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Empirically Supported Reentry: Review and Prospects

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The number of individuals being released from U.S. jails and prisons into the community is growing at an unprecedented rate. In 2007, approximately 725,000 offenders returned to the community from prison (West and Sabol, 2008) and approximately 12 million offenders are released to the community from city and county jails (Harrison and Beck, 2006). Given that prison and parole populations are continuing to grow, the number of individuals released from incarceration back into the community is not likely to decrease.

Unfortunately, many individuals released from prison continue to engage in criminal behavior. For example, some research suggests that approximately two-thirds of released inmates are rearrested and 25 percent are reincarcerated for a new offense within three years of release (Bureau of Justice Statistics, 2007; Langan and Levin, 2002). In addition, many offenders are apparently ill equipped to meet the demands of society upon release. Substance abuse, limited education and poor job skills are well-documented among inmates, both pre-incarceration and post-release (e.g., Durose and Mumola, 2004; Petersilia, 2000), which likely contributes to the high rate of recidivism.

Given the number of inmates being released from incarceration back into the community, and the high rate of rearrest among these individuals, offender reentry programs have received a good deal of attention in recent years. Reentry can be defined in various ways, but it typically means the

process of preparing inmates to transition from incarceration to the community (Mellow et al., 2008). Although reentry has become the focus of increasing attention, there is little empirical research regarding the effectiveness of reentry programs.

Offender Reentry

The impact of reentry services is not limited to an exclusive focus on reducing recidivism. Although reducing recidivism is clearly an important goal, there should be other benefits as well. For example, released inmates account for a large proportion of the population with communicable health problems, including HIV/AIDS and hepatitis B and C (Mellow et al., 2008). Reentry services can assist inmates in obtaining needed health care. Moreover, reductions in recidivism and the provision of appropriate health care lead to significant cost savings, which is an important consideration for local and state governments dealing with crime and its associated costs.

The process of offender reentry may be conceptualized as beginning when an inmate enters a correctional facility and ending when that individual is no longer under any form of correctional supervision in the community. One model of reentry decision-making is based on the U.S. Department of Justice's three-phased reentry approach developed as part of its Serious and Violent Offender Reentry Initiative (SVORI) and the seven decision points identified by the National Institute of Corrections in its Transition from

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Prison to Community Initiative. This model is currently being used in several states.

These seven decision points are found in the phases of custody, release and community supervision/discharge. The custody phase involves two decision points: first, assessment and classification, which involves measuring offenders' risks, needs and strengths upon entry to the correctional facility; and second, inmate programming, in which the correctional facility provides tailored interventions designed to reduce risk, address needs and build upon existing strengths. The release phase incorporates the next two decision points: inmate release preparation, which involves developing a parole plan to address supervision, housing, employment, drug testing and other considerations; and release decision-making, which is designed to determine the appropriateness of parole on a case-by-case basis. The community supervision/discharge phase involves the final three decision points: 1) supervision and services; 2) revocation decision-making, involving the use of graduated sanctions in response to infractions; and 3) discharge and aftercare, which is when community supervision is terminated and the inmate is no longer under correctional supervision.

Release Decision-Making: Prison to Community

Parole boards had wide latitude in deciding whether to release offenders under discretionary parole prior to 1980. Parole was granted in light of considerations such as rehabilitation, family support and employment. Beginning in the early 1980s, however, the impact of retribution and deterrence began to outweigh such rehabilitative considerations. The use of determinant sentencing, including fixed sentences and automatic release, further limited the individualized decision-making capacities of parole boards. The contemporary correctional decision to release an offender from prison or jail and return that individual to the community is the first of several that may be informed by empirical evidence regarding that individual's readiness for reentry.

Approximately 200 state parole officials are responsible for deciding the timing and release conditions for

more than 120,000 offenders eligible for parole each year (Hughes, Wilson and Beck, 2001). These officials are also responsible for determining the conditions of release for about 280,000 people discharged on mandatory parole and conditional release, and for returning more than 220,000 individuals to incarceration on the basis of parole revocation (Harrison and Beck, 2005). The proportion of offenders released unconditionally at the end of their sentence has been estimated at 20 percent (Petersilia, 2001). The remaining individuals are released under conditions involving assignment to parole officers, who are responsible for ensuring that the parolee complies with the terms of release, including housing, financial support and illegal drug abstinence. About 400,000 of the 600,000 offenders who are released on parole annually are rearrested within three years (Petersilia, 2001). The process of "structured reentry" (Byrne and Taxman, 2004) has both prison and community components, with the expectation that greater structure, more intensive monitoring and more individualized rehabilitation strategies will reduce this recidivism rate.

