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ICJA
INTERNATIONAL COMMUNITY JUSTICE ASSOCIATION
2100 Stella Court
Columbus, OH 43215
http://www.iccaweb.org

CRI
Civic Research Institute
4478 US Route 27 Kingston, N.J. 08528
http://www.civicresearchinstitute.com

The First Step Act's Missing Prequel—Toward Evidence-Informed Pre-Sentence Reports

by Jay Whetzel, Scott Anders, Odessa Baker, Susan Giddings, Joseph LaFratta, and James C. Oleson*

Introduction

Pre-sentence reports (PSRs) are tools to ensure that judges are fully informed about each convicted defendant before imposing sentence. Despite jurisdictional variations, PSRs typically include information regarding offense conduct, criminal history, and personal background (including family, education, employment, substance use, mental health, and finances) as well as relevant sentencing statutes and guidelines (Steverson, 2012). Correctional staff and parole authorities rely on PSRs for designation and programming decisions; probation officers employ PSRs to assess risk and to develop case management plans for individuals under supervision; and treatment and community corrections providers rely on PSRs to guide programming (Carter, 1967). PSRs provide a critical, but static, snapshot of individuals, often at their lowest point in life. Yet these reports may be relied upon by criminal justice officials for many years and even decades. Despite evolving evidence supporting behavioral interventions and people's ability to change (e.g., Trotter, 2006), we find it curious that PSRs have changed so little during the last 30 years. Reimagining PSRs as truly evidence-informed, individualized assessments would present an opportunity to advance the field significantly. Given the passage of the First Step Act (FSA) and its emphasis on needs assessment of individuals in federal Bureau of Prisons (Bureau) custody, enhancing federal pre-sentence practice seems a good place to start.

Typically, probation staff prepare PSRs by relying upon defendant interviews, charging documents and evidence, and criminal record databases, using these sources to generate sentencing recommendations. Judges are the principal consumers of PSRs, but defense counsel and prosecutors also receive the PSR prior to sentencing and may have an opportunity to challenge the probation officer's findings and/or recommendation (Federal Rule of Criminal Procedure 32(f)).

PSRs provide a critical, but static, snapshot of individuals. . . . Yet these reports may be relied upon by criminal justice officials for many years and even decades.

In federal court, sentencing judges must prepare findings of fact, relying on the PSR, that explain their rationale for the sentence that they impose (18 U.S.C. § 3553(c)). Judges may also include specific nonbinding recommendations to the Bureau regarding correctional programming needs, designated location, and the like (18 U.S.C. § 3621(b)).

In an effort to realize better informed, and more just, sentencing, we outline here current federal sentencing practices; describe the FSA's requirement to assess inmates' criminogenic needs; trace the creation of the Bureau's SPARC-13, including suggestions for improvement; and indicate how assessment tools within the PSR might positively affect sentencing, designation, program referral, and post-release supervision. We describe how emergent AI technology can be leveraged to increase the speed and accuracy of data collection, PSR preparation, designation, classification, and recommendation of programming needs.

Federal Sentencing Practices

Contemporary federal sentencing is driven by the provisions of the Sentencing Reform Act of 1984 (SRA) and by the U.S. Sentencing Guidelines that the SRA created (American Bar Association, 2024). Notoriously severe, complex, and rigid (Oleson, 2011)—thereby discouraging and prohibiting judges from considering a raft of relevant, individual factors in the pursuit of parity (U.S. Sentencing Commission, 2024a)—the Guidelines have been condemned as a "failure" (e.g., American College of Trial Lawyers, 2004). But they are tenacious. Despite a landmark decision that struck them down as unconstitutional (*U.S. v. Booker*, 543 U.S. 220 (2005)), the now-advisory Guidelines continue to drive federal sentencing practice (American Bar Association, 2024).

The creation of the Guidelines coincided with the creation of draconian drug penalties (U.S. Sentencing Commission, 1991), including mandatory minimums that led to an explosion in the Bureau's population—from 24,000 in 1980 to 215,000 in 2013 (Pew, 2015)—and to an increase in racial disparity among federal prisoners (Travis, Western & Redburn, 2014). As described elsewhere (Anders & Whetzel, 2022), this prison boom coincided with Martinson's (1974) claim of "nothing works" and the rejection of rehabilitation by some prison authorities. However, while America embraced retributivism, a renaissance in rehabilitative research emerged, particularly out of Canada (Cullen, 2005). Scholars demonstrated that behavioral change is indeed possible, and that correctional programming, particularly cognitive behavioral treatment, could decrease recidivism (Lipsey, Landenberger & Wilson, 2007). The Risk-Needs-Responsivity (RNR) model, first articulated in 1990 (Andrews, Bonta & Hoge, 1990), has emerged as the dominant rehabilitative paradigm (Wormith & Zidenberg, 2018).

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**Jay Whetzel is a retired Probation and Pretrial Servicers Officer for the Administrative Office of the U.S. Courts. Scott Anders is Chief U.S. Probation Officer for the Eastern District of Missouri. Odessa Baker is Assistant Deputy Chief U.S. Probation Officer for the District of Nevada. Susan Giddings is a retired chief executive for the Federal Bureau of Prisons. Joseph LaFratta is the retired Chief U.S. Probation Officer (ADCUSPO) for the District of Massachusetts. James C. Oleson is a professor of criminology in the School of Social Sciences, University of Auckland, New Zealand. Correspondence concerning this article should be addressed to Jay Whetzel at FedWriters, Fairfax, Virginia or by email at jay.whetzel@fedwriters.com.*

The Health Impact of Incarceration: Unraveling the Interconnected Crisis

by Sydney Scanlon, Averyl Dietering, Ngoc Nhi Nguyen, and Lauren Kozmor*

Introduction

In the United States, 70% of released incarcerated individuals are rearrested within five years, perpetuating a cycle of incarceration that has profound implications for their health (Zoukis, 2017). Moreover, the effects of repeated imprisonment extend beyond the incarcerated individuals to entire neighborhoods and communities, contributing to a public health crisis (Cloud et al., 2023).

In a country with one of the highest rates of mass incarceration in the world, much research has shown that mass incarceration is a pressing social issue affecting public health and medicine. For decades, the United States has incarcerated more of its population than has any other nation (2021 House Resolution 51 Task Force, 2022). Although the United States comprises less than 5% of the global population, it incarcerates 20% of global incarcerated individuals, with nearly 2 million people behind bars (Haney, 2012). Furthermore, in 2021, the U.S. incarceration rate (664 per 100,000 people) substantially exceeded rates in both democratic and authoritarian nations (Sawyer & Wagner, 2022).

Mass incarceration not only profoundly affects the health and well-being of individuals who experience it directly, it also exacerbates health disparities within families and communities, particularly among Black and indigenous populations and people of color (Haggerty & Bucerius, 2020). Research underscores a link between health issues—such as mental illness, substance use disorders, and chronic diseases—and higher recidivism rates (Hagan et al., 2018). Individuals facing these challenges often encounter significant difficulties in reintegrating into society post-release, highlighting the critical need for targeted healthcare interventions within correctional settings and upon reentry. Addressing these health challenges not only enhances individual outcomes but also mitigates the societal and economic costs associated with recurrent incarceration. By prioritizing comprehensive healthcare solutions throughout the criminal justice continuum, communities can better support formerly incarcerated individuals in achieving stable, productive lives. This article incorporates insights from interviews with two formerly incarcerated individuals, Ethan and David, who are now based in Los Angeles. Ethan was incarcerated for 28 years until his release in April 2019. David served 21 years and was released in January 2024. Ethan and David provide firsthand perspectives on the physical and mental health barriers within the carceral system and to healthcare after release. Both individuals gave their informed consent to share their experiences for this article. To protect their privacy and safety, pseudonyms are used in place of their real names.

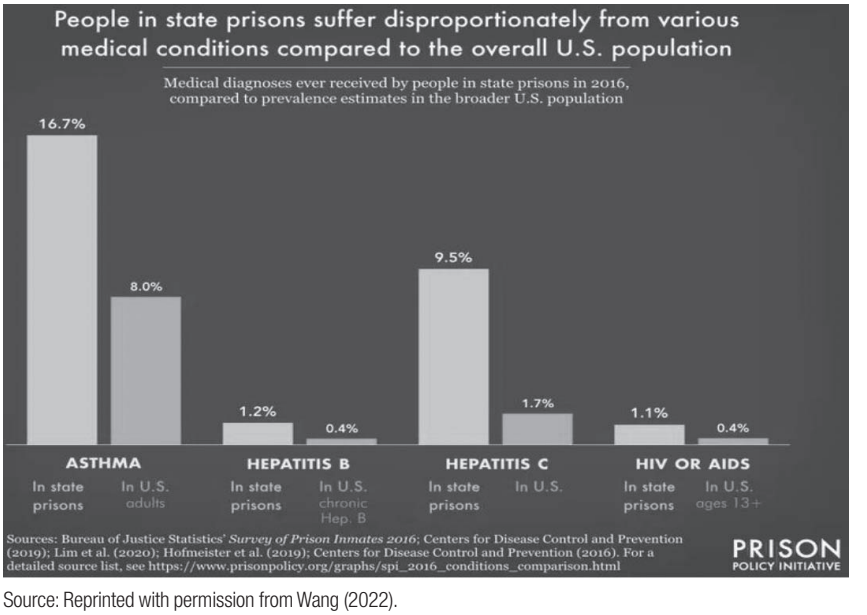
The Health Impact of Confinement on Incarcerated Individuals

The conditions of incarceration that pose risks to incarcerated individuals' health include poor nutrition, overcrowding, isolation, violence, and poor ventilation (Committee on Causes, 2013). Ethan emphasizes that the impact of incarceration on physical health is profound and unpredictable:

> You go into prison and the first thing you have to consider is your health, your physical health, because you wake up, you don't know what's going to happen from one day to the next. In the environment that I was incarcerated in, riots were happening, people were getting stabbed, the cops were shooting people. So how do you prepare for something like that? You don't just simply deal with it as it comes to you, and the movies don't even accurately portray the situations that actually occur.

According to the most recent national Survey of Prison Inmates (SPI) by the Bureau of Justice Statistics, in 2016, incarcerated individuals in the United States suffer from various medical conditions at significantly higher rates than individuals in the general population (Beatty et al., 2016). These conditions include asthma, HIV/AIDS, hepatitis B, and hepatitis C (Figure 1). Moreover, in

Figure 1: People in State Prisons Suffer Disproportionately from Various Medical Conditions



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Sydney Scanlon is the manager of trainings and collaboratives at Beyond Us & Them, a nonprofit organization committed to transforming systems by training first responders, law enforcement officers, healthcare providers, educators, incarcerated and formerly incarcerated individuals, policymakers, and community-based organizations to cultivate wellness, relationality, compassion, and resilience. Dr. Averyl Dietering, Ph.D., is grants manager at Beyond Us & Them. Ngoc Nhi Nguyen, is a senior studying sociology at Pomona College. Lauren Kozmor, is a senior studying political science at Brown University. Sydney Scanlon can be reached by email at sydney@beyondusandthem.org.

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2011–2012, an estimated 40% of persons with criminal justice contact reported having a current chronic condition, including cancer, high blood pressure, stroke-related problems, diabetes, heart-related problems, kidney-related problems, arthritis, asthma, and cirrhosis of the liver (Maruschak, Berzofsky & Unangst, 2015).

Incarceration also significantly affects mental health, thereby exacerbating various physical health issues. David highlights the prevalence of mental health challenges among incarcerated individuals, often inadequately addressed by limited healthcare services in prison:

> [Healthcare in prison] offers a good window [for incarcerated individuals], but they always put you on the back burner . . . the doctors and staff in [incarceration]. I don't see it really benefited a lot of people in there when it could. So, I think [they should offer] mental health [services in prison] because there's a lot of guys [in incarceration] that have a lot of emotional, mental issues in there that just need to be talked about. They just need to be opened up.

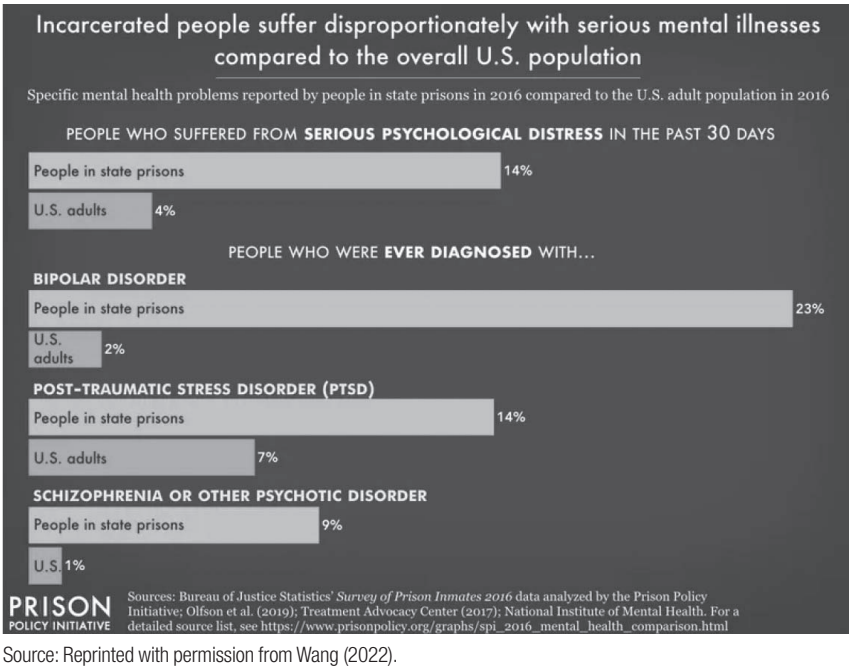
The 2016 Survey of Prison Inmates also finds that more than half (56%) of people in state prison had some indication of a mental health challenge (Committee on Causes, 2013). Incarcerated individuals suffer from various mental health conditions, such as psychological distress, bipolar disorder, schizophrenia, and post-traumatic stress disorder (PTSD), at significantly higher rates than people in the general U.S. population (Figure 2). Mental health symptoms follow individuals even after release. For example, incarcerated individuals who had spent time in confinement were three times more likely to exhibit symptoms of PTSD than those who had not (Hagan et al., 2018).

Addressing these complex health challenges is crucial not only for improving individual outcomes but also for reducing recidivism rates. Addressing healthcare disparities within the criminal justice system can contribute to more effective rehabilitation and lower rates of repeat incarceration.

Health in Incarceration and Recidivism

The health impact of incarceration, regardless of whether it contributes to recidivism, continues to manifest among individuals long after their release. A study in 2018, for example, found that formerly incarcerated individuals in North Carolina who had spent time in solitary confinement were 24% more likely to die in their first year after release compared to those who had not (Ranapurwala et al. 2018).

Figure 2: Incarcerated People Suffer Disproportionately with Serious Mental Illnesses



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David articulates the challenges of reintegrating into society post-release, where the pressures and stigma of being formerly incarcerated significantly affect mental health.

> It's me and my stressors figuring out how I'm going to make it in this world. …Who's going to accept me? Will I get a job? Am I going to be successful? And then I got the pressure of people looking at you and always seeing you for who you were 20-something years ago … just having that pressure alone, knowing that people are just watching you, it gets pretty stressful.

