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What Works in Prisoner Reentry? Reviewing and Questioning the Evidence

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MORE THAN 600,000 individuals will leave state prisons and return home this year. That is 1,600 a day, and a sixfold increase in prisoner releases since 1970. Of course, inmates have always been released from prison, and corrections officials have long struggled with how to facilitate successful transitions. But the current situation is decidedly different. The increase in number of releasees has stretched parole services beyond their limits, and officials worry about what assistance can be provided at release. Research confirms that returning prisoners need more help than in the past, yet resources have diminished. Returning prisoners will have served longer prison sentences than in the past, be more disconnected from family and friends, have a higher prevalence of untreated substance abuse and mental illness, and be less educated and employable than their predecessors. Legal and practical barriers facing ex-offenders have also increased, affecting their employment, housing, and welfare eligibility. Without help, many released inmates quickly return to crime.

State and federal governments are trying to provide help. Recent years have witnessed an explosion of interest in the phenomenon of "prisoner reentry." Between 2001 and 2004, the federal government allocated over $100 million to support the development of new reentry programs in all 50 states. The Council of State Governments, the American Correctional Association, The National Institute of Corrections, The American Probation and Parole Association, and The National Governors Association have each created special task forces to work on the reentry issue—as have most State Departments of Corrections. President Bush even highlighted the prisoner reentry issue in his 2004 State of the Union Address—the first time anyone ever remembers a president including concern for ex-convicts in such a major speech. President Bush spoke sympathetically about the difficulties prisoners face in reintegration, stating that, "America is the land of the second chances, and when the gates of the prison open, the path ahead should lead to a better life." He proposed a four-year $300 million initiative to assist faith-based and community organizations to help returning inmates.

No one doubts that interest in prisoner reentry is high, that money is flowing, and that well-meaning people want to implement programs to assist returning inmates. But the $64,000 question still remains: Which programs should government agencies, nonprofit organizations, and faith-based communities invest in? In short, *what programs work in prisoner reentry?* As states confront massive budget shortfalls, it is critical that we invest in proven programs.

Asking the "what works?" question of correctional programs is not new. In fact, it has become rather a cottage industry. The correctional literature now contains dozens of "what works?" articles and books. The articles summarize research based on metanalysis (the quantitative analyses of the results of prior research studies), costbenefit analysis, synthetic reviews, literature reviews, expert thinking, and clinical trials. The conclusions are then translated into best practices, evidence-based principles, and programs that Îwork,' Îdon't work,' or Îare promising.' This literature is scattered in criminology, sociology, and psychology publications—although most of it exists in agency and government reports.

How can a correctional administrator make sense of it all? The analysis is frequently difficult to sort out, even for this author, who is a seasoned corrections researcher. But the question "what works in reentry programs?" is too important and timely to leave unaddressed. The author reviewed this literature to condense its most important findings for correctional practitioners. The first section summarizes findings of the published literature as they pertain to reentry programs. The second section questions the existing evidence and urges a broader conversation about current methods, outcome measures, and privileging practitioner expertise.

What Constitutes a Prisoner Reentry Program?

To answer, "what works in reentry programs?" we must first *define* a reentry program. Here lies the first difficulty: what exactly should qualify as a prison reentry program?

Travis and Visher (2005) of the Urban Institute define prisoner reentry as the inevitable consequence of incarceration. They write, "With the exception of those who die of natural consequences or are executed, everyone placed in confinement is eventually released. Reentry is not an option." In their view, reentry is not a legal status nor a program but a *process.* They write: "Certainly, the pathways of reentry can be influenced by such factors as the prisoner's participation in drug treatment, literacy classes, religious organizations, or prison industries, but reentry is not a result of program participation." In other words, "every aspect of correctional operations and programs conceivably (and in some ways, accurately) affects the prospects of offender reentry."

Petersilia (2003) agrees and writes that prisoner reentry "simply defined, includes all activities and programming conducted to prepare ex-convicts to return safely to the community and to live as law abiding citizens." Petersilia says it includes "how they spent their time during confinement, the process by which they are released, and how they are supervised after release." Reggie Wilkinson, Director of the Ohio Department of Rehabilitation and Corrections, believes, "Reentry is a philosophy, not a program." He writes that prisoner reentry begins at the point of admittance to a prison (or even sentencing) and extends beyond release. Successful reentry can only be accomplished "through associations with community partners, families, justice professionals and victims of crime. Programs will cover offender assessments and reentry planning; offender programming; family involvement, employment readiness and discharge planning; offender supervision; and community justice partnerships." (www.drc.state.oh.us/web/offenderreentry.htm, accessed 4/30/2004).

