

Prisoner Reentry: What Works, What Does Not, and What Is Promising

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During the past decade, there has been a renewed interest in prisoner reentry. This is due to a change in many of the factors surrounding the release of prisoners and their reentry to the community. These changes include a modification of sentencing from the use of parole to determinate release with fewer ex-offenders having supervision in the community, an increased emphasis on surveillance rather than assistance for those under supervision, less community stability and availability of community social service support, and dramatically larger numbers returning to the community. More releasees are being violated and returned to the community than ever before. Therefore, it is important to identify prisoner reentry programs that work. We define reentry, categorize reentry programs, and use the Maryland Scale of Scientific Method to determine the effectiveness of program categories. We conclude that many such categories are effective in aiding reentry and reducing recidivism.

Keywords: prisons; parole; prisoner reentry; halfway houses

The United States has had prisons as a sanction for those who violate criminal laws since William Penn and the Quakers of Pennsylvania created a wing of the Walnut Street Jail to house sentenced offenders in 1790. During the next 200 years, there have been many changes in how prisons were operated, what correctional goals were emphasized, and what programs were offered. Throughout this period, the pendulum has repeatedly swung from harsh discipline and tight security to a focus on individual prisoner rights and rehabilitative treatment.

Correctional institutions have been the holders of prisoners sent to their authority under many different sentencing structures. During the 1800s, prisoners served a set amount of time in very crowded prisons, with little emphasis on rehabilitation or preparation for release. During much of the 1900s, sentences were indeterminate, therefore prisons accentuated the provision of rehabilitation, and parole board experts made the decision about when pris-

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oners would be released based on their readiness for returning to the community. During the past 20 years, there has been a return to set, determinate sentences. With determinate sentences, offenders have often been limited in the amount of good time they can earn from their sentences, as many truth-in-sentencing laws have been passed, requiring completion of 85% of the sentence before prisoners are eligible for release.

Prisons have also experienced a changing makeup of offenders. Currently, prison populations are increasingly diverse regarding race and ethnicity, age, gender, type of crime, and affiliation with organized crime or organized gangs. Prisons have therefore become increasingly sophisticated in classifying and separating populations by security level, medical problems, special program needs, and even work programs. What has remained constant is that almost every inmate is still released from prison. Prisoners have historically returned to the communities from which they were sentenced, generally to live with family members, attempt to find a job, and successfully avoid future criminality. The world to which they return is drastically different from the one they left regarding availability of jobs, family support, community resources, and willingness to assist ex-offenders.

The current status of prisoner reentry is very different from that of only a few decades ago. There are many more offenders released from prisons than in the past. Many are released after serving a determinate sentence (without a parole board), and some have no supervision requirements after release. Overall, prisoners are serving significantly longer prison terms, and only a small percentage is receiving the benefit of extensive rehabilitation or pre-release programs. The communities are more disorganized, their families are less likely to be supportive, and the releasees find fewer social services available to them in the community. Most distressing is that a large number of releasees are returned to prison, either for committing new crimes or for violating the technical conditions of their parole or release supervision.

The goal of this article is to provide an overview and background of prisoner reentry and to examine the current evaluations of reentry programs to determine what works. Prisoner reentry has changed in many ways, including an altered sentencing structure for many states, an increase in the number of inmates and releasees, a more diverse offender population, and a changing community to which offenders return. These changes create many issues that were not critical or even considered until recently. Although many evaluations of prison and community correctional programs exist, few are labeled specifically as prisoner reentry programs. Therefore, we have created a definition of prisoner reentry for purposes of identifying which evaluations to include in the examination of what works, what does not work, and what is promising.

THE CHANGING REALM OF PRISONER REENTRY

As noted, many things have changed when considering the current status of prisoner reentry. These changes are the result of many forces, including a tough-on-crime attitude, reduced funding for prison programs and community social services, a weakening of the traditional support structures within communities and neighborhoods, and less (sometimes zero) tolerance for lapses by prison releasees under official supervision. The issue of prison reentry is one that covers a broad base of social and governmental networks. Contributing to the current status of reentry are the types of sentences and release mechanisms, the types of programs provided by the departments of corrections, the types and intensity of supervision provided by the parole or release agency, the family support available to the offender, community funding of social services, and the economic status and availability of jobs. The changing nature of prisoner reentry has made successful transitions from prison to community more difficult. Although it is not suggested that prisoner reentry was successful in the past—or that it was without problems—there is no question that the current system of incarceration and reentry creates unique challenges for ex-offenders.

THE TRADITIONAL APPROACH TO REENTRY

For much of the 20th century, preparation for release was considered an important part of the prison experience, and correctional systems were organized to provide programs to prepare inmates for the community transition. During the mid-1900s, all states used indeterminate sentences with release by parole boards (Clear & Cole, 1997). By 1977, release on parole reached its peak, as 72% of all prisoners were released on parole (Bureau of Justice Statistics, 1977). For almost 20 years preceding this high-water mark, the medical model, with a focus on rehabilitation, was embraced, and prisons created programs to prepare inmates for release. Education and vocational programs, substance abuse and other counseling programs, therapeutic communities and other residential programs, and prison industry work programs were important parts of prison operations. Many of these programs were mandatory, and when they were voluntary, inmates still participated at high rates to impress the parole board and improve their chances of a favorable parole decision.

Once decisions to release prisoners were made, there were usually extensive efforts to ensure the prisoners were prepared for reentry. The parole boards closely reviewed inmates' release plans in consideration of parole.

Community parole officers investigated the plans and reported on their acceptability to the parole board. When plans were less than solid, inmates were usually released to a halfway house, with the express purpose of assisting in transitional areas, such as housing, employment, family relationships, and mental health or substance abuse counseling. Correctional officials recognized the difficulty in the prison-to-community transition, and reintegrative programs were expanded and developed to ease the transition. There was experimentation with specialized caseloads, the use of volunteers in parole, and even ex-offenders as parole officer aides.

The pattern during this era, emphasizing rehabilitation and reintegration, was clear and consistent. Prisons diagnosed inmate problems and provided rehabilitative programs to reduce these problems. Parole boards considered inmates' prison program participation and attitude in determining preparation for release and weighed the acceptability of the inmates' release plan in the parole decision-making process. The inmates' return to the community was intensely supervised. If the resources and community ties were not strong, inmates were placed in halfway houses. In addition, for the first year or two, parole officers (whose primary responsibility was to guide the offender to programs and services) supervised offenders. From the 1950s through the 1970s, there was significant attention focused on prisoner preparation and the transition to the community.