Health effects from incarceration contribute to a vicious cycle where untreated health issues increase the likelihood of re-offending. The first known study to identify links between health limitations and recidivism was by Link, Ward & Stansfield (2019), who found that physical and mental health issues exacerbate challenges for newly released individuals such as employment and family conflicts, thereby increasing the risk of re-offending and reincarceration.

Specifically, physical health limitations reduce employment opportunities, thereby increasing the risk of recidivism. Numerous studies have demonstrated the significant role of employment in reducing recidivism. For example, a 2023 study examining over 1,000 formerly incarcerated individuals in Ohio found that unemployed individuals, despite having similar pre-incarceration stability and criminal histories, were nearly three times more likely to recidivate than those who maintained stable employment (Kolbeck, Lopez & Bellair, 2023). Moreover, Link, Ward & Stansfield (2019) found that individuals with compromised health are less likely to secure or maintain jobs, a struggle that is worsened by the physical demands of the jobs to which post-release individuals are often relegated, such as construction, landscaping, and warehouse work. Consequently, while stable employment supports the achievement of financial and prosocial goals, economic hardship can lead to strain, increasing the likelihood of engaging in criminal behavior to meet economic needs or coping with frustration through violence.

Link, Ward & Stansfield (2019) also emphasized that while family plays a role in offering social support and stable employment for individuals after release, mental health issues often trigger family conflicts, which can, in turn, increase the likelihood of recidivism. Mowen and Visher (2015) found a strong positive correlation between recidivism and family conflict during and after incarceration. In their study of over 1,000

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Underrated and Underutilized: Professional Development and Work-Based Learning as Essential Tactical Elements of Reducing Recidivism and Improving Outcomes for Justice-Involved Youth

by Danielle M. Boone*

Introduction

The United States incarcerates more young people than almost any other country, and on a typical day, roughly 48,000 youth are confined in juvenile and adult facilities (Nayal & Haisma, 2024). These youth are disproportionately from marginalized communities and often have limited secondary education and work experience (Christian, 2022). Research shows that incarceration disrupts the accumulation of human and social capital and that youth who are placed in juvenile facilities are less likely to complete high school and more likely to be incarcerated as adults (Aizer & Doyle, 2015). At the same time, meaningful employment is a critical factor in desistance from crime. Stable work provides economic security and prosocial routines, both of which contribute to reduced recidivism (Ramakers et al., 2016). Yet juvenile justice systems rarely prioritize workforce development. Many states lack comprehensive career and technical education programs and fail to offer onsite work-based learning or industry certifications (McCain, 2019). Juvenile records, poor literacy, and limited social networks further hamper young people's access to employment (Wilson, 1994). These realities underscore the need to examine how professional development, experiential learning, and work-based learning can support justice-involved youth.

This literature review synthesizes empirical research on employment-focused interventions for youth involved in the criminal legal system. It draws on peer-reviewed studies and empirical evidence to assess the impact of vocational training, work-based learning, apprenticeships, and positive youth development programs on employment and recidivism outcomes. After outlining theoretical perspectives, the paper reviews evidence on professional development and vocational education, highlights experiential and mentoring programs, discusses work-based and apprenticeship models, identifies barriers to implementation, and proposes recommendations for policymakers and practitioners.

Theoretical Application and Historical Context

Human Capital, Social Control, and Life-Course Perspectives. Several theoretical frameworks explain why employment may reduce recidivism. Human capital theory holds that education and training increase an individual's productive capacities, leading to higher earnings and reducing the incentive to engage in crime. High school completion and vocational skills raise legitimate opportunities and strengthen ties to the labor market, thereby improving human capital (Jepsen & Montgomery, 2012).

Social control theory posits that crime is deterred when individuals form strong bonds to conventional institutions such as schools and workplaces (Hirschi, 2015). Additionally, employment and work-based communities foster attachment and commitment to prosocial norms (Development Services Group, 2019; Hirschi, 2015).

Life-course theory emphasizes turning points that redirect trajectories, and marriage, military service, or stable employment can all signal desistance. For youth involved in the justice system, employment may be a critical turning point, one that mitigates the negative effects of prior arrests and provides structure during the transition to adulthood (Wiesner, Kim & Capaldi, 2010). For justice-involved youth, employment may be the turning point that redirects them onto a positive, successful path.

Historical Neglect of Vocational Services in Juvenile Facilities. Despite abundantly supported theoretical frameworks, vocational education has not historically been a top priority in juvenile corrections. A 2000 report by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) noted that vocational programs often lack industry alignment, up-to-date equipment, and hands-on learning (Schaeffer et al., 2014. Most facilities rely on outdated academic curricula and seldom integrate workforce strategies (Puzzanchera, Hockenberry & Sickmund, 2022).

Meaningful employment is a critical factor in desistance from crime. . . . Yet juvenile justice systems rarely prioritize workforce development.

Educational attainment is tightly linked to labor-market success, yet court-involved youth face fragmented services where alternative schools and transition programs are underfunded, and collaboration between educational and workforce agencies is weak. A 2022 review found that only eight states provide youth in secure facilities with access to onsite or online career and technical education (CTE) courses, soft-skill development, work-based learning, and industry-recognized credentials (McCain, 2019). Most incarcerated youth therefore leave confinement without marketable skills or credentials.

In addition to programmatic gaps, systemic barriers impede reentry. The Council of State Governments (CSG) Justice Center reported that incarcerated youth often have reading and math skills far below grade level, high rates of learning disabilities, and

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*Danielle M. Boone, Ph.D., is a workforce development program director at the University of Dayton and serves as Psychology Department faculty at Sinclair College. She can be reached by email at boone1dm@icloud.com.

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limited access to special education services (Christian, 2022). When formerly incarcerated youth return to school or work, they encounter discriminatory hiring practices, licensing restrictions, and the stigma of a juvenile record (Nayal & Haisma, 2024). These structural obstacles work to reinforce cycles of unemployment and recidivism.

Professional Skill Development and Vocational Education

Evidence on Vocational Training Programs. Numerous studies evaluate vocational training programs targeting justice-involved youth. A 1994 study of 403 Colorado youths found that participants in a vocational education program had significantly lower recidivism rates than those who participated only in academic classes (Wilson, 1994). Another study of prison vocational programs in Michigan observed that trainees in professional fields such as computer programming and electronics experienced significant reductions in recidivism, whereas participants in clerical or service training did not (Smith et al., 2020). These findings suggest that the quality and relevance of training matter; programs aligned with high-skill industries yield better outcomes than programs with low-skill offerings.

The Community Restitution Apprenticeship-Focused Training (CRAFT) program is among the most thoroughly evaluated. Sponsored by the Home Builders Institute, CRAFT provides six months of pre-apprenticeship training in construction trades, combining 840 hours of hands-on work and classroom instruction. An independent evaluation of CRAFT's demonstration sites reported a 94% job placement rate for graduates and a cumulative recidivism rate of 26%, far below the national average of 70% (Hamilton & McKinney, 1999). A randomized controlled trial (RCT) of the program found that participants were more likely to be employed and to attend GED classes than a control group, although there were no significant differences in wages or employment duration. Similarly, an RCT evaluating a promising vocational and employment program for high-risk youth (also known as CRAFT) reported improvements in employment and GED attendance but no effect on wages or substance use (Schaeffer et al., 2014). These results underscore the complexity of translating training into sustained career advancement.

Other vocational programs show promise. The Job Corps, a federally funded training program for disadvantaged youth, provides academic instruction, vocational training across more than 70 trades, and support services. An evaluation comparing Job Corps graduates to a control group found that Job Core participants had significantly lower arrest, conviction, and incarceration rates and higher employment, earnings, and hours worked than nonparticipants (Schochet, Burghardt & Glazerman, 2001). However, Job Corps primarily serves youth aged 16 to 24 who voluntarily enroll; it is unknown if the results obtained by Job Corp would subsist in a compulsory application of the program.

Professional development must address foundational skills such as literacy and numeracy. Inadequate reading ability contributes to frustration and delinquent behavior.

A 2015 case study of the water technologies training program at the Kansas Juvenile Correctional Complex illustrates how industry partnerships can enhance vocational curricula. In this case study, youth completed college-level water technology courses with lab components adapted for security considerations; they earned up to 28 college credits and certificates across modules. Hands-on service learning through an aquaponics system and job readiness workshops were integral to the program. Although outcome data are limited, the program sought to increase post-release employment and reduce recidivism by connecting participants to municipal utilities (Leshnick & Thomason, 2015). The case highlights the importance of industry-aligned, credential-bearing training.

Vocational Education, Literacy, and Human Capital. Professional development must address foundational skills such as literacy and numeracy. Inadequate reading ability contributes to frustration and delinquent behavior. A 1993 OJJDP study reviewing research on reading instruction for juvenile offenders argued that reading failure is a cause, not just a correlate, of delinquency; many incarcerated youth cannot read or write at a level commensurate with their oral language abilities (Brunner, 1993). The study recommended intensive, systematic phonics instruction and in-service training for teachers in the program. Enhancing literacy is a prerequisite for successful vocational training and employment.

Longitudinal research shows that juvenile arrests have lasting impacts on labor-market outcomes. Using data from the Oregon Youth Study, Wiesner and colleagues found that the number of juvenile arrests predicted the total number of months unemployed by age 29 after controlling for socioeconomic and familial factors (Wiesner, Kim & Capaldi, 2010). Poor child inhibitory control, adolescent substance use, and poor interpersonal relationships predicted being fired from work, whereas the onset age of offending did not. These findings imply that interventions must not only provide skills but also address behavioral health and self-regulation.

Experiential Learning and Positive Youth Development

Professional training alone is insufficient to support complex developmental needs. Many programs combine experiential learning, mentoring, and wraparound services to build self-efficacy, social skills, and supportive networks.

Community Service and Cognitive Behavioral Approaches. The NYC Justice Corps, a community benefit and workforce development program for 16- to 24-year-olds, offers early job placement, sector-focused work readiness, cognitive behavioral therapy (CBT), and community benefit projects. An evaluation of the program's 2016 redesign found that 61% of participants graduated, 25% were placed in employment, and over 30% entered educational or vocational training. Moreover, placement compensation averaged $11 per hour, exceeding minimum wage. Participants valued CBT for conflict resolution, workforce readiness training (including OSHA certification), and meaningful community projects. Although the program improved service delivery, it faced challenges due to budget cuts and the difficulty of sector specialization (Cramer et al., 2019). The Justice Corps demonstrates how experiential learning, when combined with cognitive behavioral interventions, complements job training.

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Worth Reading

by Russ Immarigeon*

History

Ancient Mediterranean Incarceration

by Matthew D.C. Larsen and Mark Letteney
University of California Press
$34.95, 255 pages (2025)

The history of incarceration, whether in jails or prisons, has been largely overlooked, although historical studies have come forth more regularly in recent decades. In the United States, the early works of Columbia University historian David Rothman—namely, *The Discovery of the Asylum* (1971) and *Conscience and Convenience* (1980)—opened many American eyes to the historical development of penal institutions. In the decades that followed, many historians, in the United States as well as in Europe, have taken up the challenge of locating when and how these institutions have made their mark. Still, especially among the general public, far too little is readily acknowledged. Many observers still confuse the difference between jails and prisons.

In *Ancient Mediterranean Incarceration*, New Testament and early Christian historian Matthew D.C. Larsen, of the University of Copenhagen, and ancient history historian Mark Letteney, of the University of Washington, build on previous efforts that have argued "the prison has a history not of two centuries but of two millennia at least, and doubtless much longer."

In this eye-opening account, Larsen and Letteney investigate "the spaces, experiences, and ideologies of incarceration" in the Mediterranean basin between 300 BCE and 600 CE. Through their research, they argue that:

> Incarceration was prevalent across this geographic and temporal span and . . . sources point overwhelmingly to prisons and practices of incarceration as an integral part of the social, economic, and political life of ancient Mediterranean societies.

In arguing that "prison is not a modern, medieval, or even late ancient invention," Larsen and Letteney capture data from "literary sources prescribing an idealized carceral order and accounts of prisons and those inside; carceral facilities known through archaeological investigation; documentary evidence from and about prisons, including letters, bail receipts, tax receipts, and orders for arrest; and visual depictions of captives and spaces of incarceration."

Informed Americans have a tendency to search for origins, including the origins of jails and prisons. Larsen and Letteney note that:

> If it is origins that we are after, then we should probably say that the jail—defined as a separate purpose-built facility intended solely to detain people before trial—is an invention of Late Antiquity, while the prison's roots plunge deeper into history than our surviving date attests.

Historians, including Larsen and Letteney, are rarely satisfied that scant, or even multiple, accounts capture everything. Throughout this account, they stress that, at minimum, their research suggests "the extraordinary durability of carceral structures across time, and their fundamental imbrication with issues of class, ethnicity, gender, and imperialism." Moreover, their evidence highlights that:

> Choices to incarcerate, including how, whom, where, and why to cage people are just that—choices encoding an ideology of punishment that, in the absence of critical examination, we might mistake as obvious, natural, innocent, or without real alternative.

Larsen and Letteney conclude that:

> The Mediterranean world was no stranger to practices of incarceration that were at once violent and banal, and inequitable in ways familiar to our contemporary moment. Today gleaming courthouses send men, women, and children to dilapidated warehouses for deviant humans, with certain groups disproportionately targeted for incarceration. The ancient system's noble garb similarly veiled a nasty underbelly. Legislators and lawyers calmly debated the uses of incarceration, sparing a rare word on the violence inherent in practices they prescribed.

The historical lesson, it is argued, is that "the intention of incarceration often has little to do with its effects."

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"Prison is not a modern, medieval, or even late ancient invention. . . . It has a history of two millennia at least, and doubtless much longer."

Community Treatment

Carceral Citizens: Labor and Confinement in Puerto Rico

By Caroline M. Parker
University of Chicago Press
$30.00, 208 pages (2025)

In *Carceral Citizens*, University College London anthropologist Caroline Parker, after eight months of observation in Puerto Rico, tracks "the lives and labor trajectories of formerly incarcerated men who have been diverted to therapeutic communities as an alternative to prison and who have chosen to stay at these reeducation programs upon completing their mandatory court sentences to assume positions as peer counselors." Moreover, she describes "specific arrangements of labor and social life that are crystallizing in therapeutic communities" and examines how "the entrance of self-help into the work of criminal rehabilitation is shaping men's opportunities for social, economic, and political participation."

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**Russ Immarigeon, book review editor for the Journal of Community Justice, can be reached at 563 Route 21, Hillsdale, NY 12529; phone: (518) 325-5925; email: russimmarigeon@fairpoint.net.*

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Correctional self-help in Puerto Rico relies on "a surprisingly simple arrangement," Parker notes:

> Courts transfer incarcerated individuals from overcrowded prisons to therapeutic communities. These self-help initiatives undertake the work of "reeducating" those entrusted to their care. Eventually, residents who have completed their mandatory custodial sentences are given the option to *stay put*, to live in reeducation facilities for *free*, and are provided with internal positions as therapists, social workers, and counselors. In Puerto Rican therapeutic communities, the men who perform this work are known locally as *re-educados* ("reeducated men"). In exchange for their contribution to the running and functioning of these reeducation programs, re-educados receive free room and board along with various in-house privileges. Some who stay for many years eventually obtain waged positions. For the vast majority, though, this is a self-consciously "voluntary" kind of work whose reward is both more and less than a wage.