The community classification center is part of this trend toward greater structure in reentry. Historically, those released from prison have been largely responsible for their own aftercare; employment, housing, family and treatment needs were organized by the offender while still in prison or upon release (Taxman, 2004). The more recent emphasis on evidence-based practice in reentry, however, has prompted a shift in correctional programming and the community reentry process (Center for Effective Public Policy, 2007). Community-based classification centers and specialized programs can play an important part in both structured reentry planning (Wilkinson, 2001) and the delivery of targeted services that are particularly appropriate for that individual. Programs that target specific offender needs have been associated with lower recidivism rates (Seiter and Kadela, 2003).

Newer practice models, such as the five-step offender active participant model (Taxman, 2004), civic engagement intervention model (Bazemore and Stinchcomb, 2004) and critical time intervention (Draine and Herman, 2007), involve a different approach to reentry planning and service delivery.

One component of this approach includes an aftercare discharge plan similar to that used for those on conditional release from forensic psychiatric hospitals (Draine and Herman, 2007). Another component includes enhanced communication using technology such as electronic tracking devices and records management systems, as well as the sharing of case management information (Burke and Tonry, 2006; Pattavina, 2004). The need for collaboration among parole agencies, law enforcement agencies and the larger community has been strongly emphasized (Bazemore and Stinchcomb, 2004; Sipes, 2008). It is also important to evaluate evidence-based reentry services to understand whether and how services are successful in reducing recidivism rates (Pattavina, 2004).

Numerous and wide-ranging changes in practice have coincided with the development of contemporary approaches to evidence-based reentry (Lowenkamp and Latessa, 2005). In his 2004 State of the Union address, President George W. Bush urged federal support for the development of new reentry initiatives focusing on job training, placement, housing and faith-based services (Burke and Tonry, 2006; Center for Effective Public Policy, 2007; Sipes, 2008). The Second Chance Act of 2007 provided funding toward improving reentry using approaches consistent with evidence-based policy (Burke and Tonry, 2006; Center for Effective Public Policy, 2007). Guidelines to assist in the reentry process² have been published (Sipes, 2008) and a number of local, state and national initiatives³ have been created as well (Center for Effective Public Policy, 2007; Pattavina, 2004; Sipes, 2008; Taxman, 2004).

Providing Supervision and Services

Taxman et al. (2003) describe reentry as a process with three stages: institutional (at least six months prior to release), structured reentry (six months prior to release to 30 days after release) and integration (31 days following release). This section addresses the second of these stages. Taxman and colleagues identify two distinct models — active participation and active receiver — that describe how offenders engage in reentry. The

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active receiver model involves formal assessment conducted by those who will decide what services the offender needs and should receive. The active participant model incorporates the offender as an important part of the decision-making process; it includes assumptions that the offender can be returned home, contribute to making transition arrangements while incarcerated and quickly transition from the dependency of incarceration to the relative independence of community life (Taxman, 2004).

During this stage, it is important for paroling agencies to collaborate with prison officials in the reentry transition process. Such collaboration might include using empirically supported decision tools, identifying risk level and targeting continuing rehabilitation needs. This promotes incentives for successful reentry and sets conditions based on risk, needs and indicated monitoring. Additional priorities for paroling authorities during this stage include developing strategies to handle parole violations, focusing on offender case management and supervision to engage offenders in change, and establishing new skills and competencies (Burke and Tonry, 2006).

There has been a limited amount of empirical research on parole services provided in the reentry process. In the early 1990s, California instituted a multidimensional, community-based program to facilitate parolee success for reintegration into society. The program (the Preventing Parolee Crime Program, or PPCP) provided six networks of service providers to support parolees in four domains: employment, substance abuse education and recovery, math and literacy development, and housing (Zhang, Roberts and Callanan, 2006). These investigators reported that non-PPCP group participants were 1.38 times more likely to be reincarcerated within 12 months of parole release. They also found that meeting treatment goals in the four domains was associated with the lowest reincarceration rate. Although these findings were significant, selection bias may offer an alternative explanation to the findings, which are attributed to PPCP. The absence of random assignment to PPCP, with parolees selected according to rehabilitation need and program fit, means that those enter-

ing the program may systematically differ from those who do not on dimensions that affect these outcomes.