TWO DECADES OF CHANGE

Since the early 1980s, the traditional pattern just noted has begun to deteriorate. The demise of the medical model, the tough-on-crime attitude by the public and elected officials, the belief that rehabilitation did not work (as a result of the Martinson study and "nothing works" conclusion), the reduced funding for prison and transitional programs, and the change in parole supervision from a casework (helping) to a surveillance (policing) model had an effect on changing the traditional approach that was accepted prior to the 1980s.¹ Although these changes did not transpire overnight, the current model of prison operations and prisoner reentry does not focus on inmate rehabilitation and preparation for release, but on punishment, deterrence, and incapacitation to prevent future crimes. Many offenders currently serve a determinate sentence that is much longer than in the past, in hopes of producing a proper deterrent value. Inmates are not seen as sick, as they were under the medical model, but as making a conscious decision to commit crimes. Prison programs are seen as valuable to keep inmates busy and maintain order, more than for release preparation. Without parole boards in many

states, there is no gatekeeper to review the inmate's preparation and release plans. After release, if the offender is under supervision, there is zero tolerance for drug use, technical violations, and minor criminal behavior. If a violation occurs, the offender is returned to prison. The following presents some of the evolutionary changes that have had an effect on prisoner reentry.

CHANGING SENTENCING AND SUPERVISION POLICIES

Indeterminate sentencing was the dominant model used across the United States for most of the 20th century. Under this structure, parole served many positive functions. First, extremely dangerous inmates were often maintained in prisons longer than they would have been under a determinate sentence structure. Determinate sentences are usually shorter than indeterminate sentences, and parole boards regularly require dangerous, high-risk inmates to serve the maximum sentence. The state of Colorado abolished parole as a release mechanism in 1979 but reinstated it after finding out that the length of prison sentences served was decreasing, particularly for high-risk offenders.

Second, parole boards do act as a gatekeeper to ensure inmates have solid release plans when they return to the community. Parole boards always ask inmates questions such as, "Where will you live when you get out of prison?" and, "What job opportunities are available to you?" The boards also had reports available to them from parole officers who had investigated the inmates' release plans. It is true that prison staff—working with inmates as they near release—can ask some of the same questions. However, with a firm release date looming, there is less incentive for staff and inmates to try to improve a weak plan, and there is usually no way to delay a release due to an insufficient plan.

Third, the existence of parole and parole consideration is an incentive for good behavior by inmates and for program participation that can be beneficial, even if not truly voluntary. Some of the criticism of parole during the 1970s had to do with the involuntary nature of program participation. Opponents to this system suggested that programs would be more effective if there was no coercion regarding participation. If rehabilitative programming were to be fully effective, it was argued that it had to be carried out in a noncoercive fashion. Even though many correctional programs were considered voluntary, parole board decisions considered the efforts toward rehabilitation put forth by offenders, judged primarily by the number of programs that they completed. Release from parole supervision also considered offenders' efforts toward rehabilitation.

Psychiatrist Seymour Halleck argued that it was almost impossible to distinguish between fully voluntary and coercive treatment participation, especially in a correctional setting in which decisions affecting offenders (parole) considered such participation (Halleck, 1971). Norval Morris (1974) convincingly asserted that although rehabilitation is valuable as a correctional goal, it could not be effective if coercive in the eyes of offenders, or if they saw it as an element of the punishment they were receiving for their criminal offenses. In addition, David Fogel (1975) argued for fully voluntary prison programs in his justice model.

However, there was no evidence that nonvoluntary program participation was less effective than participation with some coercion. With more recent data indicating the benefit of a variety of prison program participation (cognitive skills training, drug treatment programs, education and work programs, and treatment of sex offenders) on reducing recidivism (Gaes, Flanagan, Motiuk, & Stewart, 1999), there is a renewed interest in encouraging inmates to become involved in prison programs. As such, many states more recently have made participation in programs, such as basic literacy and substance abuse treatment, mandatory.

Finally, parole consideration sets the framework for supervision and treatment needs following release. Parole boards represent a group of experienced professionals considering the inmates' level of risk and the chance for success. To respond to both of these, parole boards create conditions under which parolees must be supervised and attend treatment programs from which they would benefit. Without parole, many states do have a form of mandatory supervision following determinate-sentencing release. However, this supervision is less individualized and based on risk rather than need, setting supervision levels based primarily on offenders' history of criminal behavior.

Currently, many states have opted to abolish parole, and 15 states and the federal government have now ended the use of indeterminate sentencing with release decisions made by a parole board.² As well, 20 states have severely limited the parole eligible population. Only 15 states still have full discretionary parole for inmates. As noted previously, in 1977 more than 70% of prisoners were released on discretionary parole. However, by 1997, this had reduced to 28% (Bureau of Justice Statistics, 1997). Twenty-seven states have adopted truth-in-sentencing statutes, under which inmates must serve 85% of their determinate sentence before release. The U.S. Congress encouraged truth in sentencing (TIS), providing that only states enacting such laws may qualify for federal funds to aid in prison construction. TIS statutes not only eliminate parole but also dramatically reduce the amount of good time that prison officials may grant inmates as incentives for good behavior or pro-

gram participation (Ditton & Wilson, 1999). Because of these changes, the prison population grew more rapidly than at any other period of time since prisons were first established (Blumstein, Cohen, & Farrington, 1988). From 1980 to 1996, the number of prisoners in state and federal prisons went from 330,000 to 1,054,000, an increase more than threefold (Furniss, 1996), and reached 1.32 million on January 1, 1999 (Camp & Camp, 1999).

For most of the 1990s, community supervision (probation and parole) underwent a transition from helping and counseling offenders to one of risk management and surveillance (Feeley & Simon, 1992). The focus on risk management is accompanied by new allocations of resources toward incarceration, rather than probation and parole, and management of internal system processes. This perspective is referred to as the "new penology" (Feeley & Simon, 1992). Rhine (1997) described this perspective as one in which

crime is viewed as a systemic phenomenon. Offenders are addressed not as individuals but as aggregate populations. The traditional corrections objectives of rehabilitation and the reduction of offender recidivism give way to the rational and efficient deployment of control strategies for managing (and confining) high-risk criminal populations. Though the new penology refers to any agency within the criminal justice system that has the power to punish, the framework it provides has significant analytic value to probation and parole administrators. (p. 73)

ISSUES REGARDING PRISONER REENTRY

As has been well established, there has been a tremendous growth in the prison population in the United States. Almost all the attention is on the number of offenders in prison. Receiving little attention is the fact that the large number of prisoners becomes a large number of releasees. Camp and Camp (1998) reported that 626,973 prison inmates were released from prison during 1998. In New York City alone, the New York State Department of Correctional Services releases approximately 25,000 people a year to the city, and the New York City jails release almost 100,000 (Nelson, Deess, & Allen, 1999). In the state of California, there were 124,697 prisoners leaving prisons after completing their sentences, almost 10 times the number of releases only 20 years earlier (Petersilia, 2000).

When there were only a few hundred thousand prisoners, and a few thousand releasees per year, the number did not seem significant, and the issues surrounding the release of offenders were not overly challenging for communities. However, with the high number of offenders now returning to their communities—many without parole and some with no supervision—there

has been a call for academics and correctional administrators to identify the effect of this phenomena on the offenders, their families, and their communities (Petersilia, 1999).

