

Identifying Collateral Effects of Offender Reentry Programming Through Evaluative Fieldwork

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Abstract The transfer of offender supervision from prisons to community corrections has prioritized the implementation of reentry programming and outcome evaluation oriented toward impact specification and evidence based practices discovery. Similar to rehabilitation research, generally, reentry scholarship tends toward the statistical documentation of recidivism and related public safety indicators while under-utilizing qualitative techniques. This study reports the qualitative methods and findings from a mixed methods evaluation of a national model county reentry program for offenders with co-occurring disorders. Observation of treatment services, in-depth interviews with jail administrators and services providers, and focus group interviews with a sample of treatment group participants evidenced collateral benefits of programming. Discussion centers on treatment program implications and the value of mixed methods for justice program evaluation.

Keywords Collateral benefit · Mixed methods · Offender reentry · Qualitative evaluation

Introduction

Offender reentry has emerged as a major justice system movement through funding support for transitional programming by various United States Department of Justice (US DOJ) agencies such as the Bureau of Justice Assistance, the Office of Juvenile Justice and Delinquency Prevention, and the Federal Bureau of Prisons. While substantial US DOJ support for a broad-spectrum justice system movement like reentry is not surprising, offender transition initiatives are also currently funded through multiple other federal

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agencies including the Department of Education, Department of Labor, the Substance Abuse and Mental Health Services Administration, and Veterans Affairs. A sizeable body of reentry research has been developed (Beck, 2006; Berg & Huebner, 2011; Bushway, Stoll, & Weiman, 2007; Lynch & Sabol, 2001; Mears, Wolff, & Buck, 2006; Osher, 2007; Osher, Steadman, & Barr, 2002; Petersilia, 1999; Petersilia, 2004; Rocque, Biere, & Mackenzie, 2011; Seiter & Kadela, 2003; Soloman, Osborne, LoBuglio, Mellow, & Mukamal, 2008; Travis, 2005; Travis & Waul, 2004; White, Saunders, Fisher, & Mellow, 2012; Visher, 2006), but little in the form of program evaluation (Bouffard & Bergeron, 2006; Mears, Scott, & Bhati, 2007; Miller & Miller, 2010). The limited extent of evaluation research on reentry programs is somewhat surprising as recent and open funding opportunities (e.g., BJA's Justice and Mental Health Collaboration and Second Chance Act Adult Mentoring and Transitional Services for Successful Reentry programs) require set aside resources for fidelity confirmation, performance measures documentation, and empirical assessment of impact.

The reentry knowledge base is also limited in other respects. Primarily, qualitative data collection and analysis have been neglected due to hyper-focus on outcome indicators of program effectiveness such as relapse and recidivism. Beyond the issue of contextualizing findings, a failure to demonstrate implementation intensity and program fidelity can compromise the integrity of observed inferences regarding program outcomes, the lack of qualitative analysis demonstrating implementation intensity and program fidelity compromises the integrity of observed inferences between programming and offender improvement. Quantitative driven reentry research typically only speaks to the realization of predetermined success benchmarks, altogether ignoring potential collateral effects. Surely, there are significant and consequential program drivers, moderators, and outcomes beyond those identified prior to or at the juncture of program implementation solely for variable analysis purposes.

Also, the brevity of jail confinement precludes treatment services for most inmates so the reentry evidence base is derived more so from prison than jail settings (Seiter & Kadella, 2003). Community corrections interfaces with far more offenders than do prisons, however, and ignoring this majority seriously limits the scope of therapeutic applications and thus evaluation producing empirical evidence regarding the nature and viability of reentry services delivered in jails. Toward addressing these reentry research gaps, the current study presents qualitative findings from a mixed method evaluation of a Bureau of Justice Assistance designated national model rural reentry initiative to highlight potential collateral benefits of reentry programming while illustrating the value of qualitative technique inclusion in evaluative justice research.

Background on Reentry

Rehabilitative programming to prepare inmates for transition back into the community is commonly known as reentry and typically involves execution of individualized treatment plans (Travis, 2005; Visher, 2006). Individualized treatment ideally attends to offender holistic need comprised of a range of issues and challenges, often including substance abuse, mental health, housing, employment, familial strife, post release treatment continuation, and community correctional supervision compliance (Steadman & Veysey, 1997). Positive outcomes are highly contingent upon individual

characteristics (e.g., need severity, readiness to change, and participant engagement) as well as program factors such as the fit of chosen modality for the problems faced by treatment cohorts and duration of program exposure (Brewster & Sharp, 2002; Howells & Day, 2006; Krienert & Fleisher, 2001; Roman, Wolff, Correa, & Buck, 2007; Walters, 1999; Welsh, McGrain, Salamatin, & Zajac, 2007; White et al., 2012). Success is also more pronounced when reentry entails institutional in-reach to align aftercare (Bouffard & Bergeron, 2006; Miller & Miller, 2010), targets high-risk offenders (Bouffard & Bergeron, 2006; Walters, 1999), and relies on evidence-based practices (Lee & Stohr, 2012; Mears, Roman, Wolff, & Buck, 2006; Wormith, Althouse, Simpson, Reitzel, Fagan & Morgan, 2007). Extant research on reentry programming has chiefly focused on the prison setting and relied on recidivism and survival rates as the primary, and often only, measures of success. As a result, intermediate and in-program benefits, as well as non-operationalized post-release outcomes, have gone unnoticed and likely are not documented in the scientific literature (Mears, 2010).

Reentry Programming in Jails

Because prisons offer a more comprehensive range of rehabilitation modalities and an environment better suited for longer and more intensive treatment than jails, the latter is expectedly less represented in the research literature (Bourke & Van Hasselt, 2001; Keller & Wang, 2005). The small extent of criminal justice evaluation literature derived from community corrections is a reflection of the more basic problem of limited programming in jails (Miller & Miller, 2010). When the reentry literature is narrowed to evaluations, the extant knowledge base is even meager. A review of all reentry studies published over a 25 year period, for example, found that only 1 % of reentry initiatives have been assessed and, of these, only 19 utilized a quasi-experimental design (Seiter & Kadelar, 2003).

