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*Cheryl Lero Jonson and Francis T. Cullen*

# Prisoner Reentry Programs

## ABSTRACT

Only in the past decade has prisoner reentry been “discovered” and become a central policy concern in the United States. This is due in part to the sheer number of released inmates (more than 600,000 annually) and in part to a movement that has defined the issue as “reentry.” A growing number of programs have been created in prisons and the community. Implementing them effectively, however, poses substantial challenges. A wide diversity of programs fall under the rubric and only a limited number of rigorous evaluations have been conducted. Research suggests that, overall, reentry services reduce recidivism, but program effects are heterogeneous and at times criminogenic. Effective programs tend to be consistent with the risk-need-responsivity model. A sustained effort to evaluate carefully designed programs rigorously is needed and may require development of a “criminology of reentry.” More needs to be understood about why recidivism rates are high in the first year after reentry, why some offenders have late-onset failure, whether who comes home matters, and how stigma and other collateral consequences of conviction can be managed.

I cannot fully describe the feelings that I had as I stepped out of the House of Corruption. . . . The prison clerk had given me seven cents for carfare. Walking along the street to the streetcar line, I studied the seven cents in my hand, and cynically and silently sneered at the city's benevolent generosity toward its forsaken wards. After a year of idleness and monotony in that stagnant cesspool I was now supposed to make

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good on seven cents. A fine start, I'll say, with not one word of advice from anyone. They just kick you out of the place, and to hell with you. (Stanley, "The Jack-Roller," in Shaw [(1930) 1966], p. 167)

Let us not forget for one moment that ninety-seven out of every (one) hundred of the men and women we send to prison must some day come out of prison again.... More than one-half of the persons in prison today have had to be locked up at least once before for a violation of the law. Yes, we might as well admit it. Taking it by and large, we have bungled in the manner and the method of their release.

After the necessarily strict routine of prison life we know that it is difficult for a discharged prisoner to stand on his own feet in the swift-running currents of a free man's world. Often, if he has been in prison very long, he will have lost the habit of making his own decisions. He usually faces tremendous difficulties finding a job. In many cases his prison record cuts him off from the friendship of law-abiding people. These circumstances tend to push a man back to a life of crime unless we make it our business to help him overcome them.... That is the reason (why) I have long been of the opinion that this problem of parole is the most promising method of terminating a prison sentence. (President Franklin D. Roosevelt 1939, pp. 11–12)

Stanley and Franklin D. Roosevelt came from opposite social worlds. Born into an immigrant family of Polish immigrants in the "jungle" of inner-city Chicago, Stanley entered crime early in life and would be imprisoned several times, including in the city's House of Corrections (Shaw [1930] 1966; Snodgrass 1982). Franklin Roosevelt was born into wealth and ascended to the White House. But if they shared little else, both Stanley and Franklin could see that imprisonment created a fundamental challenge: the vast majority of inmates eventually return to the community. Writing in the 1930s—a time not long after Progressive Era reforms had legitimized the rehabilitative ideal (Rothman 1980)—they agreed that the challenge of prisoner reentry was not being met successfully. For Stanley, he was failed in two ways—inside prison where idleness and corruption prevailed and outside prison where his release was of little concern to anyone. For FDR, statistics confirmed his commonsense observations: released offenders faced a number of barriers that, if left unaddressed, made recidivism probable.

For the remainder of the century, however, Stanley's plea for support and FDR's admonition that dire circumstances will "tend to push a man back to a life of crime unless we make it our business to help him overcome them" were largely ignored. Corrections officials and scholars understood these issues, of course, and often urged that they be given more attention. Still, inmates' return to society never quite seemed to rise to the level of being an urgent policy concern. Instead, the task of ensuring community reintegration was allocated to parole (Rothman 1980).

As Simon (1993) documents, the parole enterprise over time has been guided by different organizing models. Although these models were never fully hegemonic and when superseded never fully vanished, different ways of thinking were preeminent during particular periods. Before World War II and especially afterward, "disciplinary" or "industrial" parole was normative. Building on the cultural belief that the discipline of routine work instills moral fiber, states required parolees to have a job to secure release and to keep a job to avoid reincarceration. Fluctuations in the economy and high unemployment among minority offenders increasingly made the work requirement less tenable. According to Simon (1993), beginning in the 1950s, a "clinical" model arose in which parole agents were tasked with normalizing offenders by building close relationships and delivering treatment services. In the 1960s, the treatment approach encouraged the implementation of halfway houses and of efforts at "community reintegration" (Latessa and Smith 2011). Concern for parolees' welfare increased but would soon be severely curtailed.

By the mid-1970s, a coalition of liberals and conservatives attacked the rehabilitative ideal (Cullen 2013; Cullen and Gilbert 2013). They took special aim at the indeterminate sentence and parole release—and had little confidence in the value of delivering treatment during parole supervision. For liberals, parole boards lacked the expertise and political insulation to make legitimate decisions on who should, or should not, be released from prison. Their discretion was seen as unfettered, inequitable, and an invitation for racial and class bias. For conservatives, parole boards were a source of unwarranted leniency, allowing dangerous offenders serving long sentences to "con" board members into returning them to the community prematurely. This revolving door of justice was said to rob the legal system of its deterrent powers, by teaching that crime pays, and of its capacity to incapacitate, by allowing predators to roam free on neighborhood streets (Tonry 1996; Cullen and Gilbert 2013).

In response, more than 20 states moved to some form of determinate sentencing and abolished parole release, although Colorado, Connecticut, and Mississippi later restored it (Petersilia 1999; Caplan and Kinnevy 2010; Rhine 2011). Even in states that retained parole, certain types of crimes (e.g., violent and multiple felonies) often rendered offenders ineligible for release, leading Rhine to conclude that “regardless of sentencing structures . . . parole boards have experienced a pronounced contraction in their releasing authority” (2011, p. 612). Eventually, all states constrained sentencing discretion by passing laws stipulating mandatory minimum sentences, truth in sentencing, and life or lengthy sentences for those convicted of “third strikes” (Tonry 1996, 2013; Johnson 2011). The result was what Tonry (2013, p. 141) has called a “crazy quilt” of sentencing policies that mix, across and often within states, elements of determinacy and indeterminacy (Reitz 2011). One consequence is that as of 2012, one in five inmates “maxes” out (serves a full sentence) and is subject to no postrelease supervision (Pew Charitable Trusts 2014*a*). In states lacking parole, offenders are typically given some period of post-release supervision (e.g., 1–3 years).

Taken together, these various changes helped to usher in a new model of supervision—what Simon (1993) terms “managerial parole.” As the label implies, this model emphasized the close surveillance of offenders to curtail their potential misconduct. This could involve risk assessment to know whom to supervise intensively, drug testing, electronic monitoring, and revocation for the noncompliant. Simon (1993) uses the metaphor of “waste management” to describe the purpose of this parole model and argues that this is not simply a “polemical label.” Rather, the term is simply an “acknowledgment that many of the young men who encounter the criminal justice system will likely become lifetime clients.” As in any waste management system, “it follows that methods must be deployed to allow this population”—this waste—“to be maintained securely at the lowest possible cost.” Importantly, this parole model legitimated the denial of attempts to invest in or enrich the lives of offenders; in short, it attenuated the rationale for the delivery of treatment services. The use of such “expensive techniques,” notes Simon, is “not warranted if the basic assumption is that there is no realistic potential to alter the offenders’ status as toxic waste” (p. 259).

Then, rather unexpectedly, things changed. First, the attack on parole lost steam. Since 2000, observes Rhine, “No parole board was abolished or lost a significant amount of authority relative to its discretionary re-

lease decision making. In fact, one state (Mississippi) recently restored the parole granting function” (2011, p. 632). Second, and more significantly, the term *reentry* entered the correctional and public policy lexicon. Although Franklin Roosevelt had the same insight in 1939—as have others repeatedly since—there was an emerging acceptance of what Jeremy Travis called “the iron law of imprisonment: they all come back” (2005, p. xxi). It suddenly seemed indefensible to ignore the stubborn reality that 95 percent of the prison population—more than 600,000 ex-inmates annually—were reentering society, many of whom would recidivate and be reincarcerated. The waste management system was failing. It became “obvious” that mere surveillance was not sufficient to allow offenders to negotiate the barriers and burdens of reentry. Programs would have to be developed to help offenders make the difficult transition between prison and citizenship.

In fact, Rhine and Thompson (2011) document the rise over the past decade of “the reentry movement in corrections” (see also Petersilia 2009; Garland and Wodahl 2014). Social scientists disagree on what qualifies a reform as a “social movement,” but prisoner reentry meets three of the most important criteria (Staggenborn 2005). First, resource mobilization theory highlights the importance of organizations, often in loosely coupled networks, supporting the reform. Reentry has been embraced and supported by federal government agencies, state and local governments, correctional and legal professional associations, and faith-based groups (Frazier 2011; Rhine and Thompson 2011). Second, political process theory emphasizes that movements are not possible without political opportunities. In part due to President George W. Bush’s support of the Second Chance Act, reentry has enjoyed strong bipartisan support from Democrats and Republicans (Listwan et al. 2008). The salience of reentry was heightened by the deep recession starting in 2008 that made the cost of mass imprisonment seem unsustainable and thus focused attention on ways to keep offenders from returning to prison. Third, culture theory emphasizes the role in generating movements of collective identity and of “*collective action frames* [which] are ways of presenting issues that identify injustices, attribute blame, suggest solutions, and inspire collective action” (Staggenborn 2005, p. 755; emphasis in original). Academics have been particularly important in constructing reentry as a social problem, providing solutions, and calling for a concerted effort to transform the back end of the correctional system (see, e.g., Petersilia 2003; Travis 2005).

A key feature of the reentry movement is its focus on developing programs to facilitate the successful return of prisoners to the community. This emphasis is important because it ties reentry to the rehabilitative ideal. Implicit in the very idea of programming—whether conducted inside or outside the prison—is that offenders face personal and situational risks that, if left unaddressed, will likely lead them back into crime. Reentering prisoners are thus seen as being at risk for recidivating—but not destined to this fate. The challenge is thus to develop programs that work—which are effective and evidence based.

Conceptually, the term reentry can also be employed to describe the process of an inmate's movement from custody into society. In a sense, this usage is amorphous because it potentially includes almost any experience that offenders have had during and after their incarceration. Other than describing the obvious—that prisoners become nonprisoners—it is not clear what the term adds substantively. Perhaps its one advantage, however, is that it reminds us that reentry covers not only inmates who are paroled but also those released without supervision. In any event, we use the term reentry generally to describe the process of inmates “coming home” but focus specifically on the nature and effectiveness of programs established to reduce postprison recidivism.

To provide context, Section I describes the reentry problem. We first discuss why reentry is an objective problem and then examine how it became socially constructed as a problem worthy of special attention. We conclude that reentry is likely to persist as a permanent feature of the correctional enterprise, in part because the idea of offender reentry is becoming organizationally institutionalized and is supported by the public. Section II examines challenges in delivering effective reentry programs. Many programs are based on no credible scientific theory and are not implemented with fidelity to treatment integrity. The diversity of programs falling under the category of reentry has resulted in even the best programs typically being evaluated by a single study. Overall, reentry services tend to reduce recidivism, but there is wide heterogeneity in program effects. On the basis of admittedly limited evidence, it appears possible to identify the likely components of effective interventions: high treatment fidelity, use of therapeutic communities during imprisonment, continuity of care from the prison into the community, and targeting of high-risk offenders and their risk factors for change. We conclude in Section III with a call to create a “criminology of reentry.”

Knowledge gaps restrict the capacity to develop effective reentry programs. Beyond the need to conduct more high-quality evaluations, it is essential to understand more about why recidivism is pronounced in the period immediately after release, why some offenders avoid arrest for several years before experiencing late-onset failure, and how stigma and other collateral consequences of conviction inhibit reentry success.