According to these experts, *everything* about the prison and post-prison experience is loosely related to reentry, and reentry really isn't a program at all. That may be an accurate conceptualization, but then how can we measure it? How can we statistically evaluate a "process," "a philosophy," or "all activities" from sentencing to freedom? If *everyone* goes through it, and it includes *all* of corrections, how do we isolate reentry? If we can't operationally define and isolate reentry programs as distinct from the entire correctional system, then how can we possibly evaluate their effectiveness?

Seiter and Kadela (2003) in their recent article "What Works In Prisoner Reentry" faced the same definitional dilemmas but solved the problem by adopting a much narrower definition. They defined reentry programs as those that: 1) specifically focus on the transition from prison to

community, or 2) initiate treatment in a prison setting and link with a community program to provide continuity of care. Within this broad definition, they include only programs that have an outcome evaluation. Their definition too is arguably correct, and allows us to access the program evaluation literature in a way that the broader definitions do not. But the Seiter/Kadela definition is quite narrow and eliminates programs that have not been formally evaluated, do not specifically focus on the transition process, and begin in the community.

So, the first problem in trying to answer "what works?" is a serious definitional one. The Travis/Petersilia/Wilkinson definitions are too conceptual and all-encompassing to be of much use in identifying a relevant program evaluation literature. The narrower Seiter and Kadela definition makes the program evaluation task manageable, but fails to capture the range and diversity of programs thought to assist prisoner reentry.

Assessing Whether a Reentry Program Works: Principles vs. Program Outcomes

The second problem in trying to make sense of the "what works" corrections literature is that there are really two literatures, using distinct disciplinary traditions and methodologies. These differences have evolved over the last two decades due to disciplinary training (mainly psychology versus criminology), and the methods each discipline has adopted.

Ever since Martinson (1974) published his now celebrated review of the effectiveness of correctional treatment, concluding that, "With few and isolated exceptions, the rehabilitation efforts that have been reported so far have had no appreciable effect on recidivism," scholars from various disciplines have continued to dispute Martinson's pessimistic conclusion, amassing data on the potency of offender rehabilitation programs.

The Canadian Contribution: Identifying Principles of Effective Programs

The first successful challenges of Martinson came from Canadians Paul Gendreau and Robert Ross (1979). These clinicallyoriented psychologists tended to focus not on programs per se but on the individual within the program. Unlike Martinson, they believed it was not sufficient to just sum across studies and file them into "works" or "not works" and then tally the final score (what Martinson et al. did), but rather to look into the "black box" of treatment programs and identify the principles that distinguish between effective and ineffective programs. In their view, it was not enough to say that a job program worked. Rather it was necessary to ask: What does it mean to say that an employment program was offered? What exactly was accomplished under the name of "employment"?

Using a variety of techniques, including narrative reviews, meta-analytic reviews, individual studies, and insights from their clinical experience, they developed a list of principles of effective intervention, and found evidence that programs adhering to these principles significantly reduced recidivism. Gendreau and Ross also presented evidence that the effectiveness of treatment programs can vary substantially to the extent that the offender's individual differences (such as age, prior record, and intellectual development) are measured and taken into account in the delivery of services. They—now joined by others—later published their meta-analysis of the treatment literature, and confirmed their evidence-based principles of risk, need, and responsivity. Moreover, Andrews et al.'s meta-analysis (1998) showed that when these principles were followed and when appropriate interventions were delivered, there was a 30 percent reduction in recidivism. (For an excellent review see Cullen and Gendreau 2000.) These principles included:

- Treatment services should be behavioral in nature, interventions should employ the cognitive behavioral and social learning techniques of modeling, role playing, reinforcement, extinction, resource provision, verbal suggestions, and cognitive restructuring;

- Reinforcements in the program should be largely positive not negative;

- Services should be intensive, lasting 3 to 12 months (depending on need) and occupying 40 to 70 percent of the offender's time during the course of the program;

- Treatment interventions should be used primarily with higher-risk offenders, targeting their criminogenic needs (dynamic risk factors for change). Less hardened or lower risk offenders do not require intervention and may be made more criminogenic by intrusive interventions;

- The most effective strategy for discerning offender risk level is to rely not on clinical judgments but on actuarialbased assessments instruments, such as the Level of Supervision Inventory;

- Conducing intervention in the community as opposed to an institutional setting will increase treatment effectiveness;

- In terms of staffing, there is a need to match styles and modes of treatment service to the learning styles of the offender (specific responsivity). Depending on the offender's characteristics (e.g., intelligence, levels of anxiety) he or she may have different learning styles and thus respond more readily to some techniques than others.