While study of the prison environment has provided indispensable knowledge on rehabilitation efficacy (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Hiller, Knight & Simpson, 1999; Knight, Simpson, Chatham, & Camacho, 1997), questions remain as to whether conclusions can be inferred to jail locations and populations (Keller & Wang, 2005). Characteristics that distinguish jails from prisons, however, present a unique research setting wherein programming may be examined within the context of localized administrative and operational structure and the ability to address the needs of diverse sets of inmates within and across communities. Unlike prisons that function within a highly structured and uniform regimen, jail operations vary widely according to whether a location is managed at the city or county level and resource availability (White et al., 2012). Jails typically receive a substantially smaller proportion of funding available for correctional programming and time served is relatively brief compared to prison populations. Accordingly, jails offer limited programming options which neglect some inmate needs as rehabilitation often may not be a top management priority.

Despite these challenges, community correctional systems offer some advantages in respect to assessing programming and the identification of potential ancillary benefits due to system interception of offenders closer to the onset of criminality and the immense number of inmates served on an annual basis. Moreover, a majority

of jail inmates remain in local communities after release, enhancing collection of outcome measures through extended follow-up periods and reduced logistical attrition among treatment group participants. Emphasizing recidivism as the defining measure of program performance, however, can result in latent or secondary benefits of programming (i.e., alternate gauges of impact or improvement) being overlooked (Mears et al., 2007; Wormith et al., 2007). Programs that produce positive intermediate outcomes, but have little or no effect on subsequent offending, may risk being discarded (Mears, 2010). Ostensibly, increased reliance on community corrections per prison population reductions suggests that reentry and similar rehabilitative initiatives will be expanding and it is essential that assessments specify and relate holistic rather than isolated impact toward comprehensive value determinations regarding the desirability of modalities and program replication.

Effects of Programming

Besides lengthening survival time and related recidivism concerns, program participation has been linked with various individual and institutional benefits (Steiner & Wooldredge, 2008). At the individual level, inmates ideally undergo attitudinal change, behavioral modifications, and develop prosocial skills through program exposure (Bourke & Van Hasselt, 2001; Buckaloo, Krug, & Nelson, 2009; Furst, 2006). Research shows that, in addition to rehabilitation, programming serves as a moderator of the incarceration environment and enhances the experiences of both inmates and corrections staff (Camp, Daggett, Kwon, & Klein-Saffran, 2008; Dietz, O'Connell, & Scarpitti, 2003; Himelstein, 2011; Lahm, 2009). For inmates, programs are a means of coping with the deprivations associated with incarceration (Lee & Stohr, 2012; Roman et al., 2007; Thomas & Zaitzow, 2006) and they facilitate personal (Adams, Bennett, Flanagan, Marquart, Cuvelier, Fritsch, Gerber, Longmire, & Burton, 1994; Brewster & Sharp, 2002), social (Rocque et al., 2011; Walters, 1999), mental (Castellano & Soderstrom, 1997; Himelstein, 2011), and physical development (Ross, 2011; Wagner, McBride, & Crouse, 1999) complimentary to the transition phase of reentry.

As a coping strategy, programming may offer offenders a constructive diversion from prison and jail cultures. Findings indicate, for example, that individuals affiliated with gangs prior to and during incarceration are generally in greatest need of and most likely to benefit from services delivery (Krienert & Fleisher, 2001). Participation in treatment has the potential to prevent inmates from engaging in general misconduct including gang activity and substance use (French & Gendreau, 2006; Thomas & Zaitzow, 2006; Welsh et al., 2007), as well as facilitating establishment or reinforcement of prosocial bonds (DeLisi, Trulson, Marquart, Drury, & Kosloski, 2011). Additionally, participation in faith-based (Roman et al., 2007; Thomas & Zaitzow, 2006) or personal health programs not aimed at reentry or rehabilitation per se can translate to less reliance on destructive and antisocial behaviors, particularly when continued post-release (Ross, 2011). Researchers further assert that recreational offerings including art, gardening, and physical fitness can help inmates remain focused on rehabilitation goals and, in turn, optimally benefit from services directly targeting recidivism (Castellano & Soderstrom, 1997; Himelstein, 2011).

Development of social and problem solving skills is thought beneficial to recidivism prevention based on attitude and behavioral modification during incarceration (Furst, 2006). Counseling addressing anger management and other interpersonal relations increases self-awareness and stress management, both behind bars and after release (Bourke & Van Hasselt, 2001). Animal care and physical fitness programs are but two types of programs that can produce such positive effects, including diminished aggression, improved communication, and a sense of personal responsibility (Furst, 2006; Wagner et al., 1999). While programming can reduce the frequency of offending, the seriousness of criminal behavior, and the likelihood of future incarceration for serious and chronic offenders, Walters (1999) notes that positive changes observed during incarceration are less likely to persist in the community without adequate aftercare.

Educational and vocational training are two of the most common and oldest program orientations offered in correctional settings, largely due to the facts that educational attainment and job skills are correlated with reoffending yet consistently lacking among inmates (Adams et al., 1994; Brewster & Sharp, 2002). Findings appear to be mixed regarding the effects of job readiness programs and vary according to individual factors such as prior educational attainment, gender, and training needs (Adams et al., 1994; Brewster & Sharp, 2002). Still, secondary benefits can include continued education and increased likelihood of securing employment upon release, as well as longer survival rates (Brewster & Sharp, 2002) and development of relevant life skills such as work ethic, parenting aptitude (Furst, 2006), and avoidance of risky health behaviors (Ross, 2011). While these outcomes may not have the explicit or preferred effect of deterring recidivism, they nonetheless reinforce the notion of offender malleability and capacity for rehabilitation in terms of re-socialization, stakes in conformity, and cognitive behavioral change.

Programming also offers several therapeutic advantages for inmates, both physically and psychologically. Recreational programs including physical fitness produce obvious health benefits including weight loss, disease prevention and reduction, and improved mental health (Buckaloo et al., 2009). Weight lifting activities, though controversial, are linked with decreased aggression and hostility as physical activity in general is effective in tempering inmate anxiety, stress and depression (Wagner et al., 1999). In addition to depression and anxiety, some programs ameliorate self-esteem issues (Furst, 2006), especially for inmates preparing to reenter the community (Castellano & Soderstrom, 1997). Meditation provides yet another type of programming with therapeutic benefits for incarcerated participants including improved emotional state and lower levels of substance abuse (Himelstein, 2011).

