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# They Tried to Make Me Go To Rehab: A Study of Rehabilitation in United States Corrections

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They Tried to Make Me Go To Rehab: A Study on Rehabilitation in United States Corrections

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### **Abstract**

Rehabilitation has been a staple of the prison system in the United States since the 1700s. The idea that a criminal could be resocialized into a functioning individual in society has been the basis of the prison systems since they first began. Rehabilitation is always evolving in the criminal justice system and being improved to have more impact on recidivism rates. In this project, I examine the cultural and structural explanations for different forms of rehabilitation over time. I found that rehabilitation at various points has been influenced by religious, medical, psychiatric, and sociological understandings of crime.

Currently, rehabilitation combines both psychiatric and sociological concepts while implementing programs. I researched common practices, in both the community and prison setting, to understand why and how they are effective. To compliment the academic research, I sought out practioners' expertise on rehabilitation. I interviewed key personnel who work with rehabilitation programs in Rhode Island's Department of Corrections, to obtain a professional understanding of rehabilitation. Based on research and interviews, I propose a hypothetical program utilizing cognitive behavioral therapy and parenting programs to effectively reduce recidivism rates.

### The Impact of Rehabilitation on Recidivism Rates in Corrections

There is a man tied to the back of a carriage that is being run carried by a horse. He is being dragged throughout the main road in town for everyone to see. The year is 1793 and this is his punishment for gossiping. The year is now 1816, outside a prison there are 20 men working in the field in silence. Without looking at one another or speaking they file back into their cells inside for the remainder of the day. These men are being punished for their sins and rehabilitated through solitary confinement. A woman sits in a chair with a towel in her mouth and her wrists strapped to the chair. Above her head is circular metal headpiece. The year is 1915 and she is being administered electric shock therapy for her crimes. Fast-forward 20 years and there are two men staying side by side in prison cells. They are both serving time for homicide however, the man on the left is serving a 10-year sentence and the man on the right is serving a life sentence. The year is now 2010 and there is a group of women sitting around in a circle facing a woman with a clipboard. They are all participating in drug addiction programs to try to get time off of their sentences.

Throughout the history of the prisons system the methods of rehabilitation has changed drastically. Crime was originally thought to be a result of sin, then it was believed to be biological, and then it was a result of social conditions. As a result to these different ideals about crime there have been several different attempts to find what method of rehabilitation is the most effective.

When it comes to theories of crime in sociology there are two main schools of thought, there is the Classical School and the Positivists school. The Classical school of thought believes that all people have the means to be criminals but it is society that stops us from committing crimes and having control (Cullen and Gilbert, 1982). Positivists' theories of crime believe that

people are not born criminals but rather things happen in their life that causes them to commit crimes (Cullen and Gilbert, 1982). The Classical school asks the question; what causes people to not commit crime and the positivists' school of thought asks the question; what causes people to commit crimes? These two schools of thought are important for understanding why people believed certain rehabilitation programs would work and that they could help stop crime.

During colonial times, there were three main aspects of punishment; it was painful, public, and it was never imprisonment. Jails at this time were very rarely used for punishment. They were used as waiting cells for offenders waiting to hear their punishments. On the rare occasion that someone was sentenced to imprisonment it never exceeded 90 days and was often only about 24 hours long (Colvin, 1997). During the 1700s, people were punished for their sins rather than committing what is defined as crime today. They would often times be whipped, pay fines, and would be carted, a punishment where the offender is tied to the back of a wagon and dragged through the town. The punishments were always made public to the other people of the town or village. This aspect of punishment shows an early concept of deterrence (Colvin, 1997). The ones who administered the punishments would want the public to witness it so they understood that the same would happen to them if they committed a crime.

During this time the punishments were not only different but so was crime. These types of punishments would be administered for acts that violated religious values. Some of the common crimes would include, adultery, gossiping, and blasphemy. All of these crimes are defined as crimes through religion. Colonial America's crime and punishment were motivated by religion and would continue to stay this way for a while.

By the late 1780s the idea that offenders did not only have to be punished but rehabilitated started to infiltrate the penal system. The goals of punishment at this point start to

change because society is becoming more and more developed and there are more people moving into the United States. Therefore instead of just punishing people and sending them back into society, people wanted to be sure that they would be safe with the offenders returning and that they would not commit the crimes again. At this point in time is when penitentiaries started to appear throughout America. The first one was Walnut Street Jail in Pennsylvania run by the Quakers. This was where offenders would go to be rehabilitated and serve their punishment (Cullen, 1982). This penitentiary that was opened by the Quakers kept all the offenders in the same area regardless of gender or what their offense was. The conditions were not ideal and there were often illegal sales of alcohol going on among the offenders (Cullen, 1982). It was not until Dr. Benjamin Rush became involved that there is a set up that is more similar to what is used today in prisons.