Four chapters in Parker's account cover:

1. The history of carceral citizenship in Puerto Rico through periods of industrial and post-industrial development and the rise of mass incarceration;
2. The experiences of re-educados as they take responsibility for "running and directing their own therapeutic communities";
3. The emergence and reformation of the daily lives of residents in one therapeutic community; and
4. Changes in civil commitment laws that have "massively widened the valve of justifications for confining people who use drugs and alcohol."

"Increasingly," Parker concludes:

> Civil commitment laws are consigning men without criminal convictions and without clinically diagnosed substance-use disorders to dwell in therapeutic communities for years at a time, consigning an expanded recruitment—beyond criminalization—into carceral citizenship.

Moreover, she argues that:

> The emergence of carceral citizenship in the late twentieth century as a contradictory, partial, and forfeitable mode of social membership is not a historical aberration that we can chalk up to neoliberalism nor some curious quirk of Puerto Rico. Instead, the emergence of carceral citizenship in Puerto Rico is just one particularly vivid instantiation of a broader reality of stratified and ambiguous citizenship that has been a defining feature of liberal citizenship in the United States since the Founding Fathers.

Carceral citizenship provides "undeniable and desperately needed benefits, [including] shelter, sustenance, various degrees of agency, and protection from more oppressive forms of confinement."

Carceral citizenship, Parker adds, provides the men in this study with "undeniable and desperately needed benefits, [including] shelter, sustenance, various degrees of agency, and protection from more oppressive forms of confinement (the most terrible and isolating of which is imprisonment)."

> It also holds a system of internally recognized qualifications, the possibility of a career path, of sorts, and, in some cases, publicity and media recognition. Then there is the brotherly sense of community, companionship, and even family that therapeutic communities can nurture. For penalty stigmatized men gazing down the barrel of Puerto Rico's bankrupt economy, armed with little in the way of educated capital and about to encounter some of the harshest colonial austerity policies seen in generations, these are hardly trivial benefits.

Still, Parker ends:

> What the re-educados who embrace this carceral livelihood will probably never obtain is the kind of life that is routinely idealized—indeed *promised*—by its contemporary reeducation, rehabilitation, and reentry projects—namely, a "return to society" as unmarked "full" citizens unencumbered by penal stigma, with a fair and equal shot at obtaining employment, housing, and recognition of this circumscribed carceral circuit.

Copies: The University of Chicago Press, c/o Chicago Distribution Center, 11030 South Langley Avenue, Chicago, IL 60628; phone: (773) 702-7010.

Louisiana

Captive State: Louisiana and the Making of Mass Incarceration

edited by Nick Weldon
The Historic New Orleans Collection
$19.95, 103 pages (2025)

Voices of the Formerly Enslaved in Louisiana

edited and introduced by Andrea Livesey
Louisiana State University Press
$65.00, 552 pages (2025)

Captive State: Louisiana and the Making of Mass Incarceration is the catalog of a Historic New Orleans Collection (HNOC) museum exhibit that stretched from July 2024 through February 2025. Curated by Eric Seiferth, Kevin Harrell, and Katherine Jolliff Dunn, this exhibit featured photographs, maps, portraits, physical objects, letters and journal entries, drawings, and charts. Photographs came from noted Louisiana photographers including Deborah Luster, Charles L. Franck, Dan Leyrer, Andrew D. Lytle, Leonard Freed, Robert W. Kelley, and Lori Waselchuk.

"Louisiana's present-day distinction as the world's incarceration capital is rooted in three centuries of history," the exhibit notes:

> Throughout this history, people in power have used systems of enslavement and incarceration to hold others captive for punishment, control, and exploitation. Black Louisianians have suffered disproportionately under these systems. Through historical objects, textual interpretation, multimedia, and data visualization, *Captive State* investigates these throughlines and arrives at an irrefutable truth: that the institutions of slavery and mass incarceration are historically linked.

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The story of Louisiana's prison history is told in two parts in *Captive State*:

> The first part outlines how Louisiana's colonial and early American governments created race-based systems of oppression through legislation, policing, imprisonment, and violence that matured as New Orleans became the hub of the domestic slave trade. The 13th Amendment to the Constitution, which abolished slavery except as punishment for a crime, permitted Louisiana to evolve its methods of racial control and embrace convict leasing and forced prison labor, particularly at a plantation known as Angola.
>
> The second part of the exhibition traces how the Louisiana Constitution of 1898, written to maintain white supremacy, enabled an era of mass incarceration in the 20th and 21st centuries. Through nonunanimous jury verdicts and "tough on crime" legislation, incarceration rates skyrocketed, with far-reaching impacts. Among them are the growing number of people serving life sentences without parole. This has resulted in an aging state prison population, making the work of incarcerated volunteers in the hospice program at the Louisiana State Penitentiary essential.

Concerning Louisiana's enslaved population, note the following: In the 1930s, the Works Progress Administration's Federal Writers' Project interviewed formerly enslaved people across the United States. Transcripts of these interviews were held at the Library of Congress. In the 1970s, the Greenwood Press published these state-based interviews with the exception of those from Louisiana. *Voices of the Formerly Enslaved in Louisiana* (Louisiana State University Press, 2025) presents these long-neglected interviews. (For a history of the Federal Writers' Project's work, see Jerry Mangione, *The Dream and the Deal: The Federal Writers' Project, 1935–1943* (Little, Brown & Sons, 1972)).

Copies: University of Virginia Press, c/o Longleaf Services, Inc., 116 South Boundary Street, Chapel Hill, NC 27514-3808; phone: (800) 848-6224; email: *orders@longleafservices.org*; Louisiana State University Press, c/o Longleaf Services, Inc., 116 South Boundary Street, Chapel Hill, NC 27514-3808; phone: (800) 272-6817; email: *orders@longleafservices.org.*

Restorative Justice

Restorative Justice at a Crossroads: Dilemmas of Institutionalization

edited by Giuseppe Maglione, Ian D. Marder, and Brunilda Pali
Routledge
$59.99, 264 pages (2025)

Storytelling for Crime and Justice: Toward a Creative Criminology: A Toolkit

by Martin Glynn
Routledge
$49.99, 214 pages (2025)

Restorative justice has a relatively extensive history in the United States and, more notably, internationally. Across the United States, restorative justice practice comes in many forms, with differing applications and characteristics. It is also far from being a dominant approach to criminal justice in most areas of the country. As with so-called "alternatives to incarceration," a major concern about restorative justice involves its implementation and, indeed, institutionalization. Does it, for instance, "widen the net?"

A major concern about restorative justice involves its implementation and, indeed, institutionalization. Does it, for instance, "widen the net?"

At the heart of the 12 articles in *Restorative Justice at a Crossroads* is the "central question whether restorative justice must, or indeed can, be institutionalized without being severely compromised and stretched beyond recognition, and, if so, under what conditions."

> [The articles are efforts] against the grain of our time, unlocking and then rebuilding that tangle of histories, theories, values, aims, and goals which constitute "restorative justice," in order to access its present condition and possible future developments. All deal with cutting-edge expressions of the institutionalization of restorative justice, like the new French and Italian legislation of restorative justice. Yet all engage in analyses which consider the historical development of this phenomenon, from its supposed indigenous roots to its links with abolitionism and radical informal justice practices.

In an opening chapter concerning the use of restorative justice in Australia and New Zealand, it is argued that "restorative justice has been transformed by its bargain with the state more than it has transformed criminal justice practices." Notably:

> Restorative justice has failed to fulfill promises such as rehabilitating offenders, reducing crime, and decreasing First Nations' overrepresentation in the criminal justice system—promises which endure as myths about the origins and use of restorative justice in both countries.

A review of the institutionalization of restorative justice in American cases of wrongful convictions argues that:

> There is a role for the state to be involved with restorative justice practices that address wrongful conviction, but . . . such involvement can only be justified if it is limited to a strictly administrative role whereby state officials serve, instead of manage, restorative justice processes directly controlled by the relevant parties.

Further, the article argues that restorative justice in such cases "would only be appropriate and legitimate if there are form measures in place to ensure that exonerees receive adequate compensation and holistic re-entry services."

Another American-oriented article includes one that proposes a model of restorative governance wherein restorative justice principles and practices "could be leveraged within and between governments and communities for the purpose of policy development." Still another article tackles the scaling up of restorative justice and notes the challenges of "recruiting and training facilitators to handle the increased caseload, and the difficulty of avoiding bureaucratization and centralization." One possible remedy would be "recruiting and training facilitators from the local community [to] improve restorative justice programming by making facilitators more representative and responsive to the local community." Program design, it is argued, "should focus

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on safeguarding the core restorative justice principles of stakeholder control and informal, flexible, and locally responsive processes rather than resisting all forms of professionalization and institutionalization."

Other articles assess the implementation challenges in Brazil, Denmark, France, Germany, Italy, and New Zealand.

In a concluding article, the editors note that:

> [The] fundamental demand [of this compelling set of articles is] a call for the restorative justice movement to keep alimenting its quest for justice. The risk is not accepting or rejecting the institutionalization per se, but acquiescing to this dynamic, its forms and effects, as normal, inevitable, and unworthy of critical attention.

In *Storytelling for Crime and Justice*, Birmingham City University criminologist Martin Glynn, also an actor and crime writer, provides educators with a compact, practice-oriented guide to navigating storytelling for what he calls "the complex terrain of crime and justice." Nearly a dozen chapters cover:

- Storytelling processes;
- Ethical storytelling;
- The use of historical stories;
- Storytelling skills;
- Performing stories;
- Poetic inquiry;
- The dramatization of stories;
- Stories as a topic of conversation;
- Audio and visual storytelling;
- The convergence and performance of autobiography and ethnography; and
- The use of crime fiction.

Glynn concludes with a set of principles for a "creative criminology" that draws on the past and on indigenous methods, never becomes static and engages with communities, connects ideas and insights, builds partnerships, and evaluates its impact.

Copies: Routledge, c/o Taylor & Francis, Inc., 7625 Empire Drive, Florence, KY 41042-2919; phone: (800) 634-7064.

Good Stories

Narrating Justice and Hope: How Good Stories Counter Crime and Harm

edited by Lois Presser, Jennifer Fleetwood, and Sveinung Sandberg
New York University Press
$32.00, 280 pages (2025)

"The moment in which we live teems with harms and hardships," note American, British, and Norwegian criminologists Lois Presser, Jennifer Fleetwood, and Sveinung Sandberg. In *Narrating Justice and Hope*, they elicit "stories that have emerged in the shadow of such troubles." Furthermore, they add that although "narratives inspire and legitimize actions and arrangements that cause suffering and injustice, our focus in this book is on how narratives can also do good." They add:

> By "good stories," we mean stories and storytelling that contribute to comfort, safety, and support and reduce suffering. This book addresses the following questions: How do people create good stories even as they face hardship and danger? What kind of narratives might effectively produce social change? What does it take to tell good stories? What are some pitfalls in trying to tell good stories? What are good stories, anyway?

"What kind of narratives might effectively produce social change? What does it take to tell good stories?"

Narrating Justice and Hope contains nine chapters over the course of two parts. The first part examines stories that do good; the second part examines stories that are effective in their telling. In the first part, four chapters cover the following topics:

1. Street crime- and substance abuse-related stories reveal "changed selves and better circumstances" through four types of storytelling (uplifting, healing, harm-limiting, and imaginative) that "have the effect of reducing some suffering; creating a sense of well-being in the moment; redirecting some (more) harmful trajectories; and envisioning a better future."
2. Narrative portraiture reveals the stories of two Massachusetts ex-prisoners who "told positive stories about their time in prison, recounting, for example, their having discovered community; grown intellectually, spiritually, and socially; and having arrived at beneficial self-understands."
3. "Drawing on street cultural tropes typically associated with criminality, such as the pursuit of a lavish lifestyle," it is found that British home raps "make space for the possibility of pursuing legitimate rather than criminal careers. The raps center joy and flourishing as well as triumph over the tedium of prison and the injustice."
4. Within the context of climate disaster, American and Cuban eco-villages discover "community as a unified protagonist and envision 'outsiders' as potential insiders to the community."

In the second part, five chapters discuss the following topics:

1. Using Martin Luther King, Jr. speeches, narrative storytelling is viewed as strengthening philosophical arguments.
2. A probation officer's life stories are seen as helpful to a woman she supervises.
3. Stories of young climate activists are related to "highly compelling stories of human rights."
4. Sexual violence narratives can turn "bad stories into good in the sense of being crucial and consequential."
5. Narratives about political advocacy can overcome "a sense of false intimacy with victims of injustice."

Copies: NYU Press, 838 Broadway, 3rd Floor, New York, NY 10003; phone: (800) 996-6987.

Substance Abuse

Rehab: An American Scandal

by Shoshana Walter
Simon & Schuster
$29.99, 316 pages (2025)

Alcohol and drug abuse and addiction have long confronted the criminal justice system, communities, and society in general. Each has undergone historical periods of simply being ignored, or of being the focus of hopeful (and even effective) remedies. None has moved very far from professional concerns or personal consciousness, and serious sentiments and regular despair persist. Some years ago, the commissioner of substance abuse services in New York City shook his head, somewhat resigned, when the number of methadone overdose deaths

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outnumbered the number of opioid deaths. And so it has gone for quite some time.

In *Rehab*, Marshall Project investigative journalist Shoshana Walter zeros in on four Americans from different sections of the country to listen in immediate and longitudinal depth to their experiences: April Lee, a Black Philadelphian who survives both her mother's and her own addiction; Chris Koon, a middle-class White guy who received treatment rather than incarceration; Wendy McEntyre, a wealthy Los Angeles mother whose son overdosed while residing at a sober-living home and who investigated Affordable Care Act-related treatment programs; and Larry Ley, an addicted Indiana surgeon who came to the attention of federal drug enforcement agents.

Thousands of American men and women are coerced or desperate to enter substance abuse treatment only to "falter and fail." Although many people are indeed able to address their situations individually (probably with the help of family, friends, available services, or just plain determination), many, too, are dependent upon a system of substance abuse services. "This system [h]as been transformed and emboldened by federal policies," Walter states, "but was ultimately governed by a uniquely American approach to addiction treatment," namely, "a philosophy that lurched between personal responsibility and punishment."

Walter argues that the substance abuse treatment industry is in large share "driven by the need for profit." While the need for such services is evident, she adds, it is "a system that all too often seems to believe people struggling with addiction deserve their fate, up to and including death."

"Rehab programs definitely help people recover," Walter states:

> For the worst cases of addiction, some treatment is better than none. But the success of a program often hinges on what happens *after* people leave and what kind of support and opportunity patients have to fall back on. As lawmakers went all in on treatment, these changes laid bare the gaps in our social safety net that led people—including those who attended rehab—even more vulnerable to relapse and death.

"Given the severity of America's drug crisis," Walter suggests, "it might sound like a turn toward more rehab is a good thing. When rehab works, it can save lives. It can mend families and be among the most redemptive narrative arcs in a person's life." But "too often," Walter adds, "rehab not only fails to help people but also contributes to a cycle of relapse that can prove deadly. Despite the rehab industry's many claims, there is a no magical cure for addiction. . . . Only by understanding this pattern and seeing how it plays out in our treatment system," which is the purpose and goal of Walter's four extended stories, "can we begin to understand how to do better."

"Treatment helps people recover," she concludes:

> But too often, people in need still have trouble accessing treatment, and when they do, it is often prohibitively expensive and short-lived, punitive, and transactional. Routes to treatment are still largely funneled through the criminal justice system and through a profit-driven healthcare system that prioritizes profit over individualized patient care. And when rehabs exploit patients for profit, poorly equipped regulators are loath to stop it.