Other indirect benefits of programming unrelated or incidental to reoffending occur at the institutional level and are reflected by improved agency culture and operations. Reduced social disorder related to gang activity, drug use, and violence are realized by correctional facilities that emphasize training and rehabilitation (DeLisi et al., 2011; Dietz et al., 2003; French & Gendreau, 2006; Griffin & Hepburn, 2006; Keller & Wang, 2005; Lahm, 2008, 2009). Fewer disciplinary issues in the form of infractions and rules violations are another positive effect of programming (Dietz et al., 2003; Steiner & Wooldredge, 2008; Walters, 1999). Faith-based programs, however, appear to have less influence on minor violations than serious misconduct (Camp et al., 2008).

Moreover, programming alone does not influence institutional misconduct or response to rehabilitation, but rather interacts with other factors such as age, severity of offending, stage of incarceration, and time served (Castellano & Soderstrom, 1997; Welsh et al., 2007).

Environment stability is conducive to rehabilitation and behavioral modification and, as such, essential inmate health needs are met first so that focus can then be shifted to attitude and conduct improvements. Given the prevalence of mental illness, substance abuse and related chronic health issues among incarcerated populations and the implications for institutional management, therapeutic interventions can be considered a necessity regardless of impact on offending. Some institutions have consequently implemented a therapeutic community (TC) model in recognition of its benefits not only to the population served but also as a means of reducing overall disruption and improving inmate quality of life (Dietz et al., 2003).

Attributes of TC and other program-centered facilities additionally produce fiscal and security benefits for management and correctional staff (Lee & Stohr, 2012). The therapeutic emphasis on inmate physical and mental health, access to fitness equipment, and training and treatment for psychological and emotional disorders leads to reduced health care costs (Himmelstein, 2011; Ross, 2011). Fewer instances of violence in the form of inmate-on-inmate and inmate-on-staff assaults associated with program participation also contribute to medical savings in the correctional setting, for inmates and employees (Lahm, 2008, 2009). Feeding and housing cost benefits incurred through sustainable practices present another programming advantage. Agricultural or gardening programs which utilize the products cultivated by inmates and those that permit inmates to work or train by providing certain services, including food preparation or facility maintenance, reduce dependence on external sources or contractors. Finally, improved morale, safety, and well-being of staff are also substantial benefits of correctional programming in that facilities experience less turnover, fewer absences, and a more productive work environment (Buckaloo et al., 2009).

The Need for Qualitative Insight

Field research, or ethnography, has proven to be an excellent means for studying a broad range of significant issues in criminology and criminal justice (Goffman, 1959; Chambliss, 1964; Shover, 1972; Benson, 1985; Tunnell, 1992; Miller & Selva, 1994; Copes, Hochstetler, & Williams, 2008; Miller, 2011). The importance of conducting fieldwork with active inmates has been the focus of recent research emphasizing the necessity of including prisoner input in the assessment process, as not doing so precludes primary stakeholder data regarding treatment climate, modality, and staff rapport (Miller, Tillyer, & Miller, 2012). Moreover, for many, interaction with researchers may provide the only ombudsman-like opportunity to relate mal-treatment or needs. Interviews and direct observation are well-documented strategic research methods to collect in-depth information and should enrich knowledge regarding program performance, problems, and improvement opportunities (Shover, 1979). Specifically, in-depth interviews offer the ability to gauge the level of administration and staff endorsement of the program and identification of institutional and infrastructure barriers.

Like the majority of applied criminal justice research, the empirical reentry knowledge base is primarily comprised of quantitative works specifying treatment effect outcomes such as recidivism, relapse, and extra-legal indicators of pro-social behavior (e.g., treatment continuation, familial stability, and employment status). Very little qualitative research on reentry has been conducted, which is somewhat surprising given that competitive federal reentry funding announcements clearly relate that proposals with evaluation designs addressing program integrity (and spuriousness reduction techniques such as propensity score matching and regression discontinuity analysis) will be given priority consideration. Despite these specifications, very few treatment program evaluations have executed mixed-methods strategies. This is unfortunate as qualitative research activity is requisite for rigorous analysis enabling optimal confidence in observed statistical outcomes.

Failing to adequately document and measure important matters such as modality adherence, program differentiation, treatment staff dynamics, dosage, participant engagement, and treatment climate may preclude accurate separation of treatment impact and external validity concerns. The likelihood of correctional evaluation barriers (Miller, Koons-Witt, & Ventura, 2004) may frustrate effectiveness determination and leave unanswered the question of whether observed results are a function of implementation or theory failure or success. Applied qualitative research enables discovery of findings outside rigid hypothetic-deductive approaches and contextualization of quantitative findings that enable understanding of source effects.

The dearth of qualitative knowledge is particularly unfortunate for the reentry movement per funding emphasis on evidence based practices for program start-up and sustainability. Seemingly, research demonstrating desired treatment effects are more apt to result in programs being included in “official” listings of evidence based/preferred modalities and interventions (e.g., crimesolutions.gov; OJJDP “blue ribbon” programs; and BJA model programs). There are pronounced differences between observation of quantitative output denoting program effectiveness and qualitative exploration of why and how outcomes were realized. Moreover, solely quantitative research designs are heavily focused on pre-implementation stated program goals at the expense of considering other influences, whether beneficial or detrimental. Through the qualitative components of a federal funded mixed-methods evaluation of a successful country corrections reentry initiative, the present study identifies and considers collateral benefits of treatment programming delivered in a community corrections setting.

The Current Study

Setting & Program

Auglaize County is a rural county with a population of 46,000 residents located in western Ohio along the Interstate 75 corridor between Detroit and Cincinnati. The Auglaize County Correctional Center (ACCC) operates under the authority of the Auglaize County Sheriff’s Office and is a full-service, 72 bed facility which opened in early 1999. The ACCC holds both felony and misdemeanor pre-trial, pre-sentenced, and sentenced inmates for up to 18 months. The facility receives

approximately 1,200 inmates a year, half of whom will be released within 72 h. Of the 600 remaining inmates, about 200 actively participate in facility programming annually with 73 enrolled in the current study.

