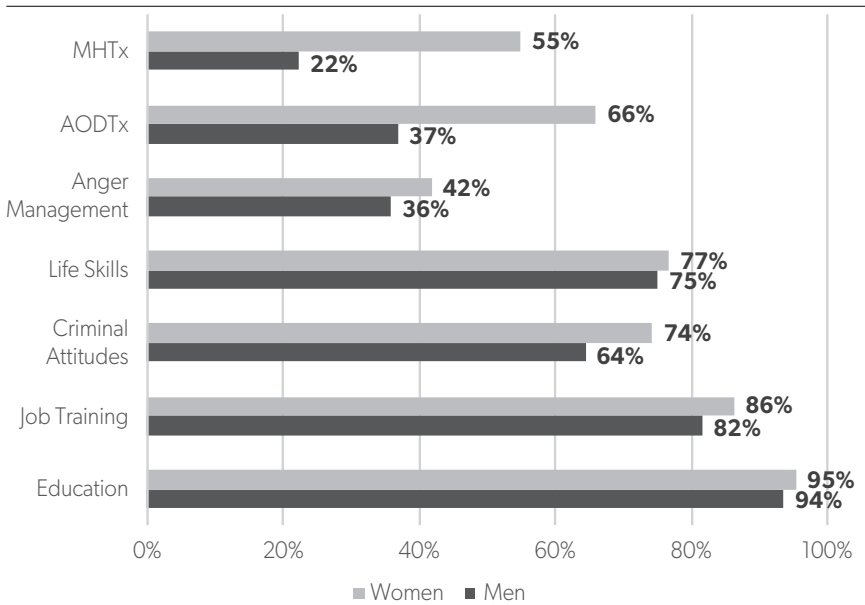
The average adult male study respondent was 29 years of age, about half were black, and one-third were white. Nearly all reported having family members and friends who had been convicted of a crime or had problems with drugs or alcohol. Most (60 percent) had a high school diploma or GED. Nearly all respondents reported lifetime use of alcohol (96 percent) and marijuana (93 percent), and more than half (55 percent) reported cocaine use. Most reported few physical health problems and described their mental health status at the time of the prerelease interview as excellent or very good.

Most (90 percent) reported having worked at some point. The respondents reported an average age at first arrest of 16 and an average of 12 arrests. Most respondents had been incarcerated, and about half had been detained in a juvenile facility. At the time of the interview, respondents reported an average length of incarceration of more than two years.

The adult female respondents were an average of 31 years old at the time of the prerelease interview, with nearly equal numbers self-identifying as white (44 percent) or black (41 percent). Most were mothers; more than half of those with minor children reported that they had primary care responsibilities before incarceration. Approximately 62 percent reported having a high school diploma or GED. Nearly all women reported having used alcohol (96 percent) and marijuana (90 percent), and 75 percent reported cocaine use.

Unlike the men, the women reported many physical and mental health problems; at the time of the prerelease interview, fewer than half rated their physical health and fewer than one-third rated their mental health as excellent or very good. Most women (95 percent) reported having worked at some point. The women reported an average of 11 prior arrests, with the first arrest occurring, on average, at age 19. Nearly all women reported at least one previous incarceration; one-third had been detained in a juvenile facility.

**Figure 2. Expressed Needs of SVORI Program Participants 30 Days Before Release (Self-Reported from Wave 1 Interviews)**



Note: MHTx = mental health treatment, and AODTx = substance abuse treatment.

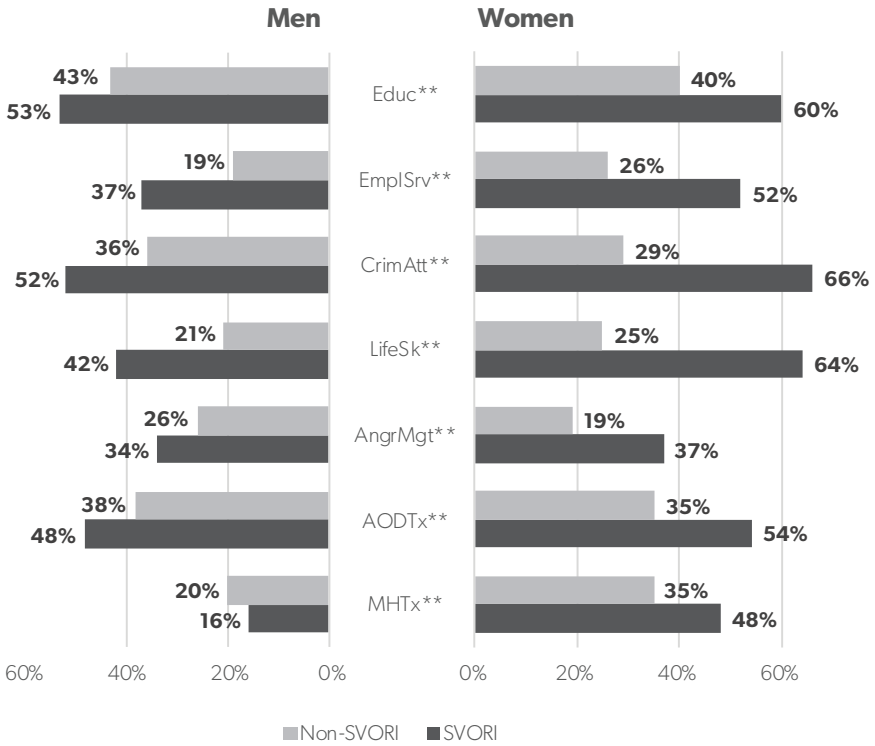
Source: Pamela K. Lattimore and Christy A. Visher, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, <https://www.ncjrs.gov/pdffiles1/nij/grants/230421.pdf>.

### SVORI Evaluation Participants' Needs and Prerelease Service Receipt

Reflecting this history, about 30 days before release, study participants expressed serious, complex, and widely varied needs. About 95 percent said they needed (more) education, and more than 80 percent said they needed vocational training (Figure 2). One of the most commonly reported needs was assistance with criminal attitudes and life skills, and more women reported needing substance abuse and mental health treatment than did male participants.

The SVORI programs were successful in greatly increasing access to a wide range of services and programming (Figure 3). SVORI respondents were much more likely than non-SVORI respondents to report receiving most services. However, just as with the VDS and jail diversion evaluations, overall, levels of receipt were low. For example, only 37 percent of male

**Figure 3. Reported Receipt of Programs and Services During Incarceration for SVORI Evaluation Participants**

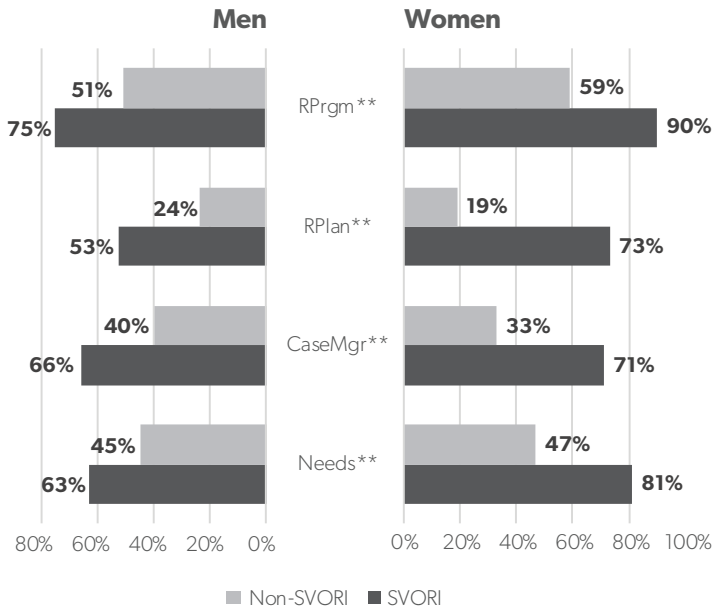


Note: \*\*Significant at  $p \leq 0.05$ ; MHTx = mental health treatment, AODTx = substance abuse treatment, AngrMgt = anger management, LifeSk = life skills, CrimAtt = programs for criminal attitudes including cognitive behavior therapy, EmplSrv = employment-related services, and Educ = educational programming. Source: Pamela K. Lattimore and Christy A. Visher, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, <https://www.ncjrs.gov/pdffiles1/nij/grants/230421.pdf>.

SVORI program participants reported receiving any employment-related services—a small proportion that declined to 34 percent at three months, 21 percent at nine months, and 14 percent at 15 months post-release (data not shown).

Although far less than 100 percent, these proportions were significantly higher at all waves than those reported by the non-SVORI group—20 percent prerelease, declining to 10 percent at 15 months. Overall,

**Figure 4. Reported Receipt of Reentry Services During Incarceration for SVORI Evaluation Participants**



Note: \*\*Significant at  $p \leq 0.05$ ; RPrgm = reentry program, RPlan = reentry plan, CaseMgr = case manager, and Needs = needs assessment.

Source: Pamela K. Lattimore and Christy A. Visher, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, <https://www.ncjrs.gov/pdffiles1/nij/grants/230421.pdf>.

service receipt was limited post-release (data not shown), and the services that men were most likely to report receiving after release included post-release supervision, case management, and needs assessments.

Women enrolled in SVORI also reported significantly higher levels of service receipt before release than the non-SVORI respondents across a range of services (Figure 3). The most common prerelease services SVORI respondents reported were participating in programs to prepare for release, taking a class specifically for release, working with someone to plan for release, receiving a needs assessment, and developing a reentry plan. Like the male respondents, the likelihood of receiving services declined over time following release, and the services women were most



likely to receive after release were the same as those reported by the men: post-release supervision, case management, and needs assessments (data not shown).

Figure 4 summarizes prerelease service receipt for men and women by study group for a core set of reentry-related services. Again, we see that participation in the SVORI reentry programs resulted in greater participation in or receipt of these services but at levels far below 100 percent. For example, only about half of men and three-quarters of women in SVORI programs reported having a reentry plan 30 days before release. And again, we see that some members of the comparison groups also received services, including about one-quarter of men and more than 40 percent of women who reported having a reentry plan.

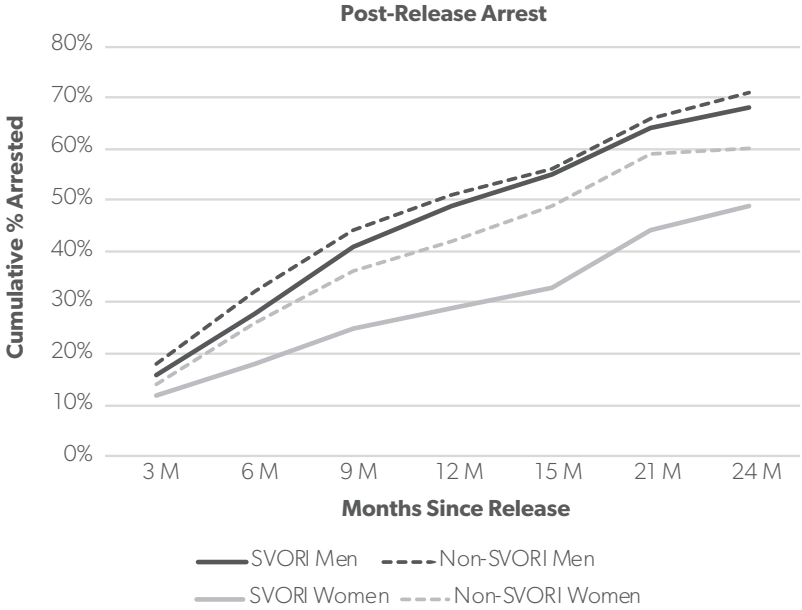
### **SVORI Evaluation Initial Outcome Findings**

Findings from the initial study included results from the 15-month post-release interviews and administrative arrest, probation, and incarceration data that provided at least 21 months of recidivism follow-up. The subsequent study collected additional recidivism data for 11 sites, providing a minimum of 56 months of post-release follow-up. Overall, there were few significant differences between study groups for men and women across housing, employment, substance use, and self-reported criminality measures.

SVORI male participants were somewhat more likely to report supporting themselves with a job at three and 15 months following release (64 versus 59 percent at three months and 71 versus 60 percent at 15 months) and more likely to report working at jobs that had formal pay and benefits. There were similar modest but positive employment-related findings for SVORI program women who were significantly more likely than the non-SVORI group to report supporting themselves with a job at 15 months following release (68 versus 45 percent) and to receive formal pay for their job (90 versus 74 percent).

Criminal recidivism measures based on official data sources were obtained, reflecting criminal behavior authorities detected.<sup>25</sup> Figure 5 shows propensity-score-weighted means for rearrest and re-incarceration within three months, six months, or longer upon release for men and

**Figure 5. Cumulative Arrests for SVORI and Non-SVORI Men and Women**

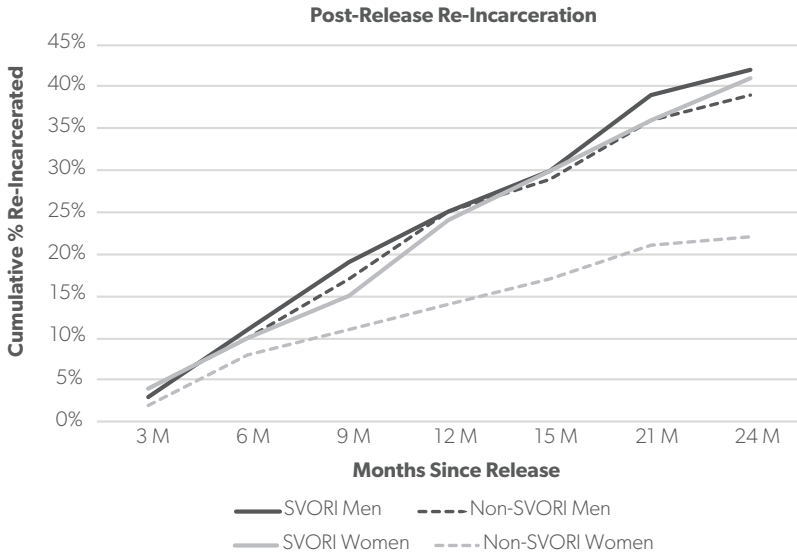


Source: Pamela K. Lattimore and Christy A. Visher, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, exhibit 54, 110.

women by study group.<sup>26</sup> Although SVORI male members were less likely to be arrested across the 24 months following release, there is no significant difference in arrest between the SVORI and non-SVORI male participants at any point. Within 24 months, 68 percent of SVORI participants and 71 percent of non-SVORI participants had been arrested at least once. SVORI program women fared much better—only 49 percent had been arrested compared with 60 percent of the non-SVORI women. Indeed, the difference between weighted means for the SVORI and non-SVORI women was statistically significant ( $p \leq 0.05$ ) at nine months and each subsequent time point.

Figure 6 shows re-incarceration rates for SVORI and non-SVORI male participants: no significant difference at any time. Unlike the arrest findings, women participating in SVORI programs were much *more* likely to be re-incarcerated beginning about 12 months following release than their

**Figure 6. Cumulative Re-Incarceration Rate for SVORI and Non-SVORI Men and Women**



Source: Pamela K. Lattimore and Christy A. Visher, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, exhibit 55, 111.

non-SVORI counterparts. The countervailing findings for female participants were puzzling, and efforts to explain the findings (e.g., percentage on supervision that were at risk for revocation) were unsuccessful.

### SVORI Evaluation Follow-Up Findings

The follow-up SVORI study sought to understand “what works for whom”—that is, what specific services seemed most helpful to participants regardless of SVORI program participation—and to extend the follow-up period to a minimum of 56 months post-release.<sup>27</sup> We obtained data for the adult participants that allowed us to extend arrest follow-up for participants in 11 states<sup>28</sup> and re-incarceration follow-up for seven of the 11 states.<sup>29</sup> We then examined the effects on arrest and re-incarceration

of specific prerelease services and programs plus SVORI participation conditioned on receipt of these services.

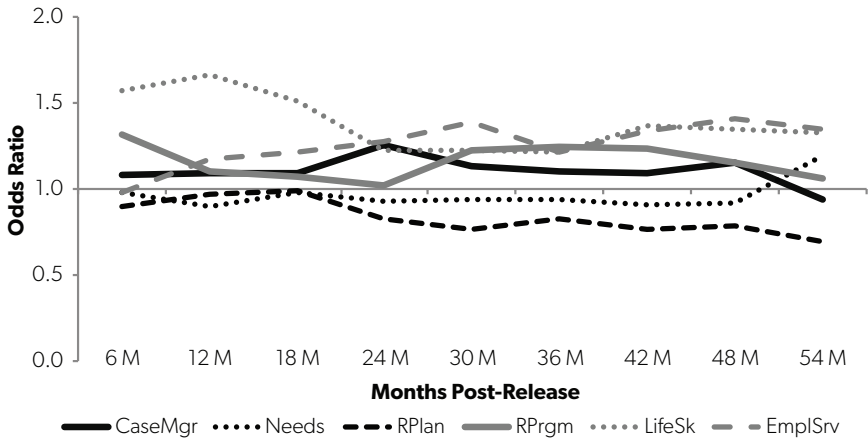
Building on work suggesting that services that focus on individual change, such as cognitive behavior therapy (CBT), may be most effective at reducing recidivism, we assigned the 12 individual services to one of two “bundles”—one reflecting services and programs directed at individual-level change and the other focused on “practical” services.<sup>30</sup> Many of the specific services had no effect on housing, employment, substance use, or recidivism outcomes, and in some cases, the effect was deleterious rather than beneficial. Services oriented toward practical needs including reentry preparation, life skills programs, and employment services did not improve post-release non-recidivism outcomes for men, including housing, employment, and drug use outcomes.

In some cases, these services were detrimental to successful reintegration. Services oriented toward individual change including substance abuse treatment, cognitive-focused programs, and education (e.g., GED classes) had modest beneficial effects on non-recidivism outcomes, with educational services most consistently associated with positive outcomes for men. Few effects were significant for women.

Programs and services had mixed effects on arrests over time. Figures 7 and 8 show odds ratios from weighted logistic regressions of specific services’ impact on the likelihood of arrest over time (models controlled for multiple individual characteristics and needs). Figure 7 shows practical services were associated with odds ratios equal to or greater than one—signifying either no or a negative impact on arrest chances—although few effects were statistically significant. Figure 8 shows more positive findings for the individual-change services with most odds ratios less than one.<sup>31</sup>

In contrast to initial findings, participation in SVORI programs was associated with longer times to arrest and fewer arrests after release for both men and women during a minimum follow-up period of 56 months. For adult males, SVORI program participation was associated with a longer time to re-incarceration and fewer re-incarcerations, although the later result was not statistically significant ( $p = 0.18$ ). For adult females, re-incarceration results were mixed and not significant. Overall, SVORI program participation was associated with a 14 percent reduction in arrests for adult men and a 48 percent reduction for adult women.

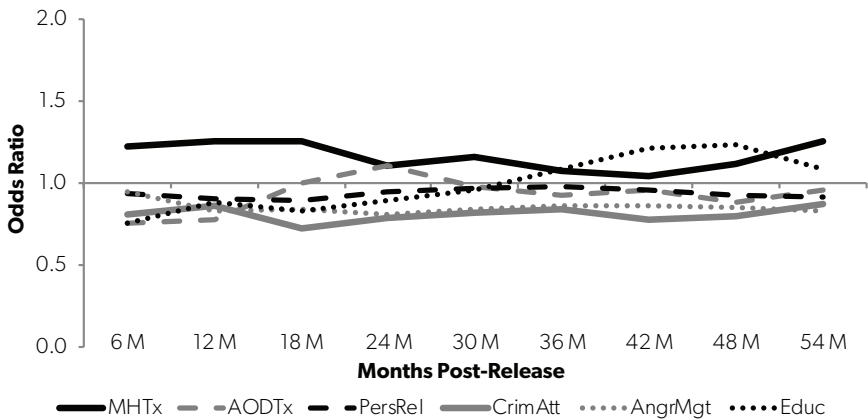
**Figure 7. Odd Ratios for Practical Services' Effects on the Likelihood of Arrest Post-Release**



Note: CaseMgr = case manager, Needs = needs assessment, RPlan = reentry plan, RPrgm = reentry program, LifeSk = life skills, and EmplSrv = employment-related services.

Source: Pamela K. Lattimore et al., *Prisoner Reentry Services: What Worked for SVORI Evaluation Participants?*, US Department of Justice, National Institute of Justice, February 2012, exhibit 39, 59, <https://www.ncjrs.gov/pdffiles1/nij/grants/238214.pdf>.

**Figure 8. Odd Ratios for Effects of Individual-Change Services on the Likelihood of Arrest Post-Release**



Note: MHTx = mental health treatment, AODTx = substance abuse treatment, PersRel = personal relationships, CrimAtt = criminal attitudes, AngrMgt = anger management, and Educ = education.

Source: Pamela K. Lattimore et al., *Prisoner Reentry Services: What Worked for SVORI Evaluation Participants?*, US Department of Justice, National Institute of Justice, February 2012, exhibit 40, 59, <https://www.ncjrs.gov/pdffiles1/nij/grants/238214.pdf>.

**Table 2. Results for Exponential Survival Models of Time to First Arrest Following Release for SVORI Evaluation Participants**

	Men (N = 1,618)			Women (N = 348)		
	Estimate	SE	Z-Statistic	Estimate	SE	Z-Statistic
Intercept	<b>5.1877*</b>	0.2305	22.5114	<b>4.5720*</b>	0.8127	5.6260
CaseMgr	-0.0440	0.0511	-0.8608	<b>0.8757*</b>	0.1428	6.1327
Needs	0.0158	0.0529	0.2977	0.0596	0.1371	0.4345
RPlan	<b>0.1145*</b>	0.0528	2.1697	0.0783	0.1652	0.4739
RPrgm	-0.1102*	0.0539	-2.0456	0.0408	0.1528	0.2671
LifeSk	-0.2014*	0.0606	-3.3252	<b>0.4171*</b>	0.1627	2.5632
EmplSrv	-0.1544*	0.0550	-2.8090	-0.0033	0.1312	-0.0251
MHTx	-0.1522*	0.0630	-2.4147	0.1524	0.1378	1.1054
AODTx	0.0166	0.0535	0.3112	-0.0102	0.1281	-0.0798
PersRel	<b>0.1531*</b>	0.0636	2.4097	-0.7507*	0.1804	-4.1621
CrimAtt	<b>0.1550*</b>	0.0578	2.6806	-0.0601	0.1664	-0.3614
AngrMgt	<b>0.1912*</b>	0.0588	3.2538	-0.0707	0.1624	-0.4354
Educ	0.0313	0.0479	0.6540	-0.0475	0.1315	-0.3610
SVORI	<b>0.1836*</b>	0.0467	3.9336	<b>0.4315*</b>	0.1519	2.8402

Note: Models controlled for various individual characteristics and sites. Values less than zero imply shorter time to arrest. \*Significant at  $p < 0.05$ .<sup>33</sup> CaseMgr = case manager, Needs = needs assessment, RPlan = reentry plan, RPrgm = reentry program, LifeSk = life skills, and EmplSrv = employment-related services, MHTx = mental health treatment, AODTx = substance abuse treatment, PersRel = personal relationships, CrimAtt = criminal attitudes, AngrMgt = anger management, and Educ = education.

Source: Christy A. Visher et al., "Evaluating the Long-Term Effects of Prisoner Reentry Services on Recidivism: What Types of Services Matter?," *Justice Quarterly* 34, no. 1 (February 2016): Table 3, <https://www.tandfonline.com/doi/abs/10.1080/07418825.2015.1115539?journalCode=rjqy20>.

Table 2 shows specific services' effects on the time to first arrest following release for the study's men and women.<sup>32</sup> These results indicate that SVORI program participation was associated with longer times to first arrest for both men and women. The impact of specific services was mixed—consistent with results from the discrete time logistic regression models. For men, longer time to first arrest was associated with having a reentry plan and participating in classes to improve personal relationships, criminal attitudes (e.g., CBT), and anger management. In contrast,

**Table 3. Summary of the Effects of SVORI Program Participation on Administrative Recidivism Outcomes for Men and Women**

Outcome	Men	Women
Release to Arrest 1	B*	B*
Arrest 1 to Arrest 2	B*	B
Arrest 2 to Arrest 3	B†	—
Arrest 3 to Arrest 4	D*	—
Number of Arrests	B†	B*
Time to Re-Incarceration	B*	B
Number of Re-Incarcerations	B	—

Note: Models controlled for various individual characteristics and sites. B\* = effect is beneficial and significant at  $p < 0.05$ ; B† = effect is beneficial and significant at  $p \leq 0.1$ ; D\* = effect is deleterious and significant at  $p < 0.05$ ; D† = effect is deleterious and significant at  $p \leq 0.1$  and indicates models could not be estimated.<sup>34</sup>

Source: Pamela K. Lattimore et al., *Prisoner Reentry Services: What Worked for SVORI Evaluation Participants?*, US Department of Justice, National Institute of Justice, February 2012, exhibit 60, 78, <https://www.ncjrs.gov/pdffiles1/nij/grants/238214.pdf>.

participation in a reentry program, life skills classes, employment services, or mental health treatment was associated with shorter times to rearrests. Overall, findings for female participants were mostly insignificant, with only case management and life skills programming associated with longer times to arrest and participation in classes to improve personal relationships associated with shorter times to arrest.

In addition to time to first arrest following release, researchers also estimated models for the time between first and second post-release arrest, time between second and third and third and fourth arrests (men only), number of post-release arrests, time to first re-incarceration, and number of re-incarcerations (men only). Results for the various services were mixed across models for men and women. Results for the SVORI program participation indicator are summarized in Table 3. Overall, SVORI program participation was significantly related to improved recidivism outcomes for men and improved arrest recidivism measures for women. These results compare favorably to the short-term (21–24 months) follow-up results found in the original evaluation.

## Considerations

More recently, Christine Lindquist and colleagues completed a seven-site evaluation of reentry programs funded by the Second Chance Act (SCA) that were implemented in either jails or prisons for adults returning to the community.<sup>35</sup> Their findings suggest limited program delivery to SCA program participants, receipt of some services by comparison subjects, and weak to modest impacts on post-release outcomes including employment, housing, substance abuse, and recidivism. These findings are consistent with those summarized here for ambitious reentry efforts dating back to the mid-1980s, including one of the largest multisite studies of reentry programming completed to date.

The question then is “why?” Why nearly 50 years after the suggestion—albeit somewhat misinterpreted—that “nothing works” have recidivism findings been null to weak? The following, which often interact, are offered for consideration.

- Programs are inadequate for the task, partially implemented, and compared with “treatment as usual,” which is often the best (current) practice.
- Methodological considerations, including inadequate statistical power and lack of an appropriate control condition, all but guarantee null findings.
- Theory of change posits reduction in recidivism conditioned on impact on an intermediate outcome.
- Desistance from criminal behavior may be generated by different processes than factors that promote criminal behavior.
- Focus on a binary outcome—for example, any arrest within two or five years—fails to take into account the nature of criminal behavior and again all but guarantees null findings.



### **Programs Partially Implemented and Controls Also Receiving Treatment**

As we saw for the studies discussed here, the common outcome in service delivery is those in the treatment group received significantly more services than those in the control group, although differences fell far short of everyone in the treatment group receiving the treatment and no one in the control group receiving treatment. As we initially discussed in Lattimore and Visher:

Limited implementation of the SVORI programs, as indicated by self-reported service receipt, coupled with receipt of some services by those in the non-SVORI comparison group—albeit at levels lower than those in programs—reduces the power of the evaluation to identify treatment effects if they exist.<sup>36</sup>

The following thought experiment demonstrates potential impact.

- Assume, per Elizabeth Drake, Steve Aos, and Marna Miller, the effect on recidivism is -6.9 percent for CBT, -6.4 percent for substance abuse treatment in prison, -9.8 percent for vocational training, and -8.3 percent for general education.<sup>37</sup>
- From the SVORI data (men), use the “received training to change criminal behavior” for the CBT measure, “participated in job training program” as a proxy for vocational training, and “received any educational services” for the general education measure.
- Assume the recidivism rate without treatment is 20 percent.

It can be shown that for any group that receives some treatment and others that do not, the recidivism rate for the group is

$$R = r * (1 - T * p)$$

where  $R$  is recidivism rate for the group,  $r$  is recidivism rate without treatment,  $T$  is percentage of group treated, and  $p$  is the percentage reduction in recidivism due to treatment (the treatment effect). Table 4 shows the

**Table 4. Hypothetical Treatment Effects with Incomplete Treatment of the Treatment Group and Partial Treatment of the Comparison Group, Assuming Untreated Recidivism Rate Is 20 Percent**

Treatment	Treatment Effect*	Treated		Recidivism Rate (Untreated Rate = 20%)		
		SVORI	Non-SVORI	SVORI	Non-SVORI	Difference
Cognitive Behavior Therapy	-6.90%	52%	36%	19.28%	19.50%	-1.13%
Substance Abuse Treatment	-6.40%	48%	38%	19.34%	19.48%	-0.71%
Vocational Education	-9.80%	17%	4%	19.77%	19.94%	-0.90%
General Education	-8.30%	53%	43%	19.27%	19.41%	-0.71%

Note: \*Estimates from Drake, Aos, and Miller.<sup>39</sup>

Source: Reproduced from Pamela K. Lattimore and Christy A. Visher, "The Impact of Prison Reentry Services on Short-Term Outcomes: Evidence from a Multisite Evaluation," *Evaluation Review* 37, no. 3 (2013): Table 5, <https://journals.sagepub.com/doi/abs/10.1177/0193841X13519105?journalCode=erxb>.

treatment effect estimates from Drake, Aos, and Miller; the percentages of the SVORI and non-SVORI men who reported receiving each treatment while in prison; and the expected recidivism rate for each group under the assumption that the recidivism rate without treatment is 20 percent.<sup>38</sup> (Differences in outcomes are constant with respect to the assumed recidivism rate without treatment.) The modest treatment effects of 6.4 to 9.8 percent diminish to an expected percentage difference between the two groups in the 1 percent or so range.

Another consideration—although not explored here—is the paucity of services available post-release. This was true for individuals on supervision but especially for those who were not. Researchers and implementers need to develop approaches to engage individuals in services following release. At release, individuals face many demands that compete for their time, including the need to find and keep employment and, if supervised, comply with supervision conditions. Even if programs and services are available for free—a dubious assumption—many will not have the time (or perhaps the transportation) to avail themselves of services even if these will provide long-term benefits.

### **Theory of Change Posits Reduction in Recidivism Conditioned on Impact on Intermediate Outcome**

Often, as was explicit in the VDS experiment and assumed in many of the SVORI (and SCA) reentry programs, the operational assumption is reductions in recidivism result from improvements in intermediate outcomes such as employment. (Exceptions are interventions, such as CBT, that seek to directly reduce criminal thinking and behavior.) Under these assumptions, is it realistic to expect reductions in recidivism large enough to detect? Consider another thought experiment with the following assumptions.

- Job training boosts employment by 20 percent.
- Having a job reduces recidivism by 20 percent.
- 50 percent are employed without training.
- Recidivism for the unemployed is 50 percent (thus, 40 percent for employed).

With 100 individuals in each group, 50 control group and 60 treatment group members would be employed. The observed recidivism rate would be 45 percent for the control group  $[(25 + 20) / 100]$  and 44 percent for the treatment group  $[(24 + 20) / 100]$ . The recidivism rate is reduced by 2.22 percent. Given traditional assumptions about statistical significance and error, these differences are too small to detect with usual sample sizes.<sup>40</sup>

Even if we assume that having a job reduces recidivism by 50 percent, with the above assumptions, the recidivism rate is reduced by only 6.67 percent—again, a small effect to identify under normal study conditions. Before undertaking an evaluation, researchers need to assure that the anticipated effect size from a proposed intervention—be it a direct effect or particularly if the effect is secondary through an intermediate outcome—and the proposed sample size provide a fair opportunity to determine whether the intervention provides significant improvements over current practice.

### Looking Deeper and Longer

The follow-on examination of the SVORI participants examined specific services' impact on outcomes and extended the follow-up period beyond the two or three years that most studies include. Surprisingly (to the evaluators), some specific services appeared to have significant deleterious impacts on outcomes—leading to considerable deliberations and discussions as to what these findings might mean. The results suggest the need for additional research into the sequencing and effects of specific and combinations of reentry services, with an understanding that some programs may be harmful if delivered at the wrong time or in the wrong way. Or that practical services may actually be harmful—for example, if they set overly ambitious expectations for post-release success. Additional research is needed to understand the proper sequencing of programming to assure that individuals are ready for the proposed intervention.

Results also suggest that follow-up periods longer than two years may be necessary to observe positive effects on criminal behavior and criminal justice system interaction, as the strong effects observed at 56 months were not observed at 24 months after release when nonsignificant positive effects were observed. Observation for the longer follow-up periods may be particularly important for high-risk populations such as the populations studied here that had substantial criminal histories and may have difficulty disengaging from past behaviors at release. It is not unreasonable to assume that chaos at release may result in bad decisions initially. Once individuals commit to change, they may be better positioned to take advantage of what they learned.

### Other Considerations: Desistance and Recidivism

The SVORI findings support discussions in the literature that suggest desistance may be more than the absence of recidivism. Specifically, results may be consistent with empirical work showing that offenders who successfully desisted from crime first transformed their “offender identity” into a “non-offender working identity.”<sup>41</sup> Ronet Bachman and colleagues interviewed 304 individuals who participated in demonstration projects in 1989

and 1990 approximately 20 years after the original studies. Their results suggest that offenders who desisted from crime and substance use underwent an identity transformation that was motivated by the realization that they needed to change to avoid an undesirable future, such as dying in prison.

This “identity theory of desistance” has been posited by Peggy Giordano, Stephen Cernkovich, and Jennifer Rudolph and Ray Paternoster and Shawn Bushway as a necessary first step away from criminality.<sup>42</sup> Absent this transformation, programming that focuses on structural or instrumental factors, such as employment skills and assistance finding housing or transportation, may be limited in reducing recidivism. For example, Paternoster and Bushway built on Giordano, Cernkovich, and Rudolph’s work to suggest a theory of multifaceted identity that includes a “working self” and “possible self.” Individuals commit to the working (criminal) self until its costs outweigh its benefits—at which point identity change and movement away from crime and toward conventional pursuits, such as employment, are possible.<sup>43</sup>

The SVORI interview data provide additional evidence.<sup>44</sup> During the follow-up interviews at three, nine, and 15 months post-release, respondents were asked to identify why they were newly incarcerated and no longer engaging in criminal behavior—if they were not incarcerated at the time. Responses suggested clear differences between the two groups, with many incarcerated respondents blaming others for their continued engagement in crime and subsequent incarceration and those who were not incarcerated pointing to changes in themselves. For example, those incarcerated endorsed (“blamed”) continued use of drugs and alcohol, influence of bad friends, and actions of others (parole office, friends, and family).

Those who were not incarcerated endorsed support of family, commitment to change for self and children, and positive steps with respect to friends, substance use, and employment. Neither group endorsed services—either the absence as the reason for recidivism or the presence as the reason for desistance. Although additional empirical and theoretical work is needed on desistance, individual transformation away from a criminal identity may be *necessary* (if not sufficient) for desistance. If so, programming to facilitate this transformation (such as CBT and other “criminal thinking” interventions) needs to be strengthened through additional development and evaluation.

## About Our Outcome

Recidivism is a return to criminal behavior—which is often not observed. The proxies researchers use for criminal behavior, such as parole or probation violations, arrest, conviction, or prison incarceration, are functions of *both* criminal behavior and criminal justice system decision-making (practice and policy):

Arrest → Prosecution → Conviction → Prison (or Supervision or Jail)

The deeper the measures go into the justice system, the more justice system decision makers influence the measure and the further you are from the criminal behavior. False positives and negatives in these administrative measures are *not* randomly distributed.

More serious offenses are more likely to lead to arrest than are less serious ones. Whether specific charges are prosecuted depends on local policies and resources. Sentencing also may reflect local policy and practice such that conviction for a specific offense in one jurisdiction leads to a prison term and in another jurisdiction a probation sentence (or short jail stay). None of the statistical models traditionally used for recidivism account for these nonrandom errors.

Additionally, criminal behavior is not a single thing. It is multidimensional, encompassing type, seriousness, and frequency of offense. All too often, whether a program is deemed successful is determined by a binary measure of recidivism (e.g., any arrest within two years) that ignores much of what is salient and should be considered. When we ignore type and seriousness, an individual is a recidivist if he or she commits a petty theft (or simple marijuana possession) 18 months following release or if he or she kills five people the day after leaving prison. Developing better means of modeling seriousness (or at minimum ignoring petty offenses) may provide a path to better understanding recidivism.

When we ignore frequency, an individual who was committing 10 burglaries a month before they entered prison and commits one burglary in 12 months following release is a recidivist—the same as the individual who continued to commit 10 burglaries a month. Binary indicators do not allow us to account for improvements in behavior. Fortunately, models that accommodate frequency (survival and count models) are becoming

more common in correctional studies and, as with the SVORI evaluation, may reveal program effects even when most participants fail by the simple binary measure.

### **Conclusions: Challenges and Thoughts on the Path Forward**

The problems of returning prisoners are serious and complex, generally reflecting a lifetime of shortcomings and needs that were not met before their criminal justice system involvement. Most leave prison with unmet needs, having received some but not enough services. Once back on the street—even if on supervision—few services can address those needs.

To date, provided programs have proved insufficient (either in theory or implementation) to generate outcomes significantly better (or at least meaningfully larger) than the current practice—which may well be the best practice. In medical research, a new intervention must be only as good as (not better than) the current practice to be adopted. This standard is much less rigorous than standard correctional programs and interventions are held to—in which they must be significantly better than the current practice (at the “magic” 0.05 level).

This rigorous standard seems even more challenging when we consider the issues associated with (1) posited small effects that are diluted by incomplete implementation and partially treated controls or comparisons or (2) a theory of change that posits reduction in recidivism conditioned on an intermediate outcome. Further, the inadequacy of our measures of recidivism and statistical methods suggests that we are insufficiently nuanced in examining our outcomes. What if a cancer researcher determined that a new chemotherapy did not work because a patient had an asthma attack nine months into treatment or died in an automobile accident two years after completing treatment—or even died of cancer five years later?

Another consideration is whether good control or comparison conditions even exist for many of the correctional interventions under study. The studies discussed here largely involved incarcerated prisoners assigned to either a new intervention or current practice. As we saw, this generally resulted in the treated group getting more than the control group, but most got something. For studies in which one group is incarcerated and

the other is in the community (e.g., pretrial or community supervision post-sentencing), risk environments are necessarily different. Incarcerated individuals have less opportunity to commit crimes.

Comparing behavior after release to the behavior of the individuals sentenced to the community means the incarcerated group will be older when back in the community—and presumably at different (lower) risk than the individual who went to the community rather than prison. Finally, for those in the community, nothing may be more effective than anything else (at least for many supervisees).

Moving forward, with a hope of providing better guidance to practice and policy, the following thoughts are offered.

**Go Back to Basics.** Specify the logic model (theory of change) and consider what a reasonable result may be (given funding, sample size, and time), identify and measure performance metrics (fidelity) and dosage, and do not overpromise if assessment of a reasonable result suggests it is highly unlikely that findings will be statistically significant at the 0.05 level.

**Keep Rigor but Be More Thoughtful About Interpreting Findings.** It is fine if there is only an 80 percent chance that the effect is real; such findings may suggest pathways to program improvement.

**Develop Better Theoretical and Empirical Understandings of Desistance.** This includes the role of cognitive transformation and services and programming and investigating better analytic methods for modeling desisting processes.

**Develop Better Measures of Recidivism Outcomes' Multidimensionality.** This includes methods for analyzing these complex outcomes with more granular dependent variables.

**Be Patient.** There are no silver bullets; significant effects may be long not short term, and improvements rather than perfection may be observed in behavior.



## Notes

1. Douglas S. Lipton, Robert Martinson, and Judith Wilks, *The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies* (New York: Praeger Publishers, 1975).

2. Frederick Englander, "Helping Ex-Offenders Enter the Labor Market," *Monthly Labor Review* (July 1983), <https://www.bls.gov/opub/mlr/1983/07/art4full.pdf>.

3. Pamela K. Lattimore and Ann D. Witte, "Programs to Aid Ex-Offenders: We Don't Know 'Nothing Works,'" *Monthly Labor Review* 108, no. 4 (1985): 4-48, <https://www.rti.org/publication/programs-aid-ex-offenders-we-dont-know-nothing-works>.

4. Lattimore and Witte, "Programs to Aid Ex-Offenders."

5. Pamela K. Lattimore, Ann D. Witte, and Joanna R. Baker, *The Sandhills Vocational Delivery System Experiment*, National Institute of Justice, November 24, 1987, [www.ncjrs.gov/pdffiles1/Digitization/108967NCJRS.pdf](http://www.ncjrs.gov/pdffiles1/Digitization/108967NCJRS.pdf). The evaluation of the Sandhills Vocational Delivery System was supported by the National Institute of Justice (NIJ) Grant 85-IJ-CX0061. Viewpoints are those of the author and do not necessarily represent the official position or policies of the US Department of Justice. Gary Gottfredson of the University of Maryland supported VDS program implementation and data collection through a separate NIJ award.

6. The program was implemented at Cameron Morrison Youth Center (CMYC), a medium custody facility, and Sandhills Youth Center (SYC), a minimum-security facility. Individuals transferred from CMYC to SYC when their custody level was reduced.

7. Notably absent to modern observers was drug abuse treatment. This program was implemented before the crack epidemic and the renewed war on drugs.

8. Lattimore, Witte, and Baker, *The Sandhills Vocational Delivery System Experiment*; and Pamela K. Lattimore, Ann D. Witte, and Joanna R. Baker, "Experimental Assessment of the Effect of Vocational Training on Youthful Property Offenders" (working paper, National Bureau of Economic Research, Cambridge, MA, 1990), <https://www.nber.org/papers/w2952>.

9. The 284 individuals released as of July 1986 had been sentenced to 52.5 months in prison, slightly less than the average 61.5-month sentence for the whole group. Otherwise, those released were not different from the whole group.

10. Lattimore, Witte, and Baker, *The Sandhills Vocational Delivery System Experiment*, 130.

11. Lattimore, Witte, and Baker, *The Sandhills Vocational Delivery System Experiment*; and Lattimore, Witte, and Baker, "Experimental Assessment of the Effect of Vocational Training on Youthful Property Offenders."

12. Pamela K. Lattimore, Christy A. Visher, and Richard L. Linster, "Predicting Rearrest for Violence Among Serious Youthful Offenders," *Journal of Research in Crime and Delinquency* 32, no. 1 (February 1995): 54-83, <https://journals.sagepub.com/doi/10.1177/0022427895032001003>; Pamela K. Lattimore, Christy A. Visher, and Richard L. Linster, "Specialization in Juvenile Careers: Markov Results for a California Court," *Journal of Quantitative Criminology* 10, no. 4 (December 1994): 291-316, <https://link.springer.com/article/10.1007/BF02221278>; Christy A. Visher, Pamela K. Lattimore, and Richard L. Linster, "Predicting the Recidivism of Serious Youthful Offenders Using Survival

Models,” *Criminology* 29, no. 3 (August 1991): 329–66, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.1991.tb01070.x>; Pamela K. Lattimore, Richard L. Linster, and John M. MacDonald, “Risk of Death Among Serious Young Offenders,” *Journal of Research in Crime and Delinquency* 34, no. 2 (May 1997): 187–209, <https://journals.sagepub.com/doi/abs/10.1177/0022427897034002002?journalCode=jrca>; and Pamela K. Lattimore et al., “Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders,” *Journal of Research in Crime Delinquency* 41, no. 1 (February 2004): 37–57, <https://journals.sagepub.com/doi/abs/10.1177/0022427803256094?journalCode=jrca>.

13. See Pamela K. Lattimore and Richard L. Linster, “Risk Classification of Probationers: Development of a Statistical Model Based on Management Information System” (working paper, National Institute of Justice, Office of Justice Programs, US Department of Justice, Washington, DC, January 1996).

14. This research was supported by SAMHSA contracts U1GSM52192, 1UD1SM53273-01, and MH16242-20.

15. Those diverted were more likely to have received mental health counseling, medication, and hospitalization than those not enrolled in a diversion program but were equally likely to have received substance abuse counseling. N. Broner et al., “Effects of Diversion on Adults with Co-Occurring Mental Illness and Substance Use: Outcomes from a National Multi-Site Study,” *Behavior Sciences and the Law* 22, no. 4 (2004): 519–41, <https://www.ncbi.nlm.nih.gov/pubmed/15282838>; and Pamela K. Lattimore et al., “A Comparison of Prebooking and Postbooking Diversion Programs for Mentally Ill Substance-Using Individuals with Justice Involvement,” *Journal of Contemporary Criminal Justice* 19, no. 1 (February 2003): 30–63, <https://journals.sagepub.com/doi/abs/10.1177/1043986202239741>. Overall, differences in proportions receiving services between the two groups were small, even when statistically significant. There were no outcome differences between groups on measures of mental health symptoms, substance use, recidivism, or quality of life, although there was some variation at the site level.

16. See Alexander J. Cowell, Pamela K. Lattimore, and Christopher P. Krebs, “A Cost-Benefit Study of a Breaking the Cycle Program for Juveniles,” *Journal of Research in Crime and Delinquency* 47, no. 2 (January 2010): 241–62, <https://journals.sagepub.com/doi/abs/10.1177/0022427809357717>; and Christopher P. Krebs et al., “Evaluating the Juvenile Breaking the Cycle Program’s Impact on Recidivism,” *Journal of Criminal Justice* 38, no. 2 (March 2010): 109–17, <https://www.sciencedirect.com/science/article/pii/S0047235210000280>; Christopher P. Krebs et al., “The Impact of Residential and Nonresidential Drug Treatment on Recidivism Among Drug-Involved Probationers: A Survival Analysis,” *Crime & Delinquency* 55, no. 3 (2009): 442–71, <https://journals.sagepub.com/doi/10.1177/001128707307174>; C. P. Krebs et al., “Assessing the Long-Term Impact of Drug Court Participation on Recidivism with Generalized Estimating Equations,” *Drug and Alcohol Dependence* 91, no. 1 (November 2007): 57–68, <https://www.ncbi.nlm.nih.gov/pubmed/17604918>; Pamela K. Lattimore et al., “Predicting the Effect of Substance Abuse Treatment on Probationer Recidivism,” *Journal of Experimental Criminology* 1, no. 2 (July 2005): 159–89, <https://link.springer.com/article/10.1007/s11292-005-1617-z>; and Christine H. Lindquist et al., “An Exploration of Treatment and Supervision Intensity Among Drug Court and Non-Drug Court Participants,” *Journal of Offender Rehabilitation* 48, no. 1 (2009): 167–93, <http://ndcrc.org/wp-content/>

uploads/2017/05/An20Exploration20of20Treatment20and20Supervision20Intensity20Among20Drug20Court20and20Non-Drug20Court20Participants.pdf.

