

# How to Prevent Prisoner Re-entry Programs From Failing: Insights From Evidence-Based Corrections

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**AT ONE POINT** in our history, nobody would have imagined releasing a prison inmate into society with little supervision or support. As Simon (1993) shows, well into the 1950s, such a practice would have been unthinkable. From the implementation of parole as a widespread correctional policy, a key component of release from prison was securing employment. It was assumed that offenders would be “disciplined”—kept under control—by the supervision and structured life inherent in holding a steady job. If no job could be found, then parole was seldom an option.

This model of “industrial parole,” however, became increasingly suspect due to three interrelated developments. First, as the United States moved into a post-industrial economy, the availability of steady employment for those at society’s bottom reaches—the stratum from which inmates are disproportionately drawn—gradually deteriorated. In Simon’s view (1993, p. 65), there was a “decoupling of the labor market for low-skilled labor from the economy as a whole.” Second, the growth of minority populations in prisons—again, a group most hard-hit by economic distress—further undermined the notion that all offenders could secure a job upon return to society. Third, the seven-fold overall rise in state and federal

prison populations in the three decades after 1970 created a surplus population of tens of thousands of offenders that prisons could no longer afford to keep locked up, but who had dim prospects for employment.

In “post-industrial parole,” the control or discipline over offenders thus shifted from a meaningful reintegration into the community to “supervision” by parole officers. This supervision has varied from a clinical model emphasizing rehabilitation to a policing model emphasizing deterrence. But in either case, parole had largely forfeited its former role of working with offenders to allow them to assume meaningful roles in the community upon their re-entry (Simon, 1993).

Recently, however, there has been a growing recognition that it is irresponsible to simply release tens of thousands of inmates from prison and to place them into parole officer caseloads that are too high to allow for meaningful intervention and re-entry. In a way, this has been corrections’ “dirty little secret”—a practice that simply is indefensible from a public policy standpoint. Beyond lack of resources, there is no way to justify the unsystematic dumping of offenders back into society, since it jeopardizes both the successful reintegration of offenders and the protection of public safety. Fortunately, reacting to this public policy debacle is a

movement to identify strategies to guide prisoner re-entry.

In this article, we attempt to add our voice to this conversation. Although many persuasive ideas are being put forward and promising programs implemented, we are concerned that insufficient attention is being given to an important development in corrections: the increasing knowledge about “what works” to change offender conduct, knowledge that is based on the “principles of effective correctional intervention” (Cullen & Gendreau, 2000). Informed by this perspective, we attempt to outline how this knowledge base can help inform current attempts to design and implement efficacious re-entry programs. We also caution that a failure to heed evidence-based correctional practice is likely to result in re-entry programs that do not reach their full potential and, perhaps, simply do not work (MacKenzie, 2000; Latessa, Cullen, & Gendreau, 2002).

## **The Re-Entry Crisis**

There is little dispute that inmate re-entry is a potentially serious social problem that can no longer escape attention. The sheer number of people involved is one factor precipitating a crisis in this area. At mid-year 2004, there were an estimated 2.1 million adults serving time in prison (Harrison & Beck,

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2005). Of these, it is estimated that approximately 650,000 inmates are released back to the community each year (Travis, Solomon, & Wahl, 2001). While the number of adults on parole grew in 2003 by approximately 3 percent, 17 states saw increases of anywhere from 25 percent to 50 percent per year (Glaze & Palla, 2004).

Arguably, inmates reentering society are an especially unstable group. In a 15-state study, two-thirds of prisoners released in 1994 were arrested during a three-year follow-up period (Hughes, Wilson, & Beck, 2001; Langan & Levin, 2002). The process of re-entry appears to have become more difficult for inmates, with just under half of parolees completing their parole supervision successfully, a 25 percent decrease from just 20 years ago (Glaze, 2002).

This may in part be due to many of the "get tough" strategies of the 1980s and 1990s. Increases in mandatory sentences, truth-in-sentencing policies, and the elimination of parole boards force many inmates to "expire" (or serve their full sentence in the institution) without any supervision or support in the community. As noted by Travis and Lawrence (2002), "in 1976, 65% of prison releases were discretionary, decided by the parole board. By 1999, the share of prison releases that were made by parole boards dropped to 24%" (p. 4). Without discretionary sentences, many inmates have little incentive for participating in rehabilitative services, such as educational opportunities, while in the institutions (Haney, 2002). The lack of incentive, coupled with the penal harm movement (see Clear, 1994), results in fewer inmates leaving prison fully equipped to handle the difficulties that will face them upon release.