The Auglaize County Transition (ACT) Program is an offender reentry initiative addressing the multifaceted issues jail inmates face upon release. Introduced by the Auglaize County Sheriff's Office in 2004, ACT provides a comprehensive strategy to address inmate challenges ranging from medical and mental health problems to substance abuse and addiction. Consistent with the philosophical tenets of individualized treatment, correctional staff assess inmate needs then case managers review assessments to design individualized rehabilitation strategies (known as "Reentry Accountability Plans") that structure offender recovery during incarceration and, ideally, after release into the community.

Moral Reconciliation Therapy (MRT), a systematic treatment strategy that seeks to decrease recidivism among offenders by increasing moral thought processes and decision-making, is implemented through weekly group meetings as the primary intervention modality. This cognitive-behavioral change approach addresses ego, social, and moral issues through 6 months of therapy guided by workbook modules requiring offenders to complete "homework" assignments focused on offender introspection. Through MRT offenders confront their beliefs, attitudes, and behaviors, assess relationships, and plan for a positive future in terms of identity formation, self-concept definition, and identification of hedonistic triggers affecting sound reasoning.

The ACT program links offenders with community resources important in aiding successful reentry such as employment placement, substance abuse treatment, spiritual and mental health counseling, and educational support. These services are delivered by a combination of management, security staff, mental health and chemical dependency counselors, and staff from the Ohio Department of Job and Family Services. While the program was designed to reduce recidivism among program participants, progress is also considered according to the conditions of reentry accountability plans such as drug screening, outpatient treatment program attendance, and related pro-social activity. Post release, aftercare services are maintained under the supervision of the Ohio Adult Parole Authority or the Municipal Court Probation Department in conjunction with privatized treatment providers.

Methods

The below research strategy represents the qualitative component of a larger mixed methods evaluation strategy comprised of: 1) implementation and process evaluation activity (observation, in-depth, and focus group interviewing) to assess program fidelity (adherence, exposure, quality of services delivery, participant/family engagement, and program differentiation), 2) isolation of defining program and provider characteristics to specify respective contributions to program outcomes, and 3) an outcome evaluation (quasi-experimental design utilizing a matched comparison group from the Auglaize County Jail—see Miller & Miller, 2010). Identification of collateral program effects was not a design consideration, rather an organic fieldwork development. On-site qualitative data collection through in-depth interviewing of officers and staff, focus group interviews with inmate treatment participants, observation of treatment sessions, and review of official treatment modality materials also

enabled assessment of program content and delivery to confirm an evidence based design and identify barriers to operational success.

Interviewing was conducted according to semi-structured questionnaires to ensure systematic topic coverage and data collection across individual respondents and site visits (see Appendices A & B). Focus groups interviews were conducted with 45 of 73 (61%) treatment group participants without the presence of administrators or staff to ensure unfettered, more truthful responses. Of these, the majority were white males, with only 14 (19.2 %) female and only three (4 %) nonwhite respondents. The treatment cohort did not have severe criminal histories, with a cohort mean of 1.23 previous convictions. Two in-depth interview sessions lasting between 1 and 2 h were conducted, also according to a semi-structured questionnaire, with two program administrators, four correctional officers assigned to the reentry initiative, and all four of the program treatment providers. Identifiers were not recorded from any treatment group nor professional respondents.

Findings

Observation and interview based data collection enabled documentation of program fidelity and contextualization of statistical observations regarding outcomes (Miller & Miller, 2010). Program fidelity, modality adherence, professional delivery, and participant engagement were specified, confirmed, and augment confidence that the program's demonstrated 12.3 % recidivism rate was not coincidental or otherwise spurious but a function of treatment services. Quantitative results also indicated a significant reduction in the number of inmate altercations within the facility. Data were obtained from 1999 through 2006 for pre and post-treatment observation of incidents within the facility. These data showed a distinct decrease in the number of fights, disturbances, uses of force, and staff assaults for the Auglaize County Correctional Center following implementation of the ACT program in 2004 (see Fig. 1). Fights decreased from 19 in 2003 to five in 2004 with improvement noticeable soon after implementation of the ACT program. Similarly, disturbances dramatically decreased from 22 to three during the same time period, with related uses of force and assaults on staff all but eliminated (decreasing from three to one and one to none, respectively). The 2005 and 2006 data confirm continuation of this downward trend.

While qualitative data collection focused on program fidelity, stakeholder perspective, and situational context, observation and interviewing also identified collateral benefits of reentry programming at both individual and institutional levels.

Inmate respondents confirmed the general popularity of treatment programming for both recovery-related and other reasons. As a rural jail offering very few services, exercise, or recreational activities, treatment group respondents, especially those who previously had been incarcerated in the Auglaize County jail, welcomed the disruption to daily routine necessitated by the treatment schedule. Apart from the recovery goals of treatment, participation largely was described in positive terms, as indicated by a middle-aged participant who had been an inmate in the Auglaize County jail on two previous occasions:

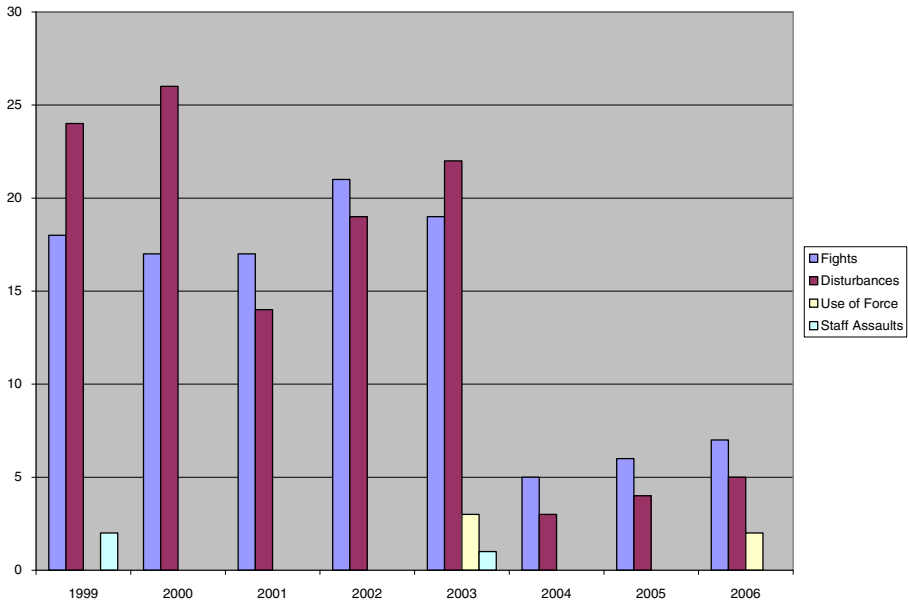


Fig. 1 Auglaize County Jail Altercations (1999-2006)

“Before the treatment program, there was nothing much to do in here but sit around, watch television when you can, read, and talk. Before too long, there isn’t anything left to read, the television privileges might get taken away because of something (rules infraction) that you weren’t even involved in, and there is only so much to say to the same handful of guys. I think the arguments and fights in here happened because of the extreme boredom and pressure of being trapped in such a small place.”