17. For the results of the Florida substance abuse treatment quasi-experiment, see Lattimore et al., “Predicting the Effect of Substance Abuse Treatment on Probationer Recidivism.”

18. Pamela K. Lattimore et al., “Implementation of Prisoner Reentry Programs: Findings from the Serious and Violent Offender Reentry Initiative Multi-Site Evaluation,” *Justice Research and Policy* 7, no. 2 (December 2005): 87–109, <https://journals.sagepub.com/doi/10.3818/JRP.7.2.2005.87>; and Laura Winterfield et al., “The Serious and Violent Offender Reentry Initiative: Measuring the Effects on Service Delivery,” *Western Criminology Review* 7, no. 2 (2006): 3–19.

19. The SVORI programs were expected to (1) improve criminal justice, employment, education, health (including substance use and mental health), and housing outcomes; (2) include collaborative partnerships between correctional agencies, supervision agencies, other state and local agencies, and community and faith-based organizations; (3) provide services for serious or violent offenders; (4) provide services to participants age 35 or younger; (5) encompass three stages of reentry—in prison, post-release on supervision, and post-supervision; and (6) provide services and programs based on needs and risk assessments. In some cases, grantees asked for and received exceptions to these criteria. For example, some programs were primarily post-release programs, and age restrictions were sometimes lifted (e.g., for programs targeting sex offenders).

20. The SVORI Multi-Site Evaluation was funded by grant numbers 2003-RE-CX-K101 and 2004-RE-CX-002 awarded by the US Department of Justice’s National Institute of Justice, Office of Justice Programs. Long-term examination of recidivism outcomes and the impact of specific programs and services was supported by grant number 2009-IJ-CX-0010. For discussions of implementation, see Lattimore et al., “Implementation of Prisoner Reentry Programs”; and Winterfield et al., “The Serious and Violent Offender Reentry Initiative.” Major findings are summarized in Pamela K. Lattimore and Christy A. Visher, “The Impact of Prison Reentry Services on Short-Term Outcomes: Evidence from a Multisite Evaluation,” *Evaluation Review* 37, no. 3 (2013): 274–313, <https://journals.sagepub.com/doi/abs/10.1177/0193841X13519105?journalCode=erxb>. Final reports are available at the National Criminal Justice Reference Service.

21. Christy A. Visher et al., “Evaluating the Long-Term Effects of Prisoner Reentry Services on Recidivism: What Types of Services Matter?,” *Justice Quarterly* 34, no. 1 (February 2016): 136–65, <https://www.tandfonline.com/doi/abs/10.1080/07418825.2015.1115539?journalCode=rjyq20>. Also see Pamela K. Lattimore et al., *Prisoner Reentry Services: What Worked for SVORI Evaluation Participants?*, US Department of Justice, National Institute of Justice, February 2012, <https://www.ncjrs.gov/pdffiles1/nij/grants/238214.pdf>. *Prisoner Reentry Services: What Worked for SVORI Evaluation Participants?* was supported by grant number 2009-IJ-CX-0010 from the National Institute of Justice (US Department of Justice).

22. Pamela K. Lattimore, Christy A. Visher, and Danielle M. Steffey, “Measuring Gaps in Reentry Service Delivery Through Program Director and Participant Reports,” *Justice Research and Policy* 13, no. 1 (December 2011): 77–100, <https://journals.sagepub.com/doi/abs/10.3818/jrp.13.1.2011.77>.

23. For details, see Pamela K. Lattimore and Danielle M. Steffey, *The Multi-Site Evaluation of SVORI: Methodology and Analytic Approach*, RTI International and Urban Institute, December 2009, <https://www.ncjrs.gov/pdffiles1/nij/grants/230424.pdf>.

24. The SVORI and non-SVORI groups were similar at each wave on a range of characteristics. Results from models that examined differences among groups with respect to response also suggested that SVORI program participation was not related to whether a participant responded. Propensity score techniques were used to improve comparability between the SVORI and non-SVORI groups.

25. These measures include rearrest (obtained from National Crime Information Center and processed as described by Lattimore and Steffey) and re-incarceration in state prisons (obtained from the State Departments of Corrections). These data were successfully obtained for almost all respondents. See Lattimore and Steffey, *The Multi-Site Evaluation of SVORI*.

26. See Lattimore and Steffey, *The Multi-Site Evaluation of SVORI*.

27. Lattimore et al., *Prisoner Reentry Services*. Also see Visser et al., “Evaluating the Long-Term Effects of Prisoner Reentry Services on Recidivism: What Types of Services Matter?”

28. We did not have identifiers for participants in one site.

29. Sample sizes were 1,618 men and 348 women for the extended rearrest analyses and 1,181 men and 255 women for the extended re-incarceration analyses.

30. D. A. Andrews and James Bonta, *Psychology of Criminal Conduct, 4th Edition* (New York: LexisNexis, 2006); D. A. Andrews et al., “Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis,” *Criminology* 28, no. 3 (August 1990): 369–404, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.1990.tb01330.x>; Steve Aos, Mama Miller, and Elizabeth Drake, “Evidence-Based Adult Corrections Programs: What Works and What Does Not,” Washington State Institute for Public Policy, January 2006, <http://www.wsipp.wa.gov/ReportFile/924>; M. W. Lipsey, “What Do We Learn from 400 Research Studies on the Effectiveness of Treatment with Juvenile Delinquency?,” in *What Works: Reducing Reoffending: Guidelines from Research and Practice*, ed. J. McGuire (West Sussex, UK: Wiley, 1995), 63–78; Mark W. Lipsey and Francis T. Cullen, “The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews,” *Annual Review of Law and Social Science* 3, no. 1 (December 2007): 297–320, <https://www.annualreviews.org/doi/abs/10.1146/annurev.lawsocsci.3.081806.112833>; and Doris MacKenzie, *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents* (Cambridge, UK: Cambridge University Press, 2006).

31. The indicator for mental health treatment consistently had a value larger than one, implying a negative impact on the arrest outcome. These results may reflect confounding with mental illness, although the model included one control indicator for mental health symptoms.

32. These models controlled for a large array of individual characteristics, including criminal history and site. See Lattimore et al., *Prisoner Reentry Services*.

33. See exhibits 45 and 81 in Lattimore et al., *Prisoner Reentry Services*. Also see Visser et al., “Evaluating the Long-Term Effects of Prisoner Reentry Services on Recidivism.”

34. See Lattimore et al., *Prisoner Reentry Services*.

35. Christine Lindquist et al., *Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Final Report*, US Department of Justice, National Institute of Justice, Office of Justice Programs, June 2018, <https://www.ncjrs.gov/pdffiles1/nij/grants/251703.pdf>.

36. Lattimore and Visser, "The Impact of Prison Reentry Services on Short-Term Outcomes."

37. Elizabeth K. Drake, Steve Aos, and Marna G. Miller, "Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice* 4, no. 2 (February 2009): 170–96, <https://www.tandfonline.com/doi/abs/10.1080/15564880802612615>.

38. Drake, Aos, and Miller, "Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs."

39. Drake, Aos, and Miller, "Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs."

40. The statistical power to identify differences in employment and recidivism outcomes is 29 and 5 percent, respectively.

41. Ronet Bachman et al., "Desistance for a Long-Term Drug-Involved Sample of Adult Offenders: The Importance of Identity Transformation," *Criminal Justice and Behavior* 43, no. 2 (2016): 164–86, <https://journals.sagepub.com/doi/abs/10.1177/0093854815604012>.

42. Peggy C. Giordano, Stephen A. Cernkovich, and Jennifer L. Rudolph, "Gender, Crime, and Desistance: Toward a Theory of Cognitive Transformation," *American Journal of Sociology* 107, no. 4 (2002): 990–1064, <https://psycnet.apa.org/record/2002-15746-004>; and Ray Paternoster and Shawn Bushway, "Desistance and the Feared Self: Toward an Identity Theory of Criminal Desistance," *Journal of Criminal Law and Criminology* 99, no. 4 (Summer 2009): 1103–56, <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7339&context=jclc>.

43. Paternoster and Bushway, "Desistance and the Feared Self."

44. See Pamela K. Lattimore and Christy A. Visser, *The Multi-Site Evaluation of SVORI: Summary and Synthesis*, RTI International and Urban Institute, December 2009, <https://www.ncjrs.gov/pdffiles1/nij/grants/230421.pdf>.

## 2

# Triaging Services for Individuals Returning from Prison

*EDWARD LATESSA*

In his 2004 State of the Union address, President George W. Bush announced the Prisoner Re-Entry Initiative (PRI) to help nonviolent ex-prisoners effectively reintegrate into the community. Following PRI's success, the Second Chance Act of 2007 was signed into law, which significantly increased federal support for reentry programming. PRI and the Second Chance Act were designed to provide grants to organizations and agencies to help coordinate reentry services. Many jurisdictions, for example, formed networks of local service providers, nonprofit organizations, and faith-based groups. Despite the significant increase in funding, research examining reentry programs' effectiveness at reducing recidivism has been disappointing, with minimum appreciable effects.<sup>1</sup>

The purpose of this chapter is to provide a strategy for improving reentry services for individuals leaving prison. Topics include (1) the definition of reentry, (2) the importance of assessing risk and needs, (3) the difference between criminogenic and non-criminogenic needs and the role such factors may play in ex-prisoners' successful reentry into the community, (4) strategies for prioritizing services, (5) strategies for delivering more effective services, and (6) lessons learned from the research. Guidelines for policymakers are also suggested throughout the chapter.

### Defining Reentry

Reentry is the process of ex-prisoners returning to the community from incarceration. While many of the principles discussed here may apply to

both jail and prison reentry, for the purpose of this chapter, I will focus primarily on ex-prisoners returning home.

Prisoner reentry is not a new concept. The earliest organized forms of reentry were halfway houses, which were initially created and operated in the United States by charitable groups and were designed to assist men and women leaving prison.<sup>2</sup> Although the scope and role of halfway houses have changed considerably, they remain major players in the reentry arena in several states and the Federal Bureau of Prisons.<sup>3</sup>

The other traditional mechanism for providing reentry services is parole supervision, in which, at least in theory, ex-prisoners are supervised and given referrals to programs and services designed to help them get back on their feet. Today, under the Second Chance Act, emphasis has shifted to drug treatment, mentoring, job training and placement, and transitional services for ex-prisoners through partnerships with local corrections agencies and faith- and community-based organizations.

Reentry is not a program. Rather, it is a process that is designed to follow a reintegration model. With this in mind, the reintegration process begins while individuals are incarcerated and continues through their release into the community. Some correctional agencies, such as the Federal Bureau of Prisons, argue that offenders' reentry into society actually begins on their first day of incarceration. Regardless of when the reintegration process formally begins, many incarcerated individuals participate in treatment programs (e.g., education, job-skills training, and substance abuse) while serving their time to better prepare them for successful release. Additionally, states such as Ohio offer approved reentry programs to inmates 24 months before their release.

Despite these efforts, it appears that many reentry services ignore the research on what works in reducing recidivism.<sup>4</sup> Moreover, even when programs attempt to follow the research, implementation often falls short. As I discuss later, there is a difference between helping ex-prisoners when they are released and reducing ex-prisoners' likelihood of recidivism. While these individuals tend to have many needs and barriers, providing services without addressing key criminogenic targets is unlikely to significantly reduce recidivism.

## The Importance of Assessing Risk and Needs

There are a number of reasons for assessing offenders' risk and needs factors if we aim to improve the efficacy of reentry programs. First, assessment instruments can help tell us who is at a higher risk for failure. After all, if our ultimate goal is to reduce recidivism, we need to target those individuals who are more likely to recidivate.

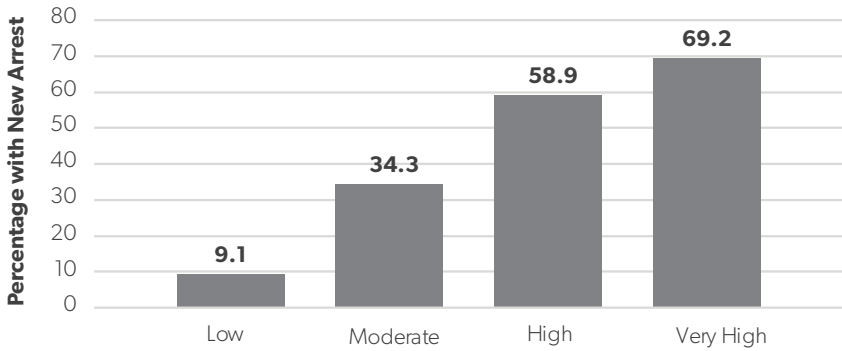
Second, assessment instruments can help us identify the individuals who most need intervention (or none at all), the criminogenic (i.e., crime-producing) needs most likely contributing to individuals' antisocial behaviors, and the non-criminogenic (i.e., non-crime-producing) needs that may be barriers. In other words, assessment tools help us identify how to focus our reentry efforts based on individuals' unique aspects and life circumstances and how to respond in a way that ensures any potential barriers that could prevent behavior change are properly addressed.

For example, ex-prisoners may need treatment after their release from prison; however, due to a lack of reliable transportation, they are forced to reschedule or miss sessions. Thus, while the program or service has the potential to address the ex-prisoners' criminogenic needs, it is likely to have null effects if the offenders' non-criminogenic needs (i.e., transportation) are not addressed.

Third, assessments can improve corrections programs' use of resources while also enhancing public safety.<sup>5</sup> Finally, ex-prisoners often do not recognize their risk and needs factors. They may indicate, for example, that they simply need a job or help finding a place to live when, in fact, they have a number of criminogenic needs that, if left unaddressed, could lead to failure (i.e., recidivism).

**The Risk Principle.** Given this chapter's title, we should begin by discussing the risk principle, or who we should target for behavior change. Similar to triage in the medical field in which sick or injured patients are sorted according to their need for emergency medical attention (i.e., who should get care first), the risk principle helps corrections agencies stay focused on offenders most likely to recidivate (and, consequently, are the most in need of treatment) to ensure they receive services and interventions first.



**Figure 1. Recidivism Risk Levels for a Community Supervision Sample**

Source: Edward Latessa et al., *Creation and Validation of the Ohio Risk Assessment System: Final Report*, University of Cincinnati, School of Criminal Justice, Center for Criminal Justice Research, July 2009, [https://www.assessments.com/assessments\\_documentation/ORAS/ORAS\\_Final\\_Report\\_and\\_Validation.pdf](https://www.assessments.com/assessments_documentation/ORAS/ORAS_Final_Report_and_Validation.pdf).

Actuarial assessment data allow us to sort ex-prisoners into risk categories. For example, Figure 1 demonstrates that in a sample of offenders on community supervision, low-risk offenders recidivated at the lowest rate, with a failure rate of less than 10 percent, followed by moderate-risk offenders, who recidivated at a rate of about 34 percent. Next were high-risk offenders, who recidivated at a rate of nearly 59 percent, followed by very-high-risk offenders, who recidivated at the highest rate of nearly 70 percent.

Clearly, we are unlikely to significantly reduce the low-risk group's failure rate since it is comprised of a small group of failures who were at a low risk of reoffending to begin with. Further, from a programmatic perspective, it would be a waste of resources to focus all our time and efforts on treating low-risk offenders.

If we had 10 low-risk individuals, for example, we would have to put them all in treatment just to get one potential failure, since we do not know who of the 10 will specifically fail. On the other hand, if we focus the majority of our time and efforts on higher-risk groups, we are more likely to see reductions in recidivism since we are targeting the 60 or 70 percent who will ultimately fail. In other words, if half the people coming out of prison do not fail and the other half do, which half are we most concerned about and, thus, are most in need of reentry services?

Research on the risk principle and reentry is best seen in two large-scale studies conducted in Ohio that together included over 30,000 ex-prisoners. In 2002, the state contracted with the University of Cincinnati Center for Criminal Justice Research to examine the effectiveness of its halfway houses and community-based correctional facilities at reducing ex-prisoners' recidivism.<sup>6</sup> One of the study's primary findings was that recidivism rates varied significantly by ex-prisoners' risk levels. More specifically, programs that provided intensive interventions to higher-risk offenders reduced recidivism. On the other hand, programs that provided intensive interventions to lower-risk offenders increased recidivism.<sup>7</sup>

Similar results were also found in a larger follow-up study completed in 2010.<sup>8</sup> In both studies, some programs significantly reduced recidivism for high-risk offenders, while many of the same programs increased recidivism for low-risk offenders. One program in the 2002 study, for example, reduced recidivism by 32 percent for high-risk offenders yet showed a 29 percent increase in recidivism for low-risk offenders.

Programs evaluated during the 2010 follow-up study followed the same pattern. Together, these programs reduced recidivism by about 14 percent for high-risk offenders and increased recidivism by about 3 percent for low-risk offenders.

Intensive programs can have a negative effect on low-risk participants for several reasons. First, an exposure or contamination effect can occur when low-risk offenders mix with higher-risk offenders. If a teenager, for example, was hanging around other teenagers who constantly got into trouble, skipped school, used drugs, and so forth, his parents would likely blame his peers for exposing him to such risky activities. Second, placing low-risk individuals in intensive programs takes them away from things that make them low risk to begin with (e.g., their jobs, school, pro-social family members, and friends). Third, increased surveillance and supervision conditions can lead to more technical violations and subsequent revocations.<sup>9</sup>

Another facet of the risk principle posits that intensive programs and services should be provided to higher-risk cases. But what does "intensive" mean in practice? With community supervision, it often means more required contacts or even electronic surveillance. Unfortunately, there is little evidence that these traditional supervision strategies alone will have much effect on recidivism.<sup>10</sup>

The other way intensity has been measured is duration or time, with the assumption that the longer someone is in a program, the more services they will receive. This assumption has several problems. First, it assumes that keeping someone longer will translate into a higher dosage. Second, there is some evidence that keeping someone in intensive programming too long will produce diminishing results.<sup>11</sup>

One reason this occurs is because most people tend to give up if there is no light at the end of the tunnel. For example, many people diet, but how many people have dieted for two years without failing at least once? Usually, someone loses a few pounds and gives up. The same happens to ex-prisoners. They make a little progress or get a job and then say, “I got this now. I changed my ways and learned my lesson, so I don’t need to go to treatment anymore.”

Recent research has moved beyond time as a measure of intensity and instead looked at the number of hours offenders spend in structured programs or evidence-based interventions designed to target offenders’ criminogenic needs, such as substance abuse and criminal thinking.<sup>12</sup> This research has helped us better understand two important facets within the risk principle. First, dosage matters; that is, increasing the dosage level, especially for higher-risk offenders, can significantly affect recidivism rates. Second, these effects can diminish when lower-risk offenders are given too high a dosage.

Of course, a better way to measure needed dosage would be to periodically gauge offenders’ progress in acquiring pro-social skills and behaviors, since after all, everyone learns at different rates.<sup>13</sup> Unfortunately, this is rarely done in most reentry programs.

The importance of assessing the risk and need levels of those exiting prison should be obvious, but not all factors are strongly correlated with criminal conduct. D. A. Andrews and James Bonta have identified eight major risk factors.<sup>14</sup>

1. *Antisocial and Pro-Criminal Attitudes, Values, and Beliefs.* These include views that support criminal lifestyle and rationalizations about behaviors and cognitive emotional states such as anger, defiance, and criminal identity.

2. *Pro-Criminal Associates and Isolation from Pro-Social Others.* This is not simply knowing others who get into trouble, but, just as important, the absence of pro-social friends and influences.
3. *Temperament and Antisocial Personality Patterns.* These include weak socialization, impulsivity, adventurousness or risk-taking, pleasure-seeking, restless aggressiveness, egocentrism, and weak problem-solving, coping, and self-regulation skills.
4. *A History of Antisocial Behavior.* This may be evident from a young age and may involve a variety of different acts across a multitude of settings.
5. *Family Factors Such as Criminality and Various Family Psychological Problems.* These include low levels of affection, caring, and cohesiveness.
6. *Low Levels of Personal, Educational, Vocational, or Financial Achievement.* This can lead to lower financial means, living in higher-crime neighborhoods, or attempts to increase finances by illegal means. Furthermore, school attendance or employment can be pro-social activities that occupy time, expose a person to other pro-social people, and provide reinforcement that may make a person want to continue engaging in pro-social activities.
7. *Low Levels of Involvement in Pro-Social Leisure Activities.* This allows for interaction with antisocial peers and often results in having idle time; in turn, antisocial behavior may replace pro-social behavior.
8. *Abuse of Alcohol and Drugs.* This is often done with antisocial others and may have implications for work, family, school, and social skills.

In a study examining Pennsylvania's parole reentry process, Kristofer Bucklen and Gary Zajac identified a number of criminogenic factors significantly related to parole failure.<sup>15</sup> Correlates of failure included:

- *Social Networks and Living Arrangements.* Parole failures were more likely to continue associating with individuals with known criminal

backgrounds after their release from prison. Failures were also less likely to report being in stable, supportive relationships and to identify a mentor in their life.

- *Challenges in Employment and Financial Situation.* Parole violators were less likely to have stable jobs, to be satisfied with employment, and to take lower-end jobs and work their way up. They displayed more negative attitudes toward employment and were less likely to have a bank account. Interestingly, parole violators were more likely than non-violators to say they were “barely making it,” even though the success group reported more than double the median debt.<sup>16</sup>
- *Alcohol or Other Drug Use.* Failures were more likely to report that they used alcohol or other drugs while on parole (even though no significant differences were detected between failures’ and successes’ substance abuse dependence when they were previously assessed in prison). Poor stress management was also found to be a primary contributing factor to relapse.
- *Attitudes and Temperament.* Those individuals who violated parole often had poor problem-solving or coping skills, failed to anticipate long-term consequences of their behavior, failed to use resources to help themselves, acted impulsively in immediate situations, maintained antisocial attitudes, viewed violating parole as an acceptable option in situations, maintained a general lack of empathy, and shifted blame or denied responsibility. Interestingly, successes and failures did not differ in difficulty finding a place to live after release and were equally likely to report eventually obtaining a job.

This research illustrates the importance of targeting criminogenic risk and needs factors in reentry programs and further confirms how strongly the “Central Eight” risk factors are associated with criminal behavior.<sup>17</sup> Failure to adequately assess and target these factors is one possible reason recent reentry efforts have been unsuccessful.

**Assessing Risk and Needs: Guidelines for Policymakers.** Assessment drives effective programs. Assessments can help us meet the risk and needs principles, can help guide offender placement, and can determine whether progress toward behavior change has been made. Some best practices for maximizing the assessment process include:<sup>18</sup>

- *View Assessment as a Process, Not a One-Time Activity.* Offenders' risks and needs can change; thus, a formal structure related to periodic reassessment of offenders' risks and needs should be built into policy and procedures.
- *Develop a Flexible Process That Expands as Needed.* Simply stated, the higher an individual's risk, the more we need to know about him or her.
- *Standardize the Process and Instruments.* This will help create a common language around levels and indicators.
- *Establish a Quality Assurance Process to Ensure Assessments Are Completed Accurately.* This may include audits and periodic observation of the staff responsible for conducting assessments.
- *Train Staff on Use of Instruments.* Studies demonstrate that assessments conducted by trained staff are more accurate and valid than those implemented by untrained staff.<sup>19</sup> For example, in Ohio, Department of Correction and Department of Youth Services staff must be certified to use the Ohio Risk Assessment System and the Ohio Youth Assessment System, respectively.<sup>20</sup>
- *Ensure Staff Understand and Can Interpret Results.* We often train staff on how to use tools, but we do not always teach them how to interpret findings and understand the interrelationships among criminogenic needs. For example, reductions in substance abuse are more likely to occur if one's attitudes about substance use change, if focus is on the present rather than the past, and if one develops the skills needed to resist peer pressure and other influences contributing to substance use.

- *Develop Case Supervision and Treatment Plans from Assessment Results.* Plans should be periodically reviewed and updated.
- *Assign Participants to Programs and Groups Based on Assessment Results.* Too often we complete assessments and then provide the same programs and services to everyone. Assessment results should drive programming.
- *Share Information with Service Providers.* If a correctional agency is conducting assessments, then, at a minimum, service providers should receive a summary of results, if not a copy of the actual assessment.
- *Collect Data and Periodically Test for Reliability While Validating Instruments.* To increase use and confidence in tools, it is important to make sure results are reliable (i.e., done consistently) and are accurately predicting outcomes.

In an ideal world, the process of assessing offenders' risks and needs would include (1) an initial prison intake assessment to serve as a baseline for reassessment and guide prison programming, (2) an assessment before release that would include an assessment of risk to reoffend and information on programs the individual completed and areas that need continued work, and (3) an assessment within 30 days of release.

Once the ex-prisoner is back in the community, a new assessment should be conducted. This is important because many dynamic risk factors included in assessment instruments are either not in play while the individual is in prison or are in play but are managed while the person is incarcerated. These can include ready access to drugs and alcohol, meaningful employment, peers, family interactions, and other dynamic factors. Once released, these factors are once again relevant and should be examined. In addition, new barriers can emerge (e.g., transportation).

If the correctional or paroling authority is responsible for conducting these assessments, a summary should be shared with the reentry program or coalition. If it is not available, then reentry staff should conduct a post-release assessment. In some cases, additional specific assessments may be needed for certain offenders (e.g., mentally ill and sex offenders).

Additionally, the assessment process should use an actuarial approach that is valid and includes a summary score and levels, covers static and dynamic factors, and is transparent. (The assessor should understand why individuals scored as they did.)

### **Criminogenic vs. Non-Criminogenic Needs**

Criminogenic needs are essentially dynamic risk factors that have been corrected with criminal conduct. Non-criminogenic needs are better understood as aspects of one's life that may require assistance but are not strongly related to criminal behavior. To understand the difference, it is necessary to review the two basic types of risk factors: static and dynamic.

**Static vs. Dynamic Risk Factors.** Some major risk factors can be influenced or changed, while others cannot. Those factors that cannot be changed are called static factors. Early onset of criminal behavior, for example, is a good predictor of one's likelihood to get into future trouble. However, if an individual was first arrested at age 10, they will always have been first arrested at age 10; this fact cannot be changed. Similarly, if an individual's father is in prison, it may help explain why the individual is in the criminal justice system (i.e., social learning); however, nothing can be done to change the past. On the other hand, factors that can be changed are considered dynamic and are also called *criminogenic needs*.

If we think about the risk factors associated with a heart attack, for instance, many factors, including age (over 50), sex (males), and family history of heart problems, are static. Conversely, several other factors, such as high blood pressure, being overweight, lack of exercise, stress, smoking, and high cholesterol, are dynamic. To best understand an individual's likelihood of a heart attack, static and dynamic risk factors should be taken into account. To lower someone's chance of having a heart attack, however, the primary focus should be on the individual's dynamic risk factors.

Static and dynamic risk factors associated with an ex-prisoner's likelihood of recidivism should be identified and considered. But ultimately, if we want to lower their chance of recidivating, primary focus must be on crime-producing areas that have the capacity to change (i.e., dynamic



risk factors strongly correlated with risk). For example, an ex-prisoner's friends, lack of problem-solving skills, use of substances, challenges with employment, and attitudes, values, and beliefs related to breaking the law are all areas significantly related to recidivism but, if targeted appropriately, can be changed.

Some of these factors can change relatively quickly, such as one's employment status, while others may take more time and effort. For example, helping someone develop better problem-solving skills or teaching them how to restructure their antisocial attitudes will likely take a lot of demonstration, practice, and feedback (i.e., a higher dosage level).

**Staying Focused on Risk Factors That Can Be Changed.** The second principle, the need principle, helps us identify what to target for behavior change—that is, dynamic risk factors (criminogenic needs) that are highly correlated with criminal conduct. The need principle states that programs should assess and target crime-producing needs, such as antisocial attitudes, antisocial peer associations, substance abuse, impulsivity, lack of problem-solving skills, and self-control. Programs must ensure that the vast majority of interventions are focused on these factors.

Research also demonstrates that effects on recidivism are greater for programs that target multiple criminogenic needs compared to programs that target only one or, even worse, target non-criminogenic needs.<sup>21</sup> For example, in a recent study of the effectiveness of Ohio prison-based reentry programs, researchers found that program completion was significantly related to institutional misconducts and recidivism; that is, offenders who completed programming had significantly lower rates of misconduct and recidivism compared to offenders who did not complete programming. Furthermore, program effects were much stronger when offenders completed at least two programs.<sup>22</sup>

These findings are not surprising, as most ex-prisoners are not high risk for recidivism because they have one risk or need factor, but rather because they have multiple risk and needs factors that must be targeted for change. For example, while unemployment is correlated with criminal conduct for many probationers and parolees, it is not that strong of a risk factor by itself. After all, most of us would not start selling drugs or stealing if we became unemployed; we would simply start looking for another job.

**Identifying and Compensating for Non-Criminogenic Needs.** In addition to criminogenic needs, many ex-prisoners have non-criminogenic needs that should be identified and addressed. The third principle, the responsivity principle, focuses on two key aspects—specific (discussed further in this section) and general responsivity (discussed in detail later)—to ensure offenders’ successful rehabilitation.

Specific responsivity factors may be potential barriers to treatment and can include a wide range of factors, such as low self-esteem, lack of a driver’s license, lack of childcare and support, and mental health or medical needs. Some factors may be fairly routine to address (e.g., obtaining a driver’s license), while others may be more acute or substantial (e.g., finding adequate housing, transportation, mental health treatment, or medical care).<sup>23</sup> Offenders will often require help addressing these needs; however, targeting non-criminogenic factors alone will not have much of an effect on recidivism rates.

Unfortunately, many reentry programs direct their efforts toward non-criminogenic needs. Remember, what you target for change is just as important as the density of targets focused on crime-producing needs. In other words, the majority of targets for change should be criminogenic

When a reentry program solely or primarily focuses on responsivity factors (and therefore ignores or spends less time on criminogenic needs), the effects on recidivism are often minimal. Reducing individuals’ criminogenic factors reduces their risk, which in turn reduces recidivism. Thus, focusing on non-criminogenic factors is necessary but insufficient if the goal is to reduce criminal behavior. Table 1 provides an example of some criminogenic and non-criminogenic needs.

**Criminogenic Needs: Guidelines for Policymakers.** The following recommendations relate to targeting criminogenic needs.

Reentry programs, including those that begin in prison, should distinguish between activities and core programming designed to target and reduce risk. Activities can help engage participants and address barriers (such as motivation), reduce idle time, and serve as rewards, but they are not the same as programs designed to target and reduce specific risk factors. The rule of thumb is 80 percent of a program’s targets for change should be focused on criminogenic needs, with the remaining 20 percent

**Table 1. Examples of Criminogenic and Non-Criminogenic Needs**

<b>Criminogenic</b>	<b>Non-Criminogenic Needs</b>
Antisocial attitudes, values, and beliefs	Medical needs
Antisocial and criminal peers	Mental health
Substance abuse	Physical conditioning
Impulsive behavior	Housing
Lack of self-control	Transportation
Poor coping skills	Low self-esteem
Lack of pro-social activities	No driver's license
Poor work or school performance and stability	Lack of childcare
Lack of pro-social relationships	Lack of creative abilities

Source: Edward J. Latessa and Christopher T. Lowenkamp, "What Are Criminogenic Needs and Why Are They Important?," *For the Record* 4, no. 1 (2005): 15–16.

focused on non-criminogenic needs. Additionally, the assessment should be used as a road map to identify individuals’ criminogenic needs and any barriers that may prevent them from successfully meeting their targets.

Finally, reentry programs need to have services and programs available to address particular criminogenic needs in a sufficient amount or dosage level for higher-risk offenders. As a general rule, moderate-risk offenders need about 100 hours of treatment, while more than 200 hours are needed for high-risk offenders.<sup>24</sup> Remember, these are only guidelines; a better way to gauge progress is by periodically reassessing offenders to determine if they are acquiring the skills and changes needed to be successful.

### **Prioritizing Services**

Reentry programs can prioritize services for offenders in several ways. The first step is to ensure that everyone served goes through an assessment process to identify risks, needs, strengths, and barriers (i.e., responsivity factors). Many newer-generation tools not only help identify major risk

and need domains (e.g., peers and social support, substance abuse, education, and vocation) but also denote the level of these risk factors.

For example, if an offender is high risk in peers and social support, then the priority might be to target this area by attempting to disrupt his or her criminal peer networks while working to increase his or her pro-social friends. On the other hand, if the person is low risk in substance abuse, then addressing that issue is low priority. Staff should avoid increasing this risk area by placing the person in a substance abuse group, especially since the person would likely be surrounded by individuals with more pronounced substance abuse problems.

Of course, this is essentially *assessment-driven case planning*—identifying risk and need areas, prioritizing them, developing goals based on criminogenic needs, identifying and removing barriers, developing a plan of action, and providing ongoing reassessment. There is no magic formula for prioritizing target areas, but there are some guidelines.

First, identify offenders' high-risk, high-need areas and any barriers that might impede their progress. Second, attempt to determine how factors are interrelated. For example, if offenders are high risk in substance abuse, peers and social support, and employment, helping them find a job before they get clean would likely not be beneficial. If everyone they know uses drugs, then developing a strategy to help them replace those friends with more pro-social ones, while helping them get into substance abuse treatment, might be the highest priority. If not, they may get clean, but once they complete the program, they will likely go back to using with their friends.

Third, identify the barriers that may jeopardize an ex-prisoner's success. For example, he or she may not be motivated to participate in substance abuse treatment. If this is the case, motivation should be addressed before formally referring that person to a program. It is not uncommon that many ex-prisoners, especially those on parole, are required to attend programs, but if they are not ready to participate, they may not get much out of attending.

Motivational enhancement should be part of all reentry programs and should also be assessed. Motivation is dynamic (it can change quickly) and cuts across areas. Someone may be motivated to get a job but not to quit drugs or alcohol. Remember, if they are not clean and sober, they

may not last long on the job. In this case, the promise to help them find a job may be used as leverage to motivate them to go to substance abuse treatment.

One way to increase motivation is to engage in joint case planning. This increases the participant's investment in the process, ensures they understand expectations, and makes the process more efficient since both parties jointly developed the plan.

**Identifying Priorities: Guidelines for Policymakers.** There are several strategies for setting priorities. Following the triage concept, the assessment and initial screening process should sort participants into at least two groups: (1) those who are low risk and simply need some help getting back on their feet and (2) those who are higher risk and have several needs to be addressed. For the former group, a reentry track might be created whereby referrals and basic assistance is provided, but involvement with higher-risk participants should be avoided. For the latter group, a more structured process should be created that includes identification of criminogenic targets for change by level of need for each area (e.g., high, moderate, or low for substance abuse).

A jointly developed case plan should be required for each participant that includes goals, who is responsible, activities, progress indicators, completion criteria, identification of barriers, and a plan for removing or addressing identified barriers. This is important for several reasons. First, it provides a structured approach and road map on how best to work with the individual. Second, a good case plan documents interventions and progress. Third, joint case planning provides the participant with concrete expectations. Finally, it helps guide decision-making and maintains a focus on criminogenic needs.

Other strategies include:

- Once the case plan and priorities have been developed, it might also be useful to develop a “behavioral contract” with the participant. This will increase buy-in and can be modified as needed.
- A schedule should be developed to periodically review and update case plans and behavioral contracts.

- Regular staff meetings should be scheduled to discuss new cases and review the progress of continuing ones.
- Staff should be trained on motivational techniques and case planning and should standardize the process and instruments.
- A quality assurance process should be in place. Again, audits and periodic reviews should be conducted to ensure the case plan is being followed and updated as needed.
- The case and treatment plans should be based on assessment results. It is not uncommon for staff to conduct assessments and develop case plans that have little effect on actual practice. Instead, everyone essentially gets the same programs and services.

### **Strategies for Delivering More Effective Services**

Delivering more effective reentry services involves assessment, focusing on criminogenic needs, case planning, and better matching participants to programs and services. Once these steps are completed, however, we must design and implement reentry programs that deliver effective interventions and services. Thus, the second part of the third principle, general responsiveness, or the “treatment principle,” helps us determine how to deliver treatment in a way that matches offenders’ personalities, abilities, and motivation levels while ensuring programs and services are delivered with fidelity.

**The Importance of Behavioral Interventions.** The most effective correctional programs are behavioral. Behavioral programs have several attributes. First, they are centered on *present* circumstances and risk factors that contribute to an individual’s behavior. Hanging around the wrong people, not going to work or school, and excessively using drugs or alcohol are examples of current risk factors. Focusing on the past is not productive (mainly because one cannot change the past).

Sadly, in many correctional programs, participants spend a great deal of time talking about the past and what led to their legal problems. While

events in one's past may certainly help explain the current situation, we cannot change them. Sometimes these events serve as a barrier, but as with most barriers, they need to be removed or alleviated to get to current factors.

For example, a history of abuse may explain why a person went down a certain path. But that history will not change. To be successful, that person needs to move past the abuse and begin working on current factors, such as substance abuse, unemployment, and other criminogenic needs that contribute to their involvement in the criminal justice system.

Second, behavioral programs are *action* oriented rather than talk oriented. In other words, participants do something about their difficulties rather than just talking about them. These approaches are used to teach new pro-social skills to replace antisocial ones (e.g., stealing, cheating, lying, abusing drugs and alcohol, etc.) through modeling, practice, and reinforcement.

Examples of effective behavioral programs include those that follow a structured social learning approach as new skills and behaviors are modeled, practiced, and consistently reinforced. Social learning is one of the strongest theories we have to explain how we act and behave. Social learning refers to several processes through which individuals acquire attitudes, behavior, or knowledge from those around them. Of course, the problem with social learning is that individuals do not learn just good behavior from others; they also learn bad behavior, which is why it is referred to as *structured* social learning. In this case, the reentry staff are formally taught how to model new behaviors and provide instrumental conditioning.

Within a structured social learning model, the most effective approach is providing cognitive behavioral treatment (CBT). CBT can target, for example, attitudes, values and beliefs, antisocial peers, employment, substance abuse, anger, impulsivity, and problem-solving skills. If done properly, CBT not only helps participants restructure their thinking but also is a vehicle for teaching new skills.

CBT principles include thinking affects behavior, thinking can be influenced, we can change how we feel and behave by changing what we think, and antisocial, distorted, unproductive, and irrational thinking can lead to antisocial and unproductive behavior. The advantage of using a CBT approach is that it can be done in any setting and in a group or one-on-one session. In addition, existing staff can be trained, it is relatively affordable

to deliver, and a wide range of curricula are available, including several that are free.

A large body of research has demonstrated that CBT programs can reduce recidivism.<sup>25</sup> For example, in a meta-analysis examining CBT's effectiveness, Nana Landenberger and Mark Lipsey found that treatment effects were enhanced when certain characteristics were present.<sup>26</sup> Specifically, reductions in recidivism were significantly stronger when:

- At least two sessions occurred per week,
- Implementation was monitored,
- Staff were trained on CBT,
- There was a higher proportion of treatment completers,
- The program targeted higher-risk individuals, and
- CBT was combined with other services.

This research further demonstrates the importance of increasing dosage, removing barriers to increase completion rates, focusing on higher risk, providing more than one service, and making sure the program is delivered with fidelity. Notably, research also found that the setting (residential versus community), brand name of the curriculum, race, and gender did not make a significant difference on program effectiveness.

Interventions based on these approaches emphasize the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenge cognitive distortions, and assist in developing good problem-solving and self-control skills. These strategies have been demonstrated to be effective in reducing recidivism.

Building on social learning and CBT, the third component of behavioral programming involves the use of behavioral techniques to help shape and teach new behavior. These are referred to as core correctional practices and include effective reinforcement, effective disapproval, effective use of authority, quality interpersonal relationships, cognitive restructuring, anti-criminal modeling, structured learning and skill building, and



problem-solving techniques.<sup>27</sup> A meta-analysis of the effectiveness of using core correctional practices found that those trained were significantly more effective in reducing recidivism than those who were not.<sup>28</sup>

There are several techniques one could use to target peer associations for change. For example:

1. Restrict associates.
2. Set and enforce curfews.
3. Ban hangouts.
4. Teach participants to recognize and avoid negative influences.
5. Teach and practice new skills (e.g., being assertive instead of passive).
6. Teach and practice how to maintain relationships without getting into trouble.
7. Identify or develop positive associations: mentors, family, friends, teachers, employer, and so forth.
8. Train family and friends to assist participants.
9. Set a goal of one new friend (positive association) per month.
10. Develop sober and pro-social leisure activities.

Community supervision agencies often use the first three techniques on the list to help *manage* risk in this area. The problem is that simply monitoring whom the person sees and where the person goes is a fairly short-term approach, since the end of supervision also means the end of the strategy's effects.

The rest of the list outlines ways participants can learn and practice new ways to *reduce* risk, not simply manage it. The goal of these approaches is to bring change in behavior by changing the participants' attitudes and teaching them the skills they need to avoid risky situations. In other words, they choose and are taught how to refrain from associating with a negative

peer group, rather than being unable to do so. Using a behavioral model to target negative peer associations would involve challenging one's attitudes about their friends, introducing and modeling ways participants can better manage their social network, helping them identify new pro-social friends, and using core correctional practices to practice, teach, and reinforce new skills and behavior.

Another important consideration centers on how to best work with the families of those returning from prison. While families can provide important support systems, they can also be sources of stress and strain. In some instances, families are not well equipped to assist ex-prisoners, and in others, the family itself may be considered high risk for criminal behavior. Marital strain and dealing with children (who may now be teenagers) is also a common stressor.<sup>29</sup> Reentry programs also need to give increased attention to family-related issues.

Unfortunately, nonbehavioral interventions are often used in programs and include drug and alcohol education, fear tactics and other emotional appeals, talk therapy, nondirective client-centered approaches, reading books, shaming techniques, lectures, milieu therapy, and self-help. In addition, programs (regardless of the model) that cannot maintain fidelity (i.e., constant staff turnover) or are vague and unstructured (i.e., counseling for everyone) are also ineffective. There is little empirical evidence that these approaches will lead to long-term reductions in recidivism.

In addition to using an evidence-based model, another "how" concerns implementation. Factors found to be important in how reentry programs are implemented include developing community support for the program, having qualified leadership and staff, and integrating processes to ensure the program is delivered with fidelity.

**Community Support and Leadership.** Community support for reentry efforts and leadership are closely aligned, and it is difficult to develop support without strong leadership. Defining "community" is always difficult, but, at a minimum, it includes criminal justice stakeholders, such as local law enforcement, courts, departments of corrections, the community at large, and other community-based service providers. Support from local policymakers and public officials can also help increase support for reentry efforts.

Collaboration and participation from other community-based social service agencies are also key ingredients for delivering effective reentry programs. Many times, these organizations are asked to assist in housing, education, employment, and so forth, and they may not be well equipped (or even willing) to work with ex-prisoners.

Effective reentry programs need strong leadership at various levels. Although leadership is more difficult to quantify, there is a need to find leaders to serve as champions. Policymakers and community leaders often give reentry lip service but rarely give the time and effort it takes to truly change our approach. Judges, correctional officials, and local politicians can serve as champions and help encourage public support. At the program level, leaders need to challenge staff and hold them accountable, ensure good communication among all phases of the reentry process, and advocate and secure resources to adequately support efforts.

**Staff.** Successful staff model appropriate behavior and are qualified, well trained, well supervised, and committed. Unfortunately, many reentry programs struggle to find and retain qualified staff. Since staff turnover is almost a given for most community-based reentry programs, it is all the more reason to develop detailed program descriptions and implement a training and coaching process that gives staff the skills needed to be effective.

In a study of 54 community correctional programs, researchers looked at three domains—staff characteristics, training, and supervision—and found that each contributed to meaningful reductions in recidivism.<sup>30</sup> The attributes examined included:

- Qualified and experienced staff,
- Staff who were selected for skills and values consistent with offender rehabilitation,
- Regular staff meetings,
- Staff who are assessed on service delivery,
- Staff who receive clinical supervision,

- Training (initial and ongoing),
- Staff input in the program,
- Staff support treatment goals, and
- Ethical guidelines in place.

The more a correctional program meets these attributes, the greater its effect on recidivism.

**Quality Assurance.** A growing body of research indicates that well-designed and properly implemented programs are more effective.<sup>31</sup> For example, in one study, programs that scored highest in program integrity were associated with an average 22 percent *reduction* in recidivism, while the lowest-scoring programs had an average 19 percent *increase*.<sup>32</sup>

Unfortunately, maintaining program fidelity is difficult, and it is common for programs to drift from their model. Changes in leadership, staff turnover, and failure to put internal and external quality assurance processes in place are common and often contribute to the program not being delivered as designed. In sum, program fidelity is difficult to sustain, is related to successful outcomes, should not be assumed, and can be measured and monitored.<sup>33</sup>

**Delivering More Effective Services: Guidelines for Policymakers.** The following recommendations are intended for those designing and funding reentry programs, including efforts that begin in prisons, traditional halfway houses, and coalitions that bring together multiple service providers. Ideally, a reentry process would include at least three phases: (1) the institutional phase that provides programs and services designed to help inmates gain skills and changes needed to reduce their risk of reoffending, (2) the transitional phase that helps prepare inmates for release and transition back into the community, and (3) the community phase in which programs and services are provided once inmates have been released.<sup>34</sup>

Correctional leaders should also create policies that improve communication and cooperation among these three phases. This can include a summary of programs completed while incarcerated, a list of assets or

strengths, risk level, areas that still need to be addressed, and a release plan. Appointing someone to oversee and coordinate these phases is strongly recommended.

One important issue for institutional programming concerns the timing of treatment, especially for longer-term inmates. While prison programs can have other positive effects, such as improved institutional behavior, priority should be given to those inmates who are closer to release.<sup>35</sup> There is some evidence that effects for prison-based CBT programs are stronger closer to the end of incarceration, and some states, such as Ohio, provide prison-based reentry programs during the last two years of incarceration.<sup>36</sup>

States should also consider certificates of rehabilitation or employability for qualified inmates. These certificates can help remove barriers to obtaining jobs and give employers peace of mind when hiring ex-prisoners.

Correctional leaders should develop programming around a behavioral approach that addresses basic needs and removes barriers but stays focused on criminogenic needs. While an effective reentry process will require more than one approach, a uniform framework from which different interventions and services are provided is also important.

Brokering services and meeting non-criminogenic needs can often be handled through existing social services agencies. However, for targeting criminogenic needs, prison and community reentry programs should adopt an effective *behavioral* model that is consistently used across the entire program. In other words, use behavioral techniques (i.e., CBT) to target all criminogenic needs. The goal should be to use a cognitive behavioral approach within a structured social learning model.

If groups are offered, then the program should use manual curricula specifically designed for justice-involved individuals. Many of the available curricula detail the groups' goals, content, and recommended teaching methods.