Copies: Simon & Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020; phone: (212) 698-7243.

"The success of a program often hinges on what happens *after* people leave and what kind of support and opportunity patients have to fall back on."

Chasing Opioids

A Perspective on Opioid Addiction

by Jay Schulkin and Bryce Hueber
Columbia University Press
$30.00, 280 pages (2025)

Opioid use has an extensive history that is typically unacknowledged, or at least overlooked, in contemporary efforts examining, and responding to, opioid addiction. In *A Perspective on Opioid Addiction*, neuroscientist Jay Schulkin and philosopher Bryce Huebner delve into a complex "entanglement with the opium poppy" simply "to introduce the idea that human capacities to explore, test, and catalog have had a significant impact on our evolved vulnerability to addiction." Also, they posit that "we have organized our societies and cultivated forms of teaching and learning that have minimized the impact of many ecological and social changes."

In this account, Schulkin and Huebner argue that:

> Chasing opioids is a perversion of the natural tendency to pursue viability. Searching for and consuming opioids can occupy and exhaust the capacities that would typically sustain the pursuit of viability, leaving few resources to navigate other challenges to seek out other opportunities.

That said, they add, with emphasis, that:

> Opioid addiction differs from most other forms of habitual thought and behavior. Opioids crowd out other habits, allowing predicted rewards to become more potent and experiences of satisfaction to become much too brief. When this happens, people often try to prolong the reward by seeking bigger doses or stronger drugs. This can lead to an increased tolerance, driven by a seductive and dangerous attempt to pursue an unachievable sensation. But it can also yield isolating experiences, given the impact of embodiment, action, social engagement, and engagement in the larger culture.

Most importantly, Schulkin and Huebner state:

> The *biological* changes evoked by opioids always interact with the structure of the *social* and *ecological* world. . . . There are numerous complexities involved in the experience of opioid addiction, The drive to alleviate withdrawal, obsession, and narrowing of focus can become pervasive in experience. The feeling of comfort can depart and be replaced by an obsession. Over time, higher doses of the drug become necessary, and the pain of withdrawal tends to increase. The result is an endless obsession with finding and using opioids by any means necessary. However, this rarely is where the story ends. These effects always reflect complex relationships between brains, neurotransmitters, and social contexts. Put somewhat

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differently, addiction is always a physiological, psychosocial, and existential phenomenon, and the effects of addiction can unfold across numerous different dimensions, including factors that are shaped by social status.

Addiction has many forms, but opioids make it clear that we are all in this together. It is in all of our interests to respond to the needs of others and recognize them as *humans* whose lives and well-being *should be* matters of concern to me, you, and us. There is no guarantee that the sense of being in this together will help us all see our roles in helping the people in our communities to thrive and flourish where possible. But we need to go one step further; we must attempt to understand all human lives as rich sources of possibility. By cultivating a reasonable degree of awe toward the diversity and beauty of people, we can begin to reveal pathways for creatively transforming experiences.

Copies: Columbia University Press, 61 West 62nd Street, New York, NY 10023; phone: (212) 459-0600; website: *https://cup.columbia.edu*.

Treating Addiction

Mother of Methadone: A Doctor's Quest, A Forgotten History, and a Modern-Day Crisis

by Melody Glenn
Beacon Press
$28.95, 231 pages (2025)

In *Mother of Methadone*, Melody Glenn's account of her own search for a clear and satisfactory approach to the medical treatment of opiate addiction, the "mother of methadone" is Marie Nyswander, whose story was perceptively chronicled nearly six decades ago in journalist Nat Hentoff's *A Doctor Among the Addicts* (Rand McNally & Company, 1968).

Early in her career, Nyswander wrote *The Drug Addict as a Patient* (Grune & Stratton, 1956), which, in Glenn's words, "posited that:

> Addiction was a medical disease, not a crime in need of incarceration, and [Nyswander] made the radical claims that patients should enter treatment of their own accord instead of being forced by the carceral system; doctors should abandon their patients who wished to only cut down on their use instead of quitting; and maintenance treatment with morphine and heroin should be considered a viable option for some users.

A decade later, in 1966, according to Glenn, Nyswander and her colleague Charles Terry published a *Journal of the American Medical Association* article claiming value in what would come to be called methadone maintenance. "For the first time," Glenn adds, "[they] were suggesting that an opioid-free existence did not need to be the goal of addiction treatment."

"For the first time, they were suggesting that an opioid-free existence did not need to be the goal of addiction treatment."

The Nyswander-Terry approach quickly came under reproach, resistance, and even repulsion. Eventually, addiction prevention and treatment services caught on to an extent still not fully embraced, and, eventually too, Glenn came to accept such services "as a version of safer supply" in her larger claim that "addiction treatment was a standard part of emergency medicine."

In *Mother of Methadone*, Glenn, an emergency medicine medical practitioner, writes of her own history as an advocate and service provider within the context of Nyswander's own evolution as an administrator, researcher, and advocate. Glenn greatly admires Nyswander's work, although she is often uncertain about aspects of it.

As suggested, Glenn uses previous authors' writing about Nyswander and her work. Nat Hentoff's account was clearly important to her, but, because Nyswander's writing was more academic than autobiographical, valuable background information was provided by historian David Courtwright, who interviewed Nyswander and many of her colleagues for his book *Dark Paradise: A History of Opiate Addiction in America* (Harvard University Press, 2001), and Nancy Campbell, who wrote a history, *The Narcotic Farm: The Rise and Fall of America's First Prison for Drug Addicts* (Abrams, 2008), about the Kentucky treatment facility where Nyswander first delved seriously into addiction services. Courtwright also directed Glenn to valuable archival materials, including some of Nyswander's private correspondence.

Overall, Glenn's memoir provides a welcome personal exploration of aspects, challenges, and dimensions of addiction treatment. Glenn raises critical points and concludes, in a chapter emphasizing grassroots-based remedies, that many recent proposals for addiction treatment are limited because they restrict the use of methadone to far too few board-certified addiction physicians. She acknowledges the use of "supervised consumption" sites but argues for a framework that assesses new proposals in response to the questions:

> Does it treat addiction like a crime or a medical condition? Is it focused on the supply or the demand? Is it rooted in stigma of the humanity of people who use drugs? And did people who use drugs have a seat at the table?

Glenn concludes by stating that: "If we want to heal our communities and end our country's overdose epidemic once and for all, harm reduction must be the foundation upon which everything is built."

Copies: Beacon Press, 24 Farnsworth Street, Boston, MA 02210-1409; website: *www.beacon.org.*

Wrongful Conviction

Stitching Freedom: A True Story of Injustice, Defiance, and Hope in Angola Prison

by Gary Tyler with Ellen Bravo
Atria
$29.00, 284 pages (2025)

Louisianian Gary Tyler, an Afro-American 16-year-old, was convicted, speedily without competent or effective counsel, of a homicide he did not commit. The victim of the alleged homicide was a 13-year-old White boy. Local authorities were impatient to find the perpetrator, and Tyler was sitting on a school bus with a busload of other kids at the time. Before boarding the bus, he had been searched by a local sheriff's deputy, who found no weapon on him, and the bus driver, a military veteran, heard no shots coming

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from within the bus. However, two girls and a boy testified that Tyler possessed a gun on the bus (hiding it in a slit in his seat). But, as they later confessed to Tyler—who had already been incarcerated for many years, including extended stays on death row and solitary confinement—they had been threatened by law enforcement officials to multiple decades of incarceration if they told the truth, which was that Tyler had no gun and did not take any shots. Prosecutors and judges over Tyler's four decades of confinement persistently stuck to the story that Tyler was guilty.

Stitching Freedom is an easily read and legally compelling memoir of Tyler's 42-year journey to freedom, which eventually resulted not from pardon or parole board hearings, but from Supreme Court decisions. Over this period of time, Tyler provides swift, quickly told details of his youth, his arrest and conviction, and his life after finally being released from custody in 2016. But at the core of this slim, well-worth-reading account is the trajectory of Tyler's experiences behind bars. Tyler matures from a scared kid to an adult widely respected by different factions of his prison's population and by correctional and law enforcement officials, as well.

As Tyler notes, he is not "a policy wonk." Still, *Stitching Freedom* is a clear-headed call for a justice system that is able to get its facts straight and to allow, or at least enable, sincere efforts to allow for healing. Tyler is never allowed to share his sympathies with the family of the victim whose death resulted in his wrongful incarceration. Instead, he focuses on giving credit to those who befriended or supported him over the course of his imprisonment.

In the aftermath of his release, Tyler notes: "the sense of awareness I'd gained after my years in solitary confinement. I knew how and why I had been unfairly treated and why I had to stay strong and keep fighting." While incarcerated, he adds, "there was no ray of light whatsoever, but I knew I couldn't give up because there were so many supporting me."

Tyler concludes:

> I also want people to know that, despite what an individual's been through, they can come out of a dreadful situation whole and not be broken or bitter—if they can find community, engage in meaningful activities, and stay focused on the truth, on what is just and right.

Copies: Atria Books, c/o Simon & Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020.

Death Penalty

The Volunteer: The Failure of the Death Penalty in America and One Inmate's Quest to Die with Dignity

by Gianna Toboni
Atria
$29.99, 316 pages (2025)

In *The Volunteer*, journalist Gianna Toboni writes of Scott Dozier's journey from genial guy to big-time Las Vegas drug dealer to death row inmate. In the process, she uncovers aspects of Dozier's criminal and non-criminal life, the inadequacy of his legal representation, the inherent brutality of prison life, and the perverse peculiarities of execution practices and protocols.

Dozier was sentenced to death for two brutal murders and housed at Nevada's remote Ely State Prison. Dozier committed these murders, and he makes no claims of innocence. The focus of *The Volunteer* is Dozier's persistence in having his execution take place; he advocates for his execution. Dozier, a surpassingly social person, did not want to die; rather, he wanted no part of a life-long term of isolated incarceration.

"Something about the dehumanizing otherworldliness of prisons hardens people on both sides, to where end-of-life conversation sounds more like scheduling a mail delivery."

As Toboni describes the administration of life at the Ely State Prison's capitally-sentenced unit, she notes: "Something about the dehumanizing otherworldliness of prisons hardens people on both sides, to where end-of-life conversation sounds more like scheduling a mail delivery."

Even more problematic, at least for Dozier, was that he was brought to the edge of execution—once within minutes of it—without it actually happening, resulting in his return to solitary confinement. After his second near-miss, he was placed in solitary, ostensibly for a mental health evaluation to counter a suspected suicide, for an extraordinary and extralegal period of time that extended the likelihood of mental breakdown or suicide.

Throughout this compelling account, journalist Toboni notes the exceptional interpersonal connections, not just between Dozier and herself (which she never intended) but between Dozier and many of the correctional officers (who were largely assigned to monitor his custody).

The Volunteer can be faulted for not giving attention to the victims of Dozier's crimes, but that would have required another book if they were to receive similar detail. In this account, which captures letter, phone, email, and in-person communications over the course of nearly a year, Toboni covers Dozier's family, his siblings, his girlfriends, his male (and drug-running) friends, his lawyers, corrections officers, and high-level prison officials, especially Ely State Prison wardens.

"When I think back on my time with Dozier," Toboni reflects about their nearly year-long "life" of letters, phone calls, internet connections, and in-person meetings,

> I realize the power in the lessons he taught me. He was convicted of brutal acts of violence, the kind that reverberate through communities and down generations. But he also helped me to see that it wasn't my job to judge him. It wasn't my job to see him as anything other than human. He allowed me to recognize that when we see the outcasts of society—the mentally ill, the unhoused, death row inmates, perpetrators of violence—they, too, have a story, they, too, were once a child, and they, too, are entitled to our compassion.
>
> Dozier may have deserved to get locked up, but he also deserved to be treated humanely by his own government. He was right to question why the death penalty exists if states cannot carry it out. He was right to ask whether lifelong prisoners should be able to opt for death—attempting suicide, not knowing if he would succeed—to alleviate his and his family's suffering. In doing so, a man who had no shot at ever getting out of prison was finally released.

Copies: Atria Books, c/o Simon & Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020. ■

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formerly incarcerated men across three U.S. states, with data collected from pre-release to six to nine months post-release, they identified key relationships between family support, conflict, and desistance from criminal or antisocial behavior. As family conflict increased, respondents were 64% more likely to engage in drug use, increasing chances of recidivism (Mowen & Visher 2015).

David shares that family support after release was an important source of emotional support and motivation for him to stay on track with life, even though his family lived far away:

> When I first got out, it was [my] supportive family saying: "Hey, we are glad you did your time. We're glad you're here." However, support comes in different forms [as my family lives far away]. I could call them up on the phone, but to be physically present with me or to give me a hug, …. they're not here in that sense. [Still,] I use them [as] emotional support or a driver for me saying: "Hey, I have family waiting for me. I have family looking from afar to see how I'm doing, checking in with me to make sure that I succeed in life," and it's just like a cheering squad.

Challenges faced by individuals during reentry can, in turn, fuel family conflicts, leading to these individuals losing family support. Mowen and Visher (2015) note that among family members who identified drug use as an issue with their recently released relative, 77% reported that the drug use led to more conflicts within the family (Link et al., 2019). Families may respond by detaching themselves from the individual. In a study of over 100 recently released men and women in Massachusetts, Western et al. (2015) found that family support was weakest among those with histories of drug addiction and mental illness, and for those over the age of 44. Among participants in three post-release interviews, 40% of those over 44 and 30% of those with mental illness or addiction reported never receiving family support (Western et al., 2015).

The high recidivism rates in the United States, and their link to health issues, indicate that current healthcare interventions are insufficient to address the health needs of individuals during incarceration and reentry.

Lack of Healthcare During Incarceration

Despite the significant role health issues play as a stressor for recidivism, healthcare services offered during incarceration are often insufficient to address individuals' physical and mental health needs. For instance, Brinkley-Rubenstein and Turner (2013) found that HIV-positive inmates frequently experience delays in medical treatment and receive substandard care (Brinkley-Rubinstein & Turner, 2013). David shares similar concerns about the lack of adequate healthcare in prisons, particularly highlighting the poor handling of mental health issues:

> Well, I don't know what people in society think about how much healthcare we really have in prison. We don't. [In my experience], if you try to talk to a psych, they will label you as you needed help… and it goes into a category of "you're losing your mind" kind of thing. But they really didn't offer too much about that mental health … if I ever say that I needed help or talk to the psych, then going to board, it would look bad.... These kind[s] of services, they might say they have 'em, but I've never really seen them work for a lot of people unless they're losing their minds.

A study of inmates with mental illnesses across the Midwest and East Coast by Canada et al. (2022) found similar attitudes among incarcerated individuals toward healthcare providers in prison (Canada et al., 2022). Inmates reported feeling not being believed and not having their problems adequately addressed in interactions with prison healthcare providers. Many felt mistreated due to their incarcerated status, with providers assuming they faked ailments to escape their housing unit or gain attention. Such mistreatments often lead to inadequate treatment, creating distrust of the medication provided and doubts about the professionalism of the providers.

Ethan echoes these inadequacies, stressing the minimal and low-quality nature of prison healthcare:

> They do provide healthcare, but it's not quality care in the sense that you're not paying into an HMO, so you get the bare basics, you get the minimum, and you get the lifesaving treatment protocols. But as far as quality healthcare, I never really experienced quality healthcare.