Treatment inmates projected one of three identified attitudinal orientations regarding their participation. A slight majority communicated their need of and appreciation for treatment and of a better life after release in terms of their prospects for sustaining employment, minimizing familial/domestic strife, and overall health. A second group discussed treatment as it related to their legal situations and the prospects for leniency thought to result from participation, including several that were either of the opinion that they did not really need treatment or at least some elements (e.g., offenders acknowledging a mental health or substance abuse issue but in denial about the other).

A third and much smaller group saw treatment as largely coercive. While continued treatment in the ACT Program is voluntary, some inmates had been court-ordered to participate and stated that they would have preferred a longer sentence to a state prison. That anyone would choose a longer period of incarceration in a more threatening environment than participate in treatment seemed altogether logical—at least by conventional reasoning. One interpretation, informed by Walter B. Miller’s focal concerns (1958), is the premium value placed on individual autonomy, an odd concern in the context of additional incarceration when earlier release to community corrections is a byproduct and reward of treatment participation.

Nonetheless, for some the increased degree of “being bossed” associated with treatment routines, classroom conduct, and homework assignments was viewed more punitive than additional loss of freedom. When asked why some inmates chose accordingly, a correctional officer opined that: “*some of these guys are just criminals. I’m not trying to put down what you are trying to do here (erroneously equating evaluation with treatment), but some of these guys can’t be helped—they are just con artists and anything with treatment is just an angle on getting back on the streets sooner. Plus, you’ll notice that only older ones refuse (treatment), because they have too many priors to really get a break—treatment helps with probation conditions but doesn’t guarantee anything. So, these guys would rather sleep than attend the sessions and do the work because they don’t plan on changing anyway.*”

In response to how treatment impacted daily routine, several respondents agreed that treatment was important because it gave structure and purpose through group and individual meetings as well as homework assignments. An inmate in his late twenties related that: “*Treatment is good because it keeps you busy and in a positive way.*” When asked to elaborate on the way(s) treatment was positive, he replied that programming forced activity with others that he would have otherwise avoided. When pressed further regarding interacting with other people, this participant observed that because treatment activities required sharing intimate past experiences during counseling sessions, a degree of mutual trust, confidentiality, and shared respect develops and that these dynamics were beneficial to recovery and a future crime free lifestyle.

Reference to social bonds between treatment group members was frequently reiterated during subsequent focus group interviews with discernible themes of “we” and “others.” Treatment inmates generally viewed other inmates as either a potential trustworthy in-group member or untrustworthy other. Older inmates, male and female alike, opined that while treatment was generally positive and needed, the mixing (housing) of treatment participants with non-participants was problematic and forced participants to sometime feign or retard degree of interest in treatment activities to minimize friction with others in the general population. A 22 year old white female participant summarized treatment participation and jail culture as:

“there are basically three types of people in here. You have others also in treatment in here, like me, that are trying and want to get better. Everybody doesn’t believe it will help the same and some may not believe that the specific treatment given here is the right kind needed but they still believe it will help them and it is good to have it. Also, you have people in treatment that are fakers—they just want to get out sooner and think that doing treatment will help with the judge or probation rules. They are almost as bad as the last type, which are all those not in treatment. They—and the fakers—are always undermining, trying to talk during sessions and homework, or making fun of people in treatment as soft or sell-outs. The best thing to do is just hang with the other treatment girls as much as possible.”

A young male first-time offender echoed these sentiments, relating that: “*the other people make fun of treatment so some people sort of make fun of it when the guards and counselors aren’t around—which is basically a kind of criminal thinking and peer group behavior we are supposed to be avoiding and changing. Some of these*

same people, though, are probably sincere and just act like they are against treatment to make things easier with everybody else.” Such comments bring to mind the basic principle of substance abuse treatment in correctional settings of isolating treatment group members from the general population so as to not undermine the treatment environment. Most jails, unfortunately, must violate this principle due to space limitations.

It is understandable that respondents voiced group solidarity with fellow treatment participants as they spent a good deal of time together, shared the challenges of successfully completing treatment modules, and were forced to work together on group activities. It was unclear if this general pro-social attitude extended beyond programming or the individual level. Pressing further on this point, however, it quickly became apparent that programming served to temper the jail climate most notably in terms of improved race relations.

In response to queries of whether treatment was helpful and in what way(s), a 23 year old black male who had been in the jail for 2 months prior to the program’s implementation and another 2 months in active treatment reported: *“This is my third time in here—just a few days the other times—and, man, all I can say is it used to be bad in here for a brother (African-American male). You have drunks, drug addicts, thieves, and all kind crazy — in here, including some Aryians. Now you got to understand that there is 20 or 30 people and only two or three other blacks and you might be separated from them and really alone. If you did anything, they might use it as a reason to jump you.”* Comments of *“you think your special”* and *“you think you’re better than everybody else”* coupled with racist slurs prefaced altercations that previously occurred on a fairly regular basis below staff awareness according to three of three black male inmates interviewed on different site visits. Another black male respondent in his mid-twenties in the jail for the second time said: *“If things with the fighting and the tension—really, it was the tension that made it bad—were like they were before, then you couldn’t do rehabilitation in here because the group stuff wouldn’t work.”* When asked to elaborate, he went on to say: *“The tension is a mindfuck that is right there all day every day. You are always thinking with every place you go, everytime the guards aren’t there and somebody—really when two or more people come up to you—and just all the time—you think, are they coming for me? And even if you aren’t alone you will be outnumbered. The best thing to do is raise hell and be loud when it goes down and just fight back as best you can till a guard comes.”*