Andrews and Bonta (1998) also found that across numerous studies, one type of intervention was the most reliable in achieving high reductions in recidivism: cognitivebehavioral programs. As Cullen and Gendreau (2000) summarize this approach:

> There are several different forms of programs known as cognitive-behavioral· essentially they all attempt to accomplish two aims: first they try to cognitively restructure the distorted or erroneous cognition of an individual; second they try and assist the person to learn new adaptive cognitive skills. In light of offender deficits, effective cognitive behavioral programs attempt to assist offenders: 1) define the problems that led them into conflict with authorities, 2) select goals, 3) generate new alternative pro-social solutions, and 4) implement these solutions.

The Canadians also reported that control-oriented programs—those seeking to deter offenders through surveillance and threats of punishment—were ineffective. Because these control-oriented programs do not target for change the known predictors of recidivism, and do not conform to theories of cognitive behavioral treatment, they will not reduce recidivism.

The Canadians' theory of rehabilitation has been influential, particularly in Canada, Australia, and the United Kingdom. However, while the terms cognitive restructuring, risk responsivity, and so forth are familiar to American corrections, they don't seem to heavily influence most prison reentry programs today.

The U.S. Contribution: Identifying Programs that Work

The "what works" movement is also alive and well within the U.S., but it evolves from a sociological rather than a psychological perspective and uses different methods. Instead of focusing on the individual offender, treatment provider, and program characteristics ("inside the black box"), U.S. scholars have primarily assessed correctional programs using recidivism outcome studies (e.g., the black box itself). The question for U.S. criminologists has been: Did participants in X program have a lower level of recidivism after participating in the program? This phrasing of the "what works" question reflects our current anti-psychological approach to rehabilitation in the U.S., which often switches criterion variables from the psychological to the social. Our programs focus on the community and those things that surround the offender (e.g., jobs, housing, education) and are less inclined to treat the individual per se (except for sex offenders, where the offender is more viewed as sick). The "what works" literature in the U.S. tends to be program- rather than principles-based.

The largest and most influential U.S. "what works" study was conducted by a team of scholars at the University of Maryland and funded by the U.S. Justice Department. The report, "Crime Prevention: What Works, What Doesn't, and What's Promising," began by collecting crime prevention evaluations in seven institutional settings (e.g., schools, families, labor markets, criminal justice). (Sherman et al. 1997) Once all the individual evaluations had been assembled, each was rated on a "scientific methods score" of 1 through 5, with 5 being the strongest scientific evidence (i.e., large samples with random assignment). The scores generally reflect the level of confidence one can place in the evaluation's conclusions about cause and effect. This methodology—identifying evaluations, scoring them as to methodology, and summarizing the results of rigorous program evaluations—is known as a synthetic review.

Doris MacKenzie, a well-respected researcher, completed the synthetic review for the corrections system. Her results were published in the original Maryland report, and later expanded (in MacKenzie and Hickman 1998). Dr. MacKenzie and her colleagues identified 184 correctional evaluations conducted between 1978 and 1998 that employed a methodology that could be rated at a level of 3 or higher (meaning that the study employed some kind of control or comparison group). She identified the following programs as working to reduce offender recidivism: 1) In-Prison Therapeutic Communities With Follow-Up Community Treatment, 2) Cognitive Behavioral Therapy, 3) Non-Prison Based Sex Offender Treatment Programs, 4) Vocational Education Programs, 5) Multi-Component Correctional Industry Programs, and 6) Community Employment Programs. She also identified as "promising" (meaning there were one or two evaluations showing effectiveness): 1) Prison-Based Sex Offender Treatment, 2) Adult Basic Education, and 3) Transitional Programs Providing Individualized Employment Preparation and Services for High-Risk Offenders. She too found that increased monitoring in the community (e.g., intensive probation, electronic monitoring) did not alone reduce recidivism. Thus, if we accept the Travis/Petersilia/Wilkinson encompassing definition of prisoner reentry, this is the body of "what works" literature we must draw upon.

Seiter and Kadela (2003) applied the exact same methodology in their search for evaluations of prison reentry programs, defining reentry programs as previously discussed and searching published and unpublished literature between 1975 and 2001. They found just 28 program evaluations that fit their reentry definition, and only 19 of those program evaluations contained any control or comparison group (e.g., met level 3 criteria). Of these 19 evaluations, fully 10 were drug treatment program evaluations. This means that during a 25-year period, when hundreds of work release, halfway houses, job training, education programs, prerelease classes, and so forth, were implemented in the U.S., the literature contains only 9 credible evaluations! This is a disgrace.