### I. The Reentry Problem

Social problems have two features: first, that the issue is by objective standards a problem and, second, that an objective problem is recognized or “socially constructed” as a “problem” (Specter and Kitsuse 1977). In this section we initially discuss why prisoner reentry is objectively a pressing public policy concern. Then, we argue that a confluence of events in the first part of the current century have worked to define reentry as a social problem. This social construction has been instrumental in elevating reentry from neglect into a central correctional issue.

#### *A. Nature of the Problem*

In his address to the National Parole Conference at the White House, Franklin D. Roosevelt articulated the rationale for expanded and effective parole: in 1939, 97 percent of inmates returned to the community, many of whom recidivated. Although other law enforcement, court, and prison reforms had been made, observed the president, “it seems to me that we have made the least progress in the very important matter of getting people from prison back . . . to society” (Roosevelt 1939, p. 11). To FDR, the magnitude of the problem merited special mention: “Between 60,000 and 70,000 persons are released from Federal and state prisons and reformatories back into the communities of the country every single year” (p. 11). The stunning fact is that 75 years later, the challenges identified by President Roosevelt still exist—except that the reentering prisoner population has grown tenfold.

The problem of reentry is inextricably tied to the problem of mass imprisonment. The numbers are stated with numbing regularity: on any given day in the United States, more than 1.5 million offenders are incarcerated in state and federal prisons, with the count exceeding 2.2 million when jail inmates are included (Glaze and Herberman 2013). As state and federal prison populations rose intractably—from around

200,000 in the early 1970s to over 1.6 million in 2008—the “iron law” of incarceration that “they all come back” remained in effect (Travis 2005). Growing prison inputs produced growing prison outputs.

As table 1 shows, by 1978, the number of offenders released each year from state and federal prisons had “only” doubled since FDR’s address four decades earlier, standing at 142,033 inmates. Scarcely a decade later in 1990, however, the impact of mass incarceration could be seen: the number of prison releases had more than doubled again to more than 400,000. By the turn of the century, the count had jumped by another 230,000 annually. Five years later in 2005, releases broke the 700,000 barrier. They fell below 700,000 in 2011 and more steeply the following year. In 2013, prison releases stood at 623,337 (Carson and [Golinelli 2013](#); Carson 2014).

These figures do not include offenders cycled through local jails. After reaching a high of 13.6 million admitted to a jail during 2008, the yearly population of admissions has stabilized since 2011 at about 11.7 million.

TABLE 1  
Number of Prisoners Released from State  
and Federal Prisons, 1978–2013

| Year | Inmates Released | Year | Inmates Released |
|------|------------------|------|------------------|
| 1978 | 142,033          | 1996 | 488,748          |
| 1979 | 154,277          | 1997 | 514,322          |
| 1980 | 157,604          | 1998 | 546,616          |
| 1981 | 162,294          | 1999 | 574,624          |
| 1982 | 174,808          | 2000 | 635,094          |
| 1983 | 212,302          | 2001 | 628,626          |
| 1984 | 208,608          | 2002 | 633,947          |
| 1985 | 219,310          | 2003 | 656,574          |
| 1986 | 247,619          | 2004 | 672,202          |
| 1987 | 288,781          | 2005 | 701,632          |
| 1988 | 318,889          | 2006 | 709,874          |
| 1989 | 367,388          | 2007 | 721,161          |
| 1990 | 404,000          | 2008 | 734,144          |
| 1991 | 420,000          | 2009 | 729,749          |
| 1992 | 428,300          | 2010 | 708,877          |
| 1993 | 434,082          | 2011 | 691,072          |
| 1994 | 434,766          | 2012 | 637,411          |
| 1995 | 474,296          | 2013 | 623,337          |

NOTE.—Adapted from table 2 in Carson and Golinelli (2013), p. 4. Data for 2013 from Carson (2014), p. 10.

This is about 16 times larger than the average daily jail population of about 730,000 (Minton and Golinelli 2014). Even considering the jailed inmates awaiting trial who later will be sent to state prisons, it is likely that jails release upward of 10 million offenders annually. Further, 38 percent of the jail population was serving sentences due to a conviction, meaning that when released these offenders experience many of the same reentry challenges as those returning from prison (Minton and Golinelli 2014). This issue is likely to become increasingly significant in California, where downsizing of the state's prison population mandated by the US Supreme Court is leading to a rise in offenders serving sentences in local jails. California jails now house over 80,000 inmates, up from 69,404 in June 2011 (Minton and Golinelli 2014; Petersilia and Cullen 2015).

Prisons do not seem to reduce the criminality of inmates, making offenders' return to the community problematic. Mounting evidence exists that the effect of imprisonment on reoffending is likely null or criminogenic (Nagin, Cullen, and Jonson 2009; Cullen, Jonson, and Nagin 2011; see also Mears, Cochran, and Cullen, *forthcoming*). In fact, recidivism rates remain at high levels. In their classic study of the recidivism of released prisoners, Langan and Levin (2002) traced 272,111 discharged inmates in 15 states. They comprised two-thirds of the reentering offenders that year. Within 3 years, 67.5 percent of the sample had been rearrested for a new offense, 46 percent had been reconvicted, and 25.4 percent had been resentenced to prison. Including technical violations, over half (51.8 percent) had been returned to prison. They had been charged with 744,480 new offenses, including more than 100,000 violent crimes and 2,871 homicides. Notably, failure after reentering society was pronounced in the first 6 months to a year. The cumulative rate of rearrest was 29.9 percent for 6 months and 44.1 percent for 1 year; the percentage then climbed more slowly to 59.2 percent for 2 years and 67.5 percent for 3 years.

More recent research by Durose, Cooper, and Snyder (2014) presents similar data. They examined the experiences of 404,638 prisoners released in 30 states from 2005 to 2010. The percentage of former inmates arrested for a new crime in 3 years—67.8—was nearly identical to the 67.5 percent figure found by Langan and Levin. The 5-year statistic for arrests was more than three-fourths of the sample (76.6 percent). For those age 24 or younger, the figure was 84.1 percent. Again, failure was highest in the time shortly after release, with about one-third (36.8 per-

cent) arrested within 6 months and more than half (56.7 percent) by the end of the first year. Data on 23 states revealed that about half (49.7 percent) were returned to prison in 3 years and 55.1 percent in 5 years.

These two studies reveal that inmate reentry is marked by widespread failure. High proportions of released offenders have contact with the law, often soon after reentry, and about half are reincarcerated. For those concerned with public safety and inmate welfare, the current system of reentry is difficult to justify. A problem exists that warrants a solution.

Reentry is hampered by a lack of treatment services available to prisoners before release. A particularly stark example is California, a state that turned decidedly away from rehabilitation with the passage of determinate sentencing in 1976 (Cullen and Gilbert 2013; see also Kruttschnitt and Garner 2005; [Page 2011](#)). Petersilia reports that on the basis of 1997 data, only 2.5 percent of the state's inmates in "high need of drug treatment received professionally run treatment" (2008, p. 236). For California offenders released in 2006, almost half sat idle during their entire prison sentence, participating in no work or treatment program. The negative consequence of this lack of services is palpable. "They return to communities unprepared for reentry," observes Petersilia, "and two-thirds are returned to prison within 3 years, nearly twice the national rate" (p. 211).

National statistics reveal a similarly bleak picture. On the basis of 1997 data, Lynch and Sabol (2001) found that the proportion of soon-to-be-released inmates who had participated in treatment was only 27 percent for vocational programs, 35 percent for educational programs, and 13 percent for prerelease programs. More recently, Taxman, Pattavina, and Caudy (2014) have shown that the prevalence of treatment services in prisons is high, but the proportion of inmates participating in such programs is low (see also Taxman, Perdoni, and Harrison 2007). Drawing on the National Criminal Justice Treatment Practices survey, Taxman, Pattavina, and Caudy (2014, p. 56, table 2) report that 74 percent of prisons have outpatient substance abuse programs available. However, only 13.3 percent of inmates participate in the programs during their incarceration, and only 4.7 percent of offenders with a specific need for such treatment can gain access to appropriate services. The pattern of high prevalence (many prisons have an array of programs) but low inmate usage appears to occur for a variety of treatment services. According to Taxman, Perdoni, and Harrison (2007, p. 246), "access is an issue with correctional programs in that few inmates are involved with any pro-

gram.” For example, most prisons offer educational/GED and vocational training/job readiness programs. But on any given day, only 7–8 percent of the adult inmate population is involved in such treatment. The implications of these findings are clear: “In other words, a routine regime of treatment and programming is more likely to produce positive outcomes than programming that is rare or offered to few individuals within a prison or correctional setting. Essentially, what happens inside prison will affect what happens in the community; the result being that mass incarceration will have a long-term impact on offenders, their families, and communities” (Taxman, Pattavina, and Caudy 2014, p. 51).

A final component of the reentry problem consists of the array of barriers that prisoners face upon release that parole authorities and state policy makers are ill-prepared to address. Many offenders likely share the sentiment of Stanley, “The Jack-Roller,” who upon reentering society stated, “They just kick you out of the place, and to hell with you” (Shaw [1930] 1966, p. 167). Other than funds accumulated in personal accounts, most states release prisoners with little concern for their material welfare. Inmates are typically given \$20–\$100 in gate money, a bus ticket to an in-state location, the single set of clothes worn on their backs, and prescription medicine that will expire in 1 week to 60 days (Community Corrections Research Team 2011; Rukus and Lane 2014). Prisoners must depend on family members or other relatives or friends to house them with no compensation from the government. An unknown number—one study in New York State placed the 2-year rate at 11.4 percent—will become homeless (Travis 2005). Those with a criminal record can be barred under federal law from public housing (Travis 2005; Alexander 2010). Private rental housing, often in short supply in the impoverished communities to which prisoners return, may request and check criminal record information on rental applications. A 2006 survey found that 60 percent of state parole supervising agencies had no housing assistance programs (Bonczar 2008).

With limited vocational training, literacy capacity, and educational degrees, securing living-wage employment can be challenging, especially in a recession-period labor market with declining use for unskilled workers (Bushway, Stoll, and Weiman 2007). Many offenders lack a stable work history before incarceration to fall back on, with one-third unemployed at the time of their most recent arrest (Petersilia 2011).

Other barriers exist as well. A major collateral consequence of a criminal conviction is being barred from work in the “fields of child care, ed-

ucation, security, nursing, and home health care—exactly the types of jobs that are expanding” (Petersilia 2011, p. 940). Occupations requiring licensure either automatically exclude or limit those with criminal records. As Alexander (2010, p. 146) notes, this can even include self-employment as a “barber, manicurist, gardener, or counselor,” even if the offenders’ crimes “have nothing at all to do with their ability to perform well in their chosen profession.”

Beyond legally mandated exclusions, employers are reluctant to hire released inmates. In 2001, Holzer, Raphael, and Stoll (2007, p. 120) polled 619 establishments in Los Angeles about their willingness to “accept an applicant with a criminal record for the last non-college job filled.” More than 40 percent answered “probably not” (24.1 percent) or “definitely not” (18.5 percent); another 36.4 percent stated that it “depends on the crime” (2007, p. 124). A 2011 survey of 69 of the largest employers in the Pensacola, Florida, standard metropolitan statistical area produced comparable results, with 40.6 percent of the respondents stating that their company does not “hire people who are formerly convicted felons” (Swanson, Schnippert, and Tryling 2014, p. 213). Experimental studies have probed this issue by submitting employment applications from matched pairs identical except for the admission of a criminal record and seeing whether the fictitious job seekers receive a call back for an interview. In a study of newspaper-advertised openings for entry-level jobs located within a 25-mile radius of Milwaukee, Pager (2007) discovered that whites with a criminal record were half as likely to receive a call back as those with no criminal record (17 vs. 34 percent). For blacks, the callback ratio was about one in three (5 vs. 14 percent). Pager (2007, p. 146) notes that the low probability of African Americans with a criminal record receiving a call back suggests a case of “a ‘two strikes and you’re out’ mentality among employers, who appear to view the combination of blackness and criminal record as an indicator of serious trouble” (see also Pager, Western, and Bonikowski 2009). Similar findings have been reported from a 2011–12 study in Phoenix, Arizona, that included the submission of both online and in-person job applications (Decker et al. 2014).