As a result of the limited access to healthcare in prison, Ethan highlights the "little things" that prison healthcare fails to address:

> If you have an inability to walk and you can't get a cane, [it may be because] they're backlogged and don't have the orders out. Stuff like that. Or people with hearing aids that require batteries, and then the medical department runs out of batteries. So, it's little things that shouldn't happen, but happens.

It is important to note that inadequate healthcare in prisons often stems from systemic inequalities between prison and outside healthcare rather than from individual providers. According to Canada et al. (2022), study participants recognized that healthcare problems were rooted in the carceral system and prison structure, rather than the healthcare providers themselves (Brinkley-Rubinstein & Turner, 2013). Poor working conditions in prisons drive good healthcare providers away, leaving behind those who either lack a medical license or have been reprimanded in their profession, limiting their job options. Moreover, many state prisons are located in remote rural areas, making it difficult to recruit and retain healthcare professionals (Ramezani, et al., 2022; Redemske, 2018). Both prisons and jails also face the barrier of high patient volume relative to the limited number of medical staff available, and jails experience the additional burden of short stays and high turnover among their populations, making continuity of care especially difficult. Challenges of recruiting and retaining specialized healthcare providers further erode trust in prison health services, particularly because carceral healthcare is not held to the same standards as community-based healthcare, which can also contribute to lower quality care. Thus, systemic issues within the carceral system lead to inadequate healthcare in prisons, generating further distrust among incarcerated individuals and creating additional barriers to accessing necessary healthcare.

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Many state prisons are located in remote rural areas, making it difficult to recruit and retain healthcare professionals.

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Racial Health Disparities and the Impact of Incarceration on Communities

Research has shown that incarceration affects not only individuals and their families but also entire communities and neighborhoods. A 2018 study found that nonincarcerated Black individuals living in neighborhoods with high incarceration rates are at a significantly higher risk of developing various health conditions (Toppel et al., 2018). Specifically, they were 57% more likely to have hypertension, 80% more likely to have dyslipidemia, 50% more likely to have diabetes or pre-diabetes, and 48% more likely to have metabolic syndrome. Higher community incarceration rates have also been linked to increased rates of sexually transmitted diseases and teenage pregnancy (Binswanger et al., 2012). These health risks collectively contribute to lower life expectancy in neighborhoods with high incarceration rates, where mortality rates are 3% higher compared to communities with low incarceration rates (National Academies of Sciences, Engineering, and Medicine et al., 2019).

The health impact of incarceration poses a disproportionate threat to Black communities, contributing to racial health disparities in the United States. According to a study conducted by the Jail Data Initiative (JDI) in collaboration with The Pew Charitable Trusts, Black individuals in the United States were four times more likely than their White counterparts to be incarcerated (Pew Trusts, 2023). The study, which analyzed 595 jails across three counties during the COVID-19 pandemic, further revealed that while the average number of White individuals in incarceration increased by less than 1%, the number of Black individuals increased by 8% (Jail Data Initiative, 2022).

Racial health disparities stem from the racial inequality inherent in the justice system and from incarceration's risks to the well-being of incarcerated individuals' families and communities. Research has found that families of incarcerated individuals experience instability and lack of economic support (Western & Pettit, 2010). Children aged 0 to 6 of incarcerated parents experience significant adverse effects, with 80% showing impaired cognitive skills and 75% experiencing poor physical health (Herreros-Fraile et al., 2023). This impact is amplified among U.S. Black children, for whom one child in every 15 has an incarcerated parent, compared to one in every 110 for White children (Noonan, Velasco-Mondragon & Wagner, 2016).

As lack of healthcare persists in incarceration and reentry, incarceration's impact on the health of families and communities is further worsened. With the average prison term being less than 2.5 years, approximately 95% of incarcerated individuals will eventually be released, reintroducing their health concerns into their communities (Herreros-Fraile et al., 2023). Among state-incarcerated individuals, 50% report being uninsured at the time of their arrest, and pre-Affordable Care Act (ACA) estimates suggest uninsurance rates ranging from 40% to 90% among the formerly incarcerated (Testa & Porter, 2023). Therefore, improvements in healthcare for incarcerated and formerly incarcerated individuals can have a holistic positive impact, offering a solution to health issues not only for individuals but also for their families and communities.

> still impossible to be seen by a doctor. When you [are released and are] trying to get your medical records sent to you, it's just a big loophole of doing that. It was hard for me to get my Medi-Cal card coming out here, so I'm barely in the transition [from incarceration healthcare]. I've been out almost five months. I haven't found or seen a doctor or a dentist. So, there's two different worlds [of healthcare in incarceration and after incarceration].

Fragmented healthcare is a significant issue faced by individuals during incarceration and reentry. In the United States, fragmented healthcare delivery and poor communication are major contributors to medical errors, which are the third leading cause of death (Sipherd, 2018). This issue is especially prevalent among incarcerated populations. For instance, Burkett et al. (2023) found that incarcerated individuals are disproportionately diagnosed with cervical cancer compared to non-incarcerated individuals, at rates of 32% versus 12%, respectively (Burkett et al., 2023). According to the study, fragmented care during transitions—such as jail-to-prison, prison-to-hospital, hospital-to-prison, and community reentry—is a significant challenge in maintaining continuous quality care for incarcerated individuals. The intersection of health and gender in incarceration further complicates these challenges. Women are experiencing rates of incarceration that are growing at twice the rates of men, yet because they still constitute a minority in the overall incarcerated population, their healthcare needs are not prioritized. As a result, incarcerated women find themselves at the intersection of numerous health disparities (Burkett et al., 2023).

Collaboration between healthcare personnel and line staff in prisons can improve communication about patients' health issues—although this must be carefully balanced with privacy concerns.

Enhancing In-Prison Healthcare as a Solution to Recidivism

Improving healthcare services within prisons is crucial for addressing the health needs of incarcerated individuals and reducing recidivism rates. Ethan advocates for increased investment in healthcare for incarcerated individuals, emphasizing the importance of initiating care immediately upon entry into prisons during intake processes:

> I think that what needs to happen is that screenings need to be more in-depth. I think that if you're going to spend money on [healthcare in prisons], you're going to spend up to $120,000 for each inmate or each prisoner, depending on the state. Care needs to begin first when you first do your orientation, when you first do your intake.

David underscores the need to extend healthcare post-release, reflecting on his own challenges in accessing care post-release due to the differences between prison healthcare and post-release healthcare.

> When in prison, you only really see a doctor when you are in imminent danger, so you are not getting seen, and the prison sets it up for you. Out here, I have no medical card; it is

The Impact of Collaborative Healthcare

To address fragmented healthcare for incarcerated populations, Tadros, Barbini & Kaur (2023) propose

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collaborative healthcare, an approach that involves cooperation and communication between different healthcare professionals, enabling integrated, multi-perspective healthcare delivery for patients. For example, collaboration between healthcare personnel and line staff in prisons can improve communication about patients' health issues—although this must be carefully balanced with privacy concerns. Healthcare professionals do not provide around-the-clock care, but line staff are in direct contact with incarcerated individuals 24/7. Because correctional staff are not bound by the same medical confidentiality standards as healthcare providers, however, there are inherent limitations to how much personal health information can be shared. One way this can be operationalized is by creating structured communication protocols, such as sharing only essential information related to safety or urgent care needs while maintaining individuals' rights to confidentiality. In this way, effective collaboration and communication can obviate healthcare delays and prevent diseases from escalating without compromising the dignity and privacy of incarcerated patients.

Given limited medical staff and resources in carceral settings, collaborative healthcare becomes crucial for delivering comprehensive and timely health services. Collaborative healthcare can mitigate resource constraints by enabling healthcare providers to engage in advanced practice and assume nontraditional roles (Burkett et al., 2023). For instance, partnerships between primary care providers and pharmacists not only aid in disease management but also improve medication oversight through pharmacists' expertise in nutrition counseling, allergy identification, and substance abuse management. This collaborative approach addresses all facets of health—physical, psychological, social, and spiritual—promoting holistic treatment rather than focusing solely on medical interventions like medication.

Ethan shares similar attitudes regarding holistic healthcare, emphasizing that healthcare for incarcerated individuals should include education on diet, increased availability of healthier food options in prisons, and improved access to healthcare services:

> I think there needs to be better nutrition, better education in terms of educating people about health. I think there needs to be more opportunities to eat a variety of fresh foods and fruits and vegetables. And I also think there needs to be more adaptability with the medical and mental health profession where there's a hotline or an email that somebody can contact and actually reach out to somebody.

Holistic care that includes physical, mental, and social dimensions is more likely to prepare individuals to manage their health after release and to avoid preventable health crises that can hinder reentry. The Transitions Clinic Network (TCN), a national network of community-based primary care clinics that serve individuals recently released from incarceration, offers additional insight into the long-term impact of continuity and coordination in care (Shavit et al., 2017). Shavit et al. (2017) finds that improved coordination between correctional and community-based healthcare systems is associated with reduced acute care after release (Burkett et al., 2023). Although early engagement in care alone does not significantly reduce recidivism, the overall health improvements driven by better coordination and referral pathways are foundational to stability post-release. This suggests that addressing healthcare fragmentation is a critical component in supporting successful reentry, because poor health can exacerbate barriers to employment, housing, and social reintegration. By investing in integrated, holistic care, we not only improve individual health outcomes but also reduce recidivism and advance public health equity.

Ensuring access to adequate healthcare during and after incarceration is critical for breaking cycles of illness and incarceration, thereby improving public health, reducing recidivism, and enhancing societal well-being overall.

Including Individuals with Lived Experience in Healthcare Staffing

An often overlooked yet crucial aspect of enhancing healthcare in prison and post-release settings is the inclusion of individuals with lived experience—those who have been incarcerated themselves—in healthcare staffing. These individuals bring invaluable insight into the specific healthcare challenges faced by incarcerated populations, including the barriers to accessing care and the shortcomings in the system that may be invisible to those without direct experience. Their perspectives can drive more empathetic, patient-centered approaches and can lead to more effective solutions.

The work of the TCN illustrates the value of peer-led, community-based approaches to reentry. Aminawung et al. (2021) find that formerly incarcerated community health workers (CHWs) play a critical role in engaging returning citizens in primary care. These CHWs not only address medical needs, but also help participants navigate housing, transportation, and employment challenges—needs that often go unrecognized by traditional providers. Notably, 79% of participants had interactions with CHWs outside the clinic, underscoring their role as essential connectors (Burkett et al., 2023). Shared lived experience helps build trust and reduces the sense of alienation that can come with interacting with institutions post-incarceration.

Having staff with lived experience not only humanizes the healthcare system but also ensures that it is more attuned to the realities of incarcerated and formerly incarcerated individuals. These individuals can serve as liaisons between healthcare providers and the incarcerated population, offering insights into how healthcare delivery can be better tailored to meet the needs of those in prison or transitioning to life after incarceration. They can also act as mentors, helping newly released individuals navigate the complexities of healthcare systems, particularly when reentering society, where access to services can feel fragmented and overwhelming. As Lebel, Richie & Maruna (2015) note, formerly incarcerated individuals who take on mentorship and support roles often experience personal transformation themselves. By helping others, they can support desistance and reconcile with their past—shifting from being seen as "the problem" to becoming part of "the solution" in reducing crime and recidivism, while also advancing community safety and wellness (Lebel, Richie & Maruna, 2015).

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As Ethan highlights, incorporating more flexibility into healthcare access, including mental health services and nutrition, is crucial. Having those with lived experience on staff could help bridge the gap between theory and practice, ensuring that solutions are both feasible and relevant. Moreover, this approach helps to empower formerly incarcerated individuals by giving them roles that contribute directly to breaking down the barriers that once held them back. By integrating their experiences and knowledge into healthcare practices, we can create more supportive environments that enhance both physical and mental well-being for those currently incarcerated and those reentering society.

Conclusion

Improved disease treatment and prevention through collaborative healthcare can reduce hospitalizations and empower individuals to manage their health upon release (Burkett et al., 2023). Given the significant impact that individuals' health has on recidivism, community health, and family well-being during reentry, post-release good health resulting from collaborative healthcare will positively influence both individual and public health. Providing quality healthcare for incarcerated populations is essential for promoting comprehensive health equity and affirming the dignity and care owed to all individuals, regardless of their circumstances. This commitment goes beyond being a societal responsibility funded by taxpayers; it is a cornerstone of efforts to build healthier communities and promote justice within our justice system. Ensuring access to adequate healthcare during and after incarceration is critical for breaking cycles of illness and incarceration, thereby improving public health, reducing recidivism, and enhancing societal well-being overall.

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The Arches Transformative Mentoring Program in New York City pairs "credible messenger" mentors with young probation clients and uses an interactive journaling curriculum based on cognitive behavioral therapy. A quasi-experimental evaluation found that participants had 69% lower felony reconviction rates 12 months after program entry and 57% lower rates 24 months later compared with matched peers (Lynch et al., 2018). Qualitative data indicate that mentoring improved self-perception, relationships with family and peers, and emotional regulation (Lynch et al., 2018). These results illustrate the power of reflective practices, mentoring, and CBT to address the psychosocial determinants of reoffending.

Transition Specialists and Reentry Supports. A 2021 study of transition specialists working with youth returning from incarceration found that engagement with school, employment, and community was a strong predictor of reduced recidivism (Sinclair, Unruh & Kelly, 2021). Transition specialists used three strategies: matching youth with job opportunities based on their interests and strengths, leveraging familial and social contacts to connect youth to employers, and developing job-readiness skills. The study stressed the importance of trauma-informed services, youth engagement, and wraparound supports that address housing, mental health, and transportation (Sinclair, Unruh & Kelly, 2021). In rural areas, reentry plans must account for transportation challenges and limited-service availability. A brief from the National Reentry Resource Center (2025) emphasized partnerships with families, businesses, and community organizations and early reentry planning to improve educational and vocational outcomes.

Positive Youth Development and Community Collaboration. Positive youth development (PYD) frameworks emphasize strengths, resilience, and supportive relationships rather than deficits. Slides developed by researchers highlight that successful reentry programs integrate workforce preparation, family engagement, and community mentoring while adopting trauma-informed and culturally responsive approaches (De Nike et al., 2019). Relationships with caring adults are crucial; consistent mentors help youth navigate educational and employment pathways. These principles align with the credible messenger model and with apprenticeship programs that provide mentorship and supportive services to improve work, life, and health outcomes.

Work-Based Learning and Apprenticeships

Work-Based Learning as an "Earn and Learn" Strategy. Work-based learning (WBL) often combines classroom instruction with paid employment and mentorship, allowing participants to earn wages while acquiring skills. According to the Urban Institute, apprenticeships can address factors that contribute to youth recidivism by providing education, career pathways, financial stability, and support systems (Nayak & Haisma, 2024). Apprenticeships allow youth to earn high school or college credit and to build job skills simultaneously. They offer a career pathway by delivering industry-recognized credentials and aligning training with labor-market needs. Because many justice-involved youth face court fines and financial pressures, apprenticeships that pay wages from day one help prevent reliance on low-wage work and reduce economic strain. Finally, apprenticeships provide mentorship and a supportive community, which are critical during reentry (Nayak & Haisma, 2024).

Implementing work-based learning in juvenile facilities poses unique challenges. Security restrictions often limit hands-on training and access to tools.

