

**Reversing Recidivism: Utilizing a Cognitive Behavioral Intervention in
Clinical Social Work Carceral Practice**

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Abstract

This conceptual paper explores the correlation between incarceration, intervention, and recidivism. The purpose of this paper is to determine if combating recidivism utilizing a culturally specific evidence informed cognitive behavioral intervention with high risk African American incarcerated females who have history of violence and are within one year of release to the community, will produce positive shifts in behavioral patterns (a reduction in disciplinary sanctions associated with violence as a form to meet their needs thinking) that demonstrates changes in cognition and beliefs (violence is not the only choice for meeting needs), that influence criminal behavior, through facilitation of a corrections centered cognitive behavioral intervention. This paper outlines a purposed plan of action to pilot The University of Cincinnati Criminal Institute's Cognitive Behavioral Intervention-Core Adult program prior to reintegration to the community.

Keywords: *Criminogenic needs, Incarceration; Recidivism; Mass Incarceration, Static Risk Factors*

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Dedication

I dedicate my Capstone to the two most important people in my life, the ones who molded me into the woman I am today, Eddie and Gloria Davis. It was your demonstration of perseverance and strength that has afforded me the ability to overcome challenges, know my worth and gave me the courage to show the world who I am even when they doubted me. You are both gone but you live forever in my heart. I can only hope that if we ever meet again you will say, ‘job well done.’

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Introduction

The United States is the world leader in incarceration, and evidenced rehabilitation and reentry interventions are proving to be inconsistently effective and play a pivotal role in an offenders' relapse and return to incarceration (Butler and Taylor, 2022). Researchers have conducted numerous studies in efforts to outline the treatment needs of offenders to better identify risk factors and the correlation to criminal behavior (Latessa & Lowenkamp, 2005), with a goal of developing interventions aimed at meeting needs associated with risks. Nevertheless, incarceration rates continue to fluctuate, and despite sporadic and gradual decline, recidivism remains at alarming rates.

Beaudry et al., (2021), agree there is a great deal of interest in offender reentry; however, the literature is limited regarding reentry specific to African American men, yet they are incarcerated and return at rates greater than their Non-Black counterparts. Jonson and Cullen (2015) suggest that more research is necessary for exploring why recidivism rates are higher in the first year, and to address disparities implying if who comes home matters, why some offenders' reentry failure is onset late, and how to address continued stigma, and other collateral consequences associated with incarceration. Policy makers must hold all parties involved in criminal justice, public safety, incarceration, and reentry, accountable for their role in criminal offender rehabilitation. Similarly, families, ex-offenders, advocates, and communities must also hold policy makers accountable for their role in assuring the public and voters, that public safety interventions are monitored, enforced, effective and produce what they are evidenced to. Without accountability, the revolving door in and out of prison continues to swing.

Review of the Literature

The History of Incarceration in the United States

The impetus of incarceration is to be imprisoned. In the United States if one commits a felonious crime, is arrested, and found guilty by trial, they can and will face conviction and incarceration for a period designated under the law. Incarceration rates are determined by the number of individuals incarcerated in local jails, state prisons, federal prisons, and private facilities per every 100,000 US residents (Travis, Western, & Redburn, 2014). The United States is considered an international outlier in relation to incarceration (Kearney et al., 2014), and has the highest incarceration rates in the world reporting 420 sentenced incarcerated individuals, per 100,000 residents in 2019 (Bureau of Justice Statistics, 2020), with rates highest amongst those who are Black, Brown, and of lower socioeconomic status (Travis et al., 2014). Although Black Americans made up 14% of US residents in 2022, they represented 42% of the correctional facility population in contrast to, their White counterparts, who made up 58% of US residents and 36% of the correctional facility population (US Census Bureau, American Community Survey 2022 1-Year Estimates; Prison Policy Initiative, 2024). According to the World Population Review (2024), current year reports indicate the US has 1,767,200 incarcerated individuals, immediately followed by China with 1,629,000 incarcerated individuals (World Population Review, 2024). Iran represented the lowest number of incarcerated individuals amongst the top ten countries with the most people in prison list, 189,000 (World Population Review, 2024).

The early 1970's ignited the beginning of policies that would create a canvass for a criminal justice system to paint a picture deeply seeded with intent to target certain groups that would quadruple rates of incarceration over a four-decade period (Travis et al., 2014). This rate

of incarcerating individuals is known as “Mass Incarceration” a top contributor, making the US penal population the largest in the world (Travis et al., 2014). Some researchers suggest the justification for mass incarceration in the US was under the premise that sending individuals to prison is effective in reducing recidivism, as custodial sanctions have a higher cost than noncustodial sanctions (Cullen, Johnson, and Daniel 2011). Although the intent for incarcerating offenders at such an accelerating rate was deterrent and recidivism reduction, the rate at which certain offenders were incarcerated suggests a purpose other than what was intended.

Mass incarceration in the United States has been of issue for over 50 years since its interment in 1972 and has proven to impact certain demographics disproportionately resulting in a specific population of Americans entering and reentering incarceration at rates higher than other demographics. On average, each state in the US incarcerates Blacks six times the rate of their White counterparts. Review of studies conducted by Jones & Ross (1997), Spohn & Holleran (2002), Kubrin & Stewart (2006), Rubin and Dodge (2009), Hipp et al., (2010), Stahler et al., (2013), Lee & Sanchez (2015), and Moore and Eikenberry (2021), revealed that certain demographic factors were repeatedly identified as a strong precursor to reincarceration namely, if the incarcerated individual is male, young, and is a minority.

The multiple studies from Andrews, Bonta and Hoge, shows us that cognitive behavioral interventions aimed at criminal offenders can be effective in reducing rates of incarceration, (see Classification for Effective Rehabilitation, Andrews, Bonta, & Hoge, 1990), yet many pre-release and post-release community interventions are proving to be more damaging than good, contributing to recidivism and rates that remain higher than other countries, remain steady, or decline minimally. The research is clear regarding who offends i.e. offender profiling (see Beech, Vettor, and Woodhams,1990), who has the potential to offend or reoffend i.e., risk

assessment tools (see Jackson and Mendoza, 2020), and the timeline for when this may occur, recidivism and reentry (Bureau of Justice Statistics), yet the chosen proactive approaches to reduce recidivism lack in efficacy resulting in a what appears to be a nation incapable of rehabilitating their people either by design, intention, or incompetence.

The ongoing result of mass incarceration

In 1972, the US saw incarceration rates as low as 161 per 100,000 US residents (Travis, Western and Redburn 2014) however, this would climb to nearly two million individuals incarcerated at any given time in recent years (The Prison Policy Initiative 2023). Yearend 2020, incarceration rates were reported as 698 per 100,000 US residents (Wagner & Bertrum, 2020) a 1,123.78% increase over a period of more than three decades.

Incarceration rates in the 80's and 90's would continue to fall under the guise of mass incarceration as a "so-called" deterrent to recidivism. The onset of The War on Drugs era in the 1980's increased arrest rates (Davis 2023; Reuter 2013, pp.75-140) and made a huge impact on incarceration, continuing the rise in rates by an alarming 1,200 % for drug offenses alone, over a 20-year period (Mauer 2009; Davis 2023). The Federal Violent Crime and Law Enforcement Act of 1994 (also commonly known as the Clinton Crime Bill and the harsh penalties added into legislation such as the three strikes policy) had the most impact on incarceration in the 1990's, climbing to a rate of 91 percent and continuing to climb an additional 18 percent throughout the following decade (Wagner, 2018; Davis, 2023). These numbers go against the concept of incarceration as a deterrent for crime and is evident that mass incarceration would prove to be more damaging than effective, as the numbers suggests the idea of mass incarceration did more for increasing the rate of incarceration rather than increasing the rate of decarceration and reducing recidivism. In essence, it took 20 years for incarceration rates to increase 1200% for drug offenses

yet the result of policies established in 1994 would more than quadruple the rate of incarceration within a 6-year period steadily climbing an additional 18 percent over the following 10 years. It appears the historic design of incarceration and the arguable ineffective policies that came with it, not only has an impact on an individual coming into incarceration but affects their return.

