

# THE REHABILITATION AND REINTEGRATION OF OFFENDERS



## The Current Landscape and Some Future Directions for Correctional Psychology

J. STEPHEN WORMITH

*University of Saskatchewan*

RICHARD ALTHOUSE

*Wisconsin Department of Corrections*

MARK SIMPSON

*Federal Bureau of Prisons*

LORRAINE R. REITZEL

*University of Texas, M.D. Anderson Cancer Center*

THOMAS J. FAGAN

*Nova Southeastern University*

ROBERT D. MORGAN

*Texas Tech University*

---

The treatment literature on offender rehabilitation is reviewed with the purpose of deriving further direction for researchers and clinicians in the field of correctional psychology. After addressing the measurement of recidivism and other indicators of effectiveness, this empirically guided article reviews individual studies and meta-analyses on effectiveness of psychosocial correctional treatment for adult offenders and specialized treatment for substance abuse offenders and sexual offenders. A foundation in the general principles of offender intervention is established; principles such as risk, need, and responsivity are upheld; and common themes including the use of cognitive-behavioral interventions and the importance of treatment integrity emerge. However, questions move beyond “what works” to detailed queries about the nuances of effective service delivery, including client motivation. Well-controlled clinical studies and detailed process evaluations are still required. Other new directions include the application of positive psychology to offender treatment and the improvement of conditions under which community reentry is more likely to succeed. Directions for further research on correctional treatment are suggested.

**Keywords:** offender treatment; substance abuse treatment; sexual offender treatment; positive psychology; therapeutic community; cognitive-behavioral treatment; offender reintegration

---

How far have we advanced in the decade since a special issue of *Criminal Justice and Behavior* commemorated its 20th anniversary (Glenwick, 1996)? At that time, sages of correctional psychology suggested that the place for rehabilitation was well established in corrections, although they also called for continued efforts in areas such as correctional

---

**AUTHORS' NOTE:** Address correspondence to J. Stephen Wormith, Department of Psychology, University of Saskatchewan, Saskatoon, SK, Canada S7N 5A5; e-mail: s.wormith@usask.ca. Opinions expressed in this article are those of the authors and do not necessarily represent the opinions of the Federal Bureau of Prisons, the Department of Justice, or the Wisconsin Department of Corrections. Authorship of this article was shared and is listed in order of editorial coordination and section authorship.

CRIMINAL JUSTICE AND BEHAVIOR, Vol. 34 No. 7 July 2007 879-892

DOI: 10.1177/0093854807301552

© 2007 American Association for Correctional and Forensic Psychology

training and technology transfer (Brodsky, 1996; Gendreau, 1996). The purpose of this article is to assist researchers, clinicians, program developers, and correctional administrators chart a course for continued improvement in the rehabilitation movement by highlighting recent key developments and empirical findings in the adult-offender rehabilitation literature. In this context, *rehabilitation* refers to a broad array of psychosocial programs and services that are designed to assist offenders in addressing a range of needs related to their offending behavior and in achieving a more productive and satisfying lifestyle.

Rather than attempt an exhaustive description of 40 years of offender treatment research, our approach has been to conduct a selective review, focusing on the meta-analyses of empirically supported offender treatment programs in general and more specifically on the treatment of substance abuse offenders and sexual offenders. Yet we believe that this review is sufficiently representative that inferences may be made, knowledge may be transferred to practice, and directions may be derived for future research. Furthermore, we are conscious of the “correctional quackery” that is often promoted in the name of a safer society (Gendreau, Goggin, French, & Smith, 2006) and limited our review to empirically supported research.

Correctional treatment planners and service providers must be clear about the objectives of their many and varied interventions. Since 1990, much of the offender treatment literature has focused on the reduction of offenders’ criminal behavior, most commonly measured as recidivism. However, other kinds of services, such as health care, mental health treatment, faith-based programs, and cultural activities, may have different goals and should be evaluated accordingly. Services that engender a greater sense of well-being are a trend in the emerging field of positive psychology (Seligman, Linly, & Joseph, 2004), and services designed to build on client strengths are suggested as an approach worthy of development within corrections. As community reintegration has emerged as a critical adjunct to the treatment of prisoners, special attention is given to prisoner reentry into the community (e.g., Petersilia, 2004).

Although successful reintegration means no return to crime, recidivism is a unified concept without a unifying definition. Definitions have ranged from re-incarceration for any reason, to an arrest regardless of conviction, to arrest with conviction, to conviction of a new offense (as opposed to a technical violation of parole or probation). Treatment studies have defined recidivism as a return to jail or prison for committing an offense for which the offender had prior treatment (e.g., drug abuse, sexual offense; Beck, 2001) but have seldom considered severity of recidivism as a substitute for the dichotomous approach. Recidivism rates are also time sensitive. Finally, the mode of data collection—self-report versus various official databases—represents another dimension of recidivism. Given these vagaries, further insight about “what works” may have to await the acceptance of a more refined and sensitive outcome measure.

An examination of America’s national average recidivism rate showed that two thirds of offenders released from 15 states in 1994 were re-arrested within 3 years of their release, with the majority being reconvicted and incarcerated for new crimes (U.S. Department of Justice, 2006). Yet an analysis of specific programs paints a different picture about the capacity for success in American corrections. In a review of almost 300 evaluations of correctional programs during 35 years, general cognitive-based programs were estimated to reduce recidivism by 8%, therapeutic communities by 6%, and cognitive-behavioral treatment programs for sex offenders in prison by 15% (Aos, Miller, & Drake, 2006). Clearly, the answer to the question “What works to reduce recidivism?” depends on where and how one looks. To that end, we turn to the general and specific evidence for correctional treatment.

## WHAT DO WE KNOW ABOUT EFFECTIVE CORRECTIONAL INTERVENTION?

The accumulation of knowledge about “what works” in correctional rehabilitation owes a great deal to the approximately 2,000 studies that have addressed this question during the past half century (McGuire, 2002) and to the application of meta-analytic practices that generate empirically based summaries of this large and diverse research. The extent to which correctional researchers have increasingly chosen meta-analysis as opposed to narrative reviews to summarize their findings is encouraging.<sup>1</sup> Between 1985 and 2005, at least 52 meta-analyses have been conducted on offender treatment (McGuire, 2005), although the majority have been on youth programs. Meta-analysis is replete with methodological complications that can compromise interpretation, including variations in program content, control conditions, offender characteristics, outcome variables, and the wider social context of the intervention (Losel, 2001). Nonetheless, important inferences can be drawn from this research, and the study of effective correctional treatment has progressed steadily during the past 15 years. At least five important findings have emerged.