Manuals help structure programming so that any trained staff can facilitate the group by knowing the lesson number or group topic. They usually include exercises or activities that provide the participant with the opportunity to practice newly acquired skills and behaviors in increasingly difficult situations (e.g., job interviews, conflicts, family interaction, and dealing with friends). Detailed manuals facilitate staff training, quality assurance, and consistency in service delivery. Furthermore, all staff need to be trained and coached and should consistently use manuals to facilitate groups.

Reentry programs should develop detailed program descriptions of offered services. Program descriptions should include information on the target population, assessment process, treatment model, targets for change, groups and services offered, curriculum used, schedule, completion criteria, how progress is gauged, treatment dosage and how it varies by risk and needs, and quality assurance and how it is done. Detailed program descriptions facilitate staff training and quality assurance, promote consistency in service delivery, and should be reviewed periodically by staff and updated as needed.

While groups are a mainstay of correctional programs and are often used in prison reentry programs, halfway houses, and outpatient settings, there is always some level of artificiality to groups. Structured groups undoubtedly are a more efficient delivery system, but reentry efforts—especially those offered in the community—need to include one-on-one work with participants. Not only does this allow reentry programs to tailor the sessions to the participants' specific needs, barriers, and situation, but it also makes it possible to train others (family, friends, and mentors) who interact regularly with the ex-prisoner on how to assist them more effectively.

Recall from the Pennsylvania study that parolees who successfully completed parole indicated that they had someone who served as a mentor. One example of this approach is a model being tested at the University of Cincinnati Corrections Institute: *Effective Practices for Community Support for Influencers*.<sup>37</sup> This model is designed to identify the persons in ex-prisoners' lives who want to help them (i.e., the "influencers") and then train "influencers" on the core correctional practices listed above. Identifying and training influencers can help build a pro-social network of individuals who have actual skills to help ex-prisoners avoid risky situations and increase dosage.

Whenever possible, reentry programs should be multimodal and centralize services (at least the core ones). As mentioned previously, many ex-prisoners have multiple criminogenic and non-criminogenic needs. One of the challenges of providing reentry services in the community is that participants are often sent to different service providers and often in different locations. The reentry staff essentially become case managers, while the participant has to navigate a wide range of agencies and programs.

This silo approach increases the chances that the participant will give up or only participate in the most convenient or easily accessible programs. Whenever possible, reentry services need to be centralized, and, when feasible, the community service providers should be encouraged to provide some services at the reentry site.

All staff providing core reentry services should be trained on all program material and curriculum and core correctional practices. If slots are available, external service providers should also be included in trainings.

Many community service providers do not use evidence-based programs or practices. This can reduce the effectiveness of reentry efforts. Although there is no easy solution to this problem, several steps can be taken.

To begin with, if there are contractual arrangements, the contracting agency can build a requirement into the agreement with the agency to use evidence-based practices (EBPs) and language that includes a monitoring or auditing requirement to ensure the program is delivered with fidelity. If there is no formal contract, referrals should be made to only those agencies that provide EBP whenever possible. Another option, as mentioned above, is to include local service providers in trainings.

Program providers should develop internal and external quality assurance processes. Internal processes can include conducting periodic observation of groups, with structured feedback given to facilitators; developing internal “coaches” to work with new staff; reviewing and auditing assessments and case plans; seeking feedback from participants; hosting regular staff meetings with agendas; and developing and tracking intermediate performance measures such as results from drug tests, completion rates, employment, and educational gains. External quality checks can include corrections departments’ periodic audits or program reviews and accrediting bodies’ certification or licensure of service providers.

Reentry programs should develop a memorandum of understanding with social service agencies to articulate goals, activities, inclusion and exclusion criteria, and acceptable strategies for how to work with difficult clients. Corrections departments should appoint a reentry coordinator to work with reentry coalitions and correctional officials to remove barriers, help coordinate services, improve communication, and serve as an ombudsman to help solve and mediate problems.

Family reunification should be a central component of reentry programming, and this process should begin before the inmate is released. Studies show that increasing visitation and family contact while incarcerated can reduce recidivism.<sup>38</sup> Lack of transportation, the high cost of long-distance phone calls, restrictive visitation schedules, and a hostile prison environment are all obstacles for families that want to visit their incarcerated family member.<sup>39</sup> A state reentry coordinator may be able to help resolve some obstacles. Local reentry groups can also assist by providing transportation so family members can visit prisons regularly.

It is also naive to believe that all stressors and problems that existed before incarceration will disappear once someone is released. In fact, it is more likely they have increased. Here, it is useful to borrow from Functional Family Therapy, which is used with juveniles. The five phases of the program are:

1. *Engagement.* This includes family relationship building.
2. *Motivation.* This includes developing a positive outlook and beginning work on family functioning.
3. *Relational Assessment.* This includes analyzing family dynamics and issues.
4. *Behavioral Change.* This includes focusing on skill building.
5. *Generalization.* This includes developing and sustaining existing linkages in the community and assisting families in developing relapse prevention plans.

All staff need to be trained, but training alone is not enough. Reentry programs should provide ongoing coaching, support, and booster sessions. Staff should also be evaluated regularly to analyze their competency in key service delivery skills.

Building community support can include developing local advisory boards, attending community meetings, developing linkages with community resources such as church or neighborhood groups and other human



service agencies, recruiting volunteers, and hosting regular briefings with local officials and stakeholders. Again, it is important to find leaders at different levels to serve as champions.

### **Lessons Learned from the Research**

In closing, there are several points to reiterate. First, who you put in a program is important: Pay attention to risk. Higher-risk individuals should receive the most intense programming and services. Second, what you target for change is important: Remove barriers, but stay focused on addressing criminogenic needs.

Third, how reentry programs target participants for change is crucial. The most effective programs use behavioral approaches in which participants are taught new skills and given ample opportunity to practice them. Finally, how well the program is implemented matters. High-quality service delivery, training, coaching and staff supervision, community support for programming, strong leadership, and quality assurance all make a difference.

## Notes

1. Maria Berghuis, "Reentry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis," *International Journal of Offender Treatment and Comparative Criminology* 62, no. 14 (2018): 4655–76, <https://journals.sagepub.com/doi/full/10.1177/0306624X18778448>; and Mirlinda Ndrecka, "The Impact of Reentry Programs on Recidivism: A Meta-Analysis" (PhD diss., University of Cincinnati, 2014, February 27, 2014), <https://cech.uc.edu/content/dam/cech/programs/criminaljustice/Docs/Dissertations/Ndreckam.pdf>.

2. The first US halfway houses were proposed in the early 1800s. For a brief history, see Edward J. Latessa and Brian Lovins, *Corrections in the Community: Seventh Edition* (New York: Routledge, 2019).

3. New Jersey, Ohio, Pennsylvania, and Wisconsin are all examples of states with extensive halfway house networks.

4. A considerable body of research has demonstrated that correctional programs and services can help reduce recidivism. James Bonta and Donald A. Andrews, *The Psychology of Criminal Conduct: 6th Edition* (New York: Routledge, 2016); Francis T. Cullen, "Rehabilitation: Beyond Nothing Works," *Crime and Justice: A Review of Research* 42, no. 1 (August 2013): 299–376, [https://www.jstor.org/stable/10.1086/670395?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/10.1086/670395?seq=1#page_scan_tab_contents); Donald A. Andrews et al., "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis," *Criminology* 28, no. 3 (August 1990): 369–404, [https://www.researchgate.net/publication/264637995\\_Does\\_Correctional\\_Treatment\\_Work\\_A\\_Clinically\\_Relevant\\_and\\_Psychologically\\_Informed\\_Meta-Analysis](https://www.researchgate.net/publication/264637995_Does_Correctional_Treatment_Work_A_Clinically_Relevant_and_Psychologically_Informed_Meta-Analysis); Paul Gendreau and Robert R. Ross, "Revivification of Rehabilitation: Evidence from the 1980s," *Justice Quarterly* 4, no. 3 (1987): 349–407, <https://www.tandfonline.com/doi/abs/10.1080/07418828700089411>; Paul Gendreau and Bob Ross, "Effective Correctional Treatment: Bibliotherapy for Cynics," *Crime & Delinquency* 25, no. 4 (1979): 463–89, <https://journals.sagepub.com/doi/abs/10.1177/001112877902500405?journalCode=cadc>; and Edward J. Latessa and Christopher Lowenkamp, "What Works in Reducing Recidivism," *University of St. Thomas Law Journal* 3, no. 3 (Spring 2006): 521–35, <https://ir.stthomas.edu/cgi/viewcontent.cgi?article=1095&context=ustlj>.

5. Edward J. Latessa, "Best Practices of Classification and Assessment," *Journal of Community Corrections* 12 (Winter 2003–04): 4–6, 27–30, [https://www.uc.edu/content/dam/uc/ccjr/docs/articles/Best\\_Practices\\_Classification\\_Assessment.pdf](https://www.uc.edu/content/dam/uc/ccjr/docs/articles/Best_Practices_Classification_Assessment.pdf).

6. Christopher T. Lowenkamp and Edward J. Latessa, "Evaluation of Ohio's Community-Based Correctional Facilities and Halfway House Programs," University of Cincinnati, September 1, 2002, [https://www.researchgate.net/publication/237720823-Evaluation\\_of\\_Ohio's\\_Community-Based\\_Correctional\\_Facilities\\_and\\_Halfway\\_House\\_Programs](https://www.researchgate.net/publication/237720823-Evaluation_of_Ohio's_Community-Based_Correctional_Facilities_and_Halfway_House_Programs).

7. Lowenkamp and Latessa, "Evaluation of Ohio's Community-Based Correctional Facilities and Halfway House Programs."

8. Edward J. Latessa, Lori Brusman Lovins, and Paula Smith, "Follow-Up Evaluation of Ohio's Community-Based Correctional Facility and Halfway House Programs—Outcome Study," University of Cincinnati, February 2010, <https://www.uc.edu/ccjr/reports.html>.

9. Christopher T. Lowenkamp and Edward J. Latessa, "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders," National Institute of Corrections, January 2004, 3–8, [https://www.researchgate.net/publication/309457017\\_Understanding\\_the\\_risk\\_principle\\_How\\_and\\_why\\_correctional\\_interventions\\_can\\_harm\\_low-risk\\_offenders\\_Technical\\_report](https://www.researchgate.net/publication/309457017_Understanding_the_risk_principle_How_and_why_correctional_interventions_can_harm_low-risk_offenders_Technical_report).

10. K. Bitney et al., "The Effectiveness of Reentry Programs for Incarcerated Persons: Findings for the Washington Statewide Reentry Council," Washington State Institute for Public Policy, May 2017, [http://www.wsipp.wa.gov/ReportFile/1667/Wsipp-The-Effectiveness-of-Reentry-Programs-for-Incarcerated-Persons-Findings-for-the-Washington-Statewide-Reentry-Council\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1667/Wsipp-The-Effectiveness-of-Reentry-Programs-for-Incarcerated-Persons-Findings-for-the-Washington-Statewide-Reentry-Council_Report.pdf); and B. Fulton et al., "State of ISP: Research and Policy Implications," *Federal Probation* 61, no. 4 (December 1997): 65–75, <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=174629>.

11. Matthew Makarios, Kimberly Sperber, and Edward J. Latessa, "Treatment Dosage and the Risk Principle: A Refinement and Extension," *Journal of Offender Rehabilitation* 53, no. 5 (July 2014): 334–50, [https://www.researchgate.net/publication/271939985\\_Treatment\\_Dosage\\_and\\_the\\_Risk\\_Principle\\_A\\_Refinement\\_and\\_Extension](https://www.researchgate.net/publication/271939985_Treatment_Dosage_and_the_Risk_Principle_A_Refinement_and_Extension).

12. Guy Bourgon and Barbara Armstrong, "Transferring the Principles of Effective Treatment into a 'Real World' Prison Setting," *Criminal Justice and Behavior* 32, no. 1 (February 2005): 3–25, <https://journals.sagepub.com/doi/abs/10.1177/0093854804270618?journalCode=cjbb>; Kimberly Gentry Sperber, Edward J. Latessa, and Matthew D. Makarios, "Examining the Interaction Between Level of Risk and Dosage of Treatment," *Criminal Justice and Behavior* 40, no. 3 (March 2013): 338–48; and Makarios et al., "Treatment Dosage and the Risk Principle."

13. Kimberly Gentry Sperber and Christopher T. Lowenkamp, "Dosage Is More Than Just Counting Program Hours: The Importance of Role-Playing in Treatment Outcomes," *Journal of Offender Rehabilitation* 56, no. 7 (2017): 433–51, <https://www.tandfonline.com/doi/abs/10.1080/10509674.2017.1359222?journalCode=wjor20>.

14. Donald A. Andrews and James Bonta, *The Psychology of Criminal Conduct: 5th Edition* (Cincinnati, OH: Anderson Publishing, 1994).

15. Kristofer Bret Bucklen and Gary Zajac, "But Some of Them Don't Come Back (to Prison!): Resource Deprivation and Thinking Errors as Determinants of Parole Success and Failure," *Prison Journal* 89, no. 3 (September 2009): 239–64, <https://journals.sagepub.com/doi/10.1177/0032885509339504>.

16. For a more detailed discussion of improving employment programs, see Sperber and Lowenkamp, "Dosage Is More Than Just Counting Program Hours"; Edward J. Latessa, "Why Work Is Important, and How to Improve the Effectiveness of Correctional Reentry Programs That Target Employment," *Criminology & Public Policy* 11, no. 1 (February 2012): 87–91, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9133.2012.00790.x>; and Edward J. Latessa, "Why the Risk and Needs Principles Are Relevant to Correctional Programs (Even to Employment Programs)," *Criminology & Public Policy* 10, no. 4 (November 2011): 973–77, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9133.2011.00759.x>.

17. Andrews and Bonta, *The Psychology of Criminal Conduct*.

18. Latessa, "Best Practices of Classification and Assessment"; and Edward J. Latessa and Brian Lovins, "The Role of Offender Risk Assessment: A Policy Maker Guide,"

*Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice* 5, no. 3 (June 2010): 203–19, <https://www.tandfonline.com/doi/abs/10.1080/15564886.2010.485900>.

19. Anthony W. Flores et al., “Evidence of Professionalism or Quackery: Measuring Practitioner Awareness of Risk/Need Factors and Effective Treatment Strategies,” *Federal Probation* 69, no. 2 (2005): 9–14, [https://www.uscourts.gov/sites/default/files/69\\_2\\_3\\_0.pdf](https://www.uscourts.gov/sites/default/files/69_2_3_0.pdf).

20. Both agencies—the Department of Correction and the Department of Youth Services—also require staff to complete recertification training on the instruments every three years.

21. Paul Gendreau, Sheila A. French, and Angela Gionet, “What Works (What Doesn’t Work),” *Journal of Community Corrections* 13, no. 3 (Spring 2004): 4–10, [https://www.civicrosearchinstitute.com/online/article\\_abstract.php?pid=9&iid=224&aid=1567](https://www.civicrosearchinstitute.com/online/article_abstract.php?pid=9&iid=224&aid=1567).

22. Edward J. Latessa et al., “Evaluation of Ohio’s Prison Programs,” University of Cincinnati Corrections Institute, October 2015, [https://www.researchgate.net/publication/290810844\\_Evaluation\\_of\\_Ohio’s\\_Prison\\_Programs](https://www.researchgate.net/publication/290810844_Evaluation_of_Ohio’s_Prison_Programs).

23. Lack of transportation was found to be the most frequent barrier for federal offenders. Thomas H. Cohen and Jay Whetzel, “The Neglected ‘R’—Responsivity and the Federal Offender,” *Federal Probation Journal* 78, no. 2 (September 2014): 11–18, <https://www.uscourts.gov/federal-probation-journal/2014/09/neglected-r-responsivity-and-federal-offender>.

24. The hours would not include engagement in work, school, case planning, mental health services, or activities focused on non-criminogenic factors.

25. According to the National Institute of Justice, “CBT has been found to be effective with juvenile and adult offenders; substance abusing and violent offenders; and probationers, prisoners, and parolees. It is effective in various criminal justice settings, both in institutions and in the community, and addresses a host of problems associated with criminal behavior.” Patrick Clark, “Preventing Future Crime with Cognitive Behavioral Therapy,” *National Institute of Justice Journal* 265, no. 1 (April 2010), <https://www.nij.gov/journals/265/pages/therapy.aspx>.

26. Nana A. Landenberger and Mark W. Lipsey, “The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment,” *Journal of Experimental Criminology* 1, no. 4 (December 2005): 451–76, <https://link.springer.com/article/10.1007/s11292-005-3541-7>.

27. Donald A. Andrews and J. J. Kiessling, “Program Structure and Effective Correctional Practices: A Summary of the CaVIC Research,” *Effective Correctional Treatment* 28 (1980): 441–63; and Craig Dowden and Donald A. Andrews, “The Importance of Staff Practice in Delivering Effective Correctional Treatment: A Meta-Analytic Review of Core Correctional Practice,” *International Journal of Offender Therapy and Comparative Criminology* 48, no. 2 (April 2004): 203–14, <https://journals.sagepub.com/doi/10.1177/0306624X03257765>.

28. Nick Chadwick, Angela Dewolf, and Ralph Serin, “Effectively Training Community Supervision Officers: A Meta-Analytic Review of the Impact on Offender Outcome,” *Criminal Justice and Behavior* 42, no. 10 (July 2015): 1–13, <https://journals.sagepub.com/doi/abs/10.1177/0093854815595661>.

29. Shelley Johnson Listwan, Francis T. Cullen, and Edward J. Latessa, "How to Prevent Prisoner Re-Entry Programs from Failing: Insights from Evidence-Based Corrections," *Federal Probation* 70, no. 1 (2006): 19–25.

30. Makarios et al., "Treatment Dosage."

31. Michael T. Baglivio et al., "Does Treatment Quality Matter? Multilevel Examination of the Effects of Intervention Quality on Recidivism of Adolescents Completing Long-Term Juvenile Justice Residential Placement," *Criminology & Public Policy* 17, no. 1 (February 2018): 147–80, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9133.12338>; Grant Duwe and Valerie Clark, "Importance of Program Integrity: Outcome Evaluation of a Gender-Responsive, Cognitive-Behavioral Program for Female Offenders," *Criminology & Public Policy* 14, no. 2 (May 2015): 301–28, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9133.12123>; Alexander M. Holsinger, "Opening the 'Black Box': Assessing the Relationship Between Program Integrity and Recidivism" (PhD diss., University of Cincinnati, 2019), [https://www.researchgate.net/publication/36227817\\_Opening\\_the\\_'black\\_box'\\_assessing\\_the\\_relationship\\_between\\_program\\_integrity\\_and\\_recidivism](https://www.researchgate.net/publication/36227817_Opening_the_'black_box'_assessing_the_relationship_between_program_integrity_and_recidivism); Edward J. Latessa, Christopher T. Lowenkamp, and Kristin Bechtel, "Community Corrections Centers, Parolees, and Recidivism: An Investigation into the Characteristics of Effective Reentry Programs in Pennsylvania," University of Cincinnati, November 2009, <https://www.semanticscholar.org/paper/Community-Corrections-Centers-%2C-Parolees-%2C-and-%3A-An-Latessa-Lowenkamp/742f414bff10ec86c8111doai34e395c57be78f9>; Christopher T. Lowenkamp, "Correctional Program Integrity and Treatment Effectiveness: A Multi-Site, Program-Level Analysis" (PhD diss., University of Cincinnati, 2004), [https://etd.ohiolink.edu/pg\\_10?::NO:10:P10\\_ETD\\_SUBID:79576](https://etd.ohiolink.edu/pg_10?::NO:10:P10_ETD_SUBID:79576); Christopher T. Lowenkamp, Edward J. Latessa, and Paula Smith, "Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention," *Criminology & Public Policy* 5, no. 3 (August 2006): 575–94, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9133.2006.00388.x>; Christopher T. Lowenkamp et al., "Community Corrections Facilities for Juvenile Offenders in Ohio: An Examination of Treatment Integrity and Recidivism," *Criminal Justice and Behavior* 37, no. 6 (March 2010): 695–708, <https://journals.sagepub.com/doi/10.1177/0093854810363721>; Matthew Makarios et al., "Staff Quality and Treatment Effectiveness: An Examination of the Relationship Between Staff Factors and the Effectiveness of Correctional Programs," *Justice Quarterly* 33, no. 2 (December 2016): 348–67, [https://www.researchgate.net/publication/271822263\\_Staff\\_Quality\\_and\\_Treatment\\_Effectiveness\\_An\\_Examination\\_of\\_the\\_Relationship\\_between\\_Staff\\_Factors\\_and\\_the\\_Effectiveness\\_of\\_Correctional\\_Programs](https://www.researchgate.net/publication/271822263_Staff_Quality_and_Treatment_Effectiveness_An_Examination_of_the_Relationship_between_Staff_Factors_and_the_Effectiveness_of_Correctional_Programs); and Michael Ostermann and Jordan M. Hyatt, "When Frontloading Backfires: Exploring the Impact of Outsourcing Correctional Interventions on Mechanisms of Social Control," *Law & Social Inquiry* 43, no. 4 (Fall 2018): 1308–39, <https://doi.org/10.1111/lsi.12300>.

32. Lowenkamp and Latessa, "Evaluation of Ohio's Community-Based Correctional Facilities and Halfway House Programs."

33. Tools that can be used to assess program integrity include the CPAI and CPC. Stephanie A. Duriez et al., "The Evolution of Correctional Program Assessment in the Age of Evidence-Based Practices," *Corrections: Policy, Practice and Research* 3, no. 1 (October 2017): 119–36.

34. Faye S. Taxman et al., "From Prison Safety to Public Safety: Best Practices in Offender Reentry," University of Maryland, College Park, 2003.
35. Latessa et al., "Evaluation of Ohio's Prison Programs."
36. Landenberger and Lipsey, "The Positive Effects of Cognitive-Behavioral Programs for Offenders."
37. M. Schweitzer Smith, J. Sleyo, and Edward J. Latessa, "Beyond Formal Supervision: Engaging Offender Support Networks," *Perspectives* 40 (2016): 34-44.
38. Meghan M. Mitchell et al., "The Effect of Prison Visitation on Reentry Success: A Meta-Analysis," *Journal of Criminal Justice* 47 (December 2016): 74-83, <https://www.sciencedirect.com/science/article/pii/S0047235216300575>.
39. Edward J. Latessa, Shelley J. Listwan, and Deborah Koetzle, *What Works (and Doesn't) in Reducing Recidivism* (Cincinnati, OH: Anderson Publishing, 2013).

### 3

## Integrating Lived Experience into Reentry Evaluation Design

NANCY LA VIGNE AND JANEEN BUCK WILLISON

Over the past decade, the US federal government has invested hundreds of millions of dollars in programs designed to support successfully reintegrating people leaving correctional confinement, with the goal of reducing their recidivism, improving reentry, and enhancing public safety. Since 2009, approximately 800 grants totaling over \$400 million have been awarded under the Second Chance Act (SCA) alone,<sup>1</sup> and federal research agencies both in and outside the Department of Justice have invested heavily in multisite national evaluations to assess these efforts' impacts. What have we learned from this colossal investment? While ample insights have been generated, many through evaluations in which we have had a role,<sup>2</sup> far too often key impact findings lack the essential details and context needed to advance the field.

In the reentry research space, the focus has been almost entirely on rigor, elevating randomized controlled trials (RCTs) with little regard to implementation fidelity and context. Indeed, as we have both documented elsewhere,<sup>3</sup> much of the research generated to date has failed to deliver what the field needs: a thorough understanding of the nuances and limitations of program content and delivery that can inform better application of reentry programs, more accurate documentation of their impact, and a detailed understanding of program implementation failures that can improve practice and ultimately enhance public safety.

This chapter describes why reentry program evaluators must incorporate the experiences, perceptions, and insights of three distinct populations into their study designs: program participants, developers, and implementers. Each stakeholder group brings a unique perspective that can help evaluators measure not just whether a program is working but

how well it is working, for whom it is working, and how it can be improved and sustained. Each may also offer important insight into how best to measure reentry success beyond the routine metric of recidivism reduction.

In this chapter we describe how soliciting the input of these crucial actors can help evaluators identify new outcome measures and generate insights to improve program implementation, including more tailored and effective service delivery. To illustrate these concepts, we draw on the Urban Institute's work in designing and populating the What Works in Reentry Clearinghouse systematic review platform and from its evaluations of reentry programs. We also look at the reentry research evidence funded under the SCA and other initiatives. We conclude with a discussion of the challenges and opportunities associated with incorporating lived and professional experiences more fully into program evaluation.

### **State of the Reentry Program Evidence**

Evidence-based practice has firmly taken root in the context of corrections and reentry in recent years, with most if not all federal reentry grant programs requiring research partners, an evaluation component, and indication that the proposed program is evidence based. However, requiring evidence-based reentry programs, while inarguably sensible, becomes clouded by a lack of knowledge of—or agreement about—what accounts for evidence.<sup>4</sup> Imagine the perspective of the program developer on the ground: Name a reentry intervention—it could be work release,<sup>5</sup> family visitation programs,<sup>6</sup> or even transcendental meditation<sup>7</sup>—and at least one evaluation finds it yields the intended impact. Yet for every type of program that evidence suggests works, countless studies find the same type of program does not work, making it difficult for program developers to make sense of it all.

Efforts such as the What Works in Reentry<sup>8</sup> and CrimeSolutions.gov clearinghouses were developed for that purpose. These evidence hubs summarize evaluations that have been carefully screened for rigor to ensure that their findings are credible. Their purpose is to make these studies accessible to the field, guiding reentry decision makers—whether heads of departments of corrections or nonprofit reentry program



providers—on the most impactful programs and interventions. While a noble aspiration, these clearinghouses fall short of effectively translating the research evidence for two reasons: (1) They imply that replication is the end goal, and (2) they fail to provide details on the context behind what works—leaving practitioners to guess what program features they should replicate and for whom.

In terms of replication, the promotion of evidence-based research has sent an implicit message to the field that if only we knew what worked—based on the most rigorous and credible evidence available—those programs could be replicated throughout the country, reducing recidivism and improving reentry success. However, this runs counter to our knowledge of the reentry literature, which suggests that rather than replicating a specific program that worked in another place and time, program developers should follow a process of program design and implementation that is guided by a thorough understanding of the characteristics and needs of their reentry population and the community context to which they return, with a focus on both tailored and holistic treatment and service delivery.<sup>9</sup> This approach requires an understanding of and attention to the conditions that ensure effective practices can be appropriately implemented and sustained in typical service delivery settings—factors such as client needs, organizational cultures, and community dynamics. This leads to the second fatal flaw of the evidence base: a lack of implementation context.

Unfortunately, the research evidence clearinghouses fall short in guiding practitioners on what truly works because the raw data used to populate their content—largely journal articles written for academic audiences—rarely attend to issues of program delivery and fidelity. For example, only one in three studies with sufficient methodological rigor to be included in the What Works in Reentry Clearinghouse mentions the quality of the program delivery and the degree to which it was implemented as intended.<sup>10</sup> Among those that do, most reference implementation in passing, perhaps noting that a specific population did not receive the intended dosage, such as the share of treatment group members who did not complete the program because they were transferred to another facility or released before program completion.

Indeed, perhaps the most serious flaw among reentry program evaluations, *including those that meet methodological rigor*, is the absence of any

effort to document how the program was implemented and whether that implementation was aligned with the program's intent, a concept known as "implementation fidelity."<sup>11</sup> Assessing implementation fidelity is a crucial component of a comprehensive impact evaluation that encompasses documenting the program model and its key components and measuring the extent to which the program was implemented and operated in accordance with that program model. This includes not only documenting whether the program adhered to specified eligibility criteria, served the intended target population, delivered the array of programming and services envisioned, and aligned dosage for different types of program participants as intended, but also soliciting staff and program participant perceptions of program quality of content and delivery. Without this information, findings from an impact evaluation will lack the details necessary to enhance program delivery, impact, and replication.

Inattention to fidelity also fails to inform the field at large. For example, if an impact evaluation finds a significant program effect on recidivism but lacks an implementation evaluation, program implementers and the field writ large will have little context with which to understand the mechanisms behind how the program worked, for whom, and why. This can lead to replication of an effective program with a population and in a correctional context that will render it ineffective, wasting precious program resources. Conversely, if an impact evaluation finds no effect on outcomes and does not include an implementation evaluation, it is impossible to know whether the intervention itself or its implementation was flawed. This lack of context could result in theoretically and conceptually sound programs being discontinued rather than informing their improvement through sound implementation.

The field's overall failure to routinely include implementation fidelity as a component of reentry program evaluation is related to—and exacerbated by—the absence of efforts to solicit the input of clients, program developers, and program implementers. Inviting such input is consistent with the "participatory action research"<sup>12</sup> approach, which embraces an equal partnership between researcher and practitioner in the evaluation process and includes regular feedback loops that can inform adjustments. As discussed below, it is an essential component to both program design and evaluation.

### **Incorporating Professional and Lived Experience into Program Design and Evaluation**

Failing to include the experiences, perceptions, insights, and recommendations from program clients, developers, and implementers represents a missed opportunity to develop programs that are tailored to the clients' needs, document whether the program is delivered as intended, enhance program effectiveness, evaluate program impact in the context of implementation fidelity, and yield findings that can improve and sustain the program over time.

**Designing Effective Programs.** Interviewing prospective program participants and staff who are likely to facilitate and implement a reentry program yields insights on program design and implementation strategies that can enhance delivery and impact. On a basic level, if correctional populations are housed in unsafe or overcrowded environments, fear for their safety, or have unmet mental or physical health needs, they are unlikely to benefit from any self-betterment programming.

In addition, programs require the space and correctional context conducive to their delivery. For example, in medium- to high-security prisons, issues such as access to a classroom setting and safety for both program participants and staff become crucial to program design. These considerations should be informed by interviewing people who live and work in the correctional facility, who can provide insights on the best means of engaging with prospective program participants and offer suggestions for program delivery that are consistent with the specific context and population of interest. These same individuals may also offer insights about clients' needs that can inform the program developer's decisions about what programming and services should comprise the reentry program strategy.

Soliciting the experiences and perspectives of the people the reentry program intends to serve—in either the facility or community—can also offer program designers and evaluators valuable insights about needed services, potential barriers to program participation, and suggestions on how to effectively reach and engage intended populations. In turn, inviting input from program participants, such as learning how they would define program success and the salient factors contributing to it, can help identify

additional measures that illuminate the presumed causal connections between reentry services and successful reintegration.<sup>13</sup>

Engaging with justice-involved populations and program staff in facilities and the community can also inform efforts to rigorously evaluate reentry programs. Far too often programs are developed and implemented before program evaluations are designed, limiting the degree to which more rigorous evaluation methodologies, such as RCTs, can be employed. Evaluability assessments are intended to address this gap, entailing baseline data collection and analysis to understand the target population and its needs and document program participant eligibility and release rates to ensure sufficient volume (*N*) to support statistically significant impacts.<sup>14</sup> This includes activities such as conducting a data inventory of participant and program metrics, reviewing eligibility criteria, mapping program recruitment mechanisms and case flows, and identifying comparison groups. As discussed later in this section, researchers can benefit tremendously from conducting focus groups or interviews with correctional and program staff to solicit insights and develop context to inform such assessments, which, along with documenting program intent, are important foundations for evaluating impact.

**Documenting Program Intent.** A crucial component of effective program design is clearly articulating the intended activities and anticipated pathways to the outcomes of interest—known as the “theory of change.” Developing that theory requires mapping a program’s logic (via logic model) to describe what the program is, who it is designed for, what it is intended to accomplish, and why. Logic models are not an academic, theoretical undertaking, but rather a practical means of documenting how program activities are envisioned to yield intended impacts.

Take for example a program on cognitive behavioral change: The overall program logic is that helping participants think differently about the consequences of their actions will alter their future decision-making, making them less likely to engage in criminogenic behaviors such as excessive drinking or hanging out with antisocial peers and more likely to engage in pro-social behaviors such as keeping a steady job and refraining from criminal activity. This is but a high-level summary of the program’s logic.

In a thorough logic model development effort, each stage of this process would be scrutinized to ensure that intermediary steps (e.g., identification of program participants, program content delivery mechanisms, and anticipated program hours or “dosage”) are clearly identified. Doing so requires interviewing program developers so they can specify the program’s anticipated inputs, outputs, and outcomes and mapping those components to outline the causal links between them. Once articulated, evaluators can work with program developers to assess the program’s components against current research to ensure they align with the evidence base. Logic models can also be used to guide data collection processes, assess implementation fidelity, inform midcourse corrections, and generate relevant evaluation metrics.

**Assessing and Enhancing Implementation Fidelity.** Engaging with program staff and developers in reentry evaluations can also inform assessments of implementation fidelity, including adherence to and departures from the specified program model and identification of factors that support or impede operations. Moreover, participants and staff alike can help evaluators refine and more accurately capture measures of service utilization to determine the nature and dosage of services reentry participants receive (e.g., what, how much, and for how long). Without strong service utilization data, it is impossible to know if recommended service thresholds have been achieved;<sup>15</sup> what duration, intensity, and composition of services participants receive;<sup>16</sup> and when and in what combination or sequence services are provided for optimal impact. Answering these questions is crucial to unpacking what services may be most impactful, in what combination, and for which participants.

Similarly, hearing from program participants may unearth new intermediate measures of success and capture program-related experiences such as perceived gaps in program services or disconnects in program philosophies, along with the most-valued program elements. This type of information can be incorporated into an evaluation feedback loop—a key component of the action research model. Rather than the typical academic evaluation methodology that advises researchers to remain distant from program developers and implementation in the interests of objectivity, the action research model encourages evaluators to share midcourse

findings related to poor implementation fidelity so they can improve the programs' impact.<sup>17</sup>

**Interpreting Impact Findings.** Using program participant and staff input to document and assess implementation fidelity can also provide crucial context for interpreting impact findings. Take for example the findings of a study of the impact of Ohio halfway houses (termed “community-based residential program”). The study found that they were effective for people at medium and high risk of recidivating but harmful for those at low risk, for whom those in the treatment group had higher recidivism rates than those in the comparison group.<sup>18</sup> This study was a seminal piece of research in support of the principle of risk-needs-responsivity,<sup>19</sup> which prescribes focusing on those at higher risk of reoffending, addressing their underlying criminogenic needs, and providing treatment that is tailored to the individual's learning style and strengths.

However, the study does not explain why halfway houses could harm those at low risk. Had the researchers interviewed some of those study participants, researchers may have learned that mandatory time in a halfway house not only interrupted participants' plans to begin employment and reunite with their families due to the halfway house's residential restrictions and distance from home but also put them in contact with high-risk individuals who could hurt their successful reintegration. While this explanation is purely hypothetical, it suggests that learning from program participants' experiences can generate new insights when findings demonstrate differential impacts by subpopulation.

In another example of interpretation of impact evaluation findings, recent research suggests that employing strengths-based delivery models that highlight participants' assets—family, skills, and talents—hold considerable promise. Often termed “motivational interviewing” in the context of community supervision, this delivery mode has been found to yield better compliance with conditions of supervision and lower recidivism rates.<sup>20</sup> Similarly, Urban's national multisite evaluation of drug court programs found that the judge's demeanor was vital in supporting client outcomes. Those who had judges who treated them with respect, remembered their name, and conveyed a sincere interest in their welfare had lower recidivism rates than those who rated their judge less favorably,

controlling for a whole host of other factors (e.g., age, criminal record, and substance use history).<sup>21</sup> These two studies suggest that program participants' perceptions about the level of commitment, engagement, and respect program implementers conveyed may be a crucial consideration in interpreting findings—information that can be discerned only from program participants.

**Promoting Program Sustainability.** A common challenge among reentry programs is the difficulty associated with sustaining the program over time, even when evaluations demonstrate successful impacts. This pertains to both sustaining program fidelity and ensuring the program stays afloat altogether. As staff change and programs mature, oversight of program implementation can diminish, resulting in relaxed adherence to program participant eligibility criteria, uneven or diminished treatment dosage, poor follow-up, and a host of other fidelity problems. Engagement of program participants and staff can solicit insights on opportunities for continued refinements of the program as it matures, as well as whether expansion is feasible and, if so, where and for what populations. This engagement can serve a dual purpose, raising awareness that the program and its implementation are being thoroughly documented, which could help sustain the program over time, despite changes in political winds and executive leadership.

Changes in leadership, particularly at the executive level, often come with new initiatives at the expense of existing ones. New leaders are typically eager to put their own stamp on agency priorities and may want to distance themselves from their predecessor's pet programs and initiatives. While this is a natural instinct, it can put effective programs in jeopardy of termination. Interviews and focus groups with program providers and other agency staff can aid in understanding the political environment regarding the leadership, organizational culture, level of commitment, and opportunities for enhancing it. Such information could make a strong case for program continuation even during changes in leadership and may point to opportunities in existing budgets and the philanthropic funding landscape for sustaining or expanding the program should the evaluation results merit it.

## Strategies and Considerations for Obtaining Key Stakeholder Input

There are several options for soliciting input from program participants, developers, and implementers for the sake of informing program development and evaluation designs. We discuss three such methods—focus group discussions, semi-structured individual interviews, and self-administered surveys—drawing on recent Urban Institute evaluations and examples from the literature to highlight the utility and value of each and some of the logistic and resource considerations and constraints.

**Focus Group Discussions.** Focus groups offer a cost-effective method to program designers and evaluators alike by which to quickly gather candid, reliable, and rich observations from a mix of participants.<sup>22</sup>

The Solano County (California) Women’s Reentry Achievement Program (WRAP), which received funding under the SCA, provides a concrete example of how program developers can leverage the input of people with lived experience. To inform program development, the county’s Department of Health and Social Services conducted focus groups with women previously incarcerated in the Solano County jail. These discussion groups asked women about the type of reentry support and services they received and invited them to reflect on what services they wished they had received (but did not) and what services they believed were crucial to their success in the community. WRAP project architects then used that information to guide the structure and scope of services.

Evaluators can also use focus group discussions with program participants and their family members to explore participant impressions of the program, services received, interactions with program staff and partners, and recommendations for program improvement. Urban’s use of program participant and family member focus groups during its evaluation of the Allegheny County (Pennsylvania) Jail Collaborative’s reentry programs<sup>23</sup> yielded crucial insights about how clients and family members experienced the program, their respective definitions of reentry success, the role of case manager support and advocacy in participant success, and the widely held desire among participants to give back and play an active role in supporting people about to return to the community from jail—something participants identified as vital to maintain their own reentry success.



In turn, family member focus groups highlighted program strengths (regularly scheduled Saturday contact visitation held in family-friendly facility spaces and on-site family therapists) and gaps (the need for multiple visitation sessions on a single day that could accommodate a family's unforeseen scheduling issues) that evaluators could present to program implementers for considered action.

**Stakeholder Interviews.** While focus groups can efficiently address multiple topics, semi-structured interviews—either by phone or in person—offer researchers the opportunity to explore more nuanced topics or issues that may not lend themselves to group discussion. For example, to inform the development of a survey on the attributes of rehabilitative prison cultures,<sup>24</sup> Urban conducted brief 15-minute individual interviews with incarcerated people in multiple prisons to solicit their input and observations on what would constitute a pro-social correctional environment. Researchers drew on these interviews to identify key constructs and craft survey items to measure those constructs.

In turn, highly structured participant interviews can provide researchers with the opportunity to dive into a participant's understanding of the program and its goals, how the program aligns (or not) with participant goals and vision for reentry success including what that means to the participant, and factors influencing participant program utilization of services and program dosage (duration, intensity, and frequency)—a crucial gap in most reentry evaluations. Interviewing participants in close proximity to salient program events can enhance participant recall.

Similarly, semi-structured interviews with program staff can yield important information about support for and understanding of the program's objectives, adherence to core program practices, fidelity to the program model, and expectations around client progress and performance. Regular interviews with program staff also serve to document changes in program operations and structures over time and the reasons for those changes.

**Self-Administered Surveys.** Another means of soliciting input and insights from program developers and implementers is through self-administered surveys, often conducted electronically. Urban has conducted brief online stakeholder surveys as part of several process evaluations—including the

recently completed seven-site evaluation of adult SCA reentry programs with RTI International<sup>25</sup> and 14-site Transition from Jail to Community (TJC) Initiative<sup>26</sup>—to gauge program staff and stakeholder awareness of a program’s or initiative’s goals and objectives, support for and use of relevant evidence-based practices, perceived barriers to service delivery, and collaboration and information exchange. Relative to semi-structured interviews, self-administered surveys allow for a more systematic measurement of key concepts with a broader cross-section of stakeholders and at relatively minimal cost. They can also be used to discern whether perceptions changed over time.

For the SCA evaluation, survey results offered insights about variation in stakeholder support for and use of core evidence-based practices and the scope and structure of partner collaboration across the sites, which provided crucial context for the study’s mixed impact findings. For the TJC initiative, stakeholder survey findings identified implementation strengths and challenges that the sites could work on in real time: for example, survey items about the perceived support and awareness of key constituencies about the initiative pointed to groups (such as business leaders, elected officials, etc.) that initiative leadership needed to engage, while questions about use of evidence-based practices suggested areas for further technical assistance (e.g., transition case planning and the risk-need-responsivity principle).

Lastly, brief client surveys at program exit or at key milestones in program participation afford program implementers and evaluators the opportunity to not only routinely measure participants’ satisfaction with the program experience, as the name suggests, but also explore what program components or activities are most or least valued by participants and why, uncover barriers to program access, and identify crucial gaps to be filled. Survey findings might also explain underused program components, reveal unintended duplication, or identify easy-to-remedy features that inhibit or deter participation. Addressing these issues can improve program performance and client outcomes.

### Conclusions and Recommendations

Program participants, developers, and implementers have unique perspectives that can inform evaluation designs, data collection, and analyses, yet a review of the reentry research suggests that relatively few studies solicit their input during crucial planning stages, program implementation, or “ground truth” evaluation findings. While many comprehensive reentry evaluations routinely interview program participants, most do so to collect self-reported criminal activity, service utilization, or attitudinal measures that cannot readily or reliably be gleaned from administrative data or program records. Rarely do studies consult program participants about what reentry success means to them, their reentry experiences, or their perceptions of programming and services. Likewise, we posit that evaluators often underuse program implementers’ voices. Yet, these individuals and program developers can provide evaluators with rich data on program objectives, operations, and outcomes necessary to enhance both reentry programs and evaluations.

Throughout this chapter, we illustrated several examples that underscore the utility of incorporating the voices of people with professional and lived experience into program design and evaluation and describe several practical methods for doing so. Yet, the value of doing so bears repeating, as reentry evaluations that focus on narrowly defined measures of success and RCT designs will continue to yield null findings, and any positive findings will offer little instruction for the field regarding what to replicate for success. To address this gap, the field would benefit from adopting more participatory action research approaches that incorporate the voices of program participants and stakeholders. Doing so will not only strengthen reentry program designs and evaluation but also provide crucial insights about what works for whom and why.

## Notes

1. Council of State Governments Justice Center, “Responding to the FY2019 Solicitation Second Chance Act Improving Reentry for Adults with Co-Occurring Substance Abuse and Mental Illness,” May 27, 2019, [https://issuu.com/csgjustice/docs/fy19-sca-csami-solicitation-webinar\\_presentat](https://issuu.com/csgjustice/docs/fy19-sca-csami-solicitation-webinar_presentat).

2. Urban’s portfolio of reentry evaluations includes the National Institute of Justice-funded evaluation of the Opportunity to Succeed program, Returning Home, Serious Violent Offender Reentry Initiative with RTI International, Transition from Jail to Community Initiative, Evaluability Assessment of BJA FY2011 Second Chance Act Adult Offender Reentry Demonstration Projects, the multisite evaluation of the FY2011 Adult Offender Reentry Demonstration Projects with RTI, the multisite evaluation of the Office of Juvenile Justice and Delinquency Prevention FY2010 Second Chance Act Juvenile Offender Reentry Demonstration Projects, the Evaluation of the Allegheny County Jail Collaborative Second Chance Reentry Programs, and Assessment of the Philadelphia Returning Citizen Demonstration Project. We also offer examples from other Urban projects, including the Multisite Adult Drug Court Evaluation funded by the National Institute of Justice.

3. See Janeen Buck Willison, “Making the Case for Wrap-Around Reentry Approaches: Considering the Evidence,” *Journal of Policy Analysis and Management: Point/Counterpoint* 38, no. 2 (2019): 501–07, 514–16; and Nancy La Vigne, “Reentry Programs, Evaluation Methods and the Importance of Fidelity,” in *Education for Liberation: The Politics and Promise of Reform Inside and Beyond America’s Prisons*, ed. Gerard Robinson and Elizabeth English Smith (New York: Rowman & Littlefield, 2019).

4. Just as there is a debate about what “counts as evidence,” the term “reentry program” implies a single program model. Yet the body of reentry program evaluation clearly illustrates that reentry programs differ in important ways: Some offer only pre-release or post-release services, and others deliver services that span both the correctional facility and the community program; some offer holistic services, while others focus primarily on addressing a single issue such as behavioral health or employment. Buck Willison, “Making the Case for Wrap-Around Reentry Approaches.”

5. J. Berk, “Does Work Release Work?” (PhD diss., Brown University, November 2007).

6. William D. Bales and Daniel P. Mears, “Inmate Social Ties and the Transition to Society: Does Visitation Reduce Recidivism?,” *Journal of Research in Crime & Delinquency* 45, no. 3 (2008): 287–321.

7. See Catherine R. Bleick and Allen I. Abrams, “The Transcendental Meditation Program and Criminal Recidivism in California,” *Journal of Criminal Justice* 15, no. 3 (1987): 211–30; and Maxwell V. Rainforth, Charles N. Alexander, and Kenneth L. Cavanaugh, “Effects of the Transcendental Meditation Program on Recidivism Among Former Inmates of Folsom Prison: Survival Analysis of 15-Year Follow-Up Data,” *Journal of Offender Rehabilitation* 36, no. 1 (2003): 181–203.

8. What Works in Reentry Clearinghouse, <https://whatworks.csgjusticecenter.org/>.

9. La Vigne, “Reentry Programs, Evaluation Methods and the Importance of Fidelity.”

10. La Vigne, “Reentry Programs, Evaluation Methods and the Importance of Fidelity.”

11. L. Dusenbury et al., "A Review of Research on Fidelity of Implementation: Implications for Drug Abuse Prevention in School Settings," *Health Education Research* 18, no. 2 (2003): 237–56.

12. Robin McTaggart, "Participatory Action Research: Issues in Theory and Practice," *Educational Action Research* 2, no. 3 (1994): 313–37.

13. See Kelli E. Canada and Brad Ray, "Mental Health Court Participants' Perspectives of Success: What Key Outcomes Are We Missing?," *International Journal of Forensic Mental Health* 15, no. 4 (2016): 352–61; and Gretchen Heidemann, Julie A. Cederbaum, and Sidney Martinez, "Beyond Recidivism: How Formerly Incarcerated Women Define Success," *Journal of Women and Social Work* 31, no. 1 (2016): 24–40.