Policies and Practices that Impact Incarceration

Length of incarceration is not only determined by the type of crime, but also by other variables that influence convictions and sentences which impact certain demographics disproportionately. Policies are influenced by policy makers (Western, Travis & Redburn, 2014) and for over four decades, many sentencing and punishment policies, by design, would make a significant impact on the rise in incarceration and the development of mass incarceration, resulting in a disproportionate damaging effect on members of minority groups (Western, Travis, & Redburn, 2014). The prison population in the US consists largely of those drawn from the most disadvantaged population in the nation which includes mostly men aged 40 and under, disproportionately minority, and poorly educated. Incarcerated individuals can also exhibit other deficits including but not limited to substance use disorders, mental and physical illness and minimal to no work experience or job readiness (Western, Travis & Redburn, 2014).

In the 70's and 80's federal legislators, governors and presidents signed laws that would offer lengthy prison sentences for specific crimes and repeat offenses, and laws that would ensure more of the convicted would be imprisoned (Western, Travis, & Redburn, 2014). The laws eventually would prove to be detrimental and ineffective. The study by Western, Travis & Redburn, argues that the US has not only surpassed the point where the numbers of incarcerated individuals can be justified by social benefits, but has reached a level where the incarcerated individuals themselves constitute a form of social harm and source of injustice (2014).

The development of sentencing and punishment policies and practices in the 1970's has been met with much scrutiny. Some have argued the rise in incarceration, as a result of these policies, violated traditional "jurisprudential principles," disregarded research that highlighted ineffectiveness and "iatrogenic" effect of some of the policies, and the increasing racial disparities in the criminal justice system (Western, Travis & Redburn, 2014 pg. 71).

A Carceral System of Racial Disparities

Historically, Black African Americans are disproportionately represented in US prisons, but they are not the only minorities overrepresented. American Indian, Asian and Pacific Islanders, and Hispanics and Latinx are included in this category as well. In relation to the criminal justice system, there is a great deal of literature pertaining to racial disparities (Avery & Cooper, 2020; Sanders and Midgette, 2023), racial bias (Avery & Cooper, 2020; Sanders and Midgette, 2023) and racial profiling (Welch, 2007; Sanders and Midgette, 2023). After arrest, people of color (POC) are more likely than Whites to be charged with crimes in general, crimes of more serious nature, and to be fully prosecuted (Berdejo', 2018; Bishop et. al., 2020; Wu, 2016; Najdowski and Stevenson, 2022). POC are more likely to be subjected to pretrial confinement (Equal Justice Initiative, 2021), more than 460,000, of which 43% are black according to 2019 data (Prison Policy Initiative, 2024). POC are more likely to be subjected to incarceration (Equal Justice Initiative, 2021), specifically, Blacks who are incarcerated three times the rate of Whites (Policy Initiative, 2024), and POC are more likely to be subjected to forms of community services i.e., probation and parole. There are mock trial studies that indicate White jurors of prominence within the system (Equal Justice Initiative, 2021) are more likely to convict, and dispense punitive sentences for Black and Latinx defendants (Mitchell, 2005; Schmitt et al., 2017; Sommers & Marotta, 2014; Najdowski and Stevenson, 2022).

In 2021, Black Non-Hispanic individuals represented 14% of New York State residents, 49% of state prison population and 46% of county jail population. In comparison, their White counterparts represented 55% of the population with 23% in state prisons and 35% in county jails (Wagner, 2023). The 2022 Bureau of Justice Statistics recorded the 2019 racial disparities in prison incarceration rates for individuals incarcerated in state prisons per 100,000 residents. Black Americans represented the highest number, 911 with American Natives or Alaska Natives and Hispanics following at 801 and 426 respectively. Blacks, American Natives or Alaska Natives and Hispanics ranked higher per 100,000 residents than the total prison incarceration rate which was 355 per 100,000 residents.

Racial disparities within the criminal justice system do not simply stop or change after arrest and conviction. These same racial disparities transcend into the prison and correctional systems impacting their “rehabilitation” and once released, the cycle continues as they reintegrate to the community, to contend with the same racial disparities while under community supervision. Sabol & Johnson, (2022) found that although there was a narrowing effect of disparities in correctional control amongst different racial and ethnic groups between 2000 and 2020 across jails, state prisons, and community supervision, the disparities remained high between Black and White racial groups (Saunders and Midgette, 2023).

The insidious aspects of racial inequalities that marginalized communities and groups are subjected to when involved with criminal justice agencies and affiliates alone, demonstrates the flaws within the design of the judicial systems here in the United States. We are socialized to believe that African Americans, specifically Black males, are predisposed for incarceration based on statistics such as, by the time an African American child reaches the age of 14, he has more than a 50% chance of seeing his father incarcerated if said father dropped out of high school

(Wilderman 2009). Are these individuals predisposed by nature, or genetics, or is the system racists by design set up to predispose marginalized Black and Brown individuals for incarceration at rates significantly higher than their Non-Black and Brown counterparts? Some researchers would argue the predisposition is due to the historical origins of the judicial system and not necessarily the fault of the individual (Ghandnoosh, 2023). Other statistics contribute to this socialization such as the claim that an estimated 3 out of 4 African American young black men in Washington DC will serve some form of prison sentence (Alexander, 2012), and for areas outside of Washington DC, one out of nine will face incarceration at some point in their lifetime (Mauer, Morenoff and Harding, 2014). Skinner-Osei and Stepteau-Watson's (2018) suggest, "The high rate of incarcerated African American men has led scholars to theorize that incarceration has claimed so many African-American men that not enough of them are left to be fathers. pg.3." Statistics that project an end of a demographic are damaging. Fact or fiction, for scholars to theorize African American males in association with a shortage of Black fathers and incarceration rates contributes to the socialization of beliefs regarding Black men and incarceration and public opinion. There is literature that appears to emasculate incarcerated Black men suggesting gender role conflict theory (GRC), (see Thorpe, Stevens-Watkins et al, 2023 Religion, Psychiatric Symptoms, and Gender Role Conflict Among Incarcerated Black Men). If there is validity to GRC theory, why are black men the only demographic in question or impacted? Where is the literature that speaks to Whites or any other ethnic group in this regard? This literature does not exist. These statistics can potentially sway the mindset of pre-teen – young adult black boys and men fostering thinking they inevitably will fall into this statistic, their potential for success is limited, and their very existence is to be incarcerated. Sadly, this self-fulfilling prophecy is and will be the case for many. Statistics such as this discredits the

many Black men who have no criminal history and creates a climate that dismisses any potential for progression amongst Black men, Blacks in general, and discounts the efforts of prison reform, rehabilitation, alternatives to prison and decarceration. The justice system unknowingly, is one of the best facilitators of Cognitive Theory, Mindfulness, and MI (Motivational Interviewing), as it blindly yet intentionally uses the techniques of these treatment modalities in an untherapeutic way, to destroy the identity of Black Men in the minds/eyes of society. Statistics are used to influence policy makers and stockholders on judicial policies. Statistics like the abovementioned, have the potential to produce systemic racist and oppressive judicial policies. These types of statistics lead an individual to believe what is presented as fact and representative of all. The literature is replete regarding the rate of incarceration and return of Black men, their potential for violence, and even Black on Black crime; yet the amount of literature on the number of educated Black men, the number of present fathers, and the number of black men who are not involved in the criminal justice system is minuscule. The literature lags in highlighting the Black men and women who have overcome criminal activity and freed themselves from the revolving doors of incarceration. Some scholars seem to dismiss the impact of what discrimination, police brutality, and “living while Black” has on the Black experience in America and how it correlates with incarceration and recidivism. The justice system not only uses Cognitive Theory, Mindfulness, and MI on society as a means of supporting its narrative of who Black Americans are and what they are capable of, it is also used on Black Americans as a form of antecedent to self-destruction, bonding them to a state of mind that they cannot achieve or be greater.