A study by the Vera Institute of Justice in New York City identified many issues that confront inmates released from prison (Nelson et al., 1999). The study included 88 randomly selected inmates released from state prisons in July 1999. Of those selected, 49 (56%) completed the study by allowing interviews to determine their progress and successful transition from prison to the community. Several issues were identified, including finding housing, creating ties with family and friends, finding a job, alcohol and drug abuse, continued involvement in crime, and the effect of parole supervision. It is interesting to note that, even at the point of release, the process had an ominous beginning. The study found that 50 out of the 66 who were interviewed on release reentered the community alone, with no one to meet them as they exited prison, or got off the bus in New York City (Nelson et al., 1999).

Most offenders end up living with family or friends until they find a job, can accumulate some money, and then find their own residence. Finding a job is often the most serious concern among ex-inmates, who have few job skills and little work history. Their age at release, their lack of employment at time of arrest, and their history of substance abuse problems make it difficult to find a good job. Many released inmates quickly return to substance abuse. Release is a stressful time, making it even more difficult to avoid a relapse to drug or alcohol abuse. These issues make it difficult for ex-inmates to avoid a return to crime, and it is critical that prisons have programs to prepare inmates for what they will face on release and return to the communities.

Another issue is the effect on social cohesion and community stability by the return of so many ex-inmates. Anderson (1990) identified how the attitudes and behaviors of ex-inmates are transmitted to those in the community on release, concluding that as issues such as poverty and unemployment persist, the community becomes vulnerable to problems of crime, drugs, family disorganization, and generalized demoralization (Anderson, 1990). In reviewing the effects of imprisonment and the removal of an offender from a Tallahassee, Florida, neighborhood, Rose, Clear, and Scully (1999) found an increase in crime precipitating a questioning on the deterrent and rehabilitative effect of prison. They further suggested that returning a large number of parolees released from prison back to the community destabilizes the communities' ability to exert informal control over its members, as there is little opportunity for integration, often resulting in increased isolation, anonymity, and, ultimately, higher crime.

As much of a concern these issues are in practical, social, and economic terms, there is another dire result. Whether it is a result of tougher parole and

release supervision with no tolerance for mistakes or the failure of the system to prepare inmates for release, there are an increasing number of inmates being returned as parole and release violators. During 1998, there were 170,253 reported parole violators from the states, representing more than 23% of new prison admissions (Beck & Mumola, 1999). Even more alarming is that 76.9% of all parole violations were for a technical violation only, without commission of a new felony (Camp & Camp, 1998). There is a trend to violate releasees for minor technical violations, as administrators and parole boards do not want to risk keeping offenders in the community. If these minor violators later commit a serious crime, those deciding to allow them to continue in the community after demonstrating less-than-responsible behavior could face criticism or even legal action. This risk-free approach represents an "invisible policy" not passed by legislatures or formally adopted by correctional agencies. However, these actions have a tremendous effect on prison populations, cost, and community stability.

A DEFINITION OF PRISONER REENTRY PROGRAMS

This article reports on a review of evaluations of prisoner reentry programs. To analyze evaluations of correctional programs that address prisoner reentry, it was first necessary to develop a definition of prisoner reentry. It can be argued that every prison and even every community correctional program contributes to prisoner reentry and that prisoner reentry begins at the point of admittance to a prison. Reentry should be the focus of classification decisions, prison program participation, and assignment to prison-community transition programs. As well, postrelease community supervision should have a goal of successful reentry, meaning in most cases the offender leads a productive and crime-free life.

However, it would be an inaccurate assessment of prisoner reentry to evaluate every aspect of correctional operations and programs and suggest that the evaluations describe prisoner reentry programs. Therefore, for purposes of this analysis, we created the following two-part definition of prisoner reentry programs as

1. correctional programs (United States and Canada) that focus on the transition from prison to community (prerelease, work release, halfway houses, or specific reentry programs) and
2. programs that have initiated treatment (substance abuse, life skills, education, cognitive/behavioral, sex/violent offender) in a prison setting and have linked with a community program to provide continuity of care.

This definition is appropriate for a review of prisoner reentry for many reasons. First, prisoner reentry programs historically have addressed the difficult transition from prison to community life. Although every program reasonably contributes to the successful return of inmates to society, for purposes of developing policy to improve the reentry process, it should be limited to the prison-community transition. Second, there are some very specific prison programs near the end of a sentence that are designed to aid in the transition to the community. Almost every state and the federal prison system have prerelease programs. Many are only a few hours of orientation by parole or mandatory release supervision officers about supervision conditions and how to make the initial report to the offender's officer on release. Others, however, are very thorough and are excellent preparation for the challenges that face offenders in the community.

Wilkinson (2001) described one example of prerelease programming that began in 1985 in Ohio. Inmates within the last 6 months of their sentence were transferred to a prerelease center and received extensive programming on basic community skills, such as how to prepare a resume, search for a job, and respond to a job interview. The program also included how to open a bank account and apply for credit and how to find a place to live. Center staff also conducted counseling regarding reuniting with family and friends and what to expect in these tenuous relationships. However, there have been no empirical data available that suggests the program has had an effect on recidivism. Therefore, Ohio is redesigning the centers to ensure there is value added by requiring individual reentry plans be developed for each offender released from prison.

Third, there are community supervision programs that target successful reentry by emphasizing new approaches to individualizing offender management to deal with their risks and needs. Lehman (2001) described Washington State's implementation of the Offender Accountability Act (E2SSB 5421). Washington uses the Level of Service Inventory-Revised (LSI-R), as developed by Andrews and Bonta (1995), to predict chance of recidivism based on offenders' risk and need. Washington also assesses the individual in terms of the nature of potential harm, the effect of relationships (particularly with victims), community risk, and public safety. In this regard, the state not only supervises offenders based on the likelihood to reoffend and the nature of harm but also includes the community (victims, police, and citizens) as partners in managing and mitigating risk.

Finally, there are many programs focused on dealing with a specific issue, such as substance abuse or sex offender treatment. Some of these begin in prison and continue the treatment into the community. An example is the Federal Prison System Residential Drug Treatment Program. Rhodes et al.,

(2001) described how this program begins with residential treatment within the prison, and after completion, continues with a 6-month placement in a community halfway house and further follow-up in the community. Programs with a link from prison to community have therefore been included within the definition of prisoner reentry, as they specifically address reentry with the linkage from prison to community, even though the program content does not specifically target reentry.

Using the earlier definition of prisoner reentry, we identified and analyzed several evaluations of correctional programs to identify "what works" in prisoner reentry. The evaluations include published studies from programs in the United States and Canada that evaluate such interventions with adult offender populations. Although there are studies from outside North America and others having to do with juvenile offenders, we limited the definition as noted.

RESEARCH STUDY METHOD

After determining which studies fall within the reentry definition, a criterion had to be developed to determine if they work or not. Deciding what works for prisoner reentry programs required applying rigorous means for determining which programs have had a demonstrated effect on the recidivism rates of ex-offenders, as well as increased job placement, academic achievement, and remaining drug free. One important criterion was to identify evaluations that provided evidence on the effect of programs on outcome measures. Many evaluations are process evaluations that describe what was done, but do not include the effect that the program had on the target population.