The federal government appears to have recognized the crisis surrounding re-entry through several important initiatives (e.g., The Serious and Violent Offender Re-entry Initiative and the Federal Second Chance Act). The current resources, however, seem minimal compared to the staggering costs to manage and deal with the large influx of prisoners reentering the community each year. For some states, such as Nevada, the money is used simply to establish services for a small segment of the serious and violent population returning to the community. For other states, such as Ohio, the money is used as "gap" dollars to fill in areas where services already exist. In both circumstances, as in many states across the country, the money

only affects a small portion of the overall population re-entering the community.

In the context of an era of "get tough" policies, the re-entry movement represents an important effort to provide social services to offenders as they reintegrate into the community. The question that remains is whether the re-entry programs being proposed and implemented are likely to be effective and with whom. The issue of effectiveness is complicated because the reentry process involves both the assumption of productive social roles and refraining from criminal behavior. The question we address is whether the re-entry programs being proposed are likely to be successful. Specifically, are these programs and services properly designed to address the issues of these high-risk and high-need offenders?

### The Principles of Effective Correctional Intervention

Current research supports the notion that rehabilitation can work for offenders (e.g., see Cullen & Gendreau, 2000). Research on the "principles of effective intervention" (see Gendreau, 1996) provides a framework for effective programming. In fact, research on rehabilitation programs in general finds that the ability to effectively change offenders' behavior varies based on whether certain principles are followed (Andrews, Zinger, Hoge, Gendreau, & Cullen, 1990; Lipsey, 1992; Izzo & Ross, 1990; Gendreau & Ross, 1987; Van Voorhis, 1997). Effective programs typically share certain features such as using behavioral and cognitive approaches, occurring in the offenders' natural environment, being multi-modal and intensive enough to be effective, encompassing rewards for pro-social behavior, targeting high-risk and high-criminogenic need individuals, and matching the learning styles and abilities of the offender (Allen, MacKenzie, & Hickman, 2001; Andrews & Bonta, 2003; Cullen & Gendreau, 2000; Gendreau, 1996; Lipsey, 1992; Lipsey & Wilson, 1998; Wilson, Bouffard, & MacKenzie, 2005).

In this regard, our premise is that to reach their full potential, re-entry programs must incorporate the principles of effective correctional intervention. Although these principles are now widely discussed, they apparently have not achieved the status of common knowledge or accepted wisdom. As a result, although other sources can be consulted (e.g., Andrews & Bonta, 2003; Cullen & Gendreau, 2000; Gendreau, 1996), we will

briefly discuss this perspective's three core principles: risk, needs, and responsivity.

The risk principle refers to identifying personal attributes or circumstances predictive of future behavior (Andrews, Bonta, & Hoge, 1990). What is often ignored in regard to this principle is the importance of risk to service delivery. Specifically, it indicates that our most intensive correctional treatment services should be geared towards our highest risk population (Andrews & Bonta, 2003; Andrews et al., 2002; Bonta, 2002; Gendreau, 1996; Lowenkamp & Latessa, 2005).

The second principle of effective classification refers to targeting the criminogenic needs that are highly correlated with criminal behavior. The most promising targets related directly to the most significant areas of risk: changing antisocial attitudes, feelings and values, attending to skill deficiencies in the area of poor problem-solving skills, self-management and self-efficacy, and impulsivity, poor self-control, and irresponsibility (Andrews & Bonta, 2003; Gendreau, 1996; Listwan, Van Voorhis, & Ritchey, in press; Van Voorhis, 1997). Programs should ensure that the vast majority of their interventions are targeting these factors.

The third principle of effective classification is responsivity. The responsivity principle refers to delivering an intervention that is appropriate and matches the abilities and styles of the client. A number of studies have found that the characteristics of the client may have an impact or be a barrier to treatment (see, Andrews & Bonta, 1998). Overall, the effectiveness of correctional interventions is dependent upon whether the services are varied based on risk, need, and responsivity factors of the individual.