Recidivism

The Bureau of Justice Statistics (BJS) defines recidivism as a re-offense of those who were previously in the justice system (USA Facts 2023). Recidivism rates are typically calculated by the number of offenders released to the community who violate and or reoffend leading to arrest and return to incarceration within a 3-year time period (US Department of Justice 2021; New York State Corrections and Supervision 2023; Bureau of Justice Assistance BJA 2022). The criminal justice system wants us to believe the objective of incarceration is for punishment and rehabilitation. According to Grant and Zoukis, the American Prison System serves three purposes which are deterrent, punishment, and rehabilitation (2014). The US has done very well regarding punishment demonstrated by a recorded 698 incarcerated individuals per 100,000 residents' yearend 2020 (Wagner & Bertrum, 2020).

Arguably, the American prison system appears to have failed regarding deterrent and rehabilitation, many as 40 to 65 percent of releasees return to incarceration within 3 years post release (Grant & Zoukis, 2014). Ideally, if incarceration was as effective as it was believed to be when designed, one could predict the profound societal impact it could have on rehabilitation and reform. Unfortunately, incarceration has proven to be less effective, as measured by the decades of varying rates of recidivism in the United States. The rate at which ex-offenders return is a pervasive costly societal issue and historically difficult to reduce (Okonofau et al., 2021) and or prevent. Recidivism has a domino effect; it not only impacts the reoffender, but recidivism also impacts families, systems, and the economy. From state to state, recidivism rates have increased and decreased in different intervals, and percentages may vary amongst the groups of reoffenders for innumerable reasons however, the overall goal of rehabilitation and preparation for re-entry, is to reduce the probability of an offenders return.

The Cost of Recidivism

There are over 5 million adults under some form of judicial or community supervision in the US, be it incarceration, probation, or parole (Carson & Kluckow, 2023; Blonigen et al., 2024). Statistics suggest that up to two thirds of these adults within a three-year period of their release will be rearrested, reconvicted, and incarcerated, with the majority by the end of the first year, being rearrested (Durose et al., 2014; Blonigen et al., 2024).

The goal is to achieve recidivism reduction, to reduce rates and statistics for the benefit of the offender, the families, communities, and the financial stability of this nation. According to the 2023 Cost of Recidivism report, in 2021, collectively, forty-one states spent \$8 billion to incarcerate 193,000 individuals under community supervision for violations and revocations. Of the states that reported data, California ranked number one with an estimated \$1,924,810,316 cost of recidivism. Texas, Virginia, and New York follow, with costs of recidivism estimated at \$585,526,120 – \$496,861,933 – and \$435,556,369 respectively (The Justice Center The Council of State Governments, 2023). These astronomical numbers are the very reason why identifying and putting into practice the most effective interventions at reducing offenders' risks for reoffending (Blonigen et al., 2024) is important when combating recidivism. By improving reentry outcomes, cost can be lowered, prison population can decrease, and community safety can increase (The Justice Center The Council of State Governments, 2023). The cost of recidivism arguably contributes to an economic crisis, the literature is specific, the figures speak for itself. There is also literature that speaks to the cost effectiveness of prison programs (see Zane et al., 2023; Correctional treatment as an economically sound approach to reducing the high cost of recidivism: A review of the research), yet it appears that if rates of incarceration are not

significantly reduced, prison programs are not cost-effective. A failed program is more damaging to the economy, the offender, and society.

State Comparisons in Incarceration and Recidivism Rates

Incarceration and recidivism rates vary in range amongst countries across the world, and the United States' leading position remains despite fluctuations from country to country. Recidivism and incarceration rates not only vary between countries, but they also vary within the United States and differentiate from state to state. There may be many reasons why rates vary, however there is little research that addresses what these reasons may be. Of course, one can speculate why rates differ amongst states such as how each state defines recidivism, how rates are recorded and reported, and more importantly, taking into consideration that not all states provide yearend reports to public agencies indicating incarceration, supervision, and recidivism rates and statistics. The lack of information or misinformation can impact and impede resolution efforts when advocating for prison reform and policy change. As per the Sentencing Reform Act of 1984, data pertaining to recidivism is central to the three primary purposes of punishment specifically, deterrence, incapacitation, and rehabilitation, which all focus on crime prevention through correctional intervention.

The following section will focus on incarceration and recidivism rates for New York and Alabama. According to the 2023 Prison Policy Initiative report, New York state incarcerates individuals at a rate of 376 per 100,000 residents with 59,000 people "behind bars." For the period covering 2017-2021, New York ranked number 31 among all US states, reporting a 43% recidivism rate. Ranked at number 10 in the US, New York reported a prison population of 30,338, an 11.11% decrease from 2020. This decrease, however, is not a true representation of recidivism reduction efforts as the 2020 releases were onset due to the global pandemic and not

due to rehabilitation interventions (Wagner, 2023). New York's 2021 adult parole population ranked at number 4 in the US with a reported 45,192 adults under parole supervision. Ranking at number 11 in the US, New York reported a 2,074 adult probation population.

In comparison, the state of Alabama incarcerates individuals at a rate of 938 per 100,000 residents (Prison Policy Initiative 2023), 562 or (60%) more per 100,000 residents than New York, yet Alabama only had 43,000 people "behind bars" (Prison Policy Initiative 2023).

The state of New York has 19.45 million reported state residents, 25.2% more than the reported 4.903 million for the state of Alabama, and although Alabama incarcerates more residents per capita (60%), New York had more incarcerated individuals.

According to the NYS 2018 Releases from Custody Three Year Post-Release Follow-Up report, 20,921 offenders were released to the community in 2018. Of these releasees, 6,613 (32%) returned to custody of the Department of Corrections and Community Services (DOCCS) within three years of release (Division of Program Planning, Research & Evaluation 2021). In 2015, New York released 20,766 incarcerated individuals. Of the 20,766 releases, 8,744 (42%) returned to DOCCS Custody within three years (Division of Program Planning, Research & Evaluation 2018). Prior to this, recidivism rates maintained at a steady 45% (Division of Program Planning, Research & Evaluation 2018). Although the percentage of returns gradually decreased from the steady 45% down to 32%, the return rate remains remarkably high.

Alabama takes a slightly different approach in reporting; the ADOC (Alabama Department of Corrections) reports recidivism rates not only by using the 3-year post release time frame, but they also report recidivism by crime category. To clarify, of the incarcerated individuals released during the 2018 calendar year who completed the Residential Substance Abuse Treatment (RSAT) program, 28% returned to incarceration (Bureau of Justice Assistance

(BJA) U.S. Department of Justice 2022). A 28% recidivism rate is slightly better than the reported 32% in New York, however it is not clear as to how many of the 32% reported returns in NY completed a similar program. What is most concerning, is that the reoffenders completed an evidence-based program proven to aid in recidivism reduction yet and still, offenders returned at a moderate rate. This poses the question, what is missing? Where is the disconnect? What is the resolve when programs do not produce the evidenced outcomes?

How Has the Field of Social Work Contributed to Recidivism Reduction?

Social Work's involvement in recidivism reduction is ongoing from pre-release to post-release. Social work intervention in-facility plays an important role in rehabilitation, reform and decarceration, as what happens on the inside is a precursor to what can potentially happen outside in the community i.e., successful reintegration that results in a lowered propensity to reoffend versus unsuccessful reintegration that results in re-offense, violation and or return to incarceration.