First, the overall impact of treatment and program services for offenders has led to an average effect size of about .10 (McGuire, 2002)<sup>2</sup>. Second, comparisons between all types of treatment programs and increased sanctions, with a mean effect size of  $-.07$  for the latter (Andrews, Zinger, et al., 1990; Gendreau, Goggin, Cullen, & Andrews, 2001), have consistently favored the former. Third, more detailed analyses of specific treatment characteristics have generated a wide range of effect sizes, ranging from  $-.09$ , indicating a possible negative effect, to .38, when services adhere to the principles of risk, need, responsivity, and other contextual conditions (Andrews & Bonta, 2003). Collectively, the individual and meta-analytic studies have identified “what works” and offered insights about where (e.g., community-based intervention) and how it is likely to do so (e.g., Andrews, 2001). Fourth, meta-analyses of specific kinds of treatment, such as cognitive-behavioral therapy (Landenberger & Lipsey, 2005; D. B. Wilson, Bouffard, & MacKenzie, 2005), and treatments with specific types of offenders, such as substance abuse offenders (Lipton, 1995; Wells-Parker, Bangert-Drowns, McMillen, & Williams, 1995) and sex offenders (Alexander, 1999), have provided direction in terms of “what works for whom.” Finally, an emerging cost-benefit methodology offers another dimension to traditional meta-analysis and provides insight about the economic benefits of treatment (Aos, Phipps, Barnoski, & Lieb, 2001).

These findings offer specific direction for technology transfer to the field. In particular, the principles of risk, need, and responsivity (Andrews, Bonta, & Hoge, 1990; Andrews, Bonta, & Wormith, 2006) now guide both administrators and clinicians in the selection of clients (i.e., targeting moderate- and high-risk offenders), the kinds of services to provide (i.e., addressing criminogenic needs), and the manner by which services are delivered (i.e., behavioral and cognitive-behavioral programs). The extent to which these principles are followed and treatment integrity is practiced correlates highly with client outcome as measured by recidivism (Andrews & Dowden, 2005; Latessa, 2004). Their importance is profound, as adherence to them determines whether or not the prescribed intervention affects recidivism, regardless of client demographics such as age, gender, and ethnicity (Andrews & Bonta, 2003). These principles also shed light on the pre-Martinson (1974) perspective about the effectiveness of offender treatment, as such services would have known nothing about them.

The proliferation of offender treatment program evaluations and the common inclusion of their results in meta-analysis have taken the corrections community far beyond Martinson's (1974) article that prompted the statement that "nothing works." Therefore, clinicians in corrections may feel that the struggle to establish offender treatment among the scientifically accepted list of empirically supported interventions is over. However, this is not the case. Although great advances have been made in our understanding of offender treatment and evidence for its effectiveness abounds (e.g., McGuire, 2002), critics remain suspicious about efforts to intervene in the lives of offenders (e.g., Israel & Chui, 2006; Merrington & Stanley, 2004; Wilkinson, 2005). Furthermore, some chinks have developed in the armor of what have been the "poster children" of offender treatment, notably cognitive skill training (Cairn, 2006) and multisystemic therapy (Leschied & Cunningham, 2001; Littell, Popa, & Forsythe, 2006) and raise research questions about the client group, the mode of delivery, and the precision of the outcome measure.

Much of the future understanding about correctional intervention is likely to come from moving beyond the simple, but important, treatment-recidivism study to the examination of in-program issues. For example, there is a great deal of latitude for offender services to vary within the parameters of these principles. The concept of program integrity—the extent to which the service being offered conforms to the manner of service intended by the developers of the service—focuses on these variations (Andrews & Dowden, 2005; Lowenkamp, 2004). Second, client resistance and dropout are chronic, nonrandom problems in correctional treatment (Wormith & Olver, 2002). Clinicians must incorporate strategies, such as pretreatment preparation and motivational interviewing, to minimize client attrition (Miller & Rollnick, 2002), whereas researchers must consider dropouts and treatment failures in their evaluation of correctional treatment to truly understand treatment effects. With this foundation in the general principles of offender intervention, we turn to a sample of specialized offender services to illustrate both achievements and unanswered questions about offender treatment.

### **SUBSTANCE ABUSE TREATMENT**

Because of the high prevalence of drug abuse among offenders (Mumola, 1999), drug-abuse treatment programs may be the most common form of rehabilitation offered to this population. The most commonly used and thoroughly researched prison-based, psychosocial treatment is the therapeutic community (TC).<sup>3</sup> Originally designed by Maxwell Jones (1962) in response to the traditional medical approach to the treatment of mental health problems, these "open" communities that stress consensus building and two-way communication between staff and patients and are founded on social learning theory have been applied in numerous correctional environments (Toch, 1980). The philosophy and structure of TC make it a viable form of treatment for drug-abusing offenders, particularly for those whose criminality has resulted in their incarceration (De Leon, 2000; Tims, De Leon, & Jainchill, 1994). Meta-analytic reviews of corrections-based drug treatment found that TC was effective in reducing recidivism for incarcerated substance-abuse offenders with a mean effect size of .14 (Lipton, Pearson, Cleland, & Yee, 2002) and reductions of recidivism ranging between 5.3% and 6.9% (Aos et al., 2006). Five-year outcome studies conducted for prison-based TC programs in Delaware (Martin, Butzin, Saum, & Inciardi, 1999), California (Wexler, Melnick, Lowe, & Peters, 1999), and

Texas (Knight, Simpson, & Hiller, 1999) found that offenders who completed both prison TC treatment and aftercare treatment in the community showed significant reductions in recidivism and relapse when compared with untreated controls. In all three studies, aftercare treatment in the community proved critical in helping offenders make the transition from prison to the community and maintain TC gains. Reductions in recidivism and drug use relapse were found to disappear 3 years after release for offenders who completed only the prison-based TC. Five-year outcome data for the programs in Delaware (Inciardi, Martin, & Butzin, 2004) and California (Prendergast, Hall, Wexler, Melnick, & Cao, 2004) found similar results. Although a lack of random assignment makes conclusions questionable (Burdon, Farabee, Prendergast, Messina, & Cartier, 2002), an evaluation of drug-abuse treatment programs within the Federal Bureau of Prisons found that inmates who had completed prison-based treatment and community-based aftercare were significantly less likely to relapse in drug use or recidivate than inmates in a comparison group, even after controlling for individual- and system-level selection factors (Pelissier et al., 2000).