14. Evaluability assessment (EA) is a crucial process in determining if a project is a candidate for meaningful evaluation. See Joseph S. Wholey, Harry P. Hatry, and Kathryn E. Newcomer, *Handbook of Practical Program Evaluation* (San Francisco, CA: Jossey-Bass, 2004). At minimum, an evaluable program must have well-defined program goals, target population, and eligibility criteria; reliable and accessible performance data; and a defensible counterfactual. See Burt S. Barnow and David C. Stapleton, *An Evaluability Assessment of Responsible Fatherhood Programs: Final Report*, US Department of Health and Human Services, 1997. An EA framework also considers whether a program or intervention is sufficiently mature and stable to warrant evaluation, data availability and accessibility, and compelling research designs. Many of these criteria can also be used to assess a program's implementation readiness.

15. See Matthew D. Makarios, Kimberly Gentry Sperber, and Edward J. Latessa, "Treatment Dosage and the Risk Principle: A Refinement and Extension," *Journal of Offender Rehabilitation* 53, no. 5 (2014): 334–50; Myrinda Schweitzer Smith and Melissa A. Knopp, "Being and Agent of Change in Community Supervision: Who, What, When and How?," University of Cincinnati, Corrections Institute, 2014; and Kimberly Gentry Sperber, Edward J. Latessa, and Matthew D. Makarios, "Examining the Interaction Between Level of Risk and Dosage of Treatment," *Criminal Justice and Behavior* 40, no. 3 (March 2013): 338–48.

16. Christine Lindquist et al., *Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Final Report*, RTI International, May 2018, <https://www.ncjrs.gov/pdffiles1/nij/grants/251703.pdf>.

17. Kurt Lewin, "Action Research and Minority Problems," in *Resolving Social Conflicts*, ed. G. W. Lewin (New York: Harper & Row, 1948), 202–03.

18. Christopher T. Lowenkamp and Edward J. Latessa, "Increasing the Effectiveness of Correctional Programming Through the Risk Principle: Identifying Offenders for Residential Placement," *Criminology & Public Policy* 4, no. 2 (2005): 263–90.

19. James Bonta and Donald A. Andrews, "Risk-Need-Responsivity Model for Offender Assessment and Treatment (User Report No. 2007-06)," Public Safety Canada, 2007, <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf>.

20. James Bonta et al., "An Experimental Demonstration of Training Probation Officers in Evidence-Based Community Supervision," *Criminal Justice and Behavior* 38, no. 11 (2011): 1127–48.

21. Shelli B. Rossman et al., *The Multi-Site Adult Drug Court Evaluation: The Impact*

of *Drug Courts*, Urban Institute, December 2011, <https://www.ncjrs.gov/pdffiles1/nij/grants/237112.pdf>.

22. Beverly Peters, "Qualitative Methods in Monitoring and Evaluation: Developing A Focus Group Route," American University, <https://programs.online.american.edu/msme/resource/focus-group-questioning-route>.

23. Janeen Buck Willison, Samuel Bieler, and KiDeuk Kim, "Evaluation of the Allegheny County Jail Collaborative Reentry Programs: Findings and Recommendations," Urban Institute, October 6, 2014, <https://www.urban.org/research/publication/evaluation-allegheny-county-jail-collaborative-reentry-programs>.

24. Janeen Buck Willison et al., "Creating and Measuring a Healing Environment in the Virginia Department of Corrections: The National Institute of Correction's Norval Morris Workforce Initiative: Wave 2 Findings," Urban Institute, June 2017, [http://www.urban.org/sites/default/files/publication/91411/nm\\_wave\\_2\\_brief\\_createmeasure\\_hei.pdf](http://www.urban.org/sites/default/files/publication/91411/nm_wave_2_brief_createmeasure_hei.pdf).

25. Lindquist et al., *Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects*.

26. Janeen Buck Willison et al., *Process and Systems Change Evaluation Findings from the Transition from Jail to Community (TJC) Initiative*, Urban Institute, 2012, <https://www.urban.org/sites/default/files/publication/25881/412670-Process-and-Systems-Change-Evaluation-Findings-from-the-Transition-from-Jail-to-Community-Initiative.PDF>.

## 4

# Implementation and Intervention Sciences: New Frontiers to Improve Research on Reentry

FAYE S. TAXMAN

The sticky problems of reducing recidivism come in many varied shapes, but they often relate to the operational issues associated with implementing innovations, particularly effective programs and services. Implementation and intervention science have emerged into two new disciplines, demanding new attention from criminologists, social scientists, practitioners, and policymakers. Both implementation and intervention sciences are on the forefront of an effort to overcome the problems that plague our current knowledge about which programs and services “work.” Both can contribute to placing more attention on how something can work. As Robert Martinson indicated, after his initial (and later rescinded) declaration that nothing works, the *real problem* lies in implementation.<sup>1</sup> That is, new innovations may resemble existing programs, which makes it difficult to isolate an impact, and the implementation is typically faulty.

Improving the quality of either existing or new innovations requires a focus on the woes that affect the “nothing is implemented” sentiment expressed by Martinson.<sup>2</sup> Implementation woes stem from these sticky problems:

- The innovations are bundled together, consisting of a number of parts or activities that increase the demands on practitioners, forcing them to identify which one is more important and which ones are possible to implement.
- The staff may not have the skills to implement an intervention, and these skills require more development than can be offered in a single training course.

- The organization does not have the necessary support (e.g., resources, staff, and management) for the initiative.
- Staff and other key stakeholders may not understand why this innovation is needed and how it differs from current practice, reinforcing the tendency to do just the same as before.
- Pilot testing did not occur, or feasibility on a small scale was not established; therefore, moving to a larger scale challenges the organization.
- The interventions are atheoretical or are implemented in a manner in which the theoretical components are insufficient compared to other program activities.

Stated simply, the organization lacks readiness because the innovation's value has not been demonstrated, internal and external supports are lacking, or the actual innovation is considered too clumsy, complex, or complicated to align neatly with current business practices.

The innovation's characteristics can present similar challenges to achieving better outcomes. First and foremost, there is a lack of appreciation for whether the innovation is a program, an intervention, a service, a set of activities, or a policy. Because many of the tried efforts fall into these areas, the field is not sophisticated enough to differentiate among these categories. Many interventions tend to bundle different ideas and innovations to create their own version or adaptation of an initiative, or they select and identify features that appear to be important, often neglecting ones that are more important (but difficult) to achieve. Neglected features can include sequencing of events, target populations, key services, staffing, management, interagency linkage, and links to different services. Additionally, many innovations are atheoretical or do not have a strong empirical foundation. Cumulatively, the interventions may not generate the expected outcomes, often due to implementation failures.

Implementation and intervention science provide new methods to improve the cadre of policies, practices, and programming in reentry (and corrections generally). This chapter details how these two sciences can affect correctional programs, which can improve outcomes at the



individual, program, and system levels. I begin by describing the state of practice to identify how implementation and intervention science can influence our knowledge base. Each science is then described separately, and I conclude with a research agenda.

### **The State of Practice and Research-Informed Practice**

Over the past three decades, evidence-based policies, practices, and treatment have been based on the notion that an accumulation of knowledge can inform how and what should be done to address reentry or an individual's transition from prison to the community. This accumulation of knowledge occurs in a number of different avenues depending on the researcher's interest or the availability of funds. Single studies in one jurisdiction, multisite studies, and systematic reviews help identify reentry policies and programming (or the general state of correctional and probation programming).

Given that there are different types of studies and different research designs, the state of knowledge requires some synthesis process, including empirical-based meta-analyses or systematic reviews of the studies and consensus bases, in which experts agree on some core principles. Few empirical meta-analyses exist due to the limited number of studies, limited information on interventions, and limited emphasis on identifying moderators that affect positive outcomes. Instead, the reentry literature borrows from the general correctional literature with little attention to population differences or issues related to providing services that are offered in prison and then in the community (e.g., continuum of care and aftercare).

Empirically based knowledge in the general correctional literature typically focuses on a policy and sometimes a practice. The general consensus is that the following are important to reducing recidivism: (1) use of standardized, validated screening and assessment instruments to inform decisions about the intensity of social controls and type of treatment and (2) effective interventions with an emphasis on cognitive behavioral treatment,<sup>3</sup> problem-solving courts,<sup>4</sup> risk-need-responsivity supervision,<sup>5</sup> and therapeutic communities. Ineffective correctional programs or treatments

include boot camps, intensive supervision with only controls, incarceration, and case management.<sup>6</sup>

A consensus model uses experts to fill in the gaps when there are insufficient empirical data and a need to integrate clinically based practices. Many government agencies and organizations use a consensus model to clarify a preferred set of practices. For example, the National Institute of Corrections identified eight principles of evidence-based practices (EBPs):

1. Use a standardized risk-need assessment tool.
2. Enhance intrinsic motivation.
3. Target interventions to address risk and need.
4. Provide interventions that help individuals practice decision-making and pro-social behavior.
5. Increase positive reinforcements.
6. Engage ongoing support in natural communities.
7. Measure processes and practices outcomes.
8. Provide feedback to agencies.<sup>7</sup>

These consensus principles show some relationship to improving recidivism outcomes but do not change drug use, and the effects are small.<sup>8</sup>

The National Institute on Drug Abuse identified 13 principles of effective treatment programming, depicted in Table 1.<sup>9</sup> Yet, many of these consensus-driven principles, when placed under the microscope in a research study, do not necessarily produce positive findings. Table 1 illustrates both the number of studies (robustness of knowledge) and the findings in terms of the correlation with the desired outcome. As shown in this table, there are few studies in each category, and the correlations tend to be small, illustrating that if this practice or treatment is put into operational settings, it may not reduce recidivism (or drug use). Consensus findings are useful, but these principles are not necessarily linked to better client-level outcomes.

**Table 1. National Institute on Drug Abuse Principles of Effective Drug Abuse Treatment**

Principles of Effective Treatment Program	Number of Studies	Findings
Treatment matches client’s needs	12	r = 0.12
Treatment addresses the individual’s drug abuse and any associated medical, psychological, social, vocation, and legal problems	236	r = 0.16
Client remains in treatment a sufficient length of time to reduce or stop drug use	230	r = 0.02
Treatment is completed	185	r = 0.14
Individual or group counseling is commonly used		
Contingency management	42	r = 0.10
Cognitive behavioral therapy	26	r = 0.05
Therapeutic communities	10	r = 0.18
Client is tested for drug use	225	r = 0.06

Note: Six principles could not be assessed using meta-analyses or meta-regression strategies due to insufficient studies or the nature of the principle.

Source: F. S. Pearson et al., “Meta-Analyses of Seven of the National Institute on Drug Abuse’s Principles of Drug Addiction Treatment,” *Journal of Substance Abuse Treatment* 43, no. 1 (July 2012): 1–11, <https://www.ncbi.nlm.nih.gov/pubmed/22119178>.

While the research literature has defined what works or a set of principles that should be employed, this knowledge does not articulate the “hows” and “whats” that affect the achievement of positive outcomes. That is, knowledge about operational features is often not tested.

A related issue is that labeling policies, practices, and programs is imprecise, which means a titled program in one jurisdiction may have different features from the same labeled program in another jurisdiction. The lack of a taxonomy for labeling programs means it is often unclear what the ingredients in a program are and what drove the outcomes. For example, in a reentry case management program, studies do not strongly indicate whether counselors, probation and parole officers, or peers (individuals with lived experience) have the same impact on the outcomes of individuals leaving prison. The type of staffing (“how”) has yet to be defined by the research. In a recent article, I identified areas where there is insufficient information

**Table 2. Unknown Features Regarding “How” and “What” in Evidence-Based Practices**

<b>Risk-Need Instruments</b>	<b>Cognitive Behavioral Theory</b>	<b>Swift-Certain Fair Response to Non-Compliance Behavior</b>
Type of staff to administer instruments	Staff of CBT groups (counselors versus peers)	Ratio of incentives to sanctions
Whether the assigned officer or intake unit does instrument	Effectiveness of different curriculums	Effectiveness of monetary versus social rewards
Methods to improve accuracy of using tool in case plans	Amount of dosage to achieve outcomes	Swiftness of delivering responses (optimal delivery time)
Measurement for core criminogenic needs and how this relates to programs	Use of workbooks versus discussion groups	Type of sanctions that do not affect habituation
Interviews versus close-ended questions for instrument items	Sequencing of programming	Integrating incentives into program phases

Source: Faye S. Taxman, “The Partially Clothed Emperor: Evidence-Based Practices,” *Journal of Contemporary Criminal Justice* 34, no. 1 (2018): 97–114, <https://journals.sagepub.com/doi/full/10.1177/1043986217750444>.

regarding the operational components of well-acknowledged core EBPs.<sup>10</sup> Table 2 identifies three core EBPs and some unanswered questions.

Essentially, we have a list of programs that are deemed effective, but we may not know what features drive outcomes, making it difficult to replicate effective programs.

### **Implementation Science**

Implementation science is focused on the organization and examines the degree to which the organization embraces an innovation. Rooted in health care, education, and child welfare, implementation science addresses strategies for disseminating an innovation that are focused

on organizational change, including altering work processes, developing acceptability and receptiveness to the innovation, and modifying goals to ensure that the EBP is consistent with agency policy. It also covers research approaches that measure implementation processes, such as staff acceptance of the EBP, feasibility of the EBP in a given setting, penetration or greater utilization in the work environment, uptake, and fidelity or adherence to the model.

Implementation science is different than process evaluations, in which the focus is generally on understanding factors that affect the nature of an intervention. Instead, implementation science examines the organizational and stakeholder factors that influence the outcomes, as depicted by E. K. Proctor and colleagues (Figure 1).<sup>11</sup>

This framework recognizes intervention and implementation strategies. Intervention strategies are the desired set of policies, programs, and practices that the jurisdiction is interested in using. These are generally referred to as EBPs, but they can also include new innovations.

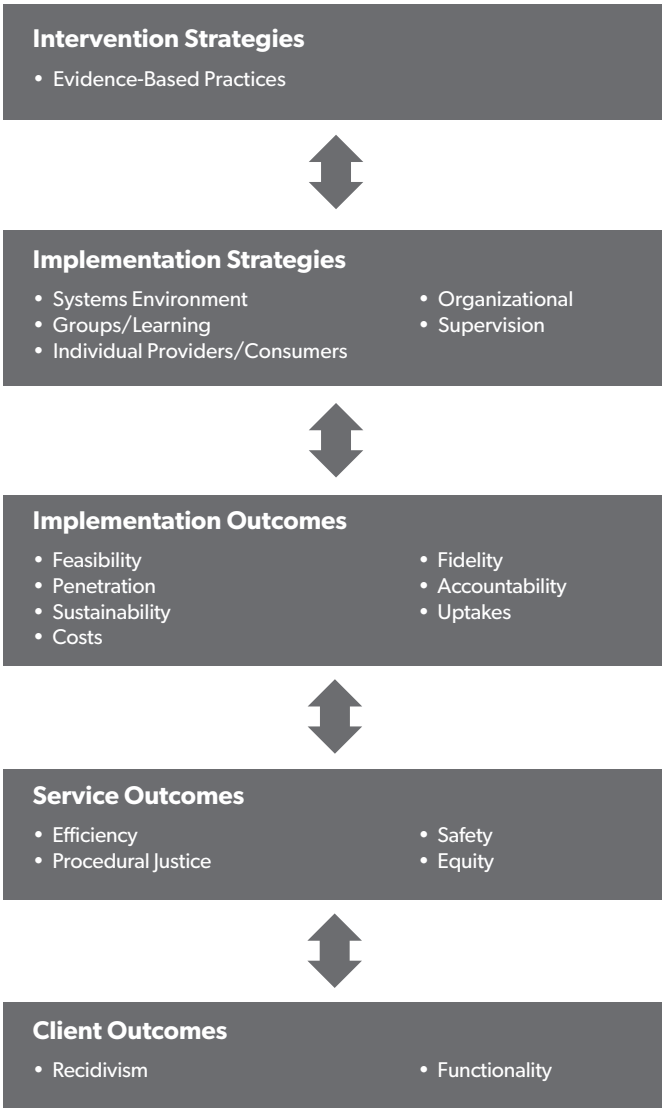
Implementation strategies are the different approaches to advance the use of the intervention in the desired setting or organization. These are essentially organizational interventions (strategies) to put in place a policy, program, or practice. The emphasis is on identifying which implementation strategy is most effective in achieving rigorous implementation.

**Different Types of Outcomes.** The following are different outcomes as defined by Proctor and colleagues.<sup>12</sup>

Implementation outcomes relate to the intervention's organizational use. For example:

- Acceptability is the perception of the practice as acceptable based on experience with various dimensions of the practice, such as its content, complexity, comfort, comprehension, credibility, or delivery.
- Appropriateness is the perceived fit of the practice.
- Feasibility is the extent to which an innovation can be successfully carried out or is suitable for a given agency or setting.

**Figure 1. Implementation Framework for Measuring Outcome**



Source: E. K. Proctor et al., "Implementation Research in Mental Health Services: An Emerging Science with Conceptual, Methodological, and Training Challenges," *Administration and Policy in Mental Health and Mental Health Services Research* 36, no. 1 (January 2009): 24–34, <https://www.ncbi.nlm.nih.gov/pubmed/19104929>.

- Adoption or uptake is an organization's intention or initial decision to try an innovation or EBP.
- Penetration is the proportion of users or degree to which an intervention is used in an organization.
- Sustainability is the extent to which an evidence-based intervention can deliver its intended benefits over an extended period after external support ceases.
- Fidelity is the degree to which an intervention is implemented as prescribed in the original protocol: (1) adherence to the program protocol, (2) dose or amount of the program delivered, (3) quality of program delivery, and (4) participant reaction and acceptance.

Service outcomes include efficacy, safety, equity, and procedural justice.

- Efficacy is when the intervention demonstrates that it creates better proximal outcomes than not providing the service.
- Safety is shown when the innovation enhances the target group's safety.
- Equity is when the innovation creates situations that advance or enhance fair distribution of resources and opportunities among the target groups.
- Procedural justice is when the innovation increases the perception of fair and just processes among those affected by the innovation.

Client-level outcomes include recidivism and improved functionality.

- Recidivism measures an individual's involvement in crime and the justice system as a result of an arrest, conviction, or incarceration.
- Improved functionality reflects an improvement in individuals' mental health or economic or social well-being.

**Expanding Our Knowledge About Effective Implementation Strategies.** Understanding the differential outcomes from implementation strategies is an under-researched area. In the landscape of improving practice, technical assistance is believed to be the best method to help organizations implement an intervention. Technical assistance varies widely, from consulting to facilitating groups to training to coaching to facilitating different processes. But the wide variety of technical assistance begs the question about what is effective in advancing implementation outcomes. This is an unanswered question.

In the past decade, however, some strides have been taken to improve our understanding of what type of technical assistance advances implementation and client-level outcomes.

*Social Climate Coaching.* An experiment in a juvenile justice setting tested two types of coaching models—knowledge building and social climate—compared with standard management directives. The study found that coaching that emphasized addressing the social climate for the EBP and building and sustaining support for the EBP was more effective than knowledge-building coaching or management directives requiring the staff to use a certain procedure. Effectiveness was measured in two areas: organizational functionality<sup>13</sup> and reduced youth recidivism.<sup>14</sup> Social climate coaching was offered three times post training for one year with line staff to highlight the agency's support for the EBP and address organizational barriers to implementation.

*Interagency Policy Teams to Build Social Capital and Support.* Interagency and intra-agency policy teams are needed to focus on implementation issues and garner support for an EBP. Having regular team meetings geared toward helping build momentum for an EBP, addressing barriers to implementation within and across agencies, and focusing on policies and procedures are effective strategies.

In a study of support for using medically assisted treatments, P. D. Friedmann and colleagues found that policy team meetings increased knowledge and support for the innovation.<sup>15</sup> They found that policy team meetings, along with strategic efforts to improve linkages (i.e., specialized coordinators and developed policy), had a greater impact on attitudes and



acceptability than merely focusing on knowledge building.<sup>16</sup> Similarly, policy meetings led to more HIV testing in prisons and dissemination of HIV/AIDS material to individuals who might be concerned about HIV/AIDS.<sup>17</sup>

*Data Feedback.* Data-driven approaches are frequently reported to be useful in advancing uptake of different innovations. Data can be used to fully appreciate innovations' progress and further develop an approach. Feedback can come in various forms, including quantitative data, results from interviews or focus groups, and surveys. Feedback reports were useful for internal policy teams to refine their plans<sup>18</sup> and determine how different options were going to be used.<sup>19</sup>

*Quality Improvement Processes.* Quality improvement models are favored as core approaches to improve implementation and client-level outcomes. These models use steps to facilitate risk-taking and pilot innovations. One favored model for quality improvement is the Plan-Do-Study-Act model, as shown in Appendix A. This is a strategy for helping the implementation team problem-solve to put the program or initiative into place.

More research is needed on what types of implementation strategies are effective in different organizations, settings, or programs to achieve different implementation outcomes.

### **Intervention Science**

Intervention science is devoted to identifying the core components and features of an enacted intervention. Programs generally consist of a set of activities such as education sessions, homework, activity books, discussion, and peer-led feedback. Programs vary in duration and number and types of activities. Some activities are clinical (e.g., group discussion), while others serve a purpose of punishment or restorative justice (e.g., community service, fines, and fees). Programs can be interventions that focus on behavioral change with an emphasis on providing a cadre of services and components, or they can be a set of activities tucked under a label (e.g., work release or case management). But the general consensus in effective interventions is that the components should (1) be theoretically driven,

(2) have a clear delineation of the mechanisms of action that are tied to the desired behavior change, and (3) last longer than situational responses (time under justice control).

An important part is the use of theory to drive the design of an intervention and identify which parts of the program are likely to be linked to the outcomes. Susan Michie describes interventions with a theoretical foundation regarding behavior change.

A framework for analyzing target behaviours in context and considering the full range of intervention functions and policy categories that may be relevant to the intervention problem is the Behaviour Change Wheel. This was derived from a systematic review of 19 published frameworks, none of which were found to contain all the intervention functions known to be relevant. The Behaviour Change Wheel provides a basis for identifying what it would take to achieve the desired behaviour change in terms of changes to Capability, Opportunity and Motivation (the COM-B system). It then links this to 9 intervention functions (Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environmental Restructuring, Modeling and Enablement) and 7 types of policy that could be used to implement these intervention functions (Mass-media/marketing, Legislation, Fiscal policy, Service provision, Guideline development, Regulation and Environmental/social planning).<sup>20</sup>

Therapeutic strategies such as cognitive behavioral therapy (CBT) are interventions with a theory of change or clear mechanisms of action. CBT is rooted in theories of social learning and human cognitions, but often the program features get lost during implementation. For example, strong CBT programs should include processing sessions, but some organizations use worksheets as a means to “process” without reinforcing principles of social learning. That is, CBT programs often slip by the theoretical moorings by focusing too narrowly on covering the material in a manual or doing the worksheets and focusing on various other less important features of a clinically oriented CBT program, rather than emphasizing the cognition components.

CBT's success in other behavioral and cognitive arenas (as demonstrated in depression, anxiety, eating disorders, substance use disorders, family or peer relationships, etc.) is tied to addressing specific behaviors or cognitive distortions; it is unclear whether a workbook achieves the same or different outcomes than group therapy sessions that focus on the distortions. A CBT program that works on substance abuse issues should be different than those that work on employability or criminal cognitions. A major drawback of criminal justice programs is that the programs tend to treat all criminal behavior similarly instead of focusing on different drivers of behavior.<sup>21</sup> Further, the cognitive messages should not reinforce an identity that the individuals cannot subscribe to due to cultural or economic differences.<sup>22</sup>

As mentioned above, the field of criminal justice lacks a practical, or even theoretically driven, categorization of programs centered around target behaviors related to criminal conduct. The Diagnostic Statistical Manual (DSM-V) describes different psychological and behavioral problem areas, but this does not drive criminal justice diagnoses that can then be used to identify the appropriate set of programs to achieve client outcomes.

In criminal justice, programs and interventions tend to look the same and are often referred to as serving similar purposes to address the generic notion of criminal behavior. A lack of a taxonomy affects our expectations about outcomes—that is, people expect all programs to (equally) reduce recidivism, improve an individual's functionality, and so forth. The lack of a taxonomy contributes to mission creep, as programs are expected to achieve a number of goals—and then fail to deliver.

This is probably most visible in correctional programming in which reentry programs that focus on housing and employment are expected to deliver the same outcomes as those that focus on criminal cognitions or substance use disorders; reducing recidivism is the general expectation. Or, mental health programs designed to increase access to treatment are expected to reduce recidivism, regardless of whether the treatment is offered as a diversion or as a component of a drug court program. Similar scenarios can be identified for efforts to divert individuals from jail or unnecessary incarceration. The general metrics for success are discussed in terms of recidivism reduction, even though some programs are designed to provide a fair and just administration of justice without affecting behavior.

Interventions are designed to provide programs, services, or therapies that facilitate change in individuals. Intervention science focuses on the design, development, and testing of innovations to ensure they yield the designed outcomes. While the justice-involved population is not homogenous, most existing correctional programs tend to be generic and treat most offending behavior as similar. Little attention is given to the differences in how and why individuals commit crimes or where individuals commit crimes. This means the individual-level precursors, community or environmental precursors, and situational factors are often glossed over or not addressed in the programs and services offered. Also, little attention is given to how to tailor a program to meet the unique needs of individuals and their crime-producing behaviors.

**Need for a Programming Taxonomy.** A major challenge in the field of corrections is that there is no acknowledged taxonomy of programs and services based on addressing specific target behaviors that contribute to a person's involvement in criminal behavior.<sup>23</sup>

The American Society of Addiction Medicine (ASAM) has developed levels of care based on the severity of substance use disorder and the nature and type of comorbid conditions using the DSM-V. The ASAM's six dimensions are (1) acute intoxication, (2) biomedical condition, (3) emotional and behavioral complications, (4) readiness to change, (5) relapse or continued use, and (6) recovery environment. Thirty states now require the use of ASAM in their substance abuse treatment system, and these guidelines have improved treatment outcomes.<sup>24</sup>

Similarly, the National Association of Drug Court Professionals developed a two-part series on drug court standards.<sup>25</sup> This series provides guidance on core components that should be used in an effective problem-solving court (recognizing that we are unsure of how to address certain behaviors such as prostitution and veterans' involvement in crime). But the corrections field suffers from a lack of clear standards like ASAM that identify which type of problem behavior should be treated by different programs. For example, a correctional residential program can offer a myriad of components such as substance abuse, mental health, employment, and education, but it is unclear what specific behaviors the program is designed to change. While a problem-solving court can involve a lot of features

but vary in terms of the nature of status hearings, treatment programs, case management, and other services, the question is whether problem-solving courts for DUI infractions, substance abuse behaviors, prostitution, homelessness, veterans, and so forth are geared to affect an individual's criminal behavior.

The lack of a formal taxonomy for programs and services in the justice system means it is unclear what programs offer. Determining the appropriate program requires translating the individual's dynamic risk characteristics into factors that are amenable to change. The match between individual level of risk and need factors and programs should be built on a framework that allows for linking dynamic factors to programmatic features.

The following are three approaches that have been identified thus far.

*Polaschek's Many Sizes Fit All.* Devon Polaschek offers a preliminary framework for how to think about CBT programming, with three levels of programming.<sup>26</sup>

- Basic programming is best suited for low- to medium-risk individuals.
- Intermediate programming is for those who are medium to high risk.<sup>27</sup> The intermediate level is geared toward clients with multi-morbid conditions with interventions that address many of these conditions using a variety of clinical skills. The diversity of clinical skills is needed since these clients are more likely to resist change and have lower motivation to engage in treatment programming.
- Comprehensive forensic therapy programs are for high-risk offenders and those involved in interpersonal and violent crimes. These programs are more likely to exist in a therapeutic environment to create a milieu that reinforces new values, attitudes, and behaviors.

*Marlowe's Quadrant Approach.* Marlowe's quadrant approach is for criminally involved individuals with substance use behaviors.<sup>28</sup> It specifies how to use different levels of care. The tracks are high substance dependence and high risk, high substance dependence and low risk, low substance abuse and high risk, and low substance abuse and low risk.

- High substance dependence and high risk is a standard drug court track that involves check-in sessions (referred to as status calendar), substance abuse treatment, pro-social habilitation, adaptive habilitation, and prescribed medication.
- High substance dependence and low risk is an alternative track with an emphasis on treatment, noncompliance monitoring with visits with a judge for any noncompliance, adaptive habilitation, focus consequences on treatment, and prescribed medication.
- Low substance abuse and high risk is an accountability track with status calendar, prevention services, pro-social habilitation, focus consequences on abstinence, and supervision.
- Low substance abuse and low risk has potential for diversion emphasis with a focus on using status hearings to deal with noncompliance behavior, prevention services, and consequences of abstinence.

*Crites and Taxman's Risk-Need-Responsivity Simulation Tool.* Erin Crites and Faye Taxman concluded that there are six main programmatic domains for individuals based on precursors (i.e., risk, needs, and stability in the community) of offending behaviors.<sup>29</sup>

- **Substance dependence.** Individuals who have severe substance use disorders and need intensive treatment services fall into this category. It is assumed that providing treatment will reduce criminal behavior because criminal behavior is a function of factors related to substance use disorders. They may also have comorbid conditions that require attention to maladaptive behaviors and cognitions, self-management, interpersonal skills, and life skills.
- **Criminal lifestyle and cognitions.** Individuals who have three or more criminogenic needs (except for substance abuse) are more ingrained in a subculture of crime that is reinforced by cognitive distortions. The person must have at least two factors that affect cognitive distortions and may impair decision-making, such as antisocial values, antisocial

personality, antisocial peers, and at least one other dynamic need (e.g., education, employment, and family). These are more intensive services, and depending on the number of dynamic needs (greater than three) and responsivity factors, the dosage should be increased.

- **Self-management.** Self-management programs are typically geared for those who have substance abuse or mental illness and are low to moderate risk. The emphasis of this programming is on relapse prevention, medication management, disease management, and risky situations. Individuals in this category have fewer dynamic risk factors, but they may have a number of lifestyle/(de)stabilizing factors.
- **Interpersonal skills.** Conflict management, power and control issues, and social skill development are part of this category of programming. The programming is geared toward those who have two dynamic risk factors from offenses that involve relationships such as intimate partner violence, minor assaults, and aggression. These services should be for modest dosage and should include tailoring to meet the individual's needs. Typically, low- to moderate-risk individuals with family and peer relationships are placed in this category. (Individuals who are high risk and have more needs who engage in offenses involving relationships should be placed in the criminal lifestyle category.)
- **Life skills.** Programming is geared toward those who are low risk and have few to minimal needs but have deficits in employability and education.
- **Other, including routine punishment.** Individuals who are low risk, have no major dynamic needs, and do not present a history or pattern of offending behavior may be suited for no programming, case management, or restorative justice.

**Program Quality.** Evaluations and surveys of programs offered in the justice system tend to find the programs to be of low quality.<sup>30</sup> The Correctional Program Assessment Inventory and the derivative Correctional Program Classification are the most common tools to assess program quality.

A recent study by Michael Ostermann and Jordan Hyatt reaffirmed the importance of examining recidivism rates in light of program characteristics, as rearrest and reconviction rates across five programs increased for poorer-quality programs.<sup>31</sup> Few organizations or programs, however, use such tools since they often require a consultant, are not focused on the specific nature of programs, often include discretion in terms of identifying quality factors, and do not include non-programmatic factors that may affect program operations.<sup>32</sup>

The range of quality issues varies considerably. In a survey of nearly 500 programs used in prisons, community settings, or jails, programs often ascribed to using CBT while lacking the core features of traditional CBT programming.<sup>33</sup> Many programs use a curriculum with selected components that may not be consistent with the program's theory. Many programs offer didactic sessions but do not have processing sessions, and few offer feedback loops. Programs seldom include stress management or meditation, which are common in noncriminal justice settings and recommended to help individuals process and internalize the change. There is some concern for "scope creep," in which a few sessions or various themes are offered consecutively without attention, such as criminal thinking, stability, substance abuse, and employability. Staffing varies considerably from no clinical staff to some clinically trained staff to volunteers, and few programs have in place quality-assurance procedures.

This is a sample of the quality issues that appear prevalent, regardless of the setting or type of interventions. Few CBT programs have incorporated the research-driven principles that Nana Landenberger and Mark Lipsey outlined in their meta-analysis of CBT programs that reduce recidivism: Interventions (1) occur in community settings, (2) target higher-risk offenders, (3) include an anger management component or a cognitive restructuring component, (4) provide supplementary individual sessions, (5) are of sufficient duration, and (6) are well implemented.<sup>34</sup>

**Mechanisms of Action Needed.** Interventions and programs are expected to deliver behavior change (reduced recidivism), but typically the underlying theory or reason that we would expect a change as a result of the program is unclear. The logic model was designed to help program planners, developers, and users begin to understand the link among the inputs,



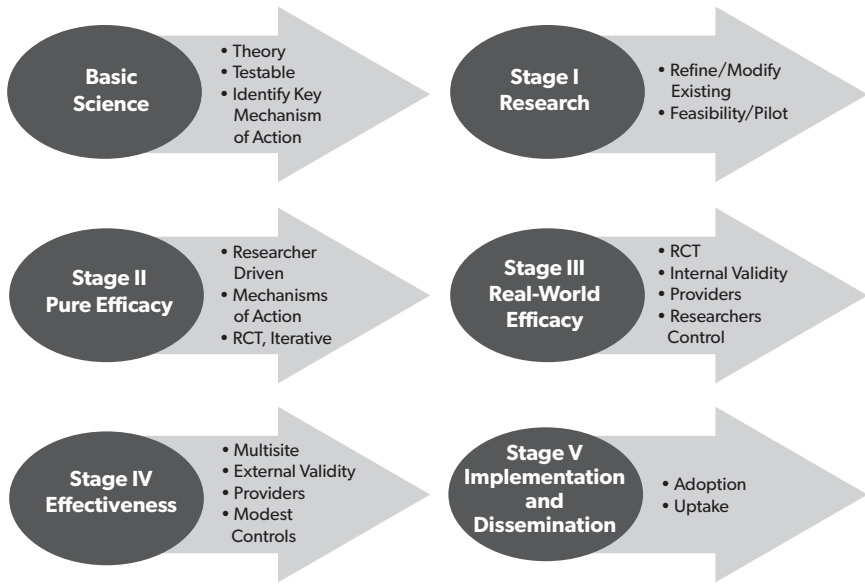
processes, outputs, and outcomes, with a particular focus on the processes. The processes are presumed to be the mechanisms that can convert inputs into outcomes. But usually these mechanisms are considered the program steps instead of the theoretical framework.

Take for example the Project Greenlight reentry study conducted by Wilson and Davis, which was a reentry program that had all the right parts but did not reduce recidivism (and did generate some harmful effects).<sup>35</sup> Douglas Marlowe reported that the program tried to include all program components but in doing so diluted the actual program components.<sup>36</sup>

While the recent attention to guidelines that articulate the core components is a step forward,<sup>37</sup> without research it is unclear what the core mechanisms that bring about behavior change are—the judge, the treatment program, or the sanctions and incentives. Some drug treatment courts tend to rely on a coordinated case management approach, often with or without clinical treatments, but it is unclear whether these can obtain the same positive results or can be sustained.<sup>38</sup> Knowledge about core mechanisms of action—that theory-driven component—is essential. But the existing literature often neglects to identify this, or it is tangled into a bundled program with many layers.

### **Developing Stronger Interventions for Justice-Involved Individuals.**

Part of the dilemma in corrections is the process for developing and testing interventions. Lisa Onken and colleagues created a methodology for developing interventions designed to address specific behaviors.<sup>39</sup> This methodology is used by the National Institute of Health, with recognition that each stage offers the potential to ensure that the intervention is sound, in terms of the theory that supports the intervention's use to address specific psychological or behavioral issues, key mechanisms used in the transformation, critical components required to deliver effective programs, and the target population that tends to benefit from this effort. Figure 2 displays the model, and Figure 3 provides a characterization of the application in justice settings, particularly for demonstration projects. These figures illustrate how many correctional programs are shortchanged in terms of the developmental process, which includes theory identification, mechanisms of action, and core implementation issues.

**Figure 2. National Institute of Health–Accepted Phases of Intervention Development**

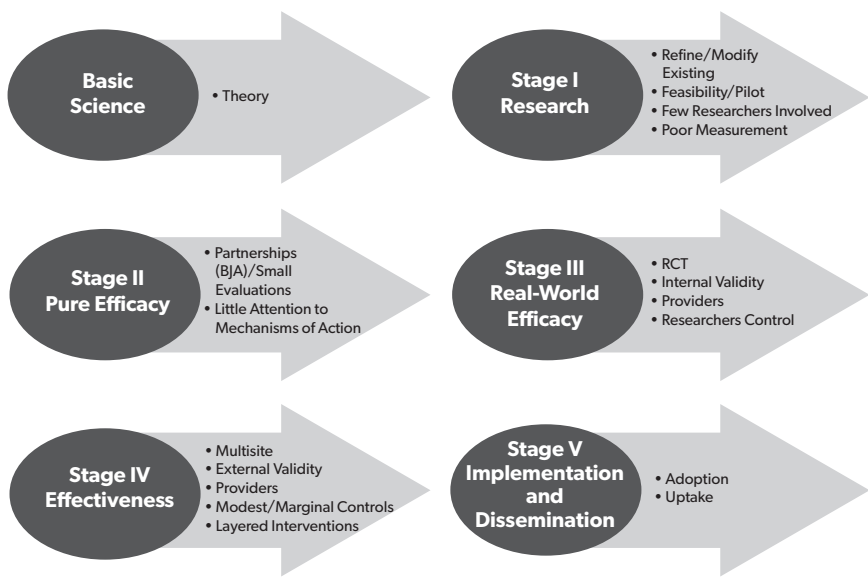
Source: Lisa S. Onken et al., “Reenvisioning Clinical Science: Unifying the Discipline to Improve the Public Health,” *Clinical Psychological Science* 2, no. 1 (2014): 22–34, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374633/>.

Basic science (Stage 0) occurs *before* intervention development and on the core mechanisms of change. It addresses basic science questions about behavior change in the context of intervention development studies such as therapeutic strategies, target behaviors, comorbid conditions, and other factors affecting an intervention.

Stage I refers to the creation and preliminary testing of an intervention. This includes new behavioral interventions, modification, adaptation, and refinement of existing interventions (Stage IA) and feasibility and pilot testing (Stage IB). Stage I studies should occur in research settings.

Stage II is “pure efficacy,” which consists of experimental testing of promising behavioral interventions *in the intended research settings and with intended providers on the intended population*. Stage III is “real-world efficacy,” which consists of experimental testing *in the intended settings, with likely providers or service deliverers with the research controls* to establish internal validity. Stage III is sometimes referred to as “efficacy–effectiveness.”

**Figure 3. Correctional and Reentry Intervention Development**



Source: Faye S. Taxman, “Rethinking the Development of Correctional Programs,” American Enterprise Institute.

Stage IV is “effectiveness,” in which research examines empirically supported behavioral interventions in real-world settings with community-based providers or caregivers, to maximize external validity. Stage V is “implementation and dissemination,” in which implementation strategies and adoption in likely settings are examined.

Mechanisms of action in an intervention are designed to improve a program’s performance, boost the effects, identify essential components, and simplify the intervention for better implementation. Efficacious interventions involve the behavioral intervention package that includes a manual, worksheets, and training and supervision materials.

Part of the dilemma about criminal justice interventions is that most efforts are driven by demonstration funding (typically offered by the Bureau of Justice Assistance of the Office of Justice Programs, Department of Justice). Researchers may (in a limited fashion) or may not be part of the grant developmental process or the grant overall. The practitioners may

also adapt a research idea without ensuring the mechanisms of action are clearly in place. Stage II (efficacy), in which the emphasis is on testing new ideas, is not typically done; usually operational agencies come up with the ideas and put in place projects with or without the proper research infrastructure to design, develop, implement, or test the feasibility of the ideas. Stage 0 (basic science) and Stage I (research) are also limited in the current funding for new innovations; the drivers for Stage II demonstrations are generally new ideas that may not have been properly developed. This means that the mechanisms and the programmatic and non-programmatic features (e.g., staffing type, duration or dosage, outcome measures, and fidelity) may not be clearly identified.

A review of the existing literature, when applying the behavioral intervention developmental process from Onken and colleagues,<sup>40</sup> may explain why reentry and correctional studies do not generate positive outcomes.

In Hawaii's Honest Opportunity Probation with Enforcement (HOPE) program and relevant replication studies, the emphasis is on swift, certain, and fair application of sanctions to deter drug use and criminal behavior. But the basic science supports the use of positive incentives as being more effective in changing behavior than negative reinforcements.<sup>41</sup> And the ratio of incentives to sanctions is important to achieve better outcomes.<sup>42</sup> That is, the basic science was not used in designing the HOPE model, and therefore this can account for the potential null findings.

In programs such as the Serious and Violent Offender Reentry Initiative, the probation enhancements program (i.e., the Bureau of Justice Assistance's innovations in probation), and dosage supervision studies, the emphasis is on case management to link individuals to services based on risk and needs. Case management is generally a paper process of completing a worksheet identifying long-term and short-term goals. It does not entail the psychological process of enhancing motivation or building social supports, which are theoretically driven mechanisms on how individuals can relate to short-term goals that reduce the likelihood of recidivism.

Problem-solving courts, even with the guidelines developed by the National Association of Drug Court Professionals, have not identified the core moderators of effective reductions in recidivism. Recent meta-analyses found that too few studies reported on the core components, and the moderators that are associated with effective client outcomes could not

be identified.<sup>43</sup> Further, many courts do not reduce drug use, which then raises the question about the appropriate target population since the core mechanism of action (reducing drug use through treatment) does not appear to affect client-level outcomes.

Cognitive behavioral programs in Stage III effectiveness studies (usually evaluations) do not generate the same outcomes as Stage II efficacy studies. It is unclear whether certain curriculums generate the same outcomes, but Landenberg and Lipsey found there were too few studies on any particular curriculum.<sup>44</sup> Plus, the existing studies do not disentangle related issues such as the staffing for the CBT programs in terms of clinical backgrounds versus correctional staff, staff competence with the CBT processes and procedures, and the number of people in the CBT groups. Taxman has identified that these unanswered questions affect our knowledge about how to implement effective programs.<sup>45</sup>

Developing effective programs requires that more attention be paid to identifying the science around what contributes to helping individuals change, how to operationalize these contributing features, and how to ensure that the right individuals are being treated.

### **Research Agenda to Advance Reentry Programming**

Interventions should be grounded in theory about how to bring about change in individuals. Further, they need to be feasible to operate in real-world settings that include the culture, staffing, and dynamics of government and nongovernmental agencies. This is a tall order. Implementation and intervention science can provide better frameworks to improve our knowledge about effective reentry efforts.

This chapter demonstrates the gaps in our knowledge and how these gaps have contributed to some of the null or poor findings thus far. It also illustrates a whole set of research questions that should be addressed if we desire to move ahead in our knowledge about what works (for whom and where) to reduce recidivism.

A crucial need exists to build this knowledge base to guide the next generation of reentry interventions, programs, and services. To do this, it is important to use implementation and intervention science to advance

our knowledge base. This requires building a research agenda that fills in the gaps in knowledge and provides a foundation for future work. It also requires expanding the recent calls for standardizing data collected on program components, including the key mechanisms that the program has operationalized.<sup>46</sup>

These calls highlight the importance of extending meta-analyses and systematic reviews to identify the mediators or moderators essential to key program outcomes and to better develop a taxonomy of programs, including identifying those that are effective. In fact, recommendations from the Workgroup for Intervention Development and Evaluation Research address the need for more detailed and precise information on intervention components.<sup>47</sup>

More specifically, the agenda should be to fill in knowledge gaps in each of the following areas.

**Implementation Science.** Detailed information is needed about the inner setting or the agency that delivers the reentry programming—the agency, staffing, attitudes and skills of staff, and key work processes. Moderator analyses are needed to identify the factors that are related to key implementation, service, and client outcomes.

More research on effective implementation strategies is also needed. With technical assistance being a black box with unclear processes (and even unclear outcomes), a more concerted effort is needed to identify the implementation strategies that will facilitate better implementation of innovations. In health care, quality improvement processes such as Plan-Do-Study-Act are routinely used given the scientific evidence supporting the impact on advancing outcomes. In criminal justice settings, there is insufficient scientific evidence about the type of organizational change strategies that affect implementation, service, and client outcomes. A dedicated research agenda is needed to identify what strategies facilitate implementation.

A minimum core set of implementation outcomes should be agreed on. At present, implementation outcomes are not typically used. Instead, the focus is on client outcomes such as completion rates, recidivism, and revocations. But more attention should be on the correctional and treatment agencies that implement the innovations and EBPs. By placing attention

on implementation measures such as staff acceptance, feasibility of the concept, fidelity of the innovation, and stakeholder involvement, it will be possible to assess the innovations' real-world effectiveness. This will strengthen the ability to do Stage III (effectiveness) and Stage V (implementation) work, which will further the field's knowledge about innovations that can be implemented, resulting in client-level changes.

A research agenda should be devoted to examining the implementation factors that can influence program quality factors. Currently it is unclear what drives program decay or decline. It is important to untangle if quality is primarily affected by staffing, resources, target populations, curriculum adherence, or other factors. An agenda on understanding program quality will advance both implementation and intervention science.

**Intervention Science.** An inventory of existing research in reentry programming should be conducted that identifies the mechanism of action with the associated implementation, program, or client outcomes. This inventory should be focused on identifying the target populations that the programming is geared toward.

A taxonomy of reentry programming should be developed to guide the classification of programs, services, and interventions. This taxonomy should be developed as part of a series of decision criteria that operational agencies can use to assign individuals to appropriate programming, similar to the ASAM (but it would need to cover a broader range of programming than merely substance abuse).

More emphasis should be placed on expanding the use of feasibility or pilot studies (Stage I) to identify the potential efficacy of different mechanisms of action before giving demonstration projects. A revised feasibility approach could be used where the National Institute of Justice and the Bureau of Justice Assistance jointly provide research funding to evaluators to test feasibility before demonstration funds are widely distributed. The feasibility funding will establish that the intervention has potential in four to five settings (multisite) to examine the potential value of the core mechanisms of action. And this can then establish some of the core intervention features.

Sequencing of programming should be researched to advance an understanding of how best to facilitate behavior change. And, bundled

interventions (more than one feature) should not be used until there is a rigorous research foundation for each feature separately. More attention should be given to what interventions are offered and how they are offered.

