

Moving the Needle: A Qualitative Evaluation of
Implementation Fidelity in Reentry Programming

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Abstract

Moving the needle: A qualitative evaluation of implementation fidelity in reentry programming

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The state of has notable rates of incarceration and probation combined, with a rate of.. per people. With ...residents on probation, the state has systems of confinement within and outside of prison that compare internationally. This state holds a reputation of having the harshest mass punishment laws when it comes to systems of confinement, lead post-offending individuals to pathways back into incarceration. Various research and evaluation studies demonstrate what works when reintegrating groups from prison to community, but there is limited understanding of *how* reentry programming and its interventions are working and to what degree, beyond quantified success. This study explores the direct experiences of program stakeholders in four facility sites at a reentry program in... Using qualitative evaluation methods to ascertain program fidelity at each of reentry sites, I explore what program recipients and staff members at the program believe affect their environment of a successful transition. Findings implicate the need for additional training in staff members, as well as organizational and inter-organizational dialogue with diverse community member groups that allow for individual-based resource provision and community investment. The data suggests links between paraprofessional staff members' histories in substance misuse and program participants' feelings of trust, identity, and safety.

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Thank you to everyone who takes the time to read this work. It is my hope that researchers, education practitioners and grassroots organizations will continue to interconnect, mobilizing knowledge and increasing capacity and access to lifelong learning, wellness, and the continuity of care to communities of all backgrounds. In reading this, may it instill the necessary confidence and desire to collaborate within one's own nearby community programs and spaces.

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Chapter 1: Introduction

Introduction

The issue of mass incarceration is widespread and has given rise to an issue of mass reentry¹ worldwide (Deitch, 2022). Within the United States (US), 6.9 million individuals are currently either incarcerated or on parole—that is a rate of 358 per 100,000 US residents in federal and state incarceration (Carson, 2021). Additionally, a million individuals continue to cycle in and out of local US jails (Office of the Assistant Secretary for Planning and Evaluation, n.d.), indicating the relevance of recidivism² when discussing reentry. Despite the 600,000 US residents nationwide being released yearly to parole supervision and back into community (Office of the Assistant Secretary for Planning and Evaluation, n.d.; Nakamura and Bucklen, 2014), often in incapacitated and socially marginalized states (Wildeman, 2012), more than two-thirds of them are reincarcerated 3 years after their release date (Office of the Assistant Secretary for Planning and Evaluation, n.d.).

Parts of this section of the dissertation is under permanent embargo for confidentiality reasons and is not available.

¹ Reentry, or datedly referred to as ‘prisoner reentry’, is defined in this evaluation study as a process where an individual is exiting prison and coming into society. As a meaningful term and when supported through a program, this process can go “beyond the physical resettling into society after incarceration, such as finding housing and sustaining job opportunities, but it also considers the *moral inclusion* of these individuals” (Montgomery, 2022, p. 4; Braithwaite, 1989).

² Recidivism is defined as the “relapse into criminal behavior, or more broadly, a tendency to relapse into a previous condition or mode of behavior” (Merriam-Webster, n.d.).

Three-strikes law use

This section of the dissertation is under permanent embargo for confidentiality reasons and is not available.

Reform in reentry

A major criminal justice reform legislation concerning reentry called for the creation of a similar program as previously described but for individuals who were presently incarcerated. This established a partnership between departments of corrections and educational organizations to allow these individuals to have access to education resources and employment skills that can reduce criminal behavior and activity once released. Additionally, the Bill looked to minimize probation lengths by allowing individuals on probation who have completed two years of active supervision to transition up to unsupervised probation, therefore modifying the extensiveness of community supervision model. The shortened or terminated probation was contingent on the Bill's new development of a behavioral incentive date (BID), which is made available for individuals who are sentenced directly to parole after being convicted of a felony and follow certain conditions of eligibility. The introducing of the bill not only shortened or terminated probation for many individuals convicted and receiving parole sentencing, but with less individuals on probation and parole, caseloads of parole officers were shortened. With shortened caseloads, the conditions of reentry for those on parole might be experienced as less "superfluous, isolating, and constraining" (Montgomery, 2022, p.10) with their case being handled in a more individualized way (McKendy & Ricciardelli, 2022).

Lastly, the Bill required courts to waive or change any restitution owed by the individual on probation if it was determined by the court that they are unable to meet payments. This responded directly to the "burdensome and expansive" (Huebner & Shannon, 2022, p.194) for-profit, private probation system whose rituals of compliance such as drug testing, electronic

monitoring, and paying monetary sanctions are frequently reported as bringing on sizeable challenges for individuals on probation (Huebner & Shannon, 2022).

With these pieces of legislation and ways of reform in mind, it becomes evident that the massive number of individuals on parole, under supervision or on probation while simultaneously reintegrating back into society does not receive the same public and political attention as the numbers of mass incarceration, despite their systems being comparatively similar and “deeply linked” (Wang, 2023). For instance, some researchers have questioned community reentry supervision, noting that the supervision imposes conditions similar to that of prison by “creating prison-like environments in community” (Kilgore, 2022) through the use of electronic tools for surveillance. While probation and parole could be seen as an advantage compared to mass incarceration and indefinite punishment, the system remains a “revolving door” for individuals in great need of social care services (e.g., food assistance, health care, family services and support, education, housing, etc.), keeping them far removed from community and their families (Wang, 2023). Reentry programs fill this gap through their efforts in providing care and resources that work to not only meet basic needs for survival, but also resources that reconstruct social bonds and identities after incarceration (McKendy and Ricciardelli, 2022).

In cases where reentry programming fails, effects are seen in the increase of crime within and throughout communities, eventually leading to “more family distress and community instability” as well as poverty increases (Office of the Assistant Secretary for Planning and Evaluation, n.d.). Practices in reentry aim to reduce the challenging conditions in individuals returning from prison or jail through various programming foci such as social integration, health support, and connection to services and resources. Alternatively, some reentry programming has incorporated goals to community transition through peer mentorships and encouraging agency and self-identity transformations (LeBel et al., 2015; LeBel, 2007).

As a response to reentry programming failure, some new contributions to the literature concerning reentry include the exploration of successful interventions informed by the growing bodies of research signaling *what* works for individuals in their reintegration process beyond desisting from criminal acts and recidivism (D’Amico et al., 2016; Lattimore et al., 2012), such as the overcoming of personal, social, and structural barriers after incarceration (Giordano et al., 2007; Healy, 2014; King, 2012; Towne et al, 2022). However, there remains little research in the evaluation of reentry programs and evaluations with rigorous consideration to *how* these interventions are working and to what degree they are working (Miller, 2014) as a means to demonstrate the program’s fidelity (Miller and Miller, 2016). For instance, where there are program evaluations of reentry, they tend to have a high focus on the program’s overarching measures of program performance, such as their participants’ measured rates of survival, desistance, and recidivism, giving little or no attention to other significant measures that are non-operational, like the structural components of the program’s implementations (i.e., the staff size and caseloads, referral and service delivery, training and qualifications of program implementors and treatment providers, and the style, frequency and consistency of the program delivery), the changing realities of the program’s treatment environment, and the nature of interaction amongst staff and participants (Miller and Miller, 2016). Such elements can lead to an understanding of the program’s nature of effectiveness (Mears, 2010; Rocque, 2021; Towne et al, 2022). Evaluations like the former contribute to the many “black box” evaluations that only highlight the positive or negative outcomes of the program rather than understanding the key elements within the programming that yield such effectiveness (Sanders & Horn, 1998).

Programs subject to being evaluated are either *treatment* programs, *action* programs, or *intervention* programs which share an aim to increase some form of human well-being (Chen, 2015). These programs can fall within the scope of educational support, health promotion,

criminal justice, community development, job security and training, or welfare and poverty reduction (Chen, 2015). The programming and policies they have in place are often meant to influence or change program recipients' thinking, knowledge, or behavior within their community and society, and thus are all referred to as program *interventions* (Chen, 2015). Moreover, the evaluation of such interventions operates as a system, gathering information from the intervention program's main 5 components: the *inputs* (i.e., resources used by the program from the community such as funding, trainings, partnerships, facilities, etc.), the *transformations* (e.g., the implementation process of the mentioned inputs), the *outputs* (i.e., the results of program's implementation's), the *environment* (i.e., the social, political, structural, financial or economic factors that can work to either advance or hinder the implementations) (Bertalanffy, 1968; Chen, 2015; Ryan & Bohman, 1998) and the receiving of *feedback* through insightful evaluation of the four mentioned main components. The program receiving assessment in this evaluation study is (redacted), a reentry treatment program with interventions that aim to enhance human well-being after incarceration through substance abuse counseling sessions, job training and security, housing stability, referral services, and spiritual as well as secular presentations and communal activities.

Overview of the program

This section of the dissertation is under permanent embargo for confidentiality reasons and is not available.

Practical problem

Although many aspects of the organization are functioning well, the program faces some challenges. I connected with the executive director and founder the program through a family

friend who is employed as the clinical director for the program. He expressed his interest in having the program compassionately evaluated—an evaluation that shows the program’s success beyond numbers. We began pre- evaluation steps with informal sit-ins on the program’s weekly leadership meetings where new program developments, incidents, and operations are discussed and strategized. During the three months of sitting in on the leadership meetings, I observed and noted the reoccurring challenges of the program with a goal to map and then present to the program’s executive leadership team an appropriate evaluation design for their programming needs. I also used the 3 months engaging in and observing the leadership meetings to begin the fostering of relationships with the program’s staff. This was generally done by engaging in different perspectives, roles and input of all staff present with regard to the program. Additionally, listening and showing up consistently to the weekly meetings was a way to build trust between myself and the program stakeholders before beginning the evaluation. Building trust as a necessary interpersonal component to the pre-evaluation stage facilitates decision-making as well as the sharing, communication, and monitoring of power and privileges in the evaluation (Walser & Trevisan, 2021).

Overall, the program is facing difficulty in relationship building and establishing trust within various environments in their program. They face difficulty in building relational partnerships with organizations outside the city as an effort to extend their resources and expand the program to serve hard-to-reach clients beyond their city limits. In addition, the program leaders have expressed that there have been some challenges in relationship building amongst staff members, the relationship and trust between staff members and their program participants, as well as building and sustaining a spiritual relationship between Christ and the program's staff and program participants. Some of these relational challenges might be connected to underlying social and cultural norms and capacity within the program environment, and subconscious othering acts towards participants, which further impact the degree to which program interventions are implemented for some participants. This might also further impact relationships, staff capacity, and program effectiveness. Lastly, although the program is quantitatively monitored in terms of its outputs, a continuous challenge expressed in the program's program intervention is understanding how the programs' inputs are "touching and changing lives" rather than just knowing "how many" lives are changing via housing and employment attainment, as expressed by the executive director.

Evaluation purpose statement

The purpose of this evaluation study is to demonstrate the contextual benefits of reentry programming. The evaluation will ascertain program fidelity to determine if their implementations align with their originally developed plans that are meant to center around relationship. The program's interventions and delivery will identify areas where improvement is needed as well as the mechanisms of the

interventions' implementation that has worked to enable program outcomes. Additionally, a collaborative evaluation with the primary stakeholders will support in building organizational capacity in staff to independently do and use evaluation within their program. Results from the evaluation are meant to be used by the program's service providers and partnering board of directors to share in the program's favorable and unfavorable outcomes to improve its programming.

Evaluation questions

Although there is a collection of sociological literature and empirical knowledge detailing what makes prisoner reentry successful through the provision of care, encouraging desistance and reducing recidivism, we know little about how reentry programs are producing their desired outcomes. Exclusively quantitative approaches can act as a barrier to understanding the program's core components and critical and holistic determinants of success (Miller & Miller, 2016). Thus, a process evaluation design was implemented using qualitative methods to further contextualize the program's existing quantitative program data. The guiding questions used for this evaluation study are modeled after Miller and Miller's (2016) evaluation study for the Delaware County Jail Substance Abuse Treatment (DCJSAT) program (Miller & Miller, 2016, p. 116):

- 1) Does the program *adhere to evidence-based practices that have documented success in addressing community reentry barriers outside of correctional settings?*
- 2) *Does the program deliver treatment in manners consistent with prescribed program protocols thereby demonstrating program fidelity?*

- 3) *What effect does the program have on facility climate in terms of interaction among program participants, participant-staff interaction, and staff-staff interaction.*

Significance of the study

As reentry programming continues to be a large need within neighborhoods and communities experiencing an influx of individuals with past incarceration, it is important that such programs can demonstrate the effectiveness of their interventions beyond quantified success. A qualitative evaluation of reentry programming sheds light to how and why the program reaches its outcomes. Additionally, assessing the processes of the program's implementations through which program stakeholders express their experiences shed light on the degree to which the program is responsive to the program's needs and plan. Finally, a process evaluation reveals findings that tie the program stakeholders' nature of relationship to the quality of the program's services delivered, in addition to uncovering the structural barriers that are impacting such relationships to expand or develop within the program.

Chapter 2: Literature Review

Having discussed the historical, political, and criminal justice climates, as well as introduced the reentry program under evaluation, I will now discuss the essentials of reentry. In this chapter, I will first talk about the basics of reentry with regard to its program types, commonly used models, and influential studies. Next, I discuss the key theoretical concepts in reentry that will shape the methodology of the present evaluation study. Lastly, the final section of this chapter will review qualitative evaluation studies of reentry programs, as well as discuss their reported findings and implications.

2.1 Basics of reentry

Processes within rehabilitative programming aim to prepare individuals coming out of incarceration for life in the ‘real world’ and back amongst community through individualized, case-by-case treatments (Travis, 2005; Visher, 2006). The treatment plans usually go beyond the physical resettlement of individuals by implementing holistic services that address the issues of mental health, substance abuse, sustaining employment, housing, post-release supervision compliance and continuation, education, as well as addressing family conflict (Steadman & Veysey, 1997). The program often then relies on participants not returning to prison and desisting from criminal behavior as a measured level of participant and program success. However, practices in reentry also have important goals of encouraging moral inclusion, agency, identity transformation and feelings of purpose within their participants (Braithwaite, 1989) that essentially act as primary human goods (Emmons, 1999; Ward, 2002) that are building blocks to equity after incarceration. These primary human goods “emerge out of basic need” while secondary goods, such as the mentioned job, housing, family securement, and other forms of prosocial reintegration, are considered the “concrete ways” of acquiring and sustaining those

primary goods (Ward & Brown, 2006, p. 246). These kinds of primary goods often go unnoticed and undocumented (Mears, 2010) when discussing the success of the program and the effectiveness of its interventions and implementations in reentry. Hidden in-program benefits and non-operational outcomes “have wide effects on program participants’ reintegration process and ultimately amount to the various factors that lead formerly incarcerated people to desist from crime” (Montgomery, 2022, p. 4).

Interventions in reentry programs can be based in correctional settings, in the community, or both, and will often differ in their targeted issues. For instance, some unimodal reentry programs will target a single issue in reentry e.g., substance abuse disorder only, while multimodal reentry programs can simultaneously focus on various issues in reentry, e.g., sustaining housing, employment, reducing substance use disorders, mental health care, social integration, etc. (Berghuis, 2018). As the primary aim of reentry programming is to assist in providing a progressive or an incremental transition (Petersilia, 2004) back into society and without reoffending, most interventions in reentry are implemented in a nonlinear (Borzycki & Baldry, 2003), multi staged process where they begin within the prison or jail institution and continue upon release within the community and then throughout their independent integrations (Shirley, 2011; Taxman et al., 2004).

The following section will first discuss the role of basic models used in reentry and how their use and the understanding of these models have evolved over time. Next, I will outline the various types of reentry programs and their related noteworthy studies.

Risk-Need-Responsivity (RNR) Model

The risk-need-responsivity (RNR) model is the first and most influential model used for assessing and treating post-offending individuals through rehabilitative assessment and is still being used in various rehabilitation programs around the world. The RNR model has a general belief that by matching the individual's likelihood of reoffending with the type of service and treatment provided to them, recidivism will be reduced. The model first assesses individuals' criminogenic potentiality, then what factors are needed to treat such criminogenic behavior, and finally, providing a treatment that is responsive to the learning style and circumstances of the individual. The model proposes such guided intervention planning through the application of the three theoretical principles: *risk*, *need*, and *responsivity*.

I will now explain the three theoretical principles of RNR and the evolution of its assessment instruments. Firstly, the *Risk* principle suggests applying a level of service that matches the post-offending individual's identified risk level of reoffending. For example, the principle advises that if the individual has a high risk for reoffending, according to their offender risk assessment, then a high-level intervention and high intensity treatment (Bonta & Andrews, 2007) would be most benefit for the individual. This practice of assessing offending risk level has undergone a number of what Bonta (1996) considers generational changes. The first generation of risk assessment relied on professional judgement alone, rather than a specific instrument or tool. Professionals (i.e., probation officers, prison staff, social workers, psychiatrists, and psychologists) would use their own related education and training to decide who required higher levels of surveillance and security supervision (Bonta & Andrews, 2007). Following this, the second generation, recognizing the value in actuarial, evidence-based science tools, began making significant changes in how risk was assessed for post-offending groups.

Contrary to their first use of professional judgement, the actuarial risk assessment⁵ instruments in the 1970s considered how the history of the individual under assessment might increase or reduce their chances of recidivism. For instance, if the post offending individual had a history of substance misuse, it was scored as one, and, likewise, those without a history of substance misuse were scored as zero. Once all items are totaled, those with higher sums are understood as having a higher risk of reoffending. As actuarial risk assessments showed to be more reliable in predicting individuals' likelihood in reoffending than that of professional judgement (Ægisdóttir, White et al., 2006; Andrews, Bonta et al., 2006; Grove, Zald, et al., 2000), it later evolved to also consider post-offending groups with additional disabilities such as mental disorders and those who have committed sexual offenses.

Despite the second generation of the model's advancements in implementing evidence-based assessment tools, there were some weak points in the risk assessments' items. These shortcomings were related to the selection process of the items that was without theoretical basis. This means that the items were not chosen because of theoretical relevance to offending risks, but rather because they were "easily available and show an association with recidivism" (Bonta & Andrews, 2007, p. 3) and thus, included mostly items that directly related to criminal histories. Additionally, the assessment items of criminal history did not consider the potential changes in the individual's lifestyle, therefore not allowing change in their assessed risk level. For instance, if a post-offending individual with a history in substance misuse was presently abstaining from drugs, the substance misuse would be accounted for as a heightened risk, but not their efforts in

⁵ "A statistically calculated prediction of the likelihood that an individual will pose a threat to others or engage in a certain behavior (e.g., violence) within a given period. ... Actuarial risk assessment relies on data from specific, measurable variables (e.g., age, gender, prior criminal activity) that have been validated as predictors and uses mathematical analyses and formulas to calculate the probability of [dangerousness](#) or violent behavior" (APA, 2018).

abstaining, which would reduce the risk of reoffending. Additionally, the substance use category does not account for substance cravings or behaviors related to substance use such as fighting, change in daily activity to use substances, etc. Furthermore, education categories also were lacking in terms of consideration of literacy levels and learning disabilities such as dyslexia and attention deficits.

With the mentioned shortcomings in consideration, the third-generation risk assessment included new research that was more ‘dynamic’ to recidivism risk factors (Bonta & Wormith, 2007) such as open-ended questions about the post-offending individual’s circumstantial changes in life situations regarding their employment status, old and new friend groups with or without criminal backgrounds, their family support systems, changing relationships, and positive or negative influences. Finally, the fourth and most current generation of risk assessment instruments is an extended version of the third-generation model but includes a fixed treatment and management plan for the individual according to their identified risk level. This is purposed for re-entry and rehabilitative case managers. The fourth-generation model offers a systematic way for professionals to monitor rather than simply measure the individual’s personal factors and life changes. Notably, the third-generation model is used by correctional jurisdictions to make decisions about granting pretrial release, rearrests, and reconviction (Jung et al., 2018) and to allocate plans for supervision and the type of treatment programming (Taxman & Smith, 2020).