These findings indicate that prison-based TC coupled with aftercare treatment in the community can reduce both recidivism and relapse into drug use. Prison-based programs can serve to motivate offenders to participate in drug-abuse treatment following release from prison (Wexler, Prendergast, & Melnick, 2004). Findings from the Delaware study indicated that graduates of the institutional TC were more likely to remain in community treatment (Inciardi et al., 2004). Prison treatment may serve more as a preparation for community treatment than as a primary treatment, although it has been shown to reduce prison misconduct (French & Gendreau, 2006; N. P. Langan & Pelissier, 2001). On the other hand, Marlowe (2003) noted that intensive supervision and intermediate sanction programs, by themselves, have not demonstrated a reduction in criminal recidivism or relapse. Educational or drug-awareness sessions have no impact on later drug use or criminal behavior. Boot camps and drug-focused group counseling have also been ineffective (Pearson & Lipton, 1999), and insight- and group process-oriented programs for high-risk offenders are associated with higher rates of drug use and recidivism. Pragmatic, skills-based programs that assist patients to deal with their postrelease environments enhance treatment generalization from the institution to the community.

Although most substance-abuse treatment research has focused on outcome variables related to drug use and recidivism, Simpson (2004) examined treatment-process variables that underlie the responsivity principle. These studies include patient variables (e.g., readiness and motivation for treatment; severity of substance disorder), treatment variables (e.g., engagement in treatment; therapeutic relationship), and variables related to treatment program philosophies and attributes. Early engagement in a program is critical in overcoming offenders' lack of commitment to treatment, and techniques such as early use of motivational interviewing improve program affiliation and treatment retention (Hiller, Knight, & Simpson, 1999).

In sum, treatment-process research is needed to address numerous important questions about service delivery. For example, how do different versions of a commonly identified program vary in their effectiveness? Taxman and Bouffard (2002) suggested that researchers include a measure of treatment integrity to assess program adherence to its purported model. How do offenders' perceptions of their counselors affect treatment success (e.g., Broome, Knight, Hiller, & Simpson, 1996)? Variables related to treatment counselors are almost nonexistent in the literature. Do offenders' perceptions of their similarity (or dissimilarity) to treatment staff impact treatment engagement? Proponents of the TC model advocate the use

of recovering addicts as staff (De Leon, 2000), yet many institutional policies prohibit the hiring of ex-offenders. How do perceptions of their relationships with their clients impact treatment engagement and success? Although therapist-client relationships are important to treatment success, the institutional culture in which programs are embedded often regard relationships with inmates with suspicion (Simpson, 2004). These process-oriented questions are offered so that future research may guide drug treatment providers to achieve maximum treatment effect.

### SEX OFFENDER TREATMENT

Unlike the growing consensus about what works in the general correctional literature, there is substantial variability in the outcome of individual studies examining treatment effectiveness for sex offenders (e.g., Hanson, Broom, & Stephenson, 2004; Nicholaichuk, Gordon, Gu, & Wong, 2000). Meta-analyses and summative reviews of treatment effectiveness have also demonstrated a range of effect sizes for sex-offender treatment (e.g., Furby, Weinrott, & Blackshaw, 1989; Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 1999; Hall, 1995; Losel & Schmucker, 2005). Apparent disparities in treatment effectiveness may reflect improvements in the state of practice, as more recent studies with predominantly cognitive-behavioral treatments show significant effects, whereas older studies, with obsolete or indiscernible treatments, do not (cf. Furby et al., 1989; Hanson et al., 2002). However, problems inherent in the current literature, such as inadequate documentation and inappropriate handling of treatment dropouts and refusers, make inference about effectiveness difficult (McConaghy, 1999; Rice & Harris, 2003). Consequently, these mixed results of the psychosocial treatment-effectiveness literature have left the field divided about whether, for whom, and how sex-offender treatment works (Marques, 1999).

One of the better designed studies in the adult-sex-offender literature is the Marques, Wiederanders, Day, Nelson, and van Ommeren (2005) randomized clinical trial of an inpatient, cognitive-behavioral relapse-prevention program for incarcerated offenders. This well-designed study failed to support a treatment effect during an 8-year follow-up (Marques et al., 2005). These results have led to speculation about their 1985 version of treatment: the impact of offenders not "getting" relapse prevention; failure to adhere to principles of risk, need, and responsivity; and failure of aftercare to use an interdisciplinary, individualized case-management process. Although such tightly controlled studies are difficult and expensive to conduct (Marshall & Serran, 2000), integrity in research design is necessary to advance the field's understanding of "what works" in sex offender treatment (Craig, Browne, & Stringer, 2003). Methodological suggestions include random assignment, matching on risk, using an incidental design (Marshall & Serran, 2000), determining the type of offender for which treatment works (Craig et al., 2003; Rice & Harris, 2003), using intent-to-treat procedures for dropouts (Losel & Schmucker, 2005), and investigating mechanisms underlying effectiveness and individual treatment components (Marshall & Serran, 2000; Rice & Harris, 2003).

Despite largely inconclusive results overall, most researchers and clinicians agree that widely used cognitive-behavioral treatments (McGrath, Cumming, & Burchard, 2003) represent the most promising approach to affect sexual recidivism (Craig et al., 2003). Sex-offender treatment providers have also heeded elements of best practice found in general correctional treatment: the risk, need, and responsivity principles. The use of these principles

makes sense given the diversity of sex offenders in treatment (McGrath et al., 2003), varying recidivism risk based on instant offense (Hanson & Bussiere, 1998), limited resources for treatment provision, potential danger of treating low-risk offenders too intensely (Hanson, 2000, as cited in Marques et al., 2005), relevance of criminogenic needs in sexual recidivism (e.g., Hanson & Morton-Bourgon, 2005), and special needs of some offender populations (e.g., those with intellectual limitations; Lambrick & Glaser, 2004). In this regard, Hanson and Morton-Bourgon's (2005) meta-analysis identified a number of dynamic risk factors for sexual recidivism, such as self-regulation problems and employment instability, as well as factors unrelated to sexual recidivism, such as offense denial and a lack of victim empathy. As the latter are common targets of sex-offender treatment (McGrath et al., 2003), future research should examine whether improved "incremental" effectiveness is found for treatments targeting the criminogenic need factors linked to recidivism risk (Hanson & Morton-Bourgon, 2005).