Scientific evaluations of program effectiveness have limitations and strengths. The major limitation is that scientific knowledge is provisional, because the accuracy of generalizations to all programs drawn from one or even several tests of specific programs is uncertain. The major strength of scientific evaluations is that the rules of science provide a consistent and reasonably objective way to draw conclusions about cause and effect.

Rating Prisoner Reentry Studies

Research methods. To determine whether a program was successful, we used the Maryland Scale of Scientific Methods (MSSM) developed by Sherman et al. (1998) for the National Institute of Justice to identify crime prevention programs that work. This scale ranks each study from 1 (*weakest*)

to 5 (*strongest*) on overall internal validity. This scale would not work for secondary reviews or meta-analyses, but an overall study rating based on the following three factors would be sufficient:

- control of other variables in the analysis that might have been the true causes of any observed connection between the program and an outcome measure,
- measurement error from such things as participants lost over time or low interview response rates, and
- statistical power to detect program effects (including sample size, base rate of crime, and other factors affecting the likelihood of the study detecting a true difference not due to chance).

Generally, the MSSM applies across all settings and includes these core criteria, which define the five levels of the MSSM. The following list represents the levels used by the MSSM to categorize evaluative studies by the rigor or their scientific method. There is an assumption of employing univariate and multivariate statistics when considering Level 2 through Level 5 categories.

- Level 1: correlation between a type or level of reentry program (intervention, i.e., substance abuse treatment, violent or sex offender treatment, vocational training, work release, life skills) and an outcome measure at a single point in time (recidivism, return to custody, employment rate, drug use, academic achievement).
- Level 2: temporal sequence between the program (intervention) and outcome measure clearly observed or the presence of a comparison group without demonstrated comparability to the treatment group.
- Level 3: comparison between two or more comparable units of analysis, one with and one without the program.
- Level 4: comparison between multiple units with and without the program, controlling for other factors, or using comparison units that evidence only minor differences.
- Level 5: random assignment and analysis of comparable units to program and comparison groups.

Threats to internal validity. Sherman et al. (1998) identified the rigor of the evaluation by examining the research design and the threats to internal validity. Sherman et al. (1998) stated,

Each higher level of the scale from weakest to strongest removes more of these threats to validity, with the highest level on the scale generally controlling all four of them and the lowest level suffering all four. The progressive removal of such threats to demonstrating the casual link between the program effect and recidivism is the logical bias for the increasing confidence scientists put into studies with fewer threats to internal validity. (p. 5)

Description of Studies

There were 32 studies identified that fit the definition of prisoner reentry. Each study was placed into an MSSM level, and evaluations of similar programs were grouped into (a) vocational training and work, (b) drug rehabilitation, (c) educational programs, (d) sex/violent offender programs, (e) half-way house programs, and (f) prison prerelease programs. The Appendices A through F present the studies and the MSSM level assigned.

RESULTS OF THE REVIEW

The next critical question after a review of the studies is to decide what works. For guidance, we again used the framework used by Sherman et al. (1998) in their evaluation of whether crime prevention programs effectively reduced crime. These authors asked the question, "How high should the threshold of scientific evidence be for answering the congressional question about program effectiveness?" They developed the following criteria to determine whether a crime prevention program was effective or ineffective.

What Works

For a program to be considered "working," there must be at least two Level 3 evaluations with significance tests indicating that the intervention was effective, and the preponderance of the remaining evidence must support that conclusion.

What Does Not Work

For a program to be coded as "not working," there must be at least two Level 3 evaluations with statistical significance indicating the ineffectiveness of the program, and the preponderance of the remaining evidence must support the same conclusion.

What Is Promising

These are programs for which the level of certainty from available evidence is too low to support generalizable conclusions. However, there is some empirical basis for predicting that further research could support such conclusions, such as programs are found effective in at least one Level 3 eval-

uation, and the preponderance of the remaining evidence supports that conclusion.

What Is Unknown

Any program not classified in one of the three previous categories is defined as having unknown effects.

RESULTS OF THE ANALYSIS

The following represents a summary of the findings of prisoner reentry studies identified within the various reentry categories, using the Sherman methodology and the MSSM criteria to determine effectiveness. For at least all Level 4 and 5 studies, a brief description of each program's design and outcome measures of effectiveness are included. In some instances, Level 3 studies are described when no Level 4 or 5 studies are available.

Vocational and Work Programs

Seven programs were evaluated in this area that included two Level 4 studies (Saylor & Gaes, 1992, 1997) and one Level 5 study (Turner & Petersilia, 1996). The Turner and Petersilia (1996) experiment implemented random assignment to treatment and control groups that allows for greater confidence in asserting that observed differences result from participating in work release rather than from preexisting background differences. The study compared recidivism of 218 offenders in Seattle, Washington, one half of whom participated in a work release program and one half of whom completed their sentences in prison. Generally, the program achieved its primary goal of preparing inmates for final release and facilitating their adjustment to the community. The offenders who participated in work release were somewhat less likely to be rearrested, however the results were not statistically significant.

The Saylor & Gaes (1992, 1997) studies evaluated the Post-Release Employment Project during a 4-year period. Data were collected on more than 7,000 federal offenders, comparing those participating in training and work programs with similar offenders who did not take part and with a baseline group of all other inmates. The longitudinal results demonstrated significant and substantive training effects on both in-prison (misconduct reports) and postprison (employment and arrest rates) outcome measures.

We can conclude from the results of the three previous studies that vocational training and/or work release programs are effective in reducing recidi-

vism as well as in improving job readiness skills for ex-offenders. There were also three Level 2 studies (Finn, 1999) and one Level 1 study (Finn, 1999) that could have added increased promise for vocational work programs if a predesign and postdesign and comparison control groups were implemented.

Drug Rehabilitation

Twelve programs were evaluated in this area. There is one Level 5 study (Rhodes et al. 2001) and eight Level 4 studies. Three studies evaluated the same prison-based treatment assessment (PTA) program over time (Hiller, Knight, & Simpson, 1999; Knight, Simpson, Chatham, & Camacho, 1997; Knight, Simpson, & Hiller, 1999), and four other studies evaluated the Key-Crest program over time (Butzin, Scarpetti, Nielsen, Martin, & Inciardi, 1999; Inciardi, Martin, Butzin, Hooper, & Harrison, 1997; Martin, Butzin, & Inciardi, 1995; Martin, Butzin, Saum, & Inciardi, 1999). The other Level 4 program, Stay N' Out, was evaluated by Wexler, Falkin, & Lipton (1990).

The Rhodes et al. (2001) study examined 2,315 federal inmates: 1,193 treatment individuals, 592 comparison participants, and 530 control participants. A quasi-experimental design was implemented to test for treatment effectiveness; however, three different statistical approaches were used to minimize selection bias as an explanation for treatment outcomes. The two outcome variables measured were recidivism rates and rates of relapse to drug use. In general, for recidivism and relapse to drug use, drug treatment is statistically significant in reducing both outcomes for men but not for women.