Mechanisms of actions for a broader array of programming than merely cognitive behavioral programming should be developed.

Many treatment curriculums and workbooks have not been tested, even though they are widely used (and believed to be similar to cognitive behavioral programs). A research agenda is needed to assess the efficacy and effectiveness of these efforts.

### **Concluding Thoughts**

This chapter has identified why there is a pressing need to focus more attention on implementation and the nature of interventions if we desire to increase the number of studies with positive client outcomes. The current studies have not been built on theoretically sound programs (for the most part) and lack research on the operational features that affect the program's quality and effective delivery. Future studies on intervention should include implementation science to ensure that we are building knowledge in both arenas simultaneously. As noted by T. Palmer,<sup>48</sup> both programmatic and non-programmatic factors affect the outcomes from programs, services, and interventions.

It is incumbent on the research community to build our knowledge in these areas to expand effective reentry efforts and assist operational agencies in delivering effective programs. An expanded research agenda can achieve this by focusing attention on looking inside the "black box" to clarify murky or unknown program features. This will then help develop programs that are built on solid, sustainable foundations.



## Appendix A. What Is PDSA: The Basics

Plan-Do-Study-Act (PDSA) helps organizations solve their local concerns.<sup>49</sup> Specifically, it is a systematic process of (1) defining an office-level concern and confirming the problem with data, (2) narrowing this problem to its root cause, (3) establishing desired outcomes, (4) designing a solution, (5) implementing the solution, and (6) studying the solution.

The process is not intended to take years. PDSA is a rapid cycle process, meaning its goal is implementing quick innovations to streamline work processes and improve use of practices.

**Step 1: Define an Office Concern and Confirm It with Data.** Organizations need to invest time in widespread issues, not an isolated incident.

**Step 2: Narrow the Problem.** Once the organization has confirmed the problem, the team discusses some of the contributing factors, narrowing the problem to its root cause.

**Step 3: Establish Outcome Measures.** Once the root cause is known, the team develops outcome measures—that is, how the concern should look and feel after implementing a solution.

**Step 4: Design a Solution.** With outcome measures in hand, the organization knows the goal and can design a solution to get there.

**Step 5: Just Do It.** The organization implements the planned solution.

**Step 6: Studying the Solution.** The team decides whether the office should adopt the solution permanently, adapt the solution, or abandon the solution altogether.

## Notes

1. Robert Martinson, "New Findings, New Views: A Note of Caution Regarding Sentencing Reform," *Hofstra Law Review* 7, no. 2 (1979): 243, <https://pdfs.semanticscholar.org/dad6/c69d7e7fed8fc4f04ddfd5e7869230ae62fe.pdf>.

2. Martinson, "New Findings, New Views."

3. To name a few, Donald A. Andrews et al., "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis," *Criminology* 28, no. 3 (1990): 369–404; Donald A. Andrews and James Bonta, *The Psychology of Criminal Conduct* (New York: Anderson, 2016); and Lawrence W. Sherman et al., *Preventing Crime: What Works, What Doesn't, What's Promising*, US Department of Justice, 1997, 655, <http://www.ncjrs.gov/works/>.

4. Ojmarrh Mitchell et al., "Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts," *Journal of Criminal Justice* 40, no. 1 (2012): 60–71, [http://www.courtinnovation.org/sites/default/files/documents/Assessing\\_Effectiveness.pdf](http://www.courtinnovation.org/sites/default/files/documents/Assessing_Effectiveness.pdf).

5. Elizabeth Drake, "'What Works' in Community Supervision: Interim Report," Washington State Institute for Public Policy, December 2011, [https://www.researchgate.net/publication/281558569\\_What\\_Works\\_In\\_Community\\_Supervision\\_Interim\\_Report](https://www.researchgate.net/publication/281558569_What_Works_In_Community_Supervision_Interim_Report).

6. For a more complete list, see Andrews and Bonta, *The Psychology of Criminal Conduct*; and Doris Layton MacKenzie, *What Works in Corrections? Reducing the Criminal Activities of Offenders and Delinquents* (Oxford, UK: Cambridge University Press, 2006).

7. Crime and Justice Institute, "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention," 2004, <https://nicic.gov/implementing-evidence-based-practice-community-corrections-principles-effective-intervention>.

8. Michael L. Prendergast et al., "The Andrews' Principles of Risk, Needs, and Responsivity as Applied in Drug Abuse Treatment Programs: Meta-Analysis of Crime and Drug Use Outcomes," *Journal of Experimental Criminology* 9, no. 3 (September 2013): 275–300, <https://link.springer.com/article/10.1007/s11292-013-9178-z>.

9. National Institute on Drug Abuse, *Principles of Drug Addiction Treatment: A Research-Based Guide*, December 2012, [https://www.drugabuse.gov/sites/default/files/podat\\_1.pdf](https://www.drugabuse.gov/sites/default/files/podat_1.pdf).

10. Faye S. Taxman, "The Partially Clothed Emperor: Evidence-Based Practices," *Journal of Contemporary Criminal Justice* 34, no. 1 (2018): 97–114, <https://journals.sagepub.com/doi/full/10.1177/1043986217750444>.

11. E. K. Proctor et al., "Implementation Research in Mental Health Services: An Emerging Science with Conceptual, Methodological, and Training Challenges," *Administration and Policy in Mental Health and Mental Health Services Research* 36, no. 1 (January 2009): 24–34, <https://www.ncbi.nlm.nih.gov/pubmed/19104929>.

12. Proctor et al., "Implementation Research in Mental Health Services."

13. Faye S. Taxman et al., "The Impact of Training Interventions on Organizational Readiness to Support Innovations in Juvenile Justice Offices," *Administration and Policy in Mental Health and Mental Health Services Research* 41, no. 2 (March 2014): 177–88,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3644370/>.

14. Douglas W. Young, Jill L. Farrell, and Faye S. Taxman, "Impacts of Juvenile Probation Training Models on Youth Recidivism," *Justice Quarterly* 30, no. 6 (2013): 1068–89, <https://www.tandfonline.com/doi/full/10.1080/07418825.2012.673633?scroll=top&needAccess=true>.

15. P. D. Friedmann et al., "Effect of an Organizational Linkage Intervention on Staff Perceptions of Medication-Assisted Treatment and Referral Intentions in Community Corrections," *Journal of Substance Abuse Treatment* 50 (2015): 50–58, <https://www.ncbi.nlm.nih.gov/pubmed/25456091>.

16. Friedmann et al., "Effect of an Organizational Linkage Intervention."

17. S. Belenko et al., "Policies and Practices in the Delivery of HIV Services in Correctional Agencies and Facilities: Results from a Multisite Survey," *Journal of Correctional Health Care* 19, no. 4 (October 2013): 293–310, <https://www.ncbi.nlm.nih.gov/pubmed/24078624>.

18. Danielle S. Rudes et al., "Adding Positive Reinforcement in Justice Settings: Acceptability and Feasibility," *Journal of Substance Abuse Treatment* 42, no. 3 (April 2012): 260–70, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3674847/>.

19. Shannon Portillo, Danielle S. Rudes, and Faye S. Taxman, "The Transportability of Contingency Management in Problem-Solving Courts," *Justice Quarterly* 33, no. 2 (2014): 267–90, <https://www.tandfonline.com/doi/abs/10.1080/07418825.2014.902490>.

20. Susan Michie, "Implementation Science: Understanding Behaviour Change and Maintenance," *BMC Health Services Research* 14, no. 2 (2014), <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-S2-O9>.

21. Faye S. Taxman and M. Caudy, "Risk Tells Us Who, but Not What or How: Empirical Assessment of the Complexity of Criminogenic Needs to Inform Correctional Programming," *Criminology and Public Policy* 14, no. 1 (2015): 71–103.

22. Jub Sankofa et al., "Juvenile Corrections in the Era of Reform: A Meta-Synthesis of Qualitative Studies," *International Journal of Offender Therapy and Comparative Criminology* 63, no. 7 (May 2018): 1763–86, <https://journals.sagepub.com/doi/10.1177/0306624X17727075>.

23. See Erin L. Crites and Faye S. Taxman, "The Responsivity Principle: Determining the Appropriate Program and Dosage to Match Risk and Needs," in *Simulation Strategies to Reduce Recidivism: Risk Need Responsivity (RNR) Modeling in the Criminal Justice System*, ed. Faye S. Taxman and April Pattavina (New York: Springer, 2013).

24. Stephen Magura et al., "Predictive Validity of the ASAM Patient Placement Criteria for Naturalistically Matched vs. Mismatched Alcoholism Patients," *American Journal on Addictions* 12, no. 5 (October 2003): 386–97, [https://www.researchgate.net/publication/227802660\\_Predictive\\_Validity\\_of\\_the\\_ASAM\\_Patient\\_Placement\\_Criteria\\_for\\_Naturalistically\\_Matched\\_vs\\_Mismatched\\_Alcoholism\\_Patients](https://www.researchgate.net/publication/227802660_Predictive_Validity_of_the_ASAM_Patient_Placement_Criteria_for_Naturalistically_Matched_vs_Mismatched_Alcoholism_Patients); and E. Sharon et al., "Predictive Validity of the ASAM Patient Placement Criteria for Hospital Utilization," *Journal of Addictive Diseases* 22, no. 1 (2003): 79–93, <https://www.ncbi.nlm.nih.gov/pubmed/15991591>.

25. National Association of Drug Court Professionals, "Standards," <https://www.nadcp.org/Standards/>.

26. Devon Polaschek, "Many Sizes Fit All: A Preliminary Framework for

Conceptualizing the Development and Provision of Cognitive-Behavioral Rehabilitation Programs for Offenders,” *Aggression and Violent Behavior* 16, no. 1 (2011): 20–35.

27. Polaschek, “Many Sizes Fit All.”

28. D. B. Marlowe, “Evidence-Based Sentencing for Drug Offenders: An Analysis of Prognostic Risks and Criminogenic Needs,” *Chapman Journal of Criminal Justice* 1 (2009): 167–201.

29. See Crites and Taxman, “The Responsivity Principle.”

30. Christopher T. Lowenkamp, Edward J. Latessa, and Paula Smith, “Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention,” *Criminology and Public Policy* 5, no. 3 (2006): 201–20, [https://www.uc.edu/content/dam/uc/ccjr/docs/articles/Correctional\\_Program\\_Quality.pdf](https://www.uc.edu/content/dam/uc/ccjr/docs/articles/Correctional_Program_Quality.pdf); Crites and Taxman, “The Responsivity Principle”; and Michael Ostermann and Jordan M. Hyatt, “When Frontloading Backfires: Exploring the Impact of Outsourcing Correctional Interventions on Mechanisms of Social Control,” *Law & Social Inquiry* 43, no. 4 (Fall 2018): 1–32, <https://onlinelibrary.wiley.com/doi/abs/10.1111/lsi.12300>.

31. Ostermann and Hyatt, “When Frontloading Backfires.”

32. Crites and Taxman, “The Responsivity Principle.”

33. Faye S. Taxman, “Community Treatment: The Need for a Taxonomy,” in *The Wiley International Handbook of Correction Psychology*, ed. Devon L. Polaschek, Andrew Day, and Clive R. Hollin (Hoboken, NJ: Wiley-Blackwell, 2019).

34. Nana A. Landenberger and Mark W. Lipsey, “The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment,” *Journal of Experimental Criminology* 1, no. 4 (2005): 451–76, <https://link.springer.com/article/10.1007/s11292-005-3541-7>.

35. James A. Wilson and Robert C. Davis, “Good Intentions Meet Hard Realities: An Evaluation of the Project Greenlight Reentry Program,” *Criminology & Public Policy* 5, no. 2 (May 2006): 303–36, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9133.2006.00380.x>.

36. Douglas B. Marlow, “When ‘What Works’ Never Did: Dodging the ‘Scarlet M’ in Correctional Rehabilitation,” *Criminology & Public Policy* 5, no. 2 (June 2006): 339–46, [https://www.researchgate.net/publication/229940632\\_When\\_what\\_works\\_never\\_did\\_Dodging\\_the\\_scarlet\\_M\\_in\\_correctional\\_rehabilitation](https://www.researchgate.net/publication/229940632_When_what_works_never_did_Dodging_the_scarlet_M_in_correctional_rehabilitation).

37. See National Association of Drug Court Professionals, *Adult Drug Court Best Practice Standards: Volume I*, 2018, <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf>; and National Association of Drug Court Professionals, *Adult Drug Court Best Practice Standards: Volume II*, 2018, <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-1.pdf>.

38. Faye S. Taxman, April Pattavina, and Michael Caudy, “Justice Reinvestment in the US: The Case for More Programs,” *Victims & Offenders* 9, no. 1 (2014): 50–75, <https://www.tandfonline.com/doi/abs/10.1080/15564886.2013.860934>.

39. Lisa S. Onken et al., “Reenvisioning Clinical Science: Unifying the Discipline to Improve the Public Health,” *Clinical Psychological Science* 2, no. 1 (2014): 22–34, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374633/>.

40. Onken et al., “Reenvisioning Clinical Science.”

41. Eric J. Wodahl et al., "Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections," *Criminal Justice and Behavior* 38, no. 4 (2011): 386–405, <https://journals.sagepub.com/doi/abs/10.1177/0093854810397866>.

42. Thomas J. Mowen et al., "The Role of Sanctions and Incentives in Promoting Successful Reentry Evidence from the SVORI Data," *Criminal Justice and Behavior* 45, no. 8 (2018): 1288–307, <https://journals.sagepub.com/doi/abs/10.1177/0093854818770695?journalCode=cjbb>.

43. Ojmarrh Mitchell et al., "Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts," *Journal of Criminal Justice* 40, no. 1 (2012): 60–71, <https://pennstate.pure.elsevier.com/en/publications/assessing-the-effectiveness-of-drug-courts-on-recidivism-a-meta-a>.

44. Landenberger and Lipsey, "The Positive Effects of Cognitive-Behavioral Programs for Offenders."

45. Taxman, "The Partially Clothed Emperor."

46. Susan Michie, Maartje M. van Stralen, and Robert West, "The Behaviour Change Wheel: A New Method for Characterising and Designing Behaviour Change Interventions," *Implementation Science* 6, no. 1 (2011): 42, <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42>; and S. Grant et al., "Developing a Reporting Guideline for Social and Psychological Intervention Trials," *Journal of Experimental Criminology* 9, no. 3 (2013): 355–67.

47. Lauren Albrecht et al., "Development of a Checklist to Assess the Quality of Reporting of Knowledge Translation Interventions Using the Workgroup for Intervention Development and Evaluation Reporting (WIDER) Recommendations," *Implementation Science* 8, no. 1 (2013): 52, <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-8-52>.

48. T. Palmer, "Programmatic and Nonprogrammatic Aspects of Successful Intervention: New Directions for Research," *Crime and Delinquency* 41, no. 1 (1995): 100–31.

49. Adapted from Faye S. Taxman and Shannon Magnuson, "The PDSA Process," Center for Advancing Correctional Excellence!

## 5

# **The Next Generation: An Automated Risk-Needs-Responsivity Assessment System for Correctional Populations**

*GRANT DUWE*

**I**n corrections, risk assessment is often used to prospectively identify imprisoned persons at a greater risk of violating the rules of prison or jail, the conditions of community supervision, or, more broadly, the laws of society. Correctional authorities use risk assessments to guide a host of decisions that are largely intended to enhance public safety and better use often-scarce resources. For example, in low-stakes risk assessment, instruments have helped determine institutional custody levels, program prioritization, and the most suitable community supervision. In high-stakes risk assessment, in which an individual's liberty hangs in the balance, tools have been used to inform decisions relating to pretrial release, sentencing, parole eligibility, and, more narrowly, whether convicted sex offenders should be civilly committed after serving their sentence.

Before the 1970s, risk assessment was based mostly on subjective professional judgments from correctional staff. Despite the existence of more objective actuarial methods for assessing risk since the late 1920s, it was not until the 1970s that clinical judgment gave way to the development of what James Bonta and Donald Andrews call second-generation risk assessment instruments.<sup>1</sup> Developed through statistical analyses, these actuarial instruments consistently outperformed clinical judgment in predicting recidivism.<sup>2</sup>

During the last few decades of the 20th century, however, evidence began to accumulate that challenged the infamous 1970s conclusion that “nothing works.”<sup>3</sup> The rise of the “what works” literature in corrections gradually led to the emergence of the principles of effective correctional intervention and the risk-needs-responsivity (RNR) model, which identifies who

should be treated (risk), what areas should be treated (needs), and how treatment should be delivered (responsivity).<sup>4</sup> Because the RNR model places a premium on prioritizing higher-risk individuals for programming, the development and use of valid and reliable risk assessment instruments have been central to contemporary correctional practice. Moreover, the RNR paradigm assumes that interventions that target criminogenic needs (dynamic risk factors) are more likely to decrease recidivism because these factors can be changed.

The RNR model's emphasis on identifying criminogenic needs figured prominently in developing third-generation risk assessment instruments that included both static and dynamic predictors of recidivism. While still stressing the need to include static and dynamic factors, fourth-generation risk assessment instruments follow individuals from intake to case closure, are administered on multiple occasions, and better integrate protective factors (i.e., factors that reduce recidivism risk) in the assessment process.<sup>5</sup>

Currently, most of the widely used tools in corrections attempt to simultaneously assess for risk and needs. Whereas risk assessment involves predicting who is most likely to recidivate, needs assessment focuses on identifying which interventions would be most appropriate for an individual.<sup>6</sup> An assessment is "actuarial" when statistical methods were used to create it, and the only component that is truly actuarial among existing instruments is risk assessment.

Assessments of criminogenic needs, however, have not been actuarial. Instead, the common approach for needs assessments with the correctional population has been to tally up the items related to each criminogenic needs area. The needs areas, or domains, with the highest scores are those that presumably should be targeted for programming. For example, if an individual scores highest for the substance abuse domain, then substance abuse treatment would be considered an appropriate—if not the most appropriate—intervention.

Similar to needs assessment, contemporary instruments have not used actuarial methods to assess responsivity. Of the three principles in the RNR model, responsivity has generally been an afterthought. Indeed, rather than being described as risk, needs, and responsivity assessment tools, the most widely used instruments are often characterized simply as risk and needs assessments. And, even when there is an attempt to account for

responsivity, the assessment of responsivity is barely more than a checklist of items such as motivation, gender, and culture.

In addition to an under-reliance on actuarial approaches, existing assessments have generally used manual scoring methods. The process in which items on a risk assessment instrument are populated has been referred to as the “scoring method.”<sup>7</sup> Values for items can be entered manually, or they can be populated through an automated process. With a manual scoring method, staff must interpret the information they are presented through a database review or a face-to-face interview with the individual, decide what the appropriate response or answer is for each item, and then correctly enter the values for these items on the risk assessment instrument. To be sure, the use of manually scored tools is often accompanied by extensive training on how to score the instrument, periodic “booster” training to maintain proficiency in administering and scoring the tool, and monitoring the administered assessments for quality-assurance purposes.

When a manual scoring approach is used, however, differences in how staff score an assessment are often inevitable due to various factors such as the subjectivity of the items on the instrument, inadequate training, staff workloads, the time it takes to complete an assessment, and transcription errors. These differences among individuals, or raters, who administer a manually scored assessment comprise what is known as inter-rater disagreement.

More broadly, inter-rater reliability (IRR) looks at the degree of agreement, or consistency, among raters in scoring an instrument. IRR is recognized as a key component to risk assessment, mainly because it can affect how well an instrument predicts risk. After all, for a manually scored instrument to perform well in predicting an outcome, it must first be used consistently by raters scoring the instrument.

Manually scored assessments are not only prone to inter-rater disagreement but also time-consuming. Along with the significant amount of ongoing training required for staff, completing a manually scored assessment on an individual generally takes anywhere from 30 to 90 minutes. Given the time that manual assessments require, combined with high caseloads for institutional and community corrections staff, some agencies that use these assessments apply them to only a portion of their population or, in some cases, not at all.<sup>8</sup>



The RNR model is, as noted above, an outgrowth of the what works literature. Many correctional agencies, however, face significant challenges in making what works work. One main challenge is that existing RNR assessments are often unwieldy time-consuming assessments that must be scored manually. Therefore, even though the RNR model provides an evidence-based road map for effective programming delivery, many correctional agencies have struggled to comprehensively apply this model with integrity.

This chapter outlines the concept for what may be the fifth generation in correctional risk assessment—an assessment system that is automated, more actuarial, and capable of fully assessing each component of the RNR model. As discussed below, it is anticipated that an automated RNR assessment system would not only be more efficient and cost-effective but also increase reliability, validity, and assessment capacity. Moreover, by comprehensively assessing risk, needs, and responsivity, an automated assessment system could achieve better outcomes by helping optimize correctional programming delivery.

The following section discusses the impact of an automated scoring method on reliability, predictive validity, and cost-effectiveness. After reviewing the literature on assessing risk, needs, and responsivity, this chapter presents the concept for an automated RNR assessment system. It concludes by discussing the system's implications for correctional research, policy, and practice.

### **The Effects of Automation on Reliability and Predictive Validity**

To date, only one study has empirically examined the scoring method's impact on reliability and predictive performance. Relying on assessment data from the Minnesota Screening Tool Assessing Recidivism Risk (MnSTARR), a manually scored recidivism risk assessment instrument the Minnesota Department of Corrections (MnDOC) developed and began using in 2013, Grant Duwe and Michael Rocque compared the reliability of a manual scoring approach with a fully automated process.<sup>9</sup> Using multiple performance metrics, Duwe and Rocque then evaluated the predictive validity of the two scoring methods—manual and automated—across male and female offenders for four measures of recidivism.

The results showed MnDOC staff scored the MnSTARR with a relatively high degree of consistency. Indeed, the intra-class correlation coefficient (ICC) values, which ranged from 0.81 to 0.94, would be considered “excellent” according to past research.<sup>10</sup> But despite this level of IRR, Duwe and Rocque still found the automated assessments significantly outperformed those scored manually in predicting recidivism. By standardizing the process in which items are scored, automated scoring methods eliminate the inter-rater disagreement (i.e., differences in how raters score an assessment) inherent to manually scored assessments. In doing so, automated scoring processes can help improve the reliability and, by extension, the predictive performance of risk assessment decisions.<sup>11</sup>

To better understand the relationship between IRR and predictive validity, Duwe and Rocque arranged the male offender assessment data into quintiles to test whether lower ICC values (i.e., lower than the “excellent” threshold of 0.75) have a greater impact on predictive performance. These analyses’ results showed that as inter-rater disagreement increased (i.e., the ICC value decreased), predictive performance significantly decreased. In particular, when the ICC value was in the “good” range (0.60–0.74), the area under the curve (AUC) was 0.05 lower for the manual scoring method than the automated process.

Applying these findings to the approximately 8,000 offenders released each year from Minnesota prisons, Duwe and Rocque estimated that, compared to an automated process, a manually scored instrument with good reliability would result in more than 1,000 classification errors each year; that is, classification errors would consist of “false positives” (i.e., higher-risk offenders who did not recidivate) or “false negatives” (i.e., lower-risk offenders who recidivated).<sup>12</sup> Given these findings, Duwe and Rocque highlighted several notable implications for recidivism risk assessment.

First, the results demonstrated that inter-rater disagreement can significantly affect predictive performance. In fact, given that prior research indicates about a 0.05 difference in the AUC between the best and worst classification methods, Duwe and Rocque suggest IRR may have a similar impact on predictive performance.<sup>13</sup>

Second, Duwe and Rocque argue that prior ICC thresholds may be overly optimistic. For example, if an ICC value in the good range drops

the AUC by 0.05, then perhaps an ICC value in this range might not be so good after all.<sup>14</sup> They proposed the following thresholds for assessing IRR in manually scored recidivism risk assessment tools: 0.95 and above is excellent, 0.85–0.94 is good, 0.75–0.84 is adequate, and below 0.75 is poor.

Third, comparing the IRR results for the MnSTARR with a recent study that found an ICC value of 0.65 for the LSI-R, Duwe and Rocque maintain that using objective items (as opposed to more subjective items that require more interpretation) is crucial for achieving adequate reliability.<sup>15</sup> For example, in assessing a domain such as antisocial peers, it may be better to measure whether an individual has received any visits in prison than to ask whether he or she is a “social isolate” in a one-on-one interview.

Finally, Duwe and Rocque posit that rather than redoubling efforts to improve manual instruments’ scoring, it may be more prudent over the long term to invest more resources in automation.<sup>16</sup> Automation can significantly increase the efficiency of the risk assessment process by eliminating the time prison staff spend in (1) scoring assessments for individual offenders, (2) undergoing the training required for users of the instrument, and (3) conducting quality checks to ensure assessments are being done correctly.

Even though automating the risk assessment process entails a cost for prison systems, it still delivers a highly favorable return on investment (ROI) due to the significant increase in efficiency. Analyzing the anticipated ROI from the MnDOC’s implementation of a fully automated MnSTARR in late 2016, Duwe and Rocque reported that for every dollar spent on automating the MnSTARR 2.0, there will be an estimated return of approximately \$22 within five years, totaling nearly \$3 million in staff time saved.<sup>17</sup>

### **Risk Assessment**

The risk principle holds that programming resources should be concentrated on highest-risk offenders, which makes sense at both the individual and aggregate levels. While an intervention has an aggregate effect size, its effects on individuals will vary. After completing an intervention, even those that are effective, some individuals will recidivate while others will desist.

For example, let us assume we have an intervention that reduces recidivism by 25 percent. If we applied this intervention to, say, 100 higher-risk individuals whose baseline recidivism probability was 80 percent, we would expect the intervention to lower recidivism by 25 percent, resulting in 60 recidivists. In other words, the intervention produced desistance for 20 of 100 offenders.

But what if we applied the intervention to a lower-risk group whose baseline recidivism probability was 40 percent? If we assume the intervention lowers recidivism by 25 percent, then there would be 30 recidivists; that is, the intervention produced desistance for 10 of 100 offenders, which is half the number we observed for the higher-risk group. Conceptually, adhering to the risk principle can help maximize an effective intervention's impact on recidivism.

One outstanding question, however, is whether we would still observe a 25 percent reduction for the higher-risk group compared to the lower-risk group. For the higher-risk group, which may be more entrenched in a criminal lifestyle, one intervention could be insufficient to bring about desistance. To be sure, the extant literature suggests that higher-risk individuals require more intensive programming.<sup>18</sup> But the use of risk and needs assessments operates on the assumption that we assign individuals to interventions based on risk (high) and needs (high); that is, if a high-risk individual has a high substance abuse need, we would presumably want to prioritize this person for chemical dependency (CD) treatment.

In general, risk assessment involves predicting a harmful outcome's likelihood. Because risk assessment is used across various disciplines, such as financial lending, insurance, health care, psychology, and criminology, predicted outcomes run the gamut from mortgage default to patient mortality and prisoner recidivism. In predicting outcomes such as prison misconduct or recidivism, risk assessments for correctional populations typically rely on algorithms, which can range from simple to complex.

An algorithm used in a risk assessment instrument transforms the values for the items that predict recidivism into a probability or risk score. For example, if it is a predicted probability, then the value ranges from 0 to 100 percent, with higher probabilities reflecting a greater likelihood for recidivism. If it is a score, then a higher value also signifies a greater risk for recidivism. For instance, if the risk score ranged from a low of zero to

a high of 10, then an individual with a score of, say, zero would be considered low risk.

The main classification methods used to develop recidivism risk assessment tools are Burgess (i.e., a simple summation of item values), statistical techniques (e.g., logistic regression), and machine learning algorithms (e.g., random forest, support vector machine, etc.). Although the Burgess methodology offers greater simplicity and transparency than statistical and machine learning algorithms do, there is a price to pay in the form of reduced predictive performance.<sup>19</sup> Consistent with the “no free lunch” theorem, no single best method or algorithm yields the best performance in every situation.<sup>20</sup>

Even though evidence suggests that some machine learning algorithms will, on average, achieve the best performance, in some instances, relatively poor classifiers outperform higher-performing algorithms.<sup>21</sup> As a result, recent research advocates evaluating multiple classification methods in developing risk assessment instruments.<sup>22</sup> Testing multiple classification methods improves the chances of finding the best predictive model. Moreover, it also makes it possible to determine whether the loss of predictive performance sufficiently offsets increased transparency and vice versa.<sup>23</sup>

The items in a risk assessment instrument generally include predictors of recidivism such as criminal history, demographic characteristics (age, gender, race, and ethnicity), type of admission to prison, length of stay in prison, educational level, prior employment, antisocial peers, substance abuse, and behavior in prison (e.g., prison misconduct). Item selection is guided, largely, by theory. Items should be included on an assessment if they are theoretically relevant and if the direction of their impact on the outcome being predicted (e.g., recidivism) is consistent with existing theory. Moreover, prior research suggests that rather than including many items related to both risk and needs, assessments designed to predict recidivism should include only items that enhance predictive performance.<sup>24</sup>

Among theoretically relevant predictors, however, the literature has not delivered unequivocal evidence on the best method for item selection. Item selection methods include procedures such as the gain ratio, information gain, chi-square, principal components analysis, and stepwise

selection. Stepwise routines have been criticized on a number of grounds, especially for producing biased regression coefficients and capitalizing on chance features of the data.<sup>25</sup> To mitigate these concerns, several studies have used bootstrap variable selection procedures in developing recidivism risk assessment instruments.<sup>26</sup>

While predictive models have been developed that assess risk, several validation methods have been developed to determine whether the tools' performance can be reproduced on a sample's underlying population. The split-sample method involves using a portion (e.g., one-half or two-thirds) of the sample to develop the prediction tool (i.e., the development sample or training set), which is then applied to the sample's remaining portion to test the internal validity of the model (i.e., the validation sample or test set). Although cross-validation, or k-fold validation, is more efficient than the split-sample method because it involves repeated data splitting, research has shown that bootstrap resampling is the most efficient internal validation technique.<sup>27</sup> Bootstrap resampling involves pulling many smaller samples from the overall sample to generate error estimates.<sup>28</sup> In doing so, it makes full use of the data set while also providing error estimates that have relatively low variability and minimal bias.<sup>29</sup>

The correctional risk assessment literature has often relied almost exclusively on the AUC as the metric by which to evaluate predictive performance. In recidivism risk assessment, the AUC is the probability that a randomly selected recidivist will have a higher score on the assessment than a randomly selected desistor, or non-recidivist. While the AUC has its strengths and weaknesses, it measures only one dimension of predictive validity: discrimination.

Predictive validity, however, also consists of accuracy and calibration. Amid the growing recognition that comprehensive evaluations of predictive performance involve more than calculating the AUC, recent studies have begun reporting multiple metrics that address each dimension of predictive validity.<sup>30</sup> Moreover, as using risk and needs assessments has become increasingly embedded in correctional policy and practice, recent concerns have grown over the disparate and adverse effects that using these tools may have on racial and ethnic minorities.<sup>31</sup> Risk assessments should therefore be routinely tested for racial and ethnic bias.

### Needs Assessment

While risk assessment involves predicting who is most likely to recidivate, the goal of needs assessment is, or at least should be, to identify the areas in which interventions would likely have the greatest impact in lowering recidivism risk. If an individual is in prison for, say, six months and can participate in only one intervention, which one would have the greatest impact on recidivism? Ostensibly, needs assessment should help us identify which intervention would be most beneficial.

Whereas some instruments simultaneously assess for risk and needs, others distinguish between the two by having separate assessments for risk and needs. None of the existing assessments, however, have demonstrated they can validly predict or identify needs. The existing literature seems to assume that if a tool predicts recidivism, then it also predicts needs. But examining how well a tool performs in predicting recidivism is an evaluation of its ability to assess risk, not needs. Indeed, the factors that heighten the need for an intervention within a particular area may not be predictive of recidivism. For example, the extent of chemical use in the 12 months before prison may be more indicative of the need for CD treatment than it is for recidivism risk.

In general, needs assessments are often completed by conducting a face-to-face interview involving correctional staff and the offender. In a few instances, however, correctional agencies attempted to automate much of the needs assessment process. Using administrative data, Tammy Meredith developed an automated needs assessment for the Georgia Department of Corrections.<sup>32</sup> The Arizona Department of Corrections (ADC) has also used its administrative data to automate the needs assessment process. While some of the ADC's needs assessments, such as education, criminal thinking, and substance abuse, are based on assessments given to inmates, the ADC has used AIMS data to help automate the process for other areas such as domestic violence, conflict resolution, and cultural diversity.

Given the recent growth in providing inmates with access to email and video visitation technology, another option besides automation to increase the efficiency of the needs assessment process could involve using computer-assisted survey software technology, in which offenders

take the assessments themselves. Moreover, current tools that attempt to assess need have generally been developed on the basis of Burgess methodology. As with recidivism risk assessment, using more sophisticated statistical and machine learning algorithms may also improve performance in need assessment.<sup>33</sup>

### **Responsivity Assessment**

Even if current assessments can accurately predict recidivism and identify the salient needs areas of offenders, assessing responsivity to programming is still crucial. For instance, a problem can arise from assigning high-risk, high-need individuals to interventions that do not reduce recidivism because they are either ineffective in general or insufficient for higher-risk individuals. Put another way, general responsivity refers to programming that is most effective in reducing recidivism, such as cognitive behavioral interventions. Specific responsivity, on the other hand, includes individual barriers that may limit the likelihood for program participation and successful completion.<sup>34</sup> Examples of specific responsivity include motivation, anxiety, different learning styles, language, transportation, gender, and culture.<sup>35</sup>

The assessment of responsivity, the neglected “R” in the RNR model, often consists of little more than a checklist of items. Existing responsivity assessments have not been developed through statistical methods or an actuarial approach. Instead, these assessments are, for the most part, a list of items for practitioners to consider when making program placement decisions. None of the responsivity assessments used on correctional populations have been evaluated to determine whether they are valid or reliable. It is therefore unclear whether these assessments perform well in identifying responsivity factors or whether their use has led to more appropriate program assignments and, ultimately, better recidivism outcomes.

In a recent study, Grant Duwe and KiDeuk Kim introduced a more rigorous, actuarial approach for assessing responsivity, which involves estimating the likelihood that an individual’s participation will result in desistance.<sup>36</sup> If an individual participated in, say, substance abuse treatment, what is the probability it would lead to desistance?



With risk assessment, the focus is on identifying who will recidivate. It is the opposite for responsivity assessment, in which the focus is on identifying who will desist, or not recidivate. Yet, because responsivity assessment also considers participation in correctional interventions, it attempts to predict whether participating in an intervention will result in desistance. In doing so, the responsivity assessment we present in this study also accounts for an intervention's efficacy.

Duwe and Kim examined a sample that consisted of more than 23,000 offenders released from Minnesota prisons between 2003 and 2011.<sup>37</sup> They focused on prisoner participation in prison-based CD treatment, which has reduced recidivism for Minnesota prisoners.<sup>38</sup> Recognizing potential gender differences, they conducted separate analyses for male and female offenders. Each offender had been assessed for CD needs upon entry to prison.

Duwe and Kim developed baseline recidivism prediction models (i.e., risk assessment) along with responsivity assessment models that predict desistance following participation in prison-based CD treatment.<sup>39</sup> Compared to the recidivism prediction models, the results showed responsivity assessments had relatively higher levels of predictive performance for male and female prisoners. Using the risk, needs, and responsivity assessment data, they then examined the performance of various prioritization schemes in reducing recidivism. In addition to prioritizing based on risk and needs, they prioritized offenders on the basis of RNR, risk and responsivity, and needs and responsivity.

The results suggest that adding an actuarial responsivity assessment to existing risk and needs assessments would likely improve treatment assignments and further enhance correctional interventions' effectiveness. Duwe and Kim found that the RNR scheme performed better than the other three approaches (risk needs, risk responsivity, and needs responsivity) in prioritizing inmates for treatment. Prioritizing the highest-risk and highest-need offenders, who would likely benefit the most from CD treatment, increased the treatment effect size and lowered the overall recidivism rate by 2 percent. More specifically, it improved the treatment effect size from a 27 percent reduction to a 31 percent decrease in recidivism. Moreover, because the RNR scheme effectively isolated higher-risk offenders, it prevented a larger number of recidivists. Indeed, the number of

prevented recidivists in the RNR scheme (350) was more than 100, which is higher than the number (247) for the overall adjusted sample.

These findings, as Duwe and Kim pointed out, have several implications for using an actuarial responsivity assessment. First, the results suggest that factors commonly associated with recidivism, such as criminal history, gang affiliation, or marital status, may also affect responsivity. Therefore, factors affecting responsivity to correctional interventions may not only include those typically considered such as gender, culture, language, and motivation but also those more commonly associated with recidivism risk.

Second, in addition to considering factors normally associated with recidivism, an actuarial approach for assessing responsivity has the advantage of helping empirically determine whether an intervention would effectively reduce recidivism for individual offenders. In the current RNR framework, offenders are assigned to interventions based on risk, needs, and, in some instances, responsivity. It is generally unclear, however, whether the intervention is actually effective or, even if it is, whether the individual would benefit from the intervention.

Just because the literature indicates that prison-based drug treatment is generally effective does not mean that a specific drug treatment program will effectively reduce recidivism. After all, issues, such as a lack of program integrity, can compromise a correctional intervention's effectiveness.<sup>40</sup> Yet, by assigning individuals to effective interventions that are, in turn, the best interventions for those individuals, using an actuarial approach for assessing responsivity could deliver better recidivism outcomes overall.

Finally, even though the RNR model recommends assigning offenders based on risk, needs, and responsivity, treatment assignment decisions are often made based on strictly risk and needs due to the absence of any formal assessments for responsivity. As such, offenders who are prioritized for programming are those with the highest risk and needs. Duwe and Kim's findings suggest, however, that assigning offenders based on strictly risk and needs may not deliver the desired results.<sup>41</sup>

Indeed, when Duwe and Kim assigned offenders based on just risk and needs, they observed a reduced effect size for CD treatment and fewer prevented recidivists. These findings suggest that many of the highest-risk individuals may be too entrenched in a criminal lifestyle to desist as a

result of participating in CD treatment. While CD treatment may be enough to get lower-risk prisoners to desist, more programming is needed for higher-risk offenders. This finding is consistent with the notion that greater doses of programming (i.e., multiple interventions that address multiple needs areas) are needed for the highest-risk offenders to help bring about desistance.<sup>42</sup>

### **An Automated RNR Assessment System**

Correctional agencies typically have more than one intervention to offer offenders, and as noted above, a single intervention may be insufficient to bring about desistance for those with a higher risk for recidivism. Therefore, the goal should involve conducting responsivity assessments for all interventions an agency may provide offenders. For example, assume a corrections agency has five interventions to which offenders can be assigned based on a risk and needs assessment. Responsivity assessments for each of the five interventions may help better identify which programs would work best for each individual offender. Moreover, for the higher-risk offenders with longer confinement periods, which would allow for participation in multiple programs, the responsivity assessment could evaluate which combination of interventions would most likely lead to desistance.

To illustrate, assume we have a high-risk individual who will be in prison for two years, which is ample time to participate in multiple interventions. Let us further assume a single intervention is unlikely to result in desistance for this individual. If completing, say, CD treatment is unlikely to help this individual desist, what would be his or her probability for desistance after completing CD treatment and an employment program or cognitive behavioral therapy (CBT)? Responsivity assessments to multiple interventions might reveal the best combination of programming for this individual and, in doing so, would help deliver better recidivism outcomes overall. As discussed above, the manual approach by which correctional agencies assess risk, needs, and, sometimes, responsivity is often a time-consuming process that results in many offenders who are not fully assessed or, in some cases, not assessed at all.

In contrast, using an automated process could make it possible to fully assess each individual who enters the correctional system. More specifically, an RNR assessment would be performed at intake in which assessments for risk and responsivity (to available interventions) would be automated, while assessment of needs would be completed via computer-assisted survey technology. Following the completion of assessments for risk, needs, and responsivity, an RNR assessment output report would be generated for each individual. Similar to a credit report, the RNR assessment report could include the factors, or areas, that are contributing to an individual's risk. The assessment output report would also identify an individual's salient criminogenic needs (via the computer-assisted needs assessment) along with promising interventions (via the responsivity assessments).

To facilitate the identification of beneficial programs, each individual would receive an RNR score for each intervention based on the assessments, with scores ranging from zero to one. Higher RNR values would denote the intervention is more likely to produce desistance for high-risk, high-need individuals. Assume, for example, four interventions are available, each with an RNR score ranging from zero to one. In particular, the RNR values are, say, 0.85 for a CBT program, 0.70 for substance abuse treatment, 0.50 for education programming, and 0.40 for prison labor. With this example, if an individual could participate in only one program, the RNR assessment output suggests the CBT program would be best for this person since it had the highest RNR score. Likewise, if there was enough time to complete two interventions, the output indicates the CBT and substance abuse treatment programs would be most helpful in achieving desistance.

RNR scores would be useful not only at the individual level in identifying the best programs for each person but also at the program level in identifying the best, or most appropriate, participants. For example, assume a program has 20 spots available for 100 potential participants. In making participant selections, this program would focus on those with the highest RNR scores for that program. A key advantage to this approach, then, is that the main interventions a correctional agency has to offer would be required to adhere to the RNR model in selecting program participants.

## Conclusion

Risk assessments have recently come under greater scrutiny for various reasons. In addition to criticisms over their transparency and performance in predicting recidivism, concerns have been raised over whether risk assessment tools are used to perpetuate, if not heighten, racial and ethnic disparities in the criminal justice system.<sup>43</sup> This scrutiny is not only warranted but also key to making progress. What is not warranted, however, is the idea that we need to abandon these assessments due to current weaknesses in their design or operation.

These critiques have failed to point out what the alternative, or alternatives, would be if we decided to jettison the use of actuarial risk assessments. Without these instruments, correctional staff would make decisions based on their professional judgments or gut instincts. Decades of evidence has consistently demonstrated, however, that clinical or professional judgment is simply not great at predicting future behavior, and recidivism is no exception.<sup>44</sup>

An increase in the use of professional judgment would also result in greater discretion, which has been linked to worsening the racial and ethnic disparities in the criminal justice system.<sup>45</sup> The superiority of statistical prediction over clinical or professional judgment does not mean that risk assessment tools always achieve satisfactory performance. Instead, it just means that statistical prediction has been able to consistently clear the low bar set by professional judgment.

The concept for an automated RNR assessment system provides a way to help correctional staff make better decisions by placing the right people in the right programs at the right time. But using these assessments is not a panacea. Their use will not, in and of itself, lower recidivism. Rather, because programming effectiveness can hinge on the type of intervention, the quantity of the dosage, and when it is delivered, we use these assessments as diagnostic tools to help us determine which prisoners need a higher dosage of programming and which interventions would be most beneficial in reducing recidivism.

Nevertheless, an automated RNR assessment system could help achieve better outcomes by optimizing correctional programming delivery. Because it is more efficient and cost-effective, everyone would get assessed for risk,

needs, and responsivity. Further, available evidence suggests an automated process would also help improve reliability and predictive validity. Perhaps more important, the RNR assessment output would help place higher-risk individuals in the interventions to which they would be most responsive. In doing so, correctional agencies could improve the effect sizes for effective programs and, by extension, increase desistance.

## Notes

1. E. W. Burgess, "Factors Determining Success or Failure on Parole," in *The Workings of the Indeterminate Sentence Law and the Parole System in Illinois*, ed. Andrew A. Bruce (Springfield, IL: Illinois State Board of Parole), 221–34; and James Bonta and Donald A. Andrews, *Risk-Need-Responsivity for Offender Assessment and Rehabilitation*, Public Safety Canada, 2007, <https://www.pbpp.pa.gov/Information/Documents/Research/EBP7.pdf>.
2. Tim Brennan, William Dieterich, and Beate Ehret, "Evaluating the Predictive Validity of the Compas Risk and Needs Assessment System," *Criminal Justice and Behavior* 36, no. 1 (October 2008): 21–40, <https://journals.sagepub.com/doi/abs/10.1177/0093854808326545?journalCode=cjbb>.
3. Robert Martinson, "What Works? Questions and Answers About Prison Reform," *Public Interest* 34, no. 1 (1974) 22–54.
4. Donald A. Andrews, James Bonta, and J. Stephen Wormith, "The Recent Past and Near Future of Risk and/or Need Assessment," *Crime & Delinquency* 52, no. 1 (January 2006): 7–27.
5. Brenna, Dietrich, and Ehret, "Evaluating the Predictive Validity of the Compas Risk and Needs Assessment System."
6. Stephen D. Gottfredson and Laura J. Moriarty, "Statistical Risk Assessment: Old Problems and New Applications," *Crime & Delinquency* 52, no. 1 (January 2006): 178–200, <https://journals.sagepub.com/doi/abs/10.1177/0011128705281748>.
7. Grant Duwe and Michael Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)," *Criminology & Public Policy* 16, no. 1 (February 2017): 235–69, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9133.12270>.
8. Grant Duwe, "The Development, Validity, and Reliability of the Minnesota Screening Tool Assessing Recidivism Risk (MnSTARR)," *Criminal Justice Policy Review* 25, no. 5 (March 2013): 579–613, <https://journals.sagepub.com/doi/abs/10.1177/0887403413478821?journalCode=cjpa>; and T. Meredith, "Stop the Redundant Interviews! Using Institutional Data to Predict Inmate Risk and Needs" (conference paper, 71st Annual American Society of Criminology Conference, San Francisco, CA, November 19, 2014).
9. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."
10. K. A. Hallgren, "Computing Inter-Rater Reliability for Observational Data: An Overview and Tutorial," *Tutor Quantitative Methods Psychology* 8, no. 1 (2012): 23–34, <https://www.ncbi.nlm.nih.gov/pubmed/22833776>.
11. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."
12. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."
13. Grant Duwe and KiDeuk Kim, "Sacrificing Accuracy for Transparency in Recidivism Risk Assessment: The Impact of Classification Method on Predictive Performance," *Corrections: Policy, Practice, and Research* 1, no. 3 (May 2016): 153–76, <https://>

www.tandfonline.com/doi/abs/10.1080/23774657.2016.1178083.

14. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."

15. Michael Rocque and Judy Plummer-Beale, "In the Eye of the Beholder? An Examination of the Inter-Rater Reliability of the LSI-R and YLS/CMI in a Correctional Agency," *Journal of Criminal Justice* 42, no. 6 (November-December 2014): 568-78, <https://www.sciencedirect.com/science/article/pii/S0047235214000889>.

16. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."

17. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."

18. James Bonta, Suzanne Wallace-Capretta, and Jennifer Rooney, "A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program," *Criminal Justice and Behavior* 27, no. 3 (June 2000): 312-29, <https://journals.sagepub.com/doi/10.1177/0093854800027003003>; and Christopher T. Lowenkamp and Edward J. Latessa, "Increasing the Effectiveness of Correctional Programming Through the Risk Principle: Identifying Offenders for Residential Placement," *Criminology & Public Policy* 4, no. 2 (July 2005): 263-90, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9133.2005.00021.x>.