The principles of effective practice have also rejected the "one treatment fits all" approach. For example, the self-regulation model (Ward & Hudson, 1998) describes multiple pathways to offending behaviors, each differentially affecting recidivism risk and approach to treatment (Fisher & Beech, 2005). This model allows for individualized offense cycles and treatment plans. It is congruent with the needs and responsivity principles and is consistent with recent evidence that flexibility in treatment enhances outcome (Marshall, 2005). It also complements findings about the importance of self-regulation to risk of recidivism (Hanson & Morton-Bourgon, 2005). Additional research on the effectiveness of a self-regulation approach to treatment is needed for general and specific offender populations (Keeling & Rose, 2005).

As found with other types of offenders, evidence has begun to mount about the importance of community-based support for sexual offenders following their release from custody (R. J. Wilson, Picheca, & Prinzo, 2005). Programs such as Circles of Support may prove to be particularly important for sexual offenders (R. J. Wilson & Prinzo, 2001), but they require more research.

Recent literature has also advocated a more client-responsive, "gentler" approach in the delivery of treatment to sex offenders (Marshall & Serran, 2000). A "good lives" model of treatment focuses on building hope and working cooperatively with offenders to build on their strengths to maximize the effectiveness of treatment (Marshall et al., 2005). Other methods of "positive" treatment delivery such as a motivational enhancement (cf. Miller & Rollnick, 2002) may impact treatment acceptance in resistant offenders and merit further exploration. Self-deterministic approaches to treatment (cf. Sheldon, Williams, & Joiner, 2003) suggest more attention to positive outcomes, such as getting and keeping offenders in treatment. Yet they require close empirical scrutiny to substantiate the current optimism (Carich & Smith, 2006).

We now turn to other approaches of correctional intervention that do not necessarily target criminogenic need or recidivism, at least directly. In particular, "positive psychology" is a paradigm that appears to turn our traditional criminogenic focus on its head.

## **POSITIVE PSYCHOLOGY AND OFFENDER TREATMENT**

The belief that criminal behavior is a product of cognitive, emotional, and mental deficits (e.g., J. Q. Wilson & Herrnstein, 1985; Yochelson & Samenow, 1976, 1977) has generated numerous models of offender treatment in the past four decades. However, research has

indicated that treatment programs based on this belief have had varied success in reducing recidivism. The overlooked question in deficit-based inquiries into offender behavior is: What militates against individuals offending in the first place? Exploring offender behavior and interventions from this perspective invites a paradigm shift from a deficit-based model to a strength-based model. The foundation for this shift can be found in positive psychology.

Positive psychology, as developed by Abraham Maslow and later adopted by Martin Seligman, promotes ideas and principles that facilitate optimal mental and physical health and militate against mental illness and dysfunctional thoughts, feelings, and behaviors (Seligman et al., 2004; Snyder & Lopez, 2001). By studying the cognitive, emotional, and character strengths of *happy* people and examining concepts such as purpose, productivity, future-mindedness, parenting, empathy, wisdom, and courage, positive psychology has identified variables that may facilitate a more satisfying life. They include satisfying work, helping others, being a good citizen, developing spirituality and integrity, realizing potential, and self-regulating impulses (Seligman, 2004). Thus, the overarching goal of positive psychology is to enable people to live flourishing lives with greater health, well-being, and meaning.

Researchers and clinicians have begun to consider the use of positive psychology in offender treatment. Whereas research has shown that a punitive, fear-based treatment approach focusing on avoiding “bad” behaviors has not been very successful in reducing relapse among sex offenders (e.g., Reitzel, 2006; Yates, 2005), a “good lives” approach has garnered increasing theoretical interest among sex-offender treatment staff (e.g., Ward & Stewart, 2003). In this treatment model, sex offenders are regarded as actively seeking those things that most people desire (e.g., intimacy) but employing inappropriate strategies. Therefore, treatment begins by identifying the life goals the individual desires and helps them work toward achieving such goals. Preliminary research supports this approach (e.g., Webster, 2005). Likewise, the No Free Lunch<sup>4</sup> program promotes a cognitive shift among general offenders, from avoiding failure to achieving success, by presenting fundamental life principles and problem-solving strategies that offenders can use to become optimally successful and applying those strategies and skills to build character, accumulate financial security, ensure healthy living, and encourage life-plan development. Although much more research is necessary, results for those completing the program in a Wisconsin minimum-security facility are encouraging, with recidivism rates of 3% after 3 years of release.

Concepts such as “flourishing,” “a meaningful life,” and “offender happiness” are not consistent with the current social and political antipathy toward offenders or with the punitive-retributive model of criminal justice. However, data that reflect the lack of efficacy of our current crime-management system clearly invite a reexamination of that model. Positive psychology may provide a meaningful alternative to traditional modes of offender treatment. However, whether it is more effective than current approaches and whether it represents fundamental or semantic differences from current approaches remains unanswered.

## OFFENDER REINTEGRATION

The Office of Justice Programs (2004) estimated that more than 630,000 offenders were released from federal and state custody in 2004. Because many of these offenders eventually relapse (P. A. Langan & Levin, 2002), public attention has focused on the issue of offender reentry (Rakis, 2005), and researchers have suggested factors that must be addressed to



enhance community reentry and reduce recidivism. These include using more careful, empirically based risk-assessment procedures on entry into prison (Birmingham, Gray, Mason, & Grubin, 2000), careful screening of offenders with mental health problems prior to their release from prisons or jails (Gagliardi, Lovell, Peterson, & Jemelka, 2004; Petersilia, 2004), more corrections-based educational and vocational training programs to teach marketable job skills (Rakis, 2005), more vocational and work programs to develop good work habits (Saylor & Gaes, 1997), and better discharge planning activities and meaningful community linkages to make services immediately available on release (Hammett, Roberts, & Kennedy, 2001).