The second theoretical principle in the RNR model is *Need*. The *Need* principle looks at what researchers (Andrews et al, 2006) consider the “central 8” predictors of recidivism or criminogenic needs (i.e., antisocial personality pattern, pro-criminal attitudes, social supports for crime, substance misuse, family and marital relationships, school and work, prosocial recreational activities, and criminal history) of individuals and suggests treatment and

interventions that target these. While the model also provides a list of non-criminogenic needs such as physical and mental health, personal distress, self-esteem, and creative abilities are referred to as “minor needs” and no intervention or treatment is suggested. This is reasoned by the model’s suggestion that if non-criminogenic needs such as physical and mental health are treated, but criminogenic needs are not, then individuals are likely to continue in criminal behavior but with a greater physical strength and mental health. Thus, the model suggests that minor, non-criminogenic needs have a lower likelihood in changing criminal behavior, according to the RNR model. Similar to the *Risk* principle, the *Need* principle also decides the level of intensity for treatment and intervention (Ward et al., 2006), ultimately dictating what and how interventions will be implemented.

Lastly, the RNR model’s third principle, *Responsivity*, is dependent upon the individual’s scores from their risks and needs assessment (RNA) and the specific RNA tool⁶ used. For instance, the assessed risk and need factors like the individual’s gender, mental health, and motivation can then determine the responsivity or the tailored intervention and treatment to be implemented. Taxman and colleagues (2014) describe responsivity’s process of doing so as being based upon either “destabilizing factors” of the individual by targeting specific risk and need factors related to substance use, mental disorders, or obtaining and regulating housing and transportation insecurities; or their “stabilizing factors” that reduce any of the assessed and defined risks’ outcomes (e.g., protective factors). There are a number of risk and need assessment systems, also referred to as RNA tools, that have been developed, and not all suggest the same way to respond. For instance, the Ohio Risk Assessment (ORAS) uses the

⁶ RNA tools consist of surveying questions determining the individual’s likelihood of reoffending based upon their previous “criminal behavior, attitudes and personality, and life circumstances” (CSG Justice Center). Results from RNA tools can help decide on which kinds of interventions to implement when responding to needs and reducing risks during case management and planning.

neighborhood of the individual as a stabilizing responsivity variable to consider what contextual factors (e.g., high crime, drug “hot spot”, food deserts, etc.) the individual is faced with every day. While motivation to continue criminal behavior or to change would seem to be an important destabilizing factor in responsivity, Ward and Carter (2019) reported this factor as being included in only a few RNA tools.

Overall, the responsivity principle suggests that the treatment provided to the assessed individuals should adhere to the individual’s unique “learning style, level of motivation, and...personal and interpersonal circumstances” (Ward et al., 2007, p. 209). Thus, responsive practitioners providing care will often consider treatments and interventions based in cognitive behavioral interventions, such as skill building and cognitive restructuring, as it is considered to be the most effective responsivity factors for post-offending groups (Institute for Cognitive Behavior Management, 2018). The process of skill building interventions can include role-playing, modeling, feedback and reinforcement (Institute for Cognitive Behavior Management, 2018). Skill building is purposed to increase social competence and reduce oppressing and disempowering experiences in post-offending groups when “asked to perform in a role in which they are not competent” (Institute for Cognitive Behavior Management, 2018). Cognitive restructuring interventions target individuals’ interpersonal skills and ways of coping, helping them to become aware of self-defeating thought processing and replacing it with more balanced thinking.

RNR Model Critiques and Risk-Need Assessment (RNA) Evolution

The RNR model was first formalized in 1990 by researchers, James Bonta, Don Andrews and Paul Gendreau as a way to disprove Martinson’s (1974) theory that “nothing works” in

prison reform and later expanded in 2006 as a seemingly comprehensive framework predicting criminal behavior and systematically classifying and managing risks. Overtime, the model adapted its methods to the social contexts and personal factors of its targeted population as detailed in the above sections. The RNA tools claim to be a standardized tool that is impartial to racial, gender, or type of criminal offense bias and has been adopted in various social justice settings to make critical justice decisions (Taxman & Smith, 2021). Despite the pioneering model's wide-use and renowned methods in predicting criminal behavior through its RNA tools, the tool has been widely critiqued in research studies (Hannaah-Mofet, 2016; Taxman & Smith, 2020; Ward & Carter, 2019) for inadequacy in appropriately matching effective treatment to the characteristics of the individual assessed, as well as provide a holistic treatment that aligns with the model's rehabilitative goal. This section will detail the insufficiencies of the fourth generation RNA tools and finally, highlight conceptual new frameworks to be added to the tools to contribute to a more meaningful approach to reducing recidivism.

To begin, recent critiques about the fourth-generation RNA tools question the process in which the categories have been developed, referring to the model as “a decentralized system of instrument development and an atheoretical approach for identifying relevant items” (Taxman & Smith, 2021; p. 2). For instance, some RNA tools will compute the assessed *risk* scores without the *need* scores, while others may total the two scores together. This inconsistency is mentioned as not only “inflating the risk level for an individual” (Taxman & Smith, 2021; p. 3) who is being scored for both risk factors (e.g., rearrest, recidivism, etc.) and need factors (e.g., predictors of recidivism), in comparison to those scored for only risks; but it also leads to an unequivocal judiciary evaluation of the individuals' final sentencing decision.

Additionally, the way to which this scoring is responded to is also negatively affected. Resource allocation depends upon the categorical total scoring of risk and need, which is organized by low, medium and high. As a result, justice and rehabilitation policies began assigning programming type to individuals based upon their risk category score, often ignoring or not providing any services to those with a low-risk score despite their high criminogenic needs (Baird, 2009). As an example, high-risk individuals are set to receive high-level programming such as psychotherapy and in-patient treatment, while those with high needs are not assigned, at the least, to any prevention-type programming or services. Many have noted these misinterpretation of RNA tools usage concerns regarding low and high risk and need categories as hindering and suggested a need for numerous programming responses to both categories rather than those rated as high risk (Andrews & Bonta, 2010; Taxman, 2006).

Secondly, another critique of the RNA tools is its claim of being unbiased or neutral when it comes to gender status. As men make up the majority of post-offending populations, some factors used to develop the RNA tools' data are based in the post-offending male experience (Taxman & Smith, 2021). Additionally, the suggested programming to apply according to individuals' assessed needs and risks were also derived from test that measured only the male populations' experiences and lifestyles. Therefore, factors more specifically seen in the experiences of post-offending women, such as domestic violence, sexual abuse, and childcare need factors and women risks factors that determine the crime trajectories unique to women were originally not considered in the RNA tools (DeHart, 2018; Van Voorhis et al., 2010). This furthered the difficulty in matching programming for women after their RN assessment. Studies have mentioned the necessity for separate treatment models or components for women (Taxman & Smith, 2021).

In the same way that it is impractical to remove gender paradigms from RNA tools, race also cannot be ignored from tools measuring criminal history, as race and criminal arrests history are systemically interrelated (Kerrison, 2018). Apart from this, Hannah-Mofat (2016) suggested racial bias within the dynamic risk factor systems of the RNA tools' resource and unnecessary programming allocation based upon neighborhood locations and "faulty racial assumptions that criminalize particular groups" (McCafferty, 2018; Taxman & Smith, 2021, p.3). For instance, McCafferty (2018) reported mistakes in a validation study for RNA tools regarding black and white youth recidivism. The tools used actuarial methods such as the number of rearrests to predict the likelihood of recidivism, determining that black youth are more likely to succumb to recidivism than white youth. However, the validation study found that while black youth have higher re-arrest scores, white youth were, in fact, reconvicted at higher rates. Rearrests that do not lead to reconviction could be reasoned by various systemic issues between black populations and the justice system such as racial profiling, prejudice, and racial assumptions.

Finally, RNA tools are criticized for its lack of consideration of other social constructs influencing recidivism such as food insecurity, access to quality health care and insurance, financial instability such as debt and unreliable income, social contexts such as systems of support, stress, social integration and acceptance, and education, literacy and work skills training (Taxman & Murphy, 2017, p. 3). Such social constructs, as well as various others, have been conceptualized into a framework, the Social Determinant of Health (SDH) Framework, which can be paired with RNA tools to ultimately "assess the agency (i.e., availability of psychological and social resources) to meet daily needs and participate constructively in civil society" (Taxman & Smith, 2021, p. 3). The framework relies on diverse theories of impact, social power, human rights and feminist perspectives, suggesting that politicized "empowerment of vulnerable and

disadvantaged social groups will be vital to reducing health inequities” (World Health Organization. 2010, p. 22). It is focused on three major components: socio-political context, structural determinants and socioeconomic positioning, and intermediary determinants (p. 20) of health inequities. The framework is referred to as a shared, action-oriented framework that not only maps interventions for vulnerable populations in need but also monitors such mapping to guide policies, filling the gap of health inequities in neighborhoods, programming, and specific interventions. Contrary to RNA tools, the SDH conceptual framework distinguishes between the structural, political and mediating inequity determinants of health occurring in specific locations or amongst targeted population and considers both protective and deficit factors, whereas RNA instruments tend to only assess deficits and on an individual level. Presently, there are programs for youth using RNA tools that now include protective factors seen in the SDH framework, allowing for a comprehensive presentation of the youth.

The CARE Model

The RNR models highlighted essential themes in successful reentry steps such as the reviewing the psychological make-up of the individual, caring and monitoring their cognitive behavioral health such as self-sufficiency, interactions, and sense of responsibility, and their emotional and environmental stability. As insight into these themes progressed, various research studies were published (Barrett et al., 2007; CJC, 2015; Lewis & Jones, 2004; Perry et al., 2011; Skinner-Osei & Stepteau-Watson, 2017), which showed the additional underlying economic, political, and social barriers that exist in preventing successful reentry. From these new understandings, a more justice-involved model, the CARE model, was developed to specifically consider the barriers that are faced by African American men. The CARE model does so by

including trauma-informed care practices as a key component to supporting men in their reintegration and post-release planning (Skinner-Osei & Osei, 2020). Trauma-informed principles have four main intentions: “(1) realizing that trauma is extremely prevalent and can create lifelong implications in many facets of functioning; (2) recognizing that many presenting problems are best conceptualized as signs and symptoms of trauma; (3) incorporating knowledge about trauma into system-wide policies, procedures, and practices; and (4) avoiding the repetition of retraumatizing and disempowering dynamics in the service delivery setting” (SAMSHA, 2014; Skinner-Osei & Osei, 2020, p. 338).

Moreover, CARE has four main components: *collaboration*, *amend*, *reintegrate*, and *empowerment*. The *collaboration* component of the model describes the development of the model that integrated strategies from the RNR model and the Boston Initiative model implement treatment interventions that go “beyond focusing on practical needs and collaborated with other entities” (Skinner-Osei & Osei, 2020, p. 338) such as “social learning techniques”, “treatment modalities” and including relational factors of reintegration such as family and friends (Skinner-Osei & Osei, 2020). Additionally, both models include practices that are specific to addressing “high-risk, justice-involved” individuals, which is the main aim for the CARE model. Moreover, the *amend* component addresses the various policies and penalties in place that do not consider the mental and psychological health of post-offending individuals reintegrating into society. The CARE model advocates for the amendment of such policies to include more community care that will be supportive to reintegrating individuals. Next, *reintegrate* in the CARE model focuses on the community organizations, groups, and businesses that are relied upon during the reintegration of the post-offending individual. It also incorporates trauma-informed care when working together, as trauma tends to influence the way one is able to successfully work with others or be

present at home (Skinner-Osei & Stepteau-Watson, 2017). Finally, *empowerment* in the CARE model suggests increasing the role of “mentors and peer specialists from the communities these men are returning to” (Skinner-Osei & Osei, 2020, p. 338). However, the model also proposes the need for support external to their communities, such as licensed psychologists, researchers, professors, social workers, employers, and probation officers. The model suggests that support through internal and external community mentorship and connection allow individuals to contribute and give back to society, as well help reduce the existing stigma.

Re-entry Program Types

Having now considered the different generation of models that are used in rehabilitative programs like re-entry to assess risks and needs, and allocate responsive resources and programming (i.e., RNR and RNA instruments), we will now consider the various types of rehabilitative programs in which they are used. As discussed previously, all re-entry programs have a general aim to support previously offending individuals as they transition from incarceration into community settings (Berghuis, 2018). While provided support can vary depending on the program type and the post-offending population that is being provided for, practical support through reducing barriers in sustaining housing, employment, education, and sobriety are common ways of support in most re-entry programs. Additionally, clinical support or any addressing of cognitive behavioral health concerns and trauma that give rise to criminogenic acts should be available within all reentry programs (Gaiser et al., 2021; Petrich, Cullen, et al., 2021). Indeed, populations exiting incarceration are diverse in demographic and in the stages of their transition, thus various programming types have been developed to address the diverse needs that are in-prison, community-based, youth-centered, and faith-based, as we shall see in the following sections.

Prison-based Re-entry

Rehabilitative programming provided in prison is available to all incarcerated individuals, targeting a wide range of vocational skill building and mental and prosocial behavioral capacities that are evidenced to reduce the likelihood of reoffending after incarceration (Bonta & Andrews, 2017). Programming designed specifically to prepare incarcerated populations for release and life experiences in community is referred to as prison-based reentry and differs from that of broad rehabilitative programming in that it is offered to only those nearing the end of their sentencing. This section will discuss the programming available in prison settings and the models commonly used to develop such programming.

Criminal justice systems in America have a high focus on addressing substance use disorders (SUD) as a means to reduce recidivism. This is due to most recent studies showing that 45 percent of individuals incarcerated in federal prisons have a SUD (Bronson et al., 2017; Mumola et al., 2004), and nearly 75 percent in state prisons need some form of programming or treatment addressing SUD (Belenko et al., 2005). Additionally, the Office of National Drug Control Policy found that at the time of their arrests, 60 percent of adults tested positive for an illegal substance (2012) as well as a continued use after release, showing mediating factors between substance use and recidivism (Andrews & Bonta, 2014). Thus, various programming and treatment designs addressing SUDs have been used in carceral settings, however, the Therapeutic Community (TC) mode design is seen as a promising adaptation (Mills & Davidson, 2024) because of what research studies mention as having high effectiveness in reducing SUDs and recidivism against other prison-based programs targeting SUD (see Campbell et al., 2019; De Leon, 1985, De Leon, 2000; Drake, 2012; Malivert et al., 2011; Mitchell et al., 2012; Nemes

et al., 1999; Sacks et al., 2012; Vanderplasschen et al., 2013; Welsh & Zajac, 2013; Wexler et al., 1999).

The TC model is an approach to group therapy that emphasizes the use of “community as method⁷” within its behavioral and psychological interventions (Yates, Mullen, et al., 2021, p. 46), or rather it enacts a “purposive use of the community as the primary method for facilitating social and psychological change” (De Leon, 1994, p. 22). Considered as a high-dosage treatment type with an “immersive and intensive intervention” (Yates, Mullen, et al., 2021, p.13), the TC model implements various structured activities such as group meetings, lectures and seminars, corresponding exercises and activities involving role play and peer feedback that will often include program staff and administrators as participants, and finally a variety of after-care processes (Yates, Mullen, et al., 2021). The after-care procedures take place outside of the prison environment and once individuals are released. The procedures at the TC-based after-care facilities contain strict protocols within staffing, recruitment, and with great attention to the environment in which programming is implemented, that have all resulted in individuals reaching sobriety and desistance from crime post-release (Yates, Mullen, et al., 2021). We will look further at continued care practices outside of prison in the following subsection. Ultimately, what sets the TC approach apart from other prison-based programs is its unique outcome in helping participants reach desistance through self-agentic behaviors such as self-help, self-supporting, and self-control, attributing to a voluntary recovery (Best, Anderson, et al., 2017). More specifically, Best and colleagues (2017) attributed the program’s uniqueness to the identity

⁷ Community as method refers to community members influencing a needed change within the individual through a mutually beneficial relation. The method entails observing and then providing feedback to the individual while also being open to receiving any feedback from the individual (Yates, Mullen, et al., 2021, p. 67).

change participants tend to undergo while in the program, leading to the mentioned agentic or autonomous behaviors.

The application of agentic or self-help ethos program models such as TC in prison settings is not a novel idea. In fact, interventions similar to that of TC were first used seen in prisons in the 1920s and early 1930s in Austria by psychologist August Aichorn at a juvenile rehabilitation prison. Later, in the 1960s, TC was implemented with success for nearly 50 years at men's prison in West London, HMP Wormwood Scrubs, where the residents had histories of alcohol addiction (Glatt et al., 1967; Goethals et al., 2011). Despite its notable effectiveness in some European countries, it was not until the 1980s that TC-based interventions were implemented in other European-based prisons. In fact, some European studies showed results of TC-based interventions having less reductions of SUDs in incarcerated people but high effects of reduced recidivism in participants diagnosed (Rawlings, 1998), thus questioning the need for treatment to be focused on sobriety (Aslan, 2018). Moreover, while TC-based interventions are not as widely used in European prisons as they are in North America, many of their programs do include characteristics of TC's sobriety plan and self-governance outcomes by incorporating Christian-based or pastoral models, the Alcoholic Anonymous (AA) model, and mixed communities models where individuals without histories of SUD participated as members of the group amongst those with various other social disorders—similar to TC's original yet more radical model, Synanon approach⁸ (Yates, Mullen, et al., 2021).

The greatest challenge in prison-based reentry programming with the TC approach is providing supportive and accessible locations and environments where TC interventions can

⁸ Synanon was originally a religious movement that soon became a hostile rehabilitation program that housed individuals seeking treatment from substance use addictions and converting from a non-heteronormative status. The program allowed aggressive tactics such as mockery, degradation, and other forms of violence to bring forth change in the individual (Ganeshram & Carpenter, 2024).

occur. In fact, many TC programs experience program failure because of the environment where TC is implemented feeling too similar to the prison environment where the individual resides, or the prison being located in desolate areas that staff cannot easily live or commute to and from (Mullen, Arbiter, et al., 2019). While it is recommended to place TC prisons in favorable geographic locations to reduce operational issues like staff turnover, if possible, choosing a separate area on the prison campus to host TC interventions is necessary to program effectiveness (Yates, Mullen, et al., 2021). Providing, for instance, a more informal and familial space where individuals can use more informal speech (e.g., addressing staff workers by name rather than “ma’am” or “sir”), decorating the room with artwork by the incarcerated individuals, and with additional rooms for extracurricular activities such cooking, reading, sport, gardening, etc., can all prove as a more favorable environment (Yates, Mullen, et al., 2021).

Throughout the United States, TC-based interventions are widely used in prison contexts since 1962. It was applied as a research experiment, first, in Los Angeles’ Federal Correctional Institution, Terminal Island, and then in the Nevada State Prison (Mullen, Arbiter, et al., 2019). Both experiments showed notable reductions in participants reoffending but were cut short within two and four years earlier than anticipated due to various concerns that were either budgetary, political or operational. It was not until 1978 that a prison was created for TC programming. The New York prison, Stay N’ Out’s evaluation results showed that 41 percent of the individuals at the prison who did not receive TC treatment were reincarcerated within a year of their release, while only 27 percent of TC treated individuals were reimprisoned. TC-treated individuals also showed improvement in their mental health and reduced drug use (Wexler & Williams, 1986).

The first large-scale study for TC in-prison intervention is the Amity Therapeutic Community reentry program at the R. J. Donovan Correctional Facility in southern California. Amity TC is a prison-based program in California using the TC approach. The program implements a 3-phase release plan for incarcerated individuals in the last 12 months of their sentencing. During the first phase, or rather the first two to three months of the program, participating residents were assessed for their risk and need levels while also being gradually integrated into TC programming such as the group discussions, seminars and reviewing the rules of their units. The next 6 months target interpersonal, agentic development such as self-help, self-confidence, acceptance and respect for authority through intensive TC care programming working with their counselors, the educators, and their peers in the program (Prendergast et al., 2003; Welsh, 2007). The final three months of the program are catered to community reintegration preparation by skill strengthening activities where individuals are supported in their decision-making abilities and post-release plans. Post-release planning involves the plan of continued treatment, community resources and connections, planned employment and vocational skills development (Petrich, Cullen et al., 2021). Additionally, TC practices encourage individuals who have completed the TC program to come back and serve as volunteers or mentors. Correction studies (Jonson & Cullen, 2015; Ndrecka, 2014; Seiter & Kadela, 2003; Travis, 2005) show the effectiveness in former substance dependents working as staff or volunteers in such contexts as a way to continue rehabilitative care after prison (Yates, Mullen, et al., 2021). In fact, TC recruitment criteria emphasize the need for initial and continued assessing and reviewing of such individuals before and after they are hired or recruited (Mullen, Arbiter, et al., 2019).