The difficulty of inmate reentry is further exacerbated by offenders’ limited access to appropriate rehabilitation services while under parole supervision. For example, among all those in community corrections (probation and parole), Taxman, Perdoni, and Caudy (2013, p. 82) re-

port that seven in 10 have “some type of substance abuse disorder.” On any given day, however, only 5 percent receive appropriate clinical treatment services. Most of them complete only “low intensity” treatment, such as “infrequent counseling and some type of pharmacological medications” (Taxman, Perdoni, and Harrison 2007, p. 78). Similarly, a study of 17 state agencies found that only 9 percent of parolees “were enrolled in a mental health treatment program operated by a formally trained mental health professional” (Bonczar 2008, p. 6). By contrast, it is estimated that 16 percent of those under correctional supervision in the United States have a serious mental disorder, such as major depression, bipolar disorder, or schizophrenia (Manchak and Cullen 2014).

### *B. Discovery of the Problem*

These considerations suggest that prisoner reentry has been a long and growing problem. Each year, more than 600,000 inmates are released who are at a high risk of arrest and reincarceration. Most do not receive treatment services appropriate to their criminogenic needs either during or after imprisonment (see Andrews and Bonta 2010). Instead, they face substantial barriers to assuming social roles—particularly employment—that are at the core of citizenship and integral to desistance from crime (Sampson and Laub 1993; see also Porporino 2010).

An objective disquieting condition does not become a social problem, however, unless it is “discovered.” As labeling theorists have pointed out, even harmful conditions—such as child abuse or corporal violence—can exist with little public awareness or intervention for lengthy periods (Pfohl 1985; Cullen, Maakestad, and Cavender 1987). As Spector and Kitsuse (1977) pointed out, social problems are “constructed” through a definitional process. This process of persuading others that a problem exists involves “claims-making” activities in which the negative consequences are highlighted and ameliorative steps requested. But the other part of this process involves attaching a specific label to the condition, which is pregnant with meaning and policy implications. For example, calling erratic emotional conduct “mental illness” implies that troubled people should be seen as patients suffering from a disease that merits clinical treatment by professional experts in either an office visit or a psychiatric hospital (Szasz 1970). Similarly, the construct of “juvenile delinquency” suggests that childhood is a distinct developmental stage and that the state, through the juvenile court, should have wide discretionary

powers to regulate not only youths' violation of criminal law but also risky conduct (e.g., status offenses) seemingly predictive of the onset of a criminal career (Platt 1969; Empey 1982).

In this context, the challenges posed by offenders returning to society after their incarceration had existed since the invention of prisons and, as the address by President Roosevelt (1939) indicates, had long been an objective problem. Until the beginning years of the current century, however, this condition had not been defined or "framed" in a way that made it a "social problem" salient to policy makers and thus central to the correctional enterprise. The issue of released inmates was subsumed under the umbrella of parole, which was criticized by liberals as being inequitable and by conservatives as being overly lenient. At times, the issue was seen as a matter of offender reintegration, which was part of the rehabilitative model embraced by the Left but not the Right. Perhaps because they were enmeshed in ideological debates, "parole" and "reintegration" failed to emerge as labels capable of inspiring concrete actions to address the problem of prisoners released into society. Even when the number of released inmates surpassed the 600,000 mark in 2000, discussions of reentry were just beginning, and no movement was yet on the horizon to address this objective problem.

Soon thereafter, however, the term "reentry" galvanized attention. It entered the correctional lexicon as the now-accepted way of defining the inmate release process. This concept had two distinct advantages. First, it had no apparent ideological preference. Unlike parole, reentry was not attached to any existing correctional practice or organization that had been the object of political dispute. Unlike reintegration, it did not mandate any particular practices. It was not a construct of the Left or the Right but a description of an empirical phenomenon. Second, use of the term reentry thus had a sobering quality to it. Reentry was an "iron law"—they all come home (Travis 2005). To ignore this stubborn reality was manifestly irrational and, from a correctional policy standpoint, irresponsible. In short, framing the issue as a problem of reentry made it easier for claims-makers to argue that action should be taken.

Despite its useful qualities, there is nothing inherent in the word reentry that, in and of itself, would have inspired a policy movement. Might not "return" have sufficed just as well? Rather, it was the use of the term "reentry" in two influential books that gave the term currency and encouraged its embrace in academic, policy-making, and practitioner cir-

cles. These books had similar titles and both linked the inescapability of prisoners “coming home or back” to the term “reentry.” In 2003, Joan Petersilia published *When Prisoners Come Home: Parole and Prisoner Reentry*. Two years later, Jeremy Travis’s *But They All Come Back: Facing the Challenges of Prisoner Reentry* appeared.

There was nothing inevitable in their use of the term reentry. Historical contingency, not unavoidable discovery, led each independently to adopt it (see also [Cullen 2005](#)). According to Petersilia (2009), she was originally scheduled to write an essay entitled “Parole in the United States” to appear in a prisons volume in *Crime and Justice* that she was coediting with Michael Tonry (Tonry and Petersilia 1999). Here is where a turning point in correctional history occurred: “[Tonry] changed the title to read, ‘Parole and *Prisoner Reentry* in the United States,’ observing that my chapter described not only the parole system but also the individual-level experiences of prisoners returning home—what we now think of as prisoner reentry. Writing that chapter was the starting point for what became my professional absorption and ultimately resulted in this book, *When Prisoners Come Home: Parole and Prisoner Reentry*” (Petersilia 2009, p. 249; emphasis in original). Petersilia sought to use the book “to gain attention for what I believed was one of the most significant *social problems* of our time: the challenges posed by the more than 600,000 adults who leave prison and return home each year” (pp. 249–50; emphasis added). Her goal as a prominent claims-maker was “to deliver a national prisoner reentry ‘wake-up call,’ spurring progressive prison reform” (p. 250).

Jeremy Travis’s interest in reentry was perhaps more serendipitous. While serving as the director of the National Institute of Justice (NIJ) in 1999, he was asked by then-US Attorney General Janet Reno, “What are we doing about all the people coming out of prison?” (Travis 2005, p. xi). The answer was almost nothing, which prompted Travis, with the assistance of Laurie Robinson, to delve into the issue in more detail. Because many inmates were being released unsupervised, Travis and Robinson decided that they could not focus only on parole. At this point, Travis made a crucial contribution: “I suggested we use the word ‘reentry’ to capture the experience of being released from custody, and the word quickly became a convenient shorthand for our inquiry. An examination of ‘prisoner reentry,’ we hoped, would allow us to set aside debates over sentencing policy and avoid the pitfalls of defending or critiquing parole. We hoped that the topic of ‘prisoner reentry’ would be

broad enough to allow conservatives and liberals, pro- and antiprison advocates to come together with pragmatic answers to Janet Reno's question" (2005, p. xii).

It would be an exaggeration to suggest that the celebrated use of the word reentry was in and of itself transformative. Importantly, in his position as NIJ director, Travis took steps to translate the concept into reality. He sponsored funding for eight communities to develop "re-entry courts" and for "the first Reentry Partnerships in another five sites, bringing together police, corrections agencies, and community leaders to improve reentry planning" (Travis 2005, p. xii). When he moved in 2000 to the Urban Institute as a senior fellow, he established a diverse study group, the Reentry Roundtable, and published an NIJ Research in Brief entitled *But They All Come Back: Rethinking Prisoner Reentry* (2000). He was invited by the Urban Institute to write the book carrying the similar title, *But They All Come Back: Facing the Challenges of Prisoner Reentry*. Together, Travis's and Petersilia's books provided a thorough account of the objective nature of the problem and made a persuasive claim for a series of policy reforms.

Still, what might have occurred if they had not employed the term reentry? Assessing this counterfactual situation is speculative, but consider, for example, if Petersilia had subtitled her book *The Problem of Parole* and had not used reentry as her organizing concept. In all likelihood, *When Prisoners Come Home* would have been seen as a valuable critique of parole but not much more. And if Travis's book had not used the term reentry—or if he had never been asked by Janet Reno to think about the issue—his role in defining mass prisoner release as a problem of "re-entry" would not have taken place.

In short, just as constructs such as mental illness and juvenile delinquency were "invented," so too was prisoner "reentry." Petersilia and Travis defined prisoner release as reentry, and as claims-makers they argued that this was a social problem in need of attention. It helped, of course, that their claims were true. There was a constituency ready to join a reentry movement. Every correctional leader and academic analyst knew that the existing system of prisoner release was designed to fail and in need of reform.

### C. A Decade Later

A decade after its "invention," reentry shows few signs of being a fad that will soon vanish. "Interest in prisoner re-entry over the last decade,"

notes Petersilia, “has fueled the development of hundreds of programs across the United States” (2011, p. 945). Although this movement was boosted by a number of developments, two events were especially important. First, in 2003, the federal government allocated more than \$110 million to fund the Serious and Violent Offender Reentry Initiative (SVORI). Located in all 50 states, 69 agencies received between \$500,000 and \$2 million over a 3-year period. In all, 89 programs were implemented that focused on reducing recidivism and improving “employment, health (including substance use and mental health), and housing outcomes” (Lattimore and Visser 2009, p. ES-1).

Second, on January 20, 2004, George Bush delivered a critical State of the Union address. Citing the September 11 attacks, he noted that “our greatest responsibility is the active defense of the American people” (Bush 2004, p. 1). On the domestic front, he touted tax relief, the No Child Left Behind Act, policies advancing free and fair trade, defense of traditional marriage against “activist judges,” and support for immigration reform. Toward the end, however, he turned his attention to the nation’s imprisoned population. Echoing President Roosevelt’s themes 65 years earlier, he asked Americans to give a “second chance” to prisoners reentering society:

In the past, we’ve worked together to bring mentors to the children of prisoners and provide treatment for the addicted and help for the homeless. Tonight I ask you to consider another group of Americans in need of help.

This year, some 600,000 inmates will be released from prison back into society. We know from long experience that if they can’t find work or a home or help, they are much more likely to commit crime and return to prison.

So tonight, I propose a four-year, \$300 million Prisoner Re-Entry Initiative to expand job training and placement services, to provide transitional housing and to help newly released prisoners get mentoring, including from faith-based groups. (Applause)

America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life. (Applause) (Bush 2004, pp. 9–10)

President Bush’s support eventually led to the passage of the 2008 Second Chance Act and to millions of dollars in annual funding for reentry services. Perhaps more important, his remarks were a clear departure from

the punitive rhetoric that had long characterized crime-related commentary among conservative political elites (Simon 2007; [Hagan 2010](#)). At least to a degree, they signaled that prisoner reentry was potentially open to bipartisan support.

Four factors are likely to sustain reentry as a permanent feature of the correctional landscape. First, the genie is out of the bottle. Now that prisoner release has been socially constructed as a problem and given an identifiable name—reentry—it is difficult to imagine how ignoring the annual return of hundreds of thousands of offenders to society could be justified. As Petersilia (2009, p. 255) notes, reentry may have “staying power” because it “makes good sense, plain and simple.”

Second, reentry is being institutionalized as a standard practice in state correctional and parole agencies. Wacquant cautions that reentry remains largely a ceremonial reform that is “but a minor bureaucratic adaptation to the glaring contradictions of the punitive regulation of poverty” (2010, p. 614). He points out that funding provided by the Second Chance Act “provides the princely sum of \$20 monthly per new convict released, enough to buy them a sandwich each week” (p. 614). Of course, reentry funding is for the creation of programs and not for income redistribution on a per inmate basis, but Wacquant is right to warn that advocates should avoid unwarranted hubris about what has been achieved. Nonetheless, it is difficult to find a state correctional agency that has not institutionalized some form of reentry. A survey of 42 correctional systems in the United States (eight did not respond) found that all but three offered inmates planned release programs. In 14 states, these were mandatory (Community Corrections Research Team 2011). Numerous reentry programs now exist in states, counties, and communities across the nation. Further, as Rhine and Thompson observe, a “sizable cluster” of states have actively participated in reentry initiatives (e.g., Transition to Community Initiative, Prisoner Reentry Policy Academy). In fact, “state departments of corrections are found exercising leadership across these initiatives, deploying high level executive staff to stimulate and engage in such efforts” (2011, pp. 203–4).

