



A Review on the Effectiveness of Correctional Programs on Reentry and Mental Health Outcomes



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Introduction

- The United States has one of the highest recidivism rates in the world. 76.6% of prisoners are rearrested within 5 years (Durose et. al, 2014) while 25% of people who go to jail are rearrested within the same year (Sawyer & Wagner, 2020)
- Incarcerated persons present higher rates of mental illness, substance abuse, trauma, cognitive disability (e.g., brain injury, cognitive decline), and low employability/education, which may be associated with higher recidivism rates (Baillargeon et al., 2009; Craig et. al, 2018)
- Common correctional programs:
 - Substance abuse treatment
 - Religious
 - Education and vocational
 - Reentry and case management
 - Psychological/counseling services
- This present literature review examines the effectiveness of various programs in correctional settings that address substance use, employment, recidivism, and mental health**

Methodology

- Data sources:** APA PsycInfo, Google Scholar
- Initially identified 60 articles but narrowed down to 30 peer reviewed articles evaluating programs that closely match in description to those offered at the Pasco County Jail:
 - Specifically, 12-step, religious, GED, life skills & employment assistance, reentry and case management, trauma-informed interventions, cognitive behavioral therapy (CBT)
 - Primary outcome is recidivism (e.g., rearrests), and other outcomes are substance use, education and employment, and mental health symptoms
 - Implemented in community, jail, and prison settings
 - Using longitudinal, quasi-experimental, and RCT designs

Results

Table 1: Effectiveness of Various Types of Programs on Recidivism

Program	Study	Follow-up period	Outcome	Result	Significant difference between groups	
Twelve-step	Turley et al. (2004)	6 months	Rearrests	Tx > Ctl	Yes	
		12 months		Tx > Ctl	Yes	
	Martin et al. (2003) Zanis et al. (2003)	12 months	Reconviction	Tx > Ctl	Yes	
		24 months	Conviction of any new crime	Tx > Ctl	No	
Religious	Young et al. (1995) Johnson et al. (1997)	8-14 years	Any new arrest	Tx > Ctl	Yes	
		1 year	Rearrests	Tx < Ctl	No	
	O'Connor (2003)	1-2 years	Rearrests	Tx < Ctl	No	
GED	Steuer et al. (2001)	3 years	Reincarceration	Tx = Ctl	No	
			Rearrest	Tx > Ctl	Yes	
			Reconviction	Tx > Ctl	Yes	
			Reincarceration	Tx > Ctl	Yes	
	Nutall et al. (2003) Zgoba et al. (2008)	3 years	Return to custody	Tx > Ctl	Yes	
			Rearrest	Tx > Ctl	Yes	
	Anderson & Moore (1995)	2 years	Rearrest	Tx > Ctl	Yes	
			Reincarceration	Tx > Ctl	Yes	
	Life Skills	Rossman et al. (1999)	1 year	# of rearrests	Tx = Ctl	No
Duwe (2015)		1 year	# of technical violations	Tx < Ctl	No	
			Rearrest	Tx > Ctl	Yes	
			Reconviction	Tx > Ctl	Yes	
			Reincarceration	Tx > Ctl	Yes	
			Revocation	Tx > Ctl	Yes	
			Rearrest	Tx > Ctl	Yes	
Willison et al. (2014) Anderson & Schumacker (1986)		6 months	Rearrest, probation revocation, and new sentences	Tx > Ctl	No	
Reentry	Braga et al. (2009)	3 years	Rearrest for any crime	Tx > Ctl	Yes	
			Rearrest for violent crime	Tx > Ctl	Yes	
	Cook et al. (2014)	1 year	Rearrest	Tx > Ctl	Yes	
			Reincarceration	Tx > Ctl	No	
	Duwe (2012)	18-53 months	Rearrest	Tx > Ctl	Yes	
			Reconviction	Tx > Ctl	Yes	
Trauma-informed CBT	Zlotnick et al. (2009)	6 months	New offense reincarceration	Tx > Ctl	Yes	
			Technical revocation	Tx > Ctl	No	
	Khodayarifard et al. (2010)	1 year	Any return to prison	Tx > Ctl	No	
			Return to prison	Tx > Ctl	Yes	

Table 2: Effectiveness of Various Programs on Mental Health Outcomes

Program	Study	Follow-up Period	Outcome	Significant difference between groups
Trauma-informed	Ford et al. (2013) Lynch et al. (2012)	4 weeks	PTSD symptoms	No
		12 weeks	PTSD symptoms	No
			Depression	No
CBT	Zlotnick et al. (2009) Cihlar (2014) Wolff et al. (2015)	6 months	PTSD symptoms	No
		3 months	PTSD symptoms	No
		3 months	PTSD symptoms	No
	Biggam & Power (2002)	3 months	Depression	Yes
			Anxiety	Yes
	Eseadi et al. (2018)	3 months	Depressive symptoms	Yes
	Pardini et al. (2014)	1 month	Depression severity	Yes

Note: All studies show significant improvements in mental health scores for both the treatment group and control comparison groups

Table 3: Effectiveness of Various Programs on Obtaining Employment

Program	Study	Follow-up period	Result	Significant difference between groups
Life skills	Duwe (2015)	1 year	Tx > Ctl	Yes
	Rossman et al. (1999)	1 year	Tx > Ctl	Yes
Reentry	Duwe (2012)	18-53 months	Tx > Ctl	Yes

Table 4: Effectiveness of Twelve-Step Programs on Substance Use

Study	Follow-up period	Outcome	Result	Significant difference between groups
Fiorentine (1999)	2 years	Drug use	Tx > Ctl	Yes
		Alcohol use	Tx > Ctl	Yes
Moos & Moos (2006)	16 years	Abstinence	Tx > Ctl	Yes
Carroll et al. (2006)	3 months	Marijuana use	Tx < Ctl	Yes
	6 months		Tx < Ctl	Yes

Discussion & Conclusion

- For **recidivism** outcomes, findings reveal a general decrease in recidivism for twelve-step, GED, life skills, and reentry programs. There were mixed conclusions on the effectiveness of religious programs on recidivism. Findings also differ depending on the type of recidivism measure.
- In terms of **mental health symptoms** (e.g. PTSD, depression, anxiety), trauma-informed and CBT interventions showed effectiveness in reducing these symptoms. Some questions about effectiveness of trauma-informed interventions relative to other mental health treatments and about the long-term effectiveness of CBT programs on inmate mental health
- For **employment** outcomes, there was a general pattern of improved employment outcomes for reentry and life skills programs.
 - Life skills programs that are offered in addition to other interventions such as GED, adult basic education, housing, and substance use services and those that include an aftercare component are more successful in improving outcomes for recidivism and employment compared to life skills programs that only focus on financial literacy or job search skills
 - The effect of GED programs on inmate employment outcomes was not examined in this review as most research evaluate correctional education programs in general
- For **substance use** outcomes, 12-step programs are associated with increased abstinence but are not as effective as other substance use treatment programs in reducing substance use, such as CBT.
- Common factors contributing to greater success across various programs:
 - Higher frequency of participation
 - Successful completion of program
 - Aftercare component
- Limitations:** Majority of studies evaluated programs were conducted in community or prison settings. Variability in research designs and follow-up periods.
- Further research is needed to address gaps in literature evaluating brief correctional programs for jail inmates.