Cross-checking reports of altercations and race friction in the facility with official jail statistics suggested that fights in the facility had dramatically decreased with improvements starting soon after treatment program implementation and continuing since fairly steadily. Two separate correctional officers observed that the jail culture and operations had smoothed since treatment implementation but were unsure if the improvement was related to improved race relations or just fewer problematic individuals. Toward confirming a before-after race relations effect of treatment, respondents were asked why they thought the jail climate had improved. Several respondents suggested that this issue was really a concern only among male inmates—noting that altercations between female inmates were infrequent and more so a matter of personal problems. For the males though, it appears that programming is generally beneficial because it forces familiarity with the backgrounds, life circumstances, legal problems, and post-release

challenges common among treatment group members. Through the sharing of criminal histories during accountability modules entailing participatory critique from fellow treatment group members and recovery work requiring cooperation and mutual progress, participants forge social bonds that transcend racist stereotypes and facilitate basic human friendships.

While the treatment participants are only a percentage of inmates in the jail, there are enough individuals to facilitate the breakdown of group segregation. A white inmate in his late twenties remembered: “*Just look in any of the pods (cell blocks) and you’ll see people just standing around—blacks in one small group and whites in another bigger group or a couple of different groups still bigger than the blacks. It’s still groups of white and blacks for sleeping and hanging out most of the day but now you see whites and blacks walking over to the other group—you never, ever would see that before (treatment).*” According to the inmates, treatment meant knowing someone in the other racial group by name and, regardless of the sincerity of respect or fondness, both parties shared a stake in harmony of relations toward graduating the ACT program and release. It seems that simply breaking through communication barriers such as inmate racial self-segregation eases fear of the unknown and associated tension.

Conclusion

Collateral or secondary benefits of incarceration programming is an area that remains largely unexamined and findings often register as little more than a footnote or brief mention in comparison to those regarding recidivism in the literature (Lee & Stohr, 2012). Because program effectiveness primarily has been defined through outcomes, treatment delivery processes are often undocumented and in-program changes are often overlooked. Lack of or limited follow up additionally contributes to this problem and could explain some reoffending (Walters, 1999). Further, few jail programs have been subject to evaluation (Bourke & Van Hasselt, 2001; Keller & Wang, 2005; Miller & Miller, 2010; White et al., 2012) and female offenders are underrepresented in the literature, with the bulk of the research reflecting adult, male prison populations and some findings indicating different program effects according to participant gender and age (Adams et al., 1994; Brewster & Sharp, 2002; Lahm, 2008; Welsh et al., 2007). However, with increased attention to treatment processes and practices and a broader characterization of what constitutes effectiveness or success and for whom, a larger spectrum of reentry and rehabilitative benefits can be realized.

Findings related here should be considered in light of study restrictions and limitations. The rural study setting and almost all white sample of treatment group inmates might mitigate the success of the approach described here in other settings and with more diverse treatment populations. Other questions for further exploration regarding treatment effects, generally—not just reentry programming, include whether unintended consequences result, and, if so, how and by what processes across inmate custody levels. Although custody level recently has been observed as a significant factor in terms of impacting rule violations in prisons (Worrall & Morris, 2011), it is uncertain if this variable matters much in jails where fewer custody levels are found. Presumably, a higher custody level in a jail setting signals inmates with severe criminal histories so that

treatment group selection may be unlikely and whose in-facility problematic behavior precludes participant engagement in the first place.

Also, researchers have not seriously considered how theories other than restorative justice might better inform reentry practices and policy. The treatment-social support-behavioral change nexus, for example, may be more complicated than just treatment as a form of social support. Rather, the collateral effects of treatment, such as the ones identified in the current study, may also signal future sources of both internal and external sources of social support. Through cognitive behavioral modification, treated offenders may realize an increased sense of empowerment, self-control, and self-confidence facilitative of post-release success in terms of employment, treatment continuation, and pro-social attitude. Anger management and a more positive social outlook, particularly concerning race relations, ostensibly elevates the prospects for better quality interpersonal relationships and a broader social network.

Improved inmate relations associated with treatment programming render multiple benefits for inmates, generally, and especially for treatment participants. A safer climate is beneficial to all jail stakeholders and, at least theoretically, enhances the treatment environment and thus the prospects for success. Treatment provides structured activity for inmates and, at a minimum, occupies their time while providing hope for the future. The prospects for a crime free and better quality life are enhanced through program success for graduates but there also may be long term returns for communities. Recidivism reduction certainly bolsters public safety but it is also plausible that treatment participants enjoy social network benefits facilitative of continued post-treatment success. Through greater inclusion of qualitative data collection across multiple stakeholder perspectives across program evaluations, the comprehensive effects of intervention can be better understood to inform sustainability and replication decisions.

Appendix A: ACT Provider Interview Schedule

Administrators:

- Ideological agreement with the program and its objectives
- Purpose of treatment program
- Specific goals for the program
- Commitment of the ACSO to achieve these goals
- Prioritization of the program within the facility
- Implementation of program – continuity across staff, effectiveness for residents
- Training of staff
- Barriers to delivery of services
- Modifications needed

Staff:

- Training history
- Credentials and past experience with treatment delivery
- Intake/Initial assessments of inmates
- Resources Availability

- Barriers to effective implementation of the program
- Development of rapport with inmates
- Utility of the curriculum
- Rule violations and repercussions
- Perceptions of effectiveness
- Recommendations for change in program

Qualitative Interview Schedule: Program Participants

Topic Area	Specific Items
Transfer/Placement	<ul style="list-style-type: none"> • Facility orientation – information • Program orientation – information • Transfer status – information; selection process • Appropriateness of placement (self and others)
Needs Assessment	<ul style="list-style-type: none"> • Treatment Plans • Timeline for conducting this assessment and developing a plan • Meeting with a counselor
Program Components	<ul style="list-style-type: none"> • Counseling <ul style="list-style-type: none"> ○ Individual ○ Group • Curriculum assessment • Specific topics/skills <ul style="list-style-type: none"> ○ Consequences of drinking ○ Identification and elimination of triggering mechanisms ○ Explore feelings or emotions ○ Identification of thinking errors • Program length of time
Counselors	<ul style="list-style-type: none"> • Effectiveness • Knowledge • Attitude
Environment	<ul style="list-style-type: none"> • Safety • Services <ul style="list-style-type: none"> ○ Medical services ○ Availability and quality of food ○ Availability of supplies • Guards • Privileges <ul style="list-style-type: none"> ○ Access to books, TV, educational videos, etc. ○ Recreation time ○ Commissary visits and supplies ○ Phone access/visitation
Overall	<ul style="list-style-type: none"> • Attitude toward rehabilitation • Confidence in ability to not re-offend • Strengths of program • Weaknesses of program

