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Reintegrating Substance Abusing Offenders From Prison Into  
Community Corrections Programs: A Multi-Stage Approach

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**Abstract**

This paper examined the literature regarding the viability of a multi-stage substance abuse treatment approach in reintegrating offenders from prison into community corrections programs. A review of a multi-stage approach to substance abuse treatment, specific treatment modalities and aftercare interventions was conducted. The linkage between prison-based substance abuse treatment programs and community corrections programs was examined. Adult offenders who receive a combination of in-prison treatment, transitional treatment and community-based aftercare treatment tend to be more successful in their behavioral outcomes than those who have little or no treatment interventions. Recommendations for implementing a statewide community corrections model, that integrates the best practices literature is described (i.e., Community Education Center's Model).

**Key Words:** community corrections, reintegration, transition, aftercare, substance abusing offenders, multi-stage approach.

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## Introduction

The relationship between criminal behavior and drug-related crimes in the United States has increased over the past 10 years. In efforts to better determine the interdependence between crime and substance use, several researchers and criminal justice practitioners have collaborated to develop corrective strategies to address this increasing trend (i.e., Bureau of Justice Statistics (BJS) 1998, 2000, National GAINS Center (2002), Substance Abuse and Mental Health Services Administration (SAMHSA), (2000), etc.). The aforementioned have conducted research on the treatment, rehabilitation, and reintegration of offenders who use substances as well as criminal recidivism (Altschuler, and Armstrong, 1998; Catalano, Wells, Jensen & Hawkins, 1989; DeLeon, 1994; Feldkamp, 1995; Field, 1985; Hiller, Knight & Simpson, 1999; Osher, Steadman & Barr, 2002). Their research has shown an increasing trend in recidivism among this population of offenders.

The increasing number of offenders, coupled with limited diversion, institutional and community-based programs, and reduced rehabilitation emphasis, compels the negative progression of “warehousing” offenders as the option of choice (Inciardi & Martin, 1997; Altschuler & Armstrong, 1997, 1998). Society is steadily challenged to absorb the costs imposed by drug-related crimes and an expanding prison population brought on by the warehousing option. It is apparent that in order to disrupt this negative progression, significant actions must be taken to proactively enforce effective treatment programs from prison to community-based corrections programs (Chaiken & Chaiken, 1990; Inciardi & Martin, 1997; Inciardi & Pottegier, 1998; French et al., 2000; Terry-McElrath et al., 2002; Petersilia, 2003; Petersilia & Travis, 2001 and Rhine, 2001).

Community based corrections programs, in this context, refers to an alternative to incarceration such as residential centers, halfway houses, work furloughs, probation, parole and other programs designed to manage offenders in the community (Petersilia, 1993). Petersilia further states that the mission of community corrections should be to:

“Assist the court and/or parole board in assessing candidates’ suitability for community placement; and once offenders are placed in the community, to enforce the court-ordered sanctions, protect the community, assist offenders to change and support the rights of their victims.” (p. 79).

From the 1980’s onward, there has been a significant growth in community corrections programs. Seventy-five percent of offenders under correctional supervision are involved in community corrections programs (Petersilia, 1993). Nonetheless, community corrections programs have been plagued with issues pertaining to its effectiveness in deterring crime. DiIulio (1991) notes,

“Most Americans think that criminal sanctions that make little or no use of incarceration fail to protect the public adequately, to deter would-be criminals, and to prevent convicted offenders from finding new victims. Furthermore, they simply do not feel that alternatives to incarceration are an adequate moral response to the pain and suffering imposed upon innocent victims by often calculating and remorseless victimizers” (p. 68).

Many policy makers have argued that the effective community corrections programs must simultaneously balance three major goals: (1) ensure public community safety, (2) hold offenders accountable for their actions, and (3) provide an environment in which offenders can develop into capable, productive, and responsible citizens (Altschuler & Armstrong, 1998; Terry-McElrath et al., 2000). In order to adequately address these goals, attention must be paid

to the reinforcement of all prior treatment received in the prison setting as the community-based service delivery is planned (Castellano, 1995; Altschuler & Armstrong, 1998; Altschuler & Armstrong, 2002). This requires specific examination of multi-stage substance use treatment programs for offenders and the corresponding reduction of recidivism. In order to disrupt the progression, a multi-stage treatment and re-integrative oriented process that begins with incarceration and continues through parole has been identified as the most appropriate remedy for this population.