Social work skills historically have been used inside the correctional facility during the pre-release phase, and within the community during the post-release phase (Midgley and Conley (2010; Rainford, 2010). Social work, through a strength's perspective lens, (Sallebey, 1992, 2000; Midgley and Conley 2010; Rainford, 2010) has contributed to new and effective strategies aimed at assisting offender reintegration into the community and assisting offenders with their efforts to becoming productive individuals (Midgley and Conley 2010; Rainford, 2010). Social workers have been involved with corrections since the late 19th century when the focus of correctional policy was based on reform and rehabilitation, assisting in rehabilitation services in-facility, and involvement in community supervision services i.e., probation and parole (Midgley and Conley 2010; Rainford, 2010). The field of social work once played a huge role in prison

reform efforts, however social workers involvement with probation and parole would eventually lessen by the end of the 19th century (Midgley and Conley 2010; Rainford, 2010).

The 20th century brought on a shift in focus and the role of social work in corrections. Psychotherapy and mental health treatment became a major responsibility for social workers in-facility. Additionally, due to the strong presence of drug crimes and drug addiction, substance use disorder treatment became the role of social workers in corrections as well (Midgley and Conley 2010; Rainford, 2010). Research shows that substance abuse, crime, and recidivism are highly correlated (Midgley and Conley 2010; Rainford, 2010). According to the US Department of Justice, 2004, it is estimated that 50% of all crime is drug related therefore, social work intervention would prove to be of high demand and potentially impactful on recidivism reduction. Rainford, (2010), highlighted that research suggests that effective treatment can facilitate effective re-entry resulting in recidivism reduction (Midgley and Conley 2010; Rainford, 2010).

Social workers are driven by core values and ethical principles that focus on “inherent dignity of the person, self-determination, confidentiality, moral neutrality, and social justice (NASW, 2008) whereas the correctional systems core values are driven by control, punishment, and supervision (Midgley and Conley 2010; Rainford, 2010). If in-facility interventions are solely punitive in nature, the criminogenic needs (facets of an offenders past that cannot be changed, (static), or facets of an offenders past that can be changed, (dynamic)) of the offender are neglected therefore, the goal of rehabilitation is unattainable.

Continuity of Care

As stated before, successful re-entry is dependent on a collaboration of pre-release and post-release interventions. Rainford implies that interventions post-release are unlikely to

succeed if the two are not effectively coordinated (pre-release and post-release) (Midgley and Conley 2010; Rainford, 2010). Coordination is only one piece of the equation; quality of services is just as important. Ineffective in-facility intervention, or lack of access to effective interventions due to policies, procedures, directives, security and or care custody and control, can result in the releasee being ill prepared such as, lack of education. Crone, (2016 para.6), references Sally Coates, Coates Review, “If education is the engine of social mobility, it is also the engine of prisoner rehabilitation.” Ineffective interventions also lead to lack of job readiness, lack of vocational skill, and lack of continuity of care regarding mental health and substance use disorder treatment for community reentry. These mitigating factors create a barrier ultimately interfering with successful reintegration that stems from systematic shifts and policies that appear to be more harmful than helpful in recidivism reduction.

Evidence-Based Interventions and Recidivism Reduction: What is impactful

The responsibility of treating recidivism risks does not fall on the criminal justice system alone. The behavioral health system that addresses mental health and substance use disorders, are just as responsible during the reentry process (Lamberti, 2016; Russ et al., 2021; Blonigen et al.,2024). In reference to behavioral approaches, there are multiple cognitive behavioral interventions in existence, and many are intended to target the offender population. MRT (Moral Reconciliation Therapy) and R&R (Reasoning and Rehabilitation) are two examples. MRT is a cognitive behavioral intervention (CBI) centered on Kohlberg’s (1976) theory of moral development and targets change and or improvement in offenders moral decision-making skills. The founders of MRT claim this intervention has contributed to significant decreases in recidivism and is used in 47 states in the US (Little, Robinson, Burnette & Swan, 2010). The foundation of R&R is based on the theory that offenders suffer from social and cognitive deficits

and aims to change offender thinking that is impulsive, illogical, egocentric, and rigid in nature (Wilson, Bouffard, & MacKenzie, 2005; Hansen, 2008).

University of Cincinnati Corrections Institute

The University of Cincinnati Corrections Institute has taken their role in research and education for treating recidivism risks from a behavioral approach to the next level by developing a CBI curriculum available across the country. What separates UCCI's approach from the others? What can their curriculum offer participants that the other CBI's have not? Where MRT focuses on offender moral compass, and R&R focuses on social and cognitive deficits, UCCI's intervention focuses on criminogenic needs (this term is discussed in full detail later in the paper) and risk factors of the offender (University of Cincinnati Corrections Institute Ohio, 2011-2021). The University of Cincinnati's Corrections Institute Cognitive-Behavioral Intervention - Core Adult (hereafter CBI-CA), is an evidence-informed intervention that uses a cognitive behavioral approach with an aim to teach participants strategies for managing risk factors (University of Cincinnati Corrections Institute Ohio, 2011-2021). The program's foundation has a strong emphasis on skill building activities that can assist with cognitive, social, emotional, and coping skill developing (University of Cincinnati Corrections Institute Ohio, 2011-2021). The curriculum was developed by UCCI in partnership with the Bureau of Justice Assistance and Council of State Governments (University of Cincinnati Corrections Institute Ohio, 2011-2021), and is geared toward people in corrections who may or may not have mental health issues and follows the Risk Needs Responsivity Model (RNR), (University of Cincinnati Corrections Institute Ohio, 2011-2021).

Risk Needs Responsivity (RNR) Model

Risk Assessment Tools

The Core Adult curriculum follows the RNR model of effective practices (Latessa & Lowenkamp, 2006). The program is designed to target those identified as moderate to high-risk individuals for reoffending using a measurement tool, (University of Cincinnati Corrections Institute Ohio, 2011-2021; Latessa & Lowenkamp, 2006) such as the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS). The COMPAS is the most widely used assessment tool in predicting an offenders' risk of recidivism potential (Connolly et. al., 2023), and who is likely to reoffend within two years post-release. It has been utilized to assess more than 1 million offenders since its development in 1998 (Dressel & Farid, 2018). Although widely used, the COMPAS has come under much scrutiny, there is literature that evaluates the validity of the COMPAS as a risk assessment tool (see Jackson and Mendoza, 2020, Setting the Record Straight: What the COMPAS Core Risk and Need Assessment Is and Is Not).

The program is not intended for individuals identified as low risk for participation in groups. If identified low-risk individuals are offered the materials, it is recommended the amount of intervention, or dosage, is decreased, and targets the risks and needs, determined by a dynamic criminogenic need assessment (University of Cincinnati Corrections Institute Ohio, 2021). Misapplying treatment programs, such as assigning a low-risk offender to an intense program designated for high-risk offenders increases the potential to re-offend (NJI Staff, 2012).

What is the RNR Model?

In 1990, Andrews, Bonta, and Hoge presented three general principles for effective rehabilitation, (RNR) risks, needs, and responsivity. The RNR model is an extension of other like models utilizing the responsivity principle as an added feature for assessing

responsivity factors of offenders (Andrews, Bonta, & Warner; 2021). Research suggests that restorative justice projects that involve “human services” (pg. 17) adherent with RNR, offers the strongest crime prevention effect (Andrews, Bonta, & Warner; 2011). Although the evidence is incomplete regarding a strengths-based assessment and treatment intervention approach for crime prevention efforts (Andrews, Bonta, and Warner 2011), a strengths-based approach is incorporated into the RNR model (Andrews et al., 2004; Andrews Bonta & Warner, 2011). CBI-CA follows the RNR model.