Appendix B: ACT Participant Schedule

Needs Assessment

- Understanding of Treatment Plans
- Timeline for conducting this assessment and developing a plan
- Meeting with a counselor

Program Components

- Counseling
 - Individual
 - Group
- Curriculum assessment
- Specific topics/skills
- Program length of time

Counselor Performance

- Effectiveness
- Knowledge
- Attitude

Participant Attitude

- Attitude toward rehabilitation
- Confidence in ability to not re-offend
- Strengths of program
- Weaknesses of program

References

- Adams, K., Bennett, K. J., Flanagan, T. J., Marquart, J. W., Cuvelier, S. J., Fritsch, E., et al. (1994). A large-scale multi-dimensional test of the effect of prison education programs on offenders' behavior. *The Prison Journal*, 74(4), 433–449.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369–404.
- Beck, A.J. (2006). The importance of successful reentry to jail population growth. Urban Institute Reentry Roundtable, Working Paper No. 9. Available Online: www.urban.org/projects/reentry-roundtable/roundtable9.cfm.
- Benson, M. L. (1985). Denying the guilty mind: Accounting for involvement in white collar crime. *Criminology*, 23, 583–607.
- Berg, M. T., & Huebner, B. M. (2011). Reentry and the ties that bind: An examination of social ties, employment, and recidivism. *Justice Quarterly*, 28(2), 382–410.
- Berk, R. A., & Rossi, P. H. (1990). *Thinking about program evaluation*. Thousand Oaks, CA: Sage Publications.
- Bouffard, J. A., & Bergeron, L. E. (2006). Reentry works: The implementation and effectiveness of a serious and violent offender reentry initiative. *Journal of Offender Rehabilitation*, 44, 1–29.
- Bourke, M. L., & Van Hasselt, V. B. (2001). Social problem-solving skills training for incarcerated offenders: A treatment manual. *Behavior Modification*, 25(2), 163–188.
- Brewster, D. R., & Sharp, S. F. (2002). Educational programs and recidivism in Oklahoma: Another look. *The Prison Journal*, 82(3), 314–334.

- Buckaloo, B. J., Krug, K. S., & Nelson, K. B. (2009). Exercise and the low-security inmate: Changes in depression, stress, and anxiety. *The Prison Journal*, *89*(3), 328–343.
- Bushway, S., Stoll, M., & Weiman, D. F. (2007). *Barriers to reentry? The labor market for released prisoners in post-industrial America*. New York: Russell Sage.
- Camp, S. D., Daggett, D. M., Kwon, O., & Klein-Saffran, J. (2008). The effect of faith program participation on prison misconduct: The life connections program. *Journal of Criminal Justice*, *36*, 389–395.
- Castellano, T. C., & Soderstrom, I. R. (1997). Self-esteem, depression, and anxiety evidenced by a prison inmate sample: Interrelationships and consequences for prison programming. *The Prison Journal*, *77*(3), 259–280.
- Chambliss, W. J. (1964). A Sociological Analysis of the Law of Vagrancy. *Social Problems*, Summer, 67–77.
- Copes, H., Hochstetler, A., & Williams, P. (2008). We weren't like no regular dope fiends: Negotiating hustler and crackhead identities. *Social Problems*, *55*, 254–270.
- DeLisi, M., Trulson, C. R., Marquart, J. W., Drury, A. J., & Kosloski, A. E. (2011). Inside the prison black box: Toward a life course importation model of inmate behavior. *International Journal of Offender Therapy and Comparative Criminology*, *55*(8), 1186–1207.
- Dietz, E. F., O'Connell, D. J., & Scarpitti, F. R. (2003). Therapeutic communities and prison management: An examination of the effects of operating an in-prison therapeutic community on levels of institutional disorder. *International Journal of Offender Therapy and Comparative Criminology*, *47*(2), 210–223.
- French, S. A., & Gendreau, P. (2006). Reducing prison misconducts: What works! *Criminal Justice and Behavior*, *33*(2), 185–219.
- Furst, G. (2006). Prison-based animal programs: A national survey. *The Prison Journal*, *86*(4), 407–430.
- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Doubleday.
- Griffin, M. L., & Hepburn, J. R. (2006). The effect of gang affiliation on violent misconduct among inmates during the early years of confinement. *Criminal Justice and Behavior*, *33*(4), 419–448.
- Hiller, M. L., Knight, K., & Simpson, D. D. (1999). Prison-based substance abuse treatment, residential aftercare and recidivism. *Addiction*, *94*(6), 833–842.
- Himmelstein, S. (2011). Meditation research: The state of the art in correctional settings. *International Journal of Offender Therapy and Comparative Criminology*, *55*(4), 646–661.
- Howells, K., & Day, A. (2006). Affective determinants of treatment engagement in violent offenders. *International Journal of Offender Therapy and Comparative Criminology*, *50*(2), 174–186.
- Kellar, M., & Wang, H. (2005). Inmate assaults in Texas county jails. *The Prison Journal*, *85*(4), 515–534.
- Knight, K., Simpson, D. D., Chatham, L. R., & Camacho, L. M. (1997). An assessment of prison-based drug treatment: Texas' in-prison therapeutic community program. *Journal of Offender Rehabilitation*, *24*(3/4), 75–100.
- Krienert, J. L., & Fleisher, M. S. (2001). Gang membership as a proxy for social deficiencies: A study of Nebraska inmates. *Corrections Management Quarterly*, *5*(1), 47–58.
- Lahm, K. F. (2008). Inmate-on-inmate assault: A multilevel examination of prison violence. *Criminal Justice and Behavior*, *35*(1), 120–137.
- Lahm, K. F. (2009). Inmate assaults on prison staff: A multilevel examination of an overlooked form of prison violence. *The Prison Journal*, *89*(2), 131–150.
- Lee, L. C., & Stohr, M. K. (2012). A critique and qualified defense of “correctional quackery”. *Journal of Contemporary Criminal Justice*, *28*(1), 96–112.
- Lynch, J. P., & Sabol, W. J. (2001). *Prisoner reentry in perspective* (Crime Policy Report, Vol. 3). Washington, DC: Urban Institute Justice Policy Center.
- Mears, D. P. (2010). *American criminal justice policy: An evaluation approach to increasing accountability and effectiveness*. New York, NY: Cambridge University Press.
- Mears, D. P., Roman, C. G., Wolff, A., & Buck, J. (2006). Faith-based efforts to improve reentry: Assessing the logic and evidence. *Journal of Criminal Justice*, *34*, 351–367.
- Mears, D. P., Scott, M. L., & Bhati, A. S. (2007). A process and outcome evaluation of an agricultural crime prevention initiative. *Criminal Justice Policy Review*, *18*(1), 51–80.
- Miller, W. B. (1958). Lower-class culture as a generating milieu of gang delinquency. *Journal of Social Issues*, *14*(3), 5–19.
- Miller, J. M. (2011). Becoming an informant. *Justice Quarterly*, *28*(2).
- Miller, J. M., Koons-Witt, B., & Ventura, H. E. (2004). Barriers to evaluating the effectiveness of drug treatment behind bars. *Journal of Criminal Justice*, *32*(1), 75–83.
- Miller, H. V., & Miller, J. M. (2010). Community in-reach through jail reentry: Findings from a quasi-experimental design. *Justice Quarterly*, *27*(6), 893–910.
- Miller, J. M., & Selva, L. H. (1994). Drug enforcement's double-edged sword: An assessment of asset forfeiture programs. *Justice Quarterly*, *11*, 313–335.