Past practices of managing prisoner reentry by single agencies working in isolation have not been successful because they have resulted in needy offenders "falling through the cracks," vital services being interrupted, therapeutic alliances being disrupted, and agencies engaging in inefficient, duplicative data-gathering and treatment activities (Lurigio, Rollins, & Fallon, 2004). Consequently, a more collaborative, efficient, systems-oriented approach has been proposed and supported by such federal government efforts as the Reentry Partnership Initiative, which actively promotes collaboration in planning and implementation (Rakis, 2005), and the Criminal Justice/Mental Health Consensus Project, which seeks bipartisan agreement among the various stakeholders in the criminal justice and mental health systems (Thompson, Reuland, & Souweine, 2003). Under this collaborative model, a multitude of agencies are encouraged to work together to address the myriad issues associated with moving all types of offenders back into the community. Furthermore, collaborative roles have been proposed for police (Byrne & Hummer, 2004); probation and parole officers (Lurigio et al., 2004; Rakis, 2005); academic institutions (Kendig, 2004); community mental health agencies and clinicians (Wolff, 2005); correctional educational, vocational, and treatment practitioners (Rakis, 2005); community-based substance-abuse treatment agencies (Butzin, Martin, & Inciardi, 2005); and community-based hospital and medical practitioners (Hammett et al., 2001). However, what happens when agencies such as these, with their diversity of ideologies and practices, are brought together in a collaborative model remains largely unknown and is, in itself, a topic for further research.

Innovative electronic technologies (e.g., electronic monitoring, telehealth, and videoconferencing) have been suggested to connect correctional and community-based services and to enhance community supervision (Pattavina, 2004). However, little empirical research has been conducted to determine which combinations of services offered by which agencies targeting which offender needs will prove most successful in reducing offender recidivism. Other innovative suggestions include a restructuring of data-collection systems so that various agencies can share information and avoid duplication (Rakis, 2005), more cross-training and cultural awareness among agencies and organizations involved in the reentry process (Lurigio et al., 2004), and better public education.

Although our focus has been on re-integration, "front end" entry also deserves attention. There are now many criminal-justice-entry pathways, particularly for mentally disordered and substance-abusing offenders. Anecdotal evidence and some program-evaluation research suggest that these programs are effective (e.g., Broner, Mayrl, & Landsberg, 2005). For example, Steadman (2001) demonstrated the value of diversion programs that include well-integrated community services for mentally disordered offenders who would otherwise be in jail. Marlowe (2003) reported that drug courts that use structured behavioral and cognitive-behavioral programs are associated with the greatest reductions in drug use and recidivism, and meta-analyses suggest a 7.5% to 10.7% reduction in recidivism rates (Aos et al., 2006).

However, others have noted that scientifically rigorous empirical research is still lacking (Wolff & Pogorzelski, 2005). The evaluation of specialized courts is complicated by the non-standardized nature of these programs and the various definitions used to measure success. Drug-court research has been criticized for its inadequate comparison groups, relatively brief follow-up periods, and limited range of outcome measures (Belenko, 2002). Future evaluation of specialized courts should address these issues.

## CONCLUSION

First, we call for more collaborative efforts between correctional practitioners and researchers. Although correctional professionals who provide treatment may be in a position to evaluate the effectiveness of their services and contribute to the current correctional knowledge base, they may be impeded by constant clinical demands. Researchers, on the other hand, may have the luxury to design ideal studies but may lack access to and insight about the dynamics of prison life. Jointly, they can plan and conduct treatment-outcome studies that need not be overly intensive or cumbersome. The evaluation of outcomes, including clinical trials, should use reliable and valid measures, administered over time, to afford insight into the long-term benefits of the provided services. In developing an evaluation plan, researchers should not focus solely on recidivism but conduct a multiple source assessment, including behavioral assessment, functional domain assessment, collateral assessments, and quality of care.

Second, we ask: What are the kinds of advances that should be sought by the time *Criminal Justice and Behavior* celebrates its 40th anniversary in the next decade? Although we probably will still be asking about “what works,” answers to the more specific questions about for *whom* does it work, *when* does it work, and *how* does it work should become clearer, particularly in the treatment of sexual offenders for which further direction is very much required. We should also know more about offender motivation and preparation for treatment to minimize client attrition and maximize treatment impact. Emerging approaches to offender intervention, such as those based on “good lives” and positive psychology, require the same kind of detailed process and outcome evaluation from which cognitive-behavioral interventions have learned and benefited during the past three decades. Finally, we should know more about combinations of treatment and treatment in its various criminal justice contexts, including diversion from prison, transition from prison, and reintegration after prison.

## NOTES

1. For recent developments in the methodology and statistical analysis of meta-analysis, see Lipsey and Wilson (2000) and Rosenthal and Dimatteo (2001).

2. Generally, common-language effect size (Rosenthal, 1991) can be interpreted as the difference in recidivism rates for the treatment and control groups, although this conversion is affected to some extent by unequal sample sizes and overall recidivism rates that deviate from 50%. See Gendreau, Goggin, and Smith (2001). Consequently, this finding corresponds approximately to a 10% reduction in recidivism.

3. Pharmacological interventions, including the use of methadone, are an integral component of some corrections-based treatment programs but are beyond the scope of this article.

4. For information on the No Free Lunch<sup>®</sup> program, contact Dr. Richard Althouse at goldmine123@sbcglobal.net or at (608) 231-3962.

