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The History and Future of Correctional Psychology

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“Sometimes the songs that we hear are just songs of our own”

– Robert Hunter

Thanks Meg and Marc for helping to hear this one. Phil Magaletta dedicates this work to his family and in loving memory of Paul T. Wilczynski.

Preface

Our edited volume provides a comprehensive overview of correctional psychology as it developed through time. Content is divided into three sections and supports the reader in understanding the Early Pioneers (Part I), the period of Growth and Development (Part II), and finally, the Future of Correctional Psychology (Part III).

Why begin with a focus on the early history, people, and influences of correctional psychology? There are three reasons. First, throughout the history of psychology in the twentieth century in general, and American psychology in particular, correctional facilities and the staff within them have played key roles in the development of the profession. At the turn of the century, incarceration of "the insane" in the new republic was enough to warrant early calls for the need to develop better social strategies for accommodating people's treatment needs. Later, when the practice of psychology first emerged from the academic institutions in Pennsylvania and Massachusetts, it was the penitentiaries and other correctional settings that first allowed psychologists to apply their skills and practice their new craft. Correctional settings were among the first applied settings in the emergent/nascent field of applied psychology practice. As such, the gathering of artifacts, narratives, and connections between people and places is important to correctional psychologists and remains an important part of psychology's story as well.

Second, as social institutions, correctional settings have also been intimately involved in community responses to mental illness, drug use, and, in certain parts of history, alcohol. For example, at the turn of the century, once state asylums were constructed and fewer offenders with mental illness were incarcerated, America began its work on addressing a growing narcotics problem, leading to the establishment of the Public Health System's Narcotic Farm. When the United States Narcotic Farm (USNF) first opened in 1935, it endeavored to address America's rising prison population, by addressing the already well-established link between crime and substance use. The USNF housed convicted drug offenders along with those who voluntarily checked in for drug rehabilitation, providing behavioral and rehabilitation therapy to patients.

Third, when key figures in the history of correctional psychology emerge as influencers, it extends our understanding of their impact and penetration into areas

that have remained, as of this telling, silent. It helps situate correctional psychology, its ideas and techniques, in a developmental process of evolution, growth, and development as a profession. Often, it is the people who spurn, start, accelerate, and sustain this growth and development. Without their stories, development of the field can't be fully understood or explored.

In this book, we take the reader from the early pioneering efforts of individuals who had psychology degrees (among the first in the United States) and who applied their psychologist competencies within the correctional setting. Through the lives of individual pioneering psychologists, the themes of assessment, training, and interventions emerge as major contributions to rehabilitation in the correctional setting. These seeds that were once silent, then burst into bloom and carry themes forward into periods of growth and development with important theoretical constructs. Through this process of growth and development, the way that clinical practice in corrections will influence the future emerges.

Divided into the three sections of early pioneers; growth and development; and the future of correctional psychology, chapters in each section contribute to the larger telling of a story of the challenges faced and solutions attempted in this profession. Correctional psychology's application of psychological evaluation, treatment, and management of offenders in jails, prisons, and other correctional settings has never been an easy enterprise, and contemporary times have witnessed a new appreciation for and challenges of law enforcement. This book articulates how important individuals and ideas have facilitated change in offender behavior. Collecting and acknowledging the foundational aspects of correctional psychology, readers will understand how correctional psychology emerges as a public sector service in response to social and individual needs.

Section I fills in the gaps that currently characterize the history of correctional psychology. No publication to date has examined the life, times, and contributions of correctional psychology's early pioneers. Our volume provides a solution to this problem by focusing solely upon the early pioneers in the application of psychological principles to correctional settings and correctional populations. Brief portraits of the early pioneers present a review of their lives and contributions. Who were these individuals? Where did they receive their training in psychology? In what correctional setting or system did they practice? What was their innovation and specific psychologist competency being emphasized? Chapters reviewing the contributions of early pioneers in correctional psychology, such as William Root (correctional psychology training and cross collaboration with academic departments), Edgar Doll (focused on individuals with special needs in correctional facilities in early twentieth century), and F. Lovell Bixby (group therapy in correctional facilities in mid-twentieth century), as well as slightly more recent yet still pioneering psychologists like Asher Pacht and Margurite Warren, will enhance readers' appreciation of the foundations of correctional psychology. By articulating the contributions for several of these early pioneers, we then widen the historical archway through which psychologists' ideas and influences begin to advance. This material from this more recent history is considered in the next section.

Section II turns to the growth and development across important correctional settings and theoretical concepts and, through this process of influence, begins to illustrate the role psychology played in advancing corrections through time. For example, chapters review the use of Therapeutic Communities and their role in substance abuse treatment; the role of vocational education and job training as a psychological service; the early history that coalesced into the Risk-Needs-Responsivity model; and the phenomena of criminal thinking as a therapeutic change construct to target in offender change programs.

Section III moves from history to contemporary times and lays the groundwork for understanding significant correctional events, influencers, and populations to which corrections is currently thrust, challenged to solve, or to implement. Chapters in this section provide information from leading experts in the field across several issues of significance, including transgender offenders; violence prevention and intervention; medication-assisted therapies; and virtual reality and the use of technology in change programs; and a forward-facing presentation on the future of correctional psychology administration, training, research, and practice.

Comprehensive but not exclusive, our hope is that the present volume inspires more dialogue among administrators and practitioners of correctional psychology. The book has contributions from authors selected upon their distinguished careers and track record of publishing in the correctional psychology literature. Using subject matter experts with deep technical knowledge means the chapters will remain relevant to the practice of correctional psychology. Clearly, each section presented also sets the stage for additional editions to cover additional aspects of growth and development and future topics that emerge.

Until now, individuals interested in the history of psychology did not benefit from a comprehensive volume that traces the history of correctional psychology into modern times. Anybody interested in that history and weaving together the threads of its influence upon the correctional setting will want to continue the exploration we have begun here. There remains more to be done and we ourselves look forward to sharing in that journey.

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About the Book

This edited volume provides a comprehensive overview of correctional psychology as it developed through time. With contributions from expert leaders in the field of correctional psychology – the application of psychological evaluation, treatment, and management of offenders in jails, prisons, and other correctional settings – the early history is presented through a series of brief biographical sketches of the field's early pioneers. Moving forward to examine the period of growth and development, key concepts that advanced and matured the field are presented. Finally, directions that remain relevant as the future of correctional psychology unfolds are presented. As a field of applied practice, it remains notable that the history of people, concepts, and settings that have influenced correctional psychology had yet to be provided. The current volume addresses this gap.

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Part I
Early Pioneers

Chapter 1
Correctional Psychology Pioneer: William Thomas Root, Jr. (1882–1945)

Philip R. Magaletta and Eleni Travers

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William Thomas Root, Jr. (1882–1945)

William Thomas Root, Jr. was born June 2nd, 1882, to William Sr. and Kate Root in Cloud County near Concordia, Kansas. He was the third of four children born to the couple.[1] William Sr. originally intended to farm land in Kansas but eventually set his sights on becoming a teacher. He attended the State Normal School in Concordia, Kansas, and upon graduating with honors, began teaching. Performing well in this role, he was propelled into administration and elected to serve as the Cloud County Superintendent of Schools in 1879 (Birge, 2000). Thus, the importance of education generally and the administration of educational systems specifically was established within the Root family. Although William Sr's role as an educational administrator didn't last long, it did foreshadow William Jr's career – whose trajectory would include administrative positions at the University of Pittsburgh and establishing a graduate psychology student training program at the Western State Penitentiary (Pitt Teacher Is Promoted, 1935).

In 1885, William Sr. relocated his family to Pasadena, California, in pursuit of a milder climate to relieve his asthma (Birge, 2000). This led to improved health for William Sr. and employment as a beekeeper and carpenter. William Jr. would remain in the Golden State for the remainder of his childhood, adolescence, and early adulthood. Although questions about William Jr.'s early prebaccalaureate education remain, available records indicate he attended the State Normal School, Los Angeles, CA, from 1903 to 1905; Rural School, Rivera, CA, for grammar grades in 1905–1906; and Rural School, Montebello, CA for grammar grades 1906–1909 (Faculty Correspondence, Root, 1913).

Education: Undergraduate and Graduate, Stanford University (1911–1919)

William Jr. began his undergraduate education at Stanford University in his late twenties. In 1911, he was listed amongst the hundreds of budding young students who were headed north to Stanford (Pugh, 1911). He continued his education for 2 years at Stanford, earning his Bachelor of Arts in Education in 1912 (Faculty Correspondence, Root, 1913) and his Master of Arts in Education from Stanford in the spring of 1913 (Address is Made to Graduates, 1913). During this time, he gained experience as a Student Assistant, librarian, and instructor of psychology (Pugh, 1911; Stanford Regents Appoint Instructors, 1912; Faculty Correspondence, Root, 1913). For his Master's thesis, he compared student groups of above and

[1] The couple had a daughter, Eleanor A. Root born in 1879, and a son, Knowlton W. Root born in 1881, who passed away after 6 months. After William Jr. was born in 1882; the couple had another son, Sidney, born after the move to California (Birge, 2000).

below average readers. In a letter of recommendation, William's thesis is noted to have been "at once intelligent and careful" (Faculty Correspondence, Root, 1913).

Around this time, inquiries from Dr. J. F. Hillspaugh, President of the State Normal School in Los Angeles, reached William in an attempt to recruit him as a teacher. Established in 1881, the State Normal School in Los Angeles was the second of California's State Normal Schools and was created to accommodate the increasing need for educated teachers (Anderson, 2015; Faculty Correspondence, Root, 1913; Los Angeles State Normal School, 1905). William applied and was backed by glowing recommendation letters from L. M. Terman, Associate Professor of Education and E. P. Cubberly, Head of the Department of Education. A review of these letters shed light on William's capacity and promise as a teacher and psychologist in applied settings. Cubberly writes, "I doubt if we have turned out a better prepared man for work in psychology and elementary education, in many years," noting William is the "best prepared of all of our men for work in Educational Psychology in a normal school…" (Faculty Correspondence, Root, 1913). William was specifically recommended as professionally prepared for work in a high school, college, or Normal School in education, history, and psychology.

Ultimately, William was offered the job and joined the staff at the LA State Normal School in 1914 as an instructor in Child Psychology (Anderson, 2015). William's intelligence and his ability to apply it, as intimated in his recommendation letters, was ever growing -- as was his personal family circle. As announced in the *Los Angeles Express,* William married Ida May Nyce in Pasadena, California in 1914 (Vital Statistics, 1914).[2]

Around this time, William began developing his role as a psychology advocate through public speaking, presenting the talk "Psychology" at the Los Angeles County Nurses Association's local meeting (Nurses' Association, 1916). He would give similar talks in increasing numbers throughout his career. Between 1915 and 1919, he also deepened his commitment to the State Normal School. Responding to the heightened "demand for the work in experimental psychology," he became an assistant to Dr. Grace Fernald, helping in her laboratory work and likely becoming involved with education administration tasks (The City and Environs, 1917). Dr. Fernald, a Clinical Psychology pioneer herself, was the head of the Psychology Department at the Los Angeles State Normal School at the time. She was later credited with the development of the University of California, Los Angeles (UCLA) Clinical School (Sullivan et al., 1950). William shared and perhaps absorbed many of Dr. Fernald's professional ambitions. These ambitions focused on advancing

[2] The couple would eventually expand their family with a son, William Calvin Root, Jr., with his middle name after Ida's father, Calvin (Calvin S. Nyce, 1926). He would later grow up to attend Harvard and Columbia Universities and eventually find his place in government service (Eileen Bushnell Married, 1941; Death Takes Dr. W.T. Root, 1945). In keeping with his family's values within the context of social reform, Calvin later married Miss Eileen Bushnell, the first ever woman squadron commander appointed by the Secretary of War to the civil air patrol of Oklahoma (N.J.C. Graduate Receives Word, 1942).

psychological science in the public sector and developing a competent workforce to reform corrections through the delivery of psychological services.[3]

In 1919, toward the end of his time at the LA Normal School, William returned to his studies at Stanford to finish his doctorate as a Buckel Fellow in Education (University of Stanford, 2017).[4] His dissertation, "A Socio-Psychological Study of Fifty-Three Supernormal Children" explored common factors among highly intelligent children. This study was published in a monograph and featured three elements echoed in his later research on offenders (Root, 1921). The first feature was a rigorous methodological design suggesting the author was a fastidious investigator. To properly identify students for sampling, William established a multifaceted and exhaustive identification, selection, and final confirmation process. The second feature was inclusion of data from multiple sources: psychological testing (Stanford Revision of the Binet Tests to draw out an Intelligence Quotient (IQ) and other personality and attention measures), social, school, and physical health records. Finally, William drew out 21 distinct conclusions, integrating findings from social data, test scores, family and home life, and the observations of teachers. With this careful and thorough approach, he was able to form both general but comprehensive alongside individualized and specific clinical pictures for individual study participants.