The purpose of this paper is to examine the literature regarding the viability of a multi-stage substance abuse treatment approach in reintegrating offenders from prison into community corrections programs. The following concepts underscore the literature review: (1) linking institutional and community corrections programs, (2) multi-stage substance use treatment models with a discussion on the impact that effective community-based corrections programs have on the rate of both the success of rehabilitation/recovery and (3) recommendations for implementing a statewide community corrections substance abuse assessment and treatment model.

### **Linking Institutional and Community-based Substance Use Treatment**

The increase of criminal behaviors has prompted greater attention to the importance of linking institutional and community-based treatments, using a multi-stage approach (Altschuler & Martin, 1998; Hiller et al, 1999). Research consistently demonstrated a link between the coordination of community-based corrections programs and systematic reductions in recidivism rates of prison releases. Research over a 15 year period involving over 15,000 prison releases has supported these findings (Armstrong & Altschuler, 1994 & Petersilia & Turner, 1993). These programs relied on multi-stage and systematic approaches to substance use treatment,

encompassing the linkages between In-Prison Treatment Communities (ITC), Transition Therapeutic Communities (TTC) and Community-based Aftercare (CA) treatment programming (DeLeon, 1994, Feldkamp, 1995 and Terry-McElrath, et al., 2002. The key components of this model are: (1) ITC—a multi-stage intervention substance abuse treatment program based on the concepts of family, theory, approaches, and integration. The central objective is psychoeducational determination of cognitive behavioral processes and addiction awareness. Duration of treatment is related to 18-36 months of an individual's period of incarceration. This training is normally conducted in three phases (i.e., orientation, indoctrination, transition), (2) TTC—is a follow-on to phase reinforcement to the ITC model of substance abuse treatment. The TTC phase is primarily conducted in a halfway house/transition facility that offers work release, educational/vocational training, and family integration to its population. The two phases of reinforced treatment offered are: integration into the community and positive lifestyle decision-making methods. The length of this treatment is appropriately 6-9 months, and (3) CA—is community corrections based intensive effort to reinforce the prior psychoeducational and socialization training received in the ITC/TTC phases of substance abuse treatment methods. Corrections-based authorities in conjunction with private, Federal and state counselors and placement officials administer and supervise this program. The duration of the intervention is ongoing and consistent with the requirements of post-release supervision and case management. Altschuler & Armstrong (1997) say

“There is increasing agreement, in principle, that incarceration lacking treatment, on the one hand, and more generally that social control and treatment without a close, working collaboration that integrates and links institutional corrections, aftercare, community

service providers, and social networks on the other hand is a prescription for failure” (p. 76).

Studies have shown preventative approaches in juvenile/adults drug-related criminal behaviors are most effective when combined with treatment interventions that include the following elements: (1) treatment modalities that foster long-standing sobriety, (2) treatment interventions that focus on decision-making, and (3) treatment interventions that maintain a commitment to societal integration (Field, 1985; Feldkamp, 1995; Peters, Strozier, Murrin, & Kearns, 1997).

As the viability of preventive strategies emerges in juvenile/adults drug-related criminal behaviors, it is the combination of the aforementioned elements that foster long-standing sobriety, appropriate decision-making, and a commitment to societal integration that may produce more positive outcomes (Field, 1985; Feldkamp, 1995; Peters et al., 1997). As highlighted by Altschuler and Armstrong (2002), “In short, the intent is to have community-based aftercare services parallel those that are first initiated in the institution, and to have institutional [prison] services geared to achieve essentially the same purposes as those which will be provided in the community” (p. 120).

### **Multi-Stage Theoretical Models**

Feldkamp (1995) notes that most substance abusers involved in corrections require a multi-stage approach in treatment modalities in order to maintain long-term stability. Two factors emerged as significant in the assessment of treatment modalities ranging from the ITC/TTC to the CA treatment interventions: (1) the intensity of supervision and (2) the degree of individual internalization (Feldkamp, 1995; Hiller, et al, 1999). The most effective approaches in treatment modalities focus on the intensity of cognitive behavioral modification

and social learning strategies in the administration and operation of their model's design (DeLeon, 1994; Inciardi & Martin, 1997).