## REFERENCES

- Alexander, M. A. (1999). Sexual offender treatment efficacy revisited. *Sexual Abuse: Journal of Research and Treatment, 11*, 101-116.
- Andrews, D. A. (2001). Principles of effective correctional programs. In L. L. Motiuk & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming* (pp. 9-17). Ottawa: Correctional Service of Canada.
- Andrews, D. A., & Bonta, J. (2003). *The psychology of criminal conduct* (3rd ed.). Cincinnati, OH: Anderson.
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*, 19-52.
- Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency, 52*, 7-27.
- Andrews, D. A., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of program integrity. *Legal and Criminological Psychology, 10*, 173-187.
- 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.
- Aos, S., Miller, M., & Drake, E. (2006). *Evidence-based adult corrections programs: What works and what does not*. Olympia: Washington State Institute for Public Policy.
- Aos, S., Phipps, P., Barnoski, E., & Leib, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia: Washington State Institute for Public Policy.
- Beck, A. R. (2001). *Recidivism: A fruit salad concept in the criminal justice world*. Kansas City, MO: Justice Concepts, Inc.
- Belenko, S. (2002). Drug courts. In C. G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of drug offenders: Policies and issues* (pp. 301-318). New York: Springer.
- Birmingham, L., Gray, J., Mason, D., & Grubin, D. (2000). Mental illness at reception into prison. *Criminal Behaviour and Mental Health, 10*, 77-87.
- Brodsky, S. L. (1996). Twenty years of criminal justice and behavior: Observations from the beginning. *Criminal Justice and Behavior, 23*, 5-11.
- Broner, N., Mayrl, D. W., & Landsberg, G. (2005). Outcomes of mandated and nonmandated New York City jail diversion offenders with alcohol, drug, and mental disorders. *The Prison Journal, 85*, 18-49.
- Broome, K. M., Knight, K., Hiller, M. L., & Simpson, D. D. (1996). Drug treatment process indicators for probationers and prediction of recidivism. *Journal of Substance Abuse Treatment, 13*, 487-491.
- Burdon, W. M., Farabee, D., Prendergast, M. L., Messina, N. P., & Cartier, J. (2002). Prison-based therapeutic community substance abuse programs—implementation and operational issues. *Federal Probation, 66*, 3-8.
- Butzin, C. A., Martin, S. S., & Inciardi, J. A. (2005). Treatment during transition to community and subsequent drug use. *Journal of Substance Abuse Treatment, 28*, 351-358.
- Byrne, K. M., & Hummer, D. (2004). Examining the role of the police in reentry partnership initiatives. *Federal Probation, 68*, 62-70.
- Cairn, J. (2006). Cognitive skills programmes: Impact on reducing reconviction among a sample of female prisoners. In *Findings 276*. London: Home Office. Retrieved June 16, 2006, from <http://www.homeoffice.gov.uk/rds/pdfs/06/r276.pdf>
- Carich, M., & Smith, S. (2006, Spring). Fads in the field of sex offense treatment. *The Forum, 18*, 11-17.
- Craig, L. A., Browne, K. D., & Stringer, I. (2003). Treatment and sexual offense recidivism. *Trauma, Violence, & Abuse, 4*, 70-89.
- De Leon, G. (2000). *The therapeutic community: Theory, model, and method*. New York: Springer.
- Fisher, D., & Beech, A. (2005, November). *Identification and treatment implications of the Ward & Hudson pathways: A manualized approach*. Paper presented at the 14th Annual Association for the Treatment of Sexual Offenders Research and Treatment Conference, Salt Lake City, UT.
- French, S. A., & Gendreau, P. (2006). Reducing prison misconducts: What works! *Criminal Justice and Behavior, 33*, 185-218.
- Furby, L., Weinrott, M. R., & Blackshaw, L. (1989). Sex offender recidivism: A review. *Psychological Bulletin, 105*, 3-30.
- Gagliardi, G. J., Lovell, D., Peterson, P. D., & Jemelka, R. (2004). Forecasting recidivism in mentally ill offenders released from prison. *Law and Human Behavior, 28*, 133-155.
- Gallagher, C. A., Wilson, D. B., Hirschfield, P., Coggeshall, M. B., & MacKenzie, D. L. (1999). A quantitative review of the effects of sex offender treatment on sexual reoffending. *Corrections Management Quarterly, 3*, 19-29.
- Gendreau, P. (1996). Offender rehabilitation: What we know and what needs to be done. *Criminal Justice and Behavior, 23*, 144-161.
- Gendreau, P., Goggin, C., Cullen, F. T., & Andrews, D. A. (2001). The effects of community sanctions and incarceration on recidivism. In L. L. Motiuk & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming* (pp. 18-21). Ottawa: Correctional Service of Canada.
- Gendreau, P., Goggin, C., French, S., & Smith, P. (2006). Practicing psychology in correctional settings. In I. B. Weiner & A. K. Hess (Eds.), *The handbook of forensic psychology* (3rd ed., pp. 722-750). Hoboken, NJ: John Wiley.
- Gendreau, P., Goggin, C., & Smith, P. (2001). Cumulative knowledge: How meta-analysis can serve the needs of correctional clinicians and policy-makers. In L. L. Motiuk & R. C. Serin (Eds.), *Correctional compendium 2000 on correctional programming* (pp. 202-207). Ottawa: Correctional Service of Canada.

- Glenwick, D. S. (1996). Introduction to the special issue: The state of science and art of criminal justice and behavior. *Criminal Justice and Behavior*, 23, 3-4.
- Hall, C. G. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology*, 63, 802-809.
- Hammett, T. M., Roberts, C., & Kennedy, S. (2001). Health-related issues in prisoner reentry. *Crime & Delinquency*, 47, 390-410.
- Hanson, R. K., Broom, I., & Stephenson, M. (2004). Evaluating community sex offender treatment programs: A 12-year follow-up of 724 offenders. *Canadian Journal of Behavioural Science*, 36, 87-96.
- Hanson, R. K., & Bussiere, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66, 348-362.
- Hanson, R. K., Gordon, A., Harris, A. J., Marques, J. K., Murphy, W., Quinsey, V. L., et al. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169-194.
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73, 1154-1163.
- Hiller, M. L., Knight, K., & Simpson, D. D. (1999). Risk factors that predict dropout from corrections-based treatment for drug abuse. *The Prison Journal*, 79, 411-430.
- Inciardi, J. A., Martin, S. S., & Butzin, C. A. (2004). Five-year outcomes of therapeutic community treatment of drug-involved offenders after release from prison. *Crime & Delinquency*, 50, 88-107.
- Israel, M., & Chui, W. H. (2006). If "something works" is the answer, what is the question? *European Journal of Criminology*, 3, 181-200.
- Jones, M. (1962). *Beyond the therapeutic community: Social learning and social psychiatry*. New Haven, CT: Yale University Press.
- Keeling, J. A., & Rose, J. L. (2005). Relapse prevention with intellectually disabled sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 17, 407-423.
- Kendig, N. E. (2004). Correctional health care systems and collaboration with academic medicine. *Journal of the American Medical Association*, 292, 501-503.
- Knight, K., Simpson, D. D., & Hiller, M. L. (1999). Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *The Prison Journal*, 79, 337-351.
- Lambrick, F., & Glaser, W. (2004). Sex offenders with an intellectual disability. *Sexual Abuse: A Journal of Research and Treatment*, 16, 381-392.
- Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1, 451-476.
- Langan, N. P., & Pelissier, B.M.M. (2001). The effect of drug treatment on inmate misconduct in federal prisons. *Journal of Offender Rehabilitation*, 34, 21-30.
- Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994*. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.
- Latessa, E. J. (2004). The challenge of change: Correctional programs and evidence-based practices. *Criminology and Public Policy*, 3, 547-559.
- Leschied, A. W., & Cunningham, A. (2001). *Clinical trials of multisystemic therapy, 1977 to 2001: Evaluation update report*. London, Canada: Centre for Children and Families in the Justice System.
- Lipsey, M. W., & Wilson, D. B. (2000). *Practical meta-analysis*. Thousand Oaks, CA: Sage.
- Lipton, D. S. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: National Institute of Justice.
- Lipton, D. S., Pearson, F. S., Cleland, C. M., & Yee, D. (2002) The effects of therapeutic communities and milieu therapy on recidivism. In J. McGuire (Ed.), *Offender rehabilitation and treatment: Effective programmes and policies to reduce re-offending*. Etobicoke: John Wiley Canada.
- Littell, J. H., Popa, M., & Forsythe, B. (2006). Multisystemic therapy for social, emotional, and behavioral problems in youth aged 10-17 (Review). *The Cochrane Database of Systematic Reviews, Issue 1*. New York: John Wiley. Retrieved April 12, 2007, from [http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004797/pdf\\_fs.html](http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004797/pdf_fs.html)
- Losel, F. (2001). Evaluating the effectiveness of correctional programs: Bridging the gap between research and practice. In G. A. Bernfeld, D. P. Farrington, & A. W. Leschied (Eds.), *Offender rehabilitation in practice* (pp. 67-92). New York: John Wiley.
- Losel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1, 117-146.
- Lowencamp, C. T. (2004). *Correctional program integrity and treatment effectiveness: A multi-site, program-level analysis*. Unpublished doctoral dissertation, University of Cincinnati, OH.
- Lurigio, A. J., Rollins, A., & Fallon, J. (2004). The effects of serious mental illness on offender reentry. *Federal Probation*, 68, 45-53.
- Marlowe, D. B. (2003). Integrating substance abuse treatment and criminal justice supervision. *Science & Practice Perspectives*, 2, 4-14.
- Marques, J. K. (1999). How to answer the question: "Does sexual offender treatment work?" *Journal of Interpersonal Violence*, 14, 437-451.