Continued Care and Service Provision

Indeed, re-entry programming is most effective when it begins in prison contexts and continues with the participant, in community contexts; thus, this section will explore continued care practices and programming in reentry. Continued care and service provision is often done through direct-need programming that responds to real-world needs and circumstances for transitioning individuals. For example, any vocational and work skills training implemented in prison should reflect the employment opportunities in the community of transition. This is also true for the type of substance use and mental health treatments received in prison that can reflect resources available in the community of transition (Travis, 2002). Moreover, the continuation of care and service provision is followed through by “establishing ties to support and services on the outside prior to release” (Petrich, Cullen et al., 2019) and is commonly necessitated by multimodal reentry programming (Berghuis, 2018; Doleac, 2019).

As an example, the Minnesota Comprehensive Offender Re-entry Plan (MCORP) begins planning for continued care for those enrolled in their program 2 months in advance of their prison release date. The program’s focus is on developing and sustaining a continual and “collaborative relationship between institutional caseworkers and supervision agents in the community” (Duwe, 2012, p. 352) through “dynamic case planning and management” (p. 352). Such efforts begin by first pairing assigned incarcerated individuals with a caseworker from the prison institution. The institutional casework will review the post offending individual’s personal file and risk-need assessments, using RNA modal, Level of Service Inventory-Revised (LSI-R), as well as conduct motivational interviews⁹ with the individual. This supports the caseworker in

⁹ Motivational interviewing is a framework that can establish a more positive relationship between individuals under parole supervision and their parole officers or case managers. The framework uses coaching and feedback mechanisms to support the supervised individual’s mindset in desiring change. It follows four principles: “Resist the

deciding upon the interventions most responsive to their needs, strengths and risks. This process is used to develop an accountability plan or SMART plans (i.e., Small, Measurable, Attainable, Realistic and Timely) that act as “a guide for what offenders would need to accomplish while in the institution” (Duwe, 2012, p. 353). Moreover, once transitioned out of the prison, MCROP case managers or the community supervision officers connect released individuals to various community support systems based upon their SMART plan, which might include “access to services related to employment, vocational training, education, housing, chemical health, mentoring, faith-based programming, and income support” (Duwe, 2012, p. 353). However, community supervision officers’ implication during the SMART planning of the individual while incarcerated is encouraged. Notably, MCORP case managers will meet with their clients several times before they are released into community, as it helps foster a collaborative and coherent transition from the prison to community.

While it may be true that collaborative efforts between institutional case managers and community supervision officers are meant to control the caseload sizes for case workers and supervisors and thus enhance the likelihood of services being best provided; it is often not sustainable or achievable for most re-entry programming. More time and work are required from case workers and managers to develop accountability plans and to wholly respond to assessed strengths and needs, compared to the standard case planning and management required of general rehabilitative and reentry programs. Reducing caseload sizes to approximately 35 to 50 maxima of clients to staff ratio is reported in five different case studies to be necessary to effective supervision programming reducing rates in recidivism, probation violations, and jail time (Fox, Harrison, et al., 2022), yet the standard for supervision caseloads can range between

righting reflex; Understand your patients’ motivations; Listen with empathy; Empower your patient” (Hall, Gibbie, et al., 2012).

70 to 80 cases per supervisor. In fact, the American Probation and Parole Association (2024) recommends a standard caseload cap at 50 for staff working with moderate to high-risk clients, and 20 to 1 for those needing intensive treatment (see Table 1 below). Those considered to be low risk could have case managers with a 200-client caseload, this is because, as mentioned in earlier sections, low-risk scoring clients are often misinterpreted as needing few to no programming when compared to high-risk clients (Andrews & Bonta, 2010; Taxman, 2006). However, the association also suggests that staff's workload and time management be analyzed prior to case assignment to determine the specific needs and capacities of staff and the demographic of their clients.

Table 1 Recommended standards for adult community supervision caseloads

Case Type	Cases-to-Staff Ratio
Intensive	20:1
Moderate to High Risk	50:1
Low Risk	200:1
Administrative	No limit suggested

(American Probation and Parole Association, 2024, p.77).

Another notable re-entry program that begins supports in prison settings and continues as the individuals transition into community spaces is the Harlem Parole Reentry Court (HPRC) in Harlem, New York. The program was developed shortly after the U.S. Department of Justice (1999) required all reentry practitioners to do the following: 1) use RNA tools when determining programs and resources to connect incarcerated groups to; 2) actively include parole officers and court judges in the transition planning; and 3) apply incentives and sanctions for behavior. Such

principles have been enacted in various reentry programming in the United States for the past 20 years (see Carey et al., 2017; Taylor, 2020).

Similar to MCORP, HPRC begins connecting with their participants in the later stages of their sentencing, except, HPRC programming begins 6 months prerelease as opposed to MCORP's 2 months prerelease. In fact, Petersilia (2004) recommends developing a release plan for the first 6 months to a year of individuals' lives out of prison. This is because rearrests are seen to happen within the first 6 months of release in a third of post incarcerated groups (Langan & Levin, 2002; Durose et al., 2014). Once released, the case plan calls for the post-incarcerated individual to meet weekly with their PO who provides motivational interviewing, with their CBT counselors for thinking regulation and developing of social skills, and to attend parole hearings bi-weekly with a court judge (Ayoub & Pooler, 2015). Additionally, sanctions and incentives are applied in HPRC's programming when individuals perform positive or negative drug tests and attend or miss their treatment sessions. Consistent progress in the program is rewarded with a certificate of accomplishments and reduced travel restrictions to individuals once they complete the program and return back to prison to finish their parole supervision (Hamilton. 2010).

Community-based Reentry

As we have seen, resource and varied support provision throughout the entire transition process is considered as the most effective reentry programming, as it increases the chances of success and survival in community settings from incarceration. This section will discuss community-based reentry's many different facility forms, i.e., halfway houses or residential correctional facilities, community-based service providers, treatment centers, restitution centers, and NGO transitional housing (Daniel & Sawyer, 2020; Petrich, Cullen et al., 2021). All

facilities have a similar purpose in providing individuals with a mandatory living environment and standards before fully transitioning out of prison. In most cases, exiting individuals are ordered by the court to either live at the specific facility after incarceration or to complete their parole sentencing or probation conditions. Because of court mandating, many community-based facilities that are private owned or non-profits will contract or develop a partnership with parole offices and correction departments to which they will be financially supported (Daniel & Sawyer, 2020), collaborate on housing, treat, and get individuals coming out of prison or jail set up. The facilities have common programming that is meant to encourage responsibility and acceptance to governance, such as house curfew, seeking and sustaining employment, and attending group meetings. The following sections will individually discuss the unique purpose, function and prison-like structures in the various community-based reentry programs available.

Residential correctional facilities, sometimes referred to as halfway houses, are used as a general term for all temporary housing for individuals exiting jail or prison. Notably, most halfway houses are experienced as “an extension of the carceral experience” (Daniel & Sawyer, 2020, p. n.d.), and tend to maintain prison-like conditions such as surveillance, neglect from staff, harassment and violence, and numerous restrictions. In addition to this, halfway houses often fail to wholly support the needs of those in transition, thus availing alternative forms of community-based reentry with different purposes and functionalities. Reentry residential centers (RRC) that are federally contracted or licensed by a specific state work with corrections departments to bring in individuals that are exiting their prisons or jails. The temporary housing will then be used to meet certain parole conditions, post-release conditions, or is referred to in their housing plan during their parole hearing (Daniel & Sawyer, 2020).

Understanding the rules of governance, policies and conditions at RRCs are tricky, as state-owned halfway houses are not standardized by majority of states. Thus, few public information is available or known about state-contracted halfway houses. However, in a rare move, Minnesota released its administrative rules for its residential correction facilities, revealing its similar conditions to that of federally contracted halfway houses (Department of Corrections, Chapter 2920, 2012). The document also mentioned the state's required searching of residents' personal belongings as well as the residents as they enter and exit the facility, keeping track of residents' whereabouts daily, and procedural methods for disciplining and responding to residents running away or avoiding arrest. It might be, therefore, inferred that state contracted halfway houses maintain similar rigid rules as federally contracted ones.

In federally contracted RRCs, staff expectations are similar to those of prison or jail staff, as they are required to "supervise and monitor individuals in their facilities, maintaining close data-sharing relationships with law enforcement" (Daniel & Sawyer, 2020). Additionally, sanctions for going against any of the residential rules are applied in terms of "loss of good conduct time credits, or being sent back to prison or jail, sometimes without a hearing" (Daniel & Sawyer, 2020).

For residents in RRCs, there are two phases of confinement expectations before they can go to their desired home: community confinement and intermittent confinement. When first arriving, the resident is confined to the community facility, only allowed to leave for certain approved activities such as work, religious or sport groups, or emergencies. This level of confinement continues until the RRC staff deems the resident "appropriate" (RCR, 2019, p. 54) to move up to intermittent confinement where they must spend interval time at the RRC such as weekends or nights (RRC Services and Home Confinement Services, 2019). Overall, challenges

in RRC and state-contracted halfway houses are evident in its privatization of ownership, thus leading to further concerns in non-transparent standards and conditions of the halfway house. There is few to none public information of available basic data about the services of the facility, its demographic, and the average time spent at the facility. Beyond the recounted lived experiences of residents and previous residents of half houses and demanded audits of some facilities, the question of “who holds halfway houses accountable?” (Kelliher, 2022, p. n.d.) for their prison-like conditions is echoed in various states across the United States.

Restitution centers offer an alternative to prison or jail incarceration, affording individuals the opportunity to complete their full sentence at the center. In exchange of temporary housing, residents are expected to maintain employment and use their salary to pay their court fines, living expenses, restitution fees¹⁰ and other debts that the resident might have incurred (Daniel & Sawyer, 2020). Another form of halfway housing is *treatment centers* or sober living homes (SLHs) that focus on sobriety. These centers house individuals in recovery from substance use disorders as well as those who are previously incarcerated¹¹ and in recovery for what is usually a minimum of 90 days to reach a long-term recovery (National Institute on Drug Abuse, 2018; Polcin & Korcha, 2017). Addiction is understood to be a disease that requires on-going care (American Society of Addiction Medicine, 2018), thus SLHs provide “supportive living environments that promote recovery from alcohol, drug use, and associated problems”

¹⁰ The term restitution refers to the act of compensating or restoring for what was lost by a person’s actions or event.

¹¹ Previously incarcerated individual is used as a humanizing term to describe a person who has been convicted of a crime and, as a result, was imprisoned. Rather than using the more outdated language that perpetuates dehumanizing languages to refer to these groups (i.e., felon, convict, prisoner, offender, or inmate), the study uses various alternative phrases that “asserts humanity” (Bryant, 2021, p. n.d.). These alternative phrases include: a person who is previously incarcerated, a post-offending individual, and a person on parole or on probation. Using these alternatives detaches individuals’ criminal history from their identity, and therefore reduces stigma and stereotypes associated with these groups.

(Mericle, Mahoney, et al., 2019, p. 28). Dissimilar to rehab facilities, SLHs do not implement formal or traditional counseling formats, daily, structured activities, or case management within their programming operations, instead, residents are encouraged to attend 12-step meetings¹². Despite its less traditional structuring, studies show SLHs having positive outcomes on their residents sustaining sobriety, employment, mental health, lowering risks of disease, and better experiences with the criminal legal systems such as rearrests (Polcin, Korcha, et al., 2018; Reif, George, et al., 2014).

Furthermore, SLHs' positive outcomes are attributed to its provision of housing without a time limit, thus allowing residents to stay as long as they desire, and as long as they can pay rental and utility fees. Additionally, SLHs' programming is grounded in a "social model philosophy of recovery" (Mericle, Mahoney, et al., 2019, p. 29) that is also seen in other recovery program models such as Alcohol Anonymous (AA). Social model philosophy in programs focus on the idea of "recovery capital" (Cloud & Granfield, 2008) or rather the "accumulation of financial, social, human, and cultural resources" (Mericle, Mahoney, et al., 2019, p. 29). In other words, such programs have a belief that when residents are living in environments where there is "delineating and enforcing house rules, promoting accountability to members of the household, encouraging involvement in mutual aid groups, and fostering communal learning drawing from 'collective experiential knowledge'" (Mericle, Mahoney, et al., 2019, p. 29), abstaining from addiction can occur without formal counseling and treatment (Majer, Jason, et al., 2013; Stevens, Guerrero, et al., 2018).

¹² The 12-steps model aims to support individuals in reaching and maintaining abstinence from substance use addiction. During the meetings, usually done as a group, participants share their experiences as well as offer support to those as they continue in recovery.

There are, however, some challenges and critiques of SLHs, such as the poor and isolating neighborhoods where these houses are situated, and various issues concerning the program's hiring and training of staff, standardizing their practices, and providing enough resources and support for the number of residents living at the facilities (Mericle, Mahoney, et al., 2019). I will now describe these challenges and critiques in more detail. Safe and affordable housing provision is a primary component of SLH programming as it reduces some economic barriers for individuals looking for a fresh start in life after substance use addiction. Additionally, SLH's affordable housing supports these individuals in their efforts to save money and build financial capital as they begin their new lives. Low or affordable living is not, however, always feasible in neighborhoods ideal for individuals in recovery and in transition. For instance, disadvantaged neighborhoods with increased crime, accessibility to drugs, food deserts, and isolated from community resources and employment, are often where affordable housing are situated (Mericle, Mahoney, et al., 2019). Such conditions could further deter residents from recovery. Thus, higher-priced locations will result in increased rental fees for SLH residents, eliminating certain populations from the ability to participant in the program.

Moreover, available funds in SLHs will determine the site location, as well as many other important program factors such as the provision of resources and staffing. SLH programs often rely on recovered residents who have completed the program to provide service to other residents in recovery. This becomes problematic for staffing and management in SLHs when their program models "prioritize experiential knowledge over counseling or other allied professional degrees" (Mericle, Mahoney, et al., 2019, p. 29) when hiring managers. In some models, staff are not paid at all, but rather live in-house without or with portioned rental fees. In addition to this shortcoming, the residential fees and rent are usually determined not only by location but most

directly by the number of residents in the program. This means there is often no standard or set rate for program housing, and the likelihood of programs accepting large numbers of residents is high as a way to increase funding into the program. When there are low expectations for staff's education background and professional training and the ratio imbalance between staff and client, outcomes for SLHs are severely impacted with residents producing the worst of outcomes for treatment centers (Grella & Stein, 2006; Mericle, Mahoney, et al., 2019).

Finally, ***NGO transitional housing***, or halfway houses with programming led by non-profits, use responsive models that are considered to be more ideal for reentry programming (Mericle, Mahoney, et al., 2019). This is in comparison to private or state-owned reentry programs that use the more traditional models that often mirror prison-like environments and housing regulations. A notable example of this is the nationally acclaimed reentry program in Los Angeles, *A New Way of Life*. The holistic, nonprofit reentry program began in 1998 by founder, Susan Burton, who was previously incarcerated six times after struggling with substance use addiction (Toner, 2023). Burton began overseeing transition housing for post-incarcerated women until later launching an experimental rehabilitative program that would offer a different, “more compassionate” (Haire, 2019) approach to halfway houses for post-incarcerated women than Burton had experienced. The rehabilitative project, now a reentry program, deviates from traditional housing regulations and standards such as drug testing, searching, and monitoring of residents, curfew confinement, phone restrictions, and certain visitor restrictions such as family members or friends. Instead, *A New Way of Life* applies a theory of empowerment and “adjusting to society on their own terms” as a way to reduce recidivism and lead successful lives.

At *A New Way of Life*, the program permits the traditional assignment of a case manager to every resident, however, rather than using RNA standardized tools, case managers discuss with their resident client about their prison sentence, life background, their plans for the future and how they plan to reach such goals. In this way, the resident defines what success after incarceration means for them. The program also promotes independence by allowing residents to take public transportation on their own, without high surveillance, with the intention to promote agency and self-efficacy. Moreover, case managers' duties involve assisting their resident clients in obtaining identification cards, manage financial concerns such as debt and child support payments, accompanying them to hearings, and helping them find appropriate sponsors, substance use programming (i.e., 12-steps), education and skills training. Additionally, when residents are ready, case managers will assist them in obtaining permanent housing. Although, residents are not given a time limit on how long they can stay at the facility, unlike state-owned and government halfway houses that usually offer residency for up to a year, it is the residents' responsibility to pay the program's room and board fees.

A New Way of Life uses the SAFE (Sisterhood Alliance for Freedom and Equality) Housing Network model that is designed for gender-sensitive housing structures for trans, non-binary women, including programming such as "legal help, mental health treatment, parenting and life skills instruction, substance misuse training, employment assistance, and family reunification" (A New Way of Life, 2024). Additionally, the model encourages the instruction of leadership and advocacy skills to help further the breaking of stigma and institutional barriers to lives after incarceration. SAFE Housing Network model's primary method is to connect their residents with community resources that can enable healing from experienced trauma and build and rebuild relationships. The framework for SAFE Housing Network model was designed by

women who have experienced reentry, first-hand, thus acknowledging the importance of including formerly incarcerated people's perspective in the criminal legal system. In addition to the framework's utility in reentry program, it is also a part of social right movements advocating for various ways into decarcerating and prison abolishment (A New Way of Life, 2024). Overall, programming at *A New Way of Life*, with its application of the SAFE Housing Network framework, reported a 94 percent success rate of their residents not returning to prison or criminogenic behavior (Haire, 2019).

Despite the promising outcomes of NGO transitional housing and its use of a compassionate program model, NGO programs targeting marginalized and vulnerable populations are criticized for their ability to deliver a limited number of anticipated programming and services because of shortages and uncertainty in funding (Mnisi & Schoeman, 2023). In addition to this critique, NGO reentry programs tend to follow compassionate models that assist their participants in securing employment by connecting them work skills training program education, often giving little attention or neglecting any risk-need-responsive (RNR) programming that is specific to individuals who have committed an offense(s) (Mnisi & Schoeman, 2023). Attention to the assessed risks and needs of post-incarcerated and post-offending individuals can benefit the relationship between the individual and their parole officers and other systems in the criminal justice system. Lastly, NGO reentry programs are often without comprehensive evaluations of their programming, therefore unable to show where its effectiveness lies, further reducing the program's identifiable knowledge of its best practices to continue in them (Mnisi & Schoeman, 2023). Partnerships or written agreements between NGO reentry programs and their correctional department can mitigate some of these critiques, as it will bring shared insight to the needs, expectations and achievement desired from the individual

exiting prison (Mnisi & Schoeman, 2023). Furthermore, evaluating NGO reentry programs for fidelity will help programs determine a more financially sustainable programming as well as bring considerations to research-informed effective reentry programming (Mnisi & Schoeman, 2023).

Juvenile Re-entry

I will now discuss another type of program addressing reentry in the community that focuses on increased engagement in school, employment, and after school programming for youth exiting the juvenile justice system. According to the Council of State Governments Justice Center (2015), nearly 60,000 youth are incarcerated in juvenile justice systems daily, with 48,000 residing in juvenile residential facilities (Office of Juvenile Justice and Delinquency Prevention, 2017). Additionally, youth with learning disabilities and emotional disturbance are reported as making up 39 percent and 48 percent of incarcerated youth (Snydman, 2022). The trajectories for youth involved in the juvenile justice system tend to begin with low or dissatisfactory results in school such as low grades, disengagement with school materials, and lastly, dropping out of school (Keith & Mccray, 2002). Furthermore, studies show that these disengaged youth are not only likely to commit delinquent crimes and reoffend, but will advance to adult crimes by the age of 25 (Aizer & Doyle, 2015; National Research Council, 1986).