Altering the belief systems of offenders involved in ITP/TTC and CA programs helps in shaping the attitudes of post-released substance abuse offenders. Cognitive Thought Process (CTP) is an interactive cognitive developmental process that significantly contributes to five skills essential to socialization, learned compatibility, knowledge management, and leadership application: (1) symbolization, (2) vicarious learning, (3) self-regulation, (4) self-efficacy, and (5) their ability to determine the future consequences of present behaviors. Concurrently, individual core values and ethics calibrate their moral compass (Catalano et al., 1989; Hiller et al., 1999; Altschuler & Armstrong, 2002). Cognitive Thought Processes' integration of core values, beliefs, and ethics, coupled with observational learning, retention, and motivation, enable individuals to become more adapt at defining their expressed behaviors. Values and ethics are essential to both the interpretative decision-making process and conflict resolution as opposed to criminal thinking behaviors (De Leon, 1991; Feldkamp, 1995; Inciardi & Martin, 1997). Cognitive Thought Process and perceptive awareness are central components in the construction of the model of CA interventions. This is the emergent key component in recidivistic behavioral reductions—cognitively breaking the cycle that limits self-integration (Catalano et al., 1989; Inciardi & Martin, 1997; Terry-McElrath et al., 2002). The emergence of self-integration is a core element sought after in measurements of aftercare efficacy in recidivism reduction (Inciardi & Martin, 1997; Inciardi et al., 2000; Terry-McElrath et al., 2002).

The general hypothesis is drug-involved offenders who receive a combination of primary treatment in an ITC followed by TTC and reinforced by a CA will be more successful in their behavioral outcomes than those who have little or no treatment interventions (Inciardi & Martin,

1997). Altschuler and Armstrong (1998) noted, “Research findings suggest that either better outcomes are apparent or the potential for positive results increases when there is a highly structured and enhanced transition from correctional facilities into the community” (p. 118). Additionally, efficacy in behavior modification pertaining to substance abusers, requires the integration, mobilization, and implementation of community-based resources that facilitate and reinforce the ITC/TTC interventions (Terry-McElrath et al., 2002).

The common thread tying these interventions is strengthened by three factors: (1) the integrity (i.e., validity and reliability) of the institutional treatment processes design; (2) the substance abuser developing a sense of ownership and accountability that reinforces treatment received while in the ITC/TTC; and (3) the assessment of the most productive theoretical model for intervention and strategies serving as linkage between ITC/TTC and CA treatment and their impact on the individual’s post-release reintegration (Field, 1985; De Leon, 1991; Hassin, 1996). Simply stated, the gains in an intensive in-prison therapeutic community must be reinforced proactively in the receiving community if a therapeutic change is to occur. Inciardi and Martin’s (1997) study of the Delaware correctional system’s multi-stage treatment community approach clearly identify these factors as the central issues for an effective model that enhances appropriate decision-making.

While ITC/TTC’s focus on a “relatively” short-term duration (i.e., duration of sentence), long-term gain in the stability of the modifications to the individual’s belief systems and decision-making abilities may be maximized in the intense aftercare (CA) phase (Peters et al., 1997). Therefore there must be an appropriate balance between the aims of ITC/TTC and CA programming. Field’s (1985) work in the Cornerstone Program Study underscores the significance of having an initially intensive short-term program of psychoeducation/addiction

awareness followed by a structured and demanding aftercare reinforcement program through proactive community-based correction's case management parole-probation's supervision. As this is accomplished, the rapport and dialogue established between case manager and substance abuser reinforces a sense of ownership and empowerment.

The multi-stage model (ITC/TTC/CA) is the most effective linkage to reductions in post-release recidivism rates (Field, 1985; Inciardi & Martin, 1997). As Field (1995) notes, "In addition to prison-based treatment, residential aftercare is important for seeing improved post-prison outcomes" (p. 37). Hawkins and Catalano (1985) conducted a study of aftercare in drug abuse treatment. Their results show prison-based treatment (ITC) lowers the risk of rearrest after release and prolongs the length of time until rearrest occurs, especially when followed by residential community based aftercare. That is, when compared to the untreated and ITC treatment groups, parolees who completed both the ITC and TTC were not only least likely to be rearrested upon release from prison, but were also likely to have the longest elapsed time before being rearrested. Their study suggests two implications for implementing an effective multi-stage model for the care continuum. First, an intensive in-prison model of behavioral modification and addiction education is needed. Secondly, a proactive and committed aftercare system is reinforced with community-based corrections.

### **Recommendations for Implementing a Statewide Community Corrections Model**

The implementation of a statewide community corrections substance abuse assessment and treatment process requires a clinical model of care that provides an unbiased estimate of the need for further assessment and treatment across a wide expanse of variables. According to Inciardi et al., (2000),

“Aftercare programs appear to provide a critical bridge between institutional confinement and community reentry by providing assistance for the psychological, social, and legal obstacles that can place drug-involved offenders at risk for relapse and recidivism during work release and parole.” (p. 216).