“Reentry” is now an accepted part of the lexicon of American corrections. Books with reentry in the title are appearing with regularity (see, e.g., Gideon and Sung 2011; Gunnison and Helfgott 2013; Crow and Smykla 2014; Mears and Cochran 2015). Panels on reentry are commonplace at national criminology meetings. A number of websites

exist to promote reentry, including the National Reentry Resource Center's What Works in Reentry Clearinghouse and Reentry Central News Headlines (for a full list, see Mears and Cochran [2015, p. 234]). A Google search for "reentry" leads to an array of sites offering resources to those wishing to learn more about current practices. With the assistance of Krisina Zuniga, we used Google Ngram Viewer to graph how often the phrase "prisoner reentry" was used in English language books between 1990 and 2008. The first use did not appear until 1998. After 2000, the curve on the graph showed a dramatic and steady growth upward.

Third, the call for a movement to address the problem of reentry came at a propitious time: when the get-tough era of mass imprisonment is winding down. A June 2014 Gallup poll revealed that when asked about the "most important problem facing the country today," Americans register scant concern about crime; only 3 percent identified "crime/violence" as a concern (Gallup 2014). Crime rates—especially in many major cities—have declined precipitously and stabilized at low levels (Zimring 2007, 2012). "Law and order" has receded as a contentious political issue, playing almost no role in recent political campaigns. Instead, a growing consensus exists on the left and right that mass imprisonment is no longer sustainable financially and that downsizing the nation's inmate population is necessary (Petersilia and Cullen 2015). Importantly, effective reentry is consistent with this bipartisan interest in returning more offenders to the community while not jeopardizing public safety. For example, the deep red state of Mississippi enacted reform legislation in 2014 intended to stave off prison growth and save \$266 million. Part of the package was the implementation of "comprehensive reentry planning for all offenders returning to the community" (Pew Charitable Trusts 2014b, p. 9).

Fourth, the public strongly favors prisoner reentry programs. This sentiment is part of a broader, long-standing support of rehabilitation by the American citizenry (Cullen, Fisher, and Applegate 2000; Jonson, Cullen, and Lux 2013). For example, in a 2001 national survey, Cullen, Eck, and Lowenkamp (2002, p. 137) found that 92 percent of the respondents agreed that "it is a good idea to provide treatment for offenders who are in prison." Similarly, 88 percent supported providing "treatment for offenders who are supervised by the court and live in the community." What follows are recent findings specifically about prisoner reentry:

- A 2006 national poll reported that from 53 to 81 percent of respondents indicated that it was “very important” to provide “people reentering society after being incarcerated” housing, mentoring, family support, mental health services, drug treatment, and job training. Over nine in 10 believed that “planning for an incarcerated person’s reentry” should occur during incarceration, including 44 percent favoring beginning such planning at the time of sentencing. Further, 79 percent expressed support for the Second Chance Act (Krisberg 2006).
- In a 2007–8 survey of New York, New Jersey, and Connecticut residents, approximately 85 percent stated that they were “concerned” about “the fact that about 700,000 prisoners will be released from prison to their home communities.” Similarly, 83 percent expressed support for the Second Chance Act (Gideon and Loveland 2011, pp. 28–29).
- A 2008 study of Missouri residents showed that 88.7 percent agreed that “it is a good idea to help people who are coming out of prison readjust to life in society,” and 77.8 percent agreed that “people coming home from prison can benefit from well-run services and programs in their community.” More than nine in 10 respondents favored substance abuse and mental health treatment for ex-offenders (Garland, Wodahl, and Schuhmann 2013, pp. 37–39).
- A 2010 poll of Oregon residents found that a high percentage supported providing reentry support to offenders such as mental health services (81 percent), housing help (89 percent), drug treatment (91 percent), education (91 percent), and job training (93 percent) (Sundt et al. 2012).
- A 2012 national poll revealed that 87 percent of the respondents agreed that “ninety-five percent of people in prison will be released. If we are serious about public safety, we must increase access to treatment and job training programs so they can become productive citizens once they are back in the community” (Public Opinion Strategies and the Mellman Group 2012, p. 4).

These findings show that there is considerable ideological space for policy makers to implement prisoner reentry initiatives (Jonson, Cullen, and Lux 2013). Citizens understand that investing in offenders’ transition from prison to the community is rational governance aimed at improving both public safety and ex-inmates’ lives. However, this global support should not be seen as a blank check. Thus, in their Missouri sur-

vey, Garland, Wodahl, and Schuhmann (2013) found that support for reentry programs diminished when the respondents were asked to raise taxes to pay for them or to give ex-offenders preference for services over nonoffenders. These data should not be taken as evidence that the public's endorsement of reentry is soft. However, as with any policy issue, correctional policy attitudes change depending on the factors that the public is asked to consider (Cullen, Fisher, and Applegate 2000). Raising taxes or proposing to give benefits to those (offenders) generally considered to be less eligible for them would understandably dampen enthusiasm for reentry policies. Alternatively, support for reentry programs would likely rise if the respondents could be shown that such services facilitate prison downsizing by quickening inmate release, are cost effective, and reduce recidivism. The quality of reentry programs thus can play an integral role in sustaining support among the American public.

## II. The Challenge of Effectiveness

As in fields such as medicine and education, the idea that practice should be evidence based has gained increasing legitimacy in corrections (MacKenzie 2006; Cullen, Myer, and Latessa 2009; Cullen and Jonson 2012). Demonstrably ineffective interventions can erode public confidence, cause offenders to become further entrenched in criminal careers, and irresponsibly endanger public safety. The difficulty, however, is that unlike the marketing of drugs by the pharmaceutical industry, correctional "treatments" can be delivered with no prior testing or proven effectiveness. The absence of appropriate governmental regulation or civil liability is exacerbated by a lack of internal occupational regulation. Because corrections has not been fully professionalized, service providers are not required to possess up-to-date scientific expertise on treatment efficacy or to comply with a code of ethics, enforced by sanctions, that forbids harmful practices (Latessa, Cullen, and Gendreau 2002; Cullen 2011). Perhaps not surprisingly, corrections has been susceptible to the creation of plausible but ultimately ineffective programs, such as Scared Straight (Finckenauer 1982), intensive offender supervision (Petersilia and Turner 1993), boot camps (Cullen et al. 2005), and probation based on the Project HOPE model (Duriez, Cullen, and Manchak 2014).

The challenge for the reentry movement is to avoid the trap of developing programs that ultimately prove to be ineffective. In fact, the

movement's creation of numerous programs is far outstripping knowledge about "what works" in reentry. Given their human services orientation, it is likely that many programs are providing prisoners needed social support before and after release. However, little evidence exists that reentry programs have lasting effects and, in particular, are capable of reducing offender recidivism. In this section, we first identify four barriers to reentry effectiveness: diversity of programs, lack of programs based on a credible theory of recidivism, lack of treatment fidelity in the implementations of programs, and the inability of the major reentry evaluation study to date (SVORI) to produce a clear blueprint for how best to deal with released offenders. We then review beginning efforts to construct knowledge about how to deliver reentry more efficaciously.

#### *A. Barriers to Effectiveness*

The main strategy has been to develop evidence-based websites that list programs found to "work." Because this advice is based on limited evaluation data, it must be followed with caution. A recent meta-analysis by Ndrecka (2014) offers the most systematic assessment of the components of reentry effectiveness. For the most part, her findings are consistent with what is currently known about treatment effectiveness more generally (see Andrews and Bonta 2010).

1. *Diversity of Programs.* Deciding "what works" is difficult enough when studies evaluate a single treatment modality, such as boot camps or cognitive-behavioral therapy. But assessing how best to facilitate prisoner reentry is especially daunting because of the heterogeneity of interventions that fall under this category (Gunnison and Helfgott 2013; [Mears and Cochran 2015](#)). Reentry programs vary along several dimensions: existing rehabilitation programs relabeled as "reentry" versus programs created specifically to facilitate reentry; the setting of the program (in prison, in the community, in between, or across all three phrases of reentry); programs that are multimodal versus those that focus on specific criminogenic or life needs, such as deficits in behavioral and cognitive behavioral skills, mental health, substance abuse, and problems surrounding housing, employment, family bonds, and physical health; and formal programs administered by correctional agencies versus programs staffed by volunteers and run by nonprofit organizations, faith-based groups, or ex-offenders.

Given that most programs are not evaluated ([Mears and Cochran 2015](#)), it is difficult to build a large body of studies that assesses each var-

iant of reentry programming. As we discuss below, this means that reentry programs—including those that appear promising—are rarely evaluated by more than one or two studies. With this level of empirical support, it is unclear whether such programs should be touted as evidence-based models to be implemented in other contexts. The other option to constructing knowledge on effectiveness is to analyze programs across treatment modalities—either through a qualitative assessment of effective programs or quantitatively through a meta-analysis—so as to try to discern components that most effective programs seem to possess (more generally, see Lipsey 2009).

2. *Lack of Credible Theory Informing Programs.* As Mears and Cochran observe, most “reentry efforts . . . rest on little to no coherent or credible theoretical foundation” (2015, p. 209). Most often, program inventors do not rely on scientific criminology when implementing an intervention. Instead, most programs are developed to address the readily observable problems that offenders face. If offenders are mentally ill or addicted to drugs, does it not make sense to address these needs? If offenders lack job skills and are unemployed, are homeless, or have lost ties to family members, does it not make sense to address these needs? To improve offenders’ quality of life—if not on sheer humanitarian grounds—the answer is yes. But what is not clear is whether such programs, if not rooted in a credible treatment theory, have any chance of reducing recidivism.

Sometimes, the theory underlying a reentry program is attractive because it resonates with common sense. The Parallel Universe program—used in Missouri and then later in Arizona—is one example (Schriro 2000, 2009; Schriro and Clements 2001). The word “parallel” is used because the program attempted to make life inside prison approximate life outside of prison. Inmates worked or went to school during the day; participated in community service, religious programming, or recreation in off hours; were encouraged to participate in prison governance by serving on councils and committees; and were held accountable for their decisions, with positive incentives offered for responsible conduct. The underlying theory is plausible: living a structured prosocial life inside prison will lead offenders to live the same way upon release. Still, the theory’s appeal rests more on common sense than on an empirically validated criminological theory linking compliant behavior inside institutions to law-abiding behavior in the community. An evaluation based on limited qualitative observations and nonexperimental quantitative data suggested that Arizona’s Parallel Universe program (called Getting Ready) improved

the quality of institutional life but, at best, had a small effect on recidivism (Gaes 2009). Although a well-known reentry program, it is thus not clear that creating a “parallel universe” in prison is the best option for producing meaningful savings in recidivism.

The alternative approach is to develop reentry programs based on a scientifically validated correctional theory such as the risk-need-responsivity (RNR) model pioneered by Andrews, Bonta, Gendreau, and other Canadian scholars (Cullen 2013). Programs that adhere to the components of the RNR model tend to be more effective, even if not based explicitly on the principles of effective interventions (Petersilia 2011; Turner and Petersilia 2012; Mears and Cochran 2015). The RNR model, which is the leading treatment approach in corrections, has been explained elsewhere in detail (Andrews 1995; Gendreau 1996; Andrews and Bonta 2010; Cullen 2013). Briefly, however, it posits that rehabilitative interventions, including reentry programs, will be most effective if they do as follows: focus on high-risk offenders (the risk principle); target for change predictors of recidivism that can change, such as anti-social attitudes and low self-control (the need principle); and use treatment modalities that are “responsive to” and thus capable of reducing the risk factors that lead to reoffending, such as cognitive-behavioral therapy (the responsivity principle).