### Effective Correctional Re-Entry

The development of services for those re-entering society varies widely across the nation. While some jurisdictions or even states have spent considerable time and money developing services for parolees as they are released back into their communities, others are forced to rely on a more fragmented approach to service delivery. As Petersilia (2003) notes, for some jurisdictions re-entry involves specific programs and services and for others it simply describes the process of parole. We still know relatively little about the overall effectiveness of parole, and even less about the effectiveness of the "newer" re-entry programs.

In an ideal model, re-entry programs should include three or more phases designed to transition the inmate into the community (Taxman, Young, & Byrne, 2003). The first phase would begin in the institution with service delivery congruent with the inmate's needs. The second phase would begin as the inmate is released from the institution. The inmate's risks and needs may change significantly as he or she enters the community context. Ideally, the individual would continue in treatment services and case plans would be updated as needed. The final phase is an aftercare or relapse prevention phase where clients would receive ongoing support and services to address their needs (Taxman et al. 2003). While this model may provide the overall structure necessary to implement an effective re-entry program, the process and services offered by these programs are key to their success.

We will focus our attention on several specific areas: the assessment process, the targets for change, and relapse prevention or aftercare. The first area of concern is the assessment process, which clearly needs to begin while the inmate is still in prison. Two issues related to assessment are important for re-entry programs: the process of selection and the identification of risk, need, and responsivity characteristics. Selection criteria should be developed with a clinical or legal rationale. Selection criteria allow organizations to screen out individuals who do not need intensive services as well as minimizing the risk of mixing populations (e.g., high risk/low risk, violent/non-violent, etc). Simply relying on one factor, such as original charge, will produce an eclectic group of offenders, thereby making service delivery difficult if not ineffective.

The assessment results should guide service delivery (type and duration) and include dosage and matching as well as the measurement of change. The assessment and identification of criminogenic factors and client characteristics (including both risk/need and responsivity) is important for a variety of reasons. First, they identify factors related to the individual's specific need for use in his or her treatment plan. Those services should target key criminogenic factors or needs such as attitudes and beliefs, criminal associates, family dysfunction, addictions and education and employment (Andrews & Bonta, 2003; Gendreau, Little & Goggin, 1996). Focused services on criminogenic needs are crucial in reducing future criminal behavior.

Assessment results also allow for service and treatment providers to screen out offenders who cannot succeed in a specific intervention. Responsivity factors such as motivation, personality, and intelligence can impact how individuals respond or their amenability to treatment (Andrews & Bonta, 2003; Listwan, Sperber, Spruance, & Van Voorhis, 2004; Van Voorhis, Cullen, & Applegate, 1995; Van Voorhis, Spruance, Ritchie, Listwan, Seabrook, & Pealer, 2002). For example, assessments can identify and screen out low-functioning offenders from services that require a normal range of cognitive functioning or those who are highly anxious from programs or staff that utilize confrontational strategies (Andrews et al., 1990; Palmer, 1974; Warren, 1983).

Programs should also reassess offenders to help determine whether a program had an impact on an offender's risk of future criminal behavior. The reassessment process should begin once the offender returns to the community and again while the offender is under supervision. The results should then ultimately guide any changes in the offender's treatment plan. Reassessment can also inform key stakeholders and providers as to whether the program or services had an impact on the offender's overall risk.

The difficulty experienced by any correctional program is how to proceed with the assessment results; specifically, which factors should be given priority. The principles provide an important blueprint for re-entry programs. The core treatment services should be sufficiently intensive and structured around the individual needs of the client. The key targets mentioned above should be given priority. However, many correctional programs are forced to devote resources to crisis management. The immediate needs such as housing, medical, and transportation supersede more important core treatment needs that are likely to produce long-term change. In this next section we will discuss the core targets often faced by parolees and their importance for the re-entry movement.

Securing legitimate employment can provide a buffer to crime and delinquency (Sampson & Laub, 1993; Solomon, Johnson, Travis, & McBride, 2004) and assist inmates as they are released. Re-entry programs often focus resources on employment, given its importance in allowing the offender to be a productive member of the community. The prison industries that exist in many prisons

nationwide dovetail nicely with this goal. The prison may establish programs with local businesses that train inmates in the institution and provide them with employment once released.