Dr. Benjamin Rush is considered to be one of the fathers of American Psychiatry. When he visited Walnut Street Jail he was appalled by the conditions of the facility. After this visit Rush begins to do research about penitentiaries and became an advocate for proper conditions in these facilities (Colvin, 1997). At this point in time, the last decade of the eighteenth century and early nineteenth century there is a shift in how society approaches crime. With the presence of Dr. Rush in the penal system there is a shift in ideology from religion to science. This point in time, crime is believed to be a result of a biological abnormality. It is no longer an individual being sinful but their biology and it needs to be fixed. Dr. Rush creates The Philadelphia Society for Alleviating the Miseries of Public Prisons. As a result of the development of this group, prisons start to implement better housing quarters, labor of the prisoners, indeterminate sentencing, and individualized treatment. With the treatment of offenders, Rush implements his scientific ideology. Rush medicalized, or defined it as a mental illness, of “moral faculty,” this

means that those who committed immoral act were a result of insanity which in turn resulted in crime (Cullen and Gilbert, 1982). Rush medicalized crime and it became labeled as a mental illness, as a result solitary confinement was used as treatment to cure the illness. In 1790, the Walnut Street Jail implemented solitary confinement in their prisons. The prisoners were to sit in their cells on their own and do work within their cells such as shoemaking (Colvin, 1997). There were no interactions with other inmates and there were very little interactions with the guards and prison workers. This method of treatment followed for a few decades and expanded as more prisons opened. In 1820, there was a new prison opened in New York called Auburn (Cullen and Gilbert, 1982). This prison implemented the same type of treatment, but rather than solitary confinement this system utilized the silent treatment. The inmates at Auburn were allowed to work outside in the yard but they were not allowed to talk to one another. They had to work in silence and they would have their meals in silence as well. After their work and meals the prisoners would return to their rooms for confinement.

After the implementation of the solitary confinement the attitude towards criminals in the United States and punishment hardened. The people wanted criminals to be punished more harshly and for crime to be taken more seriously. It no longer satisfied society that these offenders were rehabilitated completely. They wanted to make sure that not only they would no longer commit crimes but that someone was making sure they were not committing crimes too. During the 1870s there is the first use of parole implemented in the prison systems. This was called the "ticket-of-leave" where a prisoner would get a ticket when they leave the prison and they would use it to check in with their local police station. Then the prisons became more labor intensive and kept the prisoners busy (Cullen and Gilbert, 1982). They did not leave much time for the prisoners to have free time. With the turn of the century, there were more programs

added to the prisons. Prisoners were expected to participate in educational activities, military schools, vocational education, yard labor, and they were expected to participate in religious activities as well. With all of these activities built in to the prisoners' day, there was not time for criminal behavior to occur and these different activities were believed to help rehabilitate the prisoners. At this point in the penal system, there is a stronger focus put on rehabilitating the criminals and then continuing to keep track of them after they served their time.

During the 1900s-1930s, the approach of crime switches to more Positivist theories of crime from Classical, a shift that first began with Dr. Rush began to intervene in the penal system. Psychology and sociology are introduced into the theories of crime. The system of punishment switches to a case-by-case situation and that there is no one-size fits all punishment. The criminal justice system then divides into both juvenile justices and the adult justice system. This is where the use of indeterminate sentencing becomes popular. Indeterminate sentencing is when the judges have complete discretion over what the criminal will receive for sentencing. The thought behind indeterminate sentencing is that each case is individual and cannot be lumped together with other cases. One sentence would not be appropriate for every person that commits the same crime.