Seiter and Kadela identified the following reentry programs as effective, as measured by reduced recidivism among participants: 1) Vocational training and work release programs, 2) halfway houses, and 3) some drug treatment programs (intensive plus aftercare). They also found that education programs increased education achievement scores, but did not decrease recidivism, and that pre-release programs have some evidence of effectiveness, although the evaluation literature is weak.

In sum, if we combined the Canadians' theory of rehabilitation with the U.S. program evaluation data on "what works," we would design prison reentry programs that took place mostly in the community (as opposed to institutional settings), were intensive (at least six months long), focused on high-risk individuals (with risk level determined by classification instruments rather than clinical judgments), used cognitive-behavioral treatment techniques, and matched therapist and program to the specific learning styles and characteristics of individual offenders. As the individual changed his or her thinking patterns, he or she would be provided with vocational training and other job-enhancing opportunities. Positive reinforcers would outweigh negative reinforcers in all program components. Every program begun in a jail or prison would have an intensive and mandatory aftercare component. And, if we were able to accomplish all of this, we would likely reduce recidivism by at most 30 percent. (Andrews et al. 1990) But even with this rather moderate level of recidivism reduction, the cost/benefit calculation would favor the rehabilitation program, and the program would pay for itself in terms of future criminal justice

and corrections costs avoided. (Aos et al. 2001).

But Do These Research Results Have Face Validity? Questioning the "Evidence"

The author could end this article here, but is uncomfortable doing so. She sees three problems with using the above evidence to answer the important question, "what works in reentry?" The first is that are so few rigorous evaluations upon which to base any generalizable knowledge. Seiter and Kadela were able to identify just 19 reentry program evaluations that contained a comparison group. Only two of these evaluations were randomized experiments. Without this methodology, virtually every finding of program impact is open to criticism. If we assume that each state operated a minimum of 10 reentry programs, using Seiter and Kadela's definition, each year during this 26-year period, then there were close to 10,000 programs nationwide that were mplemented during this time period. The 10 per year estimate is actually low, if one considers the program data reported each year by Camp and Camp in *The Corrections Yearbook*. Yet, just 19 evaluations (less than 1 percent of the total) were published from this experience and the majority of those use weak methodology and pertain to drug programs. Using this "body" of research to conclude *anything* about which reentry programs "work" or "don't work" seems misguided.

Second, virtually all of these evaluations use recidivism as the sole outcome criteria. Programs that reduce the level of criminal behavior among program participants are said to work. Recidivism is an important, perhaps the most important, measure of correctional impact, but it is insufficient as a sole measure of the effectiveness of reentry programs. After all, the ultimate goal of reentry programs is reintegration, which clearly includes more than remaining arrest-free for a specified time period. The author has urged the expansion of outcome criteria for evaluating corrections programs previously (Petersilia 1993), and the argument seems even more germane to reentry programs.

If we wish to truly measure reintegration, we need to build into our evaluations measures of attachment to a variety of social institutions. Research shows that these factors are related to long-term criminal desistance. For example, evaluations should measure whether clients are working, whether that work is full or part time, and whether the income derived is supporting families. We should measure whether programs increase client sobriety and attendance at treatment programs. We should track whether programs help convicts become involved in community activities, in a church, or in ex-convict support groups or victim sensitivity sessions. There are many outcomes that reentry programs strive to improve upon, and these are virtually never measured in traditional recidivism-only outcome evaluations. Jeremy Travis (2003) makes this point powerfully when he writes of the far-reaching impacts of drug courts. He notes that one of the positive impacts of an offender's participation in a drug court is that the children born to drug court participants are much less likely to be born addicted to drugs. Drug courts reduce participants' drug use, and result in healthy children being born to sober mothers. When we use recidivism as the sole criterion for judging whether reentry programs "work" or "don't work," we often miss the more powerful impacts of program participation.

Third, the author's experience suggests that the results from the academic "what works" literature does not feel right to correctional practitioners. The results don't have much face validity. Of course, research has to go beyond face validity. We shouldn't implement specific programs because practitioners *believe* they are effective. This would be too vague and subjective. There has to be a corresponding body of scientific evidence proving that they are effective. But at the same time, the scientific or statistical results should make common sense, be persuasive, and have the appearance of truth and reality. In other words, they should be playing well in Peoria. This doesn't seem to be the case with the "what works" literature in reentry programming.