- Marques, J. K., Wiederanders, M., Day, D. M., Nelson, C., & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment, 17*, 79-107.
- Marshall, W. L. (2005). Therapist style in sexual offender treatment: Influences on indices of change. *Sexual Abuse: A Journal of Research and Treatment, 17*, 109-116.
- Marshall, W. L., & Serran, G. A. (2000). Improving the effectiveness of sex offender treatment. *Trauma, Violence, & Abuse, 1*, 203-222.
- Marshall, W. L., Ward, T., Mann, R. E., Moulden, H., Fernandez, Y. M., Serran, G., et al. (2005). Working positively with sexual offenders: Maximizing the effectiveness of treatment. *Journal of Interpersonal Violence, 20*, 1096-1114.
- Martin, S. S., Butzin, C. A., Saum, C. A., & Inciardi, J. A. (1999). Three year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release and aftercare. *The Prison Journal, 79*, 294-317.
- Martinson, R. (1974). What works? Questions and answers about prison reform. *The Public Interest, 35*, 22-54.
- McConaghy, N. (1999). Methodological issues concerning evaluation of treatment for sexual offenders: Randomization, treatment dropouts, untreated controls, and within-treatment studies. *Sexual Abuse: A Journal of Research and Treatment, 11*, 183-194.
- McGrath, R. J., Cumming, G. F., & Burchard, B. L. (2003). *Current practices and trends in sexual abuser management: The Safer Society 2002 nationwide survey*. Brandon, VT: Safer Society Press.
- McGuire, J. (2002, November). *Evidence-based programming today*. Paper presented at the International Community Corrections Association Annual Conference, Boston, MA.
- McGuire, J. (2005). *Meta-analytic reviews of offender treatment, 1985-2005*. Unpublished report. Liverpool, UK: University of Liverpool.
- Merrington, S., & Stanley, S. (2004). "What works?": Revisiting the evidence in England and Wales. *Probation Journal, 5*, 7-20.
- Miller, W. R., & Rollnick, S. (Eds.). (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford.
- Mumola, C. J. (1999). *Substance abuse and treatment, state and federal prisoners*. Washington, DC: National Institute of Justice.
- Nicholaichuk, T., Gordon, A., Gu, D., & Wong, S. (2000). Outcome of an institutional sexual offender treatment program: A comparison between treated and matched untreated offenders. *Sexual Abuse: A Journal of Research and Treatment, 12*, 139-153.
- Office of Justice Programs. (2004). *Reentry*. Retrieved March 27, 2006, from <http://www.ojp.usdoj.gov/reentry/learn.html>
- Pattavina, A. (2004). The emerging role of information technology in prison reentry initiatives. *Federal Probation, 68*, 40-44.
- Pearson, F. S., & Lipton, D. S. (1999). A meta-analytic review of the effectiveness of corrections-based treatment for drug abuse. *The Prison Journal, 79*, 384-410.
- Pelissier, B., Rhodes, W., Saylor, W., Gaes, G., Camp, S., Vanyur, S. D., et al. (2000). *TRIAD drug treatment evaluation project: Final report of three-year outcomes*. Washington, DC: Federal Bureau of Prisons.
- Petersilia, J. (2004). What works in prisoner reentry? *Federal Probation, 68*, 4-8.
- Prendergast, M. L., Hall, E. A., Wexler, H. K., Melnick, G., & Cao, Y. (2004). Amity prison-based therapeutic community: 5-year outcomes. *The Prison Journal, 84*, 36-60.
- Rakis, J. (2005). Improving the employment rates of ex-prisoners under parole. *Federal Probation, 69*, 7-14.
- Reitzel, L. R. (2006, April). Sexual offender update: Public policy. *The Correctional Psychologist, 38*, 1-4.
- Rice, M. E., & Harris, G. T. (2003). The size and sign of treatment effects in sex offender therapy. *Annals of the New York Academy of Sciences, 989*, 428-440.
- Rosenthal, R. (1991). *Meta-analytic procedures for social research*. Newbury Park, CA: Sage.
- Rosenthal, R., & Dimatteo, M. R. (2001). Meta-analysis: Recent developments in quantitative methods for literature reviews. *Annual Review of Psychology, 32*, 59-82.
- Saylor, W. G., & Gaes, G. G. (1997). Training inmates through industrial work participation and apprenticeship instruction. *Corrections Management Quarterly, 1*, 32-43.
- Seligman, M.E.P. (2004). *Positive psychology network concept paper*. Retrieved October 4, 2004, from <http://www.psych.upenn.edu/seligman/ppgrant.htm>
- Seligman, M.E.P., Linley, P. A., & Joseph, S. (2004). *Positive psychology in practice*. Hoboken, NJ: John Wiley.
- Sheldon, K. M., Williams, G., & Joiner, T. E. (2003). *Self-determination theory in the clinic: Motivating physical and mental health*. New Haven, CT: Yale University Press.
- Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment, 27*, 99-121.
- Snyder, C. R., & Lopez, S. J. (2001). *Handbook of positive psychology*. New York: Oxford University Press.
- Steadman, H. J. (2001). *Jail diversion: Creating alternatives for persons with mental illnesses*. Washington, DC: U.S. Department of Health and Human Services, National Institute of Mental Health and Policy Research Associates, Inc.
- Taxman, F. S., & Bouffard, J. A. (2002). Assessing therapeutic integrity in modified therapeutic communities for drug-involved offenders. *The Prison Journal, 82*, 189-212.
- Thompson, M. D., Reuland, M., & Souweine, D. (2003). Criminal justice/mental health consensus: Improving responses to people with mental illness. *Crime & Delinquency, 49*, 30-52.
- Tims, F. M., De Leon, G., & Jainchill, N. (Eds.). (1994). *Therapeutic community: Advances in research and application* (Research Monograph No. 144). Rockville, MD: National Institute on Drug Abuse.
- Toch, H. (Ed.). (1980). *Therapeutic communities in corrections*. New York: Praeger.