Another study (Martin, Lurigio and Olson, 2003) focused on a community-based supervision facility (the day reporting center), which provides supervision and services to participants (e.g., life-skills training, violence prevention, literacy classes, job-skills training, job placement services and GED preparation) during the day. Participants are usually permitted to spend their evenings at home (usually under electronic surveillance). This type of facility can be used as a condition of probation, a direct sentence or a "halfway-back" sanction for probation or parole violators. Investigators found that those participating in the program for less than 10 days had a significantly lower chance of remaining arrest free for 14 months or longer (14 percent) compared with those who spent more than 70 days in the program (25 percent). Although the day reporting centers have shown that offenders remain arrest-free, these positive findings may be explained largely by the impact of one particular intervention. Without a statistical measure of the contribution of each intervention, however, this question cannot be answered.

Discharge and Aftercare

Different approaches are used for selecting individuals for participation in community-based reentry programs versus parole. Such reentry programs are now serving a number of post-incarceration individuals; in fiscal year 2004-2005, 43,843 paroled offenders were mandated to attend a reentry program (National Offender Management Service, 2005). One study evaluated individuals according to the risk-needs-responsivity model (Andrews, Bonta and Hoge, 1990), assessing risk levels and criminogenic needs designated in the reentry program. Those who appeared to represent a good "fit" with the program (with relevant risk, needs and responsivity consistent with what was offered) were more likely to be recommended for placement (McGuire et al., 2008). Another study evaluated a Serious and Violent Offender Reentry Initiative program in North Dakota (Bouffard and Bergeron, 2006), which consisted of three phases: institutional, transition and community-based. Program participation criteria included age (18-35 years old), a his-

tory of violent offending and a score of 24 or above on the Level of Supervision Inventory-Revised (LSI-R).

Aftercare services are intended to improve the community adjustment of released offenders and thereby decrease the risk of recidivism. Non-compliance with aftercare services is a substantial problem, however. One study (Schram and Morash, 2002) focused on a life-skills program for female inmates in Michigan targeting women with six to nine months remaining before they are eligible for parole. This program includes an aftercare component in which an aftercare agency serves as a community advocate for participants and provides limited financial assistance for housing and child care. Investigators reported extreme noncompliance with the aftercare component of the program and were unable to contact 77 percent of the program participants after their release. For those assessed at follow-up, the researchers found few significant differences between the treatment and comparison groups on the life-skills measures, which included self-esteem, anger and conflict management. Of the participants who completed the post-test measures, 37.5 percent indicated that aftercare services did not contact them; those who were contacted reported either very positive or very negative experiences. However, this high level of attrition makes it difficult to draw firm conclusions from these results.

Another study (Haas, Hamilton and Hanley, 2007) considered the West Virginia Offender Reentry Initiative, which also includes an aftercare component. The first phase of this program focuses on the transition from incarceration to the community, beginning six months prior to release. Offenders are referred to various community programs, with planning in key areas (housing, employment and needed support services). At the end of this phase, an aftercare action plan is developed for the post-release reentry period. Investigators reported that only 12.9 percent of participants had actually received their aftercare plan, and even fewer sought those services post-release. Also, the evaluation focused on programming rather than recidivism, so very limited conclusions can be made regarding the effectiveness of the services for those who sought them.

A third study, describing the community phase of a reentry program for serious and violent offenders (Bouffard

and Bergeron, 2006), indicated that program participants were referred to more community-based services than the comparison group. Despite this, they were less likely to have participated in most of those programs relative to the comparison group, including anger management and chemical dependency aftercare treatment. The results did indicate that participants were administered a significantly higher number of screens for drugs and alcohol than the comparison group and were significantly less likely to test positive for drugs. (Participants were also less likely to test positive for alcohol, but the results were not significant.) A survival analysis for recidivism indicated that offenders in the program were significantly less likely to be rearrested, but there was no significant difference with respect to revocation of parole. Though these results seem to indicate that the aftercare component may be effective for those who participate, it is important to note the small sample size of 71 participants in the program and 106 participants in the comparison group. The investigators also observed that the program operates in a "relatively small, racially homogenous, urban community," and that raises questions of generalizability.