When youth come out of the juvenile justice system and back into society, they are usually met with hardships that further impede on their educational success such as “stigma, school personnel attitudes, administrative issues with paperwork, as well as attendance and enrollment procedures, and transferring of credits” (Kubek et al., 2020; Sinclair et al., 2021, p. 5). The research-based reentry practices for youth address such barriers by increasing

engagement and available support for exiting youth in their perspective schools, jobs and surrounding community (Sinclair et al., 2021). Interventions that include counselor support for the child and their family, mentorship, and cognitive and social treatment and skill building are forms of treatment most preferred over disciplinary practices that are shown to be less effective in reducing recidivism (McCarthy et al., 2016). In Lipsey's (2009) study that investigated the various kinds of interventions for youth reentering society from the juvenile justice system, she found that the quality of the intervention's implementation rather than the intervention type or dosage is most significant when predicting its effectiveness against recidivism in youth. Thus, her work centers on ways of implementing reentry programming for youth, while other research studies explore the best practices to collaboratively implement with the education system and the juvenile systems. For these studies, finding practices that can be implemented and effective in a short period of time is important, as post-offending youth should receive services within 30 days or less of their release date (Mathur et al., 2017) to reduce the chances of recidivism and experiencing reentry barriers.

The commonly suggested practices include first, that the education system obtain knowledge about the juvenile justice systems their students are transitioning from. Secondly, the individual leaving the justice system, their family, and school is recommended to meet with the juvenile facility to best prepare their school in compiling any records, education credits, transition plan, risks and needs of the transitioning youth. Finally, the school and juvenile facility is encouraged to use evidence-based practices where the youth's progress during their transition is monitored as they engage in therapeutic, reflective practices regarding their emotions, educational and vocational success, and social life (Mathur et al., 2017). These practices mirror that of restorative justice practices in that engaging with community and family, dismantling

punishment approaches, and multiple systems of treatment and care are emphasized as key factors to positive life changes after committing a crime (Doherty et al., 2014).

Despite juvenile reentry's wide research practices and understanding, there exists challenges in the actual implementation of these practices due to few or a complete lack of the mentioned services being available in the schools and in community. Furthermore, chronic systemic barriers in certain communities and school systems can also attribute to the inability and feasibility to implement such effective interventions (Cole & Cohen, 2013). In many cases, school staff and personnel describe the process of supporting youth from the juvenile facilities' success as difficult (Sinclair et al., 2017), indicating the need for "interagency collaboration... in which systems are working together and families are included as youth reengage with their community" (Sinclair et al., 2021, p. 5). In addition to this, the limited understanding of what interventions work for youth against recidivism is suspected to be the cause of high reoffending rates. Thus, current practices in reentry emphasize the evaluation of these programs where in-depth investigations are conducted with transition specialists and the youth to understand what they consider facilitators and barriers to reintegrating in society from their personal experiences (Sinclair et al., 2021).

Faith-based Re-entry

Having discussed about the reentry programs for youth, it becomes clear that reentry programs, whether for adults or youth, have a general purpose to reduce recidivism by removing conditions that might bring previously incarcerated individuals to reoffend. In many of these programs, religion has a sizeable role in reducing such conditions by changing participants' beliefs, behaviors and social groups (Noureldin, 2023). Faith-based

initiatives often begin within the prison and are led by prison chaplains and ministerial program volunteers that aim to introduce and instill prosocial skills and religious programming to those incarcerated. The programming is meant to "help people work through this existential crisis-opportunity and develop meaning within the context of the particular humanist, spiritual or religious path to which they are drawn" (Duncan et al., 2018, p. 2). While the initiatives do not always succeed in reducing recidivism once individuals have exited prison, they often yield new resources of emotional health, mindfulness, and social capital that can be used daily as they begin transitioning out of prison to society (Hallett & Johnson, 2014; Moreg & Teman, 2017).

Duncan and colleagues (2018) identified the act of "meaning making" through religious, spiritual, and humanistic (HSR) instillment as being the most useful rehabilitation model for incarcerated individuals. The quantitative study collected data from nearly 350 incarcerated women in Oregon prisons who engaged in faith-based initiatives as a way to make new meaning of their life purpose while serving their time in prison. The researchers then followed the women for 13 years post-release to gage the impact that these initiatives had on recidivism. Literature suggests that engaging in meaning making through HSR or faith-based initiatives, and in addition to other forms of psychotherapy treatment and care, can be useful for incarcerated groups (Giordano, 2008; Duwe & King, 2013; Michell, 2016) due to the likelihood that they have undergone layered feelings of defeat, intense emotions, or guilt when it comes to "freedom, social status, family, sexual expression and choice" (Duncan et al., 2018, p. 2). Thus, finding meaning in life through forms of faith help people construct new ways of relating to the world through purpose. Additionally, finding meaning in life encourages new identity adoption and instills a sense of belonging and worth, thus subsequently supporting those exiting prison in their will to desist from crime (Duncan et al., 2018). The results of Duncan and colleagues' study

supported this idea, revealing that a more frequent practice of HSR in the women was related to the decline in them reoffending.

Moreover, Nouredin (2023) conducted a qualitative study that investigated how the process of converting or adopting a religion during or after incarceration allowed access to new ways of social integration. A comparative strategy was used to investigate how Muslim male converts utilize their newly found religious networks. The researcher conducted narrative interviews of 130 previously incarcerated Black men who converted to the Islamic faith during their time imprisoned. The study found that Muslim male religious converts will use their newfound social networks as pathways to redemption as well as for utilitarian purposes. While these social network pathways are not exclusive to religious converts during the reintegration process (Campbell et al., 2009; Yu et al., 2018), the author highlights that its use is amplified for convertors after prison incarceration. Nouredin (2023) attributes this amplification to the newly converted Muslim men's social network functioning as a source for discipline and brotherhood. Additionally, the study suggests that, through religious conversion, the men began adopting identities within the various phases of their conversion and incarceration. Through these phases of identity adoption, the men began to form narratives of their lived trajectories. Thus, Nouredin suggests religious conversion during incarceration can be experienced as a narrative process that allows for converted individuals to experience a more "conscious production" of their newfound identities (Nouredin, 2023). Narrative formation through identity adoption is experienced as a therapeutic process and involves 'agentic reconstruction' that aligns itself with an identity consistent with one that is desisting from crime in the long-term (Kerr et al., 2019; Stevens et al., 2012).

Another study, also using a qualitative approach, investigated the specific religious tools post-offending groups in transition at a Jewish faith-based reentry program described as being the most useful during their reentry process (Morag & Teman, 2017). The Morag and Teman study (2017) interviewed 30 participants in the Torah Rehabilitation Program who had been released from prison between 3 months and 5 years. Various religious tools from the program were self-reported as being important to the participants' desistance process. General themes of keeping one's commitment to God, especially in hard or stressful situations, interpreting the life hardships that might bring one to reoffend as "tests of faith" (p. 2111) from God, and keeping with religious rituals, restrictions and precepts out of fear of punishment by an "ever-present watchful eye" (p. 2122) of God were explained as "gifts" (p. 2110). Overall, many of the participants reported seeing the religious tools from the program as new mechanisms and practicalities for living their life, as opposed to using their own tools that had previously led them to incarceration. Additionally, program participants of the study highlighted that non-religious tools were also reported as being important to participants' desistance process. Non-religious tools such as the provision of a hostel or shelter for the program's participants reportedly made the participants want to change certain aspects of their lives. These life changes unveiled as participants' developing strict boundaries in their life with regards to friend associations and environments and the maintenance of a daily schedule and routine. From such findings, the authors suggest that non-religious and religious tools in reentry programs can coincide and complement one another (Morag & Teman, 2017) in reentry programming.

There are, however, some critiques concerning the contradictions in faith-based reentry strategies and religious conversions in prison environments. For instance research looking into the adoption of religious identities in prison environments show its link to early trajectories into

radicalized behavior or extreme ways of thinking and beliefs (Rubin, Hannah, et al., 2008; Liebling, Arnold et al., 2011) and the adoption of absolute truths (Liebling, Arnold, et al., 2011) that are believed to bring a sense of security in uncertain situations. Additionally, when religion is openly adopted in prison settings, these individuals are sometimes preyed upon by incarcerated terrorists who are “seeking to gain followers to expedite their political agenda” (Liebling, Arnold, et al., 2011, p. 95). This recruiting of followers then manifests into an “enhanced power in prison” (Liebling, Arnold, et al., 2011, p. 95) using their social and religious power to enforce bullying and abusive tactics. In Liebling and colleagues’ study (2011) at a men’s prison in England, HM Prison Whitemoor, they found several implications of “misuse” and “strategic manipulation” in incarcerated populations’ Islamic faith conversion, especially among individuals who felt like loners and disconnected from a community, desired protection in or outside of the prison, or who saw the adoption of the Islamic faith as a stance against their country of residence’s politics. In fact, converting individuals were described as creating false religious identities within the faith to continue these agendas. Moreover, the authors related individual’s gang affiliation to the group of Muslim individuals in the prison, suggesting that the two operate in similar hierarchal ways, giving power to some members while oppressing others. The authors argued that just as gangs bring “power” in forms of respect (i.e., street credibility, protection) and influence self-confidence, being an affiliated Muslim in prison brought forth similar benefits where members were feared and respected in the prison (Liebling, Arnold et al., 2011). The authors suggest that such hierarchies and control over members could lead to assaults and other violent acts being done on the behalf of certain high-ranked members. As an example, an inmate from Liebling and colleagues’ study (2011) referred to the Muslim group as “superior”, stating that “if you take on one of them, they will all kick-off” (p. 94). While the

study showed no evidence of the assaults being tied to radical ideologies or radicalized individuals, the nature of the assaults were said to “faith-related” (94).

The fact remains that individuals in prison environments will sometimes adopt religious views to make sense of their life and circumstances. Sometimes these perspectives can take the form of an “absolute truth”, where individuals will find “stability” that is relative to their identity, “safety, material comforts, access to outsiders, and inmate relations” (Liebling, Arnold et al., 2011, p. 61). In fact, some studies show that religious conversions are a “psychological, developmental and emotional” decision that are “often related to surviving a long sentence” (Liebling, Arnold et al., 2011, p. 61). This can result in a form of escapism, in the same way that research shows criminogenic and addictive behavior to be used as an escape from dissatisfaction in certain life circumstances (Jouhki & Oksanen, 2022).

On the other hand, adopting absolute truths to find stability through religious conversion can also bring forth a sense of belonging or a collective identity adoption, especially when in adverse and changing environments such as imprisonment or re-entry (Phillips 2012; Liebling, Arnold et al., 2011). Ultimately, establishing various forms of stability tends to postulate success in reentry, as shown in the previous sections identifying housing, employment, mental health, social environments and groups stability as key components towards desistance. In fact, in the following section, we will see that most theoretical concepts in reentry are based in stability’s meaning of a sustained fulfilment in one’s living situation, education, work, and relationships to which will deter them from reoffending.

2.2 Key theories of reentry

Following the discussion about the basics of reentry and its various program types, I will now highlight some of the most significant theoretical concepts in reentry and its relevant critiques. The following section will discuss various concepts in desistance theory, social disorganization theory, labeling theory, and social capital theory, as it relates to the processes post-offending individuals undergo after incarceration and as they seek pathways of reintegration. The theoretical concepts within these processes are often touched upon in evaluation results of reentry programs or through the research implications of the evaluation.

Desistance Theory

Desistance research takes success stories seriously. The research does not start with programmes and aggregated outcomes, but individual lives and personal trajectories. Recognising the individual as the agent of change, desistance research explores individuals' social contexts, embedded social networks and subjective interpretations as keys to understanding long-term life change (Maruna & Mann, 2019, p. 6).

The majority of reentry programs' theoretical underpinnings stem from the more obvious aim of reducing recidivism through desistance. Farrall (2005) describes desistance, or the stopping of criminal behavior, as “an embedded, internal process of change within oneself, environment, and behavior; and is not without periods of constantly rebuilding, reforming, and renegotiating one's own social identity” (Montgomery, 2022, p.7). By this definition, desistance suggests that a key component in its application is a self-generated, or a self-agentic role applied from the individual in transition (Ricciardelli et al, 2017). Essentially, pathways toward desistance are driven by the post-offending individual choosing positive elements within their environment such as traditional frameworks of connecting to and building family, securing work,

and obtaining permanent housing (Montgomery, 2022, p. 6). However, sustaining these frameworks depends upon the post-offending individual's environment that allows for positive self-view, agency, and empowering relationships and interactions. While such environments are essential to sustaining desistance, they are often not easily accessed by individuals coming out of incarceration. In fact, they are frequently subjected to resource-deprived, crime-ridden and segregated environments that constrain their reintegration (Mears, Wang, et al., 2008; Morenoff & Harding, 2011; Yu et al., 2018). For instance, structural violence¹³ is commonly experienced by post offending individuals when re-entering into their neighborhoods or local communities where they will need support and resources. Ultimately, this disrupts desistance as they become exposed to exploited communities with increased substance misuse, drug dealing, and crime (Lambert et al., 2004). By living in wrecked environments and amongst abused communities, Goffman's (1963) research suggests that these individuals will adopt certain roles and behaviors that reflect their environment. They sometimes unintentionally do this "to fit normative expectations in their context and avoid stigmatization" (Ozbilgin, Erbil, et al., 2023, p. 863). Goffman refers to this role adoption as a social "performance" that is shaped by where they are and who is watching them. However, this performance eventually leads to a constrained identity for the individual (Ozbilgin, Erbil, et al., 2023). They can start to "perceive[s] a gap they need to close between the way they are and the socially desirable ways of being" (p. 864). This 'gap' is what ultimately disrupts the desistance process, as it increases criminogenic risk factors. Therefore, reentry programs use Desistance Theory and other related theories that highlight the importance of community support, community engagement and responsive programming that considers individual needs and risk factors. Theories that are key to reentry programming are

¹³ Systemic social processes that eventually lead to hardship, life risks and death of certain marginalized populations (Rylko-Bauer & Farmer, 2017; Yu et al., 2018).

Social Disorganization Theory, Labeling Theory, and Social Capital Theory. These theories encourage dialogue between post-offending groups and community members to create an organic, prosocial cohesiveness in the environment for transitioning individuals to return to (Gilber & Elley, 2015). What these mentioned theories entail and how reentry programs use these theories will be discussed in the following sections below.

Social Disorganization Theory

Social disorganization theory considers elements in a neighborhood (i.e., food access, financial difficulty, racial and ethnic diversity, the moving out and in of residential spaces, and single or two-parent households) that influence crime risks in the community (D’Amato, Silver, et al., 2021; Mears et al., 2008). While some of these elements can reduce crime rates, such as an increased number of prosocial individuals moving into neighborhoods, (e.g., gentrification) in most cases, the listed factors tend to increase crime because of its disruption of prosocial networks (D’Amato, Silver, et al., 2021). In some integrative studies of ecology and reentry, social disruption can help explain individuals’ recidivism patterns (Chamberlain, 2018; Hipp et al., 2010). In fact, social disorganization theorists believe that crime occurs when structural disadvantages are present, which then lessens the community’s control over their social institutions and networks (Bursik & Grasmick, 1993). For instance, social institutions like organizations built within and for the neighborhood and community foster “social ties and “shared norms” (Liu, 2020) that, when broken or disrupted, can weaken or divide the community, causing systemic change. Liu (2020) explains this systemic change as such:

A fragile, badly divided community with residential turnover and weak ties among residents, values are not transmitted efficiently through various institutions including the family and community organizations (Kornhauser, 1978). It is unlikely that this kind of community can evoke shame in a person who conducts deviant behaviors. The community ceases to be an agency of social control. Crime surfaces (p. 866).

Social control, or the opposite of social disorganization, is theorized in three levels: private, parochial, and public control. **Private-level social control** refers to “parents’ supervision on their children in the family” (Liu, 2020, p. 867). **Parochial-level social control** happens naturally at a community level where community members’ routine interactions progress into watching over or looking out for one another. Lastly, **public-level social control** is defined as “networks developed between a neighborhood and outside agencies including those operated by the criminal justice and other governmental systems” (Liu, 2020, p. 867) that help restrict or regulate unwanted behavior. These levels of social control support in understanding how “protective factors” (Liu, 2020) such as relationship, wellness, safety, and community engagement and networks can explain post-offending individuals’ recidivism.

Social disorganization theory’s systemic model illustration of parochial, public and private social control has been applied to reentry programs to clearly demonstrate the role of community in the lives of reentering post-offending populations. For instance, some studies (D’Amato, Silver, et al., 2021; Liu, 2020; Mears et al., 2008; Wright et al., 2012) show that specific social disorganization factors such as single-headed households, high cases of residents moving out and into neighborhoods where they do not know one another, and low access to resources such as food and prosocial opportunities as deeply affecting the reentry process. These social disorganization mechanisms are a leading part of the parochial social control and public

social control systems, suggesting practical and theoretical changes that need to occur to facilitate reentry and reentry programming.

At the parochial-level of social control, for example, when post-offending individuals are released into communities that are close-knit and reliable, their immersion into such a community is expected to be supportive to their process. These communities are described as ones “where neighbors talk to each other and bond with each other” (Liu, 2020, p. 869), creating social ties between their neighbors and strong networking opportunities that will ultimately deter them from returning to criminogenic behaviors. This deterrence stems from the returning individuals’ desire to maintain a positive reputation with their neighbors or their fear of being caught partaking in criminal activity to which their neighbors hear about and then gossip about among community members (Liu, 2020). In general, parochial-level social control emphasizes that community environment affects the behavior of those living within it. Public-level social control, on the other hand, considers the accessibility of public service resources in proximity to the neighborhood and community members when regulating behavior or addressing criminal activity and behavior. As reentry programs are a public service resource within community contexts, its programming will often have structures that supervise the post-offending individuals on parole through its relationship or partnership with external justice institutions. This kind of supervision, as opposed to heavy policing throughout the neighborhood, adds to returning individuals’ feeling of safety in the neighborhood and their likelihood of longevity as residents.

Finally, private-level social control focuses on the quality family structure and bonds such as marriage and children and helps reduce recidivism. Private-level social control supports the idea that when post-offending individuals have a spouse, children, and employment, “they are at less risk to recidivate because they do not want to risk losing their family and work for

crime” (Liu, 2020, p. 868). However, in some cases, marriage and family has shown to push individuals back toward criminal pathways, especially if their spouse is involved in criminal lifestyles (Osborn & West, 1979). In the same way, securing employment, while sometimes encourages desistence, often either has zero effect on recidivism risks or does not have lasting effects (Skardhamar & Savolainen, 2014). For example, Skardhamar and Savolainen’s (2014) study found that the majority of post-incarcerated individuals in their study could either not maintain their jobs or had already long desisted from crime before receiving their job.

The three-leveled social control within the social disorganization model emphasizes how individual-risk factors such as employment, family, and housing are only a small representation of successful reentry planning. It is, in fact, the combination of “individual- and community-level influences” (Liu, 2020, p. 879) that impacts recidivism. For this reason, various recommendations of reentry programming include establishing partnerships between correction agencies and social service agencies (i.e., half-way housing, counseling, job corps and training) to establish accessible resources of care and support for those coming out of prison and into disadvantaged or disorganized neighborhoods. This responds to the issue of over-policing and high supervision in disadvantaged neighborhoods housing post-offending populations that result in them being reincarcerated. Additionally, voluntary initiatives should be available or initiated through reentry program designs that community members and family members of those post-offending groups can come together and partake in. Such initiatives can be education-based and vocational, encouraging opportunities of success in owning a business and choosing a career path; or they might be intervention-based with a focus on reuniting families, sharpening communication skills, and family counseling and childcare skills (Liu, 2020).

Labeling Theory

Having understood the systemic impact of post-offending groups' community environment, it is important to also examine how their perception of themselves, the reaction from others, and stigma attribute to recidivism (Bernburg, 2019). Post-offending groups' concept of themselves are tied to the community and social contexts that they are living and immersed in. For this reason, sociological literature investigating desistance processes intentionally capture the experiences of populations who have previously offended to consider how certain environments that they return to add to the complexity of them sustaining desistance (Mears, Wang, et al., 2008). Thus, there was a surge of research showing the act of social labeling influencing criminal behavior. Social labeling as a theory believes that when individuals are "labeled or defined as deviants, they often face new problems that stem from the reactions of [the] self and others to negative stereotypes (stigma) attached to the deviant label" (Bernburg, 2019, p. 1). Such criminogenic labels then set off "deviant"¹⁴ or criminal behavior that Lermert (1967) explains as their "means of defense, attack, or adaptation" (p. 17) to the problems labeling causes (Bernburg, 2019). Thus, labeling theory's focus is on what occurs after one's community has stigmatized them or imposed deviant labels on them (Bernburg, 2019). This section will discuss the social processes that individuals go through because of labeling, to which then leads to new crime trajectories and recidivism.