- Miller, H. V., Tillyer, R., & Miller, J. M. (2012). Recognizing the need for prisoner input in correctional research: Observations from the Texas in-prison DWI reduction program. *The Prison Journal*, 92(2).
- Osher, F. C. (2007). Short-term strategies to improve reentry of jail populations. *American Jails*, Jan./Feb. 2007, 9–18.
- Osher, F. C., Steadman, H. J., & Barr, H. (2002). *A best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, New York: The National GAINS Center.
- Petersilia, J. R. (1999). Parole and prisoner reentry in the United States. In M. Tonry & J. Petersilia (Eds.), *Prisons* (pp. 479–529). Chicago: University of Chicago Press.
- Petersilia, J. R. (2004). What works in prisoner reentry?: Reviewing and questioning the evidence. *Federal Probation*, 68, 4–8.
- Rocque, M., Biere, D. M., & MacKenzie, D. L. (2011). Social bonds and change during incarceration: Testing a missing link in the reentry research. *International Journal of Offender Therapy and Comparative Criminology*, 55(5), 816–838.
- Roman, C. G., Wolff, A., Correa, V., & Buck, J. (2007). Assessing intermediate outcomes of a faith-based residential prisoner reentry program. *Research on Social Work Practice*, 17(2), 199–215.
- Ross, M. W. (2011). Pedagogy for prisoners: An approach to peer health education for inmates. *Journal of Correctional Health Care*, 17(1), 6–18.
- Seiter, R. P., & Kadela, K. R. (2003). Prisoner reentry: What works, what does not, and what is promising. *Crime and Delinquency*, 49, 360–388.
- Shover, N. (1972). Structures and careers in burglary. *Journal of Criminal Law, Criminology and Police Science*, 63, 540–549.
- Shover, N. (1979). *A sociology of American corrections*. Homewood, IL: Dorsey Press.
- Soloman, A. L., Osborne, J. W. L., LoBuglio, S. F., Mellow, J., & Mukamal, D. A. (2008). *Life after lockup: Improving reentry from jail to the community*. Washington, DC: Urban Insiteute.
- Steadman, H. J., & Veysey, B. M. (1997). Providing services for jail inmates with mental disorders. In *National Institute of Justice, Research in Brief*. Washington, DC: National Institute of Justice. NCJ 162207.
- Steiner, B., & Wooldredge, J. (2008). Inmate versus environmental effects on prison rule violations. *Criminal Justice and Behavior*, 35(4), 438–456.
- Thomas, J., & Zaitzow, B. H. (2006). Conning or conversion? The role of religion in prison coping. *The Prison Journal*, 86(2), 242–259.
- Travis, J. (2005). *But they all come back: Facing the challenges of prisoner reentry*. Washington, DC: Urban Institute.
- Travis, J., & Waul, M. (2004). *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities*. Washington, DC: Urban Institute.
- Tunnell, K.D. (1992). *Choosing crime: The criminal calculus of property offenders*. Chicago: Nelson-Hall.
- Visher, C. A. (2006). Effective reentry programs. *Criminology & Public Policy*, 5, 299–302.
- Wagner, M., McBride, R. E., & Crouse, S. F. (1999). The effects of weight-training exercise on aggression variables in adult male inmates. *The Prison Journal*, 79(1), 72–89.
- Walters, G. D. (1999). Short-term outcome of inmates participating in the lifestyle change program. *Criminal Justice and Behavior*, 26(3), 322–337.
- Welsh, W. N., McGrain, P., Salamatin, N., & Zajac, G. (2007). Effects of prison drug treatment on inmate misconduct: A repeated measures analysis. *Criminal Justice and Behavior*, 34(5), 600–615.
- White, M. D., Saunders, J., Fisher, C., & Mellow, J. (2012). Exploring inmate reentry in a local jail setting: Implications for outreach, service use, and recidivism. *Crime & Delinquency*, 58(1), 124–146.
- Wormith, J. S., Althouse, R., Simpson, M., Reitzel, L. R., Fagan, T. J., & Morgan, R. D. (2007). The rehabilitation and reintegration of offenders: The current landscape and some future directions for correctional psychology. *Criminal Justice and Behavior*, 34(7), 879–892.
- Worrall, J. L., & Morris, R. G. (2011). Inmate custody levels and prison rules violations. *The Prison Journal*, 9(2), 131–157.

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