The value of following the RNR model is demonstrated by Lowenkamp and Latessa’s (2002) now-classic study of the effects of halfway houses on recidivism. Using a 2-year follow up, they compared rearrests and reincarcerations for 3,737 offenders released in 1999 from 37 halfway houses with those of a comparison group of 3,058 offenders. The analysis revealed considerable heterogeneity in effects, with some halfway houses reducing recidivism by more than 30 percent and others increasing it by more than 35 percent. Using the RNR model as their guide, Lowenkamp and Latessa discovered that this heterogeneity was explained by the risk principle. According to Andrews and Bonta (2010, p. 47, emphasis in original), “the risk principle involves the idea of *matching levels of treatment services to the risk level of the offender.*” Specifically, to reduce their recidivism, “higher-risk offenders need more intensive and extensive services”; by contrast, for “low-risk offenders, minimal or even no intervention is sufficient” (p. 48). Consistent with this principle, halfway houses serving low-risk offenders were associated with increased rearrest and reincarceration, whereas programs targeting

high-risk offenders resulted in lower recidivism rates. A follow-up evaluation largely replicated the earlier study (Lowenkamp, Latessa, and Smith 2006). Lowenkamp and Latessa concluded that failure to comply with the risk principle can have criminogenic effects, especially for low-risk offenders (see also [Andrews et al. 1990](#)).

3. *Lack of Integrity in Program Implementation.* Rhine, Mawhorr, and Parks (2006, p. 347) argue that implementation problems are “the bane of correctional programs.” Andrews and Bonta (2010, p. 395) argue that correctional programs that fail to adhere to the “principles of RNR clinical practice, staffing and management, core practices and program integrity” are ineffective, if not criminogenic. Such failure, however, is commonplace, especially in real world programs as opposed to demonstration projects designed by researchers. Given that most reentry programs fall into the former category, their effectiveness is likely circumscribed.

The challenge of implementation is illuminated by Project Greenlight, “an institution-based transitional services demonstration program that was piloted in New York State’s Queensboro correctional facility” (Wilson et al. 2005, p. 8; see also Wilson and Davis 2006; Wilson 2007). Developed and largely run by the Vera Institute of Justice, the program was based on the “what works” literature and employed a form of cognitive-behavioral treatment (Reasoning and Rehabilitation; see Ross and Fabiano 1985; Ross 1995). During the 60-day intervention, a variety of risk factors were targeted, including substance abuse, short- and long-term housing, employment, family counseling, practical life skills (e.g., managing bank accounts, using public transportation), and antisocial behavior and thinking. Offenders also received reentry plans to follow upon release. Evaluation results, however, were disappointing, with the recidivism rates of Project Greenlight participants exceeding those of two control groups (Wilson et al. 2005; [Wilson and Davis 2006](#)).

Implementation problems likely account for the program’s ineffectiveness. Thus, the dosage (60 days) may have been too brief for high-risk offenders, the treatment groups were at least twice as large as is recommended by the inventors of Reasoning and Rehabilitation, and offenders received no systematic aftercare once released ([Wilson and Davis 2006](#)). Commenting on the program, Andrews and Bonta (2010, p. 399) note that “even programs that were designed with reference to ‘what works’ are often not well implemented.” As they observed:

A few points are striking. The inmates, without any discussion or consent, were taken abruptly from their prison and transferred to the program site. Many “clients” experienced program participation as the equivalent of being mistreated by the system. No reference is made to the employment of risk/need assessment instruments.

Indeed, participation in the substance abuse program was mandatory, even for inmates who did not have a substance abuse problem. The selection of program staff explicitly did to follow the recommendations of the creators of the program. The negative outcomes associated with two of the four workers totally accounted for the program failure. (P. 399)

4. *Inability of SVORI to Guide Program Development.* Implemented in 2003, the Serious and Violent Offender Reentry Initiative (SVORI) was a collaborative effort by the US Departments of Justice, Labor, Education, Housing and Urban Development, and Health and Human Services. These agencies awarded \$100 million in federal funds to 89 adult and juvenile programs that attempted to increase successful offender reentry in five areas: criminal justice, housing, health, employment, and education (National Institute of Justice 2011). Given its scope, SVORI had the potential to establish a clear blueprint for effective reentry programming. Lattimore and her colleagues undertook a systematic evaluation of the initiative (Lattimore, Steffey, and Visser 2009; Lattimore and Visser 2009; Lindquist et al. 2009; Lattimore et al. 2012). The evaluation included 1,618 adult males, 348 adult females, and 337 juvenile males drawn from 12 adult and four juvenile programs “diverse in approach and geographically distributed” (Lattimore et al. 2012, p. 7; for a list of programs, see Lattimore and Visser [2009, p. 23]). Because random assignment was not possible for all programs, propensity-score matching and multivariate analysis were used to compare SVORI participants and nonparticipants.

Even though the 16 programs were selected from among SVORI grantees because they were “deemed most promising as impact candidates” (Lattimore et al. 2012, p. 7), the effect of SVORI participation on recidivism and other life outcomes was inconsistent. In a 2009 “summary and synthesis” of the “multi-site evaluation,” Lattimore and Visser reported that as the follow-up progressed, SVORI participation had no effect on juvenile self-reported crime. Among adults, SVORI women, but not men, had lower arrests than the comparison group. However, by 24 months, both male and female SVORI participants had higher

reincarceration rates. Similarly, an analysis of rearrest and nine other self-reported outcomes (e.g., housing, employment, job pay and benefits, drug use, committed any crime) at 15 months showed that SVORI participation had mostly “beneficial but non-significant” effects (Lattimore et al. 2012, p. ES-10). In a subsequent follow-up at 56 months or more for adults and 22 months for juveniles, more promising findings were reported (Lattimore et al. 2012). All groups were found to have a longer time to arrest and fewer arrests after release. Adult males also had a longer time to reincarceration and fewer reincarcerations (but this latter effect was not statistically significant). No statistically significant findings on reincarceration were reported for adult females or juvenile males.

Unpacking the results further was difficult because a process evaluation was not part of the evaluation design, and thus there was no “detailed information on the nature and implementation of the SVORI programs,” including program quality, specific services provided, and dosages of treatment delivered (Lattimore et al. 2012, p. ES-14). Through surveys with study participants, the researchers did develop self-reported measures of services received (e.g., a reentry plan, help with life skills, access to mental health treatment). But these services tended to be unrelated to recidivism measures and, in some cases, had criminogenic effects.

In the end, the federal government spent \$100 million to fund 89 programs and sponsored a long-term, careful evaluation by respected researchers. But the stubborn reality is that the investment did not yield a clear blueprint for how to conduct an effective reentry program. Participation in SVORI had only “limited effects . . . on intermediate outcomes” (such as housing and employment) and, over the long term, seemed to reduce arrests but had mixed effects on reincarceration (Lattimore et al. 2012, p. 148). Unfortunately, it is not clear why SVORI had these effects or which specific SVORI programs should serve as evidence-based models for future program development. Perhaps the best that can be said is that a well-intentioned reentry program that seems promising on the surface generally is better than doing nothing, but its impact is likely to be mixed and modest.

### *B. Knowledge Construction*

Efforts have been made to construct knowledge about best practices in prisoner reentry. Government agencies have developed websites that seek to accumulate and give ready access to evaluation research on pro-

gram effectiveness. These efforts are part of a broader agenda to sponsor what John Laub (2011, p. 3), then director of the NIJ, called “translational criminology,” which involves the “dissemination of scientific knowledge” so as to enhance practice and “to reduce crime, improve public safety, and promote justice.” An alternative approach to knowledge construction is to undertake reviews of the evaluation literature to identify program components that contribute to effectiveness. This approach has been used to analyze the broader treatment literature with success (see, e.g., Lipsey 2009; Andrews and Bonta 2010).

1. *Reentry Program Websites.* The NIJ (CrimeSolutions.gov) and the Council of State Governments Justice Center (What Works in Reentry Clearinghouse) have each created a well-known website that catalogs effective reentry programs. Because they share similar features, we discuss only the NIJ site. Introduced in July 2011, CrimeSolutions.gov uses available research to identify “what works” to improve outcomes in criminal justice; “reentry/release” is one of its topical areas. To assess effectiveness, a rigorous protocol is followed. Two reviewers, selected for their substantive and scientific expertise, use a detailed Program Evidence Rating Instrument to assess studies used to evaluate a nominated program. On the basis of the methodological quality of the evaluation and the findings, programs are rated as “effective,” “promising,” or “no effects.”

Accordingly, CrimeSolutions.gov is an important effort to construct and disseminate knowledge. By visiting a single website, it is possible to learn which reentry programs have been evaluated and vetted by experts. Detailed descriptions of the program are provided, including the intervention’s goals, target population, and services provided. The studies used to evaluate any given program are listed, and full citations are provided. Twenty-seven programs are now listed and rated. The website also is dynamic, with the possibility of adding new evaluated reentry programs in the future.

Despite its advantages, CrimeSolutions.gov also illuminates why it remains a daunting task to discern “what works” in reentry and to answer with confidence the following simple question: If policy makers and practitioners wished to improve prisoner reentry in their jurisdiction, what should they do? Developed from information provided by Crime Solutions.gov, table 2 provides an analysis of the programs included on the website. It omits seven programs rated as having “no effects”—including SVORI (Lattimore and Visser 2009) and Project Greenlight

(Wilson et al. 2005). Of the 20 studies included, only one—Project BUILD—was judged to be “effective” (on the basis of a single study by Lurigio et al. [2000]). The other 19 programs were rated as “promising.” This rating is defined by CrimeSolutions.gov as follows: “Programs have some evidence to indicate they achieved their intended outcome” (2015, p. 15). At least one study must exist that “demonstrates promising (perhaps inconsistent) evidence in favor of the program when evaluated with a design of high quality (quasi-experimental)” (p. 14). Then the key warning is provided: “More extensive research is required” (p. 14).

Three points merit attention. First, it is not possible to take the one “effective” program and use it widely. Project BUILD is targeted for a limited population, as its description on the website shows: “A violence prevention curriculum designed to assist youths in detention overcome obstacles such as gangs, violence, crime, and substance abuse.” Second, although CrimeSolutions.gov is an exercise in evidence-based corrections, the evidence available to be listed is slim. Due to limitations in the quality of study design or consistency of results, the standard program rating is only “promising.” In practical terms, this means that such interventions are not proven and can be relied on as models for program implementation only with caution. Further, it is instructive that few programs were subjected to multiple evaluations. Of the 20 programs, 17 were rated on the basis of a single evaluation study (see table 2). In the other three instances, the multiple evaluations were not conducted by a different group of independent researchers. Rather, a research team that included one or more of the original authors returned to reevaluate the program using a longer follow-up period. Third, the sheer diversity of programs—varying by treatment targets, offender population, phases, and location (prison, community, both)—makes it hard to generalize about the core components of reentry effectiveness. Table 2, however, contains some hints as to what such components might be. Our analysis of program types revealed that four promising reentry initiatives conducted at least partially in prison placed offenders in a therapeutic community (TC).<sup>1</sup> Further, nine of the 19 promising programs were not

<sup>1</sup> Where possible in table 2, we categorized programs by “type.” In a few cases, the program did not fall under any common treatment modality and thus no categorization was possible. In a few other cases, we noted that the initiative was “not really” a reentry program either because of the population served (i.e., probationers) or because no rehabilitative human services were provided (e.g., electronic monitoring in Florida).