- U.S. Department of Justice. (2006). *Criminal offenders statistics*. Washington, DC: Bureau of Justice Statistics. Retrieved on March 25, 2006, from <http://www.ojp.usdoj.gov/bjs.crimoff.htm>
- Ward, T., & Hudson, S. M. (1998). A model of the relapse process in sexual offenders. *Journal of Interpersonal Violence, 13*, 400-425.
- Ward, T., & Stewart, C. A. (2003). The treatment of sexual offenders: Risk management and good lives. *Professional Psychology: Research and Practice, 34*, 353-360.
- Webster, S. D. (2005). Pathways to sexual offense recidivism following treatment. *Journal of Interpersonal Violence, 20*, 1175-1196.
- Wells-Parker, E., Bangert-Drowns, R., McMillen, R., & Williams, M. (1995). Final results from a meta-analysis of remedial interventions with drink/drive offenders. *Addiction, 9*, 907-926.
- Wexler, H. K., Melnick, G., Lowe, L., & Peters, J. (1999). Three-year reincarceration outcomes for Amity in-prison therapeutic community and aftercare in California. *The Prison Journal, 79*, 321-336.
- Wexler, H. K., Prendergast, M. L., & Melnick, G. (2004). Introduction to a special issue: Correctional drug treatment outcomes—focus on California. *The Prison Journal, 84*, 3-7.
- Wilkinson, J. (2005). Evaluating evidence for the effectiveness of the Reasoning and Rehabilitation programme. *The Howard Journal, 44*, 70-85.
- Wilson, D. B., Bouffard, L. A., & Mackenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior, 32*, 172-204.
- Wilson, J. Q., & Herrnstein, R. J. (1985). *Crime and human nature*. New York: Simon & Schuster.
- Wilson, R. J., Picheca, J. E., & Prinzo, M. (2005). Circles of Support and accountability: An evaluation of the pilot project in South-Central Ontario (No. R-168). Ottawa: Correctional Services of Canada.
- Wilson, R. J., & Prinzo, M. (2001). Circles of Support: A restorative justice initiative. *Journal of Psychology and Human Sexuality, 13*, 59-77.
- Wolff, N. (2005). Community reintegration of prisoners with mental illness: A social investment perspective. *International Journal of Law and Psychiatry, 28*, 43-58.
- Wolff, N., & Pogorzelski, W. (2005). Measuring the effectiveness of mental health courts: Challenges and recommendations. *Psychology, Public Policy, and Law, 11*, 539-569.
- Wormith, J. S., & Olver, M. E. (2002). Offender treatment attrition and its relationship with risk, need, responsivity and recidivism. *Criminal Justice and Behavior, 29*, 447-471.
- Yates, P. M. (2005). Pathways to treatment of sexual offenders: Rethinking intervention. *Forum on Corrections Research, 17*, 1-9.
- Yochelson, S., & Samenow, S. (1976). *The criminal personality. Vol. 1: A profile for change*. New York: Jason Aronson.
- Yochelson, S., & Samenow, W. (1977). *The criminal personality, Vol. 2: The change process*. New York: Jason Aronson.

---



---

**CE** *Criminal Justice and Behavior (CJB)* is pleased to offer the opportunity to earn continuing education credits online for this article. Please follow the access instructions below. The cost is \$9 per unit, and a credit card number is required for payment.

Access for AACFP members:

- Go to the AACFP homepage ([www.aa4cfp.org](http://www.aa4cfp.org)) and log in to the site using your email address
- Click on the Publications heading in the sidebar on the left-hand side of the page or on the Publications icon at the bottom of the page
- Click on the *CJB* cover image located at the bottom of the page. You will be prompted for your user name and password to log in to the journal
- Once you have logged in to *CJB*, select the appropriate issue and article for which you wish to take the test, then click on the link in the article to be directed to the test (*note: only marked articles are eligible for continuing education credits*)

Access for institutional subscribers:

- Log in through your library or university portal to access *CJB*
- Select the appropriate issue and article, then click on the link in the article to be directed to the test (*note: only marked articles are eligible for continuing education credits*)

If you are not a member of the AACFP and your institution does not subscribe to *CJB*, individual articles (and corresponding test links within the articles) are available on a pay-per-view basis by visiting <http://cjb.sagepub.com>. However, membership in the AACFP provides you with unlimited access to *CJB* and many additional membership benefits! Learn more about becoming a member at [www.aa4cfp.org](http://www.aa4cfp.org).

Should you have difficulty accessing this article's test or the website, please contact Eddie Santos for further assistance at [eddie.santos@sagepub.com](mailto:eddie.santos@sagepub.com) or 805-410-7528.