Securing reasonable and sustainable employment is challenging for parolees re-entering the community and programs may experience a number of barriers to fulfilling this particular need. For example, even when a prison has a particular job-training program available, the interest by inmates is often greater than the number of openings available. Those with felony records are less likely to find employment given their perceived risk and potential public fear. Finally, fewer than half of inmates report having been employed fulltime prior to their incarceration (Solomon et al., 2004), making them less marketable on their return to the community.

For many paroling offenders, education is an important first step in their reintegration process. Not surprisingly, research finds that many inmates are lacking basic educational skills. In fact, in 1997 only 40 percent of adult inmates had finished their high school education (Harlow, 2003). And while most states do offer educational services to their inmates, only half of adult inmates reported that they had participated in these services. Moreover, only 11 percent of inmates reported that they have participated in college-level or post-secondary vocational classes (Harlow, 2003).

Employment and education are clear needs exhibited by a significant portion of the re-entering population. However, the focus on education and employment should not displace a sustained and informed effort to reduce recidivism. Studies find that programs that target education and employment are not as effective as those utilizing proven treatment strategies, namely those based on cognitive behavioral treatment models (Wilson, Bouffard, & MacKenzie, 2005; Wilson, Gallagher, & MacKenzie, 2000). Simply educating people without helping them understand the consequences of behavior and develop pro-social alternatives is likely to fall short.

An offender returning home to his or her family presents special considerations for re-entry programs. Families represent an important support system for offenders both while incarcerated and in the community. Their absence can have a significant effect on the offender's family structure and the long-term risk of future criminal behavior

by the offender's child, a particularly important consideration given that more than 1.5 million children have a parent in state or federal prison (Mumola, 1999). Youth with an incarcerated parent may feel they are more responsible for adult roles; they may feel stigmatized, or may have an increased risk of addiction or delinquency. Marital relationships are often strained and are more likely to end in divorce for a variety of reasons, including financial hardships, lack of emotional support, or simply the stress of having an absent spouse (Travis et al., 2003).

The increased risk of family breakdown for inmates is particularly important in light of the research on social support. Social support can help reduce strain and subsequent negative emotions, as well as produce higher levels of self-control and predictability (Cullen, Wright, & Chamlin, 1999; Colvin Cullen, & Vander Ven, 2002). Research has suggested that offenders who discontinue crime are often socially bonded to family, maintaining contact while within the institution (Hairston, 1998). Successful reunification of offenders with their families requires clear attention to their issues and concerns. In many circumstances families are not well equipped to handle the parolee and in some circumstances are considered high risk for criminal behavior themselves. The problem is further compounded when children are placed in out-of-home care due to the parent's criminal activity and child welfare agencies see the parent as a continued risk to the child (Maluccio & Ainsworth, 2003).

While many agencies recognize the importance of providing family-based therapy, most programs struggle with reunifying families. The families face immense structural problems such as poverty and inadequate living situations, or emotional and personal barriers to welcoming the person back into the family (Henggeler & Borduin, 1990; Hoffman, 1981; Klein, Alexander & Parsons, 1977). However, research clearly shows that family-based interventions can strengthen the family support network and provide the appropriate care needed by the offender. Moreover, family-based therapies that rely on behavioral and social learning models have been shown in the literature to be highly effective (Henggeler & Borduin, 1990; Gordon, Arbuthnot, Gustafson, & McGreen, 1988; Patterson, Chamberlain, & Reid, 1982).

Community collaboration is another key component for many re-entry programs.

First, re-entry involves the participation and collaboration of a host of community-based social service agencies. These agencies are often charged with providing services for inmates as they transition to the community. Services may include the core components discussed above, such as education, employment, housing, counseling and mental health services. But other key services exist as well, including medical, dental, clothing, and transportation services. These services require a great deal of planning for re-entry personnel and can be quite costly.

Second, on a structural level, re-entry for many offenders means reentering neighborhoods or reuniting with peers that may have originally contributed to their delinquency. On one hand, many re-entry programs have been developed with the recognition that a collaborative effort of a number of agencies working to provide a variety of services to offenders is imperative to successful programming. However, the need to recognize how the structural and community factors contribute to delinquency is also an important factor.