There are two forms of labeling that are highlighted in labeling theory: formal labeling and informal labeling. Formal labeling is, perhaps, the most obvious form of labeling, as it is performed by criminal justice systems, such as the police and court sanctioning and ceremonies (e.g., criminal justice trials). In formal labeling, for example, labeling is public and individuals

¹⁴ The word "deviant" in this study refers solely to criminogenic behavior or unacceptable, harmful behavior that can eventually lead to criminal acts.

are assigned their deviant status in an “elaborate formality and exaggerated ritual” (Erikson, 1963, p. 16) that allows public reactions that are carried with the individuals even after their sentencing is complete. Bernburg (2019) describes these rituals as being “formally processed as a criminal or a delinquent” and further “testifies to and brings attention to the person’s immorality and inability to follow important social norms” (p. 2). Notably, while there is a public, formal ceremonial display of deviant labeling before imprisonment, “the reintegration of formerly incarcerated people back into society and community is neglected from such public structure and procedure. It is, rather, made into a process that is “stealthy” and experienced in “private”” (Maruna, 2011, p. 4; Montgomery, 2022, p. 2). Additionally, while it is believed that crime desistence should come through experiencing punishment such as incarceration, formal labeling shows that the ritualistic process into incarceration is what often creates informal labeling or “stigmatization in informal settings” (Bernburg, 2019, p. 3; Paternoster & Iovanni, 1989), to which effects self-actualization and leads to criminogenic behaviors and trajectories. Moreover, informal labeling, which is a core component in labeling theory, occurs within the community. Bernburg (2019) describes its impact by illustrating how a child’s arrest that is kept private from their school and local community reduces the chances of “trigger exclusionary reactions by teachers and community members” (p. 3).

According to labeling theory, there are certain “criminogenic processes” that are provoked from labeling. Firstly, self-image is deeply impacted by labeling. The **concept of oneself** is formed through interactions with others (Bernburg, 2019; Lemert, 1967). Through these interactions, people will develop an understanding of themselves based on how they believe the person they are interacting with perceives them. This process of self-actualization is a

psychological concept referred to as reflected appraisals¹⁵. For individuals, especially post-offending individuals reentering society, who are stigmatized by community members' negative views and expectations of them, may begin to believe that they are this perceived negative image, or rather begin to adhere to such behavior. Moreover, in more contemporary understandings of labeling theory and the self-concept, the context of these perceptions affects labeled individuals' self-concept differently. For instance, Walter (2016)'s study found that parents who placed negative perceptions of misdemeanors on their children between the ages of 14 to 17 led to them offending between the ages of 18 to 20.

Secondly, social exclusion that further reduces positive opportunities of success for the individual is a triggering effect of labeling. When stigmatized individuals are left with few opportunities and little to no positive social ties, they will often tie themselves to non-pro-social groups that are also labeled or perceived negatively as deviant (Bernburg, 2019). This stems from their experiences in being devalued, rejected, and further withdrawing (Bernburg, 2019) from the communities they are desiring acceptance from. Specifically, some studies show informal labeling as relating to individuals' detachment from their community, family, and school, while formal labeling eats away at individuals' ties to their community, family and school that lead to more long-term disadvantages at life. These disadvantages include reduced opportunities in job employment, in attaining education, and socio-economic problems. Importantly, reactions to labeling are complex and dependent upon various other individual traits. For instance, some studies show that individuals will resist criminogenic and isolating processes when stigmatized (Bernburg, 2019; Davis, 1961). Additionally, social disadvantages

¹⁵ "Beliefs about how one is regarded by others based on the evaluative feedback that one receives from others. Some theories of self have treated reflected appraisals as the most important basis for [self-concept](#), claiming that people learn about themselves chiefly from others" (APA Dictionary of Psychology, 2018).

can occur more or less, dependent upon individual character traits and settings. For example, factors like being a racial minority¹⁶, a child of a labeled parent, a woman¹⁷ (McGrath, 2014), previously incarcerated, or detached from family (Jackson & Hay, 2013) tend to increase the criminogenic reactions to labeling as they are stigmatized at higher rates than others.

Reentry programs use labeling theory to inform their programming. For instance, reentry programs have a general goal of reducing stigma by working within community to address and educate members about how labeling affects previously incarcerated individuals and the challenges they face. Additionally, the partnerships made between reentry programs and justice institutions, neighboring businesses, job corps, mentorship and mental health care support networks not only support in providing opportunities to post-incarcerated groups, but it also encourages their engagement with the community. By creating a more positive narrative for reentering groups, stigma and the many effects of labeling are challenged and reduced, resulting in a more cohesive and productive environment for post-offending groups. The following section will detail the resources that become accessible to post-offending groups when existing in such cohesive and productive relationships in their community.

Social capital theory

Bourdieu (1986) defines social capital as “resources which are linked to possession of a durable network of more or less institutionalized relationships” (p. 248). Coleman (1990) later referred to social capital as a “social structure” that “facilitate certain actions of individuals who

¹⁶ “Circumstances of marginalization can result in Black and Brown men and women more commonly exiting prison and returning to ‘nothing’ or rather “back on the streets, caught between the daily realities of poverty, homelessness, illness, addiction, and the looming threat of reincarceration”” (De Giorgi, 2017, p. 84; Montgomery, 2022, p. 14).

¹⁷ Research studies show that women and non-heteronormative women experience higher rates of stigmatization than males during sentencing (McGrath, 2014; Kerrison, 2018).

are within the structure” (p. 302). Similarly, Robert Putman (2000) illustrated social capital as a “social network” and “connection” that is established and maintained through “the norms of reciprocity and trustworthiness” (p. 19). Considering this concept within reentry and social capital, various studies emphasize the significance of social capital in supporting a successful reintegration into community (Farrall, 2004; Mills & Codd, 2008). More specifically, the term *recovery capital* has been referred to when discussing crime desistance amongst post-offending groups who also are in recovery from drug misuse. With reduced help from government agencies in meeting the needs of post released individuals in recovery (Connolly & Granfield, 2017), organizations, especially faith-based organizations, have a large role in providing recovery capital to these groups (Dyson, 2006; Van Ryn & Fu, 2003).

Faith-based organizations that solely minister to community members of post-offending and substance misuse backgrounds have been in place for centuries (White, 2008). However, their programming has evolved to include a provision beyond “ministry” that directly meets the needs of the community (Connolly & Granfield, 2017). This concept of providing “practical services and support” (Connolly & Granfield, 2017, p. 372) to those reintegrating from incarceration or recovering from substance addiction and reintegrating from prison leads to their building of recovery capital. This new phenomenon has been adopted by faith-based organizations like this program (White, 2008). Generally, the factors that make up recovery capital for substance addiction and post-offending groups is linked to “push and pull” methods that encourage desistance from crime and abstinence from substance misuse. For instance, these organizations will support individuals to abstain or “pull away” from drug use and crime by “pushing” them towards “conventional lifestyles” where they have access to social capital resources such as: peer support and social networks, stable employment and life skills,

financial literacy and autonomy with an established credit and financial resources, housing stability, and sustained relationships with their family members (Best, Gow, et al., 2011; Conolly & Granfield, 2017; Mullen & Hammersley, 2006).

When it comes to recovery, an “improved life quality and a sense of empowerment” is a core component and thus requires treatment in addition to the provision of social capital resources. Best and Laudet (2011) describe recovery as being the goal for those attempting to reintegrate after a life incarcerated and abstain from drug use. They define it as such:

The essence of recovery is a lived experience of improved life quality and a sense of empowerment; that the principles of recovery focus on the central ideas of hope, choice, freedom and aspiration that are experienced rather than diagnosed and occur in real life settings rather than in the rarefied atmosphere of clinical settings. Recovery is a process rather than an end state, with the goal being an ongoing quest for a better life (p. 2).

In-community, faith-based organizations like the program under evaluation offer both recovery and social capital, which desistance research recommend these two concepts exist together for a successful reentry. In other words, if individuals are provided with little recovery through treatment, their ability to sustain social capital such as relationships and financial resources will be poorly effected (Cloud & Granfield, 2008). In the same way, “a lack of social capital may serve as a barrier to their success” even with recovery principles in place (Conolly & Granfield, 2017, p. 372). Thus, recovery capital is defined as a comprehensive combination of resources like “social networks, peer and family support, employment, health, and religion” (Conolly & Granfield, 2017, p. 372) that initiate and maintain recovery for post-offending and in-recovery groups. Additionally, various studies (Best et al., 2012; Cloud & Granfield, 2004) continue to

show the harmful effects on the reentry and substance recovery process when resources from both concepts (i.e., social and recovery capital) are not available.

Within the program's interventions aimed at reducing the chances of reoffending through the mentioned recovery capital principles that provide resources that encourage a quality of life and autonomy, there also exists underlying key mechanisms within this process that are mediating its effectiveness and potential barriers. Numerous conversations and sit-ins during the pre-evaluation phase suggested that a large part of the program's expressed challenges and strengths stem from their efforts to either build or maintain relationships, e.g., staff to staff relationships, staff to program participant relationships, participant to participant relationships, and a relationship with God. Therefore, the quality of "relationship" was identified as a fundamental mechanism used in the program, influencing their program outcomes.

Recovery capital factors such as family systems, adaptation to family constructs and roles (Begun, Hodge, et al., 2017) in reentry programming have long been investigated as having significant impact in furthering post offending groups toward recovery (Yu et al., 2018). In addition to agency, identity, and self-sufficiency, another essential element that is supportive to the desistance process are social bonds, i.e. relationships. Lacking the essential feelings of safety, trust, and being cared for by others are conceptualized as barriers to implementing recovery capital for participants in their reintegration process. This often leads individuals to reoffend or further isolate themselves from prosocial communities (Walt et al., 2014). Interpersonal relationships, or those carried through with family members, intimate or romantic partner(s), mentors, peers and elders (Yu et al., 2018) tend to influence the identity development of post offending groups as they search for connection, being understood, and being valued.

In the previous sections, we explored how environment can deeply affect the reentry process for reintegrating individuals. Additionally, we looked into the various experiences that post-offending groups undergo in these environments and their local community members that can often act as barriers to their desistance processes and their achieving of a quality of life. These new understandings illustrate the central role of cohesive and productive community climates and care such as pro-social networks and relationships that ultimately facilitate a holistic coming back into community from prison. Faith-centered programs tend to establish their programming in these understandings, and thus directly respond to the needs of the community they are serving while also being evidence-based. With this in mind, the following section will next consider how these types of programs are developed and assessed. In some cases, the following section will reiterate some of the previously mentioned factors that are considered to be most essential in successfully and holistically reintegrating post-offending groups into community.

2.3 Qualitative evaluations in reentry

I will now discuss some qualitative evaluations in reentry. Qualitative evaluations are essential to reentry programs because they unveil the how and why behind program outcomes through the experiences and perspectives of program participants and key stakeholders. As previously mentioned, there is limited knowledge of re-entry programs' success from a qualitative approach (Kendall et al, 2018), as a majority of evaluations of reentry programs are limited to quantitative approaches. Whereas quantitative evaluations of reentry programming can examine the benchmarks of the program's success and identify the common challenges and their severity, qualitative-driven research evaluations offer more "comprehensive and compassionate

understandings” (McLuhan et al., 2023, p. 2) of the experiential, structural and social elements of the success (or lack thereof) of the program’s efforts in reducing recidivism and increasing the health of the program participants (Kendall et al, 2018). Qualitative evaluations of community transition programs are useful because they investigate the *why* and the *how* a program is producing desired outcomes. This kind of evaluation does so by gathering data that shows the intensity and fidelity of the program’s implementation through coupling the program stakeholders’ experiences and the evaluation of the program elements (Miller et al., 2012; Miller, 2014; Neale et al., 2005; Thomas and Harden, 2008).

Reentry is a complex social process, and ethnographic research studies of this process have already yielded significant insights (Tunnell, 1992; Miller & Selva, 1994; Copes et al, 2008; Miller, 2011). Furthermore, observations and in-depth interviews are considered as critical and reliable research methods that uncover information on how the program is performing and opportunities for improvement (Shover, 1979). Interviews with primary stakeholders, especially, can uncover program knowledge regarding the existing barriers that are institutional, infrastructural, administrative, or affirmed by staff members (Miller et al., 2012).

Qualitative research in treatment programs like reentry is “a requisite for rigorous analysis” (Miller, 2014, p. 47) that can provide context to quantitative statistical observations. These kinds of evaluations can make clear “how programs function in a specific context, and how generalizations of program effects are contingent upon organizational, community, and cultural settings” (McClintock, 1990, p. 1). Without solid understandings of *how* a program is producing effects, educational evaluator Woodhead (1988) explains that, even with 25 years of research on an educational program where long-term benefits and evidence have been studied, there is still little possibility of the program itself being replicated in its success.

Examples of qualitative evaluations

I will now consider examples of qualitative evaluations, what they look like in practice and their findings. Relevant qualitative evaluation studies in community reentry pinpoint the key factors in successful reentry programming. The qualitative methodologies used in these studies include semi-structured interviews, focus group discussions, and program observations with previously incarcerated individuals receiving various forms of programming support that target substance misuse treatment, housing stability, social networking support, and reintegration resource and case management support. Overall, a majority of the studies' evaluation results showed that quality of life for many program participants to be related to the provision of continuity of care from their reentry programs as well as the quality of the services implementation. Quality in program services and the effectiveness of the reentry programs tied back to participants' perceived relationship with program staff and program staff's level of professionalism and knowledge.

Computer Assisted Therapy (CAT) Reentry Programming

The Breaking Free Online (BFO) treatment program was piloted as a response to England's Gateways prison's need for "short-duration, evidence-based psychosocial treatments" (Elison et al., 2016, p. 177) that can be implemented in the prison and continued upon their release. Research suggests that treatment programs with continuity of care programming for incarcerated individuals transitioning reduce the chances of them reoffending or returning to criminogenic behaviors like substance misuse and relapse, while also being "cost-effective" (Butzin, et al., 2006; McKay, 2009; Popovici, et al., 2008). The pilot program targets

transitioning groups with substance addiction and mental illness disorders at Gateways prison. Several studies emphasize substance misuse and addiction as a “criminogenic factor that predicts offending and recidivism” (Andrews, Bonta, et al., 2006; National Treatment Agency for Substance Misuse, 2009; Elison et al., 2016, p. 176). However, there are few treatment programs available for individuals in prison that can continue with them upon their release. Moreover, the few continued care programs that are available are referred to as “inflexible” and “challenging” due to either the long duration of the treatment not aligning with certain individuals’ sentenced time in the prison (Elison et al., 2016); the high intensity of the treatment that results in them dropping out of the program (Kopak, Dean, et al., 2015); the strict program prerequisites that call for participants to have abstained from substance use long before entering into the program (McMurran & McCulloch, 2007); or the treatment is not offered in the area they are newly released into.

The BFO pilot treatment program responds to such challenges through its implementation as a computer-assisted therapy (CAT) program. Its online programming provides a continuity of care for individuals despite where they are in their reentry process. Thus, transitioning individuals have the option to continue their same treatment interventions used while incarcerated, upon their release and thereafter. The treatment program uses combined evidence-based approaches in cognitive behavioral therapy (CBT) such as building coping skills and practicing mindfulness to inform its interventions. The program’s overarching goal is “to support prisoners to strengthen their resilience and build their recovery capital” (Best & Laudet, 2010; Elison et al., 2016, p. 177). As BFO programming is evidence-based and thus should be useful in community reentry’s substance treatment (Davies et al., 2015; Elison et al., 2014, 2015a), there were questions about its feasibility in prison contexts, considering its online services. In addition

to the security feasibility concerns of implementing an online program in prison, there are also cost feasibility concerns regarding the technological tools and equipment and assisting the incarcerated and in transition groups in digital literacy to readily and successfully use the online program. For this reason, a mixed-methods evaluation of the effectiveness of the BFO program was done.

To understand how treatment recipients perceived CAT and their suggestions on how to implement its continuity of care upon their release, qualitative methods were used. Additionally, in the second part of the evaluation, a quantitative report on the program's effectiveness was also shown. For the purpose of this section's focus, we will only discuss the qualitative evaluation findings of the BFO program. There were sixteen semi-structured interviews with BFO program recipients who completed the program (at least four hours of treatment). The interviewees reported BFO interventions that developed coping skills as being "useful". Notably, the men mentioned that they could use these learned skills in their lives and planned to continue using the online program upon their release whilst among community. Another interesting finding from the evaluation of BFO is how the respondents' perceived their quality of life outside of prison. They reported being dependent upon their "interpersonal relationships and a lack of accommodation" (Elison et al., 2016, p. 182) despite their learned coping skills from the BFO intervention. The men mentioned their relationships and lack of employment and housing as new triggers to them relapsing, and triggers that they had difficulty not succumbing to. Obviously, transitioning individuals experience increased access to substances outside of prison than when they were incarcerated. However, experiencing new systemic and social barriers while reintegrating, often times draws them towards substance misuse as a way to cope with the new stressing environments. The researchers of this study, Elison and colleagues (2016), refer to this

as “psychosocial triggers”, reemphasizing various literature suggestions that post-incarcerated individuals in transition and in recovery should not be in environments that could cause them to relapse (e.g., “deviant behavior, peer drug environment, psychological disturbance and family estrangement”) (Winters, Stinchfield, et al., 2008).

Finally, the BFO program is considered a modular (not linear) program. This means that it is broken down into units and users are assessed after the completion of each unit. The evaluation showed that users would choose modules that were “most relevant to them immediately” as opposed to “working sequentially through content that may not be relevant” (Elison et al., 2016, p. 183), causing gaps in the intervention’s expected treatment goals (Elison et al., 2016). Overall, the evaluation of the BFO program found that continuity of care for post-offending groups in recovery is feasible. Additionally, it is most effective when individuals’ social environment, housing and employment needs are also supported to optimize their reliance on the learned coping skills to abstain from substance use.

Housing services in reentry program

As demonstrated in the previous section and throughout this chapter, housing stability for post-incarcerated individuals in transition is central to them establishing and maintaining a quality of life. While this is a known core need, many are still being released into community without a housing plan and often no family or friends to rely on for housing support (Pleggenkuhl, Huebner, et al., 2016). They also experience various barriers in renting their own housing due to unestablished or poor credit and unstable or no employment history or consistent salary (Harris, Evans, and Beckett, 2010). Furthermore, housing is critical in building recovery capital (Padgett et al. 2011) after incarceration and is often a part of reentry programs’ service

provisions to help ease their reintegration process. Additionally, there is a small body of research highlighting theoretical underpinnings of housing stability for post-incarcerated people in transition with regards to its building of agency, developing a positive social network and interrelationships (Padgett et al. 2011), a new way of thinking and approaching situations (LeBel et al., 2008), increasing the chances of employment, and support in mental health care while on parole.

A qualitative evaluation was done on a parolee housing assistance program, Solid Start Program, to understand “the relationship between housing and emotional changes that may engender the attainment of goals over the life course” (Pleggenkuhl, Huebner, et al., 2016, p. 381). The evaluation conducted in-depth, focus group interviews with male parolees and used grounded theory approaches to compare the program perceptions of parolees who relied on Solid Start for its housing support services and parolees without any connection to the program. The Solid Start program is run by Criminal Justice Ministry (CJM), which is a Catholic charity in St. Louis, Missouri. The program houses around 30 males, previously incarcerated for more than 10 years and currently on parole with little economic or social support and with varying degrees of mental health disorders. The Solid Start program’s duration is one year, and participants are expected to also become volunteers of the program. The program has partnerships with landlords throughout the city to maintain their service provision in dispersed and safe housing where CJM pays the first 3 months of their rent and then a portion of the next 9 months of rent. After 12 months, the parolee takes over the full rent payments. In addition to housing support, resident participants are expected to attend weekly treatment meetings and meet with their assigned a case manager. Case managers work one-on-one with the parolee, supporting with the progression of their goals and assuring all needs are addressed or met. Additionally, the assigned case

manager collaborates with the parolee's parole officer or person of referral to map, respond, and coordinate their service needs.