A 2017 report argued that work-based learning makes sense for incarcerated and at-risk youth, both financially and socially. Youth incarceration costs an average of $112,555 per person per year, far more than public education or college (Abdelhamid, 2017). Providing high-risk youth with skills through CTE, internships, pre-apprenticeships, and registered apprenticeships can lower the $80 billion spent annually on incarceration. The report cited the CRAFT program as an example, noting that CRAFT participants were significantly more likely than non-participants to be employed (76% vs. 50%) and to work in the construction field (46 % vs. 19 %) three years after release. These findings reinforce the cost-effectiveness of WBL.

Emerging Apprenticeship Initiatives. Several community programs integrate apprenticeships for justice-involved youth. The Urban Institute highlighted Santa Fe YouthWorks, which offers four-month paid apprenticeships through its Workforce Innovation Program, sponsored by local juvenile justice agencies. A 2015 cost-benefit study found that the YouthWorks YouthBuild program generated $7.20 to $21.60 in societal benefits for every dollar spent (Nayak & Haisma, 2024). An Ohio-based program, Towards Employment, partners with manufacturing employers to provide apprenticeship training, with 70% of participants retaining job placements 90 days after completing the program (Nayak & Haisma, 2024). These initiatives demonstrate the potential for apprenticeships to connect system-involved youth to high-demand sectors and to foster retention through employer partnerships.

Nationally, the Workforce Innovation and Opportunity Act (WIOA) requires local workforce boards to spend at least 20% of youth formula funds on work experience. A 2016 report from the National Youth Employment Coalition (NYEC) noted that WIOA expanded WBL strategies beyond summer jobs to include internships, on-the-job training, and apprenticeships (Showalter & Spiker, 2016). The report defined work-based learning as training within a wage-earning, long-term employment relationship in which youth develop measurable skills that lead to higher wages and industry credentials. It highlighted four promising WBL strategies and recommended aligning programs with labor-market needs, providing income supports, and addressing employers' concerns about hiring disconnected youth (Showalter & Spiker, 2016). Although the report addressed at-risk youth broadly, its recommendations apply to justice-involved youth as well.

Barriers to Work-Based Learning for Justice-Involved Youth. Implementing WBL in juvenile facilities poses unique challenges. Security restrictions often limit hands-on training and access to tools, as noted in the Kansas water technology program (Tate & Rehfeldt, 2015). Finding employers willing to train justice-involved youth is difficult due to stigma and concerns about liability. A 2022 Urban Institute report on community-based

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workforce engagement supports found that stable employment provides significant benefits for system-involved youth but that criminal records, lack of transportation, childcare responsibilities, and housing instability hinder participation (Sakala, White & Hull, 2022). Effective programs therefore offer wraparound services that include transportation assistance, counseling, and case management. Additionally, effective programs often employ staff with shared life experiences to build trust between program staff and participants (Sakala, White & Hull, 2022).

Impact on Employment and Recidivism

Employment Outcomes. Extant literature consistently links vocational and work-based learning to improved employment outcomes. In evaluations of CRAFT, 61% or more of participants secured employment, often in construction trades (Hamilton & McKinney, 1999). Project CRAFT's demonstration sites achieved a 94% job placement rate. Participants in the NYC Justice Corps gained sector-focused employment, and 30% enrolled in additional education or training (Cramer et al., 2019). A randomized trial of CRAFT found that participants were significantly more likely than controls to be employed and to attend GED classes (Schaeffer et al., 2014). Job Corps participants experienced increased employment, earnings, and hours worked compared with controls (Schochet, Burghardt & Glazerman, 2001). These data suggest that structured vocational programs with strong employer partnerships can facilitate employment for justice-involved youth.

However, not all programs achieve sustained employment gains. The RCT of CRAFT did not find significant differences in wages or employment duration, indicating that while programs may help youth obtain jobs, long-term advancement may require additional support (Schaeffer et al., 2014). The 2024 Ready for Wages study, which tested a social-skills curriculum across 15 juvenile facilities, found no statistically significant differences in employability outcomes between intervention and control groups (Unruh et al., 2024). These null findings may reflect pandemic-related disruptions and suggest that social skills training alone may be insufficient without direct employment connections.

Recidivism Outcomes. The most rigorous evidence on recidivism reduction comes from mentoring and cognitive behavioral programs. The Arches program achieved a 69% reduction in felony reconvictions at 12 months and a 57% reduction at 24 months (Lynch et al., 2018). Project CRAFT's recidivism rate of 26% was much lower than the national average, with some sites reporting rates as low as 5.9% (Hamilton & McKinney, 1999). The Colorado vocational program study found a significant decrease in recidivism for participants (Wilson, 1994). Job Corps participants also experienced lower arrest and conviction rates (Schochet, Burghardt & Glazerman, 2001). A 2004 statewide evaluation of evidence-based programs in Washington showed that Functional Family Therapy reduced felony recidivism by 38%, Aggression Replacement Training by 24%, and that Coordination of Services had positive effects when delivered competently (Barnoski & Aos, 2004). These programs, while not strictly vocational, underscore the importance of addressing cognitive and family factors alongside employment.

Research further indicates that stable employment quality matters. A longitudinal study of Dutch ex-prisoners found that jobs with higher occupational level and stability were associated with reduced recidivism (Ramakers et al., 2016). Low-quality or temporary jobs may not provide the social control or economic benefits necessary for desistance. Therefore, programs must aim to connect youth to high-quality, career-pathway jobs rather than just to any employment.

Barriers and Systemic Challenges

Educational Deficits and Special Education Needs. Juvenile correctional populations have substantial educational deficits. Only eight states provide incarcerated youth with educational and vocational services comparable to those offered in community schools (Christian, 2022). Approximately 70% of juvenile offenders have learning disabilities, and many have reading and math skills well below grade level. Incarcerated youth often cannot transfer credits from facility schools to their home districts (Christian, 2022). These barriers hinder participation in vocational training and employment and must be addressed through individualized education plans and special education services.

Fragmented Service Delivery and Lack of Coordination. Multiple agencies—juvenile justice, education, labor, and social services—are involved in serving justice-involved youth, but adequate coordination between them is frequently lacking. The OJJDP report lamented that workforce strategies were seldom integrated with vocational education (Reno et al., 2009). CSG's "On Track" report found that most state juvenile justice facilities lack adequate partnerships with employers and do not track employment outcomes (McCain, 2019). Without data on job placements, policymakers cannot assess program effectiveness.

Legal and Structural Barriers. Juvenile records can disqualify youth from employment and professional licensure in certain industries. Youth also face financial obligations such as court fees that compel them to accept low-wage jobs (Nayak & Haisma, 2024). Transportation, housing instability, and childcare responsibilities further restrict participation in training programs (Sakala, White & Hull, 2022). Stigma and fear deter employers from hiring justice-involved youth, particularly those with violent or sexual offenses. Addressing these barriers likely requires policy reforms (e.g., record sealing, fair-chance hiring laws) and supportive services.

Apprenticeships provide an earn and learn pathway, enabling youth to build skills, earn credentials, and receive wages.

Cultural Responsiveness. System-involved youth are disproportionately from underserved, multiethnic, and multicultural populations (Christian, 2022). Consequently, programs must be culturally responsive and trauma-informed, acknowledging disparities. Positive youth development approaches that emphasize strengths and community engagement are critical, as are programs that employ staff with lived experience and that provide language-appropriate services (Sakala, White & Hull, 2022).

Policy and Practice Recommendations

Integrate Education, Vocational Training, and Work-Based Learning. Juvenile facilities and community

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programs should offer comprehensive CTE curricula aligned with labor-market demand and that include hands-on training, industry certifications, and academic credit. Programs like the Kansas water technology initiative demonstrate that many college-level courses can be adapted for secure settings (Leshnick & Thomason, 2015).

Prioritize Mentorship and Cognitive Behavioral Interventions. Evidence from Arches and Justice Corps shows that mentoring and CBT significantly reduce recidivism (Cramer et al., 2019; Lynch et al., 2018;). Programs should recruit credible messengers with shared experiences and train them in trauma-informed practices. Mentorship should continue after program completion to support long-term employment.

Expand Apprenticeships and Employer Partnerships. Apprenticeships provide an earn-and-learn pathway, enabling youth to build skills, earn credentials, and receive wages (Nayak & Haisma, 2024). State and local agencies should develop apprenticeship programs in collaboration with industry associations and unions, drawing on models like Santa Fe YouthWorks and Towards Employment. Tax incentives and fair-chance hiring policies can encourage employers to participate.

Provide Holistic, Wraparound Supports. Stable employment requires addressing transportation, housing, mental health, and childcare needs (Sakala, White & Hull, 2022). Programs should include case management, stipends, legal assistance, and support for record sealing. Co-location of services in community-based hubs can reduce barriers.

Improve Data Collection and Evaluation. States should track education and employment outcomes for youth in juvenile facilities and after release. Disaggregated data by demographics and facility can identify disparities (McCain, 2019). Rigorous evaluations (randomized or quasi-experimental) should be embedded into new programs to build evidence about what works.

Conclusion

Youth involved in the criminal legal system face a convergence of challenges that include educational deficits, limited work experience, social emotional challenges, stigma, and structural barriers. Yet research demonstrates that high-quality professional development, experiential learning, and work-based learning can significantly improve their prospects. Vocational programs such as CRAFT and Job Corps provide skills and job placements, while mentoring and cognitive behavioral interventions address the psychosocial factors that underlie delinquency. Work-based learning and apprenticeships offer earn-and-learn pathways that combine education, wages, and support, addressing the financial and developmental needs of youth. These programs not only increase employment but also reduce recidivism, particularly when they are comprehensive, industry aligned, and supported by wraparound services.

However, the evidence also reveals limitations. Not all vocational programs translate into higher wages or long-term employment, and some social skills interventions yield no measurable benefits. Programs must therefore be carefully designed and holistic, integrating professional training with mentorship, behavioral interventions, and support services. Moreover, systemic reforms are necessary to remove legal barriers, ensure equitable access to high-quality education and training, and engage employers. By investing in comprehensive professional and work-based learning initiatives, society can transform the trajectories of justice-involved youth, reduce public spending on incarceration, and build a stronger, more empowered workforce.

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Twenty years ago, the U.S. Courts adopted the RNR model and made tremendous strides in creating and deploying pretrial and post-conviction risk assessments, developing and training supervision staff in core correctional practices, and refashioning supervision (Alexander & Van Benschoten, 2008; Hughes, 2008). However, the RNR focus did not extend to federal pre-sentence practices and PSR content. Although the Guidelines are no longer presumptively reasonable (*Nelson v. United States*, 555 U.S. 350 (2009)), federal sentencing practice has, with few exceptions, remained within the rutted roads of the Guidelines. In 2024, 45.7% of sentences remained within Guidelines ranges, and most sentences outside the Guidelines ranges occurred with prosecution support (§5K1.1, §5K3.1, and variances); fewer than 5% were judge-driven departures (U.S. Sentencing Commission, 2024b). Thus, in contemporary practice, the overriding focus remains on Guideline application, and those who prepare PSRs rarely systematically explore individuals' criminogenic needs and responsivity factors. Frankly, few practitioners are familiar with the more-clinical PSRs that had been prepared prior to the Guidelines, an approach that complemented judges' relatively unfettered discretion in sentencing (Frankel, 1973). Recently, pockets of innovation in federal pre-sentence practice have emerged, where officers have begun augmenting their pre-sentence practices, leveraging correctional research to enhance report content, individualizing assessments, and tailoring recommendations to match the unique circumstances of each defendant (Miller et al., 2024). Such innovation, however, remains unarticulated and warrants expansion, particularly given the new rehabilitative focus mandated by the FSA.

Enter the First Step Act

In December 2018, President Trump signed the FSA into law, advancing the largest federal criminal justice reform since the Sentencing Reform Act of 1984 (Wilson, 2024). This massive bill incorporated both front-end (i.e., sentencing) and back-end (i.e., corrections) provisions, but its key focus was on correctional reform. The law directed the Bureau to develop a risk and needs assessment system that would:

- Determine the recidivism risk of each prisoner as part of the intake process and classify each prisoner as having minimum, low, medium, or high risk for recidivism;
- Assess and determine, to the extent practicable, the risk of violent or serious misconduct of each prisoner;
- Determine the type and amount of evidence-based recidivism reduction programming that is appropriate for each prisoner, based on the prisoner's specific criminogenic needs; and
- Reassess the recidivism reduction of each prisoner periodically, based on factors including indicators of progress and regression that are dynamic and that can reasonably be expected to change in prison (18 U.S.C. § 3632(a)).

The FSA's logic seemed straightforward: a modernized risk and needs assessment system would incorporate both a new actuarial risk assessment to classify all federal prisoners by recidivism risk level as well as a structured RNR system for identifying and addressing criminogenic needs. Eligible prisoners could earn credits for participation in the Bureau's evidence-based recidivism-reducing programs (structured programs likely to reduce recidivism) and productive activities (individual or group activities that enhance skills or promote productivity and prosocial behavior) designed to address their identified needs. Accumulated credits could then be applied to reduce an individual's sentence by up to one year and/or allow for an earlier transition to pre-release placement.

Eligible prisoners could earn credits for participation in the Bureau's evidence-based recidivism-reducing programs and productive activities designed to address their identified needs.

There were many challenges to implementing the FSA. First, the Bureau had no actuarial risk tool for predicting post-release recidivism; its focus had been exclusively on

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predicting the risk of institutional misconduct to inform security placement. Second, with few exceptions, the Bureau had not evaluated its program offerings for approximately 30 years (Byrne, 2020). Third, the FSA created a paradigm shift in that inmates would be assigned to specific programs linked to their criminogenic needs, rather than merely being permitted to volunteer for various programs. Participation remains optional, but time credits incentivize participation. Because the Bureau did not (and still does not) have program capacity across all the criminogenic needs, lengthy wait times occurred in some programs (especially those without relevant longstanding programs in place). Finally, the Bureau's systems could neither initially determine program eligibility for the 175,000+ incarcerated inmates nor measure, record, and apply credits earned for program participation under the FSA's complex criteria.

The Bureau did not use a specific recidivism risk assessment instrument, but its Bureau Risk and Verification Observation (BRAVO) instrument (used to predict serious institutional misconduct) was found to be effective at predicting recidivism risk (U.S. Department of Justice, 2019). Moreover, prior to the FSA, many of the Bureau's program offerings were already shaped by criminogenic needs and grounded in the RNR model for program delivery. Within a brief period, and in response to rigid statutory timelines, external experts used data elements from the Bureau's revised BRAVO instrument to develop the Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN). The PATTERN tool fulfilled two of the requirements specified in 18 U.S.C. § 3632(a): it classified individuals into four discrete risk levels, and it predicted violence and misconduct. However, the FSA also required that risk tools would provide individualized, dynamic assessments for everyone in custody throughout their entire term of incarceration. The Bureau's response to this requirement was the Standardized Prisoner Assessment for Reduction in Criminality (SPARC-13).

Evolution of the SPARC-13

The evolution of the SPARC-13 began long before the FSA. From early assessments of literacy and work skills, to the clinical assessments of the mid-20th century medical model, to the contemporary RNR model, the Bureau has long assessed criminogenic needs, recommended programming to address those needs, monitored program progress, and adjusted recommendations as needs change (Roberts, 1997). Assessments *were* occurring, but a formal, structured, and consistent method for assessing individual inmates was lacking.