The author has been involved with nearly a dozen recent efforts to design and implement reentry programs. Federal, state, and county governments, as well as private industry, religious organizations, and research institutions have initiated these efforts. In each instance, the initiative

usually begins by forming a task force comprised of corrections professionals, academics, and state agencies. Some task forces also include ex-convicts, victims, and business and religious leaders. The task force then identifies programs that are thought to improve offender transition from prison to the community. In my experience, none of these task forces have chosen to implement reentry programs that derived primarily from the published "what works" literature as summarized above. This is not to say that these task forces have ignored the literature entirely, but rather that in the end, the programs funded and implemented do not derive primarily from this literature. To me, this suggests the "what works" literature does not ring true to their experience nor identify the kinds of programs these experts believe work.

Let's take a couple of recent examples. The Department of Justice funded the Reentry Partnership Initiatives (RPI) in eight sites. Byrne et al. (2002), the evaluators of RPI, write that the implemented reentry programs share a common vision about what it takes to achieve effective reentry, and the core of that vision is community *collaboration,* not any individual program. Byrne et al. write that the RPI sites each believe that "we must act as a system to improve public safety. That requires key criminal justice actors (police, courts, corrections, community) to redefine their role and responsibilities, focusing not on what individual agencies should be doing, but on what the partnership should be doing to improve public safety. RPI programs will involve shared decision-making by police, institutional corrections, community corrections, and public/private service providers."

An identical theme was identified in the National Institute of Corrections' (NIC) *Transition from Prison to Community Initiative* (TPCI). Dale Parent (2004) of Abt Associates, the evaluator, convened a task force of 35 experts to identify a best-practices reentry model. He writes that the model identified represents "a sea-change for participating jurisdictions." It requires "corrections, releasing agencies, supervision, and human service agencies to form strategic and tactical partnerships to integrate and coordinate basic policies." And finally, if one examines the recent Urban Institute publication *Outside the Walls: A National Snapshot of Community-Based Prisoner Reentry Programs,* which identifies 100 reentry programs that experts have nominated as successful, there is virtually no overlap between those programs and the programs identified as "working" in the scientific literature summarized above. (Solomon et al. 2004)

The author certainly doesn't mean to imply that the "what works" movement in corrections has been unimportant. In fact, she believes exactly the opposite. It has enabled us to rebut the "nothing works" doctrine that was so popular in the 1980s and 1990s. It is now accepted that something works in rehabilitation programming. It has also prompted all of us to focus on program accountability, resource allocation, and outcome measurement. It was our failure to do this in the 1970s that permitted a weak study like Martinson's to have the dramatic impact it did. But at the same time, we must be cautious not to apply scientifically rigorous methods to an exceedingly weak program evaluation literature. Michael Maltz (1984) notes this problem in his book *Recidivism.* He writes, "Engineers measure it with a micrometer, mark it with a piece of chalk, and cut it with an axe. Criminologists measure it with a series of ambiguous questions, mark it with a bunch of inconsistent coders, and cut it to within three decimal places." Maltz is talking about the imprecision in the different disciplines. Engineers have a great deal of precision with the initial measurement. Criminologists have focused very little on what goes on inside corrections programs or how well key recidivism outcomes are measured. Instead they have become increasingly precise at statistical measurement and modeling, without questioning the "black box" itself. Ironically, it is perhaps this push toward methodological sophistication in academia that is widening the divide between what scholars and practitioners believe "works" in corrections and offender reentry.

Conclusion

Interest in prisoner reentry has brought a new-found enthusiasm for rehabilitation programming. Correctional practitioners are working hard to identify and implement programs that reduce reoffending after prison. At the same time, academics are trying to amass a body of literature

that will guide practitioners' choice of programs. Yet, when one looks closely at the two enterprises, there is little evidence that research is driving policy, or that policy is driving research. Despite good intentions, each of these fields is moving on rather independent tracks and the gulfs between them are still wide.

We must work hard to correct this, since crime policy is a fickle business and today's interest in reentry will likely be replaced in a few years by another corrections hot topic. The author envisions a system where, start to finish, practitioners and researchers work side-by-side to create corrections programs that are both substantively and administratively effective. In short, we must join the same team. Have you ever noticed a flock of geese flying in their traditional "V" formation? A study by two engineers showed that each bird, by flapping its wings, creates uplift for the bird that follows. Together, the whole flock gains something like 70 percent greater flying range than if they were journeying alone. It is the same in any organization. When we combine our efforts, our talents, and our creativity, we're far more productive than when we all go in different directions.

We should use this window of opportunity wisely to produce scientifically credible evaluations of reentry programs that practitioners believe work. With this data in hand, we will be able to challenge decision makers to think more substantively and less ideologically about crime. More important, we will have identified truly effective reentry programs and, over time, prisoner reentry should cease to be one of our most profound social challenges simply because more inmates will be going home and staying there.

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