Early Career (1920–1923): Moving East to Pennsylvania

In 1920, at age 38, William received his Doctor of Philosophy in Education from Stanford and headed east with Ida, where William accepted a position as Professor of Educational Psychology at the University of Pittsburgh (73 Students of Stanford, 1920). Although a cross-country move, Ida was originally from Reading, Pennsylvania, and still had family residing across the state (Calvin S. Nyce, 1926). Her mother, Kate Nyce, had passed away at home in Pasadena, California, in 1907, approximately 5 years after moving away from her home state of Pennsylvania (Mrs. Calvin S. Nyce, 1907; Calvin S. Nyce, 1926). With little family left for Ida on

[3] Prior to her arrival at the Normal School, Grace had earned her A.B. (1903) and M.S. (1905) degrees from Mt. Holyoke College (Sullivan et al., 1950). Of note, Mt. Holyoke later hired Eleanor Rowland, another pioneering correctional psychologist (Magaletta & Perskaudas, 2022). Grace later earned her doctorate at University of Chicago (1907), became the first appointed psychologist to work in the Juvenile Court in Chicago, and later became associated with Dr. William Healy and the Juvenile Psychopathic Institute. In 1909, this institute began accepting graduate psychology students for training and became one of the first clinical psychology training programs in the country (Morrow, 1946; Routh, 2000).

[4] Originally formed at Stanford to honor Dr. C. Annette Buckel through use of her estate funds, the aim of the Buckel fellowship was devoted to "the study of backward children" (Terman, 1915, p. 3). Buckel fellows often performed intelligence testing on "delinquent children" and "mentally defective children" studying the mental ages of their subjects and producing data that would subsequently be analyzed at the foundation's research laboratory (Williams, 1915; Terman, 1915).

the West Coast and "a number of relatives and friends in Reading," Pennsylvania seemed an obvious choice for the couple to settle, become established, and simultaneously pursue William's professional ambitions (600 Dance At Country Club, 1922, p. 9).

Professionally, Pennsylvania offered two features that accelerated William's efforts to apply psychology. First, it was an evolving hub in the world of corrections and correctional reform (Barnes, 1968). Second, the Educational Psychology Department at the University of Pittsburgh established a psychology practice and testing clinic. Just a few years before William arrived at the University, the psychologist John Edward Wallace Wallin had set the stage for a psychoeducational movement to further establish the professional status of psychologists. Wallin sought to develop the role of psychologists in the specific niche settings for which they were uniquely trained but not yet practicing in. He writes, "the attempt at usurpation or domination by the medical profession of a field in which very few physicians at the time had specialized and the professional rivalries…between the physicians and practicing psychologists that have continued through the years existed in Pittsburgh as far back as 1912" (Wallin, 1955, p. 61). As a psychologist originally inspired by Lightner Witmer at the University of Pennsylvania, Wallin both studied and taught the ways in which efficient training in experimental psychology should be achieved. In 1912, he established the first psychoeducational clinic and it was located within the Educational Psychology Department at the University of Pittsburgh. Wallin later became involved in establishing standards of practice and public trust for applied psychology (Green & Cautin, 2017; Wallin, 1955). It was upon this path blazed by Wallin that William would find a stronghold, a foundation for his own influence to thrive.

William began teaching in September of 1920. Although the classes he instructed remain unknown, it is clear that he wasted no time establishing contacts in the local community and extending his role as an applied psychologist and advocate. He continued to deliver talks/lectures and began expanding both topic content and range of audiences. As early as 1923, he delivered talks to the International Kindergarten Union and spoke on "Topics in Psychology" to Central Young Woman's Christian Association (Y.W.C.A.) (Serve Present, Not Future, 1923; Y.W.C.A, 1923). In addition to these engagements, he also remained active in publishing on IQ (Root, 1922).

At some point in the early 1920s, perhaps related to his publicly facing expertise, William became familiar with the Western State Penitentiary in Pittsburgh, PA. The facility was located on the banks of the Ohio River and was characterized by very large, ominous stone walls. It opened in 1882, the year William was born, and was within city limits – approximately 6.4 miles from the University. When an opportunity for planning a large-scale research study with all offenders at the facility emerged, William became involved. Within just a few short years of arriving at the University, William was ready to pioneer the use of psychological science to inform correctional practice. Importantly, given his role at the University, he would also be in a position to train and develop the correctional mental health workforce that would be needed to implement these practices.

Middle Career (1924–1929): Teaching and Developing Correctional Psychology Research, Practice, and Training Opportunities

William, ever consistent in character, pushed boundaries during the middle years of his career as he sought to establish the relevance of psychology in applied settings. In 1924, just 4 years into his professorship, his pioneering work at the Western State Penitentiary began. In the decade prior to Root's arrival in Pennsylvania, major changes had taken place in the rebuilding of Western Penitentiary, in part to address the problem of idleness amongst the offender population. These changes proved somewhat successful and by 1925, according to the Board of Trustees, "91% of all inmates work 5hrs/day and many 8–10 hours" (Marianna Thomas Architects, 1994, p. 275). This was the setting that William and his students would arrive to, just as the revision of prison labor laws were being discussed and during a time when reforms to both Eastern and Western Penitentiaries were continuing.[5]

From January 1924 through January 1926, a team of researchers headed by William and a total of 38 students from the University conducted case studies of 1916 offenders within the facility. All offenders within the institution were included in the sample aside from those who were released prior to their examination date (Root & Giardini, 1927). Seeking innovative ways to align psychological and intellectual testing with the needs of the offender and correctional system, examinations included an exhaustive records review, coding, and statistical tabulation for each offender. This included court and parole officer records; medical, psychiatric, and psychological reports; academic, vocational, and industrial recommendations; topics of emotion, intellect, control, heredity, attitudes, environment, financial standing, family; and significantly – an individual interview. Testing was influenced by one of Root's mentors at Stanford University, Dr. Lewis Terman, as seen in the choice of the Terman's Revised Stanford-Binet Scale to determine median IQ scores. A Stanford University Professor at the time, Terman and his graduate student Maud Merrill released this revised version of the Binet tests in 1916, producing two different forms: Terman's "Form L" and Merrill's "Form M" (Becker, 2003).

Ultimately, William aimed to demonstrate how a comprehensive and rigorous scientific approach could be used to answer important social questions, "Will a constructive program, economic incentive, and so on salvage more than we are salvaging at the present?...What yields the best return in successful parole and a protected society?" (Root & Giardini, 1927, p. 246). The published study included numerous hand-written graphs, charts, and summaries of additional findings. Demonstrating

[5] Part of this evolving reform included building a new facility to house both Western and Eastern Penitentiary offenders at a newly constructed Rockview Branch located approximately 150 miles from Pittsburgh near Bellefonte. When the project to rebuild the Western Penitentiary was abandoned, however, Rockview ended up merely a new, lower security extension of the Western Penitentiary – with similar psychological examinations and services being rendered to offenders at both locations (Wilcox, 1927).

his meticulous style, William parsed findings by newly committed and stock populations, subsequently indicating how these subgroups pointed toward differential housing and educational planning recommendations. Using the Stanford revision of the Binet intelligence tests, the study yielded a total offender sample median offender IQ of 76.2 and a corresponding mental age of 12 years and 2 months (p. 49). The study also described levels of intelligence by type of crime, among other variables and reported mental health problems being present in 10.8% of the sample (Rector, 1929).

The study concludes with several suggestions for applying findings. Of importance is the section called "differential treatment," in which eight psychology-centric and service-related suggestions for the correctional facility are described. Remarkably, they foreshadow the entire evolution of correctional psychology. Included were recommendations to establish a period of observation and screening of all newly committed offenders; referral of those with mental illness to psychiatric centers for care; design of special, separate housing and programs for offenders with disciplinary problems; and the creation of both training and work opportunities for offenders who could benefit from skill enhancements.

Several of these recommendations immediately took hold. Dr. Giardini, who graduated from Harvard in 1929 with a doctorate in Educational Psychology, became the senior psychologist at Western State Penitentiary, and established a psychology services department and clinic. Newly committed offenders were observed during an intake assessment in the department and were provided with psychological services indicated as the result of their individual assessments (Giardini, 1942; Jackson, 1934; Pennsylvania Appoints Director of Parole, 1943). Similarly, Rector (1929) pointed out that all offenders in the Pennsylvania State System, not just Western State Penitentiary, had begun receiving individual assessments since the recommendations were made.

In addition to demonstrating how correctional psychology research could influence practice and improve correctional systems, William's scholarship also illustrated the utility of graduate psychology student training in correctional settings. When research at Western State Penitentiary concluded in 1926, his students were invited back several days a week for a year or more while carrying credit at the University (Routh, 2000). They received a cash stipend for performing clinical psychology duties including assessment, interviewing, research, and attending seminars. Thus, Western State Penitentiary became host of the first correctional psychology internship training program in the USA and the sixth internship training site for psychology graduate students nationally (Morrow, 1946; Whitmer, 1935). Although a contemporary correctional psychology competency literature now exists, it was William, Dr. Giardini in the penitentiary, and the students of the University who first pioneered this area (Magaletta et al., 2012, 2016).

During this middle part of his career, William began speaking out about problems in the state parole system (Speakers Urge Parole Board, 1926). As noted in the Pittsburgh Press, "suggestion of a state parole board was first made by Dr. William T. Root, psychologist, of the University of Pittsburgh, who termed the present state system of parole a bluff" (Speakers Urge Parole Board, 1926**,** p. 37). His opinion,

one that contributed to the urging of the commission to make suggested reformations, was largely based on what he gathered through his work at the Western State Penitentiary. As noted in the above-mentioned article, single employees were responsible for caseloads well into the hundreds (Speakers Urge Parole Board, 1926, p. 37). Such caseloads, William argued, did not yield promising parole results, let alone opportunities for individual offender interventions. Building from the data gathered from the intelligence testing at the Penitentiary, William honed in on the reform measures available within the institution itself to positively influence the downstream parole system. These measures ultimately centered upon fundamental academic education as well as an option to focus on vocational or trade training (Embezzlers More Intelligent Than Average, 1927). Yet again, William demonstrated his abilities as an advocate for psychology as well as the utilization of testing and assessment as a tool for designing clinical interventions, not just legal decision making.

Another theme that emerged from William's work at the penitentiary was concerned with offender idleness and the use of leisure time. Having interviewed William for his dissertation, Clair Wilcox (1927) wrote, "out of 1000 male prisoners, 963 were reported to be employed in either industry shops or various maintenance activities and also participated in activities such as musical band, orchestra, library time, a monthly newspaper, and more…" (p. 46). This suggests that targeting job skill development, reducing idleness, and increasing opportunities for leisure time were all underway as methods for assisting in the rehabilitation of offenders. Concrete actions had officially been taken at this time to reduce idleness and provide better compensation for offender work (Marianna Thomas Architects, 1994). Policies for employment of offenders during incarceration would prove to be a key concept in future correctional reform. Targeting the notion of idleness and studying the use of leisure time – ideas William examined for years in and out of corrections – were paramount to improving institutional life for offenders and work life of staff.

In addition to his work with correctional settings, William continued his psychological advocacy work by delivering talks and extending his reach by broadcasting on the University of Pittsburgh Studio of Westinghouse Station KDKA.[6] Over the years (see Appendix A for a listing of over 60 such talks and lectures from 1923–1942), a sampling of talk and lecture titles demonstrates the breadth of William's interests and abilities: Superficial Personality Versus Character, The Struggle Between Immediate Desire and Remote Need, General Trends of Child Study (series), Parents' Problem During Adolescence, The Contribution of

[6]The radio station often hosted a variety of series on psychology topics. Over the years, William consistently participated as a speaker on these topics including parenting, individual differences, child development, and countless others. He applied scientific psychological principles to aid in the lives of those listening. At times he may have referenced his work at Western Penitentiary for examples. He spoke to parents about the recurring "Wise Use of Leisure" and how free time should be allocated to align an individual child's psychological and functional wellbeing (KDKA Program, 1927; P.T.A. Convention Program, 1927).

Psychology to Modern Thought, Treatment of the Individual Delinquent, and Some Psychological Phases of Propaganda.

These talks and lectures also illustrate the range of organizations and audiences William reached. These included Parent-Teacher Associations, Mothers' Group of the University of Pittsburgh Alumnae, Parent's Institute Section of the Western Pennsylvania Education Conference, Child Study Class of the Council of Jewish Women, Pennsylvania Conference on Social Work, Uniontown school teachers at Senior High School, American Association of University Professors, The Bellevue Round Table at the Women's City Club, National League to Promote School Attendance – Convention, USA and Canada. In general, William's commitment to the public and the dissemination of useful psychological knowledge continued through the remainder of his career. Finally, as if he were not busy enough, in 1927, William was appointed to the Board of Trustees at the Western Penitentiary and in 1929, continuing his ascent in education administration, was appointed Department head (Dr. Root Appointed Dean at University, 1935; Names Trustees for State "Pen.," 1927).