Services need to be based on empirically validated treatment strategies if long-term change is expected. In this vein, the importance of using cognitive behavioral programs cannot be overstated. Numerous studies have demonstrated that cognitive behavioral programs reduce recidivism (Andrews et al., 1990; Antonowicz & Ross, 1994; Garrett, 1985; Izzo & Ross, 1990; Lipsey, 1992; Losel, 1995). Cognitive theory suggests that offenders possess limited problem-solving skills (Ross & Fabiano, 1985), have antisocial values and attitudes (Jennings, Kilkenny, & Kohlberg, 1983), and display thinking errors (Yochelson & Samenow, 1976). Cognitive behavioral therapies improve problem-solving skills and target offenders' thinking and problem-solving through a system of reinforcement, pro-social modeling, and role-playing (Michenbaum, 1977; Ross & Fabiano, 1985; Wilson, Bouffard, & MacKenzie, 2005).

This research is particularly important to the re-entry movement. As suggested by Haney (2002), many inmates return home from prison suffering from psychological distress and maladaptive coping strategies. The offenders may have deeply entrenched antisocial attitudes and values. Many will require intensive treatment to change destructive and cyclical patterns of thinking.

Finally, another key initiative for re-entry programming is intensive aftercare

and relapse prevention services. Research on effective aftercare models indicates that aftercare should begin during the active treatment phase and should include frequent contacts and home visits (Altschuler & Armstrong, 1994). In addition, the offender's risk and needs should be reassessed to determine whether the appropriate services have been provided. The intensity and duration of aftercare should not be fixed, but depend on the risk and needs of the offenders. As part of this continuum of care, relapse prevention strategies offer tremendous promise. These strategies include teaching participants ways to anticipate and cope with high-risk situations. Programs that are based on cognitive or social learning strategies view relapse as a temporary setback that can be overcome through learning alternative responses (Dowden, Antonowicz, & Andrews, 2000).

For re-entry programs, the aftercare phase represents an important point in the offender's relapse prevention. Inmates may begin their re-entry process highly optimistic and with good intentions. With appropriate service delivery they may find re-entry manageable and be quite successful in the early days and months. However, as the daily stressors and frustrations of fully assimilating back into neighborhoods, families, and workplaces are realized, the client may find it increasingly difficult to maintain a pro-social lifestyle. A well-designed re-entry program should not only assist offenders in skill development but also see the aftercare phase as a time when clients are practicing newly acquired skills and behaviors. Without a formal and structured program in place that builds upon earlier treatment protocols, offenders may relapse when the services and social support dwindle.

## Conclusion

The myriad of needs of the re-entry population offer important targets for change. Careful attention to the criminogenic needs of offenders is key to effective correctional programming. Ultimately programs need to follow the empirical research on effective interventions. Programs that fail to develop clear goals and objectives, use effective classification systems, rely on appropriate theoretically relevant models, and plan for relapse will inevitably falter.

Parole-based programs can be measured for effectiveness in a number of ways. These may include long-term objectives such as reducing prison populations and arrest rates.

However, they can include key intermediate objectives such as reducing numbers of substance abusers or increasing the number of participants who successfully complete treatment, obtain a GED or become gainfully employed. Other objectives may look at social indicators such as number of drug-free babies or the reunification of families and children. Finally, we can see increasing community collaboration or cost effectiveness as a measure of success. While it is true that successful re-entry can be measured in more ways than just avoiding recidivism, such avoidance must be a core component given the nature of the population. The fear is that re-entry programs that target a clearly difficult population (e.g., serious and violent offenders) will be judged negatively because of high recidivism rates and ultimately accused of compromising public safety. The programs and services will then be vulnerable to attack because they will appear not to work. Key stakeholders are ultimately concerned with two main issues: cost and impact. Programs that are not able to translate their "success" into these categories may face an uncertain future.

Importantly, if we ignore scientific evidence in the development and continued implementation of these programs, we are re-opening the door to punitive programs. The fear is that there will be a call for the discontinuation of these programs based on the notion that they "did not work" when in fact they were never effectively designed and implemented. Without careful planning and care, the popularity of this "new" re-entry movement will likely falter and fall victim to another swing in the pendulum towards more punitive and retributive policies.

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