Some programs are available to parolees on a voluntary basis, which may be more effective for certain individuals who are more motivated (Zhang et al., 2006). In one study (Pearson and Davis, 2003), clients were referred by correctional or community sources and received assistance with employment and child support. Participants of this program ranged from one month to more than 13 months post-release. Findings indicated that program clients were less likely to return to prison than individuals who scheduled a program appointment but never appeared. Clients also had a lower recidivism rate than that reported by the department of corrections for all inmates; however, the DOC population is not necessarily a representative comparison group. Pearson and Davis (2003), indicated that the client population resembled the parole population in some respects, but were typically less violent and lower risk. This may account for the difference in recidivism. In addition, clients experienced an initial increase in employment following a visit to the program, but the proportion began to decrease in the third fiscal quarter following the visit.

It is difficult to draw conclusions about what aspects of the program were effective, given the attenuation of effects over time and the lack of a true control group.

California also has a network of voluntary programs to assist with post-release parolees. PPCP includes programs providing employment, substance abuse recovery, math and literacy skills, and housing services. Participants are referred by their parole officers. Participants who met the treatment goal of at least one of these programs had a recidivism rate of 33.6 percent, compared with a recidivism rate of 52.8 percent among non-PPCP parolees in the state (Zhang et al., 2006). Further analysis of the individual program effects revealed that parolees who met the treatment goals of the residential multiservice centers, which offer employment, math/literacy training and recovery services, had the lowest 12-month reincarceration rate (15.5 percent). Individuals who met the goals of the substance abuse network had a reincarceration rate of 25.7 percent, followed closely by the literacy program (26.5 percent) and employment programs (28.5 percent to 33.1 percent). These return rates were significantly lower than the rates of parolees who did not meet the treatment goals of those programs. However, motivation may have played an important role in the success of the parolees who participated in the program and met treatment goals, and it is an important alternative explanation to consider.

Discussion

The present review suggests that reentry services are being provided on a widespread basis in the U.S. If the trend of the past decade continues, such services are likely to be provided to a growing number of individuals during the late stage of incarceration, the period immediately following release into the community and the more extended period during which many individuals remain on parole. This focus is a welcome addition to the rehabilitation and management of offenders, given its potential to provide needed services, reduce the risk of recidivism, and promote more responsible and adaptive adjustment following release.

When reentry services are delivered in a way that is standardized — when comparable services are delivered to similar populations, with re-

sults measured — it becomes more feasible to incorporate the use of empirical research in the investigation of questions such as what works, in what intensity, over what duration and at what cost. Unfortunately, judging from the present review of the published literature on reentry, the provision of services is well ahead of the formal investigation of such questions. If "effectiveness" and "empirical validation" are to be important considerations in reentry services policy, then this must change. The present review of research on the reentry process is composed largely of studies conducted at a single site, with modest numbers and using interventions that are often a reflection of local practice preferences rather than empirically supported interventions. It also suggests that there is no dearth of conceptual thinking and practice descriptions regarding reentry programming. The next important step, however, is to integrate the conceptual and practice literature with effectiveness research, much of which remains to be done. Research using multiple sites, larger samples and uniform interventions selected as promising (and also compared with a "practice as usual" group) will provide a much stronger empirical basis for developing best practice standards in this area.

In addition, reentry programs may include a number of components. As this review shows, these include residential, substance abuse, educational/literacy and employment services, among others. Currently, there is a tendency to evaluate the impact of a single reentry program. It will be important to conduct research on multiple sites, focusing on reentry programming that is fairly uniform, in order to empirically gauge the effectiveness of such programming.

One promising contribution to the reentry process appears to be the community-based classification center. Such a program is designed to receive individuals coming out of prison and provide assessment and targeted rehabilitation services to facilitate the transition from incarceration to community living within the first several months following release. Several potential advantages to such community classification centers include assessment of risk and rehabilitation needs in a setting that is based in, and more similar to, the community than a prison can be, and the linkage of assessment results with interven-

Table 1. Summary of Key Findings and Practice Implications of Empirical Research on Reentry