The in-prison therapeutic communities (TCs) evaluated by Knight and colleagues (1997, 1999) show effectiveness of intensive treatment when integrated with aftercare, with benefits most apparent for offenders with serious crime and drug-related problems. The earliest study demonstrates that 80% of the 222 offenders who took part in the TC graduated and had marked reductions in their criminal and drug use activity from the 6 months before entering prison to the 6 months after leaving prison. Those who completed the first phase of their aftercare program had lower relapse and recidivism rates than did the parolees in the comparison sample (Knight et al., 1997). A 3-year follow-up study, based on 291 follow-up eligible parolees, showed that those who completed the TC program and aftercare are the least likely to be reincarcerated (25%), as compared to 64% of aftercare dropouts and 42% of untreated comparison groups (Knight et al., 1999). Another study of 293 treated inmates and 103 untreated inmates showed that in-prison TC programs—especially when followed by residential aftercare—reduce the likelihood of postrelease rearrest by 12% percent (Hiller et al., 1999).

The Key-Crest in-prison TC and work release program evaluated by Inciardi and colleagues (1997) demonstrated marked success in its 6-month and 3-year follow-ups. The Key is a prison-based TC whereas the Crest Outreach Center is a 6-month residential, community-based, work release treatment and aftercare program located in Delaware. Together these two programs formed Key-Crest, which allowed for three stages of treatment for seriously drug-involved offenders: prison, work release, and parole or other form of community supervision.

In the first evaluation (Martin et al., 1995), baseline data at release from prison and outcome data 6 months after release were analyzed for 457 offenders. Four different groups of offenders were evaluated. The first group consisted of offenders who participated in neither of the TCs and was compared to groups that either participated in the TC in prison only, the transitional TC only, or both the TCs. The latter two groups had significantly lower rates of drug relapse and criminal recidivism when adjusted for other risk factors. Eighteen-month follow-up data also indicated that the participants in the two- and three-stage models had significantly lower rates of drug relapse and criminal recidivism (Inciardi et al., 1997).

A third evaluation compared participants in only the Crest Outreach Center ($n = 334$) to a group of drug-involved inmates who entered a traditional work release program ($n = 250$) (Butzin et al., 1999). Results showed that compared with the noncompleters ($n = 122$), completers ($n = 212$) are less likely to be incarcerated at 18 months and more likely to be employed. When comparing completers to those not exposed to the program, not only are completers less likely to be incarcerated and more likely to be employed but also those completers who are unemployed used fewer drugs, less frequently than the unemployed comparison group. This suggests that exposure to a TC work release environment can moderate expected negative effects (drug use) of unemployment.

The final evaluation examined the success of the TC outcomes when the time at risk was moved to 3 years after release (Martin et al., 1999). Program effects declined; however, effects remained significant when program participation, completion, and aftercare were taken into account. Clients who completed secondary treatment ($n = 101$) did better than those with no treatment ($n = 210$) and those who dropped out ($n = 109$). Clients who received aftercare ($n = 69$) did even better in remaining both drug free and arrest free. The authors concluded that the TC continuum has value in work release and parole settings and that retention in treatment is important in predicting long-term success in reducing the likelihood of recidivism.

Wexler et al. (1990) performed an evaluation of New York City's Stay N' Out TC that is based on more than 1,500 participants. The quasi-experimen-

tal design compares the program participants ($n = 682$) with inmates who volunteered for the program but never participated ($n = 197$) and inmates who participated in other types of in-prison drug abuse treatment programs in different prisons ($n = 947$). Results showed that after 3 years at risk, those who completed the TC program had a significantly lower arrest rate (26.9%) than those who had different drug treatment (34.6%, 39.8%) and those who received no treatment (40.9%). In general, the TC was effective in reducing recidivism, and this positive effect increased as time in program increased but tapered off after 12 months. This can be explained by the fact that when 12 months have passed and the offender is repeatedly denied parole, the client is frustrated and slowly reduces his involvement in the TC. Accordingly, 9 to 12 months is the optimal treatment duration for success in the TC program.

In addition, there was one Level 3 study (Hartman, Wolk, Johnston, & Coyler, 1997) and two Level 2 studies (Field, 1985; Knight & Hiller, 1997) that contributed to the success of drug treatment programs. However, potential selection bias with respect to program completion and participation in aftercare cannot be completely ruled out. Overall, drug rehabilitation programs represent the strongest area of quasi- and experimental design for prisoner reentry programs. In most of the evaluations, threats to internal validity were controlled for as a function either of the design or with statistical methods. From the evidence presented here, it can be concluded that drug treatment programs do work in easing the transition from prison to the community.

Education Programs

Only two education programs identified were within the definition of prisoner reentry, yet both implemented a quasi-experimental design to help control for threats to internal validity. The evaluations measured rearrest and return to custody rates, increases in academic achievement after program graduation, and time the offender was exposed to educational services.

There are mixed results in this area of reentry programs. Vito and Tewksbury (1999) evaluated the Learning, Instruction, and Training = Employment (LITE) program in Kentucky, which is aimed at increasing the literacy levels of state and local inmates and reducing recidivism. Out of 662 inmates who were tested for program entry, 105 inmates participated in and completed the program. The results showed that during a 6-week time period, graduates increased their reading and math competencies up to three levels: However, the educational component did not seem to have an effect on their recidivism rates when compared to nongraduates (Vito & Tewksbury, 1999).

Recidivism was measured 12 to 15 months after program involvement. It should be noted that the employment component of the program was never fully implemented and may have had an effect on recidivism.

Adams et al. (1994) studied prison behavior and postrelease recidivism of more than 14,000 Texas inmates who were released between March 1991 and December 1992. Some of the inmates participated in prison education programs (treatment group), whereas others did not participate (control group). The cohort was assessed on release and followed-up after 14 to 36 months, depending on their release date. The results of the study showed increases in academic achievement, but recidivism rates were only affected if the offender participated in 200 or more hours of educational programs (Adams et al., 1994). The baseline level of academic achievement of the offender affects this outcome, in that only the offenders with the lowest levels of academic achievement have a decreased likelihood of recidivism with 200 or more hours of educational programs.

The programs were evaluated as a Level 4 and a Level 3, respectively, with selection bias and comparability of groups as the threats to internal validity. From the evidence presented here, we can state that education programs increase educational achievement scores but do not decrease recidivism. Educational reentry programs that link prison programs to community-based resources after release are needed, and the programs that do exist are promising at best.

Sex Offenders and Violent Offenders

Five programs were evaluated in this area—one with a Level 4 rating, one with a Level 3 rating, and three with a Level 2 rating. These studies measured recidivism, level of risk of recidivism, and time at risk of recidivism. Each of these studies present alternative findings. The Level 4 study by Robinson (1996) randomly assigned 2,125 offenders either to a cognitive skills training program or to a control group. All offenders were subject to at least 12-months follow-up after release. The study indicated that the completion of cognitive behavioral therapy does reduce the offenders' return-to-custody rate by 11%, as compared to offenders who did not complete the therapy. This study also noted that therapy is most effective for offenders with a moderate level of risk of recidivism, as compared to a high level (Robinson, 1996).