The evaluation highlighted two reoccurring themes amongst the interviewed groups: the provision of housing support and social support. For program recipients who partook in Solid Start, housing placement was facilitated through the program's direct housing and partnership with landlords. On the other hand, the comparison group who did not benefit from the Solid Start program reported difficulty in being approved for residency because of their criminal background, no credit, or an inability to provide a down deposit of 700 to 900 dollars. Many of them resorted to staying with friends or family as a temporary housing. For Solid Start residents, the program's services "played a central role in helping parolees to overcome the financial obstacles to independent living" (Pleggenkuhl, Huebner, et al., 2016, p. 386), bypassing economic capital barriers common to reintegrating post-offenders as well as the various stigmas of housing discrimination that the comparison group reported experiencing. These highlighted feelings of independency and hopefulness for continued future success, and increased many participants' confidence when applying for jobs and reuniting with family members. The comparison group, however, reported feeling "financially tethered to family and friends for a longer period of time" (p. 387). They also mentioned feeling uncertain about their future with their children in particular, as they mentioned not having a "safe" space to rebuild positive relationships due to their housing instability. Additionally, the inconveniencing of their family members also caused rifts or strains within those relationships, to which they eventually moved out or were put out.

Finally, concerns of safety were also a theme for the comparison group, as many reported living in "undesirable or criminogenic environments" (p. 388). They often mentioned feeling

“trapped” in these poor living situations, as they did not have the financial means to move. For individuals who moved in with their family members, while they felt physically safe and were saving money, some reported feelings of uneasiness living in an “environment that could potentially land him [them] in trouble” (p. 388), as they were back in familiar contexts that reminded them of their past criminogenic behaviors. On the contrary, others from the Solid Start program were intentionally placed in neighborhoods far away from their “old stomping grounds” or familiar territories, reducing their chances of substance misuse or engaging in crime or with non-prosocial groups.

Overall, Solid Start was assessed as being more beneficial in facilitating the reentry process beyond providing housing support. In fact, having the program’s level of support in securing housing also developed agency and success in employment, substance misuse, confidence, and their interpersonal relationships. The program’s evaluation results emphasize various literature’s suggestions that supportive, prosocial environments increase desistance and facilitate reintegration. More specifically, an emotionally supportive environment, such as the mandatory one-on-one support meetings with their Solid Start case manager, in addition to tangible support (i.e., individualized, needs-based service provisions) leads post-incarcerated individuals to becoming “self-supporting”, “motivated” and “responsible citizens” (Pleggenkuhl, Huebner, et al., 2016).

Correctional programming perceptions

When it comes to how incarcerated groups perceive their programming options, Pederson and colleagues (2024) investigated the views of women incarcerated within a number of correctional institutions in the south of the United States. The study reached 545 incarcerated

women where a self-reporting questionnaire with open and closed-ended questions were distributed to understand their programming needs and perceptions of prison resource and programming availability. The questions pertained to “measures about substance use, mental and physical health, abuse histories, institutional safety, contact with children, re-entry plans, and institutional programming” (Pederson, Smith, et al., 2024, p.954).

The findings of the study emphasized a need for evidence-based programming in women’s prisons that are responsive to the women’s specific needs and risks factors. For instance, traditional, evidence-based programming for women such as “faith-based, cognitive, substance use, and life-skill programs” were reported as not being present at the facility, aside from the substance use programming. Other desired gender-responsive programming that the authors reported the women as “begging” to have were ones that best equipped them back into their common roles as caretakers when returning to society: career and education training, self-help and life-skills, cognitive and victimization counseling (i.e., emotional or physical abuse experienced in childhood or later), and substance misuse recovery (Pederson, Smith, et al., 2024). Overall, the study offered recommendations of increased dialogue between staff at the correctional institutions and the women incarcerated to best understand the tailored needs and perceived usefulness of their programming, as well keep the women sufficiently informed about what programming is available to them at their institution.

In light of our understanding from the above study and its findings suggesting dialogue between correctional institutions and those incarcerated, I will now discuss a qualitative study that considers how the personality and attitudes of correctional staff toward those in transition can affect the success of incarcerated individuals’ reentry path. More specifically, the evaluation

study notes how a relationship between the two can encourage positive shifts in the transitioning person's behavior and overall perception.

Zortman and colleagues (2016) conducted an internal evaluation of Pennsylvania Board of Probation and Parole's three reentry programs using questionnaires and in-depth interviewing of their participants. The evaluation was intended to uncover what their program participants perceive as effective and helpful in their reentry program. The programming at Pennsylvania Board of Probation and Parole's reentry programs are made up of intensive supervision of paroled individuals by their assigned parole manager, agent, parole board member, and commons pleas court judge. Participants are expected to complete 12 to 18 months of substance use treatment and rehabilitative program services, as well as attend monthly sessions at their local courthouse "to discuss individual progress, goals, challenges, and accomplishments with either the board member and/or judge" (Zortman et al., 2016, p. 425). The program is delivered in four phases. For parolees who do not adhere to program regulations (i.e., abstaining from substance and alcohol use, secure employment, and attend all treatment sessions) are sanctioned and provided with additional treatment.

The evaluation conducted 226 interviews where program participants expressed their thoughts and experiences about the program, abstaining from substance use and alcohol, and their feelings about program staff. However, the most interesting of the findings was how parolees spoke about their relationships and interactions with program staff. Importantly, some studies suggest that correctional staff's personality, beliefs, and attitudes, whether towards the programming itself or regarding the post-offending individual, was easily detected by them (Zortman et al., 2016). Additionally, when staff's perceptions are not positive, it can prevent success for those in transition (Hogan, et al., 2015), making them resistant to program treatment

and services while also impacting their own self-belief (Center for Substance Abuse Treatment, 2005). Moreover, the program and services, professionalism, knowledge, and skillset of the correctional staff were also shown to significantly influence participants' performance in the program (Rossman et al., 2011).

Program participants at the Pennsylvania Board of Probation and Parole's three reentry programs spoke highly of correctional staff, describing them and their developed relationship as a "mentor, coach, supporter, and respectful person who I can trust" (p. 442). Additionally, while half of the respondents in the first phase of the treatment reported feeling burdened with the monthly reentry sessions, many later reported their correctional agents as being the "most helpful individual in their progression" (p. 432). They attributed this to the agents' interactions with them where they felt "treated as equals" and "fairly" while being supportive to their reintegration process, offering praise whenever they did well. Furthermore, as participants progressed through the phases of the program, many reported feelings of admiration for their agents. Zortman and colleagues (2016) infer that the positive perceptions and attitudes that the agents displayed toward the participants increased their desire to change, adhere to program's expectations, and refrain from falling back into negative, criminogenic behaviors. Lastly, after completing the program, participants expressed wanting to maintain their relationship with their agents, noting that having the same agent throughout the entire program as "critical" to their success in the program and thereafter as a continued support. Overall, the evaluation results indicate that the agents' maintained "support, guidance, trust, and rapport" (p. 436) between the correctional staff and program participant was a key factor in the participants' reentry success.

Mentorship in reentry programming

Smart Reentry, a reentry program situated in a densely populated Midwestern city used a qualitative analysis method such as narrative analysis to interpret interview data from their sample population. The study aimed to highlight the “challenges and strengths related to training, staff relationships and communication, and recruitment of and engagement with program participants” (p. 806). To do this, Romain Dagenhardt and colleagues employed a narrative analysis to evaluate, in detail, the changes in perceptions regarding peer support that program participants and recipients undergo during the implementation of a new program (Hill & Burrow, 2017).

The study considered the thoughts of paraprofessionals in the program as they implemented new programming at Smart Reentry. Seven peer support and family support paraprofessionals with additional identities as ex-offending individuals and professionals of different disciplines were interviewed. The study’s findings showed the impact paraprofessional peer guides, or mentor-type relationships, have on a positive environment when they implement reentry services. Additionally, the findings, as well as other research studies (Lebel et al., 2015), suggested that mentors who also have history in being incarcerated tend to be “inspiration models” or appear as “wounded healers” to program recipients. However, challenges arose in some associated organizations because the social workers and correctional officers involved were “resistant to the recruitment of and access to offenders” as mentors. Additionally, some paraprofessional mentors had little to no workplace experience and thus struggled in exercising professionalism and adhering to organizational expectations and policies. Such challenges show a need for continued training of paraprofessionals, as well as all workers in reentry, in self-development, trauma-informed counseling, and regular dialogue and informational meetings in the organization and inter-organizationally (Romain Dagenhardt, Sharif, et al., 2024).

Another reentry program that had qualitative evaluation results related to the working and relationship dynamic between program staff and participants is New Zealand's Pathway reintegration program (Gilbert & Elley, 2015). The evaluation was first conducted quantitatively, where the data showed their graduating program members to be reoffending (over the course of 12 months) at a significantly lower rate than what the program originally predicted. To understand why these positive outcomes were happening, qualitative methods such as 12 semi-structured interviews were conducted with Pathway's male participants.

Pathway reintegration program operates based on relationships. It depends upon its relational ties with the Department of Corrections as well as non-profit organizations to refer their program participants to receive care and support. The program also has two, full-time social workers who are assigned to program participants. In this role, their main responsibility is to foster and maintain a relationship with the participant from the time they are incarcerated (8 weeks prerelease) to ready them for community reintegration. The social worker works one-on-one with the individual to "build a rapport" with them and understand them "personally" to "determine their specific needs, their suitability for the programme and their likelihood to fully commit to reintegrate" (Gilbert & Elley, 2015, p. 16). Moreover, while all Pathway reintegration plans are individualized and not derived from a template, there is a common plan for "restorative reintegration", which focuses on "mending bridges with those who the offender has wronged, including the victim, the offender's family and the community" (Gilbert & Elley, 2015, p. 16). Additionally, Pathway reintegration plans include a mentor from the community to work with the participant, which then also requires the participant to attend at least two community events.

The qualitative results of the evaluation revealed that Pathway reintegration program's social worker and client relationship is the "backbone" of the program and is what rendered such positive outcomes in recidivism for their program graduates. Notably, their programming is built from the Good Lives Model (Ward & Stewart, 2003) and Desistance Theory (Maruna, 2001), which are focused on a long-term crime desistance. Many participants mentioned that the program's "relative" view of failure gave them hope and feelings of value rather than feeling disposable if they were to make a mistake such as reoffending or relapsing. A relative view of failure for Pathway means "reoffending does not necessarily equate to failure and staff standby reoffending clients in the belief that the transition to a crime-free lifestyle is a process and not an event" (Gilbert & Elley, 2015, p. 35). Additionally, program participants noted their appreciation for the individualized reintegration plan, mentioning that they felt prepared for reintegration because they were prompted on what to expect from society and what was expected out of them. In fact, many reported that having appointments already set up for them, having a week's worth of food available to them, and various referrals throughout the community for work and living accommodations was a level of support that felt like being "taught how to walk again". The program attributed this to their reliance on the Good Lives Model. The Good Lives Model, for Pathway, emphasizes their social workers' role in understanding why their participants committed or have a desire to commit a crime to then providing them with "necessary conditions (e.g., skills, values, opportunities, social supports, etc.) for meeting their human needs in more adaptive ways" (Ward & Stewart, 2003, p. 354).

A comprehensive evaluation of reentry programming

Having explored some reentry program evaluations that bring attention to the effectiveness of mentorship, relationship, professionalism in social and correctional workers, practical service provision, and continued care for individuals in transition, I will now close with an example of a comprehensive evaluation of such programming. A comprehensive reentry evaluation not only assesses for what program treatment is reducing in program recipients, but also what specific elements or modalities of the program are bringing forth such outcomes in their participants (Miller & Miller, 2016). Comprehensive evaluations in reentry look to establish fidelity in their programming. This means the delivery of the program intervention and treatment is in line with the program's design, assuring that treatment and services are implemented consistently among practitioners and as intended. The Delaware County Second Chance initiative did this by employing a process evaluation that uses qualitative methodologies such as visits to the program site for activities observations, in-depth interviews, reviewing of program documentations and materials, and the Justice Program Fidelity Scale (JPFS) (Miller & Miller, 2015) to quantitatively measure for program fidelity and assess the how and why their program is effective or not.

The Delaware County Second Chance initiative comprehensively evaluated two of their reentry programs: the Delaware County Transition (DCT) program for post offending groups with substance misuse disorders and the Delaware County Jail Substance Abuse Treatment Program (DCJSAT). The DCJSAT program is a family-based treatment program for substance-dependent males with minor children. The program is voluntary participation and accepts up to 34 participants with an active waiting list. The DCJSAT program has three phases where they provide medical and primary treatment as well as continued care, starting from inside the prison to upon their release. Moreover, the DCT program is an individualized treatment program with

one reentry case manager and coordinator that meets with the participant to develop an “individualized reentry accountability plan”. From the developed plan, the case manager and coordinator can connect and refer the participants to support services based on their needs and reentry goals.

The results regarding program fidelity of the two programs were gathered quantitatively with the JPFS, and qualitative methods such as the interviews with stakeholders and program activity observations provided contexts and deeper insight to the quantitative findings. Overall, the findings showed that both programs had difficulty in adhering to the programs original, intended design. This was due to constant “changing circumstances” and “turbulent climate” (p. 120) at the program sites, as jail and reentry environments are often unpredictable and filled with individuals of varying mental disorders, behavioral challenges, and social needs. However, both programs had high delivery quality, indicating that despite the grueling and unstable climate, staff workers showed to be “properly trained and credentialed” (p. 120) in that they still implemented programming in a way that was thorough, vigorous and engaging for participants. In sum, the evaluation results suggested that while the programs’ climate can cause ineffective programming due to staff workers not consistently adhering to the evidence-base treatment styles and practices intended by the program, staff workers’ readiness via their training and professionalism maintains an overall high program fidelity. This high program fidelity is seen through their ability to still provide intensive treatment and interventions, maintain engaged and responsive participants, and maintain a tailored instruction and treatment for the contexts and program participants. As we will see in later sections, some of the findings from the present study echo some of the results found in the Delaware County Second Chance evaluation.

Chapter 3: Methods

This chapter identifies the various types of evaluation designs, approaches, and typologies used, as well as my methods used, the ways to which I analyzed the data, and how I decided upon such particular methodologies and analyses for the present evaluation study.

Evaluation typologies

When it comes to assessing programs, there exist a variety of evaluation types, however only some commonly used for prevention programs and will be discussed in the upcoming sections: formative evaluation, summative evaluation, impact evaluation, and process evaluation¹⁸. Each of the mentioned evaluation types follow a unique methodological design, approach and overall aim to its assessment. Scriven (1967), who first introduced the idea of formative and summative evaluations, described **summative evaluation** as being a preferred assessment type for programs desiring to save time and money, as its overall aim is to showcase any programming that is effective and ineffective to the program. Programming assessed as ineffective to the program are usually suggested to get rid of. Therefore, summative evaluations are known as providing programs with a “go or no go” decision to continue or replicate their programming or discontinue it altogether based upon the results the programming renders (Chen, 2015). On the other hand, **formative evaluation** provides program providers with reasons for the success or failure in their program interventions, offering opportunities to strengthen and continue the interventions through incorporating the evaluation’s suggested programming changes (Clément & Madriaza, 2021; Cronbach, 1982). Unlike summative evaluation’s assessment of programming results, formative evaluations assess the implementation of

¹⁸ Process evaluation is interchangeably referred to as implementation evaluation.

programming and interventions. Additionally, formative evaluations, and its evaluation approaches and designs that accompany it, tend to utilize qualitative methodologies to assess the program, while summative evaluation, approaches and designs will have more quantitative methodologies to measure the success of a program.

Moreover, there are evaluation typologies that extend from these two main evaluation types. The most commonly used ones are impact evaluation, extending from summative evaluation type, and process evaluation that extends from formative evaluation type. While there are various other evaluation objectives such as output evaluation, monitoring evaluations, and audit evaluations, impact and process evaluations account for the majority of prevention program evaluations as a single-use evaluation type. For instance, studies show that when evaluations like output, audit, or monitoring were used in prevention programs, they were always paired with impact evaluation objective or process evaluation objective (Madriaza, Morin, et al., 2021).

Impact evaluation, the more commonly used evaluation used in tertiary violence and violent extremism prevention programs on all continents (Madriaza, Morin, et al., 2021), assesses the observed changes from the program's implemented interventions. Such changes can be categorized in a number of ways, such as, positive or negative, direct or indirect, and unintended or intended, with aspects that can measure 1) outcomes at a community level where perspectives, initiatives, and community member care is the focus, 2) rehabilitation and follow-through strategies that reduce violence in the perpetrating individual(s), or 3) victim-centered outcomes such as mental health care and access to support (CDC, 2023). Contrarily, **process evaluation**, also referred to as implementation evaluation, assesses the intervention itself and how it is delivered. I will discuss more about process evaluations in later sections, as it is the evaluation type that we chose to use in the present study.

Deciding upon which evaluation type to employ will often times depend upon the choice in evaluator as well as the expectations of the program's funders. As an example, Madriaza and colleagues (2021) suggest from their systematic review that impact evaluations are used in higher proportions than process evaluations because funders "seem less interested in the processes by which they are implemented than in the impacts that they achieve" (p.46) through quantitative methodologies and quantifiable success. This is opposed to the program practitioners' interest in the qualitative processes of their programming (Madriaza et al., 2021) such as the quality of the delivery of the intervention. Additionally, programs often hire evaluators external to the organization and thus have a top-down approach where decisions are made by the higher levels within the program about the evaluation and then communicated to ground workers. This will often leave program practitioners with little to no say in the evaluation (Madriaza et al., 2021). Another evaluator type is internal evaluators. Internal evaluators are individuals directly associated with the organization either through agency partnerships or were involved with the development of the program. In some evaluations, program practitioners and stakeholders will contribute largely to the evaluation at various stages of the evaluation. Depending upon the amount and timing of contribution, these evaluations can be classified as having an approach that is participatory or responsive, as described in the upcoming sections.

A responsive evaluation places emphasis on the accessibility and usefulness of the evaluation results to program stakeholders. Responsive evaluation approach is suitable for community and reentry programs like this program have stakeholders and program beneficiaries who desire to be continually engaged with the evaluation. Robert Stake (1983) developed this approach in the education field to fill the practical gap of focusing on the implementation and process stages in programming when evaluating them and with the

perspectives of the program stakeholders, program users and community members (Abma & Stake, 2001). Additionally, responsive evaluations are designed to be used where the learning or activity is occurring (Stake, 1975). Therefore, a responsive evaluation approach will often adopt a methodology that is not constrained to the precision of program measurements only, such as implementing objective scoring or ratings. The approach instead relies upon the perspectives and communicated needs of the program stakeholders and users in order to bring maximal accessibility to the use of the evaluation findings. Such unconstrained precision in responsive evaluation methodology renders a more accessible, less formal, and organic communication within the evaluation between the evaluator and the program members (Stake, 1983).

Additionally, a key aspect in responsive evaluations is to adapt the evaluations' approaches and methodologies to the needs of the program and stakeholders. Methodologies used in a responsive evaluation approach are ongoing and occur simultaneously with other evaluation methodologies, as pictured in Stake's illustration of prominent responsive evaluation events (see *Figure 1*), such as informal dialogues, constant feedback, reviewing and overviewing of program elements and documentation, unpacking stakeholders' concerns, and interpreting and formulating reiterated themes. These events (as illustrated below in *Figure 1*) allow for a diverse inclusion of program stakeholders' perspective and reactions throughout the evaluation events, which is an integral aspect of a responsive approach and encourages the likeliness of evaluation use (Patton, 2008). Additionally, the practicality of responsive evaluation methods for program stakeholders encourages evaluation capacity in program members—a key aim in collaborative evaluation designs (Walser & Trevisan, 2021) as well as in process evaluations, as previously discussed.