TABLE 2  
Effective and Promising Reentry/Release Programs Reported by CrimeSolutions.gov

| Program Name                          | Type | Targets                                                                                                                                                                      | Population                 | Number of Phases | Research Design                                                     | Location                                                       | Number of Studies |
|---------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|---------------------------------------------------------------------|----------------------------------------------------------------|-------------------|
| Project BUILD (effective)             | ...  | Self-esteem, communication, problem solving, goal setting, and decision making                                                                                               | Juvenile males and females | One              | Quasi-experimental: random sample compared to matched random sample | Detention center                                               | One               |
| Amity in-Prison Therapeutic Community | TC   | Substance Abuse                                                                                                                                                              | Adult males                | Three            | Experimental: random assignment                                     | Prison (offered to continue community aftercare TC for 1 year) | Three             |
| Auglaize County Transition Program    | ...  | Medical and mental health, employment, substance abuse, education, MRT, church, anger management, life skills                                                                | Adult males and females    | Two              | Quasi-experimental: matched control group                           | Jail and community                                             | One               |
| Boston Reentry Initiative             | ...  | Identification/drivers licenses, health insurance, shelter, transportation, interim job, substance abuse, mental health, education, employment, permanent housing, mentoring | Adult males 18-32          | Two              | Quasi-experimental: equivalent control group (nonrandomized)        | Jail and community                                             | One               |

|                                                             |                    |                                                                                                                                                                 |                         |       |                                                               |                                  |       |
|-------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------|---------------------------------------------------------------|----------------------------------|-------|
| Community and Law Enforcement Resources Together (ComALERT) | ...                | Substance abuse, employment, housing, financial, life skills                                                                                                    | Adult males and females | One   | Quasi-experimental: matched control group (propensity scores) | Community                        | One   |
| Delaware KEY/Crest Substance Abuse Program                  | TC                 | Substance abuse                                                                                                                                                 | Adult males and females | Three | Quasi-experimental                                            | Prison and community             | Three |
| Electronic Monitoring                                       | Not really reentry |                                                                                                                                                                 | Adults 14 and older     | One   | Mixed methods: propensity score matching                      | Community                        | One   |
| Forever Free                                                | Multinodal         | Substance abuse, self-esteem, anger management, assertiveness training, PTSD, codependency, parenting, sex and health, education, vocation, CBT                 | Adult women             | Two   | Control variables                                             | Prison and community (voluntary) | One   |
| InnerChange Freedom Initiative                              | Faith based        | RNR, substance abuse, victim-impact awareness, life-skills development, cognitive skill development, moral development, education, vocational, religion, mentor | Adult males             | Three | Quasi-experimental: matched comparison                        | Prison and community             | One   |

TABLE 2 (Continued)

| Program Name                                                                                         | Type                 | Targets                                                                                                                     | Population              | Number of Phases | Research Design                                                | Location             | Number of Studies |
|------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|----------------------------------------------------------------|----------------------|-------------------|
| Minnesota Prison-Based Sex Offender Treatment Program                                                | TC                   | Sex treatment, victim awareness, substance abuse, family education, CBT, emotional regulation, moral                        | Adult males             | Two              | Quasi-experimental: matched comparison (retrospective)         | Prison               | One               |
| Modified Therapeutic Community for Offenders with Mental Illness and Chemical Abuse (MICA) Disorders | TC                   | Mental health, substance abuse, CBT, medication                                                                             | Adult males             | Four             | Experimental: random assignment                                | Prison and community | One               |
| Naltrexone for Federal Probationers                                                                  | Not really reentry   | Substance abuse                                                                                                             | Adult males and females | One              | Experimental: volunteers randomly assigned at a ratio of 2 : 1 | Community            | One               |
| New Jersey Community Resource Center                                                                 | Day reporting center | Education, vocational, employment, substance abuse, family, life skills                                                     | Adult males and females | One              | Control variables                                              | Community            | One               |
| New Jersey Halfway Back Program                                                                      | Halfway house        | Education, substance abuse, conflict resolution, family, gang prevention, vocational, employment, motivational interviewing | Adult males and females | One              | Control variables                                              | Community            | One               |

|                                                                |                                                                             |                                                                                                                                       |                                                                                                                 |     |                                                                  |                                  |     |
|----------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------|----------------------------------|-----|
| Operation New Hope                                             | Reality therapy                                                             | Life skills, decision making, substance abuse, CBT, conflict resolution, leadership, mentoring, family                                | Males and females 16–22                                                                                         | One | Quasi-experimental: nonrandomized treatment and comparison group | Community                        | One |
| Preventing Parolee Crime Program (PPCP)                        | Parolee program                                                             | Substance abuse, education, employment, housing                                                                                       | Adult males and females                                                                                         | One | Quasi-experimental                                               | Community                        | One |
| Prison-Initiated Methadone Maintenance Treatment               | Medication                                                                  | Substance abuse                                                                                                                       | Adult males 35–45                                                                                               | Two | Experimental: three-group randomized controlled trial            | Prison and community (voluntary) | Two |
| Strategic Training Initiative in Community Supervision (STICS) | Job training program for probation officers to apply RNR—not really reentry | Training probation officers in RNR                                                                                                    | Adult males and females                                                                                         | One | Experimental randomized                                          | Community                        | One |
| Thinking for a Change                                          | CBT—not really reentry                                                      | Cognitive self-change, social skills, problem-solving skills                                                                          | Adult males and females                                                                                         | One | Quasi-experimental                                               | Community                        | One |
| West Midlands (England) High-Crime Causing Users (HCCU)        | Inpatient/outpatient—not really reentry                                     | Access to medication, psychosocial support, housing, training and education, detoxification, substance abuse treatment and prevention | Individuals arrested and tested positive at arrest for heroin or cocaine at least three times in past 12 months | One | Quasi-experimental                                               | Community                        | One |

NOTE.—TC = therapeutic community; MRT = moral reconnection therapy; PTSD = posttraumatic stress disorder; CBT = cognitive behavioral therapy; RNR = risk-need-responsivity.

limited to a single setting (prison or community) but were conducted in “phases” in which treatment was initially provided to prison inmates and then continued after release into the community. In short, continuity of care may increase the likelihood of reentry program effectiveness.

Recently, CrimeSolutions.gov has added a new category called “practices.” Unlike programs, practices are general categories of programs—or treatment modalities—that share similar procedures and strategies. These practices are rated on the basis of one or more meta-analyses that have been assessed by reviewers for methodological quality (see Wilson, Gallagher, and MacKenzie 2000; Chappell 2004; Aos, Miller, and Drake 2006; Davis et al. 2013). CrimeSolutions.gov has identified one practice as having “no effects” (noncustodial employment programs) and four practices as “promising” (correctional work industries, corrections-based adult basic and secondary education, corrections-based vocational training, postsecondary correctional education). This approach suggests that education and building work experience and skills may reduce recidivism. Again, however, the evidence must be viewed with caution because of the limitations of the available evaluation research.

The study by Wilson, Gallagher, and MacKenzie (2000) assessed multiple practices and thus was identified as part of the “evidence base” for the four promising modalities. In the original article that assessed a “collection of 33 comparison group evaluations of corrections-based education, vocation, and work programs,” Wilson and colleagues reported that “assuming a 50 percent recidivism rate for nonparticipants, participants recidivate, on average, at a rate of 39 percent” (p. 361). For two reasons, however, they warned that the evidence may be “insufficient” to conclude that these programs diminish reoffending. First, the typical study in their meta-analysis used a quasi-experimental design that did not control fully for potential differences in criminal propensity between the treatment and control groups. As a result, selection effects could not be ruled out. Second, they discovered “large heterogeneity across studies within program types,” suggesting that “some programs may be highly effective, whereas others, may have no effects, or at least a minimal effect, on future offending behaviors” (p. 361). In practical terms, this means that although the work or education practice or modality may tend to reduce recidivism, no guarantee can be given that any specific program will be effective.

2. *Research Reviews.* Two major comprehensive reviews have been conducted to help determine what is effective in prisoner reentry. First,

Seiter and Kadela (2003) used the five-point Maryland Scale of Scientific Methods (MSSM) created by Sherman et al. (1998) to evaluate reentry programs that were grouped into six categories. The MSSM measured scientific rigor from a low score of 1 (correlation with recidivism, typically with no control group) to a high score of 5 (the “gold standard” of random assignment into control and treatment groups; Sherman et al. 1998). For an intervention to be categorized as “what works,” two studies with a score of at least 3 had to show statistically significant, positive findings. On the basis of an assessment of 32 studies, Seiter and Kadela (2003) concluded that four program categories—vocation and work programs, drug rehabilitation, halfway houses, and prerelease programs—were effective in reducing postrelease offending. Sexual and violent offender programming were judged as promising but in need of further research to demonstrate their effectiveness. Although educational programs had a positive impact on achievement scores, they were rated as having no effect on recidivism.

Second, Ndrecka (2014) conducted a meta-analysis to synthesize the findings from 53 studies. Overall, reentry programs were found to reduce recidivism by 6 percent (i.e., 47 vs. 53 percent). However, considerable heterogeneity in effects was found, with some programs increasing recidivism by as much as 17 percent while others reduced recidivism 62 percent. Importantly, the value of the meta-analytic technique is that it is possible to unpack these effects by empirically exploring program characteristics—“moderators”—that affect program outcomes.

Ndrecka (2014, p. 143) concluded that program success was related to adherence “to the risk, need, responsivity, and fidelity principles” of the RNR model. Furthermore, programs had a larger effect on recidivism when they lasted long enough (13 weeks or more) and provided continuity of care (had multiple phases, beginning in the institution and extending into the community upon release). Finally, therapeutic communities, programs targeted to mentally ill offenders with addiction issues, and programs that mix a variety of treatments also produced a reduction in recidivism. Halfway house programs were found to be iatrogenic.

### *C. Taking Stock of Effectiveness*

The capacity to develop reentry programs informed by evidence-based corrections is limited. Existing evaluations are spread across a diversity of programs, rarely use high-quality experimental designs, and at times yield inconsistent results. Systematic reviews, including meta-

analyses, suggest that, overall, reentry services tend to reduce recidivism, but program effects are heterogeneous and at times criminogenic. Promising programs have been identified and could be modeled for specific correctional populations (e.g., offenders with substance abuse problems, violence prevention among high-risk juvenile detainees). Doing so must be undertaken with caution because of the risk that positive findings might not replicate across different contexts. Finally, several conclusions from the evaluation literature, mostly consistent with the RNR model, can be drawn that might inform reentry program development:

- Programs that provided a continuity of care, beginning in the prison and continuing once prisoners were released into the community, were found to be more effective.
- Programs lacking treatment fidelity often showed no appreciable effects on recidivism.
- Programs targeting high-risk offenders and their criminogenic needs were found to be more effective.
- Programs that employed therapeutic communities were found to be effective.

### III. Closing the Knowledge Gap

The reentry movement is now in its second decade. Reentry is increasingly an integral component of the correctional enterprise and likely will remain so for the foreseeable future. But name recognition and institutionalization do not ensure that reentry will “work.” Intervening successfully with offenders is a daunting challenge. The history of corrections instructs that most treatment programs fail, not only because they are poorly implemented but also because they were poorly conceived in the first place ([Lipton, Martinson, and Wilks 1975](#); [Latessa, Cullen, and Gendreau 2002](#); [Andrews and Bonta 2010](#)). Many reentry initiatives have never been evaluated. Those that have been assessed reveal mixed results, with even some carefully designed programs producing disappointing or detrimental outcomes. Enough promising findings exist, however, to allow for cautious optimism that reentry programming can diminish offender recidivism. Available information may allow a beginning effort to identify characteristics of effective programs. It is clear, however, that far more must be known and done to “make reentry work” consistently.

Other commentators have provided good advice on how prisoner reentry might be improved further (Petersilia 2003; Taxman, Young, and Byrne 2004; Travis 2005; Listwan, Cullen, and Latessa 2006; Turner and Petersilia 2012; Gunnison and Helfgott 2013; Wright and Cesar 2013; Mears and Cochran 2015). Our approach is complementary to these recommendations, as we attempt to identify core issues that reentry programs and reforms should address. In particular, we suggest that further advancement in constructing effective reentry programs will need to address a “knowledge gap.” Beyond the general advice that more rigorous evaluations of high-quality programs are needed, we identify five tasks that if addressed seriously could make reentry work more effectively: create a criminology of reentry, take coming home seriously, prevent late-onset recidivism, focus on whether the diversity of “who comes home” matters, and confront the collateral consequences effect.