19. Duwe and Kim, "Sacrificing Accuracy for Transparency in Recidivism Risk Assessment."

20. David H. Wolpert, "The Lack of a Priori Distinctions Between Learning Algorithms," *Neural Computation* 8, no. 7 (October 1996): 1341-90, <https://ieeexplore.ieee.org/document/6795940>.

21. Geoffrey C. Barnes and Jordan M. Hyatt, *Classifying Adult Probationers by Forecasting Future Offending*, National Institute of Justice, US Department of Justice, <https://www.ncjrs.gov/pdffiles1/nij/grants/238082.pdf>; R. Caruana et al., "Ensemble Selection from Libraries of Models," in *Proceedings of the 21st International Conference on Machine Learning*, ed. D. Koller et al. (Vancouver, Canada: Banff), 1-12; R. Caruana and A. Niculescu-Mizil, "An Empirical Comparison of Supervised Learning Algorithms Using Different Performance Metrics," in *Proceedings of the 23rd International Conference on Machine Learning*, ed. William Cohen and Andrew Moore (New York: Association for Computing Machinery), 161-68; and Grant Duwe and KiDeuk Kim, "Out with the Old and in with the New? An Empirical Comparison of Supervised Learning Algorithms to Predict Recidivism," *Criminal Justice Policy Review* 28, no. 6 (2017): 570-600, <https://journals.sagepub.com/doi/abs/10.1177/0887403415604899>.

22. Greg Ridgeway, "The Pitfalls of Prediction," *National Institute of Justice Journal*, February 2013, <https://www.ncjrs.gov/pdffiles1/nij/240702.pdf>.

23. Duwe and Kim, "Out with the Old and in with the New?"

24. Christopher Baird, "A Question of Evidence: A Critique of Risk Assessment Models Used in the Justice System, National Council on Crime and Delinquency," February 2009, [https://www.nccdglobal.org/sites/default/files/publication\\_pdf/special-report-evidence.pdf](https://www.nccdglobal.org/sites/default/files/publication_pdf/special-report-evidence.pdf); and Robert Barnoski and Steve Aos, "Washington's Offender Accountability Act: An Analysis of the Department of Corrections' Risk Assessment," Washington State Institute for Public Policy, December 2003, <http://www.wsipp.wa.gov/>



ReportFile/847/Wsipp\_Washington-s-Offender-Accountability-Act-An-Analysis-of-the-Department-of-Corrections-Risk-Assessment\_Full-Report.pdf.

25. Robert Tibshirani, "Regression Shrinkage and Selection Via the Lasso," *Journal of the Royal Statistical Society, Series B* 58, no. 1 (1996): 267–88, [https://www.jstor.org/stable/2346178?seq=1#metadata\\_info\\_tab\\_contents](https://www.jstor.org/stable/2346178?seq=1#metadata_info_tab_contents); and Charles M. Judd, Gary H. McClelland, and Carey S. Ryan, *Data Analysis: A Model Comparison Approach, Second Edition* (London: Routledge, 2008).

26. Grant Duwe and Pamela J. Freske, "Using Logistic Regression Modeling to Predict Sexual Recidivism: The Minnesota Sex Offender Screening Tool-3 (MnSOST-3)," *Sexual Abuse* 24, no. 4 (January 2012): 350–77, <https://journals.sagepub.com/doi/abs/10.1177/1079063211429470?journalCode=saxb>; and Zachary Hamilton, "Isolating Modeling Effects in Offender Risk Assessment," *Journal of Experimental Criminology* 11, no. 2 (June 2015): 299–318, <https://link.springer.com/article/10.1007/s11292-014-9221-8>.

27. E. W. Steyerberg et al., "Internal Validation of Predictive Models: Efficiency of Some Procedures for Logistic Regression Analysis," *Journal of Clinical Epidemiology* 54, no. 8 (2001): 774–81, <https://www.ncbi.nlm.nih.gov/pubmed/11470385>; and E. W. Steyerberg et al., "Internal and External Validation of Predictive Models: A Simulation Study of Bias and Precision in Small Samples," *Journal of Clinical Epidemiology* 56, no. 5 (May 2003): 441–47, <https://www.ncbi.nlm.nih.gov/pubmed/12812818>.

28. Bradley Efron, "Bootstrap Methods: Another Look at the Jackknife," *Annals of Statistics* 7, no. 1 (1979): 1–26, <https://projecteuclid.org/euclid.aos/1176344552>.

29. Steyerberg et al., "Internal Validation of Predictive Models."

30. N. Tollenaar and P. G. M. van der Heijden, "Which Method Predicts Recidivism Best? A Comparison of Statistical, Machine Learning and Data Mining Predictive Models," *Journal of the Royal Statistical Society: Series A* 176, no. 2 (February 2013): 565–84, <https://www.jstor.org/stable/pdf/23355205.pdf>.

31. Jennifer L. Skeem and Christopher Lowenkamp, "Risk, Race, & Recidivism: Predictive Bias and Disparate Impact," *Criminology* 54, no. 4 (November 2016): 680–712, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9125.12123>.

32. Meredith, "Stop the Redundant Interviews!"

33. Duwe and Rocque, "Effects of Automating Recidivism Risk Assessment on Reliability, Predictive Validity, and Return on Investment (ROI)."

34. Bonta and Andrews, *Risk-Need-Responsivity for Offender Assessment and Rehabilitation*.

35. F. T. Cullen, "Rehabilitation and Treatment Programs," in *Crime: Public Policies for Crime Control, 2nd Edition*, ed. J. Q. Wilson and J. Petersilia (San Francisco, CA: ICS Press, 2002).

36. Grant Duwe and KiDeuk Kim, "The Neglected 'R' in the Risks-Need-Responsivity Model: A New Approach for Assessing Responsivity to Correctional Interventions," *Justice Evaluation Journal* 1, no. 2 (November 2018): 130–50, <https://www.tandfonline.com/doi/abs/10.1080/24751979.2018.1502622?journalCode=rjej20>.

37. Duwe and Kim, "The Neglected 'R' in the Risks-Need-Responsivity Model."

38. Grant Duwe, "Prison-Based Chemical Dependency Treatment in Minnesota: An Outcome Evaluation," *Journal of Experimental Criminology* 6, no. 1 (March 2010): 57–81, <https://link.springer.com/article/10.1007/s11292-010-9090-8>.

39. Duwe and Kim, "The Neglected 'R' in the Risks-Need-Responsivity Model."

40. Grant Duwe and Valerie Clark, "Importance of Program Integrity: Outcome Evaluation of a Gender-Responsive, Cognitive-Behavioral Program for Female Offenders," *Criminology & Public Policy* 14, no. 2 (April 2015): 301–28, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9133.12123>.
41. Duwe and Kim, "The Neglected 'R' in the Risks-Need-Responsivity Model."
42. Lowenkamp and Latessa, "Increasing the Effectiveness of Correctional Programming Through the Risk Principle."
43. J. Angwin et al., "Machine Bias," ProPublica, May 23, 2016, <https://www.propublica.org/article/machine-bias-risk-assessments-in-criminal-sentencing>.
44. Robyn M. Dawes, David Faust, and Paul E. Meehl, "Clinical Versus Actuarial Judgment," *Science* 243, no. 1 (1989): 1668–74, <http://meehl.umn.edu/sites/meehl.dl.umn.edu/files/138cstixdawesfaustmeehl.pdf>.
45. Shawn D. Bushway and Anne Morrison Piehl, "Judging Judicial Discretion: Legal Factors and Racial Discrimination in Sentencing," *Law & Society Review* 35, no. 4 (2001): 733–64, [https://www.jstor.org/stable/3185415?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/3185415?seq=1#page_scan_tab_contents); Brian D. Johnson, "Racial and Ethnic Disparities in Sentencing Departures Across Modes of Conviction," *Criminology* 41, no. 2 (May 2003): 449–90, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.2003.tb00994.x>; and Jon Sorensen and Donald H. Wallace, "Prosecutorial Discretion in Seeking Death: An Analysis of Racial Disparity in the Pretrial Stages of Case Processing in a Midwestern County," *Justice Quarterly* 16, no. 3 (1999): 559–78, <https://www.tandfonline.com/doi/abs/10.1080/07418829900094261>.

## 6

# What If People Decide to Desist? Implications for Policy

SHAWN BUSHWAY

The new field of desistance studies exploded onto the scene in the 1990s, the fruit of a mix of new theoretical models that explicitly considered desistance,<sup>1</sup> new self-reported longitudinal panel data, and new statistical models.<sup>2</sup> One result was a new way of thinking about desistance as a process associated with a decline in rates of offending as people age<sup>3</sup> rather than, as originally proposed by criminal career researchers, a distinct phenomenon by which people exit a life of offending.<sup>4</sup> According to a recent review on desistance in the *Annual Review of Criminology* by Bianca E. Bersani and Elaine Eggleston Doherty, this new way of thinking about desistance is now the dominant one.<sup>5</sup>

The idea is supported by two different theoretical models. The simplest is the maturational model, first described by David Matza, who suggested that most youth simply undergo a process of “maturational reform”—or put more simply, they outgrow crime.<sup>6</sup> Supported by the invariability of the age-crime curve, this image of the desister presents a person who undergoes a natural process of maturation in which risk-taking and criminal involvement both decline with age.<sup>7</sup> Eventually, this rate will decline to zero.

The second process model depends on acquiring adult social bonds such as stable relationships and employment. Rooted in social control theory, Travis Hirschi emphasized the importance of attachment, commitment, involvement, and beliefs to the formation of bonds to one’s family of origin, school, and peers during adolescence.<sup>8</sup> These bonds provide important controls or buffers against criminal behavior. Robert J. Sampson and John H. Laub extend these controls in adulthood to the formation of a new family unit through marriage, and the importance of school is replaced by employment.<sup>9</sup>

Here the image of the desister develops out of the image of the delinquent. The youth who enters into delinquency in adolescence is one without strong social bonds to family, school, and peers. Therefore, desistance from crime can happen only through forming new social bonds that create ties to conventional society. These theorists describe the acquisition of those new bonds as a process that will change the trajectory away from a continued life of crime and instead begin a slow slide to the state of termination. Again, the important issue here is not the state of termination itself but the change in path to a downward trajectory of offending rates.

In keeping with this idea, Bersani and Doherty believe the evidence for desistance as a process should motivate “a paradigmatic shift in criminal justice practices.”<sup>10</sup> Key to this shift is a move away from focusing on the absence of offending as a key benchmark for success in criminal justice programming. Instead, they advocate for attention to declining rates of offending (and correlated phenomenon) as the key indicator of progress.

Furthermore, Bersani and Doherty believe that opportunities such as employment play a key role in the desistance process and should be the centerpiece of policy efforts, despite the discouraging evidence about the ability of employment programs to encourage desistance.<sup>11</sup> Other authors have also attempted to describe the implications of this process model for policies such as record sealing.<sup>12</sup>

Despite the claimed ubiquity of this “process” explanation based on the age-crime curve, a different class of theories—identity-based theories—is not consistent with a slow decline in offending. This identity-based approach to desistance posits that offenders can experience or actuate a change in identity that creates a discrete and sharp break in their offending pattern. In the context of desistance scholarship, the sharp break moves the individual from active involvement in the criminal justice system to noninvolvement, or termination. This approach is consistent with the original use of the term “desistance” by criminal career scholars.<sup>13</sup> In these models, desistance is a discrete phenomenon worthy of study and not merely the by-product of a process where the trajectory of offending happens to cross the x-axis.

The fact that these theories remain interested in termination as a separate phenomenon worthy of study does not mean, as some imply, that there is no process involved in “staying straight.” Rather, the description

of the process by which a person terminates and stays terminated can be quite rich.<sup>14</sup> However, the definition of process in the literature has now become synonymous with the idea of a declining rate of offending, with no discrete jumps in offending to zero.<sup>15</sup> To differentiate this approach from a “process” model, I refer to identity models as “stark break” models.

In this chapter, I describe these identity models and then discuss their implications for reentry policy—and employment in particular. While some of these recommendations are similar to those that arise from a “process” model, others are quite distinct.

### Identity Models

Identity theorists such as Peggy Giordano, Stephen Cernkovich, Shadd Maruna, and Stephen Farrall offer social psychological theories of desistance that revolve around stark breaks from crime.<sup>16</sup> Basing their views on a symbolic interactionist foundation, Giordano, Cernkovich, and Rudolph argue that desistance requires substantial cognitive transformations or upfront cognitive work, such as a general openness to change, receptivity to “hooks for change,” and consistent support from social others.<sup>17</sup> In a later revisiting of this view, Giordano, Schroeder, and Cernkovich developed a desistance theory that relies much more heavily on the regulation of emotions and the emotional identity (an “anger identity”) of ex-offenders as they struggle with getting out of crime.<sup>18</sup>

Maruna also adopts a theory of desistance that relies on notions of the actor’s identity, though not one premised on a change in identity.<sup>19</sup> For Maruna, “making good” does not so much involve an intentional change in the desister’s identity from bad to good as it does a reinterpretation of one’s criminal past to make it consistent with one’s current pro-social identity. Maruna recognized that these desisters now view themselves as a truly new or different person. Acquiring and maintaining this new identity often involves discrete choices to separate from past peers or move to new environments.<sup>20</sup> Moreover, this research suggests that, contrary to the age-graded life-course theory of crime, obtaining a job or getting married would have little effect on criminality without a redefinition of the self. In this view, the most important factor is the existence of a new pro-social identity.

Ray Paternoster and Shawn Bushway suggest that as an individual accumulates negative consequences from involvement in crime, he or she eventually reaches a decision point, concluding that crime is not worth it and making a conscious choice to adopt a new identity and desist.<sup>21</sup> This idea is similar to the Giordano, Schroeder, and Cernkovich model but puts less emphasis on the emotional component and instead stresses the agentic selection of a new identity. One unique aspect of the Paternoster and Bushway model is the emphasis on how accumulating negative experiences leads to a decision to move away from the “feared self” that the person sees he or she is becoming.

This harkens back to one of the first descriptions of a desistance process in the literature by J. Fagan, who suggested that desistance is a three-stage process.<sup>22</sup> The first stage involves accumulating both formal and informal negative consequences that lead to the motivation to quit the behavior. This is followed by the formal decision or statement to “quit.” Finally, the third stage is maintaining this new behavior. It is at this last stage that Fagan suggests that new positive social networks are crucial for the individual to maintain desistance.

The symbolic interactionist perspective relies on meaning derived from social interaction. In the context of criminal offending, that social interaction is more likely to be around criminal justice involvement than offending. For example, individuals involved in crime get information about how they are perceived by others through their involvement in the criminal justice system. Formal labels of “criminal” are assigned and maintained by the criminal justice system. As a result, identity models are much more consistent theoretically with an empirical approach that revolves around measures of criminal justice involvement rather than criminal offending per se.

Going straight, in that context, is as much about avoiding the criminal justice system as it is about actually not offending. Getting arrested and convicted will change the social narrative in ways that a one-time drug deal in the alley behind your house will not. Failing to recidivate into the criminal justice system after a conviction or spell of incarceration has social implications and is therefore a meaningful measure for tests of the theory.

This overlap is fortuitous because there is, in my view, a strong conceptual link between identity-based models of stark breaks and criminal career

models of criminal justice system involvement.<sup>23</sup> In the most advanced criminal career models, each person is assigned a latent rate of offending  $\lambda$  and desistance probability  $d$  after each conviction.<sup>24</sup> These parameters do not vary with age; it is a statistical model with two parameters, offending rate and desistance risk.<sup>25</sup> These measures are based on official involvement with the criminal justice system (arrest or conviction) and not offending per se.

The criminal career model corresponds well to an identity-based explanation of desistance. The person is offending with a given identity at a constant rate of criminal justice involvement. After each conviction, he or she has a fixed probability of desisting—that is, experiencing an identity shift that corresponds to no involvement in the criminal justice system. Even if many people's experiences do not exactly follow this pattern, the model might be a reasonable summary of the observed behavior.

This is perhaps easiest to understand in the Paternoster and Bushway model of the feared self, in which moving out of a deviant or “spoiled identity” is more likely to be based on a motivation to avoid a feared self than a desire to achieve a positive self.<sup>26</sup> Paternoster and Bushway argue that a working identity as a criminal offender can change to a more conventional identity when the person thinks of a conventional identity as a positive possible self and an identity of a burned-out ex-con with no friends or possessions as a negative possible self or feared self. Contemplation of a possible self that does not include involvement with the criminal justice system in turn occurs when the working identity of a criminal is perceived to be unsatisfying or disappointing—which is most likely to occur after a conviction. As one begins to find less success and satisfaction with the criminal identity, it is likely to conjure up negative possible selves—long terms in prison with young hoodlums, the possibility of a violent death, and small payoffs from criminal enterprises. These negative possible selves and the activation of positive selves—a working person, a person with a good spouse, a giving father, or a law abider—can provide both the motivation and direction for change.

Paternoster and Bushway imply that attachment to the criminal identity can weaken over time.<sup>27</sup> This weakening of one's commitment to a criminal identity occurs gradually when a person attributes failures (convictions) to their identity and life as a criminal. In the context of the model,

that implies that probability of desistance may not be time constant and may interact with age or the number of prior convictions. In what follows, I abstract from this concern and assume the probability of desistance is time constant or, at the very least, does not decrease over time.

The criminal career model does a remarkably good job of describing and predicting behavior using administrative data with dates of conviction.<sup>28</sup> Researchers usually summarize the population as a mixture of two and three groups with different  $\lambda$ s and  $d$ s, so the end result is a four- or six-parameter model after onset. Surprisingly, this model can replicate the latter half of the age-crime curve, without any parameters that vary with age. People sort themselves over time, with some desisting and some continuing to offend. John F. MacLeod, Peter G. Grove, and David P. Farrington also do a good job of demonstrating that patterns in British administrative data do not support the “process” model of desistance.<sup>29</sup>

Megan Kurlychek, Shawn Bushway, and Megan Denver noted that the criminal career model meshes well with long-term recidivism models developed by Anne Witte and Peter Schmidt.<sup>30</sup> Witte and Schmidt created survival models of recidivism using the same kinds of administrative data that criminal career researchers use. They found that long-term recidivism patterns after a conviction could be captured by simple split population hazard models (two-parameter models), which feature the same two criminal career parameters ( $\lambda$  and  $d$ ). This hazard-based research has been revisited and revitalized by the discussions around redemption in the reentry policy environment.<sup>31</sup>

A distinguishing feature of both the criminal career model and the survival model is the use of conviction as a focusing event for desistance. This methodological focus on conviction as the locus of changes coincides with the recent policy emphasis on time since last conviction as a key decision parameter for employers.<sup>32</sup>

One place where researchers have noticed problems with the criminal career model is with failure after desistance, usually described as intermittency. Intermittency says that some people who desist will in fact become re-involved with the criminal justice system, some after surprisingly long gaps.<sup>33</sup> This intermittency was anticipated by some of the more sophisticated criminal career models.<sup>34</sup>



The idea of intermittency became less relevant as people began building models that allowed for offending rates to change over time. It is hard empirically to distinguish between a long gap that reflected the restarting of an old career and a declining rate of offending with ever longer gaps between offenses. Also, as noted by Bushway, G. Sweeten, and P. Nieuwbeerta, the empirical models used to describe change created artificial trajectories that smoothed over substantial amounts of individual variation, including intermittency.<sup>35</sup>

Referring to the criminal career model is admittedly old-school. As noted by David Farrington, John MacLeod, and Alex Piquero, there has been only one modern attempt to develop a new predictive criminal career model since 1986.<sup>36</sup> It is particularly ironic to resurrect the model in the context of a theoretical argument about desistance. As noted by Robert Sampson and John Laub, the biggest criticism of the criminal career model was that it “lacked a theoretical explanation of the dynamics of crime.”<sup>37</sup> They argue that the “process” model of desistance came out of theoretical efforts that arose to fill the theoretical breach. Empirical models that focused on trajectories of declining offending rates and matched the process models also developed.<sup>38</sup>

We have now come full circle. I argue that identity theories of desistance, with their strong focus on stark breaks between two different identities that correspond to clear rates of offending, map quite well onto the criminal career models of offending. In other words, there are now theoretical models that correspond with the criminal career approach. Moreover, these formal models facilitate careful thinking about policy.

I agree with Farrington, MacLeod, and Piquero, who after reviewing the MacLeod, Grove, and Farrington model argued that “developing and testing different mathematical models of criminal careers can yield a better understanding of criminal behavior over the life course and, in turn, help develop more effective prevention and intervention strategies.”<sup>39</sup> So, while the early criminal career models did ignore theory, those models are largely consistent with identity theories.

We now have two primary theories, process theory and identity theories, that both have well-developed mathematical descriptions. In the next section, I apply the basic lessons from identity models to criminal justice policy in the area of prisoner reentry.

### Reentry Policy Implications of the Identity Model of Desistance

As a reminder, these models of desistance are population-based models, meaning they are concerned with everyone involved in offending. In the context of reentry, the interest is on the population that experiences incarceration. W. Rhodes et al. have reminded policymakers that the typical recidivism study, which follows release cohorts, does not actually focus on the overall population of people who have ever experienced prison. Instead, release cohorts over-sample those who recidivate (the frequent recidivists, as those who do not recidivate are no longer in prison).<sup>40</sup> Rhodes et al. show that overall recidivism rates for the population of people who have ever been incarcerated are much lower than what might be expected by research on release cohorts.<sup>41</sup> Cohort-specific recidivism rates are consistent with the type of evidence provided by cohort-specific models of offending over the life course used in modern criminal career models.<sup>42</sup>

Perhaps the most striking feature of the criminal career model described above is its implications for incapacitation. In this model, incarcerating someone does not necessarily decrease an individual's overall number of convictions, but rather displaces that offending to later in life. So, from a societal perspective, there is an immediate benefit from incarcerating someone—but this crime is displaced to later when the person is released. Incarceration functions as a time-out, and since the rate of offending does not change with age, there is no aging out. People are in time-out during incarceration: Their clock stops, and it only starts again upon release.

For example, consider someone who might have been expected to have a 10-year active offending career from age 20 to 30 with no spells of incarceration. If that person has a five-year prison spell at age 27, he or she will still have a 10-year active offending career from age 20 to 35. Of course, with long periods of incarceration, some criminal careers will be cut short through death or ill health.

Note that this claim of no incapacitation from incarceration is a feature of more recent criminal career models such as the ones developed by Barnett, Blumstein, and Farrington and MacLeod, Grove, and Farrington.<sup>43</sup> The original criminal career models were fixed career length models; in other words, there was no desistance parameter associated

with conviction.<sup>44</sup> Every career, at inception, had a fixed length. In more recent models, career length is stochastic and depends on only the probability of exit after each conviction. Fixed career length models imply large benefits from incapacitation, since chunks of that fixed career might be spent in prison. As a result, for some people, criminal career models are synonymous with incapacitation. However, in a criminal career model in which desistance is viewed as a stochastic phenomenon that is actuated by conviction, incarceration does nothing more than temporally displace the active offending periods into later adulthood.

This claim—that increased incarceration might keep people involved with the criminal justice system later into adulthood—is consistent with recent research showing that people in more recent cohorts are remaining involved with the criminal justice system later in life. The median age of people in prison has increased five years over the past 30 years.<sup>45</sup>

The idea that prison might not actually have incapacitative benefits at the individual level is quite radical—but again, is consistent with some existing evidence. For example, consider a recently released update on a 2005 recidivism study with a nine-year follow-up period.<sup>46</sup> The study examines the density of failures (recidivism) for three age groups (<25, 25–39, and >40). Interestingly, after the first year, the density (the proportion of the entire release population) that fails in each year after release is identical for each age group. This is not a story of aging out. Instead, this is a story where, conditional on not desisting, offending rates are similar across age groups.

It is also consistent with the basic story emerging from the literature about the impact of incarceration on recidivism and offending.<sup>47</sup> Overall, research suggests that incarceration has little impact on an individual's chance of recidivism or subsequent offending rate. In other words, prison is a time-out.

Once someone is convicted and in prison, an identity shift can occur. The person may decide how he or she wants to proceed moving forward. Empirical criminal career research consistently finds that even high-rate offenders have a nontrivial rate of desistance. For example, in the MacLeod, Grove, and Farrington model, the high-rate group, which averaged almost one conviction a year while free, still had a 20 percent chance of desistance after each conviction.<sup>48</sup>

Qualitative interviews with inmates reveal that the majority do in fact want to change and adopt a new identity.<sup>49</sup> Of course, this is a necessary but insufficient condition for real change. Not all these individuals are serious about the identity shift or can take the necessary steps to stay straight. However, it does appear that most people actively consider alternative, more pro-social identities in the period immediately following a conviction.

If this is true, behavior while in prison will reveal something about who has desisted and who has not. Research has repeatedly shown that people who participate in and graduate from programs and avoid disciplinary infractions have substantially lower recidivism rates.<sup>50</sup> Researchers are typically concerned that this reflects problematic selection bias. But, from the perspective of identity theories, this selection is important. Those who are trying to adopt a new pro-social identity are the people who stay out of trouble and participate successfully in programs.<sup>51</sup>

An alternative explanation is that low-rate offenders are the ones who select into these programs, but the evidence is fairly clear that desistance and offending rates are not perfectly correlated: Some high-rate offenders will desist, and some high-rate offenders participate in programs and establish positive records in prison. The implications for policymakers are straightforward: Behavior in prison is relevant for what happens after prison and can help policymakers identify those people who are trying to make an identity shift and desist.

Empirical research on prisoner reentry models supports the idea that people have in fact desisted while in prison. Hazard models that allow for a subsample to desist easily outperform models that assume only that there is variation in the rates of offending.<sup>52</sup> The challenge for employers and treatment professionals is identifying (and helping) individuals who have engaged in this attempt to change their identity.

One interesting implication of the criminal career models is that time since release is particularly informative for high-rate offenders. High-rate offenders who have not desisted are going to fail quickly; it will be easy to identify those who have changed. Ironically, it is harder to differentiate between low-rate people who have just not offended yet and low-rate people who have had an identity shift.

This insight suggests that the current policy of requiring longer waiting periods for people with more serious criminal history records to be sure

they desisted is actually backward. If a high-rate offender is not offending either in prison or upon release, then observers need not wait long to be convinced the person has changed. On the other hand, if the individual's rate of offending is low enough, there is no longer a meaningful distinction between offending and desistance.<sup>53</sup>

MacLeod, Grove, and Farrington capture this insight in a simple formula for the probability that someone has desisted in a given year  $t$  after release from prison:

$$P_{\text{desisted}}(t) = 1 - p * e^{-\lambda t}$$

where  $p$  is the probability of recidivism (not desisting) and  $\lambda$  is the rate of offending.<sup>54</sup> They estimated that about 17 percent of their sample were high-rate, high-risk people, with a lambda of 0.911 convictions a year and an 82 percent chance of recidivating after release. According to this formula, we can be 67 percent sure the person has desisted after one year with no convictions after prison, 87 percent sure after two years, 95 percent sure after three years, and 99 percent sure after five years.

Consider instead the low-rate (lambda = 0.248) and low-risk ( $p = 0.313$ ) person who forms the bulk (76 percent) of the sample. We can be 76 percent sure they are a desister after one year with no convictions. But that increases to only 91 percent after five years, and it takes 14 years with no convictions before we will be 99 percent sure that person is in fact a desister.

This insight matches well with existing paradigm in the reentry literature that suggests that policy efforts should be focused on the highest-risk offenders.<sup>55</sup> Here, the point of the identity models is twofold. First, policymakers should be focused on the possibility of desistance (change), not on the offending rate. Some people will decide to change their identity and attempt to embark on a life without offending. Those are the people who need help. Second, the benefits from helping the high-rate offenders who desist are particularly high because they offend at such a high rate.

From a policy perspective, the possibility of desistance after release from prison is of paramount importance. In the process model, higher-rate offenders will always offend at higher rates than lower-rate offenders, even as they decline over age. Policymakers have to accept that these people will

offend; it is inevitable. The hope is that they can develop social bonds that will eventually reduce offending, but there is no prospect for an immediate decline to zero. If an employer cannot tolerate substantial risk of conviction, then they cannot hire that person, even if that employment may reduce that person's overall rate of offending.<sup>56</sup>

In contrast, the stark break or identity approach argues that a percentage of high-rate offenders have actually embarked on an agenda of radical change—a change that if supported and enabled, could result in drastic real-time reductions in involvement in the criminal justice system. As a result, this model suggests that practitioners should pay little or no attention to the individual's criminal history during the prison and reentry stages of the process. Instead, policymakers should pay attention to the dynamic evidence about whether this person is attempting to desist. Evidence of positive behavior is strong evidence of a positive change that should be encouraged and supported. Consistent focus on the previous evidence of a negative identity before prison is counterproductive.

To encourage and maintain positive change, the focus of those working with prisoners needs to be on the evidence of an effort by the individual to adopt a new identity, which can then be supported by programing and resources that are consistent with this new evidence. This recommendation contradicts the behavior of many parole boards, which often remain fixated on the nature of the incident offense or the individual's prior record.<sup>57</sup>

Cognitive behavioral therapy is an example of a program with a proven track record in the criminal justice system that helps people maintain a new pro-social identity.<sup>58</sup> This programming, which comes with provocative names such as "Thinking for a Change," attempts to provide individuals with the skills to solve life problems and achieve their desired goals, through new, noncriminal means. These problem-solving skills are of little help if the person has not decided to try to change, but they can help the person who wants to change achieve new goals. Importantly, the reviews of these programs show that they can reduce recidivism (increase desistance) among even high-rate offenders. The success of cognitive behavioral therapy is harder to understand from a process or social control perspective, which does not allow for sharp declines in offending for high-rate offenders.

## Employment

Employment is normative for pro-social adults, particularly adult males, and a consistent part of the pro-social identities that individuals might adopt as part of an identity shift from high-rate offender to desister. Employment is also decidedly not normative for the average person who goes to prison; a common estimate is that the average person in prison had a 30 percent chance of *any* formal employment in the year before a prison sentence.<sup>59</sup> As a result, employment from an identity perspective is not a means to an end, but the end itself. Employment does not create desistance; desistance, which is created by actively adopting a new identity, enables employment, which in turn supports desistance.

This recasting of the meaning of employment highlights the conundrum for policymakers: Barriers to employment for desisting offenders can threaten their incipient identity and therefore threaten their desistance. Recent research on employment barriers for individuals with records has shown how this might work.

Megan Denver and colleagues evaluated a background check protocol for direct care workers in New York.<sup>60</sup> After an individual gets a job offer to work at a nursing home or home health care agency in New York, that person undergoes a criminal history record check, which could result in the removal of that job offer or, in some cases, removal from a provisional job. Denver and her colleagues showed that, for individuals who had offended previously at a high rate but had not offended since their most recent conviction, the denial of employment led to a large increase in the probability of recidivism.

Garima Siwach showed that this effect was particularly problematic for individuals who experienced this shock during a recession when there were few other opportunities.<sup>61</sup> The effects are large, suggesting that desistance for these people is fragile and requires access to employment, which supports the new identity.

This scenario contrasts with the view that employment can instigate desistance or lower rates of offending. Policymakers who believe in this mechanism typically take all individuals and try to transition them into employment, often with a fair amount of success in the short run. However, researchers repeatedly find that short-run success does not outlast

the program, and the sample quickly returns to the same levels of employment experienced without the program.<sup>62</sup>

The problem is that, from an identity perspective, employment is going to be relevant for only a relatively small number of people who have decided to desist or made progress on shifting their identity. The people Denver and her colleagues studied had applied for a job, received an offer of employment, and in some cases, actually started the job. Edward Latessa made a similar point in the context of “readiness” for employment.<sup>63</sup> In his view, the majority of people exiting prison have substantial needs and are simply not ready for employment. Providing these people with employment is not a cost-effective strategy.

Identity theories might take this one step further because readiness may also be defined through a person’s own desire for employment. Currently, many programs require employment as a condition of release. But there is little evidence that coercing employment reduces crime among people released from prison.<sup>64</sup> Identity theories suggest that employment is going to be relevant for only those who see it as something that is consistent with their new identity. For these people, employment is very important. Therefore, policymakers should find ways to identify people who want to work and then invest resources in helping these people get and maintain jobs.

For those who do find and maintain work, this should become the defining part of the narrative moving forward. Employers and society at large want to identify people who are low risk. Identity theory says that people can have stark breaks and adopt new identities—new identities that are associated with desistance. These people should be relatively easy to identify: They (1) do not get convicted again and (2) have stable employment or other stable pro-social engagement. These two facts alone are enough to establish that the previously high-risk person no longer has the same level of risk. Yet, often policymakers continue to make decisions that focus on the fact that the person previously had high rates of offending.

The most egregious example of this is when firms institute a new background check policy and fire a long-term employee with a serious but old criminal history record that predated employment. From the perspective of identity theory, the prior criminal record is no longer relevant. In fact, the many years of non-conviction and successful employment is extremely convincing evidence that the person has indeed changed and desisted.



Recent qualitative work by Denver and Ewald suggests that at least some policymakers think about reentry in a way that is consistent with identity theories.<sup>65</sup> The researchers studied administrative law judges holding appeal hearings for individuals with records who were initially denied licenses for jobs as unarmed security guards. Denver and Ewald found that, for individuals with more extensive criminal histories, administrative judges looked for pro-social identity narratives that were consistent with a stark break or change after the last conviction. The judges also looked for positive evidence to corroborate the story told by the absence of convictions. In a reasonable way, more positive evidence was required for individuals who had shorter periods of non-offending. Ironically, the act of presenting a compelling appeal may by itself be a valid signal of change.<sup>66</sup>

### Conclusion

A recent review article by Bersani and Doherty argued that there is now a consensus that desistance is a process by which people move along a trajectory to a state of non-offending.<sup>67</sup> In this framework, people cannot move directly from a high rate of offending to a low or zero rate of offending without moving along a smooth, declining path that resembles the well-known age-crime curve. This model has serious implications for policy, largely because it implies that high-rate offenders can only become low risk slowly over time. Any employer or other social actor who wishes to help high-rate offenders will need to tolerate repeated mishaps and offending as the person slowly builds up social bonds that will help him or her avoid criminal activity.

I have argued in this chapter that there is another tradition in life-course criminology that does not agree that desistance is a process by which people experience a slow decline in their rate of offending. This tradition argues that people decide to select new pro-social identities, identities that correspond with termination or desistance. In this framework, high-rate offenders can and do terminate quickly, moving abruptly to zero-level offending. The process, for identity theorists, is the process by which individuals “stay straight,” not the process by which they get there.<sup>68</sup>

I have further argued that identity theories are consistent with modern criminal career models of offending that assume that people's offending careers have two distinctive features: the rate of offending and the probability of desistance (or recidivism) after each conviction event.<sup>69</sup> I believe the existing empirical evidence is strongly in favor of models in which even high-rate offenders can desist.<sup>70</sup> Attempts to model survival time until the next arrest or conviction after release from prison have shown repeatedly that models that allow for desistance and constant rates of offending perform better than models that assume people experience slowly declining rates of offending.<sup>71</sup> MacLeod, Grove, and Farrington also show convincing evidence that survival times after prison for people of different ages and different criminal histories do not conform well to models that predict that offenders move along the age-crime curve.<sup>72</sup>

The possibility of desistance, in the original sense of the word, changes the framework for policymakers concerned about dealing with people exiting prison. Risk, as defined by the prior rate of offending, is no longer the person's most important feature. Instead, practitioners need to acknowledge that even high-rate offenders might desist. At the very least, the system should recognize and support these desisters as they seek to solidify their new pro-social identity.

Employment for identity theorists is a unique "lever" because it is both a means and an ends. Pro-social identities for most people, particularly men, involve some form of stable employment.<sup>73</sup> Adopting a pro-social identity usually requires stable employment, and barriers to stable employment may well derail efforts to adopt a more pro-social identity.

On the other hand, employment makes little sense for people who have yet to experience an identity shift. Coercing or requiring employment for people who are not ready appears to do little to promote desistance or lower levels of offending. One possible interpretation of existing evidence is that employment is relevant only for those who have already decided to move to a new pro-social identity.

This latter point raises a thorny question, unresolved in this chapter: Can policy or policymakers do things that instigate an identity shift? Bushway and Paternoster suggest that people change to a new identity in reaction to a vision of a "feared self," a negative image that is often made all the more negative because of repeated involvement in the criminal justice

system.<sup>74</sup> Some people have interpreted that to mean we should purposely make the criminal justice system unpleasant. When Paternoster was alive, he used to openly scoff at this notion; he contended that even the most pleasant criminal justice system would engender the feared self. The most modern Western prisons still carry with them the absence of freedom and the loss of control and autonomy, which is more than enough to engender a feared self.

Moreover, an openly punitive criminal justice system creates a negative dynamic whereby the very people best positioned to advocate for a pro-social identity are the same ones purposely making a prisoner's life unpleasant. As a result, pro-social identities become culturally delegitimized and associated with the same forces that created the criminal justice system. This is clearly a bad outcome; the goal should be to do everything to establish pro-social identities as both attractive and attainable. More research is needed on ways that society can instigate or encourage people to choose a more pro-social narrative.

In the meantime, I am convinced the evidence supports the idea that people, even high-rate offenders, do in fact desist—meaning they move immediately to a path of sustained noninvolvement in the criminal justice system, rather than slowly declining to zero offending. I am also convinced that identity change is a realistic theoretical description of that process.

As a result, I believe policies must be constructed to account for this possibility and, at the very least, do nothing to disturb or interrupt this process. More positively, I believe policymakers involved with reentering prisoners should work to recognize people who have taken the first steps to change and support those efforts with policies that reinforce those steps. Parole board or background check decisions that continue to harken back to the person they were before are counterproductive and harmful to desisters.

### Acknowledgments

This chapter depends in part on articles I have written in the past with Megan Kurlychek, Megan Denver, and Ray Paternoster. All errors remain my own.

## Notes

1. Shadd Maruna, "Defining Desistance," in *Making Good: How Ex-Convicts Reform and Rebuild Their Lives* (Washington, DC: American Psychological Association, 2001), 15–52; and Robert J. Sampson and John H. Laub, *Crime in the Making: Pathways and Turning Points Through Life* (Cambridge, MA: Harvard University Press, 1993).
2. Bianca E. Bersani and Elaine Eggleston Doherty, "Desistance from Offending in the Twenty-First Century," *Annual Review of Criminology* 1 (January 2018): 311–34, <https://www.annualreviews.org/doi/abs/10.1146/annurev-criminol-032317-092112>.
3. Shawn Bushway et al., "An Empirical Framework for Studying Desistance as a Process," *Criminology* 39, no. 2 (May 2001): 491–516, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.2001.tb00931.x>; and John H. Laub and Robert J. Sampson, "Understanding Desistance from Crime," *Crime and Justice* 28 (2001): 1–69, [https://www.jstor.org/stable/1147672?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/1147672?seq=1#page_scan_tab_contents).
4. Alfred Blumstein, "From Incapacitation to Criminal Careers," *Journal of Research in Crime and Delinquency* 53, no. 3 (May 2016): 291–305, <https://journals.sagepub.com/doi/abs/10.1177/0022427815622020>; Arnold Barnett, Alfred Blumstein, and David P. Farrington, "Probabilistic Models of Youthful Criminal Careers," *Criminology* 25, no. 1 (February 1987): 83–108, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.1987.tb00790.x>; and David P. Farrington, John F. MacLeod, and Alex R. Piquero, "Mathematical Models of Criminal Careers: Deriving and Testing Quantitative Predictions," *Journal of Research in Crime and Delinquency* 53, no. 3 (May 2016): 336–55.
5. Bersani and Doherty, "Desistance from Offending in the Twenty-First Century."
6. David Matza, *Delinquency and Drift* (New York: Wiley, 1964).
7. Travis Hirschi and Michael Gottfredson, "Age and the Explanation of Crime," *American Journal of Sociology* 89, no. 3 (November 1983): 552–84, <http://troublesofyouth.pbworks.com/f/age+and+the+explanation+of+crime++Hirschi+and+Gott.pdf>.
8. Travis Hirschi, *Causes of Delinquency* (Berkeley, CA: University of California Press, 1969).
9. John H. Laub, Daniel S. Nagin, and Robert J. Sampson, "Trajectories of Change in Criminal Offending: Good Marriages and the Desistance Process," *American Sociological Review* 63, no. 2 (April 1998): 225–38, [http://scholar.harvard.edu/files/sampson/files/1998\\_asr\\_trajectories.pdf](http://scholar.harvard.edu/files/sampson/files/1998_asr_trajectories.pdf); Sampson and Laub, *Crime in the Making*; and Robert J. Sampson and John H. Laub, "Life-Course Desisters? Trajectories of Crime Among Delinquent Boys Followed to Age 70," *Criminology* 41, no. 3 (2003): 555–92, [https://scholar.harvard.edu/files/sampson/files/2003\\_crim\\_laub\\_1.pdf](https://scholar.harvard.edu/files/sampson/files/2003_crim_laub_1.pdf).
10. Bersani and Doherty, "Desistance from Offending in the Twenty-First Century."
11. For a review, see Philip J. Cook et al., "An Experimental Evaluation of a Comprehensive Employment-Oriented Prisoner Re-Entry Program," *Journal of Quantitative Criminology* 31, no. 3 (September 2015): 355–82, <https://link.springer.com/article/10.1007%2F810940-014-9242-5>.
12. Megan C. Kurlychek, Shawn D. Bushway, and Megan Denver, "Understanding and Identifying Desistance," in *Global Perspective on Desistance*, ed. Joanna Shapland, Stephen Farrall, and Anthony Bottoms (Abingdon, UK: Routledge Press, 2016).

13. Arnold Barnett, Alfred Blumstein, and David P. Farrington, "A Prospective Test of a Criminal Career Model," *Criminology* 27, no. 2 (May 1989): 373–85, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.1989.tb01038.x>; and John F. MacLeod, Peter G. Grove, and David P. Farrington, *Explaining Criminal Careers: Implications for Justice Policy* (London: Oxford University Press, 2012).

14. Deborah Baskin and Ira Sommers, *Casualties of Community Disorder: Women's Careers in Violent Crime* (Boulder, CO: Westview Press, 1998); J. Fagan, "Cessation of Family Violence: Deterrence and Dissuasion," in *Crime and Justice, Volume 11: Family Violence*, ed. Lloyd Ohlin and Michael Tonry (Chicago: University of Chicago Press, 1989); and Maruna, "Defining Desistance."

15. Bersani and Doherty, "Desistance from Offending in the Twenty-First Century."

16. Peggy C. Giordano, Ryan D. Schroeder, and Stephen A. Cernkovich, "Emotions and Crime over the Life Course: A Neo-Meadian Perspective on Criminal Continuity and Change," *American Journal of Sociology* 112, no. 6 (May 2007): 1603–61, <https://pdfs.semanticscholar.org/b5cc/6c3adfd5971a39b6ea8faa7c22a25753f2ec.pdf>; Shadd Maruna, *Making Good: How Ex-Convicts Reform and Rebuild Their Lives* (Washington, DC: American Psychological Association, 2001); Shadd Maruna and Kevin Roy, "Amputation or Reconstruction? Notes on the Concept of 'Knifing Off' and Desistance from Crime," *Journal of Contemporary Criminal Justice* 23, no. 1 (2007): 104–24, <https://journals.sagepub.com/doi/10.1177/1043986206298951>; Shadd Maruna, "Judicial Rehabilitation and the 'Clean Bill of Health' in Criminal Justice," *European Journal of Probation* 3, no. 1 (2011): 97–117, <https://journals.sagepub.com/doi/10.1177/206622031100300108>; Shadd Maruna, "Elements of Successful Desistance Signaling," *Criminology & Public Policy* 11, no. 1 (February 2012): 73–86, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9133.2012.00789.x>; Stephen Farrall, *Rethinking What Works with Offenders: Probation, Social Context and Desistance from Crime* (Cullompton, UK: Willan Publishing, 2002); Stephen Farrall and Adam Calverley, *Understanding Desistance from Crime: Theoretical Directions in Resettlement and Rehabilitation* (Basingstoke, UK: Open University Press, 2006); Stephen Farrall, Anthony Bottoms, and Joanna Shapland, "Social Structures and Desistance from Crime," *European Journal of Criminology* 7, no. 6 (2010): 546–70, <https://journals.sagepub.com/doi/10.1177/1477370810376574>; Stephen Farrall et al., *Criminal Careers in Transition: The Social Context of Desistance from Crime* (Oxford, UK: Oxford University Press, 2014); Stephen Farrall, "What Makes People Stop Offending?," *Safer Society* 22 (Autumn 2004): 23–25; and Stephen Farrall and Shadd Maruna, "Desistance-Focused Criminal Justice Policy Research: Introduction to a Special Issue on Desistance from Crime and Public Policy," *Howard Journal of Criminal Justice* 43, no. 4 (September 2004): 358–67, [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=591454](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=591454).

17. Peggy C. Giordano, Stephen A. Cernkovich, and J. L. Rudolph, "Gender, Crime, and Desistance: Toward a Theory of Cognitive Transformation," *American Journal of Sociology* 107, no. 4 (2002): 990–1064, <https://psycnet.apa.org/record/2002-15746-004>.