Late Career (1930–1945): Deepening Reach and Expanding Scope

At the turn of the decade, William's correctional psychology contributions deepened and expanded. By March 1931, he had joined forces with two correctional scholars, William Bankard Cox and Frederick Lovell Bixby to begin work that would become the Handbook of Penal Information (Cox et al., 1933). This handbook was the result of a 2-day visit to several correctional institutions in the eastern and north central states in which 1819 offenders were observed. The study of individual offenders and their link to service needs within individual institutions sparked an idea that came to dominate corrections accreditation. Prior to this, there was only a one-size-fits-all approach for all offenders in all correctional institutions regardless of an individual's need for services – despite the discord this approach historically brought (Wilcox, 1927). Together, Cox, Bixby, and Root provided a solution that emphasized the need for individual attention to the offender, development of clinical classification schemes, and diagnostic work to inform selection of appropriate offender treatment modalities.

The handbook provided a complete description of each institution, including the physical plant and competencies of the staff. In regard to administration and discipline, they provided specific recommendations in line with modern penological trends. In some instances, these visits resulted in changes reflecting contemporary correctional standards and procedures. These recommended changes would eventually, through the work of Dr. Bixby, be adopted by the Federal Bureau of Prisons (Magaletta et al., 2016). Their visits seem similar to what would later become accreditation audits – relevant and essential tools for the development and upkeep

of modern correctional facilities and policies. They also allowed William to formulate and eventually publish his ideas about the development and training needs of Wardens (Root, 1932).

Further expanding his scope, it was during this time that William and Dr. Giardini's correctional research began influencing the work of other scholars. One ready example is the seminal work of the psychiatrist Dr. Bernard Glueck. His individual studies of offenders were organized by W. J. Ellis and others in New Jersey under a system now known as "classification" (Gill, 1962). The system spread to the state of Massachusetts in 1930 with the Federal Bureau of Prisons adopting it soon thereafter in 1934. This system is significant in that it destroyed the basic principle that "all prisoners should be treated alike" (Gill, 1962, p. 314). In 1931, Austin MacCormick, the Assistant Director of the Bureau of Prisons, adopted the idea of individualization for offenders in the context of education. He also cautioned against establishing mandatory class requirements, suggesting that it may be fruitless to compel an offender who is not motivated to partake in educational programming (MacCormick, 1931). Significantly, MacCormick draws upon the ideas presented by Root on classification and utilizes them to address the issue of providing quality education and the notion of a most effective delivery system based on each individual's needs, personal drive, and competency.[7]

The late career themes centering on deepening reach and expanding scope of correctional psychology continued when William was appointed Vice President of the Board of Trustees for Western State Penitentiary in 1938 while also serving as chairman of the Parole Board. As chairman during the convention of the Pennsylvania Federation, he discussed the issue of reentry, suggesting a need for specific regulations for offenders upon release (Penal Parole System to Be Considered, 1938; Western State Penitentiary Board of Trustees, 1938–1940). In his various capacities as a member of Board, William was directly involved in the responsibilities of direction and supervision at the penitentiary, as well as the institution's general policy (Marianna Thomas Architects, 1994). Biennial reports from the Western Penitentiary Board of Trustees reflect a variety of increasingly informed procedures utilized in the function of the Psychology Department and the institution as a whole. At the time of the 1930–1932 report, the Psychology Department was primarily occupied with "investigations by personal interview," including information gathering from cases, thorough examinations, and treatment interviews conducted throughout each offender's imprisonment. These were documented by each member of the Case Work Department and served as part of the reclassification summary (Western State

[7] Further movement in this arena with like themes continued to emerge, such as a survey completed by Brown and Hartman (1938) that gathered information on the overall intellectual functioning of each individual offender. They cite William's study as one of the few recent studies that had begun targeting the major questions arising on offender intelligence and its relationship to crime (Brown & Hartman, 1938). Fred Otto Erbe's 1940 "A Study of the Social Backgrounds of the Life Inmates at Fort Madison Penitentiary" pursued similar ideas. The central aim of that study was to draw upon the social backgrounds of these offenders, supplemented by personal interviews, to examine the different offender types and the distinctions drawn between them (Erbe, 1940).

Penitentiary Board of Trustees, 1930–1932, p. 30). The guidelines for individual testing and interview content continued to develop, including the requirement for social histories and case summaries for classification (Western State Penitentiary Board of Trustees, 1936–1938). By 1938, policy dictated that offenders in isolation were to be regularly interviewed, assessed, and counseled. Staff members in the Case Work Department were also required to meet weekly as a way of collaborating on "the problems that arise in the daily handling of cases…new methods and instruments appearing in literature in the fields of criminology and psychology…and the contemplation of group therapy for problem cases…" (Western State Penitentiary Board of Trustees, 1938–1940, p. 30). Of note, graduate psychology students were included in this weekly meeting.

Even beyond the world of corrections, William's upward education administration trajectory continued during his late career, and he was appointed Dean of Graduate Studies at the University of Pittsburgh in 1935. The university was known to be one of the leading universities awarding graduate degrees at that time (Pitt Teacher Promoted, 1935). William was again at the helm of an educational system slated for growth. He continued as an advocate for graduate psychology student training, articulating key training program themes such as clinical training experiences needed prior to working with clients, degree requirements, training in research, and the function of senior interns under supervision (Rosenzweig et al., 1944). These critical aspects of training and producing competent psychologists were ideas that took hold and were carried forward by William's correctional psychologist colleagues. For example, Giardini contributed *The Functions of a Clinical Psychologist*, as part of the Jackson (1934) symposium. In 1942, Giardini authored *The Place of Psychology in Penal and Correctional Institutions*, delineating classification, study of the individual offender, differential forms of treatment (investigatory, descriptive, and diagnostic), and housing unit assignments based on evaluation of personality traits.

The idea of assessing each individual for both classification and diagnostic purposes is a correctional psychology activity that continues to this day. In this way, William solidified the contribution of psychologists within correctional systems and inspired other professionals to develop effective treatments for offenders. He also created a clear connection between graduate psychology student training and correctional workforce development. The 1938 Board of Trustees report elucidates this connection with nearly a dozen trainees listed as having taken positions in corrections facilities, including the Federal Bureau of Prisons (Western State Penitentiary Board of Trustees, 1936–1938).

Throughout these late career years and with a focus on implementation and adoption of psychological principles and research, William tirelessly tackled the relevant issues at the forefront of society. He did this by continuing his talks at philanthropic charity events, women's clubs, and local churches. He spoke at Parent Teacher Association (PTA) meetings, at social worker conferences, and experimental nursery schools. He was involved as a reverend in his community and was an avid supporter of women's rights (Root Talks, 1925; Hold Church Institute, 1933; Pulpit Speaker, 1932). William joined the committee for birth control, amongst

other social reformative groups, while maintaining involvement with the church and scientific efforts at the University of Pittsburgh (Dr. Lindeman To Speak, 1931). Immersing himself in such committees and clubs allowed William to most effectively engage with the minds in his community, ultimately providing the platforms to press for reform and knowledge.[8]

Collectively, this variety of educational clubs and social groups allowed William to influence the movement of corrections reform and the heightened role of psychology within the correctional system. While logic and reasoning were paramount in everything William did, he also exercised a great deal of progressive thinking for this time period. On one occasion, for example, he defended a jewelry store owner receiving some backlash for pardoning a thief who robbed him. In gathering the background of the criminal, this jewelry store owner saw a man struggling to survive and provide for his family in hard times. William surmised this to be a rational act worthy of a sympathetic response when surmising the circumstances, and the whole incident served to emphasize the often difficult and complex factors behind criminal activity (William F. Penn Delegate, 1930).

Conclusion

Suddenly, in what must have been shocking to all who were influenced by his unceasing upward trajectory, William died of a heart condition on January 24th, 1945. He was survived by his wife, Ida May Nyce Root, his son, and a grandson (Death Takes Dr. W.T. Root, 1945; Pitt Dean, Dr. Root, 62, Dies, November 30, 1951).

William's pioneering effort in correctional psychology remains monumental. His 1927 study illustrated the benefits of correctional psychology research and launched graduate psychology training in corrections. It provided information on average intelligence levels for offenders and emphasized the importance of early identification of mental health problems. Williams's impact upon the community was also immeasurable, a presence that impacted everyone from the involved parent on the P.T.A. to avid educators in progressive societal movements. His roles were

[8] Examples of the groups and committees he belonged to include: member of the advisory staff of the School of Children's Community School (in association with University of Pittsburgh), the committee in charge of freshman week (including placement tests and assessment) at the University of Pittsburgh, one of 21 delegates on the 10th international Prison Congress appointed by the President, a member of the Council of the Birth Control League of Allegheny, a member of the Parental Education Program for Pittsburgh committee, a member of the Committee on Parent Education of the Mental Hygiene Society of Pittsburgh, elected to the executive staff of the Council of Parent Education, a member of the advisory board of the National Society for Penal Information, on the staff of the Allegheny General Hospital, on the boards of the Industrial Home for Crippled Children and the Girls Service Club, and a member of the Council of Parent-Teachers Association (P.T.A. Council Plans Parents' Institute, 1936; State Temple Sisterhoods, 1929; Pitt Alumni, 1942; Bregg, 1933).

inextricably woven alongside his efforts to develop and deepen correctional psychology during a time when such a profession was only emergent. William set out to improve the very system he was immersed within, leaving behind a legacy that demanded the increasing involvement of psychologists in the ongoing endeavor of corrections reform and ultimately, the creation of foundational guiding principles for graduate psychology training programs and classification systems used in correctional systems today. As such, his legacy continues.

Appendix A: Talks and Lectures Delivered by W.T. Root, Jr. From 1923 to 1942[9]

1923 "For Parents: Serve Present, Not Future." Delivered to the International Kindergarten Union Convention. (Pittsburgh Post-Gazette, April 19).

1923 "Topics in Psychology." Delivered to Central Y.W.C.A. (Pittsburgh Daily Post, September 23).

1924 "The Penitentiary from the Standpoint of the Psychologist." Delivered to The University-Extension Society of Pittsburgh. (The Pittsburgh Daily Post, September 14).

1924 "The Psychology of Radicalism." Delivered to the Pittsburgh Hungry Club Weekly Luncheon. (Pittsburgh Daily Post, January 27).

1924 "The Psychology of Politics." Delivered to the Pittsburgh Hungry Club Weekly Luncheon. (Pittsburgh Post-Gazette, October 12).

1925 "The Psychology of Religion." Delivered to the Asbury Methodist Episcopal Sunday School (The Pittsburgh Press, January 17).

1925 "Influence of Environment on Human Behavior" (series). Delivered to the Trinity Institute, Trinity Church. (Pittsburgh Daily Post, January 16).

1926 "The Individual in the Group." Delivered to the College Club of Pittsburgh. (The Pittsburgh Press, March 22).

1926 "Crime and Criminals." Delivered to Luther Memorial Church. (The Pittsburgh Press, April 17).

1927 "Childhood's Fears and Worries." Delivered to KDKA Program – University of Pittsburgh Radio (The Pittsburgh Press, March 16).

1927 "Problems of Discipline." Delivered to KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, March 16).

1927 "The Use of Leisure Time." Delivered to KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press. March 23).

[9] Note: Each appendix item contains three components: the talk title; the audience it was delivered to, and the reference it was sourced from. This reference can be used to locate the source by matching the month, day, and year from the chapter reference list. The chapter references are organized by newspaper article title, not necessarily the talk and lecture title. In some cases, the reference title is used to source several of the talk titles appearing in the appendix.

1927 "The Formation of Habits: Formal Learning." Delivered to KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, February 16).

1927 "Incidental Learning." Delivered to KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, February 9).

1927 "Individual Differences." Delivered to KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, February 23).

1927 "The Free Use of Time." Delivered to the Council of Jewish Women. (Pittsburgh Daily Post, January 25).

1927 "The Wise Use of Leisure Time." Delivered to the Annual Congress of Parent-Teachers' Association. (The Pittsburgh Press, October 16).

1927 "Training the Problem Child." Delivered to the Child Welfare Conference, Pittsburgh Federation of Social Agencies. (Pittsburgh Post-Gazette; The Pittsburgh Press, November 9).

1929 "Problems of Parole." Delivered to the Social Workers' Club. (The Pittsburgh Press, May 2).

1929 "The Aim of Psychology." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "Middle Age and Adolescence." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29)

1929 "The Eternal Conflict." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "Intelligence and Delinquency." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "Hypnotism." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "The Psychology of Reasoning." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "False Reasoning." Delivered to the KDKA Program – University of Pittsburgh Radio. The Pittsburgh Press, September 29).

1929 "Analogy." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "The Struggle Between Immediate Desire and Remote Need." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "Self-Analysis and Tolerance." Delivered to the KDKA Program – University of Pittsburgh Radio. (The Pittsburgh Press, September 29).

1929 "General Trends of Child Study" (series). Delivered at the Falk Memorial Library to the State Temple Sisterhoods. (Pittsburgh Post-Gazette, November 8).

1929 "University of Pittsburgh Address." Delivered at the University of Pittsburgh Graduation.(The Pittsburgh Press, November 27).

1931 "The Need for a Parental Education Program for Pittsburgh." Addressing members of the Educational Club and social service groups. (The Pittsburgh Press, October 7).