As the mid-twentieth century comes there is an increase in crime rates. The conditions of prisons are poor and indeterminate sentencing did not turn out to be the best thing for rehabilitation. There is too much discrepancy in the judges' hands when sentencing criminals. Prisoners do not have rights and their conditions are inhabitable. At this same time, the Vietnam War is starting which leads to many uprisings and protests. At this point the liberals and conservatives cannot come to agreement about how to handle prisoners and how to rehabilitate them. In 1974, The Martinson Report was released that concluded, "nothing works" in



Time Period	1790s-1850s	1850s-1900s	1900s-1970s	1970s- Present Day
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rehabilitation. This study looked at 231 different programs and assessed that nothing was

successful in recidivism rates (Cullen and Gilbert, 1982). During this same period of times, there are many prison riots including the infamous Attica uprising. This was a prison riot where the prisoners overthrew the guards and held them hostage for four days until their demands were met (Cullen and Gilbert, 1982). This riot created great unrest and resulted in the National Guard had to be called to control the situation. At this point in the criminal justice system it was apparent that there needed to be a change.

As a response to the increase in crime rates and riots spreading throughout the country, the liberals and conservatives were able to agree on one change in the penal system. They were able to agree on using determinate sentencing. This means that there are set punishments for all crimes and everyone who commits that crime is subject to the same sentence. With the War on Drugs starting the 1980s and the tough sentencing the crime rate started to go down in the 1990s. According to Feely and Simon (1992), this is where the United States switches from the Old Penology to the New Penology. The Old Penology was more concentrated on the individual and their resocialization into society (Simon and Feely, 1992). This approach to rehabilitation was individualized and took time. As corrections change to the New Penology they look for a quick and efficient way to rehabilitate offenders. It is no longer about just rehabilitating the offenders and making sure they do not reoffend but it is more concentrated on managing crime (Simon and Feely, 1992). It becomes a much more cost-effective process. Society begins to concentrate on using punishment as a threat to prevent crime rather than dealing with the actual issue of crime. Table 1 illustrates a brief history of the transitions made in response to crime throughout the different decades.

	<i>Religious Penitentiaries</i>	<i>Scientific Penalism</i>	<i>Penal Welfarism</i>	<i>Mass Incarceration</i>
Cultural Understandings of Crime	Sin, Moral Failings	Biology	Macro Level	Micro Level
How to Rehabilitate	Solitary Confinement	Electricshock therapy, solitary confinement, lobotomies	Indeterminate sentencing and community corrections	Determinate Sentencing and social management

### **What Works?**

In “What Works in Corrections” Doris Layton Mackenzie explores contemporary rehabilitation programs and evaluates which are effective and which are not effective in reducing recidivism rates. Mackenzie found those intensive supervision programs, all domestic violence offender programs, life skills program, and boot camps are all ineffective (Mackenzie, 2006). Mackenzie found that these programs are ineffective because they are poorly implemented and are not thoroughly executed. Also another reason why these do not work is because they are all very controlling programs over the inmates. The intensive supervision and boot camps are very restrictive programs for the prisoners. One theory is that these programs are not effective because they do not a lot any freedom for the prisoners (Mackenzie, 2006).

Some of the rehabilitation programs that have found to be effective are academic and vocational educations, cognitive reconstructing and therapy for both sex offenders and other offenders, hormonal injections for sex offenders, drug courts, and drug treatments both inside and outside of the prison (Mackenzie, 2006). Current research corroborates these statements by Mackenzie. Research articles show that addiction treatment is effective. It costs less for the

prisons to hold the treatment programs than it is to keep an inmate in prison. McCollister et al researched how much it cost to run a program and the research shows that those who participate in programs are less likely to recidivate within five years after release. Therefore it is cheaper to upfront the money for the programs rather than house an inmate who recidivates after not participating (McCollister et al, 2004). This coincides with what Mackenzie found because it shows that drug treatments are effective. There are also several studies that have been done to show that cognitive behavioral therapy is effective as well. In Frana's, "Humanistic Correctional Programming: A Test of Self-Actualization in a Correctional Cognitive Behavioral Program in the United States" he finds that cognitive behavioral therapy is effective. Recidivism rates decreased after inmates participated in the programs (Frana, 2013). Landenberger and Lipsey (2005) also reinforce this with their study on cognitive behavioral programs as well. They did a meta-analysis of fourteen different programs and they were all effective. The results they found held true to people of all ages and at different times of their incarceration. The programs utilized moral reconstructing and they found that the most effective programs were the ones that were administered while the inmates were on probation or parole (Landenberger and Lipsey, 2005). Table 2 illustrates a brief overview of what works and what populations these programs work most effectively.