An offender’s crime is not the only variable used for determining level of risk and need factors. In corrections, an offender convicted of committing a drug related crime may be characterized as having a substance use treatment need due to the nature of the crime and potentially recommended to a substance use treatment program. Although the offense may suggest this form of intervention, the offender, for example, may have additional needs, i.e., an educational and or a vocational need. UCCI utilizes the Risk Needs Responsivity (RNR) Model to address all identified individual offender needs. The principals of the risk-need-responsivity (RNR) model of offender rehabilitation when adhered to with cognitive behavioral interventions, is considered best practices for treating risk in criminal recidivism in adults within the criminal justice system (Gendreau et. al., 2006; Milkman & Wanberg, 2007; Prendergast et al., 2013; Blonigen et. al., 2024). The premise of the RNR model is to not focus only on mental health and substance use needs, the focus should include factors that can be modified and or changed that places an individual at high risk for reoffending (Bonta & Andrews, 2016). According to Sedgley et. al., incarcerated individuals are often identified as having several criminogenic needs requiring a variety of generic or special interventions (2010). Andrews and Bonta (1994), suggests that an offender’s needs fall under one of two categories identified as static and

dynamic factors. Static factors are predictive of recidivism however they are facets of an offender's past that cannot change (i.e., a child who grew up in poverty). Dynamic factors, also referred to as criminogenic needs by Andrews and Bonta, are characteristics of the offender that can change (Andrews & Bonta, 1990a; Gendreau, Little, and Goggin, 1996) or improve, and serve as targets for treatment (e.g., antisocial cognitions, values, beliefs, and behaviors), (Andrews & Bonta, 1990; Gendreau, Little, and Goggin, 1996). Addressing, and focusing treatment on these outlined needs in conjunction with behavioral health, is key to reducing recidivism.

Risk Principle

CBI-CA is guided by three important principles, risk, need, and responsivity (treatment). These principles assist with providing an effective intervention (University of Cincinnati Corrections Institute Ohio, 2011-2021). Risk principle, also called the "who" to target enforces that highly intense correctional treatment and intervention programs are for high-risk offenders (Latessa and Lowenkamp, 2006). CBI-CA stresses the importance of determining level of risk, as determination of risk allows for matching interventions and supervision to the assigned risk level. For example, intensive interventions can be more harmful than helpful for individuals at lower risks (University of Cincinnati Corrections Institute Ohio, 2011-2021; NJI Staff, 2012) and not enough intervention can be more harmful than helpful for those of higher risks. Characteristics and or needs of low-risk individuals include fewer and less intensive programs, less restrictive supervision, fewer areas of risks, and are likely to "self-correct" behaviors (University of Cincinnati Corrections Institute Ohio, 2011-2021). High risks individuals are more likely to reoffend, need more restrictive and structured supervision, they have more areas

of risk, and interventions and services should be longer in duration (University of Cincinnati Corrections Institute Ohio, 2011-2021).

Need Principle

Through a need principle lens, the CBI-CA curriculum targets multiple criminogenic needs such as antisocial cognitions, high-risk peer associations, high-risk personality traits, substance use and leisure activities, for example (Andrews, 1995; University of Cincinnati Corrections Institute Ohio, 2011-2021). The need principle relates to the “what” to target (Latessa and Lowenkamp, 2006) and states that criminogenic factors should be the target of groups (Latessa and Lowenkamp, 2006). Groups that focus on non-criminogenic factors, such as self-esteem, understanding ones’ culture or history are low in efficacy for reducing criminal conduct as these factors are not typically correlated with criminal behavior (Latessa and Lowenkamp, 2006). An offender-based, military-style boot camp i.e., SHOCK, is an example of a program that targets non-criminogenic factors such as drill and ceremony, physical conditioning, and discipline (Mackenzie, Wilson, and Kider, 2001). Evidence shows that boot camps have little impact on future criminal behavior as they focus on non-crime producing needs (Mackenzie, Wilson, and Kider 2001).

Treatment Principle

The treatment principle tells the “how” to target the offenders needs (Latessa and Lowenkamp, 2006). The treatment principle states that programs that are behavioral in nature are the most effective (Latessa and Lowenkamp, 2006). Behavioral programs are centered on the here and now, the present factors responsible for the offenders’ behavior (Latessa and Lowenkamp, 2006). Behavioral interventions use action steps where the offenders do something about their difficulties rather than talk about their difficulties (Latessa and Lowenkamp,

2006). The action steps teaches the offender through modeling, practice, and reinforcement (Latessa and Lowenkamp, 2006).

Theoretical Principles associated with CBI-CA

Cognitive behavioral interventions are derived from strategies associated with social learning theory, cognitive theory, and behaviorism (University of Cincinnati Corrections Institute Ohio, 2011-2021). CBI-CA incorporates the strategies of social learning theory and cognitive theory into their curriculum, as individuals who may have difficulty identifying personal risk factors and or managing said risk factors could benefit from the principles of social learning theory (University of Cincinnati Corrections Institute Ohio, 2011-2021). Social learning theory is used to promote skill development and obtaining mastery skill level through teaching, modeling, role playing that involves practice and performance, feedback, and graduated practice (Dowden and Andrews, 2000; University of Cincinnati Corrections Institute, Ohio, 2011-2021).

Cognitive Theory

Through cognitive theory we learn that our behavior is driven by our attitudes thoughts values and beliefs, CBI-CA integrates strategies in the curriculum for identifying risky thinking and restructuring said thoughts (University of Cincinnati Corrections Institute Ohio, 2011-2021). Following responsivity principles, CBI-CA has an emphasis on the thought-behavior link that includes thought awareness, analysis, and risky thought restructuring (Gendreau, Smith and French, 2006; Landenberger and Lipsey, 2005; University of Cincinnati Corrections Institute, Ohio 2011-2021) and problem solving (University of Cincinnati Corrections Institute Ohio, 2011-2021). The CBI-CA curriculum assists participants with identifying reinforcers that aid in risky behaviors and the negative consequences associated with

such behaviors through a behavioral theory lens. (University of Cincinnati Corrections Institute Ohio, 2021).

Other cognitive behavioral interventions utilized in the CBI-CA curriculum includes structured skill building, development, and advanced implementation (Antonowicz and Ross, 1994; Sperber and Lowenkamp, 2017; University of Cincinnati Corrections Institute, Ohio, 2011-2021); Emotion regulation: anger, impulsivity, aggression, and anxiety (Dowden and Andrews, 2000; University of Cincinnati Corrections Institute, Ohio, 2011-2021) and multiple other emotions characteristic of high-risk individuals. The curriculum also provides optional motivational enhancement sessions that target specific responsivity (McMurran, 2011).

Dosage

CBI-CA uses dosage techniques to match individual risk level of participants as guided by the risk principle (Lowenkamp & Latessa 2004; Lovins Lowenkamp & Latessa, 2009; University of Cincinnati Corrections Institute Ohio, 2011-2021). Dosage refers to the amount of intervention provided and is referred to by the University of Cincinnati Corrections Institute as units of service that targets a criminogenic need using evidence-based interventions (EBI) (University of Cincinnati Corrections Institute Ohio, 2011-2021). According to Andrews and Bonta (2010), when interventions are guided by RNR principles, the intervention would provide an effective programming dosage, would include how much treatment an individual needs according to risk and need level, and would also include determining treatment length and participation time, intensity of treatment, and the number of treatment programs and or combination of programming (Chen et al., 2022).

Fidelity Principle

There are multiple variables to take into consideration when aiming for effective programming in a correctional setting, or in other words, tactics that can be considered as elements of program integrity or program quality (Latessa and Lowenkamp, 2006). Certain attributes contribute to increasing correctional program effectiveness which can aid in recidivism reduction if competently delivered, also known as the fidelity principle (Kider, Mackenzie, and Wilson, 2001; Latessa and Lowenkamp, 2006). Correctional programs that are well designed and implemented can impact individual recidivism rates (Andrews and Dowden, 2000; University of Cincinnati Corrections Institute Ohio, 2011-2021). Integrity that lacks adherence to RNR principles does not produce outcomes (Gendreau, Smith and Swartz, 2009; University of Cincinnati Corrections Institute Ohio, 2011-2021). Fidelity tells us if, and how well programs integrate RNR, and measures program integrity during group facilitation, during direct individual interactions, in case planning, and at the agency level (University of Cincinnati Corrections Institute Ohio, 2011-2021). These abovementioned attributes include, targeting responsivity factors, well trained and socially conscious staff, monitoring of the incarcerated individuals outside of group activities including where they spend downtime and with whom they spend time, assisting incarcerated individuals with needs they may have not directly related to group, ensuring programs are delivered as designed using quality assurance processes (fidelity), and providing structured aftercare (Kider, Mackenzie, and Wilson, 2001; Latessa and Lowenkamp, 2006). The CBI-CA curriculum emphasizes the fidelity principle (Latessa & Lowenkamp, 2006; University of Cincinnati of Corrections Institute Ohio, 2011-2021), provides clear learning objectives (International Community Corrections Association 2001; University of Cincinnati

Corrections Institute Ohio, 2011-2021), and offers scripted sessions (Mann, 2009; Taxman, 2000; University of Cincinnati Corrections Institute Ohio, 2011-2021).