1932 "Children's Educational Development" (series). Delivered to the Social Service Course at Pennsylvania College for Women. (The Pittsburgh Press, July 12).

1932 "Parents' Problem During Adolescence." Delivered to the Mothers' Group of the University of Pittsburgh Alumnae. (The Pittsburgh Press, January 30).

1932 "The Contribution of Psychology to Modern Thought." Delivered to the Trinity Protestant Cathedral. (Pittsburgh Sun-Telegraph; The Pittsburgh Press, October 15).

1932 "The New Psychology and the Child." Delivered to the Pennsylvania College for Women Social Service Class. (Pittsburgh Post-Gazette, July 13).

1933 "Training for Citizenship." Delivered to the Kelly School Unit of Parent-Teacher Association of Wilkinsburg. (The Pittsburgh Press, January 8).

1933 "Modern Education." Delivered to the Parent's Institute Section of the Western Pennsylvania Education Conference. (New Castle News, April 6).

1933 "The Importance of Incidental Training." Delivered to the Child Study Class of the Council of Jewish Women. (The Pittsburgh Press, October 16).

1933 "The Importance of Casual Education." Delivered to the Church School Institute, First Unitarian Church (sponsor). (Pittsburgh Post-Gazette, November 18).

1934 Address, Talk Title Unknown. Delivered to the Wilkinsbury Council of Parent-Teacher Associations in the Allison School. (Pittsburgh Sun-Telegraph, April 21).

1934 Talk Title Unknown. Delivered to the Ladies' Auxiliary of the Odonatological Society of Western Pennsylvania. (Pittsburgh Sun-Telegraph, May 5).

1934 "Personality and Culture: Advice on Credit Decisions." Delivered to the Credit Association of Western Pennsylvania, Chamber of Commerce Meeting. (Pittsburgh Post-Gazette, October 10).

1934 "Prison Life at Graterford: Problems and Inspection." Delivered to the Eastern State Penitentiary, State Officials, Discussion Meeting. (The Mercury – Pottstown, PA, July 12)

1935 "Living With Our Children." Delivered to the Parent-Teacher Association of Falk Elementary, University of Pittsburgh. (The Pittsburgh Press, February 26).

1936 "Treatment of the Individual Delinquent." Delivered to the Pennsylvania Conference on Social Work, Regional Meeting. (Pittsburgh Post-Gazette, December 2).

1936 "Parent-Education Topics." Delivered to the Conference at Pennsylvania College for Women – Pittsburgh Council of Parent Education. (The Daily Republican, April 6).

1937 "Superficial Personality Versus Character." Delivered to the Women's Club of Ben Avon, Ben Avon Methodist Church. (Pittsburgh Sun-Telegraph, March 9).

1937 "Clinic for Families: Talk for Fathers." Delivered to the Y.M.C.A at East Liberty Branch. (The Pittsburgh Press, March 12).

1938 "Borderline Intelligence and Increase in Legal School Age." Delivered to the Uniontown school teachers at Senior High School. (The Evening Standard – Uniontown, PA, March 7)

1938 "Problem of Parole." Delivered to the Convention of Pennsylvania Federation. (The Wilkes-Barre Record; The News-Herald; The Pittsburgh Press, April 7).

1939 "Problems of Parole" (series). Delivered to the Twentieth Century Club. (The Pittsburgh Press, January 3).

1939 "Parole Conditions." Delivered to the Mellon Institute. (Pittsburgh Sun-Telegraph, January 25).

1939 Charity Event Speech, Talk Title Unknown. Delivered to the Garden Department of the Woman's Club of Mt. Lebanon. (The Pittsburgh Press, June 25).

1939 On topic of "Model Students." Delivered to the National League to Promote School Attendance – Convention, USA and Canada. (Pittsburgh Post-Gazette, October 12).

1940 **"**Superficial Personality Versus Character." Delivered to the Ladies' Auxiliary of the Odonatological Society of Western Pennsylvania. (The Pittsburgh Press, January 14).

1940 "Adolescence." Delivered to the Beechwood Parent-Teacher Association Meeting. (The Pittsburgh Press, January 17).

1940 "Superficial Personality Versus Character." Delivered to The Bellevue Round Table at the Women's City Club. (The Pittsburgh Press, February 22).

1940 "Some Psychological Phases of Propaganda." Delivered to The First Unitarian Church of Pittsburgh. (The Pittsburgh Press, November 9).

1942 "After the War -- What?" Forum Discussion. Delivered to and sponsored by the General Alumni Association Pittsburgh. (The Harrisburg Telegraph, March 6).

1942 Address, Talk Title Unknown. Delivered to the American Association of University Professors. (The Pittsburgh Press, April 5).

1942 Talk Title Unknown. Delivered to the University of Pittsburgh psychology forum. (The Pittsburgh Press, April 19).

References

73 Students of Stanford Will Receive Degree. (1920, November 1). *San Francisco Chronicle*, p. 9.

600 Dance at Country Club. (1922, June 12). *Reading Times*, p. 9.

Address is Made to Graduates on American Influence in Europe. (1913, May 20). *The San Francisco Examiner*, p. 7.

Address Social Workers. (1929, May 2). *The Pittsburgh Press*, p. 27.

'After War' Forum Topic. (1942, March 6). *Pittsburgh Sun-Telegraph*, p. 16.

Amongst The Churches – Presbyterian Missionary Speaks Here Tomorrow. (1940, November 9). *The Pittsburgh Press*, p. 6.
Anderson, K. (2015). *The Los Angeles State Normal School, UCLA's forgotten past: 1881–1919* (1st ed.). Lulu.com.
Announce Program For State Federation Convention Program To Be Held In Pittsburgh In May. (1938, April 7). *The Daily Republican*, p. 3.
Around the Town – Brief News Stories of Local Interest. (1942, April 19). *The Pittsburgh Press*, p. 48.
Barnes, H. E. (1968). *The evolution of penology in Pennsylvania* (Rev ed.). Patterson Smith Publishing Corporation. (Original work published 1927).
Becker, K. A. (2003). *History of the Stanford-Binet intelligence scales: Content and psychometrics* (Stanford-Binet Intelligence Scales, Fifth Edition Assessment Service Bulletin No. 1). Riverside Publishing.
Ben Avon Meeting. (1937, March 9). *Pittsburgh Sun-Telegraph*, p. 12.
Birge, S. (2000). *The country beyond: Based on the true story of a pioneer migrant, a step ahead of civilization, from Ohio to Kansas to California*. Writers Club Press.
Bregg, C. M. (1933, March 17). Program for institute on parent education to be comprehensive. *Pittsburgh Sun-Telegraph*, p. 24.
Brown, A. W., & Hartman, A. A. (1938). Survey of the intelligence of Illinois prisoners. *Journal of Criminal Law and Criminology, 28*, 708–718.
Calvin S. Nyce. (1926, June 4). *Pasadena Evening Post,* p. 2.
Child's Desire Vital, Is View. (1927, November 9). *Pittsburgh Post-Gazette*, p. 9.
Clubs List Prominent Lecturers. (1939, January 3). *The Pittsburgh Press*, p. 17.
Cox, W., Bixby, F. L., & Root, W. (1933). *Handbook of American prisons and reformatories* (Vol. I). Osborne Association, National Society of Penal Information, and the Welfare League Association.
Credit Men Given Advice By Pitt Psychology Head. (1934, October 10). *Pittsburgh Post-Gazette*, p. 15.
Crime and Criminals, Subject of Address. (1926, April 17). *The Pittsburgh Press*, p. 5.
Death Takes Dr. W.T. Root of Pitt Faculty. (1945, January 25). *The Pittsburgh Press*, p. 9.
Dr. Lindeman To Speak Here. (1931, October 7). *The Pittsburgh Press*, 22.
Dr. Root Appointed Dean At University: Department of Psychology Head Wins Promotion. (1935, September 16). *The Pittsburgh Press*, p. 6.
Educators Lecture At P.C.W. (1932, July 12). *The Pittsburgh Press*, p. 17.
Eileen Bushnell Married in Texas. (1941, August 7). *Keyport Enterprise,* p. 6.
Embezzlers More Intelligent Than Average, Says Savant. (1927, April 15). *The Pittsburgh Press,* p. 11.
Erbe, F. O. (1940). A study of the social backgrounds of life inmates at Ford Madison Penitentiary. *Journal of Criminal Law and Criminology, 31*, 167.
Extension Program Already Arranged. (1924, September 14). *Pittsburgh Daily Post*, p. 50.
Events Listed By Fraternal Groups. (1934, May 5). *Pittsburgh Sun-Telegraph*, p. 6.
Events Listed By P.T.A. Groups. (1934, April 21). *Pittsburgh Sun-Telegraph*, p. 6.
Faculty correspondence: Root, W.T. 1913 February–May, Box 8 Folder 10, Los Angeles State Normal School records (University Archives Record Series 1). UCLA Library Special Collections, University Archives, University of California, Los Angeles.
Giardini, G. I. (1942). The place of psychology in penal and correctional institutions. *Federal Probation, 6*, 29–33.
Gill, H. B. (1962). Correctional philosophy and architecture. *The Journal of Criminal Law, Criminology, and Police Science, 53*(3), 312. https://doi.org/10.2307/1141466
Green, C. D., & Cautin, R. L. (2017). 125 years of the American Psychological Association. *American Psychologist, 72*(8), 722–736. https://doi.org/10.1037/amp0000208
Group To Visit Mellon Institute. (1939, January 25). *Pittsburgh Sun-Telegraph*, p. 13.
Here And There. (1924, January 27). *Pittsburgh Daily Post*, p. 36.

Here And There. (1925, January 16). *Pittsburgh Daily Post*, p. 7.
Hold Church School Institute. (1933, November 18). *Pittsburgh Sun-Telegraph*, p. 4.
Jackson, J. D. (1934). The work of the psychologist in a penal institution: A symposium. *Psychological Exchange, 3*, 41–52.
Local Institute Session Today. (1938, March 7). *The Evening Standard*, p. 1.
Los Angeles State Normal School. (1905, June 30). *1905–1906 State Normal School Los Angeles California catalog*. https://registrar.ucla.edu/file/13bb7aa8-ee1b-4904-ba6c-89acc8ae5f73
MacCormick, A. H. (1931). *The education of adult prisoners: A survey and a program*. The National Society of Penal Information.
Magaletta, P. R., Butterfield, P., & Patry, M. (2016). Correctional settings. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *The APA handbook of clinical psychology: Roots and branches* (Vol. 1, pp. 539–549). American Psychological Association.
Magaletta, P. R., Patry, M. W., & Norcross, J. C. (2012). Who is training behind the wall? Twenty-five years of psychology interns in corrections. *Criminal Justice and Behavior, 39*, 1403–1418.
Magaletta, P. R., & Perskaudas, R. P. (2022). "The highest values are individual": The life and times of Eleanor Rowland Wembridge. *Psychological Services, 19*(3), 413–422. https://doi.org/10.1037/ser0000533
Manley to Address Hungry Club Diners. (1924, October 12). *Pittsburgh Post-Gazette*, p. 15.
Marianna Thomas Architects. (1994). *Eastern state penitentiary historic structures report* (Vol. 1). Author. https://www.easternstate.org/sites/easternstate/files/inline-files/history-vol1.pdf
Model Pupils Get Attention. (1939, October 12). *Pittsburgh Post-Gazette*, p. 24.
Morrow, W. R. (1946). The development of psychological internship training. *Journal of Consulting Psychology, 10*(4), 165–183.
Mrs. Calvin S. Nyce. (1907, November 18). *Reading Times*, p. 5.
Mt. Lebanon Group Sponsors Outdoor Event at Member's Home to Raise Fund for Tuesday Musical Piano Recitals – Invite Noted Guest Artist. (1939, June 25). *The Pittsburgh Press*, p. 47.
Names Trustees For State "Pen." (1927, June 11). *The Pittsburgh Press*, p. 12.
N.J.C. Graduate Receives Word Of Appointment From Capital. (1942, September 17). *The Central New Jersey Home News,* p. 17.
Nurses' Association. (1916, April 2). *The Los Angeles Times*, p. 26.
Open Council Meeting. (1927, January 25). *Pittsburgh Daily Post*, p. 11.
'Palestine' College Group To Have Illustrated Lecture. (1940, February 22). *The Pittsburgh Press*, p. 19.
Parent-Education Topic at Pittsburgh Conference Held at P.C.W. Friday. (1936, April 6). *The Daily Republican*, p. 6.
Pennsylvania Appoints Director of Parole. (1943, April–May). *Federal Probabation*, p. 55.
Pitt Alumni Will Discuss Post-War Era. (1942, March 17). *Harrisburg Telegraph*, p. 2.
Pitt Dean, Dr. Root, 62, Dies Of Heart Ailment. (1945, January 25). *The News-Herald*, p. 6.
Pitt Dean Guest At Auxiliary Meet. (1940, January 14). *The Pittsburgh Press*, p. 17.
Pitt Mothers' Club Names Programs. (1932, January 20). *The Pittsburgh Press*, p. 25.
Pitt Psychologist Speaks to Parents. (1933, January 8). *The Pittsburgh Press*, p. 27.
Pitt Psychologist To Address Club. (1935, February 26). *The Pittsburgh Press*, p. 23.
Pitt Teacher Is Promoted: Dr. William T. Root, Jr., Is Appointed Dean of Graduate School. (1935, September 16). *Pittsburgh Post-Gazette*, p. 9.
Pitt Lectures On Air Tuesday Through KDKA. (1929, September 29). *The Pittsburgh Press*, p. 86.
Poor Child Has Advantage of Rich Child, Teachers Are Told. (1932, July 13). *Pittsburgh Post-Gazette*, p. 9.
Practical Program Planned By Mt. Lebanon Women. (1929, November 8). *Pittsburgh Post-Gazette*, p. 15.
Prison Life to Be Studied At Graterford. (1934, July 12). *The Mercury*, p. 1.
Problem Child Address Topic. (1927, November 9). *The Pittsburgh Press*, p. 7.
Programs for Today. (1929, November 27). *The Pittsburgh Press*, p. 12.
Professors Arrange Parley. (1942, April 5). *Pittsburgh Sun-Telegraph*, p. 36.