Research has also shown that employment programs are effective in reducing recidivism rates. Nally (2012) conducted a study on the Indiana Department of Corrections employment programs. 1,078 offenders received education funding and there was a comparison group of 1,078 offenders who did not receive any funding for education programs. This study found that the programs helped reduce recidivism among those who participated and those who did not participate were 3.7 times more likely to recidivate (Nally et al., 2012). Out of the participants in

the study, 47% who participated in the program held employment after release for over a year, whereas only 28% of the offenders who did not participate held employment over a year (Nally et al., 2012). This research is also supported by a study done the Offender Workforce Development in Kansas. Lichtenberger (2012) conducted a study on 122 individuals who were considered high-risk offenders between 2008 and 2010. The 122 individuals participated in the Offender Workforce Development program and were compared to a group of 5,969 individuals who did not participate in the program. The study found that there was a 19% chance that those who did not participate in the program would recidivate more than those who did participate (Lichtenberger, 2012). Although 19% seems like a large number, the statistics were not found significant because there was such a large difference in the two group sizes.

Apart from just employment programs, Berg and Huebner (2011) conducted a study on 400 individuals and observed their social bonds to their families in comparison to employment post release. Berg and Huebner found that inmates with strong financial, psychological, and social ties to their families and friends were more likely to find employment (Berg and Huebner, 2011). They found that these strong bonds helped control the ex-offender's criminogenic behavior and impulses. Not only were those who had family or marriage bonds more likely to find employment, but also they were more likely to maintain employment compared to ex-offenders who did not have strong ties (Berg and Huebner, 2011).

<b>Program</b>	<b>Does it Work?</b>	<b>Who and Why?</b>
Education (vocation and academic)	Yes	All ages and low level offenders, opens more opportunities after incarceration
Cognitive Therapy (varies)	Yes	All ages and offenders, rehabilitates behavior
Domestic Violence Programs	No	Too many offenders in this group
Boot Camps	No	Not effective on Juveniles or Adults

Cognitive & Behavior Therapy of Sex Offenders	Yes	Both types of therapy rehabilitate all levels of offenders
Intensive & community supervision	No	Not effective on all offenders, too much supervision
Drug Treatments (Incarceration based and community)	Yes	Works best when the two are paired together

These different studies coincide with what Mackenzie found in her research as well. All of these researchers found that cognitive behavioral therapy is one of the most effective programs in rehabilitation. Regardless of what the crime, age, or sex of the offender cognitive behavioral therapy has had consistent results in research.

### **Interviews**

Following the historical context and literature review of rehabilitation, interviews were conducted with personnel who work in the prison system in Rhode Island. Both the participants work closely with the rehabilitation programs offered in the prison systems.

The two workers have been in corrections for over 20 years and have worked in all aspects of rehabilitation including planning, executing, and analyzing. Although they both work in the same building and have been working in the same area of corrections they have very different approaches to what works in rehabilitation. To preserve anonymity the participants will be referred to as John and Bill.

John concentrated more on the past of rehabilitation and how corrections are trying to change it in the future. He described the 1980s as the changing point in the rehabilitation during his career with corrections. During the 1980s, there was an increase of substance abuse among the prison population as well as an increase in the number of prisoners with mental illnesses. However, prisons had very few programs that addressed these issues. There was also a weak

bond between the corrections and communities. The weak bond means that the prisoners did not have a strong support system outside in the community. Most prisoners did not have family or friends to go back to and there were not many businesses that were open to ex-offenders working for them or living in their housing. As a result this would lead to more offenders committing crimes and higher incarceration rates (see also Cullen and Gilbert 1982). At this point in time, there is a shift in the United State's penal system that leads to mass incarceration to have more social control throughout the country.

A mixture of the high incarceration rates and the cost of corrections motivated changes in the rehabilitation programs in corrections. During the late 1990s, corrections began introducing evidence-based practices in their rehabilitation. An evidence-based practice refers to utilizing research done on criminals and why they offend, then applying it to a program that could potentially lower recidivism rates. These practices use research as a justification for the methods utilized, the research would then help determine what programs are successful and what should be utilized in prisons. Workers in corrections researched what works on prisoners and what does not, then applied it to different groups in their prisons. Along with evidence-based practices, risk-needs assessments were included in the programs as well. Risk-needs assessment is an assessment that is used on the prisoners to determine whether they would make a good fit for the program that is offered or if it will not be effective on the offender. According to John, to qualify for the program, the prisoner needs to exhibit four out of the five characteristics to get admitted into the program.