Study	Summary of Findings	Practice Implications
Bouffard and Bergeron (2006)	<ul style="list-style-type: none"> Reentry program participants were significantly less likely to be rearrested or test positive for drugs, but there were no significant differences on revocation of parole, relative to comparison group 	<ul style="list-style-type: none"> Importance of multiple outcome measures, including intermediate outcomes (e.g., family, housing, job, substance abuse) as well as new arrests and technical violations of parole or probation
Byrne and Taxman (2004)	<ul style="list-style-type: none"> High-risk group had fewer overall arrests and new crime arrests within one year, and fewer probation violations Moderate-risk group did not show difference relative to comparison group 	<ul style="list-style-type: none"> Importance of formal measurement of risk and dynamic needs Use of risk-need-responsivity (RNR) principles recommended
Heilbrun et al. (2008)	<ul style="list-style-type: none"> Rate of women rearrested during the six-month outcome period was lower for women released from prison into a community-based classification and treatment center, relative to sample returned directly to community on parole 	<ul style="list-style-type: none"> Importance of limited gender-specific programming Importance of community-based classification centers in reentry
Lowenkamp and Latessa (2005)	<ul style="list-style-type: none"> Residential programs were most effective for parole violators and high-risk offenders, but were associated with increases in recidivism for lower risk offenders (with the exception of parole violators); most effective programs were those that targeted criminogenic needs 	<ul style="list-style-type: none"> Importance of formal measurement of risk and dynamic needs Use of RNR principles recommended
Martin et al. (2003)	<ul style="list-style-type: none"> Pretrial defendants who remained in the Day Reporting Center program at least 70 days had significantly lower recidivism rates than the pretrial defendants in the program for less than 10 days 	<ul style="list-style-type: none"> Possible dosage effect of community reentry programs should be investigated through research and program evaluation, and then implemented in policy
McGuire et al. (2008)	<ul style="list-style-type: none"> Completion of a structured, community-based, offense-focused program predicted reduction in convictions 	<ul style="list-style-type: none"> Limited strength of the regression model and absence of comparison group make conclusions supporting treatment impact tentative
Pearson and Davis (2003)	<ul style="list-style-type: none"> Clients of a program providing assistance with employment, child support and family reconnection had higher rates of employment and child support payment, although effects attenuated over time; clients had a lower recidivism rate compared with the general DOC population. 	<ul style="list-style-type: none"> Importance of employment, child support and family reconnection
Schram and Morash (2002)	<ul style="list-style-type: none"> Participants of program targeting problem-solving, anger management, self-esteem, parenting and employability more likely to use coping resources than were the comparison group; participants had a significantly lower 60-day return rate than the comparison group. 	<ul style="list-style-type: none"> Life-skills programs may be effective in helping female offenders cope in the community Multiple obstacles to implementation of reentry programs, including variations among counselors
Zhang et al. (2006)	<ul style="list-style-type: none"> Participants in the Preventing Parolee Crime Program who had access to employment, substance abuse, educational and housing services had lower levels of reincarceration than nonprogram parolees 	<ul style="list-style-type: none"> Programming more effective for individuals who met treatment goals or in a program for a longer period of time, consistent with minimum "dosage effect"

tions beginning immediately. This allows observation of the individual's response to interventions that helps to inform subsequent placement and parole decisions. Such classification centers can provide important structure during the first 30 to 60 days following release, a period of relatively high risk for failure on parole (Heilbrun et al., 2008). They are well placed to conduct relevant research on risk, needs and intervention, perhaps in partnership with academic researchers (Heilbrun and Erickson, 2007). When research incorporates standardized measures of risk and needs, documents the impact of promising interventions and does so

in different jurisdictions and over time, it can promote the development of empirically driven practice guidelines that would allow the reentry process to become more standardized, effective and efficient.

The increased emphasis on the reentry process witnessed in the past decade holds promise for the delivery of needed services and monitoring in a cost-effective fashion. The potential advantages to society are noteworthy and include decreased offending, a more effective criminal justice system, and inmates returned to society with better targeted and more appropriate services. More and better research, the implementation of inter-

ventions such as the community classification center and the linkage of these results to more uniform reentry policy can help to realize this potential.

ENDNOTES

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² Examples include *Evidence Based Adult Corrections Programs: What Works and What Does Not* (Aos, Miller and Drake, 2006), the Jail Reentry Roundtable reports (the Urban Institute; final reports available at www.urban.org/projects/reentry-roundtable/roundtable9.cfm), *Prisoner Reentry and Community Policing* (LaVigne et al., 2006), and *Building an Offender Reentry Program: A Guide for Law Enforcement* (Bureau of Justice Assistance, 2006).

³ Examples include the Court Services and Offender Supervision Agency (Washington, D.C.; www.csosa.gov), the Serious and Violent Offender Reentry Initiative (Bureau of Justice Assistance; www.reentry.gov), Reentry Policy Council (Council of State Governments; <http://reentrypolicy.org>), the Transition from Prison to the Community Initiative (National Institute of Corrections; www.nicic.org/pubs/2002/017520.pdf), Reentry Partnership Initiative (Office of Justice; www.ci.baltimore.md.us/government/mocj/reentry.php) and the Prisoner Reentry Policy Academy (National Governors' Association; www.nga.org).

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