The Level 3 study by Barbaree, Seto, & Maric (1996) assessed violent sex offenders' risk of recidivism and suggested treatment alternatives. Of the original 250 offenders, 193 completed treatment and were tracked on release. In general, the results of the program do not indicate that a significant differ-

ence exists between recidivism rates of offenders who completed treatment (18%) and those who refused treatment (20%). Yet this study indicated that the treatment refusers were at risk of recidivism significantly less time than the treatment completers; therefore, the refusers had a higher failure rate (38.9%) than the treatment completers (22.2%) when a comparable follow-up period was used (Barbaree et al., 1996).

There were three Level 2 studies that simply measured recidivism rates of violent and sexual offenders. However, because the integrity of the internal validity of these studies is weak, it is difficult to make a decision as to whether this treatment is effective. This area is one of the fastest growing in-prison reentry programs, and additional Level 3 and Level 4 evaluations need to be performed.

Halfway House Programs

Four halfway house programs met our criteria for prisoner reentry. There was one Level 4 study, one Level 3 study, and two Level 2 studies. The Level 4 study was an evaluation of Ohio halfway houses, comparing 236 house clients to a 404-parolee comparison group, with statistical controls for selection bias (Seiter, 1975). The study examined outcome in terms of the frequency and severity of criminal offenses by both groups but also using a score of relative adjustment, which was a measure of positive activities, such as finding and holding a job, being self-supporting, and participating in self-improvement programs. The halfway house group performed better on the positive activities than the comparison group but not at a statistically significant level. However, the halfway house group did commit fewer and less severe offenses (a statistically significant level) during a 1-year outcome analysis than the comparison group.

The Level 3 study was an evaluation of a California halfway house for women. Results indicated that the average number of crimes in the treatment group ($n = 60$) was one half that of the control group ($n = 134$) (Dowell, Klein, & Krichmar, 1985). In addition, the severity of the crimes committed by the treatment group was less than two thirds of the control group. The Level 2 studies look at success rates of participants living in Ohio and Colorado halfway houses (Donnelly & Forschner, 1984; and Department of Criminal Justice, 2001). The results from the two Level 2 studies were consistent with the findings from the other two halfway house evaluations. From the evidence presented here, it can be concluded that halfway house programs do work in easing the transition from prison to the community.

Prison Prerelease Programs

We were only able to find two prerelease programs that met the evaluation criteria. The PreStart program in Illinois was labeled as a Level 3. This state-wide program was very inclusive in its efforts to prepare ex-offenders for life in the community through a two-phase system: prerelease education and postrelease assistance. The rearrest rates within 1 year of release were 40%, as compared to 48% of the comparison group (Castellano et al., 1994). Return-to-prison rates showed an even greater success of 12% for the treatment group and 32% for the comparison group. Of course, there are some limitations to these findings, because randomization was not possible, and the comparison group was a sample of inmates released from similar facilities 2 years earlier. Because selection bias and chance factors pose threats to the internal validity of the results, this program only shows promise as a model for other states to use for prerelease programs.

In a Level 4 study by LeClair & Guarino-Ghezzi (1991), the researchers drew five separate study samples, one that consisted of all men released from Massachusetts Department of Corrections (DOC) facilities in 1974 ($n = 840$) to test the effect of prerelease participation on recidivism rates. The subsample consisted of 212 inmates who completed the prerelease program in 1974 and were tracked for 12 months from the date of each individual's release. Recidivism rates were compared to those of other releasees who had not participated in the program ($n = 629$). The researchers used a predictive attribute analysis to calculate base expectancy prediction tables to test for any nonrandom selection effects. Results showed that the expected recidivism rate for the 212 inmates who participated in prerelease programs was 21.1%. However, the postdischarge behavior only showed that 11.8% of the offenders recidivated. This difference is not significant, but it does indicate an intervention effect. When compared to recidivism rates of offenders who did not participate in prerelease programs (29%), there is support that the prerelease intervention is effective. In combination, these programs demonstrate that prerelease centers and programs can be effective in reducing recidivism rates of ex-offenders

CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

It is encouraging to note the positive results of many prisoner reentry programs as identified in this review. Results indicate a positive result for vocational training and/or work release programs (found to be effective in

reducing recidivism rates as well as in improving job readiness skills for ex-offenders), for drug rehabilitation (graduates of treatment programs were less likely than other parolees and noncompleters to have been arrested, commit a drug-related offense, continue drug use, or have a parole violation), to some extent for education programs (only to increase educational achievement scores, but not to decrease recidivism), for halfway house programs (found effective in reducing the frequency and severity of future crimes), and for prerelease programs (effective in reducing recidivism rates of ex-offenders). In addition, there are promising results for sex- and violent-offender programs. One general point that needs to be made regarding prison reentry programs is that to fully determine what types of programs work to assist in the success of offenders in the community, there is a need to evaluate additional reentry programs currently in operation.

Prisoner reentry is a problem for many reasons. First, the number and makeup of prisoners released has increased and changed considerably during the past 2 decades. Second, the communities to which offenders return are less stable and less able to provide social services and support to these large number of returning prisoners. Third, there is less availability of prison rehabilitative programs to meet inmate needs. Fourth, the focus on supervision and monitoring rather than casework and support by parole and release officers of prisoners reentering society has confounded the problem of lack of programs. Last, there are a large number of released prisoners failing in the community and being returned to prison, with more than three fourths of those returned for technical violations rather than the commission of new crimes.

Even with the problems noted, this analysis of prisoner reentry programs has identified several categories of programs in which there is evidence of success. Correctional administrators should take note of these programs; implement or expand the use of vocational training and/or work release programs, drug rehabilitation programs, education programs, halfway house programs, and prerelease programs that have proven success; and expand the use of sex- and violent-offender programs that show promise. These programs can be expanded significantly with only a small portion of funding that is currently used for imprisoning offenders. These programs should be further examined as they are expanded.

Research should also be conducted regarding the supervision styles of parole officers (surveillance vs. casework) to determine the effect on failure in the community. There should be an examination of the role of the community and the community's ability to respond to the number and needs of returning ex-offenders. There should be an examination of the causes of the increasing number of ex-inmates returned to prison for minor crimes or only

technical violations of their release conditions. Last, there should be additional evaluations of those programs that show promise yet cannot at this time be concluded to improve the likelihood of the success of reentering prisoners.

The nation has invested billions of dollars into locking up offenders. The policies around reentry have become increasingly an avoidance of risk. As a result, we have created a revolving door of offenders who will be committed to prison time and again as they fail in the community. This is not only a failure of the inmate, it is a failure of our release and reentry policies. As this analysis pointed out, we do know that certain programs can improve prisoner reentry and reduce the revolving-door syndrome. With billions of dollars focused on imprisonment, it is only fitting that a few million more be focused on prisoners' return to the community.

NOTES

1. For a review of the "nothing works" conclusion see Lipton, Martinson, & Wilks (1975).

2. These states abolishing discretionary parole release include Arizona (1994), Delaware (1990), Illinois (1978), Indiana (1977), Kansas (1993), Maine (1975), Minnesota (1980), Mississippi (1995), New Mexico (1979), North Carolina (1994), Ohio (1996), Oregon (1989), Virginia (1995), Washington (1984), and Wisconsin (1999).