Technology has helped improve rehabilitation alongside risk-needs assessments and evidence-based practices. He stated that technology has rapidly changed since he began working in corrections and it has been very useful in all aspects of rehabilitation. He says that computers

are used for data collection, statistics, educational programs and organizational needs for prisoners' information. Although the prisoners do not have a lot of freedom with the computers and cannot use the Internet at all, it is used as an asset for the education courses offered to the inmates. According to John, the computers allow prisoners to extend their skills regarding technology and education.

The second interviewee, Bill, is solely responsible the creation and implementation of programs along with inmate admittance. Bill had a completely different take on rehabilitation in prison. He believes that corrections needs to concentrate more on parenting in their rehabilitation and less with the "politics" of programs. Bill strongly disagrees with utilizing tools such as risk-needs assessment and evidence based programs. Bill thinks that the problem in rehabilitation in prisons lay in the structure of prisons.

One of the most important issues that Bill talked about in his interview was the lack of employees and workers in the prisons. "A prisons is like a hospital, it cannot function without the necessary workers and everyone working as a team with the best interest of the patient in their mind." He finds that too many people fall through the cracks of the system. For example, he told me a story of an inmate who was working on his floor. Bill became friendly with the inmate and Bill suggested he sign up for a program to try to get time taken off his sentence. The inmate had been convicted of a crime related to drugs so the Bill suggested that he try signing up for a drug program. However, the inmate insisted on signing up for an anger management program, Bill did not see any anger in this inmate but got him into the program anyways. Bill said that after the inmate completed the program, the person who had worked with him told Bill that the inmate had some deep-rooted anger. Bill told me that if that particular inmate had not been on the floor that works directly with the rehabilitation programs and became friendly with the

workers, he probably would not have gotten into any programs let alone the correct one. This would have led to him not dealing with the real issue, being released back into the community, and then committing crimes because nothing was resolved during his time in prison.

Another issue in rehabilitation that needs to be addressed is the issue of mental illness. This participant informed me that almost all of the women in the low security facility are not in for crimes but because they are mentally ill. These women get released from prison and they have nowhere to go. They do not have support systems to help them and they do not receive proper treatment. As a result the courts do not know what else to do with them so they put these women back in prison. The prisons do not offer these women proper care or rehabilitation and as a result they are stuck in a cycle of going in and out of prison.

The last issue this person discussed was the issue of domestic violence. There are several domestic violence programs however research shows that these programs have no impact on recidivism rates. Corrections still offer these programs because it looks worse to have no domestic violence programs rather than domestic violence programs that do not work. Mackenzie (2006) data supports Bill's claim that domestic violence does not work for lowering recidivism rates. The issue with these programs lay in the numbers and the availability. According to this participant these are the hardest programs to get into while in prisons. There are thousands of domestic violence offenders who are on the waiting list to get into these programs. He also informed me that domestic violence offenders often plead to a lower offense, therefore on top of the thousands of domestic violence offenders on the waiting list there are even more offenders who are not listed as domestic violence offenders so they do not even get the chance to participate.



These are all issues in rehabilitation that Bill believes can be fixed if there was more effort put into these programs by the government. There needs to be more money, resources, and most importantly employees. There are so many inmates who do not get the proper care or help they need because there is simply not enough people. He informed that counselors who deal with inmates that have family issues such as child support or visiting rights, on average have 200 cases to handle. With this many cases, it is impossible for the counselors to give the necessary attention and help to each individual case. Although there are many things that need fixing in the rehabilitation of prisons, there are things that do work according to Bill such as parenting programs. He found that there is high success in both mothering and fathering programs offered that help inmates how to be a proper parent when they are released back into society. Along with the increase of employees and resources, he suggested that there be an increase in the number of fathering programs offered as well.

Bill discusses the issues in rehabilitation in prisons and why they need to be fixed. There are issues with classification, such as the not labeling inmates as mentally ill who do not receive proper treatment and offenders who commit domestic violence crimes but cannot receive help because they pleaded down to a lower crime. There are also issues with labor because there are simply not enough workers to tend to all the inmates who are flowing in and out of the prisons. While Bill discuss the issues, John concentrates on how they have been improved. John uses tools such as, technology, risk-needs assessment, and evidence-based programs. John feels these are the most efficient and cost-effective ways to get prisoners the help they need with the limited personnel. Bill feels that this is not effective and the solution lies with hiring more people.

Although they did not agree on much, both of the participants agreed that there needed to be work done in the rehabilitation department in corrections. They both said they see the future

of rehabilitation concentrating on both cognitive therapy and parenting programs. The way they believe the system will get there, however, greatly differs. John believes that structured assessments are the way to bettering rehabilitation whereas Bill believes it is the increase of resources and hand-on approaches that will improve rehabilitation.