Psychologist Guest of Women's Council. (1933, October 16). *The Pittsburgh Press*, p. 24.
P.T.A. Convention Program Outlined. (1927, October 16). *The Pittsburgh Press, 58*.
P.T.A. Council Plans Parents' Institute. (1936, February 28). *The Pittsburgh Press*, p. 33.
Pugh, E. W. (1911, August 20). Stanford and California Students Northward Bound. *The Los Angeles Times*, p. 102.
Pulpit Speaker. (1932, October 15). *Pittsburgh Sun-Telegraph*, p. 4.
Rector, F. L. (1929). *Health and medical service in American prisons and reformatories*. The Nation Society of Penal Information, Inc..
Root, W. T. (1921). A socio-psychological study of fifty-three supernormal children. *Psychological Monographs, 29*(4), i–85. https://doi.org/10.1037/h0093136
Root, W. T. (1922). The intelligence quotient from two viewpoints. *Journal of Applied Psychology, 6*(3), 267–275. https://doi.org/10.1037/h0070398
Root, W. T. (1932). The prison warden of the future. *The Prison Journal, 12*(2), 3–7. https://doi.org/10.1177/003288553201200201
Root, W. T., & Giardini, G. I. (1927). *A psychological and educational survey of 1916 prisoners in the Western penitentiary of Pennsylvania*. Board of Trustees of the Western Penitentiary.
Root Talks on Environment (1925, January 17). *Pittsburgh Post-Gazette*, p. 5.
Rosenzweig, S., Root, W. T., & Pearson, G. B. (1944). Education for clinical psychology. *Journal of Consulting Psychology, 8*(6), 354–359. https://doi.org/10.1037/h0060992
Routh, D. K. (2000). Clinical psychology training: A history of ideas and practices prior to 1946. *American Psychologist, 55*(2), 236–241. https://doi.org/10.1037/0003-066x.55.2.236
Says Education Out of Books Is Thing of Past. (1933, April 6). *New Castle News*, p. 10.
Serve Present, Not Future, Mothers Told. (1923, April 19). *The Pittsburgh Press*, p. 33.
Shadyside Hospital Auxiliary Sets Date For Annual Bridge Luncheon. (1940, January 17). *The Pittsburgh Press*, p. 17.
Social Workers Will Meet Today. (1936, December 6). *Pittsburgh Post-Gazette*, p. 17.
Speakers Urge Parole Board. (1926, October 20). *The Pittsburgh Press*, p. 37.
Stanford Regents Appoint Instructors. (1912, June 13). *San Francisco Call,* p. 6.
State Temple Sisterhoods Hold Biennial Assembly. (1929, November 2). *Pittsburgh Post-Gazette*, p. 14.
Sullivan, E. B., Dorcus, R. M., Allen, B. M., & Koontz, L. K. (1950). Grace Maxwell Fernald: 1879–1950. *Psychological Review, 57*(6), 319–321. https://doi.org/10.1037/h0063343
Terman, L. M. (1915). Research in mental deviation among children; a statement of the aims and purposes of the Buckel foundation. *Research Laboratory of the Buckel Foundation, 2*, 3–5.
The City and Environs.: Needs Increase. (1917, November 26). *The Los Angeles Times,* p. 8.
Three Big Investigations To Be Taken Up By Senate. (1926, March 22). *The Pittsburgh Press*, p. 24.
University Professor To Preach Sunday. (1925, January 17). *The Pittsburgh Press*, p. 6.
University, Stanford. (2017). *Alumni directory and ten-year book (graduates and non-graduates), 1891–1920* (Classic Reprint) (Vol. 3). Forgotten Books.
Vital Statistics: Deaths, Births, Marriages. (1914, June 29). *Los Angeles Express*, p. 19.
Wallin, J. E. W. (1955). *The odyssey of a psychologist: Pioneering experiences in special education, clinical psychology, and mental hygiene with a comprehensive bibliography of the author's publications*. J E Wallace Wallin. https://doi.org/10.1037/11126-000
Western State Penitentiary. (1932). *Biennial report of the Western State Penitentiary* (No. 1930–1932). Board of Trustees.
Western State Penitentiary. (1934). *Biennial report of the Western State Penitentiary* (No. 1932–1934). Board of Trustees.
Western State Penitentiary. (1936). *Biennial report of the Western State Penitentiary* (No. 1934–1936). Board of Trustees.
Western State Penitentiary. (1938). *Biennial report of the Western State Penitentiary* (No. 1936–1938). Board of Trustees.
Western State Penitentiary. (1940). *Biennial report of the Western State Penitentiary* (No. 1938–1940). Board of Trustees.

Weiss, A. (1938, April 9). *Penal parole system to be considered at state club sessions* (p. 6). The Pittsburgh Press.
Whitmer, L. (Ed.). (1935). *The psychological clinic* (Vol. 23). American Psychological Association.
Wilcox, C. (1927). The Parole of Adults from State Penal Institutions in Pennsylvania and in Other Commonwealths. Reprinted from the Report of the Pennsylvania State Parole Commission to the Legislature, 1927. Part II. University of Pennsylvania.
Williams, J. H. (1915). A study of 150 delinquent boys. *Research Laboratory of the Buckel Foundation, 1*, 3–4.
William F. Penn Delegate To The Prison Congress. (1930, May 14). *The Daily Notes*, p. 5.
Y.W.C.A. Fall Classes To Open October 1; Registration Starts. (1923, September 23). *Pittsburgh Daily Post,* p. 10.
Y.W.C.A. Will Hold Clinic For Families. (1937, March 12). *Pittsburgh Sun-Telegraph*, p. 4.

Chapter 2
Correctional Psychology Pioneer: Edgar A. Doll (1889–1968)

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Edgar A. Doll (1889–1968)

Edgar Arnold Doll was born to Katherine Radermacher and Arnold Doll in Cleveland, Ohio, on May 2, 1889 (Farnum, 2004). Over the 79 years of his life (Farnum, 2004), Edgar effectively reshaped the United States' approach to prison management and clinical psychology's method in working with the mentally deficient through his involvement in the American Psychological Association (APA) and spent time as both a researcher and clinician. Many of his accomplishments have been briefly noted in a comprehensive biography written by his son (Doll, 1996). These accomplishments include publishing an article "A Brief Binet-Simon Scale" (Doll, 1917), creating the "Sheltered Workshop for the Mentally Retarded" (Doll, 1958, p. 3), conducting the first "mental survey of an entire prison population" (Doll, 1996, p. 170), constructing the "Preschool Attainment Record" (Doll, 1996, p. 180), and authoring the "Vineland Social Maturity Scale" (Doll, 1936), which is still used to this day in intelligence testing as the "Vineland Adaptive Behavior Scales" (Sparrow, 2011a, pp. 2618–2621) and the "Vineland Adaptive Behavior Scales II" (Sparrow, 2011b, pp. 2621–2623). Edgar's contributions to intelligence testing serve as a paragon of the lasting impact psychologists can create in the field of intellectual assessment (see Doll, 1996). This paper will cover these

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and other accomplishments. We are indebted to the works already published by and about Edgar, particularly his biography written as a chapter by his son, Eugene E. Doll in Doll (1996) which we cite throughout the paper. It is our hope that this chapter will build on the work that has already been done.

Biographical Data: Childhood (1889–1908)

Edgar's father was born in Waterloo Co, Ontario, Canada in 1853, and his mother was born in Cleveland, Cuyahoga County, Ohio in 1855 (Edgar Arnold Doll, 2022). He was the youngest of five children, all of whom relied on hard work and shared responsibility to survive (Doll, 1996). As a young child, his father was employed at a cement factory (Doll, 1996), which was in line with employment trends of this time, with industrial work in cities becoming increasingly common (Library of Congress, n.d.). At this factory, his father's ingenuity enabled him to create an invention that significantly increased the factory's production, but shortly after he was released from his position (Doll, 1996). Job instability and challenges in securing employment opportunities were prevalent at this time due to a financial depression in America that began in 1893 (Library of Congress, n.d.). In order to ensure their financial stability and maintenance of their recently built home in Ohio, Edgar, like his parents and siblings, needed to work (Doll, 1996). Accordingly, Edgar began delivering newspapers and picking berries, among other work to help the family (Doll, 1996, p. 167), as laws limiting such child labor did not exist during this period (Children Working in Berry Fields in Maryland 1900s, 2020). Edgar's early introduction to shouldering responsibilities molded him into a hardworking, determined man – personality traits that remained constant throughout Edgar's personal and professional life.

In addition to contributing to his family's income, Edgar's childhood was filled with many opportunities for personal growth. For example, an important figure in his childhood was an Episcopal Church rector with whom he learned from as he developed his spiritual beliefs (Doll, 1996). Edgar's son, Eugene, later cited this rector and Edgar's mother as the two "most important formative forces" in Edgar's life (Doll, 1996, p. 167). As a high schooler, Edgar involved himself in a variety of extracurricular activities, including as a violin player (Doll, 1996). These activities exemplify his lifelong pattern of proactively seeking engagement in an assortment of pursuits, and it is likely that, due to these early life experiences, diligence was a consistent theme in Edgar's life.

Undergraduate Education (1908–1912)

Following his high school graduation, Edgar continued his fervent pursuit of intellectual development by enrolling at Cornell University (Doll, 1996). This was a challenging decision for him to make because his mother was wholeheartedly

supportive, but his father voiced concerns; the reason is unnoted (see Doll, 1996). Edgar decided to study at Cornell University, and his mother generously agreed to subsidize his tuition using money from her "household allowance" (Doll, 1996, p. 176), enabling him to dedicate his free time to extracurriculars and his studies (Doll, 1996).

During his time as a college student, he continued to involve himself in a wide range of activities. For example, Edgar continued his musical skills as he participated in the choir throughout his education at Cornell University, and he was cast as an actor in a play sponsored by the university's German Department (Doll, 1996). As a freshman, Edgar wanted to major in psychology but was encouraged to major in education by his mentor, Guy Montrose Whipple (Doll, 1996), a renowned psychologist who contributed to the field of education, psychology of giftedness, and assessment (Jolly, 2007). During his time at Cornell University, Edgar minored in psychology and developed a mentorship relationship with Edward B. Titchener (Doll, 1996). Titchener was a prominent psychologist who was a professor at Cornell where he pioneered a psychology lab, the first of its kind in the United States (Edward B. Titchener, 2008). Titchener's prominence as a psychologist developed after studying under Wilhelm Wundt and developing "structuralism" (APA Dictionary of Psychology, 2022). Salient to note is that Titchener's psychology laboratory at Cornell University was founded in 1891 (Classics in the History of Psychology, 2000), roughly 20 years prior to Edgar's enrollment, meaning both the field of psychology and opportunities for conducting psychological research at Cornell were both in the beginning stages of their development.

Through his work with Titchener, Edgar developed a special interest in the development of gifted children (Doll, 1996). When Edgar began his studies at Cornell University, Titchener served as an associate editor of the *American Journal of Psychology* in which he was given the freedom to publish a "sizable number of the pages" (p. 504) in each issue (Proctor & Evans, 2014). With this privilege, he often encouraged his graduate students to publish articles in this journal (Proctor & Evans, 2014). While Edgar was not a graduate student yet, perhaps exposure to the behind-the-scenes of psychological publications and research was a contributing factor to Edgar's interest in psychology. At this time, intelligence was a burgeoning topic, with Goddard publishing *The Binet and Simon Tests of Intellectual Capacity*, his translated version of Binet's scale, in 1908 (Ludy, 2009). As stated above, in 1912, Edgar graduated from Cornell University and obtained an A.B. in education (Edgar A. Doll, president, 1941; Fagan & Warden, 1996; Ohles et al., 1997, pp. 88–89).