In 2006, the Bureau introduced the Inmate Skills Development System (ISDS). This system provided an automated and integrated tool for the Bureau to assess individual inmates across nine skills areas: mental health, academic, vocational, interpersonal, wellness, character, cognition, leisure, and daily living. The system's goal was to identify skill deficits that could negatively affect successful reentry after incarceration and then link those needs to program recommendations. It represented the first time the Bureau had created an integrated system to allow staff to assess needs, provide program recommendations, and document progress within a single environment. When the Bureau phased out ISDS in 2014, it replaced it with INSIGHT, a fully automated system that allowed information to be directly imported from other disciplines and allowed those disciplines to provide feedback to case managers. Importantly, INSIGHT was flexible and expandable, which proved critical to FSA implementation.

The FSA created a paradigm shift in that inmates would be assigned to specific programs linked to their criminogenic needs, rather than merely being permitted to volunteer for various programs.

The development of PATTERN received a great deal of scholarly attention (USDOJ 2021), yet the SPARC-13 attracted much less notice. In the summer of 2019, the Bureau began to develop a structured needs assessment system; in the fall, it hosted a three-day symposium with external subject matter experts. Attendees provided the Bureau with recommendations for a needs assessment process, including which needs to assess and how to assess them, as well as recommendations for improving the Bureau's existing needs assessment process (U.S. Department of Justice, 2020). Those recommendations were considered and the agency identified 13 need areas.

In June 2021, the Bureau published the *First Step Act Needs Assessment* (Federal Bureau of Prisons, 2021), which provided a more complete picture of the Bureau's new needs assessment system. This report revealed several notable issues:

- Excluding dyslexia, which is not a criminogenic need but was statutorily required, eight of the need areas appeared to cover seven of the eight accepted criminogenic needs.
- Of the seven criminogenic needs, four (family/parenting, anger/hostility, cognitions, and recreation/leisure/fitness) do not appear to isolate the criminogenic need.
  - The family/parenting assessment captures family relationships information and whether the inmate has dependent children. However, in and of itself, status as a parent is not criminogenic.
  - The anger/hostility assessment purports to capture antisocial personality. However, antisocial personality is not exclusively defined in terms of anger and hostility; it also encompasses impulsiveness, pleasure-seeking, thrill-seeking, and disregard for the feelings of others.
  - The cognitions instrument (the Measures of Criminal Attitudes and Associates [MCAA], part B) includes questions covering attitudes related to violence, entitlement, antisocial intent, and associates, creating an apparent overlap with the measure of antisocial peers.
  - The recreation/leisure/fitness assessment, by adding fitness and measuring it via medical chronic care clinic assignments, does not address the criminogenic need, which is the absence of prosocial recreation and leisure activities.
- Two of the remaining criminogenic needs, education and work, which are ordinarily assessed together, are assessed separately in the Bureau's system and are extremely limited, capturing only whether the individual completed a high school equivalency, completed vocational education, or was employed prior to incarceration. These assessments typically include measures of poor performance and low satisfaction levels.
- The remaining four items are not criminogenic needs, but, rather, responsivity factors. Additionally, for the medical and mental health "needs," despite having identified programs designed to address the "need," no amount of program

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participation changes the individual's status, because it is based exclusively on the Bureau's clinical medical and mental care level system.

In summary, with limited exceptions, the Bureau's new assessment system was a rebranding of existing assessments and practices. It therefore created an appearance of being "slapped together" rather than being the result of extensive review, modeling, and testing that occurred with the development of PATTERN. The initial SPARC-13 review was conducted internally by the Bureau (Federal Bureau of Prisons, 2022). It addressed need areas, assessment and implementation processes, methods for testing, available programming, and some statistical data. However, the report is conspicuous for its lack of information regarding any attempt to validate the system and any rationale for high numbers of inmates not completing self-assessment or attempts at corrective actions. The first revalidation of the needs assessment was conducted in 2023, and although not officially released, these results were included in the 2024 First Step Act Annual Report (U.S. Department of Justice, 2024) and confirmed several issues previously discussed; that is:

- Most of the need areas were assessed using either pre-existing processes or pre-existing processes with some modifications.
- True need reassessments were not being accomplished.
- Most need assessment measures lacked validation measures.
- Most of the incarcerated population were not participating in programming related to their identified needs: participation levels ranged from 0.2% (dyslexia) to 11% (substance abuse). Reviewers observed that low participation levels were related to waitlists, length of sentence, and sequencing of program recommendations.

Table 1: Assessing Criminogenic Need

Criminogenic Need	Assessment Tool	Measure	Format
Anger/Hostility	Brief Anger-Agression Questionnaire (BAAQ)	Measures overt anger and aggression	6-item self-assessment questionnaire
Antisocial cognitions	Measures of Criminal Attitudes and Associates (MCAA) questionnaire	Measures criminal thinking style and antisocial associates	2-part self-report
Antisocial peers	Measures of Criminal Attitudes and Associates (MCAA) questionnaire	Measures criminal thinking style and antisocial associates	2-part self-report
Dyslexia	Initial Screen/Woodcock Johnson IV	Dyslexia	In-person assessment
Family/Parenting	Family Assessment Device (FAD-12) Dependent children documented	Belief system assessment about family reliability, supportiveness, and acceptance	12-item Likert scale Review of PSR
Finance/Poverty	No formal instrument	Assessment of individual's financial status/deficits	Review of PSR
Education	No formal instrument	Assessment of presence of educational achievement	Review of PSR
Medical	Medical exam	Assessment of medical condition	Medical exam and PSR review
Mental health	Professional Self-Identity Questionnaire (PSIQ)	Assessment of mental health status/need	Self-report questionnaire, in-person interview, and review of PSR
Recreation/Leisure	Medical exam	Chronic care clinic status	Medical exam
Substance use	Drug education assignment	Assessment of history of substance use within past 5 years	Review of PSR
Trauma	Adverse Childhood Experiences (ACEs) questionnaire	Trauma	Self-report questionnaire
Work	No formal instrument	Assessment of an individual's work and vocational training history.	Review of PSR

Reimagining Federal Sentencing—Evidence-Informed Pre-Sentence Reports

Building on previous work (Anders & Whetzel, 2022), we ask how sentencing processes could be improved if U.S. Probation were to assess defendants' individual circumstances during the pre-sentence investigation and to report preparation in a fashion similar to the Bureau's approach, perhaps integrating the tools described above (or others). Such a move could make PSRs more clinical and empirically informed and could better educate the sentencing court, potentially leading to improved sentencing outcomes. Front-loading thorough assessments would also assist the Bureau in designation and programming, which in turn could further help reduce recidivism.

As noted above, evidence-based practices were introduced into federal probation almost two decades ago and have since become a major focus for the Probation and Pretrial Services Office. The Administrative Office of the U.S. Courts led the way in developing and implementing the Pretrial Risk Assessment tool (Cohen, Lowenkamp & Hicks, 2018), the Post-Conviction Risk Assessment tool (Lowenkamp et al., 2013), Staff-Training Aimed at Reducing Recidivism (Robinson et al., 2012), and the Criminogenic Needs and Violence Curriculum (Whetzel, Garcia & Anders, 2020), along with a revision to the post-conviction portion of the *Guide to Judiciary Policy* (U.S. Courts, 2025) to provide additional guidance on the incorporation of evidence-based practices. The federal judiciary recognizes the PSR as the primary tool for assisting courts in selecting appropriate sentences; however, there has been limited effort on the federal level to move toward an evidence-informed pre-sentence investigation process. Individual judges have advocated for the incorporation of Post Conviction Risk Assessment (PCRA)-like tools into PSRs

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nationally, but their efforts have not shifted national policy. Similarly, newly hired probation officers have reported that there is little mention of evidence-based practices or training in conducting an evidence-based interview during pre-sentence investigations training at the National Training Academy (Odessa Baker, personal communication, 2025). U.S. Probation's *Presentence Investigation and Report Procedures Manual* (2023) advises that the investigation and sentencing recommendation process should involve evidence-informed methods but provides limited guidance. The PROB-001 (Form 1), which guides the pre-sentence interview, has not been revised in nearly 25 years (April 2001) and fails to provide a meaningful framework for officers to follow in conducting evidence-based interviews.

The pre-sentence investigation process serves as a critical foundation for sentencing, designation, and post-release planning.

The result is that in many courtrooms, the PSR has simply become a tool for conveying Guideline calculations instead of being the holistic, individualized assessment of the defendant's history and characteristics that it should be.

But what *would* the incorporation of evidence-informed methods look like in PSRs? We could look to a commonly used tool, the PCRA, for initial guidance, but as some might note, the PCRA was specifically developed to inform post-conviction case management (Lowenkamp et al., 2013), not to inform sentencing. The PCRA identifies the criminogenic needs found to be salient in predicting recidivism in federal post-release: cognitions, social networks, substance use, employment, and education, as well as the likelihood of violent recidivism. Should an evidence-based pre-sentence interview and investigation not incorporate questions that explore these factors directly? Most are already present within the PCRA scoring manual. Officers should also recognize that certain factors—namely, cognitions and social networks—might not be best explored with direct questioning, but, rather, assessed through questioning in other sections. For example, asking defendants for their thoughts on employment may reveal cognitions, or inquiring about leisure activities and idle time may reveal prosocial associations. Additionally, research supports that other factors such as trauma, adverse childhood experiences, and responsivity factors can greatly affect post-release outcomes (Cohen & Whetzel, 2014). Several validated assessments exist that would allow officers to examine these factors in an individualized assessment and to make appropriate sentencing recommendations. These assessments would provide evidence-based sentencing information to the courts and would assist the Bureau in identifying programming and treatment options for individuals during designation, rather than after arrival.

This is not a new idea. More than a decade ago, the U.S. Probation Office in the Eastern District of Missouri expanded its PSR processes to more deeply explore employment, not just as a risk factor, but as a path forward for the sentenced individual (Whetzel, Garcia & Anders, 2020). It is not just employment that reduces recidivism, but also the person's beliefs about maintaining employment (Batastini et al., 2021). Historically, PSRs have listed the defendant's history of employment and current employment, including position and pay. The utility of this information is limited, although discussions regarding employment gaps, financial stability, and job interests could prove to be valuable. An evidence-based approach to employment would include assessment of interests and aptitude, job readiness, and educational or training needs, and might assist with job placement and retention. One example of an assessment is the O*Net interest profiler (U.S. Department of Labor, 2025), a free, online tool that identifies a person's interests and matches them to occupations. The O*Net profiler can be self-administered or administered with the assistance of a probation, pre-sentence, or pretrial officer. Pre-sentence officers in the Eastern District of Missouri used the O*Net interest profiler during the pre-sentence interview and included relevant information in the pre-sentence report. The pre-sentence officer also asked about gaps in employment and barriers to employment such as transportation, and discussed career goals, while encouraging the defendant to begin education and training while on pretrial release or while in custody, if programming was available (cf. Whetzel, Garcia & Anders, 2020). Bureau staff requested that a copy of these assessment results be provided to assist with potential designation to a facility that provided training in the inmate's area of interest. Judges also recommended GED and other trainings based upon recommendations regarding employment in the pre-sentence report. Case managers in residential reentry centers used the information to approve participation in training programs to assist with transition into the community. The report was also useful to probation officers in the community in assisting the person with employment upon release. This often resulted in higher paying jobs with promotional opportunities, insurance, and other benefits.

More recently, building upon the foundations laid in the Middle District of North Carolina (specifically its Integrating Research into Sentencing initiative), the District of Nevada has embraced the need for the pre-sentence investigation to become evidence informed and for the resulting report to consider an individual's static and dynamic recidivism factors. A pilot group of officers (both pre-sentence and post-conviction) completed several hours of training in trauma-informed care with justice-involved populations, including a specific training emphasis on how adverse childhood experiences affect this population long term. Pre-sentence officers have subsequently incorporated questions from the Adverse Childhood Experiences (ACES) questionnaire (Felitti et al., 1998) into their interviews, allowing them to identify what traumas individuals have experienced and linking them to issues in adulthood. Pre-sentence officers have incorporated several questions into their interviews that address recidivism factors and consider the progress defendants have made since the time of their arrests. The result has been an increased ability to engage in forward-thinking conversations with defendants and to consider both risk and protective factors in developing evidence-based sentencing recommendations.

The success of these initial changes has been apparent in the collaborative efforts of the parties at sentencing and in comments received from stakeholders during the sentencing process. Defense attorneys have noted that their clients feel "seen" and have expressed appreciation as to the in-depth information presented in reports. Judges have acknowledged that the focus on individualized assessments has been helpful in sentencing. However, most importantly, pre-sentence officers have been able to set the

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stage for institutional and post-conviction success by enhancing their reports through incorporation of evidence-based practices.

The pre-sentence investigation process serves as a critical foundation for sentencing, designation, and post-release planning. "The pre-sentence report will follow the defendant through the federal criminal justice system. Many decisions—from the sentence imposed to the type of prison—are made based on information presented in the report" (U.S. Courts, 2025, §220.20(e)). Incorporating validated, evidence-based assessment tools such as SPARC-13 (or similar instruments) into the pre-sentence stage could transform the way criminal justice stakeholders make decisions. Such early collection of SPARC-13 data would offer two key advantages. First, it would provide judges with a more accurate understanding of the individual before them, helping to identify factors that may justify departures from Guideline sentences and ensuring that sentencing decisions are grounded in objective measures. This could allow for greater transparency and accountability in the decision-making process (Rowland, 2020). Second, it could give the Bureau a clearer picture of the population they are receiving before designation, enabling them to process inmates more quickly and to place them in facilities that align with their risk, needs, and programming requirements. For an initial effort comparing traditional PSRs to evidence-informed PSRs, see Table 2.

Taking the Missing Prequel to Scale

The incorporation of evidence-based assessments into the PSR could produce valuable data, but the next real frontier lies in leveraging AI to collect, process, interpret, and apply assessment data to enhance decision making across the system. In an era of significant budgetary and workload pressures, introducing a battery of new assessment tools to the pre-sentence investigation might sound masochistic; but the promise of integrated PSR assessment is immense: Moreover, much of the assessment could be automated, obviating existing labor-intensive, remedial practices. AI could also assist in detecting patterns, identifying needs, and even suggesting resource allocation strategies that might otherwise go unnoticed. It could instantly find and curate the most relevant information based upon correctional science for each defendant. For example, AI could analyze PSR data, taking into consideration similarly situated defendants with similar needs and assessment scores, to assist in making sentencing recommendations and decisions (c.f., Oleson, 2011).

Using AI in the PSR would also allow the Bureau to calculate PATTERN and SPARC-13 scores almost immediately, instantly identifying individualized need areas, thereby assisting in the creation of a case plan for each inmate. It would also more easily assess which individuals qualify for FSA or Second Chance Act credits, expediting designation decisions and reducing unnecessary time in holding facilities. Early analysis would also equip the Bureau with the information needed to strategically plan programming, both in terms of curriculum selection and in positioning staff with appropriate skill sets in the right locations. This, in turn, would benefit inmates by improving access to relevant programs and ensuring that programming is delivered in a timely, logical sequence that maximizes impact. This lays the groundwork for a more efficient and effective corrections system and a smoother transition back to the community. As that transition begins, the probation office reaps the fruits of its upstream labor; it would receive into supervision individuals whose time in custody has been focused on their individual needs. In the reentry context, AI-driven analytics could help identify local community resources, program availability, and supportive services tailored to the demographics and specific criminogenic needs of an individual, thereby enhancing transitions. AI could analyze data to guide treatment budgets, ensuring that limited resources are directed toward the programming most likely to meet the needs of individuals in the system or of those who are returning to the community.