### **Hypothetical Program**

I propose a program that would utilize cognitive behavioral therapy, family courses, and employment courses. These elements each bring an individual trait that is successful in rehabilitating prisoners, the family courses will help offenders with their relationships with their families once they reenter society whether it is parents, spouses, partners, or children, and the employment courses will help prisoners with the job search process. Cognitive behavioral therapy will allow for the offenders to resocialized their thinking and understand why they committed their crimes. I believe these are the three most important elements in rehabilitation and will lead to the most success.

Most of my research shows that cognitive behavioral therapy is one of the most effective tools in rehabilitation (Frana, 2013). In this program, therapy will always be voluntary and will consist of a forty-five minute to an hour meeting with a trained and certified psychologist. Throughout the course of this therapy, the prisoners will work through their problems and understand why they committed the crimes that they did. Also another goal of this therapy will be for the prisoner to understand why what they did was wrong and why it is not appropriate in society. This is very important because if the prisoner can understand why they committed the crime and why it is not accepted in our society, they will be less likely to recidivate after reenter the community (Landenberger and Lipsey, 2005).

Although the understanding of crime is a very important part of rehabilitation it will not be successful in lower recidivism rates on its own. Prisoners tend to struggle with social ties and bonds after being incarcerated and cannot always successfully reunite with their families. The use of family programs would be effective in this recidivism as well. These programs are important for the prisoner to reconnect with their support system once they are back in society (Berg and Huebner, 2011). These programs will offer classes on how to be a parent and also how to interact with other family members after only interacting with prisoners for an extended amount of time. This program encourages the people in the prisoner's life to visit them so they can understand they have people who support them and can help maintain important relationships. Usually when prisoners move back in with their families upon their release. Both parties need to understand the important transition in the offender's life and know how to handle issues that will arrive. This program is designed to help prisoners reconnect with not only family members or children but friends as well. This portion of the program would encourage and allow family members to sit in with the prisoners during various seminars. With the presence of loved ones there, the prisoner will feel more confident and both parties can understand how to go about reintegrating back into society (Berg and Huebner, 2011). With a strong support system, the prisoner will be less likely to recidivate.

The third and final component of this program would be employment courses. Along with understanding crime and having a strong support system, knowing how to apply for jobs is an important factor in lowering recidivism rates (Nally, 2012). This program helps prisoners create their resumes, practice interviews, and help them learn the job searching process. At the end of the program, prisoners can effectively find job openings and apply to them without any help. This program even will help prisoners set up interviews after their releases.

This program implements the three most important aspects of rehabilitation according to my research. With the therapy, prisoners will understand why they committed the crime and why it is not accepted in society. The family aspect ensures that the prisoner has a strong support system to go back too. This helps both the prisoner and family how to react and what to expect when they reenter the community. The employment courses help prisoners become an active member in society and get them back on their feet (Lichtenberger, 2012). This can lead to other opportunities and getting on their way to their own housing. The combination of understanding, having a strong support group, and a job to be a participating member of society will lead to lower recidivism rates (Berg and Huebner, 2011). These different elements together can lead to the rehabilitation of a majority of offenders.

One of the most important issues to address is that the combination of these elements will not be successful in rehabilitation. Project Greenlight was a similar program to this that did not end up being successful and actually showed that the participants had higher rearrest rates than those who did not participate (Wilson and Zozula, 2011). Project Greenlight included cognitive behavioral therapy, employment assistance, housing assistance, drug education, release plans, skill training, and proper documentation for prisoners to have when they were released (Wilson and Zozula, 2011). This program was a combination of several separate programs that are offered to prisoners. The researchers found that some of the reasons why there were higher rearrest rates for the participants of the Greenlight program was because there was a higher number of high-risk offenders compared to the other two groups and because each participant received all of the treatments even if it did not apply to them, for example non addicts receiving drug education and prevention treatment (Wilson and Zozula, 2011).

To learn from the Greenlight Program, I propose that this program only be available to low-risk offenders at first and that if a treatment does not apply to them then they do not receive it. For example, if an inmate has no family left outside of prison then they would not participate in the family portion of the program. In order for this program to be successful, it would need to be offered to only low-risk offenders in the beginning and the attendance of the inmates to certain portions of the program be lenient.

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