#### *A. A Criminology of Reentry*

In correctional rehabilitation, individualized treatment is intended to mirror the medical model ([Rothman 1980](#)). Similar to the diagnosis of a patient’s illness, wayward offenders are assessed to determine which factors are leading them into crime. These risk factors are then targeted for treatment. If the correct intervention or “medicine” is used—if the treatment is “responsive” to the underlying causal condition—then the risk factors will be changed and the offender cured.

It is difficult to imagine what other model could be followed. It makes logical sense to identify what is causing an offender to break the law, to target these criminogenic factors for change, and to use proven treatment modalities to accomplish this task. In fact, this approach is used by virtually every acclaimed model program that deals with antisocial or criminal problems, whether among younger or older offenders. For example, in his nurse home visitation program (now called the Nurse-Family Partnership), program inventor David Olds (2007, p. 200) begins by laying out a causal model that identifies the prenatal factors (poor health behavior by mother, such as smoking or taking drugs) and postnatal factors (child abuse and neglect) that lead to poor “birth outcomes,” “child neurodevelopmental impairment,” and eventually to compromised “child/adolescent functioning” (e.g., “antisocial behavior, substance abuse, psychopathology”). The goal of the intervention is to focus

on these “modifiable risks” (p. 211). Nurses were chosen to visit young, pregnant mothers so as to help improve their prenatal health practices, parental care after birth, and subsequent decision making related to future pregnancies and reaching educational and employment goals. To ensure that risks would be appropriately targeted, nurses “followed detailed visit-by-visit guidelines whose content reflects the challenges parents are likely to confront during specific stages of pregnancy and the first two years of the child’s life. Specific assessments were made of maternal, child, and family functioning that correspond to those stages, and specific activities were recommended based upon problems and strengths identified through the assessments” (p. 212). Similar approaches are taken by the inventors of other model programs such as multisystemic therapy (Henggeler 1998) and the Seattle Social Development Project (Hawkins et al. 2007). In each case, they first identify empirically established “targeted risk and protective factors” (Henggeler 1998, p. 11) and then specify how their intervention will “reduce specific risk factors and increase protective factors” (Hawkins et al. 2007, p. 167). Importantly, they clearly demarcate the protocols and treatment modalities to be used.

Those more familiar with corrections will be aware that this same intervention paradigm is employed by the RNR model invented by Andrews, Bonta, Gendreau, and fellow Canadian scholars (Cullen and Jonson 2012). Andrews and his colleagues start with the premise that it is essential to identify those deficits (“criminogenic needs”) that increase the likelihood that offenders will recidivate. They focus only on those causes of recidivism that can be changed, which they call “dynamic risk factors.” They have now compiled eight separate meta-analyses to show empirically which factors are the strongest predictors of recidivism and thus should be targeted in treatment for change (Andrews and Bonta 2010, p. 65).

They call these the “Central Eight,” which consists of the “Big Four” and the “Moderate Four” (Andrews and Bonta 2010, pp. 58–60). The Big Four include a history of antisocial behavior, antisocial personality patterns (weak self-control, anger management, and problem solving skills), antisocial cognition (attitudes, rationalizations, identity favorable to crime), and antisocial associates (interaction mainly with pro-criminal others). Antisocial history is included despite appearing to be a static risk factor, because even though a “history cannot be changed,” it is possible to focus on “appropriate intermediate targets of change” including

“building up new noncriminal behaviors in high-risk situations and building self-efficacy beliefs supporting reform (‘I know what to do to avoid criminal activity and I know that I can do what is required’)” (p. 58). The Moderate Four are family/marital circumstances, school/work, leisure/recreation, and substance abuse (pp. 59–60). Andrews and his colleagues use these dynamic risk factors in their assessment instrument (the Level of Service Inventory) and in their selection of modalities to address these factors (e.g., cognitive-behavioral treatment).

It is striking how few reentry programs use anything approximating this intervention paradigm (Turner and Petersilia 2012; Mears and Cochran 2015). We hasten to say that we are not referring specifically to the RNR model *per se*; other factors, not identified by this model, might be involved in reentry success, such as hope about the future and self-identification as a “family man” rather than as a criminal (Maruna 2001; LeBel et al. 2008). Rather, we use the term “paradigm” more as an approach to undertaking intervention that involves carefully demarcating the risk (and protective) factors held to underlie recidivism, the treatment being proposed that can change (be responsive to) these risk factors, and the specific protocols and activities that will be used when delivering the intervention.

Instead, reentry programs often are marked by a lack of a clear theoretical model and by a failure to specify which risk factors are being targeted and whether they are empirically established predictors of recidivism (Mears and Cochran 2015). In many instances, program advocates seem to rely on liberal common sense that doing something for offenders—such as helping them to secure a job or a place to reside—will improve their lives and enable them to escape a life in crime. This intuition may not be fully incorrect, but it ignores the reality that interventions will likely fail or have only modest results when targeting weak predictors of recidivism or targeting them in the wrong way (Listwan, Cullen, and Latessa 2006).

Employment is a useful example, because it is difficult to imagine any person—offender or not—having a structured, prosocial, fulfilling life without having a job. Still, employment reentry programs may have, at best, a modest impact on recidivism for three reasons. First, Andrews and Bonta (2010) identify work (and school) as a risk factor meriting intervention. However, employment is a moderate risk factor and seven other risk factors comprise the Central Eight. If these other factors are not addressed in the intervention, they may continue to exert a crimi-

nogenic influence on offenders. Second, merely having a job may not be enough to go straight upon release. It may be that recidivism is reduced only if quality employment is secured, a point made by [Sampson and Laub \(1993\)](#). Similarly, [Andrews and Bonta \(2010\)](#) emphasize that work or school are conduits for diminishing criminal propensity mainly because they provide “quality interpersonal relationships.” These activities can be used as “intermediate targets for change” if steps are taken to “enhance performance, involvement, and rewards and satisfactions” (p. 59).

Third, recent research by [Skardhamar and Savolainen \(2014, pp. 270–71\)](#) studied a sample of Norwegian “crime-prone offenders” (at least five felonies) with an “unstable work history who managed to get stable jobs.” They found that employment fostered desistance but only for less than 2 percent of the sample. For most offenders, the causal ordering was reversed, with stable employment following rather than preceding desistance. This finding suggests that for offenders to take advantage of employment—sometimes called a “hook for change”—it might first be necessary to evoke a cognitive transformation that reduces their criminal propensity and allows them to take advantage of a new life chance (see [Maruna 2001](#); [Giordano, Cernkovich, and Rudolph 2002](#)). In concluding her comprehensive book *What Works in Corrections*, [MacKenzie \(2006, p. 335\)](#) makes this same point:

When I compared the effective programs to the ineffective programs I noticed an interesting difference. Almost all of the effective programs focused on individual-level change. In contrast, the ineffective programs frequently focused on developing opportunities. For example, the cognitive skills programs emphasize individual-level changes in thinking, reasoning, empathy, and problem solving. In contrast, life skills and work programs, examples of ineffective programs, focus on giving offenders opportunities in the community. Based on these observations, I propose that effective programs must focus on changing the individual. This change is required before the person will be able to take advantage of opportunities in the environment.

This discussion implies that a pressing need exists for a more sophisticated—theoretically informed and empirically based—criminology of reentry (see also the call for a “science of punishment” by [Mears and Cochran \[2015, p. 243\]](#)). It may be possible, of course, to use existing

treatment models, such as the RNR model or multisystemic therapy, as a basis for reentry programming (see Turner and Petersilia 2012). However, grafting treatment models onto reentry does not provide a systematic knowledge base for understanding how interventions should be delivered at each stage. For one thing, there is a glaring lack of knowledge about how the prison experience affects postincarceration recidivism and how potentially criminogenic sanction effects can be lessened (Nagin, Cullen, and Jonson 2009; Mears, Cochran, and Cullen, forthcoming). Systematic knowledge also is needed about how offenders adapt once released into the community. Four issues, which are related to this task, occupy the remainder of our attention.

### *B. Take Coming Home Seriously*

Much of the failure experienced by reentering offenders occurs in the first 6 months to a year after their release. More than two in five (just under 45 percent) are arrested by the end of their first year, with that percentage climbing only to two-thirds in 3 years (Langan and Levin 2002; Durose, Cooper, and Snyder 2014). It is critical that the period in which offenders first “come home” be taken seriously. Not surprisingly, a common recommendation is to concentrate services during this time period rather than spread them evenly across all offenders under supervision (Turner and Petersilia 2012). As Petersilia notes, the recidivism data “suggest that the most intensive services and surveillance should begin immediately upon release and be front-loaded in the first six months to the first year” (2003, p. 153).

But here is where basic knowledge about reentry is lacking. Why does failure occur so soon after release? The most obvious answer is that the strain and difficulty of adjusting to society after life in a total institution, combined with joblessness and unstable living arrangements, undermine integration into prosocial roles. Research also indicates that return to a neighborhood where criminogenic influences are ubiquitous and quality treatment providers are limited can increase the chances of recidivating (Wright and Cesar 2013). This explanation might be called an “adjustment model.” But two other explanations, which may be complementary or mutually exclusive, can be set forth.

One, which might be called the “propensity model,” is that rapid failure is a propensity effect—that is, simply a matter of moderate-risk to high-risk offenders returning to crime as soon as the opportunity presents itself upon release. This thesis is consistent with research showing that

imprisonment's effect on reoffending is null or even slightly criminogenic (Cullen, Jonson, and Nagin 2011). Inmates do not improve while incarcerated; instead, they are "put on ice" in "behavioral deep freeze" (Gendreau and Goggin 2014). Thus, they return to society unchanged—just as criminal, if not more so, as when they first entered the institution. Although prisoners' criminogenic propensities are blocked during their incarceration, they reappear as soon as they are back on the streets. High rates of immediate recidivism are the result.

Another possibility, which might be called the "supervision model," is that offenders recidivate due to inadequate supervision upon release. This can occur either because returning inmates are not placed on parole and thus receive no supervision or because parole involves methods, such as control-oriented intensive supervision, that do not reduce recidivism (Petersilia and [Turner 1993](#); MacKenzie 2006; Schaefer, Cullen, and Eck 2014). Alternative supervision approaches have been proposed for parole (and probation), ranging from officers imposing greater deterrence through the use of graduated sanctions in a swift-and-certain way (Hawken 2010; for a critique, see Duriez, Cullen, and Manchak [2014]), to using RNR principles and core correctional practices in office meetings with parolees ([Andrews and Bonta 2010](#); [Smith et al. 2012](#); Lowenkamp, Alexander, and Robinson 2014) and relying on crime-science principles to limit parolees' access to routines, places, and associates where opportunities to offend are available (Cullen, Eck, and Lowenkamp 2002; Schaefer, Cullen, and Eck 2014).

As this discussion shows, the sources of early reentry failure remain largely unknown, with understanding remaining at a prescientific level of informed speculation. Closing this knowledge gap has obvious important implications. Although front-loading services appears imperative, it is difficult to know what is causing prisoners' high rates of recidivism upon release and thus which services should be given priority. At present, reentry programs tend to take a "shotgun" approach, spraying services in hopes that something will hit the appropriate mark. This may produce some promising results, but it will likely be of limited value until we understand better the factors producing early failure.

### *C. Prevent Late-Onset Recidivism*

Although reentry failure is concentrated soon after release, other offenders become enmeshed with the law much later. In Durose, Cooper, and Snyder's (2014) study of released prisoners between 2005 and

2010, 43.4 percent were arrested in the first year, a figure that climbed to nearly 59.5 percent by the second year and to 67.8 percent by the third year. In the next 2 years, however, released prisoners continued to fail, with another 10 percent being arrested. The 5-year recidivism rate thus rose to 76.6 percent—or more than three-fourths of the re-turning offenders.