Graduate Education and Army Service (1912–1920)

During the year directly following his undergraduate education at Cornell University, Edgar began teaching experimental psychology at the University of Wisconsin from 1912 until 1913 (Edgar A. Doll, President, 1941; Ashwal, 2021; Ohles et al., 1997, pp. 88–89). In 1913, Edgar focused on his professional development as exemplified

in his research and clinical work as a psychologist until 1917 at the Training School located in Vineland, New Jersey, which is often referred to as the "Vineland Training School" (Ohles et al., 1997, pp. 88–89). As he became connected with The Vineland Training School, he eventually joined the Vineland staff as an assistant psychologist (Fagan & Warden, 1996). Here, in the Vineland Lab, he worked alongside E. R. Johnstone and another colleague, H. H. Goddard, which influenced his work in mental measurement (Edgar A. Doll, president, 1941; Reynolds, 2014).

The Vineland Laboratory was unique in that it exclusively studied persons with intellectual disability (Reynolds, 2014). The lab's studies on mental defects from 1913 until 1917 were unparalleled (Edgar A. Doll, president, 1941; Fagan & Warden, 1996; Reynolds, 2014). The Vineland Training School focused on education, unlike their contemporaries who focused on medicine (Sparrow, 2009). Residents lived in spaces similar to small cottages and not dormitories typical of institutions of the period; the cottage arrangement fostered less dependency and more autonomy by teaching necessary skills for living (Sparrow, 2009, p. 5). In his first year at the school, the book *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* was published by Henry Herbert Goddard with assistance from Elizabeth Kite (Doll, 1996). Due to criticism for having an untrained person conduct tests (i.e., Kite), Edgar was asked to retest the participants in the study (Doll, 1996). Edgar confirmed Kite's estimates as even more reliable than his (Doll, 1996). Not long after, Edgar received another job offer but decided to stay at Vineland due to a burgeoning relationship with Agnes Louise Martz, the niece of the superintendent and a teacher at the school (Doll, 1996). The two were engaged to others when they first met but both broke off their engagements and married each other on the last day of June in 1914 (Doll, 1996; Ohles et al., 1997). Edgar had two sons with Agnes (Edgar A. Doll, president, 1941). Edgar worked at Vineland during this period for 5 years. In 1916, Edgar went on to receive an education degree, specifically a "Master of Paedology" (Pd.M; Fagan & Warden, 1996, p. 114) from New York University (Edgar A. Doll, president, 1941; Fagan & Warden, 1996; Ashwal, 2021). His Master's thesis was entitled: "Anthropometry as an Aid to Mental Diagnosis" (Doll, 1996). Stemming from this research, Edgar continued to examine intelligence and published "Clinical Studies in Feeble-Mindedness," which explored the similarities between "high-grade retardation and the lower reaches of normal intelligence" (Doll, 1996, p. 168). This was published shortly after receiving his Master's in 1917 and asserted that intelligence should be fully examined as a clinical diagnosis, beyond a single score on an assessment, especially given the overlap of scores with low functioning and high functioning persons (Doll, 1996). This assertion served as the cornerstone for his subsequent professional endeavors.

In addition, his article, *A Brief Binet-Simon Scale*, was also published in 1917 (Doll, 1917). The article was noteworthy because he concluded that the brief intelligence measure led to similar classifications as more extensive scales, meaning the brief scale could be beneficial for certain situations that require brevity and swiftness, such as for a large body of students (Doll, 1917). From 1917 to 1920, Edgar completed his graduate degree in psychology by earning a PhD at Princeton in 1920, while simultaneously juggling the responsibilities of being highly involved in

the "Division of Education of the New Jersey Department of Institutions and Agencies" (Doll, 1996; Ohles et al., 1997, pp. 88–89).

Edgar had delayed his doctoral education at Princeton to serve in the US Army, a position in which he volunteered (Doll, 1996). For 2 years beginning in 1917, Edgar "served in the U.S. Army Sanitary Corps on the Psychological Examination Board" (Ohles et al., 1997, p. 88). While with the Army, Edgar examined the intelligence of successful newly enlisted men and found thousands of soldiers with the intellectual ability equivalents of "morons," a name Doll did not like but was created in 1910 by Goddard (Doll, 1996). This began his "lifetime interest in differential diagnosis" (Doll, 1996, p. 169). In 1919, Doll accepted the request to evaluate the intelligence of prisoners prepared for parole (Doll, 1996). This study, with 839 prisoners of diverse backgrounds in a New Jersey institution compared to 6541 white enlistees of the draft at Camp Dix, New Jersey, found that inmates scored below recruits (Doll, 1920a, 1996). However, before drawing conclusions, it must be noted that several of the participants in the prison were not from the United States, and it is unclear if both groups had the same level of education or reading comprehension (see Doll, 1920a, p. 196).

While still in the Army, also in 1919, Edgar tested all 800 men in the prison of New Jersey with the Army Alpha (David, 1962). This assessment of intelligence was groundbreaking as it was likely the first-time men in prison received such an evaluation (Doll, 1996). The classification system created as a result of this survey (discussed at length later in this chapter), used to classify inmates at the New Jersey State Prison, was accepted and applied to prisons at the state and federal levels (David, 1962).

After his work in the Army, Edgar returned to his fellowship at Princeton in 1919 to continue his graduate studies (Doll, 1996). Here, he wrote his dissertation which was entitled *The Growth of Intelligence* (Doll, 1920b). Edgar's dissertation focused on intelligence growth and questioned the stability of intelligence (i.e., the belief that intellectual ability remains relatively consistent across the lifespan; Doll, 1920b, 1996). More specifically, Edgar's work argued that there are irregularities and variability in changes in intelligence of participants, but that after age 15 intelligence typically does not rise substantially (Doll, 1920b). In other words, intellectual ability constancy is "markedly variable in individual cases" (Doll, 1920b, p. 128). Therefore, he concluded that intellectual ability constancy is not a useful theory to summarize the growth of intelligence because of this variability among individuals (Doll, 1920b). In addition, he discussed the importance of scrutinizing methodological considerations of intelligence testing. Specifically, he advocated for careful consideration of the strengths and weaknesses of assessments of intellectual ability used to measure intelligence at the time of his dissertation (e.g., the revised Stanford Scale as compared to the Goddard Scale) (Doll, 1920b). Furthermore, he emphasized the importance of considering the actual age when interpreting mental age and mental deficiency, a practice that was not consistently used at the time, as there were instances in which the actual age was unavailable when trying to interpret intelligence (Doll, 1920b). Importantly, the conclusions of his dissertation were scrutinized in some circumstances. More specifically, his

work was questioned and denigrated by some who were strong advocates for the constancy theory of intellectual ability at the time (i.e., Terman; Doll, 1996).

Early Career (1920–1930)

In 1919, Edgar received a fellowship from Princeton University (Edgar A. Doll, president, 1941) and became the "Director of the Division of Education for the New Jersey Department of Institute and Agencies" (p. 114) from that year until 1923 (Fagan & Warden, 1996). In 1920, he received his Doctor of Philosophy in Psychology from Princeton upon completion of his dissertation (Fagan & Warden, 1996).

Upon graduation from Princeton University, Edgar became New Jersey's first psychologist, a position he was appointed to and served in from 1919 to 1923 (Doll, 1996, p. 172; David, 1962). He provided recommendations to the New Jersey State Prison in Trenton, New Jersey, to aid the development of prisoners. In particular, Edgar advocated for the improvement of academic instruction for prisoners, updated policies for managing individuals in prison with an intellectual disability, and for a more efficient (centralized) system of maintaining information about prisoner's history and crime so that psychologists could use this information when working with and providing recommendations for prisoners and prisoner treatment (Doll, 1996; New Jersey State Prison, 1970). He reflected on his experience with prisoners and how this framed his understanding of "feeble-mindedness," in a few publications during this time (e.g., Doll, 1923a, b).

After facilitating departmental changes, Doll accepted the position as lead of the "Education and Classification Division" (p. 172) of New Jersey (Doll, 1996). The Bureau of Education and Classification in New Jersey was responsible for the review of clients deemed "feeble-minded" and subsequently made decisions of service placement (Handbook of state institutions and agencies, 1928). Notably, he conducted a survey of New Jersey fifth-graders in collaboration with John Ellis (Doll, 1996). For New Jersey, Edgar chaired the "Advisory Committee of Psychologists for statewide testing" Vineland Training School (Doll, 1996, p. 173). This proved to be a wise decision as his most major contribution came about in this position, which he held until 1949 (Fagan & Warden, 1996). During this time, he developed the Vineland Social Maturity Scale; an influential and groundbreaking tool, still widely used, to assess social ability (Reynolds, 2014). Edgar was instrumental in the creation of the social quotient (Ohles et al., 1997). The social quotient (SQ) is a ratio of social age divided by chronological age; more specifically, it provides an interpretation of whether children engage in socially appropriate behaviors for their age level (Lurie et al., 1941). Defining social competence during this time was difficult because the term was used to describe different phenomena in various fields or research areas, including education, psychopathology, research in intellectual disability definition, and areas investigating developmental causes (Zigler & Trickett, 1978).

The Vineland Training School, or Vineland Laboratory, was designed to examine a myriad of topics related to mental deficiency in people, regardless of age, such as the etiology, practical outcomes, individual differences, and the treatment of this cluster of symptoms (Doll, 1937a). The school included three branches: "research, clinical, and clerical" (Doll, 1937a, p. 29). The research branch investigated mental deficiency using current scientific methods, without restriction and with academic freedom in study design and methodology as long as the psychologists focused on mental deficiency; the clinical branch focused on examination, classification, and case studies to improve practice approaches; the clerical branch organized data of research participants, maintained case history information, and performed all necessary stenographic services (Doll, 1937a).

Edgar would spend the following 25 years at the Training School in Vineland (Sparrow, 2009), which comprised research and practice (Doll, 1996). As Research Director, Edgar began working with Cecelia Aldrich from his first year to investigate those with mental deficiencies, differentiating their abilities to neurotypical children, babies, and even apes (i.e., chimpanzees; Aldrich & Doll, 1931; Doll, 1996; Walker, 1991). Aldrich and Doll (1931) used techniques designed to examine chimpanzee problem-solving behaviors but applied them to investigate people with intellectual disabilities. They provided children with a series of problem-solving tasks. These tasks involved moving a series of boxes in order to reach a "lure" (something desirable to be obtained) hanging by a string (Aldrich & Doll, 1931, p. 140). The lures included a brightly colored ball, a ball with a cookie, and a banana (Aldrich & Doll, 1931, p. 143). Aldrich and Doll (1931) discuss the importance of using problem-solving as a way of understanding the cognitive capacity of those with intellectual disability, particularly with limited, or nonexistent, language capability.

While Director of Research at Vineland, Edgar developed "The Classification System at the New Jersey State Prison" (Whitin, 1930, p. 523) in 1927, a significant contribution to the corrections system, particularly in correctional education, such as job training (Doll, 1996). One of the major results of this system was the separation of the various types of offenders into four similar groups of prisoners – the better class, the antisocial or habitual criminal class, defective delinquents, and subnormal prisoners (Whitin, 1930, pp. 523–524). After the intake evaluation, the inmate could be grouped in one of the above four classes to receive the appropriate training for that class (Whitin, 1930).

Doll, along with colleagues, published a ground-breaking report, *Mental Deficiency Due to Birth Injuries,* which received attention by the *Journal of American Medical Association* in the form of a book review (see JAMA Network, 1932). This publication filled an important gap in the literature of the time, understanding intellectual disability in those with impairments in their ability to walk and talk (Doll et al., 1932b). The report focused on cerebral palsy, and the research was innovative in its use of motion pictures to investigate intellectual disability of those who have brain injuries noticed at birth (Doll, 1996; Doll et al., 1932a, b). These slow-motion pictures involved taking photos of the manner of walking among cerebral palsy patients; a graphing technique was developed to allow improvements in

strides to be pictorially and quantitatively recorded (Doll et al., 1932a, b, p. 251). In particular, slow-motion pictures were used to understand the movements of patients diagnosed with cerebral palsy with athetosis (Doll et al., 1932a, b), involuntary muscle movement of the limbs (Cardoso, 2010). The use of motion pictures allowed the researchers to document the contractions as they occur in a series along the arm of patients (Doll et al., 1932a, b). This study was unique in its focus on practical ways to prevent at least some of the symptoms of cerebral palsy (Byers, 1934; Doll et al., 1932a, b). His work also focused on finding the most effective ways to measure intelligence among cerebral palsy patients. Doll et al. (1932a, b) noted that current methods are limited for this population due to intellectual testing requiring the ability to speak and move. Findings suggested that the Stanford-Binet intelligence test appears to be the best way to measure intellectual ability for those with cerebral palsy with speech and motor impairments (Doll et al., 1932a, b).