Additionally, African-American, Hispanic and Native-American adults, who are overrepresented in the criminal justice settings and underrepresented in substance abuse treatment, are at risk of being overlooked by professional assessment, treatment methods and policies. The clinical model used in a statewide assessment and treatment model should take risk and ethnicity into consideration. A statewide assessment and treatment model should capture cultural differences and discriminate between behaviors and symptoms requiring specialized treatment.

The design and impact of various statewide assessment and treatment methodologies has been the subject of intense study over recent years (Hiller, et al., 1999; Altschuler & Armstrong, 2002 and Terry-McElrath, et. al., 2002). Research in these methodologies has led to the development of the Responsivity Principle. This principle asserts that particular individual characteristics affect how each person will respond to treatment (Latessa, Cullen & Gendreau, 2002). To be effective, community corrections programs must take the following program guidelines into consideration:

1. Treatment is offered in a concrete cognitive framework.
2. Treatment is delivered by trained, certified, clinically supervised staff.
3. Treatment addresses criminogenic factors.
4. All staff members are expected to be enthusiastic and engaging and able to handle their authority without domination and/or abuse.

5. Staff members are trained to recognize antisocial thinking, feeling and acting and are able to suggest, demonstrate and reinforce concrete alternatives.
6. Structured, on-going follow-up.

According to Persilia, (1993), community corrections models should rely on at least four indicators. First, community corrections programs should openly articulate the organization's goals, mission, and treatment philosophy. For example, emphasis might be placed on assessment and referral or long term treatment. Second, community corrections programs should clearly indicate the specific goals and objectives of the program. The goals and objectives should describe specific interventions and strategies in accomplishing the goals and objectives. Third, these programs should specify methods and activities that address each goal. Fourth, these programs should specify performance indicators. Performance indicators should reflect the organization's values and long-term improvement plans.

A statewide community corrections substance abuse assessment and treatment model must involve assessment, individual contact, group interventions, experiential workshops and lectures as part of the treatment curriculum. Throughout the treatment process, offenders should be monitored for behavioral problems and should be subject to frequent random testing for alcohol and drug use. The treatment progress of offenders should be managed and monitored by a team of professionals, including educators, certified alcohol and drug counselors, vocational specialists, and medical professionals. Regular treatment team meetings should be held to review cases and monitor behaviors in all facets of the program. Progress in the program should be based upon performance and behavior. The development and maintenance of favorable attitudes, associations, and skills should promote rewards and the reduction of costs to the individual. Concrete alternatives to anti-social styles of thinking, feeling, and acting should be

introduced and reinforced. The group counseling program should be presented in a standardized manner, relying upon reliable and valid treatment curricula. This clearly is in keeping with the common factors of program effectiveness that measure the viability of ITC/TTC and CA interventions.

One such community-corrections intervention model that achieves this emphasis on the appropriate balance between individual recovery/decision-making viability and public community safety (i.e., recidivism rate reductions) is the Community Education Centers (CEC) program of treatment and education services. The following section describes the CEC model and its statewide implications.

### **One System's Approach to Implementation**

In 1994, the State of New Jersey Department of Corrections (NJDOC), in collaboration with the CEC, implemented a statewide community corrections substance abuse assessment and treatment model for adult inmates served by the State of New Jersey's Department of Corrections. Community Education Centers has worked in partnership with the NJDOC and other government agencies to provide intensive treatment and educational programs that focus on changing addictive and criminal behaviors, preparing residents for community reintegration, and ultimately reducing recidivism. The model was designed to strengthen links between the inmates and the community in the hope of facilitating the transition between imprisonment and post-prison life in the community. The services were designed to be residential in nature, short term (assessment, treatment and referral) and transitional (half-way houses, work release), having an impact on the growing prison population, and providing effective services to reduce recidivism. The CEC program complements the structure of the NJDOC's multi-stage approach to treatment. The New Jersey DOC provides the first segment of the continuum of institutional

substance abuse services followed by the CEC community substance use services. The CEC model is designed to serve the needs of offenders who approach discharge with 18 months or less before their first parole hearing. Inmates classified as sexually aggressive are ineligible.

All CEC programs are designed to meet the needs of the referral agency, community and the needs of the offenders with concentration on alcohol and drug treatment, life skills training, and educational and vocational instruction. Two elements that all the programs have in common are rehabilitation and a safe environment. No matter what the special focus of the facility, each program provides each participant, with rehabilitative case management specific to that individual's needs, in a safe and secure environment. The CEC model takes into consideration that the substance abusing offender population presents unique challenges with regard to the treatment and custody. Therefore, although CEC is responsible for the custody, care and treatment of individuals who are the subject of the programs, all admission and discharge decisions are made by the New Jersey Department of Corrections.