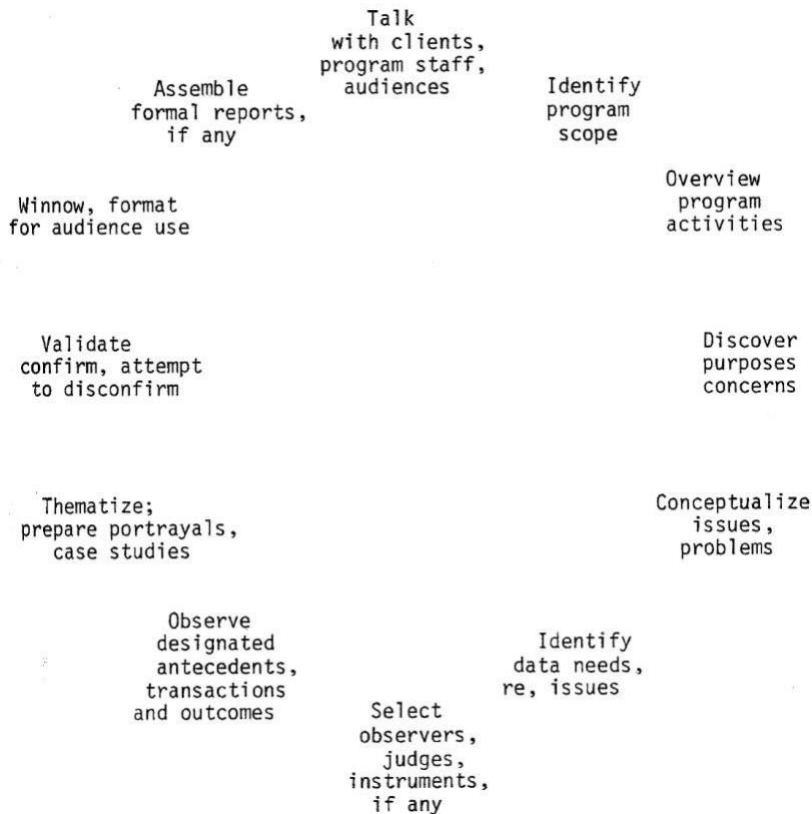


Figure 1 Responsive Evaluation Events (Stake, 1983, p. n.d.)

Similar to a responsive evaluation approach, **participatory evaluation** includes program stakeholders from the beginning to the end of the evaluation and often takes place in a community context. However, a participatory evaluation involves stakeholders in a more unmediated way (Walser & Trevisan, 2021). That is to say, in participatory evaluation, the evaluator's role is to be an empowering adviser to program stakeholders (Fitzpatrick et al., 2011), allowing them partnership and ownership of the evaluation and its processes (i.e., evaluation design, data collection and analysis methods, and report of findings). Moreover, approaches in a participatory evaluation encompasses a diverse evaluation focus such as a collaborative, empowering, community-based, transformative, or youth participatory evaluations (Walser & Trevisan, 2021). Overall, participatory evaluations are meant to encourage learning

and improvement (Walser & Trevisan, 2021), using mostly qualitative methodologies to achieve such goals.

An example of a participatory evaluation that includes all of its mentioned evaluation focuses is London et al (2003)'s youth participatory evaluation at the Juvenile Justice Action Plan in San Francisco. The evaluation trained 20 post-juvenile justice youth in evaluation to work as evaluators on the initiative, alongside other evaluators, policymakers and community members. The focus of the evaluation was juvenile justice reform through redirecting its funding to incarceration alternatives (London et al., 2003; Walser & Trevisan, 2021). After surveying the needs and concerns of the youth in the targeted area, the evaluators designed indicators of success for their initiative. Overall, the evaluation resulted in “developed lasting intergenerational relationships” for those involved (Walser & Trevisan, 2021, p. 156) while also encouraging various skillsets and capacities of leadership and evaluation in the youth evaluators who also belonged to the community under evaluation (London et al., 2003). The evaluation's participatory approaches were predominately seen in its use of local and post-juvenile justice youth as evaluators, as it “contributed to the utility, propriety, and accuracy of the evaluation” (Walser & Trevisan, 2021, p. 156) that also encouraged transformative benefits in their community regarding skill-building and potential readiness for future career opportunities and success.

Methods

Now that I have considered the various types of evaluations possible, as well as the various ways stakeholders' can be involved in the evaluation, I can now the program's programming evaluation, and how their program stakeholders will be involved in the present

evaluation. The following sections will discuss how we (myself and the program stakeholders) collaborated to choose a particular type of evaluation and how they will be involved.

The program has a close-knit, communal relationship within their program. For instance, many staff workers, participants, and visiting community members refer to one another as their “brother in Christ” or “sister in Christ”, expressing a familiarity and comfort around each other. Notably, and as mentioned in earlier chapters, the majority of the program’s staff members were once program clients, participants and volunteers. These individuals, who have spent years within the organization in various capacities, express a fond attachment and care for the progression of the program and its programming. For this reason, I believed a responsive evaluation approach where stakeholders are engaged in the evaluation would be most appropriate for the program. I also considered the usefulness of a participatory evaluation approach. However, after further considering the large workloads and high staff turnover that is common to nonprofits and reentry programs (Cole & Cohen, 2013) such as this program, I predicted that a participatory evaluation would not be feasible for the program’s staff members. Finally, after discussing with the program’s leadership team about their organization and programming, what an evaluation could mean for their programs, and how involved they would like to be, their preferences leaned more towards a process evaluation.

To understand why process evaluation aligned more with the program’s evaluation plan, I will explore, in more detail, its aims and design. Process evaluation intentionally engages the internal stakeholders by using the expressed and observed experiences of program intervention users to understand the quality of its implementation. In this way, the

program is accountable to more than just its program goals and outcomes, but also to the quality of its intervention delivery. The quality of delivery in their program interventions is important because the program's staff expressed wanting to understand the underlying components of building and sustaining relationships in their program. Relationships in the program between practitioners and program participants happen at the designated shelters and main facility where programming and resources are implemented and provided. Thus, it was important to understand the processes within such elements of the organization.

To understand or assess the process of the programming of an organization, process evaluation can then be categorized as either constructive or conclusive. When process evaluation is constructive, its purpose is to improve a long-running program intervention by informing its stakeholders of the program's weaknesses and/or strengths in structure and implementation (Chen, 2015), but without assessing the success or failure of its overall implementation. I presented a constructive process evaluation as a potential good option for the program evaluation needs, as constructive process evaluations are useful in programs that are looking to reassess their program interventions in order to make changes or clarifications (Chen, 2015). Such methods, however, did not seem accessible to the entire team in the short amount of time we had to begin and complete the evaluation. For instance, finding time to complete intensive interviews with staff as well as introduce research strategies such as concept mapping for staff to complete on their own was not feasible.

More aligned with the program's evaluation expectations would be a **conclusive process evaluation**, another category in process evaluation. Conclusive process evaluation is meant to evaluate the quality of the program's implementation by assessing the program's original implementation plan against its actual implementations being done. For example, a

conclusive process evaluation might assess if the reach of the program's services is being implemented to the intended communities, and if the services are implemented appropriately and according to criteria (Chen, 2015). Additionally, data from conclusive process evaluation can uncover contextual information that supports the understanding of any quantified data of the program outcomes (Chen, 2015). This is especially relevant to the program's evaluation needs, as their previous program assessments have all been quantifiably evaluated to fulfill the requests of their funders; and thus, the program's director expressed a need for exploring and understanding the how and why of their programming success or a qualitative assessment for their own program insight. For instance, if the program's showed program failure in their previous quantitative evaluations regarding reducing drug usage in any of their participants, a conclusive process evaluation can inform how this is so by showing shortfalls within the program delivery or inconsistency with the intervention's original plan that is evidenced to reduce drug usage. The on-site, in-depth interviews with program participants might also provide insight to the program's about any participant needs that are unexplored and thus potentially mediating their reuse of drugs.

Ensuring program accountability is an important factor in process evaluations that employ a conclusive design (Chen, 2015). **Conclusive process evaluation designs** look for consistency between the program stakeholders' intentions for and implementations of their services and the actual work or implementations being done. Consistency between the two can generally demonstrate high-quality within the implementation for their program recipients (Chen, 2015). Such factors align with the program's evaluation goals in that the interventions delivered to their participants and clients are meant to reduce their chances of recidivism during the vulnerable period of transitioning out of incarceration and back into

community through relationships. Thus, if the program's evidence-based interventions are being implemented as originally planned, their desired outcome—beyond recidivism but rather creating relationships—should show in the evaluation findings. Furthermore, conclusive process evaluation designs also include the experiences of the intervention's users to understand the factors influencing program effectiveness and help develop a better understanding of the processes¹⁹ that are responsible for the interventions' realized outcomes.

Therefore, the observed and expressed experiences of the program's participants and clients will have a sizeable role in the evaluation. Such understandings of their experiences will work to ameliorate the intervention's developmental or experimental approach (Hulscher et al, 2003) by increasing insight to program stakeholders of which structural and contextual barriers are being facilitated and worked through, and if program facilitators and practitioners are successfully meeting the participants' and clients' needs within the program. For the program's team, the vocalized experiences of their participants and clients regarding programming elements that build and sustain positive relationship between themselves (the participant or client) and staff members, as well as between themselves and Christ were of their greatest interest. Therefore, we believed a conclusive process evaluation would best respond to the evaluation needs. As noted above, conclusive process evaluation is conducted using **program fidelity** as an evaluation approach and using observations and experiential methodologies.

For the program's evaluation, **monitoring for program fidelity** through conclusive process evaluation methods were very accessible for the collaborative evaluation we

¹⁹ Mechanisms, when used in social programs and social policies, are the “underlying process” (Astbury and Leeuw, 2010, p. 375) that explain why and how a program is working. Mechanisms mediate the program services and its outcomes and is determined by participants' responses generated from the program activities (Weiss, 1997).

were all desiring to implement. This is because its methods were easy to understand and made realistic demands with staff's available time. For the evaluation, I spoke with each shelter site leader who agreed to collaborate in the evaluation observations. Through these conversations, in addition to my own analyses of the shelters' documentation and detailed programming descriptions, we synthesized all the activities and resources expected to occur and be provided at each program site, as well as their time of occurrence (see [Appendix D](#)). This sheet was used at all 4 program facilities during the evaluation observation. Indeed, the sheet for each facility was different, as program components are unique to each facility. The program components' category is listed in the first of the three columns, and synthesized program components with their specific time of occurrence is listed in the second column. The third and final column is for me and the collaborating the program's team members to fill in during the observations.

As fidelity assessments suggests, the program's referral processes and service delivery were the two elements under observation. I chose to monitor for and ascertain fidelity for the program's implementation processes because failure in reaching program outcomes is often due to the program's failure in the delivery of their interventions (Mills & Ragan, 2000).

Additionally, program drifts or lack of consistency in the intervention delivery is common in non-profit, reentry program implementation practices (Bond et al., 2000). Notably, establishing fidelity in program implementation has been labeled as the "cornerstone of successful reentry programs" (Visher, 2006, p. 300) for post-offending groups. This is because program fidelity confirms that the intervention is being implemented as originally planned (Mowbray et al., 2003) and validates the effectiveness of its programming. As the program uses interventions that are evidence-based, monitoring for fidelity in these interventions will show if their programming is responsive to their participants and feasible for

their staff members. Without such an assessment, there remains uncertainty in whether a program's failure is related to the quality of the intervention and resources provided or an insufficiency within the program itself, such as unaddressed challenges amongst staff and within the organization. Understanding such potential shortcomings will respond to the program's expressed program concerns regarding what might be impeding on the developed and maintaining of relationships between them and their program participants and clients, and their relationships with Christ. Therefore, the evaluation will extend beyond contextualizing program effects and identifying underlying program elements that lead to program success, but its ultimate purpose is to ascertain program fidelity (Miller & Khey, 2016). Moreover, establishing the program fidelity in the program's programming will enable a "more standardized, consistently researched, and replicated" program (Mowbray et al., 2003, p. 317), which will help the organization extend their services to different locations and readily hire practitioners to perform the same duties and in similar quality. Extending their programming services by developing more shelters and facilities throughout the city and outside of the state is a desire of the program.

Having established the evaluation type, i.e., formative evaluation, the approaches of the evaluation, i.e., conclusive process evaluation and program fidelity, and finally, how we made such decisions for the evaluation, next, I will discuss how we conducted the program observations and the in-depth interviews whilst keeping such evaluation elements in mind throughout.

Evaluators have a responsibility to address and specify the program's conceptual elements and theoretical frameworks (Day et al., 2011) within the intervention implementations that have brought on program success or failure (McClintock, 1990). Such responsibilities cannot be fulfilled without qualitative methodologies that include group and individual focus group interviews and other interactive engagements between program stakeholders and the evaluator. As such, the current research study qualitatively evaluates multiple sites of the reentry program intervention's implementations for fidelity using a method called "process evaluation". The evaluation study is meant to uncover processes and benefits that are not immediately apparent in the programming outcomes, as well as offer thorough understandings of the impact and progression of the program and its practices (Mears et al., 2007; Miller, 2014

Observations

We used fidelity assessment as a guide when conducting the program observations. For instance, under each 3-column table detailing the program components and what we observed being implemented, there were questions listed (see [Appendix D](#)) that encouraged the observer to reflect on fidelity elements such as "modality, adherence, program differentiation, treatment staff dynamics, dosage, participant engagement, and treatment climate" (Miller, 2014, p. 47). Such questions helped me and the collaborating program's team member to remain clear on what we were observing for. We discussed our responses to these questions during our 5 to 10 minute debrief sessions, after completing the observations each day. The questions were pulled directly from Miller's (2014) study where a reentry program was evaluated for program fidelity using a process evaluation.

The observations monitored for what Fullan (1983) defines as the 5 degrees of implementation fidelity, or rather required measuring of its five (5) elements to comprehensively gauge the evaluation process: *adherence, exposure, delivery quality, participant engagement, and program differentiation* (Dusenbury et al., 2003; Dane & Schneider, 1998; Miller & Miller, 2016). This included clear descriptions of the services or interventions' implementation, i.e., the length, intensity, duration, content, procedures, and activities of the service; as well as the roles, qualifications, and activities of working staff members and the demographic of targeted population being reached (Mowbray et al., 2003, p. 318; Kelly et al., 2000).

Before discussing how these direct observations of the program's program interventions' happened, I will first define and describe each of the five mentioned elements of implementation fidelity. **Adherence**, in this evaluation study, is defined as determining if a program service or intervention is being implemented by providers as it was originally designed to (Carroll, Patterson, et al., 2007). Subcategories existing within *adherence* measure the degree to which the *content, frequency, duration* and *dosage* of the intervention is being implemented. The degree of all four subcategories is the implementation fidelity achieved. Carroll and colleagues (2007) describe adherence as the "bottom line measurement of implementation fidelity" (p. 3) with the other four elements that are essentially intervention complexity (i.e., exposure or dosage), facilitation strategies (i.e., program differentiation), quality of delivery, and participant responsiveness moderating or influencing the level of adherence. For example, when program participants are not responsive or interested by an activity, the intervention is likely to not be implemented as intended. On the other hand, implementation fidelity is said to be high when an intervention is implemented in a way that "adheres completely to the content, frequency, duration and coverage prescribed by its designers" (Carroll, Patterson, et al., 2007, p.

4). In the present evaluation, adherence to program's intake screening, timeliness, treatment plan components, caseload compliance, individualized service plans, and dosage of were of particular interest during the observations.

Intervention **exposure**, also described as intervention complexity explains how detailed or vague the intervention's structure is. Research shows that the more specific the details are of the intervention, the higher the levels adherence it is likely to show (Carroll, Patterson, et al., 2007; Dusenbury, Brannigan, et al., 2003). This is because when interventions are complex and vague in how they are to be implemented, program providers are afforded a more diverse delivery of the intervention. However, with a specific and simplified structure, program providers find it easier to follow its structure and deliver the intervention in the same way each time (Arai, Roen, et al., 2006), thus moderating the degree of fidelity reached. Additionally, intervention recipients tend to be more engaged and responsive to a simplified, structured intervention, as comprehension barriers are limited (Greenhalgh, Robert Bate, et al., 2004). In addition to this, exposure also describes the length of an intervention and the number of times it is delivered to program recipients, according to the Program Fidelity Scale, and thus was a considerable factor during the program site observations.

Program differentiation refers to the facilitation strategies of those implementing the intervention. Continued training and feedback for facilitators, monitoring of programming practices and implementations, and proving guidelines and manuals to staff workers help maintain enhance facilitation strategies' effectiveness (Carroll, Patterson, et al., 2007). Furthermore, such strategies support in standardizing intervention implementation, thus allowing for a high implementation fidelity. Additionally, the number of strategies applied will be different depending upon the complexity or simplicity of the intervention. For instance, more

complex and vaguely structured interventions may need additional training and facilitator guidance to ensure implementation standardization and adherence, while simple, detailed-specific interventions will not require as many strategies (Carroll, Patterson, et al., 2007). When program differentiation is high, interventions are implemented in a way that responds directly to the needs of the program recipients. This can be observed within the intervention's content, the intervention's development process, the recipients' responsiveness or learning after the intervention is implemented, and the learning or service environment of the intervention, as all of these elements moderate implementation fidelity. More specific to the Justice Fidelity Scale's measurement for program differentiation is the monitoring of "program size fluctuation, program budget fluctuation, caseload fluctuation, continuity of staffing and setting".

Delivery quality more obviously describes "whether an intervention is delivered in a way appropriate to achieving what was intended" (Carroll, Patterson, et al., 2007, p. 6). Often, when program content is delivered poorly, the intervention is not being implemented fully nor as intended. This signifies a need for the "provision of extensive training, materials and support to those delivering an intervention" (Carroll, Patterson, et al., 2007, p. 6), which ties directly back to the importance of program differentiation and its influence on delivery quality. In the same way, the Justice Fidelity Scale observes for the qualifications, attitude, and continued training of program staff.

Lastly, **participant engagement** depends upon acceptance and satisfaction of the intervention by the program recipient. In fact, some past studies showed that when participants are not receptive to interventions, they will purposefully not comply to what is being learned or recommended (Allen, 1998). Facilitators' (or those implementing the intervention) beliefs about how interested their participants are in the intervention—or even if they themselves like the

intervention— can moderate how they adhere to the intervention’s intended implementation. Thus, it is important that stakeholders have a certain level of enthusiasm and acceptability of the intervention when the intervention is being delivered and/or presented to staff to deliver. Moreover, the measuring of participant engagement entails either the use of self-reporting surveys from participants and facilitators to understand their perceptions of the intervention; or, as illustrated in the Justice Fidelity Scale, through observations and conversations regarding their attitude, involvement, and barriers associated with the intervention.

Direct observations of the program’s program interventions happened over a 5- week period, with each intervention site being observed for 12 hours, totaling 48 hours of observations of the program’s programming altogether. The observations of the program’s delivery were done at programming sites within a three-day period at each site. At the latter three sites, one member was selected to complete the 3-day observation alongside me. However, sometimes two members were selected, as the one staff member originally selected was in the process of resignation while the evaluation was underway.

In-depth interviews

In addition to the observations described above, I conducted semi-structured and focus group interviews with the program’s staff and program participants. Informal interviews or conversations with staff members and program clients also occurred spontaneously and throughout the observation of the program. Semi-structured, in-person 30 to 40-minute

interviews were conducted with two employees at each of the four sites. The employees were selected by the evaluator based on their reported time as an employee at the program, their level of interaction with the program clients, and their availability to participate in an interview.

Interview questions (see [Appendix G](#)) were developed by the researcher after observing and understanding the expressed needs from the evaluation and then were further reviewed and approved by the program's leadership team and executive director. The questions were used to guide the interview and "ensure systematic topic coverage and data coverage" (Miller, 2014, p. 40) for individual interview participants and for each evaluation site.