These statistics prompt a salient question: What causes such late-onset recidivism? A first challenge is to define what is meant by “late onset.” It could be limited only to those who reoffend after 3 years, or it could be used more expansively to include any released prisoner who fails after the first year where the risk of recidivism is most pronounced. Regardless, the point is that an appropriate concern with the first stages of reentry where the risk of being arrested is highest should not divert attention fully from later-onset recidivism. Front-loading services, which is a sensible policy, does contain the danger that released prisoners in good standing will not receive the support needed to sustain their prosocial life course.

Another knowledge gap, however, exists. Why does late-onset recidivism occur? Again, three alternative explanations can be proposed. The first, what might be called the “social bond” model, would argue that otherwise prosocial offenders return to crime because they experience a loss of conventional social bonds ([Sampson and Laub 1993](#)). In this model, social bonds—and the informal social controls, social supports, and structured lives they promote—facilitate desistance when they are acquired but evoke crime onset when they are lost. This approach thus would predict that the risk of late-onset offending is increased when released prisoners lose employment, marriage, or other connections to the conventional order.

A second explanation, which might be called the “social problems model,” is that late-onset recidivism arises from accumulation of risk factors that become too burdensome to cope with. In research based on the Oxford Study of the Dynamics of Recidivism, LeBel and his colleagues (2008, p. 143) examined the effect on reoffending of “social problems” experienced in multiple areas: “housing, employment, finances, relationships (partner/spouse and family), alcohol and drug.” Over a 10-year period, they discovered that the number of problems during reentry had “a large and significant impact on the probability of both reconviction and re-imprisonment” (p. 149). “Each additional social problem,” they observed, “increased the odds of reconviction by 110 percent

and increased the odds of re-imprisonment by 38 percent. Therefore, someone reporting six problems has odds of reconviction over the 10-year follow-up 330 percent higher than someone reporting three problems"; the comparable odds for reimprisonment were 114 percent (p. 149). Notably, the number of reentry social problems was measured only 4–6 months after release. Even so, the long-term effect of problems would suggest that their accumulation would have consequences at any point after release. These problems are dynamic, not static, and could rise (or fall) in number across the life course. Late-onset recidivism would be expected when, several years after release, problems increased to the point at which the risk of recidivism was commensurately heightened.

A third possible explanation might be called the "propensity-detection model." This would suggest that late-onset recidivism is produced by offenders with a high criminal propensity who managed to escape the detection of their offending until this time period. In a study of four waves of the National Longitudinal Study of Adolescent Health (respondents age 24–34 at wave 4), Barnes (2014) examined the likelihood that persistent offenders—those who self-reported criminal acts during each wave (6.64 percent of the sample)—would be arrested and sanctioned by the criminal justice system. He discovered that the wrongdoing of a clear majority of persistent, self-reported offenders was eventually detected, with 63 percent being arrested. This finding also suggests, however, that about one-third of this group offended with impunity, breaking the law and never being caught. The implications for late-onset recidivism are clear: the timing of arrest a year or more after release may reflect not a sudden return to crime but offenders' misfortune of finally having their persistent criminality detected. The corresponding policy implications are clear as well: front-load services to diminish as much propensity as possible and, thereafter, continue to identify through assessment and treat high-risk offenders who have yet officially to run afoul of the law.

#### *D. Discover Whether Who Comes Home Matters*

For heuristic reasons, discussions of reentry, including this one, refer to "prisoners" who reenter society. But the word "prisoners" suggests a degree of homogeneity that does not exist; heterogeneity among prison inmates is the stubborn reality that must be addressed. As Mears and

Cochran (2015, pp. 179–80) detail, “inmates vary greatly along many dimensions. . . . Diversity aptly characterizes the ex-prisoner population” (see also Gunnison and Helfgott 2013). Such differences might involve age, racial and ethnic status, and sex. It might involve offenders whose institutional stays have varied from a year to decades, who have coped well or poorly with imprisonment, who have been victimized and traumatized or not, who have been housed in a supermax prison or in a minimum-security facility. It might involve offenders who improved their lives behind bars and others who return with persistent mental health or substance abuse problems. “Some of these differences,” observe Mears and Cochran (2015, p. 179), “may be inconsequential for understanding the behavior of individuals during and after reentry. Others, however, may be quite consequential.” Part of a criminology of reentry will be studying whether and how these heterogeneous factors affect recidivism.

This diversity of offenders suggests that reentry programs must be equally diverse—if not individualized then at least divided by salient demographic (e.g., gender) or problem (e.g., homeless, unemployed) characteristics. The RNR model, however, would take a different position. This perspective recommends submerging such diversity and instead using assessments such as the Level of Service Inventory, sorting offenders into one of three risk levels (low, moderate, high). Offender characteristics unrelated to risk fall under the category of “specific responsivity” (this is in contrast to “general responsivity,” which refers to using a treatment modality, such as cognitive-behavioral/social learning therapies, capable of inducing change among all offenders).

According to Andrews and Bonta (2010, p. 46), the principle of specific responsivity requires that providers “adapt the style and mode of service according to the setting of services and to relevant characteristics of individual offenders, such as their strengths, motivations, preferences, personality, age, gender, ethnicity, cultural identification, and other factors.” Phrased differently, individual differences are relevant in shaping how a treatment is delivered (e.g., do not use confrontational techniques with highly anxious offenders, ensure that treatment is communicated in an age- or developmentally appropriate way; Andrews and Bonta 2010, p. 508). As for “noncriminogenic needs,” these would be targeted only “for purposes of enhancing motivation, the reduction of distracting factors, and for reasons having to do with humanitarian and entitlement issues” (p. 46).

The advantage of the RNR model's perspective on offender diversity is that it is part of a coherent theoretical framework that is rooted in a wealth of empirical evidence (Cullen 2012). Still, the principle of specific responsivity may be the weakest component of this model because, as Andrews and Bonta (2010, p. 507) admit, "it remains underexplored."

Other treatment approaches might see factors relegated to specific responsivity or to secondary status in the RNR model as central to successful reentry. For example, models based on desistance research would emphasize the need to build human and social capital (e.g., positive identity, sense of self-efficacy, job acquisition, quality interpersonal relationships) to reduce recidivism (Maruna and Immarigeon 2004; Raynor and Robinson 2009; Brayford, Cowe, and Deering 2010). Research thus is needed to untangle how offender diversity affects reentry and how these factors should be incorporated into programs designed for returning offenders.

Part of this research agenda also might involve drawing on offender interviews, surveys, and ethnographies that seek to capture the lived reality of offenders, especially those who cycle between the inner-city neighborhoods and prison (see, e.g., Maruna 2001; Leverentz 2010; Rios 2011; Gunnison and Helfgott 2013; Lerman and Weaver 2014). This research is useful in documenting the perceived needs of offenders, both at the prerelease and later reentry stages, and of needs in the areas of employment, education, housing, and health care (Lattimore, Steffey, and Visser 2009). Some evidence exists that these deficits are higher for female than for male offenders (Lindquist et al. 2009). At times, this research documents how offenders exercise human agency and positive narratives to overcome barriers to reentry (Maruna 2001; [Leverentz 2010](#)). At other times, offender accounts highlight feelings of alienation, desperation, and hopelessness, including a sense of being "custodial citizens" who remain under the watchful eye of the state whether in prison or on neighborhood streets (Lerman and Weaver 2014, p. 8). They often link desistance from crime and reentry success to social supports received from caring individuals or from programs that address material and social deprivation. It is difficult to know how much credence to invest in these insights, given that offenders tend to externalize blame and not identify in themselves deficits that are criminogenic (e.g., low self-control, antisocial thinking errors). Nonetheless, the ways offenders interpret their lives comprise potentially important cognitions that must be addressed when helping them to construct prosocial futures.

*E. Confront the Collateral Consequences Effect*

One of the more disquieting policy developments in corrections has been the steady expansion of the collateral consequences attached to a criminal conviction (Alexander 2010). These legislated mandates deprive ex-offenders of an array of employment, housing, government, family, and civil rights. The courts have defined these consequences not for what they clearly are—added on punishments—but as a matter of behavior regulation (Chin 2012). However, it has now become apparent that even if these statutory limitations satisfy legal requirements of having a rational basis, many are gratuitous and have little plausible relationship to public safety. In many ways, those on the political left and right—such as Senators Cory Booker and Rand Paul in their recently proposed “Redeem Act” (Terkel 2014)—see collateral consequences as a matter of overregulation. Indeed, if subjected to the same cost-benefit analyses as are made of other government regulations, it is unclear how many of these statutes would withstand scrutiny. Efforts are being made to bring more standardization and fairness to this area, such as through the Uniform Collateral Consequences of Convictions Act proposed by the National Conference of Commissioners on Uniform State Laws (2010). We believe all statutes imposing collateral consequences should be “sunset laws” that expire within a specified period (e.g., 5 years) unless reinstated by legislative vote. This would ensure that only collateral consequences that have an enduring rationale would remain operative. At present, collateral consequences instituted over many years accumulate, leading to “literally hundreds of collateral sanctions and disqualifications on the books” (National Conference of Commissioners on Uniform State Laws 2010, p. 3).

What remains to be determined, however, is whether collateral consequences are related to offender recidivism. With the exception of deportation, such consequences—since they are not legally punishments—do not have to be conveyed to offenders during a plea negotiation or at the time of sentencing (Chin 2012). It is not clear that most of those working with offenders are informed about such consequences and communicate these potential disabilities to their offender clients (Burton et al. 2014). How to secure an expungement of a criminal record also is not discussed or planned for (since applying to have a record cleansed might occur 3–5 years later). In terms of reentry, there is a knowledge gap about offenders’ awareness of collateral consequences and how such legal discrimination hinders successful reintegration.

More generally, there is a lack of research on the stigma faced by re-entering offenders. This is in marked contrast to research on mental patients where theory and research is extensive and where stigma has been shown to have deleterious effects (see, e.g., [Link et al. 1989](#); [Link and Phelan 2001](#)). Studies show variation in offenders' hope and optimism about their future prospects ([Maruna 2001](#); [LeBel et al. 2008](#); [Benson et al. 2011](#)). There is also evidence consistent with the view that stigma from official labels leads offenders to lose conventional bonds and be exposed to criminal influences, thus increasing the risk of recidivism ([Krohn, Lopes, and Ward 2014](#); [Raphael 2014](#)). However, given the social stigma and legal consequences associated with being an "ex-offender," a clear need exists for sustained analysis of how these factors affect reentry prospects.

#### *F. Making Reentry Work*

One inevitable consequence of mass imprisonment has been—and will remain—the problem of mass reentry. Since the 1930s, as the remarks of President Roosevelt and of Stanley, the Jack-Roller, show, the challenges facing released prisoners have been apparent. But mere awareness of a social issue, including reentry, does not mean that that concern has risen to the point at which it is clearly conceptualized as a social problem and becomes the object of policy intervention. In this context, an important advance since the early 2000s has been the clear definition of mass prisoner release as a problem of "reentry" and the concomitant call for system changes and program implementation to facilitate inmates' return to society.

The risk in addressing reentry, however, is that good intentions may have disappointing results. Changing inmate behavior, especially in the context of a transition from a total institution into a community where offenders face an array of barriers, is a daunting prospect. Part of taking this challenge more seriously is recognizing its difficulty and the need to use science to direct rehabilitative efforts ([Cullen 2012](#)). Doing so—and making reentry work more effectively—will involve two steps.

First, those inventing and implementing reentry programs need to consult existing knowledge about treatment. Relying on common sense—liberal or otherwise—is no longer justified ([Latessa, Cullen, and Gendreau 2002](#)). Second, a criminology of reentry is sorely needed to produce the kind of detailed scientific insights required to direct program development. Although meaningful advances in the science of offender treat-

ment have been made (see, in particular, Andrews and Bonta [2010]), serious knowledge gaps exist. Basic facts about the reentry experience and how they affect postprison adjustment remain to be identified and systematically studied. The criminology of reentry is in its beginning stages. Given the hundreds of thousands of inmates who will be released annually, this is an area of theory, research, and practice that warrants concentrated and sustained attention.

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