Program Materials Content and Format

Format

CBI-CA consists of structured groups with a minimum of 8-10 participants and should not exceed 16 participants to 2 facilitators ratio (University of Cincinnati Corrections Institute Ohio, 2011-2021). Groups are held two to three times a week for 1.25 to 1.50 hours and are gender responsive with a modified closed group format. Practice work is a strong element as it is key to transfer of practice (University of Cincinnati Corrections Institute Ohio, 2011-2021). Individuals qualified to deliver CBI-CA are those who have successfully completed CBI-CA training. Individuals trained in CBI and those with mental health training and background, are preferred to deliver CBI-CA curriculum however this is not a necessary prerequisite.

Program Materials and Content

CBI-CA provides a manualized curriculum that contains curriculum overview, a pre-treatment module, and the following nine group modules: Motivational Engagement, Introduction to Cognitive-Behavioral Interventions, Cognitive Restructuring, Emotional Regulation, Understanding Our Behavior Patterns, Choosing Behavior Responses, Problem Solving, Planning Your Future, and Success Planning. Each module consists of sessions within the module. The session format contains session background information with facilitator notes, session materials, practice work review, group discussion and activities, and practice work assignments. Content is scripted for adherence to fidelity, icons help guide the facilitator through the material, and worksheets provide intervention.

Success Planning

CBI-CA curriculum includes success planning for addressing relapse prevention (Laws, 1999; Dowden, Antonowicz, and Andrews 2003; University of Cincinnati Corrections Institute Ohio, 2011-2021). Success Planning is an intricate part of the curriculum as it affords participants the opportunity to establish a goal for the future that involves longevity with relapse-prevention outside of the group and in the community. Success plans provide identification of high-risk people, places, and things and behavioral rehearsal is conducted for the identified situations and responses involving high-risk people, places, and things. Success planning also includes development of problem-solving skills (Gendreau, Smith and French, 2006; University of Cincinnati Corrections Institute Ohio, 2011-2021), support network inclusion, detailed plans for responding to lapses, and composing alternative prosocial activities, supports and behaviors (University of Cincinnati Corrections Institute Ohio, 2011-2021).

Purposed Pilot Intervention

The rate at which individuals are incarcerated in the US impacts society economically, destroys families, stunts the lives of the offenders, and remains at unacceptable rates. It could be said that historical and more recent rates of recidivism demonstrate the ineffectiveness of incarceration, that conventional correctional rehabilitation methods have reached max benefit, and what is evidenced to work for recidivism reduction, must be implemented and reinforced at the micro, macro, and mezzo levels within the correctional and justice system.

Scholars have done the work, namely, research from the likes of James Bonta, Donald Andrews, Paul Gendreau, and R.D. Hodge, shows that cognitive behavioral interventions specific to working with corrections, is effective. Andrews and Bonta found that identifying offender high risk factors and needs, and developing interventions that target these needs, is

more effective in lowering the propensity for recidivism than interventions that do not focus on these factors, or no intervention at all (Andrews & Bonta, 2006). The University of Cincinnati Corrections Institute in Ohio collaborated with the Bureau of Justice Assistance and Council of State Governments and developed the Cognitive Behavioral Intervention – Core Adult (UCCI CBI-CA). The program uses cognitive behavioral approaches geared towards corrections and is formatted to teach participants how to manage risk factors that contribute to reoffending and return to incarceration (University of Cincinnati Corrections Institute Ohio, 2021-2022). For this reason, the purposed plan is to implement CBI-CA in a NYS correctional facility as a pilot intervention for those currently incarcerated prior to release to the community. The goal is to pilot the program with the female, male and transgender incarcerated individuals housed in general population. The initial pilot facility will be the female medium security facility.

Intervention Rational

There are various CBI interventions available for treatment. Research on the efficacy of the many cognitive behavioral interventions is plentiful. There, however, is minimal research on why these interventions are effective (Rose, 2022). Literature also lacks pertaining to why recidivism rates remain disproportionately high across the US despite extensive research that proves “what works” (Cullen and Gendreau, 2001 p. 314) for recidivism reduction. The “what works” movement within corrections, also known as “knowledge construction,” is based on an alternate professional ideology that research show what works on recidivism reduction (Cullen and Gendreau, 2001). Initially, in the late 1960’s, criminologists believed that offender recidivism could be reduced by individualized treatment formed by the scientific study of causes of crime (Cullen and Gendreau, 2001). This view would be replaced by a professional ideology with an emphasis on “nothing works” in corrections, that social justice is the only deterrent to

crime, and the causes of criminology are structural (Cullen and Gendreau, 2001 pg. 314).

Authors believed this ideology validated “knowledge destruction,” in other words, showing what does not work, thus weakening the efforts of “knowledge construction” This shift in thinking from “knowledge destruction” to “knowledge construction, lead to the “what works” movement for correctional programs.

What Works for Whom?

The question becomes, what works for whom? Over the years research studies have focused on interventions for corrections that target criminogenic needs and risk factors of high-risk offenders. Literature is specific to the type of offender i.e., violent offenders (see Larden, Hogstorm and Larden, 2021; Effectiveness of an Individual Cognitive-Behavioral Intervention for Serious, Young Male Violent Offenders: Randomized Controlled Study With Twenty-Four-Month Follow-Up), sexual offenders (see Schmuker and Losel, 2015; The effects of sexual offender treatment on recidivism: An international meta-analysis of sound quality evaluations), and offenders with mental illness (see Cohen et al., 2024; Clarifying the relationship between mental illness and recidivism using machine learning: A retrospective study). However, as mentioned before, African American’s are disproportionately incarcerated and return to incarceration at rates higher than their Non-Black counterparts yet literature on why this occurs and how to combat it is minimal at best and falters as to the disconnect between “what works” and this demographic. Multiple search attempts displayed negligible results specific to African Americans and effective recidivism reduction interventions. Criminology has a plethora of empirical research themed on the correlates of race and offending; nevertheless, literature on theoretical efforts and concepts on African American offending and reoffending have lagged (Gaston and Eggleston Doherty, 2017). According to Gaston and Eggleston

Doherty, (2017), criminologists lean more toward a general theory of crime, an across-the-board approach that explains all levels of offending amongst all individuals. The traditional race-neutral theories of crime are subject to criticism by some scholars who argue the inadequacies of said theories, as they fail to explain Black offending falling short in capturing the inimitable condition Blacks in America endure, thus ignoring the “historical, economic, political, and social context in which Black Americans are embedded” (Gaston and Eggleston Doherty, 2007; Phillips & Bowling, 2003; Russell, 1992). Traditional race-neutral theories of crime dismiss what forms Black offending and how it differs by default (Gaston & Eggleston Doherty, 2017). Some argue that race relations should be the foundation for explaining Black offending and the experiences of Black Americans must be central (Gaston and Eggleston Doherty, 2017; Daly & Chesney-Lind, 1988; LaFree & Russell, 1993; Phillips & Bowling, 2003). The “racial invariance” hypothesis (criminal behavior is the same (reason for), regardless of race or ethnicity), that supports race-neutral theories of crime is refuted by some empirical analyses highlighting the need for explanation of offending specific to race (see Ousey, 1999; Unnever, Barnes, & Cullen, 2016; Gaston and Eggleston Doherty, 2017).