Mid-career (1930–1940)

Consistent with his early career, Edgar continued to be interested in a more accurate approach to intellectual testing that included social functioning (Ashwal, 2021). He advocated for an understanding of a person's abilities, and importantly, that how an individual functions in society is an important aspect of intelligence that should be considered (see Ashwal, 2021). In his early writing (e.g., Doll, 1921), within the context of juveniles, he asserted for the creation of vocational assessments that assess individual's ability for various jobs (e.g., construction, repair) and suggested that researchers should develop new measures or modify from available materials. As an example, he suggested that toys (e.g., construction sets) could be modified to be used as measures of "constructive ability and manual dexterity" (p. 338) among children (Doll, 1921). Likewise, with his early work with prisoners, he stated his belief that character traits (e.g., personality and dispositions) are salient predictors of criminal behavior, above and beyond the influence of intelligence (New Jersey State Prison, 1970, p. 122). Accordingly, Doll further advocated for the development of tools to differentiate between personality dispositions and intellectual ability (New Jersey State Prison, 1970).

These early perspectives had a major influence on one of his most well-known and enduring contributions: the Vineland Social Maturity Scale (1936). This scale is designed to measure social and life skills used by the average person every day and is currently understood as a measure of adaptive behavior (Pearson Assessments, 2023). According to Sparrow (2009) the scale was originally standardized among a sample of New Jerseyans; Edgar then published a revised manual in 1953 (Doll, 1953). The scale was different than other assessments of intellectual ability as higher ability was not measured by abstract cognitive ability, but the focus was placed on clients' ability for daily activities (such as following directions) and whether they could take care of themselves (Doll, 1996, p. 178; Village Views Newspaper, 1935). The scale involves interpreting whether current behavior is appropriate when considering a person's age level; Doll stressed that social maturity

is "defined by typical performance, not ability" (Sparrow, 2009, p. 6). Edgar believed that cognitive deficits must be understood through the lens of a person's daily behavioral skills and the functionality, or lack thereof, of those skills (Doll, 1996; Sparrow, 2009). He emphasized that intelligence is important because of its influence on others. For Edgar, how intelligence serves in practical interactions with the social environment for the well-being of a person is what is really valuable and therefore needs to be assessed (Doll, 1940). Leading organizations for those with intellectual ability agreed with Edgar's conclusions, and in 1975, the federal government required that intellectual disability (i.e., "mental retardation" p. 6) cannot be captured without measuring adaptive functioning (Sparrow, 2009).

Edgar's work during this time at Vineland was productive, innovative, and attracted scholars and collaborators to work with him (see Doll, 1996). His work at the time was recognized for its scientific rigor and its usefulness to real-world problems (Byers, 1934). Meanwhile, Edgar made a presidential address to multiple organizations while at Vineland during this period, including the American Association on Mental Deficiency and the American Orthopsychiatric Association (Ashwal, 2021; Doll, 1937b). In 1936, he spoke as the president of the American Association on Mental Deficiency; consistent with his work on the Vineland Social Maturity Scale, Edgar asserted his stance on the importance of social ability in assessing intellectual disability (Ashwal, 2021). In 1937, Edgar spoke as the president of the American Orthopsychiatric Association about the challenges in determining the behaviors children should have mastered at different developmental stages and the value of measuring how the child actually behaves instead (Doll, 1937b). Furthermore, he noted that children's lack of knowledge is often the result of poor teaching done at the wrong moments in development (Doll, 1937b). Edgar's speech was truly revolutionary in that he emphasized that professionals, including psychologists, should not simply focus on what children and parents are doing wrong, but what they are doing right; not simply on the children with issues, but the real issues these children experience (Doll, 1937b). Notably, during this time, Edgar served as a committee member of the International Council of Exceptional Children and the American Association for Applied Psychology, as well as was elected to serve the Emergency Committee in Psychology as the chairman of the Subcommittee on Mental Deficiency (Doll, 1943, pp. 48–50).

Toward the latter end of Edgar's mid-career, significant events happened in his personal life. Edgar's first wife, Agnes Martz, died in 1937 (Edgar A. Doll, president, 1941) after succumbing to an illness, survived by him and his two sons (Doll, 1996; Edgar A. Doll, president, 1941). Later during his tenure at Vineland, Edgar married his second wife, Dr. S. Geraldine Longwell on December 28, 1938 (Ohles et al., 1997, p. 88). Geraldine Longwell Doll worked at Vineland initially as a fellow under Doll's leadership before her appointment as a clinical psychologist at the school; a highly educated scholar with a PhD from Columbia, she was well-known for her contributions in special education (*Doll, Edgar A. (Edgar Arnold), 1889-*, n.d., para. 4). Their marriage occurred 15 months after the death of Agnes, and Edgar experienced resistance by some family due to its rapidness (Doll, 1996). Two additional children were born to Edgar after this second marriage, including a daughter (Doll, 1996).

Late Career (1940–1949)

In his later career, Edgar's writing and committee work in national organizations focused on activities that demonstrated his expertise in "feeble-mindedness," his experiences at Vineland, and his highly regarded status in the field of psychology. For example, Edgar wrote a summary of the Vineland Laboratory Internship Program in his later career (Doll, 1946), which described the goals and structure of the program. As alluded to previously, Edgar served as the chair of the Subcommittee on Mental Deficiency, and as such he was a voice for the committee in several professional organizations: the American Association of Applied Psychology, the American Association on Mental Deficiency, the International Council of Exceptional Children, and the American Orthopsychiatric Association, and the Emergency Committee in Psychology (Doll, 1943, pp. 48–50). The Subcommittee on Mental Deficiency had explicit goals of defining mental deficiency, representing psychology to the interdisciplinary organizations, and focusing on how mental deficiency and broader psychological concepts were important to historical contexts of the time (e.g., after WWII; Doll, 1943).

Important to note was his service as chair of the subcommittee for the Emergency Committee in Psychology and his contributions to the field during World War II (Doll, 1943; Dallenbach, 1941, 1946). The Emergency Committee in Psychology was an organization established in 1940 by the "Division of Anthropology and Psychology of the National Research Council" (Dallenbach, 1946, p. 497). The Emergency Committee was tasked to prepare psychology for WWII (Dallenbach, 1946) and consisted of many subcommittees. In addition to the Subcommittee on Mental Deficiency, Edgar also served on the "Subcommittee on Listing of Personnel in Psychology" (Dallenbach, 1946, p. 514), and the "Subcommittee on Survey and Planning" (Dallenbach, 1946, p. 502). Importantly, the creation of at least one subcommittee was the direct result of Edgar's expertise. Edgar was invited by the Emergency Committee to present information on the problem of mental deficiency in relation to WWII and provided specific recommendations to improve the problem; his presentation to the Emergency Committee was so persuasive that the Subcommittee on Mental Deficiency was immediately established upon completion of his presentation (Dallenbach, 1946). The subcommittee completed many projects during this time, such as (1) conducting a study that demonstrated that, on average, those who are incarcerated were not fit for work in military service or war industries as their achievements were found to be minimal, (2) providing recommendations on forming the definition of mental deficiency which the military used to screen potential service members, (3) presented on mental deficiency, the military, and wartime concerns for the American Association on Mental Deficiency conventions and at the Vineland Training School, and (4) provided recommendations on assessments to determine mental deficiency (Dallenbach, 1946). Edgar also served on the Emergency Committee as a member of the Subcommittee on Listing of Psychological Personnel, tasked with naming psychologists across the nation who could assist with determining the intellectual ability of those enlisted in the military (Dallenbach,

1941, 1946). These local psychologists were expected to work closely with Selective Service Boards, making the work of this subcommittee (to list the psychologists throughout the United States who were qualified for this work) very important given the wartime efforts (Dallenbach, 1946). Upon completion of this task, the subcommittee established lists of psychologists who were subject to call for military service, in the hopes that they could eventually be placed in military psychology training schools (Dallenbach, 1941). In addition, Edgar served as a member of the Subcommittee on Survey and Planning (Dallenbach, 1946), which met eight times at Vineland Training School between 1942 and 1944 to conduct their official business. Of note, this committee recommended the establishment of articles and committees which focused on post-WWII training and service in psychology (Dallenbach, 1946).

Retirement (1949–1968)

After a remarkably productive career, Edgar retired at the age of 60 from the Vineland Training School (Doll, 1996, p. 179) and served as research coordinator for the Devereux Schools until 1953 (Fagan & Warden, 1996; Ohles et al., 1997). According to national trends at the time, Edgar's retirement was approximately 5 years sooner than the average male American's retirement (Gendell & Siegel, 1992, p. 27). It appears that Edgar's early retirement was due to being "forcibly retired–without a pension–from The Training School by its new director, Walter Jacob" (Doll, 1996, p. 179). Although it is unclear why Edgar was asked to leave against his own will, it does parallel Edgar's father's removal from his job at the cement factory so many decades earlier, despite his valuable contribution. This time, however, Edgar nor his family was forced to engage in menial labor, but instead he and his wife continued to pursue professional endeavors and remained an active participant in the world of psychology (Doll, 1996). For example, he served as a consulting psychologist/special education director in the state of Washington for public schools in the city of Bellingham (Doll, 1996). He continued to be involved in national organizations including the American Psychological Association's (APA) Division for Clinical Psychology (*Doll, Edgar A. (Edgar Arnold), 1889*, n.d.). During the summers, he taught at Western Washington State College, accompanied by his second wife, Geraldine Longwell, who also worked here as a psychologist serving Bellingham's schools (Doll, 1996; Nicoll, 2022). Edgar and Geraldine collaborated to create a unique approach to special education in which "individual placement, practical training, and lifetime planning" were foci (Nicoll, 2022, p. 119).

After establishing himself in this role as coordinator of the Devereux Schools, Doll began to practice the things he had only earlier advocated. He was now able to develop programs that were innovative, such as helping students with special needs by making sure the teachers who taught them were competent to handle their individual needs (Doll, 1996). He created a program of special education, drawing from

his many years of relevant experience. In this new role, he offered unique services to both parents and children with special educational needs. His hands-on approach provided individualized care to these families. Prior to working with students, he consulted with their parents to gain insight into their child's personal tendencies, functioning, and personalities (Doll, 1996). Based on information gleaned from these meetings, he created interventions. Through Edgar's program, students were assigned to teachers who could best meet their needs (i.e., their "personal aptitudes, and professional temperaments, sex, age, interests, and so on," Doll, 1960, p. 93) rather than assigning students to classes by their disabilities alone (Doll, 1996, p. 179). Each class was small, comprising 12–15 children with a disability, but they were able to engage in the normal activities of the school, with the coursework tailored to their needs (Doll, 1960, p. 93). Some students who could function at a relatively higher level received some level of education. For students whose prognosis was indicative of them not likely being able to live independently, a unit was created in which they had the opportunity to engage in entry level work commensurate for their ability (e.g., washing dishes, babysitting, manual labor), and learn other responsibilities necessary for success (Doll, 1996, pp. 179–181). Other students were deemed to be "intellectually subnormal slow learners" (Doll, 1960, p. 94). Although these children demonstrated low intelligence as measured through verbal skills, they were able to develop other competencies such as "physical education, arts, crafts and industries, music, and other areas which are socially significant, and which may become vocationally rewarding" (Doll, 1960, p. 95). The instruction in these programs was catered to meet the students' needs and, accordingly, learning was done in a spoken manner, without tests requiring writing. (Doll, 1960, p. 95). In *Classroom Management of Slow Learners,* Doll asserts this innovative approach is advantageous to students, parents, and teachers alike because by providing students with specialized educational opportunities teachers are not tasked with altering the coursework to the special needs of the children themselves, a challenge to do in a mixed class, and the students have their needs met (Doll, 1960, p. 95). In addition to outlining logistic characteristics of ideal programs, Edgar also described qualities that educators of students with special needs should have. In Edgar's professional opinion, the best teachers who plan to work with children with intellectual disability need to demonstrate empathy toward the child, a true understanding of child development, and the methods of evaluation for intellectually disabled children (Doll, 1961, p. 493). Although his retirement may have come involuntarily, it allowed him to demonstrate in practice what had been, until that point, only an idea.

An additional line of work Edgar facilitated during his 60 s was his creation of the "Workshop and Occupational Education Programs for the Mentally Retarded" (Doll, 1958 as cited in Doll, 1996, p. 180) in Bellingham, WA. In his paper titled *Sheltered Workshops for the Mentally Retarded*, Doll (1958) notes that the goal of the workshop is focused on young adults with intellectual disability for mental and social well-being (p. 3). Edgar's workshops were consistent with his definitions of what constituted intellectual disability, or the term used in that era, "mentally retarded."

Edgar's definition is elucidated by the President's Panel on Mental Retardation in 1962, where there was no consensus as to what defined those with an intellectual disability (i.e., mentally retarded); thus, there was confusion and a lack of consistency when identifying and supporting these populations (Willenberg, 1963, pp. 5–8). Edgar proposed two different conceptualizations of "mental retardation" (p. 487) (i.e., "intellectual subnormality" and "clinical mental deficiency," p. 487), with each of these needing its own considerations and supports (Doll, 1961). Edgar defined intellectual subnormality as occurring when an individual scored significantly below their norm group on a standardized assessment of intelligence. These individuals tend to demonstrate "subnormal academic achievement" (Doll, 1961, p. 487) and function independently. Conversely, those with low scores on intelligence tests were considered to have clinical mental deficiency when they also demonstrated "overall developmental deficiency" (Doll, 1961, p. 487). These individuals experience extreme social challenges and require assistance to complete activities of daily living. Edgar asserted that to support these individuals most effectively, it is best practice to provide separate academic opportunities with distinct coursework (Doll, 1961, p. 487).