Focus group interviews were scheduled collaboratively between the evaluator and the program's leadership team. The focus group participants were selected by the program's staff on-site. Many stakeholders mentioned the importance of selecting individuals who were fully capable of participating in discussions about their experience within the program. This is because many of the program's clients have psychological mental health disorders that can impede on their ability to respond honestly and articulate their experiences. Focus group interviews were conducted at each site and included three program clients within each group, totaling 12 clients interviewed. While focus groups for prevention programs tend to consist of 5 to 12 people (Anastasopoulos, Décoret et al., 2023), for this evaluation study, groups of 3 were used at each program site to enable me to provide a financial compensation within my budget to each interview participant, as agreed upon by the program's leadership team. All of the interviews were scheduled for the last day of observations to encourage familiarity and trust between myself, as the evaluating researcher, and interview participants. Consent was provided orally after I read the interview protocol (see [Appendix E](#)). The interviews were audio-recorded and lasted between 45 to 60 minutes. Each program client and participant interviewed was

compensated for their time with a 15-dollar Walmart gift card. The program's staff members were not present during the interview and were held in a separate room from programming activities, as the intention of the focus group discussions was to encourage responses that were honest and less restricted (Miller, 2014).

Consulting with staff members

Now that I have finished describing how we conducted the program observations and in-depth interviews, I will outline the ongoing consultations I engaged in with the program's staff members. These consultations helped shape my understanding of the different programming and resources available at the program's sites, as well as brought me deeper insight to the challenges, new developments, and successes happening within the organization. In addition to the weekly, 1-hour leadership team meetings I attended, as discussed in Chapter 1, I also spoke individually with all team members that agreed to partner in the observations at their allocated program site. These discussions occurred via text messages and 5-to-10-minute phone call conversations, as needed, e.g., if I had additional questions about their program site that was being observed. I also shared my phone number and email with all team members, inviting them to contact me if they had any questions and ideas regarding the evaluation.

Reviewing of Documents

In addition to the weekly meetings and informal consultations, to fully grasp the workings of the organization, I needed to review their organizational documents. These documents (i.e., grant proposal submissions, legislative documents, flyers and brochures of the program, training materials and events, policies and procedures of any/all programming,

newsletters, previous evaluations or accreditations, annual program reports, and program meeting notes), while not directly referenced or used in the evaluation, were important for me to review for my own understanding of the program, its history, its participants, and its previous evaluations and funding sources (Walser & Trevisan, 2021). I worked closely with the program's director of connections and executive director to acquire these documents. Often, they would provide me access links to certain documents saved on an online platform, or they would provide me with printed copies at our next sit-down, before the weekly meeting. If I had questions about any of the documents received, I would reach out by email or text to either of the two directors and we would plan a time before or after the weekly meeting to sit down and discuss. The documents were continuously reviewed up until the completion of the dissertation writing.

Data analysis

Building on how the data was collected and how we chose the methods used to collect such data, this section illustrates how I analyzed the data. Examining how recipients of the programming and their staff experience and conceptualize the reentry program was the primary interest of the evaluation. Therefore, the evaluative methods, approach and analysis were informed by **grounded theory** approaches where “constant comparisons and conceptualisations” (Hallberg, 2006, p. 145) were used as a method²⁰ to generate the theory of change behind the program's implementation process. Using principles from Glaser and

²⁰ “...the “core category” of grounded theory, includes that every part of data, i.e. emerging codes, categories, properties, and dimensions as well as different parts of the data, are constantly compared with all other parts of the data to explore variations, similarities and differences in data” (Hallberg, 2006, p.143)

Strauss' (1967) grounded theory approach that discerns theory from the data allowed further insights of potential theoretical and practical contributions of the evaluation. Such contributions were guided by sociological perspectives on how identity and cognitive transformation processes are embedded in the reintegration experience as an effort to reach self-sufficiency (Giordano, Cernkovich, et al., 2002; Montgomery, 2023) or an agentic role that is commonly associated with theories of desistance (Deitz & Burns, 1992; Durnescu, 2018; Giordano, Cernkovich, et al., 2002; Montgomery, 2023). The following sections in this chapter will first explore how the data was analyzed to generate theory through the application of grounded theory principles. First, I will explain how the generation of theory provided me insight to my role as the researcher applying such theoretical principles from the data. Next, I discuss the two prominent theoretical concepts in reentry literature as it relates to reentry programming effectiveness and fidelity. Lastly, I situate these two concepts within the present evaluation study, discussing the steps in how I analyzed the data.

As noted above, I used **grounded theory** as a qualitative approach in analyzing the data to construct meaning (Charmaz, 2006). Qualitative researchers have long investigated natural life experiences such as social processes to understand the meaning that people construct and bring to them (Hallberg, 2006). Through Anselm Strauss' studies in human group life and participant observations, *symbolic interactionism* was termed as a way of making meaning from social life situations. The concept of meaning is described as being “constructed and changed via interactions between people, and that people act on the basis of the meaning they ascribe a situation” (Hallberg, 2006, p. 142). I identified and inquired about the complexities of these interactions as a basis of the rigorous methodology in grounded theory and its generation of

theory. I did so by generating from the “concepts that are put together by statements about mutual relations forming an integrated conceptual framework that explains or predicts a phenomenon or event” (p. 143). Thus, it is the systematic process of abstracting and conceptualizing the data that develop the theory within grounded theory approaches (Hallberg, 2006).

Glaser refers to data as encompassing “all” that is occurring in and around the study. This includes the data gathered through “interviews, observations, diaries, or documents in whatever combinations” (Hallberg, 2006, p. 145). I will now detail the rudimentary characteristic of constructing grounded theory, which are the steps I followed in developing theory and analyzing the data collected. Firstly, a simultaneous diverse sampling of participants from mixed backgrounds and experiences, which the program’s sample population provides, occurs. Next, in-depth interviewing is implemented where participants’ life experiences are investigated. The results or concepts that start to emerge from the mentioned data collection process then influenced and directed the continuation of the data collection, such as the questions to be asked to participants. This type of sampling was necessary to further develop the established concepts derived from the data. Additionally, I used memo-writing and theoretical reflections throughout the process to develop axial coding²¹ of emerging categories from data. I continued in this process until the data collected stopped adding new information or creating new categories.

Moreover, grounded theory is often seen in two paradigms, classic and constructivist. Classic grounded theory, commonly referred to as Barney Glaser’s grounded theory is described as a rigorous method where the researcher must not have any preconceived thoughts regarding the collected data. Thus, the researcher lets the data develop a new theory from the continuous

²¹ “...relating categories to subcategories along the lines of their properties and dimensions” (Strauss & Corbin, 1998, p. 124)

data collection, data comparisons, and emerging patterns. A key aspect in classic grounded theory is its positivist, objective approach that calls for the researcher to essentially develop a theory or discover the participants' reality from empirical data, rather than building or influencing the data with their own existing knowledge or subjective thoughts. Additionally, in classic grounded theory, Glaser states that "all is data", referring to various data forms such as observations, interviews, diaries, notes, documents, and dialogues occurring at the research site(s) as data. Moreover, during the interview process, passive listening strategies are encouraged while each participant shares his or her own perspective story. It is the researcher's role to bring these perspectives to "an abstract level...to see the underlying or latent pattern in the participants' collective words in a new perspective" (Hallberg, 2006, p. 145), often having to return to the research site to gather more information. This is done through an ongoing collecting and analyzing of data that follows the interview process. During this time of data collection and analysis, the researcher is still deciding on who else to interview, observe, and other information to collect in order to build a theory from the study's findings. This is described as letting the data "guide" the research plan (i.e., theoretical sampling), rather than adhering to the traditional, step-by-step research plan.

These classic grounded theory methods have been widely critiqued and reformulated by researchers like Juliet Corbin, Anselm Strauss, and Kathy Charmaz, continuing a back-and-forth debate over its approach and the researchers' relationship with the data and their research participants. Corbin and Strauss, who reject Glaser's (1978, 1994, 2002a) positivist viewpoint, argue that the participants' reality can only be interpreted (via data analysis), and never 'truly known', and thus viewing grounded theory from a relativist and subjective viewpoint. In other words, Corbin and Strauss believed that generating theory *creates* a subjective or relative reality

by the researcher through the mentioned hierarchical coding (i.e., open coding, axial coding, and selective coding). They also mention the importance of a coding paradigm (as illustrated in *Figure 2*) to “to help the researcher to illuminate the conceptual relationships between concepts/categories... and their properties in the theory development” (Hallberg, 2006, p. 145). Such categories represent a significant occurrence.

Charmaz (1995, 2000, 2006) later presented a constructivist perspective of grounded theory, believing that multiple realities exist at the same time, and knowledge of said realities are constructed “through an on-going interaction between researcher and participant (Hallberg, 2006, p. 146). Constructivist grounded theory calls for the researcher to reflect on their own experiences with the data and consider “how, and sometimes why, participants construct meanings and actions in specific situations” (Hallberg, 2006, p. 146; Charmaz, 2006). Moreover, Charmaz notes that how interview questions are posed, such as the researchers’ tone, eye-contact, facial expressions and body language significantly determines how the interaction will progress. She suggests ‘intimacy’ within interviews and conversations with participants that occur more than once. This allows for the researcher’s interpretation of the data to include their “understanding” of the participants’ realities, rather than an objective or relative explanation of it (Charmaz, 2006).

I referred most often to a constructivist grounded theory, which describes meaning as being constructed within a social reality that is “fluid and subject to changes based on a participant’s construction of it” (O’Connor et al., 2018, p.92). When constructivist grounded theorists report data findings, O’Connor and their colleagues (2018) explain these findings as being “constructed rather than discovered” (O’Connor et al., 2018, p.92), hence identifying the potential level of influence and privilege researchers have within the research process (Charmaz,

2014). Considering the researcher being mentioned as now an “active agent” (O’Connor et al., 2018, p.92) in the research process when using constructivist grounded theory approaches, it is important to understand my role in the present evaluation study.

An essential procedure in grounded theory generation is the timing and use of developing a literature review. Classic grounded theory and constructivist grounded theory both describe the role of literature as building theoretical sensitivity²² in the researcher. In constructivist grounded theory, contrary to classic grounded theory beliefs, the researcher is expected to familiarize themselves with the existing literature before collecting data, and later tailor the literature review to the study’s findings. This process is expected to predict the researcher’s theoretical sensitivity while still integrating the emerging theory into the literature review without its generation being influenced by existing theories and foreread literature. The present study follows a constructivist grounded theory process in developing theoretical sensitivity and supporting the initial stages of the research proposal (Holton and Walsh, 2016). As you will see in Chapter 4, the results of the data analysis reiterate some of the relevant theories highlighted in parts of the literature review.

Glaser’s (2012) classic grounded theory strategies were used when preparing and conducting the study’s interviews. Grounded theory’s interview techniques are described as having a more passive and less focused approach in the beginning and then later implementing more structured interviews that are guided by an analysis and theoretical sampling of the data collected (O’Connor et al., 2018). As an illustration, I began the open-ended interview process by informally talking with the program’s clients and staff, maintaining a responsive and receptive position. As categories and theories emerged from this data, i.e., theoretical sampling, I then developed the more in-depth interview questions that attempt to go beneath the surface of

²² “The researcher’s ability to recognize and extract the essential elements relevant to the emerging concepts, categories, and theory from the data” (O’Connor et al., 2018, p.95)

ordinary conversation” (Hallberg, 2006, p.143) and which are asked in semi-structured, formal interviews. This process also reflects the process described in Stake’s (1983, p.n.d.) responsive evaluation cycle (see Figure 1).

The value in using grounded theory’s interview techniques lies within its ability to rely on concepts that are derived through the experiences and voices of the participants rather than solely from my own analysis as a researcher (Glaser, 2012; O’Connor et al., 2018). Nonetheless, as the evaluation is intended to be a responsive and partnering one, the stakeholders at each site were given the questions in advance to review and add or withdraw any questions as they deemed appropriate.

My role as a researcher

An active role in the research through constructivist grounded theory means I, the researcher, and the participants at the program, adopted a co-constructing or partnering role in developing various parts of the study, as well as in some areas of the evaluation’s final results (O’Connor et al., 2018). The co-construction of materials and data analysis in the evaluation study allowed for opportunities for building organizational capacity (Walser & Trevisan, 2021) and a partnering relationship with program stakeholders, as previously mentioned in Chapter 2. When constructing a grounded theory from this point of view, there was a risk of inequity in my interpretations appearing over that of the participants in the study. A constructivist approach in reducing such inequity is to analyze and validate the data collectively through triangulation with the program’s team. However, having an agentic role in the research analysis can still potentially shift the theory generation process into a drive towards

excessive clarity, despite triangulation with the program's staff members, and as a result lose some of the participants' perspectives expressed in the data (O'Connor et al., 2018, p.94). Thus, as Charmaz (2014) suggests as a necessary step to minimize this potential problem, I conducted internal reflections where I identified my own preconceptions and biases.

Coding cycles in grounded theory approaches entail “line by line analysis of raw data to theoretical coding and sorting of categories using analytic memos in support the development of theory” (O'Connor et al., 2018, p. 98). I followed this procedure, using classic grounded theory approaches for the coding process. More specifically, three hierarchical coding phases were conducted: initial or open coding, selective coding, and theoretical or axial coding (Hallberg, 2006). In the initial or open coding phase, I broke down the data, line by line, to discover any recurring patterns and concepts using NVivo. From the mentioned identified patterns and concepts developed, I used selective coding methods to develop a single core concept or category. This was an integral step to determining the theoretical framework. From the theoretical coding, I was able to then specify the relationship between the various categories developed. I used the paradigm model (Figure 2) as a guide to analyzing and building theory from the collected data and visually map my coding process.

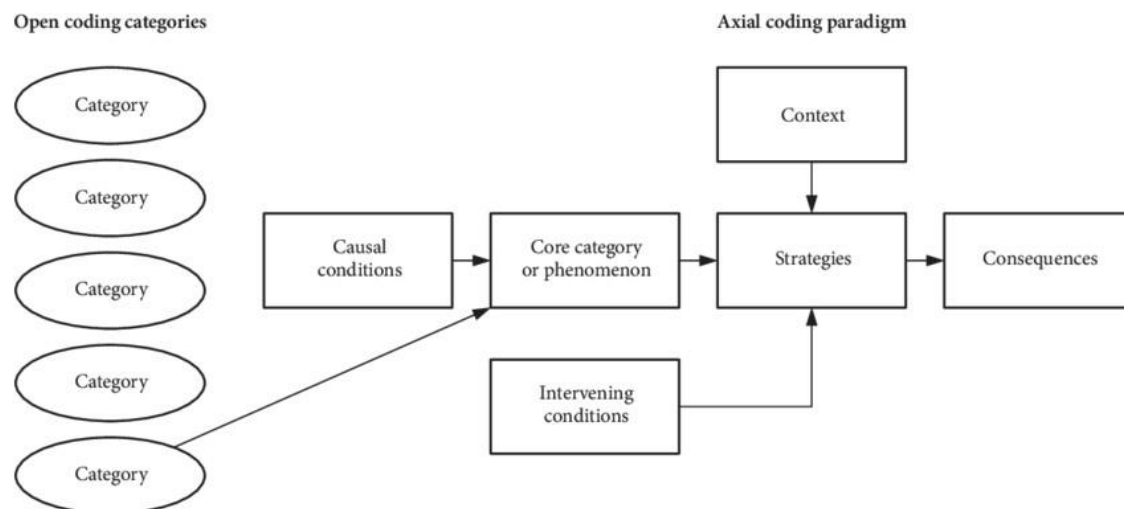


Figure 2 Grounded theory coding paradigm (Creswell, 2012)

I began by reading the data by each facility and then putting in codes for certain feelings, actions or descriptions. I then applied a more focused coding (or theme application) where I looked for underlying subcodes (i.e., subthemes) within these codes. I compared all facilities' recurring patterns, merging some into coding categories. This evaluation assessed how the reentry program is producing their outcomes. Using the grounded theory coding paradigm (Figure 2) as a template, the relationship between all the themes became evident: the facility climate is what generates desired and undesired program outcomes for the program. Therefore, a single core concept, *Facility Climate* was developed from the 11 codes, as illustrated below in Figure 3. For instance, codes like *Staff-Client Treatment*, *Responsive*, *Similar Pasts*, *Acceptance*, *Trust*, *Identity and Purpose*, *Learning*, *Mental Health*, *Feeling Safe*, *Bonding*, and *Accessibility* were all described by participants as being conditioned by staff workers showing up, keeping their word, eating together, being attentive and organically caring towards them, implementing detailed and individualized reentry planning and regulations, etc. These descriptions were coded as existing in a family-like climate where there is trust and

prosocial functionality—a key factor in Desistance Theory. The program’s programming is built around the concept of Desistance Theory. When staff members adhere to this concept, their programming renders desired outcomes. Intervening conditions appear from these same codes when staff members deviate from the program’s design, affecting their interactions with participants and thus eventually impacting facility climate.

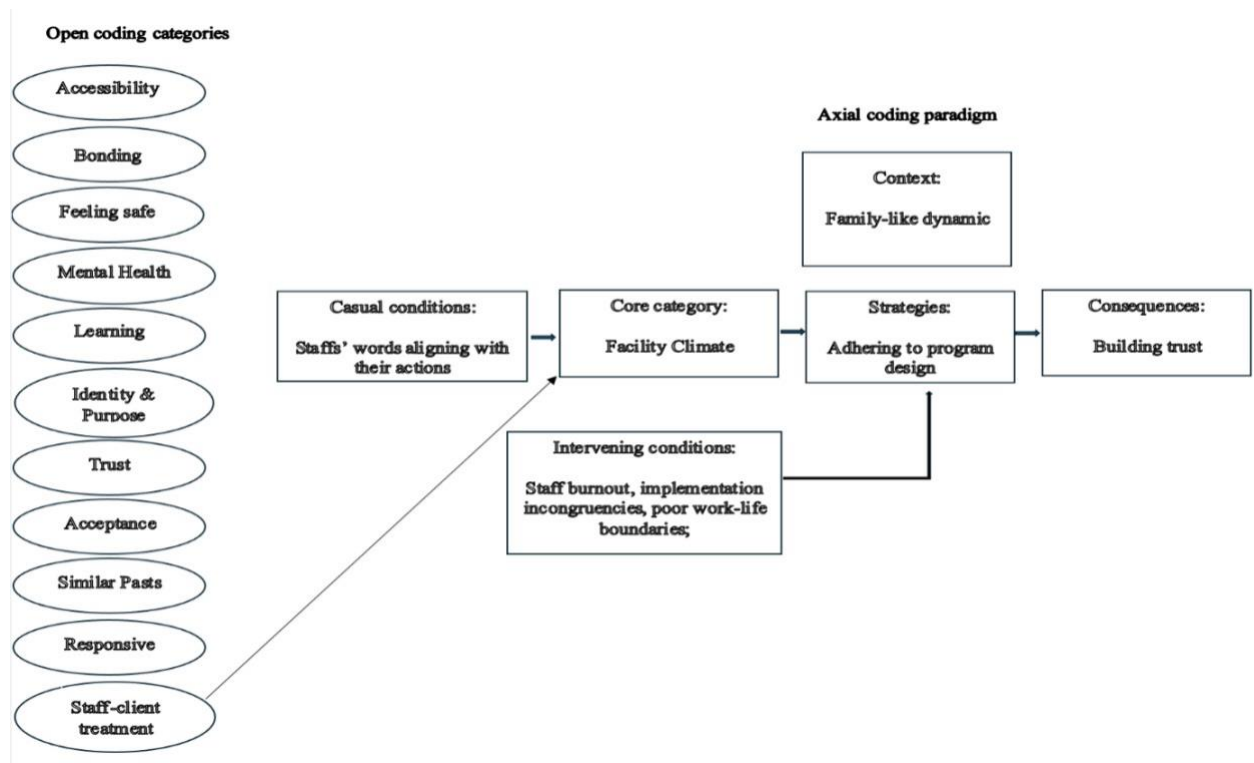


Figure 3 Grounded theory coding paradigm for the program

Before the core category, *facility climate*, was developed from my coding process, I began with 31 open coding categories, which later merged and reduced to the eleven open coding categories illustrated in *Figure 3* above. The program’s executive and director confirmed the final eleven open coding categories by reviewing the coded transcripts and offering any changes or modifications to the selected coding and the definitions provided for each coding category.

Chapter 4: Results

This section of the dissertation is under permanent embargo for confidentiality reasons and is not available.

Chapter 5: Discussion and Conclusion

This section of the dissertation is under permanent embargo for confidentiality reasons and is not available.

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