18. Giordano, Schroeder, and Cernkovich, "Emotions and Crime over the Life Course."

19. Giordano, Schroeder, and Cernkovich, "Emotions and Crime over the Life Course."

20. Maruna, "Defining Desistance."

21. Ray Paternoster and Shawn Bushway, "Desistance and the Feared Self: Toward an Identity Theory of Criminal Desistance," *Journal of Criminal Law and Criminology* (2009): 1103–56.
22. Fagan, "Cessation of Family Violence."
23. Megan C. Kurlychek, Shawn D. Bushway, and Robert Brame, "Long-Term Crime Desistance and Recidivism Patterns—Evidence from the Essex County Convicted Felon Study," *Criminology* 50, no. 1 (2012): 71–103.
24. Barnett, Blumstein, and Farrington, "Probabilistic Models of Youthful Criminal Careers."
25. Desistance risk is sometimes written as recidivism risk (the inverse).
26. Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ: Prentice Hall, 1963).
27. Paternoster and Bushway, "Desistance and the Feared Self."
28. Barnett, Blumstein, and Farrington, "A Prospective Test of a Criminal Career Model"; and MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.
29. MacLeod, Grove, and Farrington, *Explaining Criminal Careers*, 111.
30. Kurlychek, Bushway, and Brame, "Long-Term Crime Desistance and Recidivism Patterns"; Peter Schmidt and Ann Dryden Witte, *Predicting Recidivism Using Survival Models* (New York: Springer-Verlag, 1988); and Peter Schmidt and Ann Dryden Witte, "Predicting Criminal Recidivism Using 'Split Population' Survival Time Models," *Journal of Econometrics* 40, no. 1 (January 1989): 141–59.
31. Bersani and Doherty, "Desistance from Offending in the Twenty-First Century"; Alfred Blumenstein and Kiminori Nakamura, "'Redemption' in an Era of Widespread Criminal Background Checks," *National Institute of Justice Journal* no. 263 (June 2009), <https://nij.ojp.gov/topics/articles/redemption-era-widespread-criminal-background-checks>; Robert Brame et al., "Recidivism in a Sample of Serious Adolescent Offenders," *Journal of Quantitative Criminology* 34, no. 1 (March 2018): 167–87, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5945210/>; Shawn D. Bushway, P. Nieuwebeerta, and A. Blokland, "The Predictive Value of Criminal Background Checks: Do Age and Criminal History Affect Time to Redemption?," *Criminology* 49 (2011): 27–60; Megan C. Kurlychek, Robert Brame, and Shawn Bushway, "Scarlet Letters and Recidivism: Does an Old Criminal Record Predict Future Offending?," *Criminology and Public Policy* 3 (2006): 64–83; and Kurlychek, Bushway, and Brame, "Long-Term Crime Desistance and Recidivism Patterns."
32. US Equal Employment Opportunity Commission, "EEOC Enforcement Guidance," April 25, 2012, [https://www.eeoc.gov/laws/guidance/arrest\\_conviction.cfm](https://www.eeoc.gov/laws/guidance/arrest_conviction.cfm).
33. Barnett, Blumstein, and Farrington, "A Prospective Test of a Criminal Career Model."
34. Shawn Bushway and Sarah Tahamont, "Modeling Long-Term Criminal Careers: What Happened to the Variability?," *Journal of Research in Crime and Delinquency* 53, no. 3 (2016): 372–91, <https://journals.sagepub.com/doi/abs/10.1177/0022427815618706?journalCode=jrca>.
35. All the identity theories of desistance described above allow for the fact that there might be failure, even after long periods with the new identity, perhaps triggered by a particularly emotional episode. Giordano, Schroeder, and Cernkovich, "Emotions

and Crime over the Life Course.” In this context, intermittency makes sense; there is a process by which people must “stay straight” with their new identity, and problems may arise that lead a reversion from the new identity back to the old one. Although MacLeod did not build a model with an intermittency parameter, such a model is clearly possible. Shawn Bushway, G. Sweeten, and P. Nieuwbeerta, “Measuring Long Term Individual Trajectories of Offending Using Multiple Methods,” *Journal of Quantitative Criminology* 25, no. 3 (2009): 259–86; and Bushway and Tahamont, “Modeling Long-Term Criminal Careers.”

36. Farrington, MacLeod, and Piquero, “Mathematical Models of Criminal Careers.”

37. Robert J. Sampson and John H. Laub, “Turning Points and the Future of Life-Course Criminology: Reflections on the 1986 Criminal Careers Report,” *Journal of Research in Crime and Delinquency* 53, no. 3 (2016): 321–35, <https://journals.sagepub.com/doi/abs/10.1177/0022427815616992>.

38. Bersani and Doherty, “Desistance from Offending in the Twenty-First Century”; Sampson and Laub, “Life-Course Desisters?”; and Daniel S. Nagin, “Group-Based Trajectory Modeling and Criminal Career Research,” *Journal of Research in Crime and Delinquency* 53, no. 3 (2016): 356–71, <https://journals.sagepub.com/doi/abs/10.1177/0022427815611710?journalCode=jrcr>.

39. Farrington, MacLeod, and Piquero, “Mathematical Models of Criminal Careers.”

40. W. Rhodes et al., “Following Incarceration, Most Released Offenders Never Return to Prison,” *Crime and Delinquency* 62 (2016): 1003–25.

41. Mariel Alper, Matthew Durose, and Joshua Markman, “2018 Update on Prisoner Recidivism: A 9-Year Follow-Up Period (2005–2014),” US Department of Justice, Bureau of Justice Statistics, May 2018, <https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>.

42. MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.

43. Barnett, Blumstein, and Farrington, “Probabilistic Models of Youthful Criminal Careers”; and MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.

44. S. Shinnar and R. Shinnar, “The Effects of the Criminal Justice System on the Control of Crime,” *Law and Society Review* 9 (1975): 581–612.

45. Lauren Porter et al., “How the U.S. Prison Boom Changed the Age Distribution of the Prison Population,” *Criminology* 54, no. 1 (2016): 30–55; and J. Luallen and R. Kling, “A Method for Analyzing Changing Prison Populations Explaining the Growth of the Elderly in Prison,” *Evaluation Review* 38 (2014): 459–86.

46. Alper, Durose, and Markman, “2018 Update on Prisoner Recidivism.”

47. David J. Harding et al., “Imprisonment and Labor Market Outcomes: Evidence from a Natural Experiment,” *American Journal of Sociology* 124, no. 1 (July 2018): 49–110, <https://www.journals.uchicago.edu/doi/10.1086/697507?mobileUi=0>; and Daniel S. Nagin, Francis T. Cullen, and Cheryl Lero Jonson, “Imprisonment and Reoffending,” *Crime and Justice: A Review of Research* 38, no. 1 (2009): 115–200, <https://www.journals.uchicago.edu/doi/abs/10.1086/599202?mobileUi=0&journalCode=cj>.

48. MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.

49. Audrey Hickert, *What’s Past Is Prologue: Exploring Confinement as a Setting for Change in Social Support and Criminal Activity* (dissertation, University of Albany, 2019); and Thomas P. LeBel et al., “The ‘Chicken and Egg’ of Subjective and Social Factors in

Desistance from Crime,” *European Journal of Criminology* 5, no. 2 (2008): 131–59, <https://journals.sagepub.com/doi/abs/10.1177/1477370807087640>.

50. Shawn Bushway and Peter Reuter, “Labor Markets and Crime,” in *Crime*, ed. Joan Petersilia and James Q. Wilson (Washington, DC: ICS Press, 2001).

51. Shawn Bushway and R. Apel, “A Signaling Perspective on Employment-Based Reentry Programming: Training Completion as a Desistance Signal,” *Criminology and Public Policy* 11, no. 1 (2012): 21–50.

52. Schmidt and Witte, *Predicting Recidivism Using Survival Models*; Brame et al., “Recidivism in a Sample of Serious Adolescent Offenders”; and Kurlychek, Bushway, and Brame, “Long-Term Crime Desistance and Recidivism Patterns.”

53. Bushway et al., “An Empirical Framework for Studying Desistance as a Process.”

54. MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.

55. Faye S. Taxman, Meridith Thanner, and David Weisburd, “Risk, Need, and Responsivity (RNR): It All Depends,” *Crime & Delinquency* 52, no. 1 (2006): 28–51, <https://journals.sagepub.com/doi/10.1177/001128705281754>.

56. M. Denver and A. Ewald, “Credentialing Decisions and Criminal Records: A Narrative Approach,” *Criminology* 56 (2018): 715–49.

57. Edward E. Rhine, Joan Petersilia, and Kevin R. Reitz, “The Future of Parole Release,” *Crime and Justice* 46, no. 1 (2017): 279–338, <https://www.journals.uchicago.edu/doi/10.1086/688616>.

58. N. A. Landenberger and M. Lipsey, “The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment,” *Journal of Experimental Criminology* 1 (2005): 451–76.

59. Shawn Bushway and R. Apel, “A Signaling Perspective on Employment-Based Reentry Programming: Training Completion as a Desistance Signal,” *Criminology and Public Policy* 11, no. 1 (2012): 21–50.

60. Megan Denver, Garima Siwach, and Shawn Bushway, “A New Look at the Employment and Recidivism Relationship Through the Lends of a Criminal Background Check,” *Criminology* 55, no. 1 (February 2017): 174–204.

61. Garima Siwach, “Unemployment Shocks for Individuals on the Margin: Exploring Recidivism Effects,” *Labour Economics* 52 (2018): 231–44, <https://ideas.repec.org/a/eee/labeco/v52y2018icp231-244.html>.

62. Bushway and Apel, “A Signaling Perspective on Employment-Based Reentry Programming.”

63. Ed Latessa, “Why the Risk and Needs Principles Are Relevant to Correctional Programs (Even Employment Programs),” *Criminology and Public Policy* 10 (2011): 973–77.

64. Bushway and Apel, “A Signaling Perspective on Employment-Based Reentry Programming.”

65. Denver and Ewald, “Credentialing Decisions and Criminal Records.”

66. Bushway and Apel, “A Signaling Perspective on Employment-Based Reentry Programming.”

67. Bersani and Doherty, “Desistance from Offending in the Twenty-First Century.”

68. Maruna, “Defining Desistance.”

69. These models can also allow for the possibility of intermittency, although



intermittency would need to be rare to be conceptually distinct from simply declining rates of offending.

70. MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.

71. Kurlychek, Bushway, and Brame, "Long-Term Crime Desistance and Recidivism Patterns."

72. MacLeod, Grove, and Farrington, *Explaining Criminal Careers*.

73. Parental engagement for those with children might serve a similar role.

74. Paternoster and Bushway, "Desistance and the Feared Self."

## 7

# Creating Cognitive Behavioral Communities in Prison

CHRISTY VISHER, DANIEL O'CONNELL,  
AND HANNAH CORTINA

This chapter provides a rationale and strategy for developing *cognitive behavioral communities* in prison, drawing on the structure of correctional therapeutic communities (TCs), which were developed to address addiction, and incorporating the principles of cognitive behavioral therapy (CBT) interventions. Such programs would jettison some of the controversial elements of TCs but retain and use the community structure to foster a treatment environment in which participants would be immersed in CBT principles 24-7 in their living unit.

One key problem facing both prison administrators and prisoners is the “street culture” aspect of the prison environment. It is not surprising that, left to their own devices, prison inmates develop values and cultural rules that reflect the streets from which they came. This culture leads to increased violence and management issues in the prison and fosters an environment that is not conducive to change. By bringing CBT principles into the lives of program participants, Cognitive Communities can foster living environments that are more conducive to behavioral change.

In the 1990s, therapeutic community programs were deemed the gold standard of in-prison substance abuse treatment, and they were widely implemented.<sup>1</sup> TCs are an immersive treatment model that function 24-7 and provide a separate living environment away from prison culture to foster a living situation that favors change. People in TCs live the treatment with the underlying approach “acting as if”; that is, if one behaves a certain way the individual will eventually adopt the principles he or she is living.

The nature of TCs requires staff and participants alike to use day-to-day living and events that occur on the unit as tools that enable change.

Properly implemented, TCs are thus difficult to operate and require well-trained staff. Budgetary constraints make it difficult to maintain staff with proper qualifications to effectively operate TCs, so many function as TCs in name only, taking on the label “modified TC.”

Researchers and practitioners following another path developed CBT. CBT focuses on thinking as opposed to acting, with the idea that if you change how people think, you can change their behavior. CBT programs have developed a research base indicating the approach’s effectiveness.

Practitioners began merging the two concepts in the early 2000s to create a variety of new therapeutic models, and the Virginia Department of Corrections operates what it labels as Cognitive Communities. The idea was to implement CBT programmatic tools into a TC structure, creating a hybrid model that can change participant behavior while transforming prison culture one cell block at a time. In what follows, we provide a brief overview of both approaches and suggest that programs, such as the one in Virginia, point to a combined model that draws on the strengths of both approaches, which, if synthesized, could create a more effective treatment model that can enhance prison safety and take cell blocks back from the streets.

### **Therapeutic Communities**

The establishment of self-help substance use rehabilitation prompted the growth of TCs in Europe and the United States.<sup>2</sup> TCs are rooted in the idea that separating the target population from the general population will allow a pro-social community to develop and thereby discourage antisocial cognitions and behaviors. TCs are intensive and typically last between six and 12 months, with longer treatment periods associated with lower recidivism rates.<sup>3</sup> TCs rely heavily on participant leadership and require participants to intervene in arguments and guide treatment groups. In-prison TCs place participants in a separate housing unit that fosters a rehabilitative environment, a treatment method that may be considered the most intensive of incarceration-based treatment.<sup>4</sup>

Some social scientists have doubted the efficacy of TCs due to the lack of randomized control trials and other methodological shortcomings in their empirical evaluations.<sup>5</sup> Still, this modality is widely accepted in medical

and psychiatric organizations.<sup>6</sup> Although further research is needed to identify for whom TCs are best suited, previous studies have established the superior treatment ability<sup>7</sup> and fiscal benefits of TCs.<sup>8</sup>

Frank Pearson and Douglas Lipton conducted a systematic review of TC literature between 1968 and 1996 and found that offenders participating in TCs have a statistically significant reduction in recidivism when compared to nonparticipants.<sup>9</sup> In an extension of these analyses, Ojmarrh Mitchell, David Wilson, and Doris MacKenzie conducted a meta-analysis of 66 in-prison drug treatment TC program evaluations between 1980 and 2004.<sup>10</sup> Their analysis also found that participation in TCs consistently produces post-release reductions in re-offending and drug relapse.<sup>11</sup>

Finding comparable results, a series of studies examining the effects of the TC program implemented in Delaware prisons have shown the benefit of intensive and ongoing TC treatment. James Inciardi, Steven Martin, and Clifford Butzin completed subsequent analyses looking at 42-month follow-up data of the Delaware TC program and found that those who participated in the program were less likely to have used drugs or been arrested since release.<sup>12</sup>

Interestingly, these results also exposed the lack of long-term effects for only in-prison treatment by comparing the 18-month follow-up study to the 42-month data: Only offenders who completed both in-prison *and* aftercare treatment continued their significant reduction in criminality at the 42-month follow-up. These findings are consistent with a more recent meta-analysis of reentry programs in general, which found a larger effect on recidivism when programs adhered to the risk, need, and responsivity (RNR) model; lasted 13 weeks or more; used a TC environment; and provided continuity of care once released from prison.<sup>13</sup>

The importance of aftercare is common, with several other studies finding its positive impact on recidivism.<sup>14</sup> Particularly, Harry Wexler et al. found in their randomized study of an in-prison TC that only 27 percent of offenders who received both in-prison treatment and aftercare recidivated versus a 75 percent re-incarceration rate for the remaining groups.<sup>15</sup> Although TC completers showed significant reduction in recidivism at 12 and 24 months post-release, this finding did not remain consistent at the 36-month follow-up if the participant did not follow through with aftercare treatment.

Aftercare treatment also increases the cost-effectiveness of TCs,<sup>16</sup> especially when the program treats high-risk offenders.<sup>17</sup> Residential treatment has been historically associated with increased costs and thus overlooked as a practical rehabilitation for offenders. Although many believe that the damaged and criminogenic nature of those who join TCs presents a higher cost of treatment, this assumption is often faulty.<sup>18</sup> The offender population may require a higher intensity of care,<sup>19</sup> but these fiscal costs are outweighed by the enormous societal benefits that come with properly treating the prison population.<sup>20</sup>

By targeting high-risk offenders and providing aftercare, TCs have proved to reduce recidivism and drug use post-release.<sup>21</sup> Dependency on participant involvement and peer pressure to adhere to the pro-social community reinforces the rehabilitative atmosphere and allows participants to internalize treatment.

For example, James Griffith et al. analyzed the cost-effectiveness of in-prison TCs and the influence of risk classification on recidivism.<sup>22</sup> Their findings show that high-risk participants who completed in-prison TC and aftercare treatment had a 26 percent lower re-incarceration rate when compared to the untreated group. Comparatively, low-risk offenders who completed TC and aftercare treatment had a 7 percent lower re-incarceration rate.

This finding reinforces that it is more cost-effective to treat high-risk offenders. Because high-risk offenders are at a greater likelihood of recidivating, they cost more money in the long term. As such, increasing treatment costs associated with TCs are a better investment when targeting those who have a higher potential for harming society.<sup>23</sup>

TCs have long been criticized as a method without a model; treatment seems to have an effect, but articulating the clinical mechanism that brings about change has proved elusive.<sup>24</sup> TCs essentially work by creating a supportive social climate in which behaviors can be monitored and addressed by others in the community—that is, *community as method*.<sup>25</sup> While a community-based approach designed to build self-esteem could cause participants to examine their behavior and take responsibility for everyday actions and may lead to behavioral change, it does not lend itself to a theory of change that can be easily understood by those not “inside the box.”

Clinical therapy increasingly requires manualized interventions that can be distributed and implemented easily and cheaply. Operating TCs

that rely on “controlled chaos” and using what emerges in day-to-day operations as teaching tools requires a skill set that is not easy to articulate or teach. Also, because TCs rely on democratic principles in which participants engage in decision-making—including sanctioning other participants—they are problematic in prison settings in which no inmate should have control over another.<sup>26</sup> The lack of easily defined change mechanisms coupled with the difficulty of implementation and issues of running democracy-based programs in prison settings has led to the call for new approaches.

With the growth of evidence-based practice models predicated on addressing risk principles, TC advocates have struggled to produce easily measured behavioral change metrics that can be adopted in treatment environments. TCs do not target specific risk factors. Instead, they traditionally focus on the “whole person” and treat addiction as a symptom of (unspecified) underlying problems.

Risk principles, by identifying specific attributes (e.g., criminal peers), lend themselves to measurement. Due to risk’s measurable quality, programs based on changes in risk are easy to assess. In today’s evidence-based practice world, for something to be effective it must be measurable. TCs lack readily measurable change elements and thus struggle to succeed using the rubrics of the modern evidence-based practice paradigm. In addition, TCs focus on elements such as trauma, emotions, and personal conflicts, none of which are among the “big four” criminogenic risk principles and thus are deemed less worthy of focus.<sup>27</sup>

TC advocates have attempted to respond to criticisms. John Shine and Mark Morris sought to define the clinical elements of TCs in a way that was suited to modern treatment program criteria.<sup>28</sup> They identified a number of clinical elements common to TCs: a social learning-based process, using the environment including rule breaking that can be examined to foster behavior modification, democratization that allows participants to effect change on the community, and a structure that enables participants to take, and thus learn, responsibility. These elements tend to be found in most TCs, but they are not generally articulated and are not easily measured either in evaluations or contracts for individual goal setting. Conversely, CBT programs are more straightforward, possessing clinically defined metrics that are easier to teach and measure.

## Cognitive Behavioral Therapy

It is not easy to articulate the foundations of TC treatment, often leading to a focus on tangible qualities (e.g., geographic location in prison and role of inmate support). In contrast, CBT allows for clear description of not only physical requirements for implementation but also the actual treatment model. This clarity ultimately leads to consistent execution and higher likelihood of fidelity across various institutions.

CBT use has grown in the past two decades as empirical research on this treatment continues to produce significant reduction in recidivism rates.<sup>29</sup> CBT uses RNR principles to treat offenders. Addressing these three aspects in both community and correctional settings decreases recidivism.<sup>30</sup> Rather than using punitive measures to scare offenders into pro-social lifestyles, treatment staff are collaborative and caring toward participants.<sup>31</sup> Strategies such as motivational interviewing, pro-social modeling, role-playing, and homework assignments are used to increase internalization of treatment and encourage self-monitoring of criminogenic behaviors.<sup>32</sup>

CBT use in correctional settings has been supported by many meta-analytic reviews. David Wilson, Leana Bouffard, and Doris MacKenzie analyzed 20 studies of group-oriented CBT programs for offenders and found that cognitive restructuring treatment was significantly effective in reducing criminal behavior, with those receiving CBT showing recidivism reductions of 20–30 percent lower than control groups.<sup>33</sup> Similarly, Pearson et al. conducted a meta-analysis of 69 studies covering both behavioral and CBT programs being implemented to offenders in prison, jail, probation, and parole settings.<sup>34</sup> They found that CBT programs were more effective in reducing recidivism than are behavioral programs, with a mean recidivism reduction of approximately 30 percent for those who received CBT.

Because CBT programs can vary in length, intensity, and focus (e.g., anger management versus moral reasoning), Nana Landenberger and Mark Lipsey analyzed 58 experimental and quasi-experimental studies on the effects of CBT, with particular attention to factors increasing effect sizes.<sup>35</sup> Overall, they found offenders in the CBT treatment group were 1.5 times more likely to have no recidivism in the 12 months following release as compared to those in the control group. The total reduction in recidivism for those receiving CBT was around 25 to 30 percent, with the variation in

effect size attributed to whether the program targeted high-risk offenders, had higher-quality implementation, or included anger control and interpersonal problem-solving modules. Amid these meta-analyses, CBT programs have not yet been subjected to a considerable amount of randomized trials in prisons, as nearly all randomized research has been conducted in community settings.

According to theories underlying CBT, the risk principle reflects the efficacy of targeting medium- to high-risk offenders, as they have been shown to benefit the most from CBT.<sup>36</sup> Treating low-risk offenders is ineffective and not fiscally beneficial; low-risk offenders are more likely to respond to less-intense therapy that does not expose them to criminogenic behaviors and cognitions.<sup>37</sup> This component is vital for CBT's survival in correctional programs, as this therapy can be expensive, and wasting resources on low-risk offenders may reduce political and financial support for the program.<sup>38</sup>

The need principle outlines CBT's individualistic nature: Treatment should address each participant's specific needs to produce the most effective outcomes. Upon intake, the offender's criminogenic needs should be outlined so that treatment targets them. Within these needs are the "central eight" and "big four"<sup>39</sup> criminogenic needs that should be addressed. Donald A. Andrews and James Bonta<sup>40</sup> identified the central eight needs as:

1. Antisocial cognitions,
2. Antisocial associates,
3. Antisocial personality pattern,
4. History of antisocial behavior,
5. Family and marital,
6. School and work,
7. Leisure and recreation, and
8. Substance abuse.

The first four are considered the "big four" and have been found to primarily influence future criminal behavior. As such, these should be the central focus of any treatment.



The responsivity principle corresponds to how the offender receives treatment.<sup>41</sup> Offender characteristics that may affect his or her ability to understand or retain treatment should be addressed so that the likelihood of success increases. Treatment should be tailored to each offender's responsivity factors, which include mental health disorders, motivation level, demographic characteristics, and learning style.

Thinking for a Change is a cognitive behavior-based treatment aimed at changing the offender's criminal-thinking patterns and breaking the cycle of recidivism. In line with other cognitive behavioral programs, Thinking for a Change is easily articulated. Working with the National Institute of Corrections, Jack Bush, Juliana Taymans, and Barry Glick provide a step-by-step guide for implementing Thinking for a Change, which includes language for the "trainer" (group leader) and a breakdown of how each class should be structured.<sup>42</sup>

The program highlights three primary perspectives: cognitive restructuring, problem-solving, and social skills. Lessons are taught over 22 sessions, with an ability to extend the program if further cognitive restructuring is needed. This additional lesson build-in allows the trainer to adjust the program to meet the responsivity factors of each particular group.<sup>43</sup>

As Thinking for a Change is a cognitively based program, there have been multiple evaluations of this modality.<sup>44</sup> For example, Christopher Lowenkamp, Dana Hubbard, Mathew Makarios, and Edward Latessa conducted a quasi-experimental evaluation in which their participants were referred to Thinking for a Change treatment by judicial ruling.<sup>45</sup> Although not purely randomized, this study provides a more realistic evaluation of Thinking for a Change than do pilot studies that handpick their participants. Christopher Lowenkamp, Dana Hubbard, Mathew Makarios, and Edward Latessa found that probationers who participated in Thinking for a Change had a significantly lower recidivism rate than those who did not receive this treatment.<sup>46</sup> This finding is noteworthy as the treatment was provided by trained community correctional staff—as opposed to academics who specialize in CBT—enforcing the translatable quality of Thinking for a Change to line staff.

Another program using the CBT approach is Cognitive Behavioral Interventions–Core Curriculum (CBI-CC). More intensive than Thinking

for a Change, CBI-CC requires 55 sessions for participants to effectively ingrain the concepts introduced. Although the curriculum is free from the University of Cincinnati, the trainer must be extensively trained in application to ensure fidelity. Again, responsivity factors are considered in this program, although they are applied through specialized modules that address common offender challenges such as gang affiliation and domestic violence. The modules target motivation, cognitive restructuring, emotional regulation, social skills, problem-solving, and success planning.<sup>47</sup>

While CBT programs have demonstrated effectiveness in community-based settings and among juveniles, outcome studies based on adult prison populations are scarce. It is thus unclear how effective they are in these situations. Prisons are not an environment conducive to change, which is what led to TCs being stand-alone units. Participants were less likely to be influenced by the negative street culture of cell blocks if they lived in units where treatment principles applied around the clock.

Traditional CBT programs are delivered in a group setting at a location in the prison. Participants often come from different units and do not know one another. They gather together and receive 60 or 90 minutes of treatment and return to their unit. Even the most robust program that meets three hours per week leaves 165 hours in which the participant is enmeshed in prison culture. Such an arrangement is bound to dilute the therapy's impact.

Other problems associated with treatment in correctional settings concern dosage and fidelity. To achieve adequate treatment dosages of 200 to 250 hours overall, programs need to be both intense and long term; a program consisting of two sessions per week will take six months to complete. Most CBT programs are also cumulative and cohort based, meaning people need to start at session one and progress through the agenda together.

Cohort dropout is a real concern in any program that is intense and long in duration. While prisoners are by definition a captive audience, disciplinary issues, medical calls, and a host of other activities can cause a person to miss groups or be removed from the program altogether. While these problems are not unique to CBT programs, hosting a program in a specific housing unit alleviates some issues.

### Reconsidering Correctional Program Structure and Content

Some existing jail and prison correctional systems are blending the best aspects of TCs with CBT principles. Some of the best examples include faith-based correctional programs, jail-based 60- to 90-day reentry programs to prepare individuals for their transition to the community, Scandinavian and other European models, and an innovative Cognitive Community approach operating in several correctional facilities in Virginia.

**Faith-Based Prisons.** Religious groups have historically been involved in helping offenders through less-structured rehabilitation<sup>48</sup> but have transitioned to formal in-prison treatment in more recent years.<sup>49</sup> Although religious programming is not strictly a cognitive behavioral approach, it does focus on changing thinking and behavior patterns that led to criminality, albeit through a focus on religious values and spirituality. Following the dramatic influx in prisoner population and public outcry to address re-offending, faith-based correctional programs have become a common approach in the United States.<sup>50</sup> This religious approach to treatment of offenders is grounded in the belief that an increase in spirituality will build enough character to thwart criminogenic thoughts and behaviors.<sup>51</sup>

Prison Fellowship is an organization that trains prison staff, community members, in-prison ministries, and community ministries in biblically focused rehabilitation. Its methods rely heavily on positive peer influence both in prison and once released and claim to target criminogenic needs by developing life skills and religious resources.

Its program, Prison Fellowship Academy, is intensive and involves daily therapy over approximately 12 months while living in a treatment community in prison. This overlap in faith-based programs and TCs is common, with several other programs providing similar structure (e.g., InnerChange Freedom Initiative and Life Connections Program). Florida provides perhaps the most intensive religion-based treatment program, as it offers three faith- and character-focused prisons that provide faith-based programming and a treatment community culture with no general population interference.

Evaluating the impact of faith-based programs is difficult because such programs rely on voluntary admission and participation, and selection

bias often presents a limitation in analyses.<sup>52</sup> For example, when analyzing the pro-social impact of InnerChange Freedom Initiative, Byron Johnson and David Larson found that those who fully completed the program had reductions in rearrest and re-incarceration rates when compared to the control group.<sup>53</sup> However, when accounting for participants who did not graduate from the program (due to disciplinary removal, voluntary drop-out, etc.), but were involved in the program at some level, their rearrest and re-incarceration percentages were *higher* when compared to the control group.

Similarly, Johnson evaluated Prison Fellowship and found that individuals with high participation had a lower likelihood of rearrest within three years; however, this finding did not remain consistent.<sup>54</sup> Individuals who participated in the faith-based program and those who did not had no significant difference in rearrest or re-incarceration rate at the eight-year period, regardless of participation level. These internal contradictions are common in analyses of faith-based programs and may reflect selection bias and the highly selective nature of admission into faith-based programs.<sup>55</sup>

A similar faith-based prison program has operated in a facility in Florida. The Horizon Communities in Prison program is a multi-faith, 48-bed residential unit that provides Christians, Jews, and Muslims with separate wings but a common living and learning environment, which, along with structured programming, is designed to foster community and civic engagement and pro-social beliefs. An evaluation of the yearlong Horizon program found that program graduates had fewer discipline reports and segregation stays, delays in the onset of rearrest, and improvements in child support obligations than comparison groups did.<sup>56</sup> Goals of this program included increasing individual accountability, family responsibility, and employability in the community.

**Jail-Based Reentry Pods.** As part of the National Institute of Corrections Transition from Jail to Community (TJC) initiative, several sites developed and have maintained jail-based reentry programs that include intensive cognitive behavioral programming in a special unit or “pod” separate from the rest of the jail population.<sup>57</sup> We review these programs’ experiences in Kent County, Michigan, and Franklin County, Massachusetts.

In 2008, Kent County (Grand Rapids), Michigan, was selected as a TJC learning site to implement an innovative, comprehensive model for effective jail-to-community transition. As part of this initiative, specialized reentry pods were developed for both men and women. The men's reentry pod is a 32-person pod focused on providing services and education to high-risk and need-sentenced male offenders. Individuals must have at least 70–90 days remaining on their sentence to be considered for the pod. The goal is for all individuals in the reentry pod to receive 24 sessions of Thinking for a Change. Individuals with co-occurring disorders receive CBT-based substance abuse treatment and services aimed at treating their mental health issues.

In addition, all offenders receive individual case management in the reentry pod. Some participants will receive case management following their release into the community as well. Other services offered in the reentry pod include GED prep and testing, job-readiness programming, and peer-led Alcoholics Anonymous and Narcotics Anonymous meetings.

The women's pod is similar in that it focuses on providing services and education to high-risk and need-sentenced female offenders. In addition, cognitive behavioral programming is focused on the unique needs of female offenders. Women also receive programming related to substance abuse disorders, individual case management, reentry planning, and GED preparation, if appropriate. Technical assistance to Kent County included training the unit's correctional officers on Thinking for a Change to facilitate continuity of approach and reinforce CBT principles in the pod.

Following the experience of Kent County, in 2013, Franklin County (Greenfield), Massachusetts, was selected in the next group of sites for the TJC initiative. As part of its broad strategy to improve the transition from jail to the community and reduce re-offending, officials in Franklin County established "D pod," a treatment-focused unit in the county jail for individuals sentenced to 60 days or more and assessed as medium to high risk for re-offending. After an intensive risk-and-need assessment process, individuals are moved to D pod once their service plans have been generated and any detox issues addressed.

The structure of daily life in D pod appears similar to a traditional TC, including daily mindfulness sessions, meetings where people who are doing well are identified and those who make mistakes have a chance to

take ownership or apologize for their actions, and individual presentations about what brought them to jail and the damage it may have caused. Programming in this unit consists of several cognitive-based curriculums including Thinking for a Change; dialectical behavioral therapy; Seeking Safety, a trauma-focused intervention; anger management programming; Nurturing Fathers Program parenting classes; GED preparation; substance abuse treatment; sex offender treatment; and reentry and transition planning and case management.<sup>58</sup>

The Kent County men's program was evaluated using a quasi-experimental design (i.e., propensity scored matching) with a matched comparison group. Participants were evaluated on four reentry outcomes: rearrests, new convictions, days re-incarcerated in county jail, and days in state prison. Analysis revealed different rates of improvement in reentry outcomes between D-pod participants and equivalent nonparticipants, which was assumed to be due to the intervention.<sup>59</sup>

Finally, a new unit at the Washington, DC, jail Young Men Emerging seeks to provide a rehabilitative and therapeutic environment for adults age 18–25. This separate unit seeks to form a community of Department of Corrections staff and individuals living on the unit focused on accountability and responsibility. Mentorship, counseling, trauma treatment, and corrective behavior measures are integrated into day-to-day life on the unit.<sup>60</sup>

**Scandinavian and European Models.** Other correctional models are operational in Scandinavian and other European countries (e.g., Germany).<sup>61</sup> In particular, Finland, Norway, and Sweden have adopted a correctional philosophy based on low levels of imprisonment and humane prison conditions. Regarding the latter, the accepted philosophy is that prison conditions should approximate life outside prison as much as possible. Characteristics of these prisons include location close to home and family, relaxed environment with frequent interaction between officers and inmates, common lounges with cooking facilities, and monthly overnight visits from partners and children.

Most inmates have regular work assignments and participate in post-secondary education.<sup>62</sup> In addition, officers receive specialized training, and staff-to-inmate ratios are low.<sup>63</sup> Underlying this correctional model is a distinct culture of equality throughout Scandinavia that emphasizes

“sameness” among citizens with high levels of trust and emphasis on community. These values also govern modern Scandinavian prisons such that prison conditions are normalized to reflect everyday life as much as possible with a focus on humanitarian principles.<sup>64</sup>

**Virginia’s Cognitive Community Model.** In the late 1990s, Dudley Bush was working with the Texas Department of Criminal Justice as a consultant on the TC model when he became involved in a discussion with other experts about whether the TC model could be integrated with CBT. According to Bush’s recounting of his experience, a white paper for the National Institute of Corrections was released in 1997 that outlined their concept for the Cognitive Community model.<sup>65</sup> In 2003, he joined the Virginia Department of Criminal Justice Services as program manager for in-prison therapeutic community and reentry programming and, one year later, piloted the Cognitive Community model in a correctional facility in Virginia.

The Cognitive Community model consists of 40 to 90 individuals who are selected to participate in the community based on their release dates. Selected community members are moved to a designated housing area that is segregated from the general population. In this community, individuals are expected to follow a set of rules and responsibilities, just as in society, which focus on living a structured and honorable life. Individuals attend morning and afternoon meetings, carry out specific tasks in small groups (or crews), and participate in group activities. This structured community in the prison has many benefits including improving communication skills and empathy for others, learning to create and manage productive daily schedules, and developing positive confrontation skills.<sup>66</sup>

The staff that support the Cognitive Communities in Virginia prisons receive specialized training, as the staff working in the community must lead by example. Staff deliver Thinking for a Change and engage community members to think about thoughts and feelings that influenced their behavior and actions during routine activities. A core philosophy of cognitive behavioral approaches is that by challenging inappropriate thinking patterns and actively identifying thoughts, an individual can alter his or her actions and lifestyle. The 24-7 Cognitive Community immerses individuals in an environment that helps them make significant changes in thoughts and behaviors away from the street culture of the general population in prison.<sup>67</sup>

The Virginia Department of Corrections reports a three-year recidivism rate of 22 to 23 percent. While interstate comparisons of recidivism rates are often complicated by different definitions, a recent report concluded that the average three-year rearrest recidivism rate across 30 states was 68 percent.<sup>68</sup> Another study with a smaller group of states estimated a three-year recidivism rate at 43 percent.<sup>69</sup> Virginia Department of Corrections attributes its lower-than-average recidivism rate to the Cognitive Community model, which is operational in facilities across the state.

### Combining TCs with CBT

The Virginia model represents how TC elements can combine with CBT principles to create a treatment drawing on the strengths of both approaches while jettisoning some of the more problematic elements. Below, we provide a brief list of key components that a Cognitive Community should maintain, identifying each as TC or CBT to indicate which model the component draws from.

**Separate Physical Space (TC).** One of TC's key strengths comes from physical space. A stand-alone unit in which participants live and interact creates an immersive environment where people "live the treatment" and are separated from prison's street culture.

**Community Participation (TC).** Creating an environment in which people have responsibilities in terms of duties and code of conduct provides participants with a meaning structure. All participants should have daily duties. Some will simply follow the schedule, but others can participate in cleaning the unit or assisting in program presentation and function. The idea is that everyone in the community has something to do when they wake up: a daily purpose. This feature alone is a step toward minimizing street culture and fostering pro-social living. Structure also lends itself to teachable moments that TCs rely on.

**Use of Teachable Moments (TC/CBT).** When participants step outside the structure or otherwise violate community rules (including prison



rules), they can be brought to the group's attention. Cognitive Communities would not use the confrontational methods of traditional TC approaches. Rather, staff would facilitate interventions in which participants could address the issue and process it using CBT principles, identifying how things might have been better handled.

**Structured Programmatic Elements (CBT).** In addition to having a growing evidence base and thus popularity among prison administrators, blending a modified TC-based community with a defined CBT program, such as Thinking for a Change or CBI-CC, would provide structure and a guided theory of behavioral change. One of TC's criticisms focuses on the lack of structured programmatic elements, which refer to the daily TC schedule comprised of general group meetings, chores, and loosely defined group therapy centering on personal inventories, learning defense mechanisms, and confronting rationalizations for wrong behavior. By framing programs around a CBT model, all activities in a community can be framed through a CBT lens.

**Need for TC Flow-Down Models.** The most effective traditional correctional TCs used a flow-down model in which treatment began in a secure correctional environment, continued in a reentry facility, and concluded after a period of aftercare. The community-based elements (reentry facility and aftercare) allowed participants to experience the reentry process while still using the TC treatment structure, thus being "in" treatment while in the community, allowing the principled lifestyle to merge with community life. TC participants could bring problems with family or employment back to the group, and the community would process them. The same design would lend itself to the Cognitive Community: creating situations in which real-world issues could be addressed using CBT principles, assisting individuals in addressing concerns, and allowing community participants to learn from and reinforce CBT principles beyond prison walls.

To our knowledge, there is no research on a CBT-based treatment continuum from prison to the community, but, as discussed above, aftercare programming was part of a number of TC models. We would encourage development and study of a Cognitive Community continuum model. It is

our belief that such a program could be a potential gold standard in correctional treatment and assist prison administrations in minimizing the street culture that lives behind their walls. The Delaware KEY/Crest continuum was designed to include participation in the prison-based TC (KEY) followed by the work release treatment element of the program (Crest). The most successful reentry outcomes were among those that completed the Crest portion of the treatment regimen.<sup>70</sup>

### Challenges

As with any correctional program, there are certain challenges that may develop with the implementation of Cognitive Communities. The following section provides an outline of potential issues that may arise and recommendations on how to address them.

**Prison Staff Culture.** A significant obstacle to implementing Cognitive Communities in our current prison system is the toxic culture rampant among correctional staff. Institutional employees are commonly overworked and understaffed, resulting in indifference and burnout. Staff often resist innovative techniques to treating inmates and revert to non-empirically validated techniques that are more familiar. Many have written about the influential power of correctional culture,<sup>71</sup> although Michael Lipsky effectively sums up the adaptive nature of frontline staff in his book *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*.<sup>72</sup>

Lipsky's theory outlines the disparities between "law in the books" and "law in the streets" by describing the differences between written policy and policy implementation. Adverse working conditions hurt staff adherence to policy by driving them to adapt their behaviors and attitudes toward their work. These undesirable working conditions can include high workload, lacking resources, and precarious relationships with supervisors. The staff's behavioral and attitudinal adaptations include rationing services, simplifying routines, and modifying their conceptions of work.

When correctional officers collectively perform the coping mechanisms created to accommodate these adverse conditions, they form unofficial

policy that has a larger impact on the institution than the law in the books.<sup>73</sup> The disconnection between applied policy and official policy creates the correctional culture prominent in our prisons today.

Imbalance between the work environment and the person is also reflected in the high turnover rate in the correctional realm. This high rate of turnover is often driven by staff burnout<sup>74</sup> and the disconnect between policy and implementation.<sup>75</sup> High turnover rate hurts treatment programs' effectiveness<sup>76</sup> and can harm both individual and institutional functioning.<sup>77</sup>

In their study of correctional staff in a maximum-security prison, Eric Lambert, Shannon Barton-Bellessa, and Nancy Hogan found that emotional burnout significantly affects life satisfaction and support for treatment of inmates.<sup>78</sup> They conclude that burnout causes detrimental effects on both staff lives and institutional functioning; burnout resulted in less life satisfaction and an increase in absenteeism, use of sick leave, and support of punishment-based practices.<sup>79</sup> These findings are consistent among other studies of correctional staff.<sup>80</sup>

US prison climate needs to change as a whole; however, it is beyond the scope of this chapter to suggest ways to adjust prison culture on an aggregate level. Instead, we recommend focusing on building the ideal Cognitive Community with the intention of spreading that culture to the remaining prison over time. Interventions for burnout prevention may be more successful if they are established to build engagement rather than reduce burnout, so initial staff buy-in should be the primary goal rather than short-term solutions to staff complaints.<sup>81</sup>

To combat the cultural deficiencies found in institutions, we recommend assigning dedicated staff members to the Cognitive Community who are specifically trained in CBT and are less likely to conform their behavior to the maladaptive culture in the remaining prison. By removing these dedicated staff from the remaining employees, we believe less treatment drift will occur due to avoidance of socialization with pernicious peers, a common problem seen in previous studies<sup>82</sup> and established through theory.<sup>83</sup>

Because lack of sufficient training and inconsistent supervision of treatment administration can detrimentally compromise program validity,<sup>84</sup> staff should receive consistent feedback through evaluation mechanisms and

continued exposure to the programs' empirical validation.<sup>85</sup> Proper implementation of treatment programs requires conceptual understanding of the treatment by staff and the belief in their ability to administer the treatment effectively.<sup>86</sup> Accordingly, correctional staff must accept and appreciate the treatment's empirical grounding and policy administration.<sup>87</sup>

Similarly, treatment directors and other correctional administrators can increase the likelihood of a successful treatment program with their acceptance and endorsement of its concepts.<sup>88</sup> Evidence-based programs are more likely to be used when all administration supports its use.<sup>89</sup> As such, we also suggest vigorous training of correctional directors and administrators for those in charge of treatment implementation *and* those tasked with security concerns.

**Need for Cohort-Based Treatment.** One of the problems of CBT-based treatment is that it uses a cohort approach; the same small group of people begin and finish the treatment process as a group. This creates scheduling problems as people need to be triaged based on local considerations (sentence length, judicial orders, etc.). Additional concerns arise through attrition, as some CBT modalities require a small cohort (10–12) to go through the process together over a six-month period. Disciplinary and other institutional complications can cause attrition that leaves treatment slots empty for a considerable period.

Traditional TCs allowed people to enter at any time and adjusted treatment flow based on behavior. A similar problem occurred in TCs when people graduated before their sentence ended. A possible solution may be that Cognitive Communities borrow from TCs and create an orientation or pretreatment phase in which individuals could live on the unit before a cohort starts, during which time some form of pretreatment could take place.

**Inclusion of Appropriate Participants.** As with any treatment approach, ensuring that the people receiving treatment are those most suited for it is important. In the RNR framework, persons selected for any CBT program should be moderate to high risk and demonstrate criminal-thinking issues according to a validated assessment tool. One of the problems that plagued TCs in Delaware was inclusion of people who were inappropriate

for a substance use TC. This tended to occur based on judicial orders and without implementing an appropriate assessment.

The results were a cadre of persons who did not fit the treatment regimen (e.g., dealers who were not substance users), who became “poison pills” in the community. Ironically, these individuals would have benefited from inclusion in a CBT-based program. Placing inappropriate people into any treatment program is detrimental to the individual and, in a community-based program, the community. We thus encourage the use of validated screening tools to identify appropriate participants.

### Conclusion

TCs have been used with varying degrees of effectiveness in corrections for decades. Still, they have been criticized for not having an easily articulated mechanism of behavioral change. Coupled with training issues, the problems associated with running democratized programs in a prison environment have left the TC a wounded model in many prisons systems. It still functions but often in a modified form that is itself not readily articulated. CBT programs, on the other hand, are based on a specific theory of change and are manualized such that staff can be trained on a model and put in the field relatively easily.

As noted above, we are convinced that both models contain positive elements that can be brought together to build on the strength of each but, in combining them, addresses some of the weaknesses. The Virginia Department of Corrections has implemented a Cognitive Community, and it is successfully functioning (although it has not been subjected to a true research trial). We believe this represents a new model that could be expanded through the field, and we recommend scientific testing, preferably through a randomized controlled trial.

A further element of combined TC and CBT communities would be their potential impact on the street culture that pervades our prisons. With evaluations focused on risk and need rather than substance dependence (as they are in TCs), CBT programs have a larger proportion of inmates identified as potentially benefiting from the treatment. As a larger proportion of inmates are eligible for CBT programs and with

programming increasingly tied to “good time” sentence reductions, the opportunity exists to place large segments of the inmate population into CBT-based programs. By using the community approach and creating units that function on CBT principles, in which residents are encouraged to practice CBT living around the clock, street culture’s influence in our prisons can be reduced.

## Notes

1. Frank S. Pearson and Douglas Lipton, "A Meta-Analytic Review of the Effectiveness of Corrections-Based Treatments for Drug Abuse," *Prison Journal* 79, no. 4 (December 1999): 384–410.
2. R. Yates et al., "Straw Men: Exploring the Evidence Base and the Mythology of the Therapeutic Community," *International Journal of Therapeutic Communities* 31, no. 2 (2010): 95–98.
3. Harry K. Wexler et al., "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California," *Prison Journal* 79, no. 3 (September 1999): 321–36.
4. Ojmarrh Mitchell, David B. Wilson, and Doris L. MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism? A Meta-Analytic Synthesis of the Research," *Journal of Experimental Criminology* 3, no. 4 (December 2007): 353–75.
5. George De Leon, *The Therapeutic Community: Theory, Model, and Method* (New York: Springer, 2000); Mitchell, Wilson, and MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism?"; and J. Pitts and R. Yates, "Cost Benefits of Therapeutic Community Programming: Results of a Self-Funded Survey," *Therapeutic Communities* 31, no. 2 (2010): 129–44.
6. De Leon, *The Therapeutic Community*.
7. Stephen J. Bahr, Amber L. Masters, and Bryan M. Taylor, "What Works in Substance Abuse Treatment Programs for Offenders?," *Prison Journal* 92, no. 2 (March 2012): 155–74; Mitchell, Wilson, and MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism?"; Frank S. Pearson et al., "The Effects of Behavioral/Cognitive-Behavioral Programs on Recidivism," *Crime and Delinquency* 48, no. 3 (July 2002): 476–96, <https://doi.org/10.1177/00112870204800306>; and Wexler et al., "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California."
8. James D. Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification," *Prison Journal* 79, no. 3 (September 1999): 352–68; and Kathryn E. McCollister et al., "Long-Term Cost Effectiveness of Addiction Treatment for Criminal Offenders," *Justice Quarterly* 21, no. 3 (August 2006): 659–79.
9. Pearson and Lipton, "A Meta-Analytic Review of the Effectiveness of Corrections-Based Treatments for Drug Abuse."
10. Mitchell, Wilson, and MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism?"
11. Mitchell, Wilson, and MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism?"
12. James A. Inciardi, Steven S. Martin, and Clifford A. Butzin, "Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders After Release from Prison," *Crime & Delinquency* 50, no. 1 (January 2004): 88–107.
13. Mirlinda Ndrecka, "The Impact of Reentry Programs on Recidivism: A Meta-Analysis" (PhD diss., University of Cincinnati, School of Criminal Justice, February 27, 2014), <https://cech.uc.edu/content/dam/cech/programs/criminaljustice/Docs/>

Dissertations/Ndreckam.pdf.