Security and treatment go "hand in hand" at CEC facilities. It is when residents comply with facility rules that effective treatment is possible. Therefore, security considerations are of utmost importance to the operations of the programs. Community Education Center employs experienced correctional and treatment supervisors, many of whom have had experience in large secure government correctional institutions, to oversee security operations. Community safety takes precedence over all other considerations and is ultimately in the best interests of offenders and their families. Although CEC's community-based corrections programs do not treat residents as prisoners, the facilities are totally secure in order for treatment to be effective. The marriage of correctional and clinical knowledge is an essential foundation for successful treatment of the offender population.

Clinical services at the facilities are provided by a multidisciplinary team including physicians, psychologists, nurses, counselors, certified addictions counselors, case managers and social workers. These and other CEC staff members provide a wide variety of assessment, treatment and health-related services to residents, including those offenders with co-occurring mental disorders and substance use problems. Treatment interventions are based upon a set of assumptions that reflect the most current thinking in the field, including establishing accountability to accept responsibility. The reduction of denial and minimization as well as the development of victim empathy are considered cornerstones in developing motivation for behavioral change.

Community re-integration and aftercare planning are based in risk management practices that decrease opportunities and capacities for offenders to re-offend. Further, the CEC model recognizes and understands that the community is viewed as the primary client of treatment. Therefore, ensuring public safety and victim protection are the fundamental goals of the programs. CEC has the experience and technology to provide Global Positioning Systems (GPS), as part of its outpatient services.

### **Summary**

This paper examined the literature regarding the viability of a multi-stage substance abuse treatment approach in reintegrating offenders from prison into community corrections programs. A multi-stage approach to substance use treatment, specific treatment modalities and aftercare interventions was reviewed. Specifically, it addressed the viability of linkage between institutional substance abuse treatment programming (ITC/TTC) and community-based aftercare (CA) intervention strategies (i.e., psychoeducational treatment approaches, CEC treatment model, and community-based correction's case management parole-probation's supervision).

The results provided sufficient support for the concentrated efforts on the part of both corrections professionals and community development officials to foster substance abuse treatment programming that is a cognitive-behavioral based psychoeducational design.

Current research supports the relationship between intensive ITC/TTC and CA in successful long-term recovery agenda and recidivism reduction (Hawkins & Catalano, 1985; Catalano et. al., 1989; and Hassin, 1996). Studies show that individuals who consistently reinforce the behavioral gains of ITC/TTC and internalize application process are more proactive in their decision-making in diverse societal encounters (De Leon, 1991; Hiller et al., 1999). Given the primary objective of community-based corrections, to ensure the public community's safety, the evaluation and implementation of global CA interventions becomes increasingly imperative.

The current literature indicates the most effective CA substance abuse treatment model is a cognitive behavioral based psychoeducational design. The development and implementation of this treatment model in a community-based corrections organization with proactive case management is a critical link point in promoting an inculcated sense of ownership in the post-released substance abuser (De Leon, 1991, 1994; Feldkamp, 1995). Community-based corrections' goal of public safety is obtainable by the incorporation of multi-stage treatment models that support recovery reinforcement. The measurable increases in self-esteem and core decision-making experienced by the post-released substance user will be directly related to a decrease in the rates of recidivistic behaviors and trends (Feldkamp, 1995; Inciardi & Martin, 1997; Terry-McElrath et al., 2002).

As an example of addressing the needs of offenders with substance use issues, CEC created a comprehensive community corrections service delivery system for offenders committed

to the New Jersey Department of Corrections. The CEC has specialized treatment facilities for providing a continuum of services: diagnostic and assessment, treatment, half-way houses, work release and specialized outpatient programs. These facilities are uniquely designed to meet the needs of offenders at several points along the continuum.

Although this paper has been limited in its generalization by the absence of analytical data comparisons and contrasts, it nonetheless provides baseline information on community corrections programs. Future research should use both qualitative and quantitative strategies to determine the effectiveness of these programs. Additionally, the process of CA treatment programming reinforcement must be evaluated. Continued study of reintegration programs to further examine the notion that community corrections programs in fact can significantly lower recidivism, regardless of the intensity of criminal behavior, risk for recidivism, race and age factors, should be done. Additionally, future studies should examine the selection criteria for inmates who participate in community corrections programs. It is hoped that these efforts will provide the supportive material needed to promote the efficacy of the dual approach to public safety and the reduction of recidivism.

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