A Proactive Review of Program Impact Before Release and Relapse

Unfortunately, recidivism, more likely than not, occurs during a 3–5-year period post release. As stated before, as many as 40-60% of releases return to incarceration within 3 years post release (Grant and Zoukis, 2014). Consequently, due to the gap in time from release to relapse, it is difficult to assess the effectiveness of correctional interventions proactively. Ideally, offender relapse 3-6 months post incarceration release, or offender relapse 3-6 months into community supervision, would potentially provide a more immediate and realistic measure of recidivism reduction intervention effectiveness. With that said, there are determinants other than

offender return that offer real time measures of recidivism reduction intervention effectiveness and ineffectiveness. These determinants can assist with review of intervention implementation during its progression. Modifications such as change in program curriculum, change in mediation style, change in facilitation, reevaluation of offender specific needs, review of the level of attention and emphasis the intervention applies to offender needs, and perchance, change in facilitator (staff), can be more influential and impactful for the offender and efficacy of the intervention.

Observable Changes Indicative of Intervention Impact

The goal of intervention is to solicit change. This change often begins with an adjustment in cognition or thinking. Although the timeline for which an offender may relapse can be extensive, there are noticeable elements of change during the intervention process that are indicative of intervention effectiveness or ineffectiveness not based solely on predictability scales. Real life individual behavioral adjustments and modifications, or lack thereof, is a strong indication of success, failure, or potential for either, in various components of the process such as content and facilitation directly associated to the CBI. This observable data can aid in the modification of program curriculum, delivery of group content, reevaluation of offender needs or best-case scenario, reinforcement of what appears to be facilitating positive effective change.

Aim of the Intervention

The rehabilitation phase arguably is the most important phase of incarceration as it is a precursor, setting the tone for an offender's success or failure in reintegrating into society. The aim of implementing the purposed intervention is to assess if cognitive change can occur amongst African American offenders either during intervention progression or postvention,

measured by positive shifts in incarcerated individual behaviors because of UCCI's CBI-CA program involvement.

Proposed Intervention

This section of the paper will provide information that speaks to my 15 plus years of carcel social work experience and knowledge of policies and procedures at multiple Correctional Facilities, located in the state of New York. The Department of Corrections and Community Service's (DOCCS) official organization page lists the following nine offender programs identified as cognitive behavioral therapy based.

- Advanced Aggression/Cognitive Behavioral Therapy Program
- Aggression Replacement Training (ART)
- Alcohol and Substance Abuse Treatment (ASAT)
- Comprehensive Alcohol and Substance Abuse Treatment (CASAT)
- Dual Disorder Treatment (DDT)
- Integrated Dual Disorder Treatment (IDDT)
- Living Safely & Without Violence (females)
- Residential Substance Abuse Treatment (RSA)
- Sex Offender Counseling and Treatment Program (SOCTP)

These programs are limited to certain facilities, some are gender specific, and not available to all incarcerated individuals. Program admission is at the recommendation of an Offender Rehabilitation Counselor (ORC), and approval from the Program Committee. Program need is determined by type of crime, offender history, and criminogenic needs. Correctional Cognitive Behavioral programs are facilitated by DOCCS civilian staff, and aside from the substance use

programs, staff typically are not licensed professionals, i.e., licensed clinical social workers, who facilitate the above-mentioned programs. The female correctional facility holds programs in the Program Building and on housing units as a therapeutic community setting, therefore, a request for space in the Program Building to hold group for the pilot program is appropriate. This building has large spacious rooms similar to classrooms, allows incarcerated individuals time off their housing units, and is a location other than the mental health unit to avoid feelings or concerns associated with stigma.

Development and Design of Group

Participants, Assessments, and Dosage

Andrews, Bonta, and Hoge (1990) through their research, established that high risk offenders need more intense intervention and supervision. CBI-CA is designed for those indicated as moderate to high risk for reoffending. The African American experience often times differs from the European American experience (Jackson, Hodge, and Vaughn, 2010) which in turn influences and differentiates the criminogenic needs and risk factors of African American offenders. Research shows that African Americans reoffend at higher rates, their criminogenic needs and risk factors differentiate from those of their counterparts, and the literature lacks pertaining to culturally specific cognitive behavioral interventions explicit to this demographic. Accordingly, African American incarcerated individuals housed in a female medium security correctional facility categorized as high-risk will be selected for participation in the pilot program.

Determination of Risk

Offenders are assessed for level of risk prior to entering DOCCS. Risk is associated with an offender's propensity to reoffend and has very little to do with type of crime (Lowenkamp and

Latessa, 2004). Actuarial measures are used to systematically quantify an offender's risk for reoffending. They are used pre-trial to inform decisions post-incarceration and they are also used by correctional departments to inform programing during incarceration. Probation and parole agencies use risk assessments to determine level of supervision, and further, practitioners and case managers use risk assessments to assess community service needs and resource linkage.

Offenders are assessed and reassessed utilizing multiple variations of the risk assessment tool, COMPAS, at different stages throughout the pre and post incarceration phase. New York State COMPAS-Probation *Recidivism Scale*, is conducted in the community during the pre-trial/pre-sentencing phase by probation officers. Offenders are then reassessed upon admission to state prison. The 63-question New York Reception COMPAS, is completed with new commitments at reception centers with the male population, and the 105-question Gender Specific COMPAS assessment is completed with all female new commitments at the facility reception center by Offender Rehabilitation Counselors (ORC). Incarcerated individuals are reassessed again prior to parole boards and release. Individuals under community supervision (parole) will be reassessed yet again using the COMPAS Supervision Review instrument, after the parolee (incarcerated individual released from prison to the community on parole), has served twelve months of successful parole, and every twelve months of successful parole thereafter. An offender is designated as high risk if they have multiple risk factors (Latessa, 2010; NIJ Staff, 2012). According to Latessa (2010), CBI interventions should be specific to offender need and evidence based. CBI-CA is designed for offenders at high to moderate risk for reoffending (University of Cincinnati, 2011-2021) therefore, incarcerated individuals identified as high risk,

will be selected for the pilot group participation, and interventions will be tailored to their culturally specific individualized criminogenic needs.

Dosage

Research suggests that individuals involved with the criminal justice system receive more intense or a higher dosage (hours) of intervention (Gentry, Sperber and Lowenkamp, 2017). CBI-CA has flexibility in the design for adherence to the suggested dosage of participants (University of Cincinnati Correctional Institute, 2011-2021). A study by Sperber and Lowenkamp (2017), concluded that high-risk offenders require 200 or more hours of intervention to reduce recidivism. For this reason, pilot program participants will receive no less than 200 combined program hours of CBI-CA and other mandatory CBT DOCCS programs.

Group Size

CBI-CA suggests that CBI interactional group size allow an opportunity for all to practice learned techniques throughout the duration of each group session. The recommended group size for CBI-CA is one facilitator with no more than 10 people and for two or more facilitators, with no more than 16 participants. The pilot program will assign 2 facilitators, social workers, to facilitate the 16-participant program.

Group Duration

CBI-CA groups are designed for one hour and a half duration (University of Cincinnati, 2011-2021). A two-hour block will be requested for the pilot program to allow additional time for debriefing, for module sessions that may require more time due to unexpected interruptions, and extended time for clarification of group content as needed. It is important that group members have ample time for practice of techniques learned at the time of introduction (Burlingame et al., 2006).

Preparing Participants for Group and Group Facilitators

Each member will attend a preparation session prior to starting the group. Rapid development of cohesion, less deviation from group tasks and goals, increased attendance, less attrition, reduced anxiety, objectives roles and behavior is better understood, and increased appreciation for group as an effective mode of treatment is related to group preparation (Burlingame et. al., 2006). Social workers who have completed UCCI's intense CBI-CA two-week training and those who are trained in delivery of cultural-specific CBI, are qualified to facilitate the pilot program. Three social workers will be chosen from OMH (Office of Mental Health) staff housed in the correctional facility, as facilitators for the pilot program. Facilitators will meet with participants to review referrals and risk assessment information and address participant concerns.