Obviously, the decoupled nature of the federal criminal justice system, in which upstream stakeholders (e.g., U.S. Probation, located within the judicial branch) make decisions producing downstream outcomes for which they are not financially responsible (e.g., the Bureau, located within the executive), can frustrate meaningful change (Oleson, 2014). It is easier to focus on an agency's immediate obligations and ignore the downstream effects. This might explain high federal recidivism rates (U.S. Sentencing Commission, 2016). But it is essential to look beyond U.S. Probation's PSR and the Bureau's rehabilitative programming as discrete acts performed by unrelated agencies; rather, it is important to understand that embedding assessment tools into the pre-sentence process can align sentencing, classification, and programming into a single cohesive, evidence-driven framework, improving the likelihood of successful reentry .

It is important, however, to recognize AI as human-machine teaming, or augmented intelligence—not as a replacement for human judgment. AI can simplify complex processes, accelerate decision making, and evaluate vast data sets, but it cannot replicate the empathy, discretion, and experience that judges, probation officers, and correctional officers bring to their work. Employed wisely, AI can be a force multiplier, enhancing human expertise rather than replacing it.

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Table 2: The Missing Prequel: Evidence-Informed Pre-Sentence Reports

Bureau-Identified Criminogenic Need and Current Assessment Tool	Example of Current PSR Approach	Example of an Evidence-Informed PSR
Anger Brief Anger-Aggression Questionnaire (BAAQ)	Generally not addressed or (e.g., the defendant's criminal record reflects several convictions for offenses involving violence. He was court-ordered to attend treatment in 2015; however, prison records do not reflect if he completed treatment.)	The defendant's criminal record reflects a history of involvement in domestic violence and assaultive conduct. The defendant acknowledged witnessing his parents engage in domestic violence and advised that he was reared in an environment where violence was commonly used to settle disagreements. The defendant completed the Brief Anger-Aggression Questionnaire (BAAQ). His score surpasses the threshold score that would indicate a fair likelihood of anger dyscontrol and interpersonal violence. The defendant may need assistance in controlling urges toward physical aggression and may resort to verbal aggression when under extreme amounts of stress. The defendant advised that he attended anger management groups while incarcerated; however, these groups were limited to completing workbooks and he has never had the opportunity to engage in meaningful treatment to address underlying issues affecting his anger.
Antisocial Peers/ Antisocial Cognitions Measures of Criminal Attitudes and Associates (MCAA) Questionnaire	Generally not addressed or (e.g., DOC records reflect the defendant was validated as a member of the Bloods in 2017.)	The defendant reported he was reared in a neighborhood infested with gang activity. His father and older brothers were gang members, and he advised that there was a "family expectation" to join the Bloods. At the age of 15, the defendant reported he was initiated into the gang with both his father and brothers in attendance. The defendant reported he was active in gang activity until his arrest in 2016. He was validated as a Bloods gang member during his incarceration in 2017 based on self-admission. The defendant reported that upon release in 2022, he attempted to disassociate from the gang and moved to a rural area. The defendant completed the MCAA questionnaire and was able to identify two prosocial peer relationships. He also reported a significant relationship with his brother, Steven, who continues to be involved in criminal conduct. The Criminal Friend Index (CFI) score indicated the defendant does not currently engage in dense criminal associations. The defendant's score as to antisocial attitudes indicated he continues to have criminal thinking styles related to entitlement and acceptance of criminal associates; however, he was not accepting of violence.
Dyslexia Woodcock Johnson IV	Generally not addressed unless it is in a record or mentioned by the defendant.	
Education Review of Test of Adult Basic Education (TABE) and Comprehensive Adult Student Assessment Systems (CASAS) and review of PSR	Education is discussed in the narrative and occasionally verified through diploma or accrediting institution (e.g., the defendant reported he dropped out of high school while in the 11th grade. This has been verified).	The defendant advised he withdrew from high school while in the 11th grade. He reported that several factors contributed to his decision to leave high school. Defendant Brown reported he had difficulty throughout his schooling, especially in the areas of reading and writing. He recollected being placed in "special classes" because he had dyslexia and he was frequently bullied as a result. He indicated he was suspended twice after disputes with other students. After his father was incarcerated, the defendant's mother reportedly relied heavily on him in supporting the family financially. The defendant stated he eventually could not balance trying to attend school during the day and working at night; therefore, he left school. Scholastic records verify the defendant was diagnosed with dyslexia at the age of seven. He was placed on an individualized educational plan and received services.
Family/Parenting Family Assessment Device (FAQ-12)	Generally verified via collateral interview with family member(s) or significant other; (e.g., the defendant advised he was raised by both parents in a middle-class environment. He reported his father was often absent from the home due to work.)	The defendant described his childhood as normal, reporting that there was no physical or sexual abuse present within the home. He stated that the family often did not discuss issues and often told him to just "pray" about problems. He recollected his parents rarely displayed emotions or verbally expressed feeling of love for him. Defendant Smith stated he eventually started to rebel against his family as it was the only time his father ever seemed interested in him. The defendant completed the Family Assessment Device, which indicated his family did not display high levels of problem solving and communication skills. Further, the defendant did not experience affective responsiveness or affective involvement. The overall general functioning of the defendant's family was rated as less than healthy.
Finance/Poverty Review of PSR	Typically presented as a financial statement within the report citing a defendant's current financial status, outlining assets and debts as well as any monthly income and expenses. Financial statement submitted and credit report completed.	In addition to a financial statement, the defendant reported he declared bankruptcy in 2007 after losing his job. However, the credit report shows a history of accounts being turned over to collections for nonpayment as well as delinquent payments including mortgage and utility payments. Currently, he has four credit cards and a home equity line of credit that are at their limit. Although he has no arrearages currently, family court records show a history of noncompliance with both spousal and child support. His former spouse reported that while he tries to stay involved with his children, she has had to go back to court several times for back child support.
Medical Medical History and Physical	Typically presents any medical issues reported by the defendant during the interview with attempted verification (e.g., Mr. Smith reports that he has suffered several heart attacks and strokes and has had related surgeries. This information is unverified.)	The defendant must also face the impact of drug use and specifically his methamphetamine use on his medical condition. He no longer is a young man, but a man who has suffered heart attacks and has undergone open heart surgery. His current medications include Lisinopril for high blood pressure and Atorvastatin to lower his cholesterol. He notes he is also diabetic, which he manages continually, and explains he has always struggled with his weight. The use of methamphetamine no longer represents just a "high" for the defendant, but a potential death given his medical situation. The defendant is cognizant of what lies before him and desires to engage in long-term, inpatient treatment.

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Table 2: The Missing Prequel: Evidence-Informed Pre-Sentence Reports (*Continued*)

Mental Health Psychology Services Inmate Questionnaire (PSIQ)	Typically presents any mental health problems reported by the defendant during the interview, with attempted verification for any report of any mental health diagnosis occurs on each PSR (e.g., a treatment summary from Olive Crest Assessment Center indicates that the defendant was treated for suicidal ideation, post-traumatic stress disorder, depression, and anxiety).	The defendant endorsed a history of substantial mental health and emotional issues. He has suffered from multiple ACES that include parental incarceration, early drug use, family separation, foster care, homelessness, and abuse. The defendant reported that he attempted suicide as a teenager, which resulted in his commitment to Olive Crest Assessment Center. While at the Center, he reported undergoing counseling which included hypnotherapy and music therapy. After his release, he again attempted suicide by cutting his wrists and was committed to the Phoenix House, a therapeutic community that centered on sober living. The defendant stated he frequently ran away and that he finally absconded and never returned. In 2006, the defendant was diagnosed with post-traumatic stress disorder by the DOC and was prescribed Seroquel and Paxil. NDOC records reflect the defendant served a total of 2,523 days (approximately seven years) in solitary confinement at Southern Desert Correctional Center, Lovelock Correctional Center, and Ely State Prison between November 2006 and July 2016. The defendant was paroled on January 26, 2017. In October 2017, the defendant again attempted suicide by inhaling carbon monoxide. The defendant recollected the incident, noting that the "sheriff saved my life, damn sheriffs." Medical records from Newcity Health reflect the defendant was treated in the emergency room on October 11, 2017, after attempting suicide via carbon monoxide inhalation. The defendant was diagnosed with toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm; other specified depressive disorders; panic disorder; post-traumatic stress disorder; adjustment disorder with anxiety; and a laceration to his right wrist. Defendant Smith was discharged on October 18, 2017. The defendant's federal offense subsequently occurred on October 23, 2017.
Recreation/Leisure/ Fitness Health Services	Generally not assessed unless volunteered at the interview.	The defendant is currently engaged in volunteering at his local SPCA. He advised this activity has been "surprisingly good" for him as he has been able to meet prosocial peers and he often feels "relaxed and unjudged" when he interacts with the animals. The defendant advised that by volunteering, he has been able to "stay busy," and he had less time to think about returning to drug use. He stated that he would like to join his church's softball team if he is allowed to remain on bond pending sentencing and/or designation.
Substance Use Review of PSR	Information gathered via self-report and verification through treatment records if available (e.g., the defendant reported she started experimenting with heroin at the age of 17. She started daily use of the drug at age 18, and advised she continued to use the drug until the time of her arrest for the instant offense. The defendant could not recollect how much heroin she used weekly (start, frequency, dosage, last use). Defendant Rose was admitted to an inpatient program in March of 2024 and completed the program successfully in March of 2025. She is currently attending aftercare treatment, and her drug tests have been negative for the presence of illegal drugs.	Defendant Rose reported she was introduced to heroin at the age of 17 by her "pimp" after she started to engage in prostitution. She reported she initially smoked heroin but soon became addicted to the drug, and by the age of 18, she started intravenous use. The defendant then engaged in a destructive cycle wherein she engaged in prostitution to earn money to buy heroin, and she used heroin to help her cope with abuse occurring during prostitution. She stated she often felt triggered to use heroin when associating with drug-addicted peers or when coping with stressful situations. The defendant admitted that her heroin use caused social, legal, and health problems for her. The defendant's criminal record appears driven by her substance use as she has multiple convictions for drug offenses. She has also lost custody of her children due to her drug use. The defendant displayed insight into her substance use and need for treatment. She stated that she "felt blessed" to have been arrested and detained as it likely "saved her life" given her history of arrests and at least two near fatal overdoses. After being released to pretrial supervision, she engaged in inpatient treatment in March of 2024 and completed the program successfully in March of 2025. The defendant reported she has continued in aftercare counseling and regularly attends Narcotics Anonymous meetings. The defendant reported that she found individual treatment sessions the most beneficial. The defendant's drug tests have been negative for the presence of illegal drugs since her release to pretrial supervision.
Trauma Adverse Childhood Experiences (ACES) Questionnaire	Generally addressed only if a traumatic event is mentioned. (e.g., the defendant advised he has never been diagnosed with a mental health issue. He reported he was referred for an evaluation in 2023. Probation records reflect the evaluation was completed and the defendant found to not be in need of treatment.)	The defendant reported a significant history of adverse childhood experiences and trauma. He stated he experienced parental neglect and abandonment, physical and sexual abuse, parental incarceration, and housing instability. Additionally, he witnessed substance use and domestic violence within the family environment. The defendant completed the ACES questionnaire, which reflected a score of 6. (A score of 4 or higher indicates a high risk of toxic stress and other negative effects of childhood trauma. Higher ACES scores are associated with increased risk of health and social problems, including mental illness, substance use, and risky behaviors.) After becoming an adult, the defendant advised he was incarcerated at a young age and witnessed violence and rape within the institutional setting. The defendant reported that he often resorted to drug use to assist him in coping with his childhood traumas. Although referred for a mental health evaluation with Inroads Associates by his probation officer in 2023, the counselor determined that he did not need mental health treatment. The defendant advised that he has never engaged in any type of mental health treatment to address his traumatic experiences.
Work Review of PSR	Generally gathered via self-report. Verification is attempted. Summary of name(s) of employer(s), positions held, responsibilities, wages, and reason for departing the job are provided.	The defendant stated that he lost his job as a mechanic due to using drugs and missing work. He remained unemployed until his arrest for the instant offense due to his reported substance abuse. He reports that he enjoys working as an auto mechanic and a cook, as he likes working with his hands and alone. An O*Net Interest Profiler was administered by the pre-sentence officer on May 25, 2025, at the Jackson County Jail. Results showed that the defendant has a Holland Code of Realistic, Enterprising and Artistic (REA). This is consistent with the defendant's indication of enjoying working with his hands and being creative, as well as with his job history in food service and mechanics. In discussing these results, the defendant selected a career path of diesel mechanics, which matches his interests and aptitude. Information was provided to the defendant that a diesel mechanic training is available in the Bureau of Prisons and that certification can be obtained prior to release. Several Community Colleges also offer diesel mechanics certification programs. A copy of the O*Net Interest Profiler results is attached.

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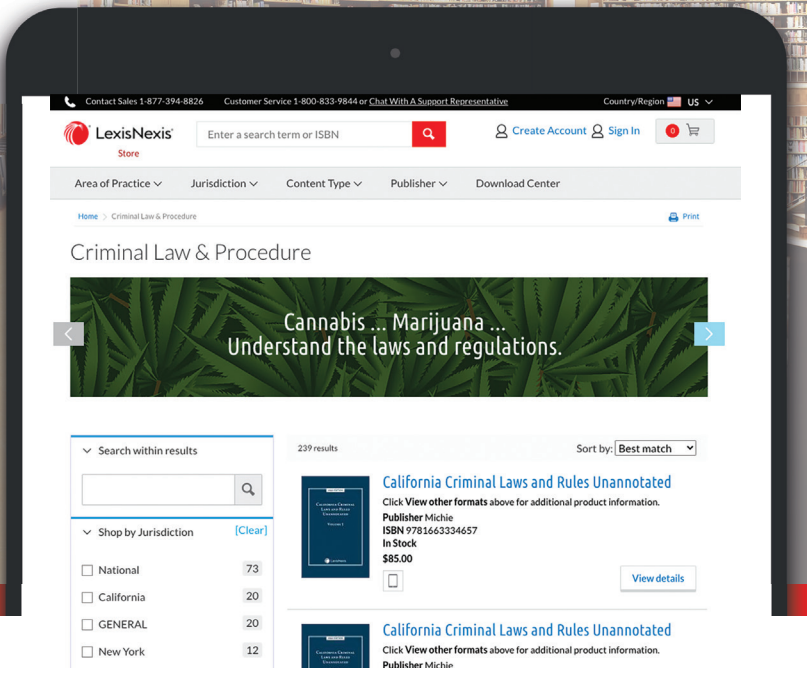

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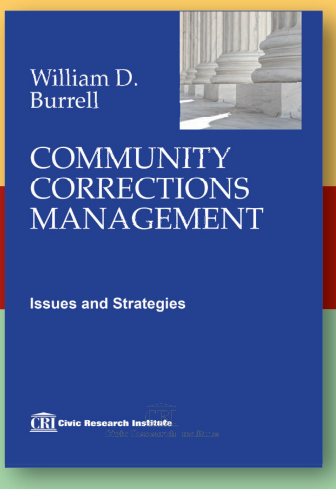

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