APPENDIX A
Vocational Training and Work Programs

<i>Author</i>	<i>Title</i>	<i>Project</i>	<i>Jurisdiction</i>	<i>Date</i>	<i>Level of Study</i>				
					<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Saylor & Gaes	Postrelease Employment Project	PREP	Federal	1992				x	
	Training Inmates Industrial/ Vocational Instruction	PREP	Federal	1997				x	
Turner & Petersilia	Work Release in Washington		Washington State	1996					x
Peter Finn	Job Placement for Offenders: A Promising Approach	CCH	Washington	1999		x			
		RIO	Texas	1999		x			
		CEO	New York	1999	x				
		Safer House	Illinois	1999		x			

NOTE: PREP = Postrelease Employment Project; CCH = Corrections Clearinghouse; RIO = Reintegration of Offenders; CEO = The Center for Employment Opportunities.

APPENDIX B
Drug Rehabilitation Programs

<i>Author</i>	<i>Title</i>	<i>Project</i>	<i>Jurisdiction</i>	<i>Date</i>	<i>Level of Study</i>				
					<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Wexler, Falkin, & Lipton	Prison TC for SAT	Stay N' Out	New York	1990				x	
Knight et al.	Prison-Based Drug Treatment: Texas in Prison TC	PTA	Texas	1997					x
Hiller et al.			Texas	1999					x
Knight, Simpson, et al.			Texas	1999					
Martin, Butzin, & Inciardi	Assessment of Multi-Stage TC	Key-Crest	Delaware	1995					x
Inciardi et al.	Prison-based Tx for Drug Offenders	Key-Crest	Delaware	1997					x
Butzin et al.	Impact of Drug Tx	Key-Crest	Delaware	1999					x
Martin et al.	3 Year TC Outcomes	Key-Crest	Delaware	1999					x
Rhodes et al.	Federal Residential Drug Tx	BOP	Federal	2001					x
Field	Cornerstone Program		Oregon	1985		x			
Hartman, Wolk, Johnston, & Colyer	Recidivism and SAT Outcomes in TC	OCCDTP	Missouri	1997			x		
Knight & Hiller	Community-Based SAT	DCJTC	Dallas	1997		x			

NOTE: TC = Therapeutic Community; SAT = Substance Abuse Treatment; PTA = prison-based treatment assessment; BOP = Bureau of Prisons; OCCDTP = Ozarks Correctional Center Drug Treatment Program; DCJTC = Dallas County Judicial Treatment Center.

APPENDIX C
Educational Programs

<i>Author</i>	<i>Title</i>	<i>Project</i>	<i>Jurisdiction</i>	<i>Date</i>	<i>Level of Study</i>				
					<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Vito & Tewksbury	Improving the Educational Skills of Inmates	LITE	Kentucky	1999					x
Adams et al.	Effects of Academic & Vocational Programming on Reincarceration	PREP	Texas	1994			x		

NOTE: LITE = Learning, Instruction, and Training Employment Program; PREP = Postrelease Employment Project.

APPENDIX D
Sex/Violent Offender Programs

<i>Author</i>	<i>Title</i>	<i>Project</i>	<i>Jurisdiction</i>	<i>Date</i>	<i>Level of Study</i>				
					<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Gordon & Nicholaichuk	Applying the Risk Principle to Sex Offender Treatment		Canada	1996		x			
Robinson	Factors Influencing the Effectiveness of Cognitive Skills Training		Canada	1996				x	
Motiuk, Smiley, & Blanchette	Intensive Programming for Violent Offenders		Canada	1996	x				
Barbaree, Seto, & Maric	Effective Sex Offender Treatment		Canada	1996			x		
Studer, Reddon, Roper, & Estrada	Phoenix: An In-Hospital Treatment Program		Canada	1996	x				

APPENDIX E
Halfway Houses

<i>Author</i>	<i>Title</i>	<i>Project</i>	<i>Jurisdiction</i>	<i>Date</i>	<i>Level of Study</i>				
					<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Dowell, Klein, & Krichmar	Evaluation of a Halfway House for Women	Hoffman House	Federal	1985			x		
Donnelly & Forschner	Client Success or Failure in a Halfway House	Cope House	Federal/State & County	1984		x			
Department of Criminal Justice-ORS	2000 Community Corrections Study	Community Corrections Study	Colorado State	2001		x			
Seiter	Evaluation Research as a Feedback Mechanism	Ohio Halfway House Study	Ohio	1975				x	

APPENDIX F
Prerelease Programs

<i>Author</i>	<i>Title</i>	<i>Project</i>	<i>Jurisdiction</i>	<i>Date</i>	<i>Level of Study</i>				
					<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
LeClair & Guarino-Ghezzi	Massachusetts Furlough and Prerelease programs		Massachusetts State	1991				x	
Castellano et al.	Implementation and Impact of Illinois' PreStart Program	PreStart	Illinois State	1996			x		

REFERENCES

- Adams, K., Bennet, K. J., Flanagan, T. J., Marquart, J. W., Cuvelier, S. J., Fritsch, E., Gerber, J., Longmire, D. R., & Burton, V. S., Jr. (1994, December). Large-scale multidimensional test of the effect of prison education programs on offenders' behavior. *The Prison Journal*, 74(4), 433-449.
- Anderson, E. (1990). *Streetwise: Race, class, and change in an urban community*. Chicago: University of Chicago Press.
- Andrews, D. A., & Bonta, J., (1995). *The level of service inventory-revised (LSI-R) manual*. Toronto, Ontario: Multi-Health Systems.
- Barbaree, H. E., Seto, M. T., & Maric, A. (1996). Effective sex offender treatment: The Warkworth Sexual Behavior Clinic. *Forum on Corrections Research*, 8(3), 13-15.
- Beck, A., & Mumola, C. (1999). *Prisoners in 1998*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Blumstein, A., Cohen, J., & Farrington, D. P. (1988, February). Longitudinal and criminal career research: Further clarification. *Criminology*, 26(1), 57-74.
- Bureau of Justice Statistics. (1977). *National prisoner statistics*. Washington, DC: U.S. Department of Justice.
- Bureau of Justice Statistics. (1997). *National prisoner statistics*. Washington, DC: U.S. Department of Justice.
- Butzin, C. A., Scarpetti, F. R., Nielsen, A. L., Martin, S. S., & Inciardi, J. A. (1999). Measuring the impact of drug treatment: Beyond relapse and recidivism. *Corrections Management Quarterly*, 3(4), 1-7.
- Camp, C. G., & Camp, G. M. (1998). *The corrections yearbook, 1998*. Middletown, CT: Criminal Justice Institute.
- Camp, C. G., & Camp, G. M. (1999). *The corrections yearbook, 1999: Adult corrections*. Middletown, CT: The Criminal Justice Institute.
- Castellano, T. C., Cowles, E. L., McDermott, J. M., Cowles, E. B., Espie, N., Ringel, C., et al. (1994). *Implementation and impact of Illinois' Prestart Program: A final report*. Carbondale: Southern Illinois University, Center for the Study of Crime, Delinquency, and Corrections.
- Clear, T., & Cole, G. (1997). *American corrections*. Belmont, CA: Wadsworth.
- Department of Criminal Justice, Office of Research and Statistics. (2001). *2000 Community Corrections Study*. Manuscript in preparation.
- Ditton, P., & Wilson, D. J. (1999). *Truth in sentencing in state prisons*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Donnelly, P. G., & Forschner, B. (1984). Client success or failure in a halfway house. *Federal Probation*, 48, 38-44.
- Dowell, D. A., Klein, C., & Krichmar, C. (1985). Evaluation of a halfway house. *Journal of Criminal Justice*, 13, 217-226.
- Feeley, M. M., & Simon, J. (1992). The new penology: Notes on the emerging strategy of corrections and its implications. *Criminology*, 30(4), 449-479.
- Field, G. (1985). The Cornerstone Program: A client outcome study. *Federal Probation*, 49, 51-56.
- Finn, P. (1999, July). Job placement for offenders: A promising approach to reducing recidivism and correctional costs. *National Institute of Justice Journal*, 1-35.
- Fogel, D. (1975). *We are the living proof: The justice model for corrections*. Cincinnati, OH: Anderson.
- Furniss, J. (1996). The population boom. *Corrections Today*, 58(1), 38-43.