Desired Outcomes

The desired outcome is to observe intervals of positive behavioral change that is suggestive of offender response representative of CBI-CA effectiveness. The hope is that offering culturally specific corrections focused CBI-CA pre-release, will result in positive shifts in African American incarcerated individual's behavioral patterns (a reduction in disciplinary sanctions associated with use of violence to have needs met) that demonstrates changes in cognition and beliefs (violence is not the only choice for meeting needs), that influence criminal behavior through facilitation of corrections centered CBI. A result of minimal absence of behavioral change (use of violence to have needs met) is as important, as it promotes areas for improvement, offers insight into the individualized risks and needs of the offender that may be resistant, un-phased by the intervention, or simply, the style or approach of the facilitator is not appropriately aligned with the offenders' makeup or needs.

Measurement of Outcomes

Utilizing the Qualitative Process Evaluation Data Collection technique will assist with outcome measurement. Qualitative interviews pre- and post – intervention will be used to assess staff commitment and its relation to offender behavioral shifts and intervention success. Other methods such as observations and review of logbooks, documents and computer systems that maintains offender prison records will also be conducted. Sixteen African American females/transgender individuals assessed as high-risk, who have history of violence, and who are within 1 year of release will participate in the CBI-CA pilot program. Age, education, physical health, mental health, vocational skillset, and religion, refer to individuals risk factors and needs. These factors are not a mandatory criterion for selection into the program but will be factored in at the end of the program and during the data analysis process. Incarcerated individual information data is stored and updated in a “live” statewide shared computer system, FPMs (Functional Program Modules). Disciplinary history recorded in FPMs will be reviewed pre and post group progression and reviewed again at the end of each week throughout the duration of the group. Number of MBR’s (misbehavior reports) and admissions to disciplinary housing will be retrieved from FPMs before during and after completion of group and collected for data analysis. Each group member will have an electronic and paper file. Progress or lack thereof is individualized for each member. For example, there will not be a set number across the board of MBR’s a member can or cannot receive that will be considered as progress, i.e. the incarcerated individual must not receive more than 3 MBR’s for the six-month group period. Progress or absence of progress will be determined based on the incarcerated individual’s disciplinary history thus, number of MBR’s will range for each. The objective is to see a reduction in general for all. Other observable determinants that may or may not be entered in FPMs indicative of

change for measure will be reviewed, recorded and stored in an electronic file before, during and after the duration of the group. Electronic files will be updated at the end of each week of the 6-month group period and will include the following:

- Referrals from security, civilian, and or administration staff pertaining to concerns associated with change in the members presentation, behavior, and functioning.
- Mandatory program attendance, participation, completions, refusals, and removals
- Voluntary program record
- Housing unit reports indicating behaviors, engagement with peers, ADL's (activities of daily living), and upkeep of living space.
- Interactions and conduct amongst security staff on and off the housing units.
- Social supports
- Engagement with familial supports, visits, phone calls, emails, letters, and packages.
- Mental health involvement including treatment compliance, medication adherence, and crisis intervention services.

Collection of Data

Qualitative primary and secondary data will be collected using observation, interview, and design thinking methods. Software applications will be used for streamlining data and creating documents and spreadsheets. Data will be collected before, during, and after completion of the pilot program. Data will be submitted to staff outside of the correctional facility for analyzing by an individual not directly involved in the pilot program.

Findings

Findings will be delivered through written documents, presentations, infographics, and webinars to all stakeholders including but not limited to, Department of Corrections and Community Service (DOCCS) administration, Office of Mental Health (OMH) administration, DOCCS central office and the Commissioner of DOCCS. Findings that show continuous improved behavioral patterns, an increase in maladaptive behaviors, or the absence of progress, will act as a guide for measuring levels of effectiveness in the facilitation of culturally specific CBI-CA. Continuous improvement in behavior, impulse control, emotional control, communication and engagement, will suggest there is a probability the current design of curriculum and facilitation is effective in promoting change. An increase in maladaptive behaviors, or zero change, may suggest that the level of intervention and or style of facilitation may need modification. This may also suggest a lack of efficacy in the intervention itself.

Discussion

The anticipation that the proposed intervention will be received well by all the necessary players is low. It is expected there will be a level of resistance, questions such as how CBI-CA differs from what the facility already has in place, will be at the forefront. The potential for “exposure” i.e., unveiling of reasons behind failed or low in efficacy programs currently in progress at the facility, is possible. The focus on fidelity for any evidence-based program should be of utmost importance and all involved should welcome alternatives that can contribute to effective change and success. There are many environmental factors that may serve as barriers to implementation of CBI-CA thus providing barriers to combating recidivism. Said findings can be used as validation for change in system policies and procedures. The biggest hurdle will be addressing the different levels in the chain of command and receiving approval. If there is

resistance at the bottom of the chain, it is all the more difficult to get to the top of the chain where decisions are made.

It is difficult for one to see the full picture if the focus is on one side. When viewing incarceration, recidivism and intervention as lone entities, it is easy to miss and or ignore the correlation amongst the three, specifically when it comes to Black Americans and how the exposure to the different sectors, and experiences link. Recidivism is a problem in the United States, no race is excluded; however, because Blacks are represented at the highest, there should be more interest on why this occurs and how can it be stopped. It is understood that US prisons are heavily populated with Blacks, the effort should be in minimizing the population therefore diminishing rates versus spotlighting what is already known. One would have to recognize the Black experience and the role the justice system plays in the mental and emotional breakdown of those involved in the criminal justice system and how it contributes to recidivism in order to assist in facilitating change.

Limitations

There are various environmental limitations that can interfere with implementation of the pilot program and the success of the participants.

Individual Barriers

- Participant refusing the program
- Participant signing out of the program
- Participant disqualified from the program due to MBR's or admission to disciplinary housing.
- Conflict with other mandatory out of facility appointments i.e., court or medical

- Removal from program by DOCCS for admission to other mandatory programs to earn release.
- Poor participant attendance / missed groups affected by the following:
 - Other mandatory callouts (appointments)
 - Security Issues including but not limited to the following:
 - Facility Lockdown
 - Halt in facility movement
 - Emergency / Escape Drills

Environmental Barriers

- Incarcerated individuals transferred to different facilities.
- Removal from the pilot program to attend other mandatory programs.
- Incarcerated Individual early release.
- Transfer to different facility for release.
- Closer to home transfers
- Facility movement

Administration Barriers

- Approval from all stake holders and policy makers

Limitations in the Intervention

- Minimal at best, research and literature on the effectiveness of CBI-CA
- Gender neutral and inclusive yet does not speak to being culturally specific to Black Americans.

- Finding clinical culturally competent staff
- Having enough staff who understand the Black Experience

Conclusion

These measures are not necessarily a true indicator the offender will not reoffend, they however, can be instrumental in developing a culturally specific, person-centered, individualized plan for release and determining level of community supervision, offering a safe handoff for reentry with the hopes of a establishing an intact treatment milieu that aids in lowering risk for reoffending and return to incarceration. The ideas and concepts discussed in this paper centered on recidivism reduction are not new. However, the discussion of adding an additional component, culturally specific interventions, is an approach that needs more attention and focus. If the goal is truly to rehabilitate offenders by targeting their criminogenic needs through intervention, researchers and scholars need to pay more attention to the findings that are so generously produced in the literature pertaining to the “who” and focus more on understanding “why.”

The purposed pilot project is only the beginning. Social workers must be trained and prepared to advocate for change starting at the micro level. Understanding policies and operational functioning as it pertains to a correctional setting is important, however when operational functioning and policies hinder progress in attaining the goal for which incarcerations and prisons were designed, rehabilitation, something needs to change.

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