14. Bahr, Masters, and Taylor, "What Works in Substance Abuse Treatment Programs for Offenders?"; Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification"; Inciardi, Martin, and Butzin, "Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders After Release from Prison"; Mitchell, Wilson, and MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism?"; McCollister et al., "Long-Term Cost Effectiveness of Addiction Treatment for Criminal Offenders"; and Wexler et al., "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California."

15. Wexler et al., "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California."

16. Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification"; and McCollister et al., "Long-Term Cost Effectiveness of Addiction Treatment for Criminal Offenders."

17. Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification."

18. J. Pitts and R. Yates, "Cost Benefits of Therapeutic Community Programming."

19. J. Pitts and R. Yates, "Cost Benefits of Therapeutic Community Programming."

20. De Leon, *The Therapeutic Community*; Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification"; and McCollister et al., "Long-Term Cost Effectiveness of Addiction Treatment for Criminal Offenders."

21. Bahr, Masters, and Taylor, "What Works in Substance Abuse Treatment Programs for Offenders?"; Inciardi, Martin, and Butzin, "Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders After Release from Prison"; McCollister et al., "Long-Term Cost Effectiveness of Addiction Treatment for Criminal Offenders"; Mitchell, Wilson, and MacKenzie, "Does Incarceration-Based Drug Treatment Reduce Recidivism?"; Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification"; Pearson and Lipton, "A Meta-Analytic Review of the Effectiveness of Corrections-Based Treatments for Drug Abuse"; and Wexler et al., "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California."

22. Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification."

23. Griffith et al., "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification."

24. Richard Shuker, "Forensic Therapeutic Communities: A Critique of Treatment Model and Evidence Base," *Howard Journal of Criminal Justice* 49, no. 5 (November 2010): 463-77.

25. John Shine and Mark Morris, "Addressing Criminogenic Needs in a Prison Therapeutic Community," *Therapeutic Communities* 21, no. 3 (2000): 197-219; and Shuker, "Forensic Therapeutic Communities."

26. Shuker, "Forensic Therapeutic Communities."

27. Donald A. Andrews and James Bonta, *The Psychology of Criminal Conduct, Fourth*



*Edition* (Newark, NJ: LexisNexis, 2006).

28. Shine and Morris, "Addressing Criminogenic Needs in a Prison Therapeutic Community."

29. Edward J. Latessa, Shelley L. Listwan, and Deborah Koetzle, *What Works (and Doesn't) in Reducing Recidivism* (New York: Routledge, 2013).

30. Donald A. Andrews and Craig Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections: Crime-Prevention Jurisprudence," *Canadian Journal of Criminology and Criminal Justice* 49, no. 4 (October 2007): 439-64; Latessa, Listwan, and Koetzle, *What Works (and Doesn't) in Reducing Recidivism*; and Nana A. Landenberger and Mark W. Lipsey, "The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment," *Journal of Experimental Criminology* 1, no. 4 (December 2005): 451-76, <https://doi-org.unh-proxy01.newhaven.edu/10.1007/s11292-005-3541-7>.

31. Andrews and Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections."

32. Mark Lipsey, Nana A. Landenberger, and Sandra Jo Wilson, "Effects of Cognitive-Behavioral Programs for Criminal Offenders," *Campbell Systematic Reviews* 3, no. 1 (August 2007): 27.

33. David B. Wilson, Leana Allen Bouffard, and Doris L. Mackenzie, "A Quantitative Review of Structured, Group-Oriented, Cognitive-Behavioral Programs for Offenders," *Criminal Justice and Behavior* 32, no. 2 (April 2005): 172-204, <https://journals.sagepub.com/doi/abs/10.1177/0093854804272889>.

34. Pearson et al., "The Effects of Behavioral/Cognitive-Behavioral Programs on Recidivism."

35. Landenberger and Lipsey, "The Positive Effects of Cognitive-Behavioral Programs for Offenders."

36. Donald A. Andrews, James Bonta, and R. D. Hoge, "Classification for Effective Rehabilitation: Rediscovering Psychology," *Criminal Justice and Behavior* 17, no. 1 (March 1990): 19-52; and Andrews and Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections."

37. Andrews, Bonta, and Hoge, "Classification for Effective Rehabilitation"; and Andrews and Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections."

38. Andrews and Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections."

39. Andrews and Bonta, *The Psychology of Criminal Conduct, Fourth Edition*.

40. Donald A. Andrews and James Bonta, *The Psychology of Criminal Conduct, Fifth Edition* (Cincinnati, OH: Anderson, 1996).

41. Andrews and Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections."

42. Jack Bush, Juliana M. Taymans, and Barry Glick, *Thinking for a Change* (Washington, DC: National Institute of Corrections, 1997).

43. Bush, Glick, and Taymans, *Thinking for a Change*.

44. Lori Suzanne Golden, Robert J. Gatchel, and Melissa Anne Cahill, "Evaluating the Effectiveness of the National Institute of Corrections' 'Thinking for a Change' Program

Among Probationers,” *Journal of Offender Rehabilitation* 43, no. 2 (2006): 55–73, [https://www.tandfonline.com/doi/abs/10.1300/J076v43n02\\_03](https://www.tandfonline.com/doi/abs/10.1300/J076v43n02_03); Landenberger and Lipsey, “The Positive Effects of Cognitive-Behavioral Programs for Offenders”; and Christopher T. Lowenkamp et al., “A Quasi Experimental Evaluation of Thinking for a Change: A Real-World Application,” *Criminal Justice and Behavior* 36, no. 2 (2009): 137–46, <https://pdfs.semanticscholar.org/9c05/ebeaf7cfe204a61d4e57c61aa1035828af1b.pdf>.

45. Lowenkamp et al., “A Quasi Experimental Evaluation of Thinking for a Change.”

46. Lowenkamp et al., “A Quasi Experimental Evaluation of Thinking for a Change.”

47. University of Cincinnati, “CBI-CC Training Overview,” 2018, [https://cech.uc.edu/centers/ucci/services/trainings/changing\\_offender\\_behavior/cbi-cc-training-overview.html](https://cech.uc.edu/centers/ucci/services/trainings/changing_offender_behavior/cbi-cc-training-overview.html).

48. Kimberly D. Dodson, Leann N. Cabage, and Paul M. Klenowski, “An Evidence-Based Assessment of Faith-Based Programs: Do Faith-Based Programs ‘Work’ to Reduce Recidivism?,” *Journal of Offender Rehabilitation* 50, no. 6 (August 2011): 367–83.

49. Scott D. Camp et al., “An Exploration into Participation in a Faith-Based Prison Program,” *Criminology & Public Policy* 5, no. 3 (August 2006): 529–50.

50. Kent R. Kerley, Todd L. Matthews, and Troy C. Blanchard, “Religiosity, Religious Participation, and Negative Prison Behaviors,” *Journal for the Scientific Study of Religion* 44, no. 4 (December 2005): 443–57.

51. Kerley, Matthews, and Blanchard, “Religiosity, Religious Participation, and Negative Prison Behaviors”; and Prison Fellowship, “Remember Those in Prison,” 2019, [www.prisonfellowship.org/](http://www.prisonfellowship.org/).

52. Camp et al., “An Exploration into Participation in a Faith-Based Prison Program”; Dodson, Cabage, and Klenowski, “An Evidence-Based Assessment of Faith-Based Programs”; and Kerley, Matthews, and Blanchard, “Religiosity, Religious Participation, and Negative Prison Behaviors.”

53. Byron R. Johnson and David B. Larson, *The InnerChange Freedom Initiative: A Preliminary Evaluation of a Faith-Based Prison Program*, Baylor Institute for Studies of Religion, Baylor University, 2003, <https://www.baylor.edu/content/services/document.php/25903.pdf>.

54. Byron R. Johnson, “Religious Programs and Recidivism Among Former Inmates in Prison Fellowship Programs: A Long-Term Follow-Up Study,” *Justice Quarterly* 21, no. 2 (August 2006): 329–54.

55. Camp et al., “An Exploration into Participation in a Faith-Based Prison Program.”

56. Jeanette Hercik, *Rediscovering Compassion: An Evaluation of Kairos Horizon Communities in Prison*, US Department of Health and Human Services, [https://peerta.acf.hhs.gov/sites/default/files/public/uploaded\\_files/Rediscovering\\_Compassion.pdf](https://peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/Rediscovering_Compassion.pdf).

57. Janeen Buck Willison et al., *Process and Systems Change Evaluation Findings from the Transition from Jail to Community Initiative*, National Institute of Corrections and Urban Institute, September 2012, <https://www.urban.org/research/publication/process-and-systems-change-evaluation-findings-transition-jail-community-initiative/view/full-report>; and National Institute of Corrections, *Transition from Jail to Community (TJC)*, <https://nicic.gov/transition-from-jail-to-community>.

58. Willison et al., *Process and Systems Change Evaluation Findings from the Transition from Jail to Community Initiative*; and Janeen Buck Willison, Kevin Warwick, and

Shebani Rao, *Transition from Jail to Community (TJC) Initiative*, National Institute of Corrections, June 2016, <https://www.urban.org/sites/default/files/publication/85186/tjc-site-report-franklin.pdf>.

59. Fred J. De Jong and William Medendorp, *The Men's Reentry Pod: Recidivism Outcomes at Kent County Corrections Facility*, Men's Reentry Pod, September 2016, [https://docs.wixstatic.com/ugd/aa0627\\_ob1af74cod744945ba2f567896c02af1.pdf](https://docs.wixstatic.com/ugd/aa0627_ob1af74cod744945ba2f567896c02af1.pdf).

60. For more information, see Joel Castón and Michael Woody, "A DC Jail Unit Challenges the 'Warehouse' Approach to Corrections," *Crime Report*, June 11, 2019, <https://thecrimereport.org/2019/06/11/a-dc-jail-unit-challenges-the-warehouse-approach-to-corrections/>.

61. Amy L. Solomon, "Out from the Holocaust," Marshall Project, December 20, 2018, <https://www.themarshallproject.org/2018/12/20/out-from-the-holocaust>.

62. John Pratt, "Scandinavian Exceptionalism in an Era of Penal Excess," *British Journal of Criminology* 48, no. 3 (May 2008): 119–37.

63. Sami Abdel-Salam and Hans Myhre Sunde, "Enhancing the Role of Correctional Officers in American Prisons: Lessons Learned from Norway," *Federal Sentencing Reporter* 31, no. 1 (October 2018): 67–74.

64. Pratt, "Scandinavian Exceptionalism in an Era of Penal Excess."

65. Dudley Bush, "How the VADOC Has Reduced Recidivism Using the Cognitive Community Model," In Public Safety, August 1, 2018, <https://inpublicsafety.com/2018/08/how-the-vadoc-has-reduced-recidivism-using-the-cognitive-community-model/>.

66. Bush, "How the VADOC Has Reduced Recidivism Using the Cognitive Community Model"; Dudley Bush and Jessica Lee, "Changing Offender Thinking and Behavior Through the Cognitive Community Model," In Public Safety, September 19, 2018, <https://inpublicsafety.com/2018/09/changing-offender-thinking-and-behavior-through-the-cognitive-community-model/>; and Dudley Bush and Jessica Lee, "Challenges Implementing, Maintaining, and Replicating the Cognitive Community Model in Corrections," In Public Safety, December 7, 2018, <https://inpublicsafety.com/2018/12/challenges-implementing-maintaining-and-replicating-the-cognitive-community-model-in-corrections/>.

67. Bush, "How the VADOC Has Reduced Recidivism Using the Cognitive Community Model"; Bush and Lee, "Changing Offender Thinking and Behavior Through the Cognitive Community Model"; and Bush and Lee, "Challenges Implementing, Maintaining, and Replicating the Cognitive Community Model in Corrections."

68. Mariel Alper, Matthew R. Durose, and Joshua Markman, "2018 Update on Prisoner Recidivism: A 9-Year Follow-Up Period (2005–2014)," US Department of Justice, Bureau of Justice Statistics, Office of Justice Programs, May 23, 2018.

69. Pew Center on the States, *State of Recidivism: The Revolving Door of America's Prisons*, April 12, 2011.

70. Inciardi, Martin, and Butzin, "Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders After Release from Prison."

71. Peter D. Friedmann, Faye S. Taxman, and Craig E. Henderson, "Evidence-Based Treatment Practices for Drug-Involved Adults in the Criminal Justice System," *Journal of Substance Abuse Treatment* 32, no. 3 (March 2007): 267–77; Paul Gendreau, Claire

Goggin, and Paula Smith, "The Forgotten Issue in Effective Correctional Treatment: Program Implementation," *International Journal of Offender Therapy and Comparative Criminology* 43, no. 2 (1999): 180–87, <https://journals.sagepub.com/doi/abs/10.1177/0306624X99432005?journalCode=ijoe>; and Danielle S. Rudes, Jennifer Lerch, and Faye S. Taxman, "Implementing a Reentry Framework at a Correctional Facility: Challenges to the Culture," *Journal of Offender Rehabilitation* 50, no. 8 (November 2011): 467–91.

72. Michael Lipsky, *Street Level Bureaucracy: Dilemmas of the Individual in Public Services* (New York: Russell Sage Foundation, 1980).

73. Lipsky, *Street Level Bureaucracy*.

74. Joseph R. Carlson and George Thomas, "Burnout Among Prison Caseworkers and Corrections Officers," *Journal of Offender Rehabilitation* 43, no. 3 (2006): 19–34, [https://www.tandfonline.com/doi/abs/10.1300/J076v43n03\\_02](https://www.tandfonline.com/doi/abs/10.1300/J076v43n03_02).

75. Lipsky, *Street Level Bureaucracy*; and Christina Maslach, Wilmar B. Schaufeli, and Michael P. Leiter, "Job Burnout: New Directions in Research and Intervention," *Current Directions in Psychological Science* 12, no. 5 (October 2003): 189–92, <https://doi.org/10.1111/1467-8721.01258>.

76. Gendreau, Goggin, and Smith, "The Forgotten Issue in Effective Correctional Treatment."

77. Eric G. Lambert, Shannon M. Barton-Bellessa, and Nancy L. Hogan, "The Consequences of Emotional Burnout Among Correctional Staff," *SAGE Open*, June 15, 2015, <https://doi.org/10.1177/2158244015590444>.

78. Lambert, Barton-Bellessa, and Hogan, "The Consequences of Emotional Burnout Among Correctional Staff."

79. Lambert, Barton-Bellessa, and Hogan, "The Consequences of Emotional Burnout Among Correctional Staff."

80. Carlson and Thomas, "Burnout Among Prison Caseworkers and Corrections Officers"; and Marie L. Griffin et al., "Job Involvement, Job Stress, Job Satisfaction, and Organizational Commitment and the Burnout of Correctional Staff," *Criminal Justice and Behavior* 37, no. 2 (December 2009): 239–55, <https://doi.org/10.1177/0093854809351682>; Maslach, Schaufeli, and Leiter, "Job Burnout"; and Jean-Pierre Neveu, "Jailed Resources: Conservation of Resources Theory as Applied to Burnout Among Prison Guards," *Journal of Organizational Behavior* 28, no. 1 (September 2006): 21–42.

81. Maslach, Schaufeli, and Leiter, "Job Burnout."

82. Rudes, Lerch, and Taxman, "Implementing a Reentry Framework at a Correctional Facility."

83. Lipsky, *Street Level Bureaucracy*.

84. Andrews and Dowden, "The Risk-Need-Responsivity Model of Assessment and Human Service in Prevention and Corrections."

85. Gendreau, Goggin, and Smith, "The Forgotten Issue in Effective Correctional Treatment."

86. Gendreau, Goggin, and Smith, "The Forgotten Issue in Effective Correctional Treatment."

87. Andrew and Dowden, "The Importance of Staff Practice in Delivering Effective Correctional Treatment."

88. Friedmann, Taxman, and Henderson, "Evidence-Based Treatment Practices for

Drug-Involved Adults in the Criminal Justice System.”

89. Friedmann, Taxman, and Henderson, “Evidence-Based Treatment Practices for Drug-Involved Adults in the Criminal Justice System.”

## 8

# Identity and Agency: A New Approach to Rehabilitation and Reentry

*BRENT ORRELL*

Since the early 2000s, I have been using a story to kick off discussions relating to criminal justice and reentry. The story involves a man drowning in a lake. He is 50 yards off shore, flailing and gasping for breath.

A progressive comes upon this scene, throws 1,000 yards of rope, smiles beneficently, and departs. Later, a conservative arrives, sees the drowning man, and throws 25 yards of rope while exhorting the drowning man to swim. A libertarian strolls by, sees the drowning man, and acknowledges that he does, indeed, have a rope of the correct length. However, it is a rope he earned through his own hard work and diligence. It would be bad for everyone—himself, the drowning man, and society—if he shared his rope. Did the drowning man have anything he could perhaps trade for a rope?

Throughout these visitations, a neoconservative has been observing thoughtfully from the beach. He pulls out his laptop and writes 800 well-chosen words detailing progressive waste, conservative folly, and libertarian heartlessness. Meanwhile, the man in the lake is still flailing and gasping.

I love that story, which I inherited from Tevi Troy, my predecessor as the leader of the Center for Faith-Based and Community Initiatives at the US Department of Labor. (In my better moments, I think about writing him a check. He has saved me an enormous amount of time looking for good illustrations.) The story is an equal opportunity offender that sings without burning because it points out that each ideological perspective lacks a workable solution to the problems of crime, imprisonment, and recidivism. Much has been tried, yet little has been effective.

The US incarcerates over two million people and has another 4.7 million on probation and parole.<sup>1</sup> Up to 70 million Americans have criminal

records, and as many Americans have arrest records as have bachelor's degrees.<sup>2</sup> The Brennan Center for Justice estimates that if all Americans with criminal records held hands, they could circle the earth three times.<sup>3</sup> Studies show that about two-thirds of those released from prison for a felony offense will find themselves behind bars again within three years. Most will return to prison in the first few months after release.<sup>4</sup>

This is expensive in every possible way—fiscally, economically, and socially. A 2016 study by the Washington University in St. Louis found that the direct costs of incarceration—about \$80 billion per year or nearly \$40,000 per year per inmate—are dwarfed by the human and economic costs. When you add lost productivity and the social costs inflicted on families, communities, and the next generation by mass incarceration, researchers estimate Americans lose about \$1 trillion per year, or 6 percent of the nation's gross domestic product, due to incarceration.<sup>5</sup>

That is almost as much as the federal government collects in income taxes.<sup>6</sup> It is more than we pay out in Social Security benefits<sup>7</sup> and equal to what Congress appropriates for all the federal government's defense and nondefense discretionary programs.<sup>8</sup> This figure does not include the additional hundreds of billions spent on policing or the untold costs victims incurred. To paraphrase the late Senate minority leader Everett Dirksen, a trillion dollars is real money, even by today's standards. We spend or forgo it year after year after year.

Given the number of people affected and the costs, foundations, nonprofits, and federal, state, and local governments have spent billions experimenting with different ways of preventing men and women who have served their time from serving even more time. We are also spending significant money evaluating these programs' effects. To date, the results of these investments have not been encouraging.

In 2018, with the support of Arnold Ventures, the American Enterprise Institute (AEI) assembled a working group of some of the nation's leading researchers, evaluators, and service providers to consider a wide range of issues relating to criminal justice and reentry. Each expert has his or her own perspective and concerns that are reflected in his or her contribution to this volume. The main question I was interested in exploring through the working group was: Looking just at the data, what works best?

The evidence-based answer was discouraging. Despite best efforts by leaders in the public and private sector, the weight of available evidence from evaluations of large-scale, comprehensive programs is that control groups—the individuals who do not receive the intervention being studied—do about as well and in some cases better than those who receive service. Some program components may be effective, but attempts at putting it all together have been left wanting.

This is not a new concern. In the 1970s, avowed socialist and City College of New York sociology professor Robert Martinson was the first to conclude that prisoner rehabilitation programs were ineffective.<sup>9</sup> This prompted a furious response and Martinson's partial retraction.<sup>10</sup> Nonetheless, the phenomenon of disappointing results in these programs remains with us. A summation of existing program evidence is available in Chapter 1 of this volume (Lattimore). The relative absence of program approaches that make significant dents in recidivism remains a crucial concern in reentry policy and practice.

There is, however, another way of looking at the “nothing works” challenge. What if we reimaged our existing randomized control trial studies with the control group—those who are not getting services—as the ones being “treated”? As I already noted, these individuals, who are largely making their own way using community resources, often do as well or better than those taking part in structured reentry programs.<sup>11</sup> To me, this suggests that the libertarian in our drowning man joke might have more to offer than the story suggests.

By taking a step back, might we create a space in which individual agency and initiative can operate more effectively? Would such an approach increase the sense of ownership for outcomes among our “drowning” men and women? Would it help leverage the most important assets in the reentry equation, the will and energy of the returnees themselves?

This chapter is devoted to outlining a new approach that focuses on developing and resourcing personal agency as the key to successful reentry. It proposes combining features of our existing reentry processes that have demonstrated some capacity for supporting individual, pro-social change as part of an approach that tests for and helps build momentum for identity change as the key to a successful transition.



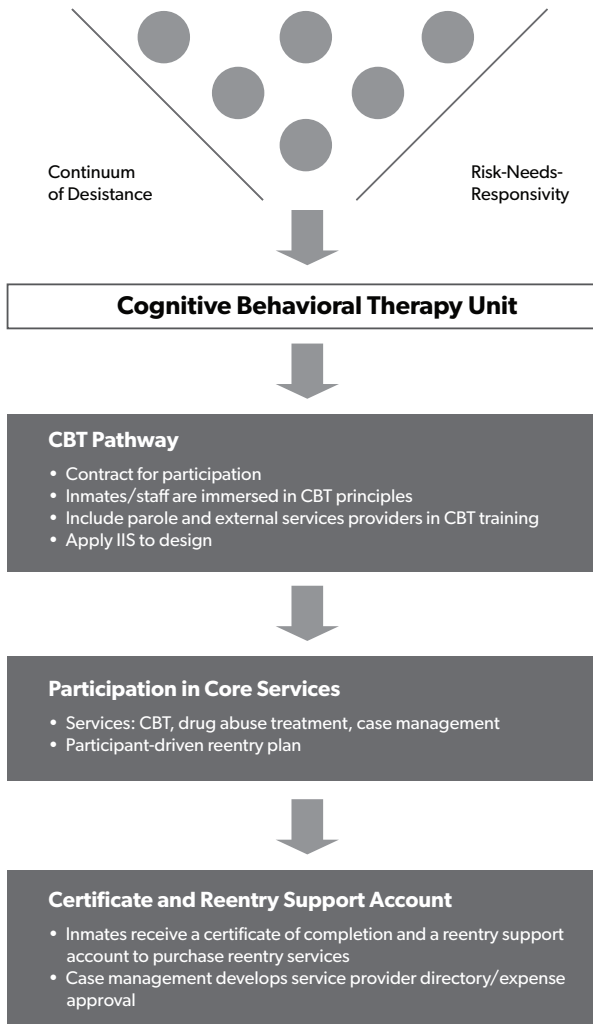
### Reconfiguring “What Works” Around Identity Change Theory

In the working group’s review of programs and data, several treatments appear to work with some people in some places: case management, connections to mentors, substance abuse treatment, and, most importantly, cognitive behavioral therapy (CBT). What all these elements have in common is an orientation toward greater self-understanding and connections to others, essential factors for human success and flourishing. CBT is especially useful in helping unwind prior traumatic experiences and identifying and avoiding psychological triggers for criminal and other unhealthy behaviors.

Building on the insights of several contributors to this volume, I propose an experiment that would align these practices into a single unified approach. The concept is based on insights drawn from the identity theory of criminal desistance (Bushway), which argues that, in contrast to the maturational theory of desistance, the decision to quit criminal behavior is often abrupt and in response to sudden psychological and cognitive changes. In other words, people do not age out of crime; they simply decide, based on factors we understand in only a limited way, to take a different and more productive path. The factors underlying those changes are difficult to pinpoint and support but essential nonetheless. The model outlined below seeks to apply what we know from the “what works” literature to support this deep, identity-focused change.

As shown in Figure 1, the proposed alternative reentry process would create specialized CBT units (Visher) that are separate—physically, philosophically, and operationally—from the rest of the correctional institution. Participation in these units would be conditioned on passing through certain assessment and behavioral gates. Incarcerated persons would volunteer to join these units under a contract that requires full participation in CBT programs and activities.

Participants would be screened for risk (Duwe) to ensure the inclusion of medium- and high-risk individuals to avoid overtreatment of prisoners already on their way to desistance (Latessa). Prison staff working in these units and staff from the community supervision authority overseeing the returning citizen would also be part of the therapeutic community, learning, alongside the prisoners, how to identify behavioral triggers and develop cognitive strategies for defusing them.

**Figure 1. Proposed Alternative Reentry Process**

Source: Author.

The risk assessment noted above would identify individual characteristics associated with risk of future crime (e.g., mental health, substance abuse, housing instability, education, and job skills), and in-prison services would be structured to address those needs. Reentry coaches or case managers would work with offenders to develop a participant-led action plan

for addressing the challenges in preparation for release. This coaching would reflect and reinforce the CBT process with the objective of moving primary responsibility for deciding on and prioritizing needs to the prisoners themselves, a key aspect of building a sense of agency and responsibility for the final reentry plan.

As the release date approaches, participants who fulfill their CBT participation contracts and finish their reentry plans would receive a certificate of completion. This certificate would include access to financial resources targeted at supporting the service needs identified in the reentry plan. The Reentry Support Account would reimburse expenses from approved service providers for services in identified risk areas such as mental health, substance abuse treatment, employment skills training, and transportation.

Coaches or case managers would monitor expenditures to avoid misuse and fraud. Implementers might also consider creating a web-based learning community among participants to share information about successful programs and practices (moderated by reentry coaches) to improve transparency among competing service providers. Such a community would be a source of ongoing support to participants and market information about which organizations are most effective.

Notably, the program would be implemented and evaluated using best practices in implementation and intervention science and qualitative research techniques (La Vigne, Buck Willison, and Taxman). A research and evaluation team would periodically solicit input from participants, developers, and implementers throughout all stages to help refine the model and verify that the implemented program reflects the developers' original intent. A quality improvement model could also help staff troubleshoot as they go while indicating to researchers when the program has matured enough to warrant an impact evaluation.

## Conclusion

The concept outlined above is mine and does not necessarily represent the views of any other members of the AEI working group. Several members argued forcefully for focusing resources on strengthening more traditional approaches, including improved implementation practices and program

management, longer program timelines, and better and more meaningful metrics of participant success. I support continued investments like these. The agency- and identity-focused approach outlined in this chapter is not a substitute for existing reentry programs and strategies but an alternative to be tested and evaluated alongside traditional programs.

While the agency and identity pathway entails risk, continuing single-mindedly with approaches that have to date yielded disappointing outcomes also entails a host of risks for individuals, communities, and American society. If we are to maintain public support for criminal justice reform and reentry, we need to demonstrate seriousness when it comes to results and be willing to experiment with solutions that are, by today's standards, outside the current box. Bringing more energy and focus to helping prisoners make the necessary cognitive shift from a life of crime to a life of hope and purpose can help demonstrate that policymakers share the public's concern that "nothing" is not enough.

## Notes

1. Daniell Kaeble and Mary Cowhig, “Correctional Populations in the United States, 2016,” US Department of Justice, Bureau of Justice Statistics, Office of Justice Programs, April 2018, <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>.

2. Jo Craven McGinty, “How Many Americans Have a Police Record? Probably More Than You Think,” *Wall Street Journal*, August 7, 2015, <https://www.wsj.com/articles/how-many-americans-have-a-police-record-probably-more-than-you-think-1438939802>.

3. Matthew Friedman, “Just Facts: As Many Americans Have Criminal Records as College Diplomas,” Brennan Center for Justice, November 17, 2015, <https://www.brennancenter.org/blog/just-facts-many-americans-have-criminal-records-college-diplomas>.

4. Mariel Alper et al., “2018 Update on Prisoner Recidivism: A 9-Year Follow-Up Period (2005–2014),” US Department of Justice, Bureau of Justice Statistics, Office of Justice Programs, May 2018, <https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>; and National Institute of Justice, “Measuring Recidivism,” February 20, 2008, <https://nij.ojp.gov/topics/articles/measuring-recidivism>.

5. Michael McLaughlin et al., “The Economic Burden of Incarceration in the U.S.,” Concordance Institute for Advancing Social Justice, George Warren Brown School of Social Work, July 2016, <https://joinnia.com/wp-content/uploads/2017/02/The-Economic-Burden-of-Incarceration-in-the-US-2016.pdf>.

6. Tax Policy Center, “Briefing Book,” 2018, <https://www.taxpolicycenter.org/briefing-book/what-are-sources-revenue-federal-government>.

7. Steven T. Mnuchin et al., “The 2019 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds,” Social Security Administration, 2019, <https://www.ssa.gov/oact/TR/2019/tr2019.pdf>.

8. Congressional Budget Office, “Discretionary Spending in 2018: An Infographic,” June 2018, <https://www.cbo.gov/publication/55344>.

9. Robert Martinson, “What Works?—Questions and Answers About Prison Reform,” *Public Interest*, 1974, <https://www.gwern.net/docs/sociology/1974-martinson.pdf>.

10. Robert Martinson, “New Findings, New Views: A Note of Caution Regarding Sentencing Reform,” *Hofstra Law Review* 7, no. 2 (1979): 243–58, <https://pdfs.semanticscholar.org/dad6/c69d7e7fed8fc4f04ddfd5e7869230ae62fe.pdf>.

11. For several examples, see Pamela K. Lattimore, “Considering Reentry Program Evaluation: Thoughts from SVORI (and Other) Evaluations,” in *Rethinking Reentry*, ed. Brent Orrell (Washington, DC: American Enterprise Institute, 2019).

## Acknowledgments

I would like to extend my gratitude to the authors and scholars who so generously contributed their time, talent, and expertise to this volume. Your thoughtful contributions will be of value to policymakers and practitioners across the philosophical and political spectrum.

I am grateful to Grant Duwe, the Minnesota Department of Corrections director of research and an AEI academic adviser, who, in addition to writing a chapter in *Rethinking Reentry*, cohosted the AEI reentry working group that was the foundation for this volume.

I would also like to thank the American Enterprise Institute staff for their diligent work in shaping our chapters into the volume you are holding, including Sarah Crain, Rachel Hershberger, and Joseph Bebel for their editing assistance; Claude Aubert for his keen eye for design and formatting; and my research assistants Caleb Seibert and Abbey Jaroma, who provided significant supporting writing and editing and the connective tissue among the writers, editors, and production staff.

Special recognition goes to Robert Doar for his leadership of the American Enterprise Institute and his dedication to promoting human dignity and flourishing and to Ryan Streeter, our director of Domestic Policy. Thank you both for your continued support of my work.

Finally, and most importantly, thank you to my wife, Beth, and my children, Clara, Margaret, and Isaac. Your support and encouragement have been the foundation on which my work is built.

## About the Authors

**Shawn Bushway** is a senior policy researcher at the RAND Corporation and a fellow of the American Society of Criminology. Before working at RAND, he was a professor of criminal justice and public administration and policy at the University at Albany (SUNY), where he earned the SUNY Chancellor's Award for Excellence in Scholarship. He has published over 70 peer-reviewed papers in top journals. Bushway earned a PhD in public policy analysis and political economy from Carnegie Mellon University.

**Janeen Buck Willison** is senior research fellow in the Justice Policy Center at the Urban Institute, where she conducts research, evaluation, and technical assistance aimed at improving the justice system. She has more than 20 years of experience leading, managing, and directing complex multisite studies for federal, state, and local governments and private foundations. Her research portfolio spans prison and jail reentry, specialized courts, corrections and community supervision, and juvenile justice.

**Hannah Cortina** is a PhD student at the University of Delaware and a research assistant at the Center for Drug and Health Studies. Her research focuses on correctional treatment, prisoner reentry, and violence.

**Grant Duwe** is an adjunct scholar at AEI. He is also the research director for the Minnesota Department of Corrections, where he develops and validates risk assessment instruments, forecasts the state's prison population, and conducts research studies and program evaluations.

**Edward Latessa** is director and professor of the School of Criminal Justice at the University of Cincinnati. He has published more than 175 works in criminal justice, corrections, and juvenile justice, and he is the author of

eight books. Latessa has directed more than 195 funded research projects, and he and his staff have assessed more than 1,000 correctional programs throughout the United States. Latessa served as president of the Academy of Criminal Justice Sciences, and he has received numerous awards. He has a PhD from Ohio State University.

**Pamela K. Lattimore** is senior director for research development for RTI's Division for Applied Justice Research. She has more than 35 years of experience evaluating interventions and investigating the causes and correlates of criminal behavior. Lattimore has published extensively, has served on the editorial boards of multiple journals, and is coeditor of the annual series "Handbook on Corrections and Sentencing," published by Routledge Press. Before joining RTI in 1998, she worked for 10 years at National Institute of Justice, most recently as director of the Criminal Justice and Criminal Behavior Division, Office of Research and Evaluation.

**Nancy La Vigne** is vice president of justice policy at the Urban Institute. She manages a staff of more than 50 scholars and conducts her own research on policing, criminal justice technologies, and reentry from incarceration.

**Daniel O'Connell** is senior scientist at the Center for Drug and Health Studies and assistant professor in the department of sociology and criminal justice at the University of Delaware. His research focuses on criminal and addiction careers and how these are affected by system interactions, both criminal justice and medical or treatment oriented.

**Brent Orrell** is a resident fellow at AEI, where he focuses on job training, workforce development, and criminal justice reform. Before joining AEI, Orrell worked in the executive and legislative branches of the US government for over 20 years. He was nominated by President George W. Bush to lead the Employment and Training Administration of the US Department of Labor, and he served as deputy assistant secretary for policy at the Administration for Children and Families at the US Department of Health and Human Services.



**Paul Ryan** was the 54th Speaker of the US House of Representatives. In office from October 2015 to January 2019, he was the youngest speaker in nearly 150 years. While in Congress, Ryan also served as chairman of the House Ways and Means Committee and chairman of the House Budget Committee. In 2012, he was selected to serve as Gov. Mitt Romney's vice presidential nominee. Ryan was first elected to Congress at age 28 and represented Wisconsin's 1st Congressional District for two decades. He is a member of the board of directors of the Fox Corporation; a visiting fellow in the practice of public policy at the American Enterprise Institute; a professor of the practice at the University of Notre Dame, teaching political science and economics; and a member of the Ronald Reagan Presidential Foundation & Institute's board of trustees.

**Faye S. Taxman** is a university professor at George Mason University and directs the Center for Advancing Correctional Excellence. She is a health service criminologist. She is recognized for her work in developing seamless systems-of-care models that link the criminal justice system with other health care and service-delivery systems and reengineering probation and parole supervision services. Taxman has published more than 220 articles. She is a fellow of the American Society of Criminology and received the Lifetime Achievement Award from the Division of Corrections and Sentencing. She is coeditor of *Health & Justice* and *Perspectives* (a publication of the American Probation and Parole Association). She has a PhD from Rutgers University's School of Criminal Justice.

**Christy Visher** is professor of sociology and criminal justice at the University of Delaware and director of the Center for Drug and Health Studies. Over the past three decades, her research has focused broadly on crime and justice topics, including prisoner reentry, crime prevention strategies, and substance use disorders.



## BOARD OF TRUSTEES

DANIEL A. D'ANIELLO, *Chairman  
Chairman and Cofounder  
The Carlyle Group*

CLIFFORD S. ASNESS  
*Managing and Founding Principal  
AQR Capital Management LLC*

THE HONORABLE  
RICHARD B. CHENEY

PETER H. COORS  
*Vice Chairman of the Board  
Molson Coors Brewing Company*

HARLAN CROW  
*Chairman  
Crow Holdings*

RAVENEL B. CURRY III  
*Chief Investment Officer  
Eagle Capital Management LLC*

KIMBERLY O. DENNIS  
*President and CEO  
Searle Freedom Trust*

DICK DEVOS  
*President  
The Windquest Group*

ROBERT DOAR  
*President; Morgridge Scholar  
American Enterprise Institute*

MARTIN C. ELTRICH III  
*Partner  
AEA Investors LP*

JOHN V. FARACI  
*Chairman and CEO, Retired  
International Paper Company*

TULLY M. FRIEDMAN  
*Chairman and Co-CEO  
FFL Partners LLC*

CHRISTOPHER B. GALVIN  
*Chairman  
Harrison Street Capital LLC*

HARVEY GOLUB  
*Chairman and CEO, Retired  
American Express Company  
Chairman, Miller Buckfire*

ROBERT F. GREENHILL  
*Founder and Chairman  
Greenhill & Co. Inc.*

FRANK J. HANNA  
*CEO  
Hanna Capital LLC*

JOHN K. HURLEY  
*Founder and Managing Partner  
Cavalry Asset Management*

JOANNA F. JONSSON  
*Partner  
Capital Group*

BRUCE KOVNER  
*Chairman  
CAM Capital*

MARC S. LIPSCHULTZ  
*Cofounder and President  
Owl Rock Capital Partners*

JOHN A. LUKE JR.  
*Chairman  
WestRock Company*

PAT NEAL  
*Chairman of the Executive Committee  
Neal Communities*

## The American Enterprise Institute

AEI is a nonpartisan, nonprofit research and educational organization. The work of our scholars and staff advances ideas rooted in our commitment to expanding individual liberty, increasing opportunity, and strengthening freedom.

The Institute engages in research; publishes books, papers, studies, and short-form commentary; and conducts seminars and conferences. AEI's research activities are carried out under four major departments: Domestic Policy Studies, Economic Policy Studies, Foreign and Defense Policy Studies, and Social, Cultural, and Constitutional Policy Studies. The resident scholars and fellows listed in these pages are part of a network that also includes nonresident scholars at top universities.

The views expressed in AEI publications are those of the authors; AEI does not take institutional positions on any issues.

KEVIN B. ROLLINS  
*CEO, Retired  
Dell Inc.*

MATTHEW K. ROSE  
*Executive Chairman  
BNSF Railway Company*

EDWARD B. RUST JR.  
*Chairman Emeritus  
State Farm Insurance Companies*

MEL SEMBLER  
*Chairman Emeritus  
The Sembler Company*

WILSON H. TAYLOR  
*Chairman Emeritus  
Cigna Corporation*

WILLIAM H. WALTON  
*Managing Member  
Rockpoint Group LLC*

### EMERITUS TRUSTEES

GORDON M. BINDER

PAUL F. OREFFICE

D. GIDEON SEARLE

HENRY WENDT

### OFFICERS

ROBERT DOAR  
*President; Morgridge Scholar*

JASON BERTSCH  
*Executive Vice President*

DANIELLE PLETKA  
*Senior Vice President, Foreign and  
Defense Policy Studies*

SUZANNE GERSHOWITZ  
*Vice President, Administration and Counsel*

YUVAL LEVIN  
*Director, Social, Cultural, and  
Constitutional Policy Studies;  
Editor in Chief, National Affairs;  
Resident Scholar*

MICHAEL R. STRAIN  
*Director, Economic Policy Studies;  
John G. Searle Scholar*

RYAN STREETER  
*Director, Domestic Policy Studies*

### RESEARCH STAFF

SAMUEL J. ABRAMS  
*Visiting Scholar*

JOSEPH ANTOS  
*Wilson H. Taylor Scholar in Health Care  
and Retirement Policy*

LEON ARON  
*Director, Russian Studies;  
Resident Scholar*

KIRSTEN AXELSEN  
*Visiting Fellow*

JOHN P. BAILEY  
*Visiting Fellow*

CLAUDE BARFIELD  
*Resident Scholar*

MICHAEL BARONE  
*Resident Fellow*

ROBERT J. BARRO  
*Visiting Scholar*

ROGER BATE  
*Visiting Scholar*

MICHAEL BECKLEY  
*AEI Jeane Kirkpatrick Visiting Scholar*

ERIC J. BELASCO  
*Visiting Scholar*

RYAN BERG  
*Research Fellow*

ANDREW G. BIGGS  
*Resident Scholar*

EDWARD BLUM  
*Visiting Fellow*

DAN BLUMENTHAL  
*Director, Asian Studies; Resident Fellow*

KARLYN BOWMAN  
*Senior Fellow*

HAL BRANDS  
*Resident Scholar*

ALEX BRILL  
*Resident Fellow*

ARTHUR C. BROOKS  
*President Emeritus*

REBECCA BURGESS  
*Research Fellow*

RICHARD BURKHAUSER  
*Visiting Scholar*

JAMES C. CAPRETTA  
*Milton Friedman Chair; Resident Fellow*

TIMOTHY P. CARNEY  
*Visiting Fellow*

LYNNE V. CHENEY  
*Senior Fellow*

MATTHEW CONTINETTI  
*Resident Fellow*

ZACK COOPER  
*Research Fellow*

JAY COST  
*Visiting Scholar*

DANIEL A. COX  
*Research Fellow*

JUAN JOSE DABOUB  
*Visiting Fellow*

JASON D. DELISLE  
*Resident Fellow*

SADANAND DHUME  
*Resident Fellow*

GISELLE DONNELLY  
*Resident Fellow*

MICHAEL BRENDAN  
DOUGHERTY  
*Visiting Fellow*

ROSS DOUTHAT  
*Visiting Fellow*

COLIN DUECK  
*Visiting Scholar*

GRANT DUWE  
*Visiting Scholar*

MACKENZIE EAGLEN  
*Resident Fellow*

NICHOLAS EBERSTADT  
*Henry Wendt Chair in  
Political Economy*

JEFFREY EISENACH  
*Visiting Scholar*

JOSEPH B. FULLER  
*Visiting Fellow*

SCOTT GANZ  
*Research Fellow*

R. RICHARD GEDDES  
*Visiting Scholar*

JOSEPH W. GLAUBER  
*Visiting Scholar*

JONAH GOLDBERG  
*Asness Chair in Applied Liberty; Fellow*

BARRY K. GOODWIN  
*Visiting Scholar*

SCOTT GOTTLIEB, MD  
*Resident Fellow*

PHIL GRAMM  
*Visiting Scholar*

JIM HARPER  
*Visiting Fellow*

ROBERT B. HELMS  
*Resident Scholar*

FREDERICK M. HESS  
*Director, Education Policy Studies;  
Resident Scholar*

R. GLENN HUBBARD  
*John H. Makin Visiting Scholar*

BENEDIC N. IPPOLITO  
*Research Fellow*

MARK JAMISON  
*Visiting Scholar*

MATT JENSEN  
*Director, Open Source Policy Center*

FREDERICK W. KAGAN  
*Director, AEI Critical Threats Project;  
Resident Scholar*

LEON R. KASS, MD  
*Emeritus Scholar*

PAUL H. KUPIEC  
*Resident Scholar*

DESMOND LACHMAN  
*Resident Fellow*

ROSLYN LAYTON  
*Visiting Scholar*

JOHN W. LETTIERI  
*Visiting Fellow*

PHILLIP LOHAUS  
*Visiting Fellow*

DANIEL LYONS  
*Visiting Fellow*

NAT MALKUS  
*Deputy Director, Education Policy  
Studies; Resident Scholar*

APARNA MATHUR  
*Resident Scholar*

JOHN MAURER  
*AEI Jeane Kirkpatrick Fellow*

MICHAEL MAZZA  
*Visiting Fellow*

RACHEL M. MCCLEARY  
*Visiting Scholar*

BRUCE D. MEYER  
*Visiting Scholar*

THOMAS P. MILLER  
*Resident Fellow*

CHARLES MURRAY  
*F. A. Hayek Emeritus Chair  
in Cultural Studies*

NEIL NARANG  
*AEI Jeane Kirkpatrick Visiting Scholar*

ROGER F. NORIEGA  
*Visiting Fellow*

STEPHEN D. OLINER  
*Senior Adviser, AEI Housing Center;  
State Farm James Q. Wilson Scholar*

ED OLSEN  
*Visiting Scholar*

NORMAN J. ORNSTEIN  
*Resident Scholar*

BRENT ORRELL  
*Resident Fellow*

MARK J. PERRY  
*Scholar*

JAMES PETHOKOUKIS  
*Editor, AEI Ideas Blog;  
DeWitt Wallace Fellow*

EDWARD J. PINTO  
*Director, AEI Housing Center;  
Resident Fellow*

KENNETH POLLACK  
*Resident Scholar*

KYLE POMERLEAU  
*Resident Fellow*

RAMESH PONNURU  
*Visiting Fellow*

ANGELA RACHIDI  
*Research Fellow*

DALIBOR ROHAC  
*Resident Scholar*

IAN ROWE  
*Visiting Fellow*

MICHAEL RUBIN  
*Resident Scholar*

PAUL RYAN  
*Distinguished Visiting Fellow  
in the Practice of Public Policy*

SALLY SATEL, MD  
*Resident Scholar*

NAOMI SCHAEFER RILEY  
*Resident Fellow*

DIANA SCHAUB  
*Visiting Scholar*

GARY J. SCHMITT  
*Resident Scholar, Strategic Studies  
and American Institutions*

DEREK SCISSORS  
*Resident Scholar*

NEENA SHENAI  
*Visiting Scholar*

ORIANA SKYLAR MASTRO  
*Resident Scholar*

SITA NATARAJ SLAVOV  
*Visiting Scholar*

VINCENT H. SMITH  
*Director, Agriculture Studies;  
Visiting Scholar*

CHRISTINA HOFF SOMMERS  
*Resident Scholar*

KATHARINE B. STEVENS  
*Resident Scholar*

IVANA STRADNER  
*AEI Jeane Kirkpatrick Fellow*

BRET SWANSON  
*Visiting Fellow*

JIM TALENT  
*Visiting Senior Fellow*

SHANE TEWS  
*Visiting Fellow*

MARC A. THIESSEN  
*Resident Fellow*

SEAN TRENDE  
*Gerald R. Ford Visiting Fellow*

JESSICA TRISKO DARDEN  
*Visiting Fellow*

J. D. VANCE  
*Visiting Fellow*

STAN VEUGER  
*Resident Scholar*

ALAN D. VIARD  
*Resident Scholar*

PETER J. WALLISON  
*Arthur F. Burns Fellow in Financial  
Policy Studies; Senior Fellow*

MATT WEIDINGER  
*Resident Fellow*

GREG WEINER  
*Visiting Scholar*

ADAM WHITE  
*Resident Scholar*

W. BRADFORD WILCOX  
*Visiting Scholar*

PAUL WOLFOWITZ  
*Visiting Scholar*

DI XU  
*Visiting Scholar*

JOHN YOO  
*Visiting Scholar*

KAREN E. YOUNG  
*Resident Scholar*

KATHERINE ZIMMERMAN  
*Critical Threats Project Adviser;  
Resident Fellow*

BENJAMIN ZYCHER  
*Resident Scholar*