- Gaes, G. G., Flanagan, T. J., Motiuk, L. L., & Stewart, L. (1999). Adult correctional treatment. In M. Tonry & J. Petersilia (Eds.), *Prisons* (pp. 361-426). Chicago: University of Chicago Press.
- Gordon, A., & Nicholaichuk, T. (1996). Applying the risk principal to sex offender treatment. *Forum on Corrections Research*, 8(2), 36-38.
- Halleck, S. (1971). *The politics of therapy*. New York: Science House.
- Hartmann, D. J., Wolk, J. L., Johnston, J. S., & Coyler, C. J. (1997). Recidivism and substance abuse outcomes in a prison-based therapeutic community. *Federal Probation*, 61(4), 19-25.
- Hiller, M. L., Knight, K., & Simpson, D. D. (1999). Prison-based substance abuse treatment, residential aftercare and recidivism. *Addiction*, 94(6), 833-842.
- Inciardi, J. A., Martin, S. S., Butzin, C. A., Hooper, R. M., & Harrison, L. D. (1997). An effective model of prison-based treatment for drug-involved offenders. *Journal of Drug Issues*, 27, 261-278.
- Knight, K., & Hiller, M. (1997). Community-based substance abuse treatment: A 1-Year outcome evaluation of the Dallas County Judicial Treatment Center. *Federal Probation*, 61(2), 61-68.
- Knight, K., Simpson, D. D., Chatham, L. R., & Camacho, L. M. (1997). An assessment of prison-based drug treatment: Texas' in-prison therapeutic community program. *Journal of Offender Rehabilitation*, 24(3/4), 75-100.
- Knight, K., Simpson, D. D., & Hiller, M. L. (1999). Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *The Prison Journal*, 79(3), 337-351.
- LeClair, D. P., & Guarino-Ghezzi, S. (1991). Does incapacitation guarantee public safety? Lessons from Massachusetts furlough and pre-release programs. *Justice Quarterly*, 8(1), 1-40.
- Lehman, J. (2001). Reinvesting community corrections in Washington state. *Corrections Management Quarterly*, 5(3), 41-45.
- Lipton, D., Martinson, R., & Wilks, J. (1975). *The effectiveness of correctional treatment*. New York: Praeger.
- Martin, S. S., Butzin, C. A., & Inciardi, J. A. (1995). The assessment of multi-stage therapeutic community for drug-involved offenders. *Journal of Psychoactive Drugs*, 27, 109-116.
- Martin, S. S., Butzin, C. A., Saum, C. A., & Inciardi, J. A. (1999). Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release to aftercare. *The Prison Journal*, 79(3), 294-320.
- Morris, N. (1974). *The future of imprisonment*. Chicago: University of Chicago Press.
- Motiuk, L., Smiley, C., & Blanchette, K. (1996). Intensive programming for violent offenders: A comparative investigation. *Forum on Corrections Research*, 8(3), 10-12.
- Nelson, M., Deess, P., & Allen, C. (1999). *The first month out: Post-incarceration experiences in New York City*. Unpublished monograph, New York: The Vera Institute.
- Petersilia, J. R. (1999). Parole and prisoner reentry in the United States. In M. Tonry & J. Petersilia, (Eds.), *Prisons* (pp. 479-529). Chicago: University of Chicago Press.
- Petersilia, J. R. (2000). *The collateral consequences of prisoner reentry in California: Effects on children, public health, and community*. Unpublished monograph. Irvine: University of California.
- Rhine, E. E. (1997). Probation and parole supervision: In need of a new narrative. *Corrections Quarterly*, 1(2), 71-75.
- Rhodes, W., Pelisser, B., Gaes, G., Saylor, W., Camp, S., & Wallace, S. (2001). Alternative solutions to the problem of selection bias in an analysis of federal residential drug treatment programs. *Evaluation Review*, 25, 19-45.
- Robinson, D. (1996). Factors influencing the effectiveness of cognitive skills training. *Forum on Corrections Research*, 8(3), 6-9.

- Rose, D. R., Clear, T., & Scully, K. (1999, November 8). *Coercive mobility and crime: Incarceration and social disorganization*. Paper presented at the American Society of Criminology meetings, Toronto, Ontario.
- Saylor, W. G., & Gaes, G. G. (1992). The post-release employment project: Prison work has measurable effects on post-release success. *Federal Prisons Journal*, 2(4), 33-36.
- Saylor, W. G., & Gaes, G. G. (1997). Training inmates through industrial work participation and vocational apprenticeship instruction. *Corrections Management Quarterly*, 1(2), 32-43.
- Seiter, R. P. (1975). *Evaluation research as a feedback mechanism for criminal justice policy making: A critical analysis*. Unpublished dissertation. Columbus: Ohio State University.
- Sherman, L. W., Gottfredson, D. C., MacKenzie, D. L., Eck, J., Reuter, P., & Bushway, S. D. (1998). *Preventing crime: What works, what doesn't, what's promising*. [Monograph]. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Studer, L. H., Reddon, J. R., Roper, V., & Estrada, L. (1996). Phoenix: An in-hospital treatment program for sex offenders. *Journal of Offender Rehabilitation*, 23(1/2), 91-97.
- Turner, S., & Petersilia, J. (1996). Work release in Washington: Effects on recidivism and corrections costs. *The Prison Journal*, 76(2), 138-164.
- Vito, G. F., & Tewksbury, R. (1999). Improving the educational skills of inmates: The results of an impact evaluation. *Corrections Compendium*, 24(10), 46-51.
- Wexler, H. K., Falkin, G. P., & Lipton, D. S. (1990). Outcome evaluation of a prison therapeutic community for substance abuser treatment. *Criminal Justice and Behavior*, 17, 71-92.
- Wilkinson, R. A. (2001). Offender reentry: A storm overdue. *Corrections Management Quarterly*, 5(3), 46-51.