Edgar emphasized social incompetence as the "ultimate criterion" (p. 6) in determining intellectual disability (Willenberg, 1963). Accordingly, his programming intentionally incorporated opportunities to develop social competencies and prioritized social skills above academics (Doll, 1961, p. 492). Therefore, this was with Edgar's "Workshop and Occupational Education Programs for the Mentally Retarded," which he envisioned were characterized by creating an environment with "companionship, fun, recreation, belonging" (Doll, 1958, p. 4). Given that work is an important part of belonging and a way for someone to contribute as part of society, his workshop allowed participants to take part in household chores, miscellaneous neighborhood activities, repair work, providing care for others, or engaging in other labor, including paid employment (Doll, 1958). In order to match participants with appropriate workshop activities, Edgar suggested that a popular label of the era, "educable" (p. 4) be reconceptualized as one's prognosis for effective social skills, with less attention to one's academic abilities (Doll, 1958). Edgar's goal in articulating his perspective was to transform and expand the field's view of workshops for this population into a comprehensive, hopeful idea for the future of such interventions (Doll, 1958).

Doll continued to be productive well past his 60s. At the age of 77, Edgar constructed the "Preschool Attainment Record (PAR)" (Doll, 1996, p. 180), an assessment modeled similarly to Edgar's Vineland scale but for children 7 years and younger with special needs (Doll, 1996). The PAR assesses areas including "social training (self-help), neuromuscular coordination, social conformity, language, information, sensory status, creative imagination, concept development, and behavior dynamics." (Doll, 1996, p. 180). Although never standardized, this assessment tool was valued by The American Guidance Service who sold it for several decades after Edgar's passing (Doll, 1996, p. 181).

Edgar continued to contribute to the field of psychology until his death on October 22, 1968 (Doll, 1996; Fagan & Warden, 1996; Ohles et al., 1997). Doll was

survived by his second wife (Geraldine), his four children (Eugene, Bruce, Robert, and Katherine), two grandchildren, and several other relatives (Farnum, 2004). His memorial service was conducted on Friday, October 25, 1968, and he was cremated (Farnum, 2004).

Conclusion

Edgar Doll's contributions to the field of psychology and intelligence testing has been extraordinary, and his innovative work made him a pioneer in correctional psychology. His work challenged accepted beliefs of the era; for example, that intellectual disability caused criminal behavior (Doll, 1996; New Jersey State Prison, 1970; Sparrow, 2009). Instead, he was among the first to state that personality traits such as "defects in temperament, emotion and will are undoubtedly more important than intelligence in the psychological causes of criminality" (New Jersey State Prison, 1970, p. 122). His classification of the incarcerated for different work duties was foundational to the future development of such systems in prisons (Doll, 1996) and was influenced by Edgar's belief that "prisoners are not all alike even though they may look alike to the uninitiated. People differ inside prison just as they do outside" (Adler, 2006, p. 117).

Edgar's significant contributions to the field of psychology, as well as corrections, are illustrated by his enduring legacy in numerous ways. For instance, the Edgar A. Doll Award is awarded annually by Division 33 of the American Psychological Association with the goal of honoring "an individual for their substantial contributions to the understanding of intellectual or developmental disabilities/autism spectrum disorder throughout their career" (American Psychological Association, 2010, para. 1). In 1972, in Bellingham, Washington, a building was constructed in his honor, the "Edgar A. Doll Developmental Center" (p. 89), to serve the population to which he devoted much of his life's work, people with intellectual disabilities (Ohles et al., 1997).

Conflicts of Interest We have no conflicts of interest to disclose.

References

Adler, A. (2006). *The collected clinical works of Alfred Adler: V. 12: The general system on individual psychology*. Classical Adlerian Translation Project.

Aldrich, C. G., & Doll, E. A. (1931). Problem-solving among idiots: The use of implements. *The Journal of Social Psychology, 2*(3), 306–336. https://doi.org/10.1080/00224545.1931.9918978

American Psychological Association. (2010). *Edgar A. Doll award*. American Psychological Association. Retrieved March 17, 2022, from http://www.apa.org/about/awards/div-33-doll.aspx

American Psychological Association. (2022). *APA dictionary of psychology*. American Psychological Association. Retrieved April 24, 2022, from https://dictionary.apa.org/structuralism
Ashwal, S. (2021). *Child neurology: Its origins, founders, growth, and evolution*. Academic Press.
Byers, J. P. (1934). *The village of happiness: The story of the training school*. Smith Printing House.
Cardoso, F. (2010). Athetosis. In K. Kompoliti & L. V. Metman (Eds.), *Encyclopedia of movement disorders* (pp. 96–97). Elsevier. https://doi.org/10.1016/B978-0-12-374105-9.00013-7
Children Working in Berry Fields in Maryland in 1900s. History Engine 3.0. (2020). Retrieved May 4, 2022, from https://historyengine.richmond.edu/episodes/view/6282
Classics in the History of Psychology. (2000, August). *A psychological laboratory*. https://psychclassics.yorku.ca/Titchener/lab.htm
Dallenbach, K. M. (1941). The work of the emergency committee in psychology. *Journal of Consulting Psychology, 5*(5), 210–216. https://doi.org/10.1037/h0060493
Dallenbach, K. M. (1946). The emergency committee in psychology, National Research Council. *The American Journal of Psychology, 59*(4), 496–582.
David, H. P. (1962). New Jersey vignettes: Fifty years of state psychological services. *American Psychologist, 17*(1), 53–54.
Doll, E. A. (1917). A brief Binet-Simon scale. *The Psychological Clinic, 11*(7), 197–211.
Doll, E. A. (1920a). Comparative intelligence of prisoners. *Journal of Criminal Law & Criminology, 11*, 191–197.
Doll, E. A. (1920b). The growth of intelligence. *Psychological Monographs, 29*(2), 1–130.
Doll, E. A. (1921). Education of juvenile delinquents. *The Journal of Delinquency, 6*(2), 331–346.
Doll, E. A. (1923a). Classification of prisoners for purposes of training work and parole. *Journal of the American Institute of Criminal Law and Criminology, 14*(1), 110–116. https://doi.org/10.2307/1133769
Doll, E. A. (1923b). New thoughts about the feeble-minded. *The Journal of Educational Research, 8*(1), 31–48. https://doi.org/10.1080/00220671.1923.10879379
Doll, E. A. (1936). *The Vineland social maturity scale: Revised condensed manual of directions*. Training School at Vineland, NJ Department of Research.
Doll, E. A. (1937a). Research in progress at the Vineland Laboratory. *Journal of Consulting Psychology, 1*(2), 29–32. https://doi.org/10.1037/h0059286
Doll, E. A. (1937b). Developmental aspects of therapy. *American Journal of Orthopsychiatry, 7*(2), 133–141. https://doi.org/10.1111/j.1939-0025.1937.tb05273.x
Doll, E. A. (1940). The social basis of mental diagnosis. *Journal of Applied Psychology, 24*(2), 160–169. https://doi.org/10.1037/h0061203
Doll, E. A. (1943). The subcommittee on mental deficiency. *Psychological Bulletin, 40*(1), 48–52.
Doll, E. A. (1946). Internship program at the Vineland Laboratory. *Journal of Consulting Psychology, 10*(4), 184–190.
Doll, E. A. (1953). The measurement of social competence: A manual for the Vineland Social Maturity Scale. Educational Test Bureau Educational Publishers. https://doi.org/10.1037/11349-000
Doll, E. A. (1958). Sheltered workshops for the mentally retarded. *Exceptional Children, 25*(1), 3–4. https://doi.org/10.1177/001440295802500101
Doll, E. A. (1960). 9--classroom management of slow learners. *The Slow Learning Child, 7*(2), 91–95. https://doi.org/10.1080/0156655600070205
Doll, E. A. (1961). The mentally retarded. *Exceptional Children, 27*(9), 487–493. https://doi.org/10.1177/001440296102700904
Doll, E. E. (1996). Chapter 12: Edgar A. Doll: A career of research and application. In G. A. Kimble, C. A. Boneau, & M. Wertheimer (Eds.), *Portraits of pioneers in psychology* (Vol. 2, 1st ed., pp. 166–183). American Psychological Association. https://doi.org/10.4324/9781410602756
Doll, Edgar A. (Edgar Arnold), 1889-. (n.d.). *Social networks and archival context*. Retrieved April 24, 2022, from https://snaccooperative.org/ark:/99166/w6jt00j7#biography
Doll, E. A., Phelps, W. M., & Melcher, R. T. (1932a). *Mental deficiency due to birth injury*. Macmillan Company.

Doll, E. A., Phelps, W. M., & Melcher, R. T. (1932b). *Mental deficiency due to birth injuries*. Macmillan.
Edgar, A. (1941). Doll, president of the American Association for Applied Psychology, 1941. *Journal of Consulting Psychology, 5*(1), 47–48. https://doi.org/10.1037/h0057073
Edgar Arnold Doll 1889-1968 – ancestry®. 1889–1968 – Ancestry®. (2022). Retrieved May 4, 2022, from https://www.ancestry.com/genealogy/records/edgar-arnold-doll-24-85vqm9
Fagan, T., & Warden, P. G. (1996). *Historical encyclopedia of school psychology*. Greenwood Press.
Farnum, C. (2004, February 4). *Dr. Edgar Arnold Doll (1889–1968)*. Find a Grave. https://www.findagrave.com/memorial/8356693/edgar-arnold-doll
Gendell, M., & Siegel, J. S. (1992). Trends in retirement age by sex, 1950–2005. *Monthly Labor Review, 115*, 22–29.
JAMA Network. (1932). Mental deficiencies due to birth injuries. *JAMA Network*. https://doi.org/10.1001/jama.1932.02740780062042. Retrieved from https://jamanetwork.com/journals/jama/article-abstract/294544
Jolly, J. L. (2007). Historical perspectives: Guy M. Whipple. *Gifted Child Today, 30*(1), 55–57. https://doi.org/10.4219/gct-2007-21
Library of Congress. (n.d.). *America at work, America at Leisure: Motion Pictures from 1894 to 1915*. Library of Congress. Retrieved April 24, 2022, from https://www.loc.gov/collections/america-at-work-and-leisure-1894-to-1915/articles-and-essays/america-at-work/
Ludy, B. (2009). *The Birth of American intelligence testing*. Monitor on Psychology. Retrieved April 24, 2022, from https://www.apa.org/monitor/2009/01/assessment
Lurie, L. A., Newburger, M., Rosenthal, F. M., & Outcalt, L. C. (1941). Intelligence quotient and social quotient: Diagnostic and prognostic significance of differences. *American Journal of Orthopsychiatry, 11*(1), 111–117.
New Jersey State Prison. (1970, January 1). *Annual report of the New Jersey State Prison Trenton, New Jersey. Biennial report fiscal years 1920 and 1921*. DSpace Home. Retrieved March 17, 2022, from https://dspace.njstatelib.org/handle/10929/49633?show=full
New World Encyclopedia. (2008, August 29). *Edward B. Titchener*. https://www.newworldencyclopedia.org/p/index.php?title=Edward_B._Titchener&oldid=795249
Nicoll, N. (2022). *Assessment and diagnosis of neurodevelopmental disorders in young children: A practical guide*. Routledge.
Ohles, F., Ohles, S. G., Ohles, S. M., & Ramsay, J. (1997). *Biographical dictionary of modern American educators*. Greenwood Publishing Group.
Pearson Assessments. (2023). *Vineland adaptive behavior scales* (3rd ed.). https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Adaptive/Vineland-Adaptive-Behavior-Scales-%7C-Third-Edition/p/100001622.html
Proctor, R. W., & Evans, R. (2014). E. B. Titchener, women psychologists, and the experimentalists. *The American Journal of Psychology, 127*(4), 501–526. https://doi.org/10.5406/amerjpsyc.127.4.0501
Reynolds, C. R. (2014). *Encyclopedia of special education: A reference for the education of the handicapped and other exceptional children and adults*. Wiley.
Sparrow, S. S. (2009). Adaptive behavior then and now: A tribute to the vision of Edgar Doll. *Psychology in Intellectual and Developmental Disabilities, 35*(2), 1–12.
Sparrow, S. S. (2011a). Vineland adaptive behavior scales. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology* (pp. 2618–2621). Routledge. https://doi.org/10.1007/978-0-387-79948-3
Sparrow, S. S. (2011b). Vineland social maturity scales. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of clinical neuropsychology* (pp. 2621–2623). Routledge. https://doi.org/10.1007/978-0-387-79948-3
State of New Jersey Department of Institutions and Agencies. (1928). *Handbook of state institutions and agencies*. Publication 13.

Village Views Newspaper. (1935). *"Social maturity:" Year-by-year tests*, pp. 7–10. https://news.hrvh.org/veridian/?a=d&d=villageviews19360101.1.9&e=%2D%2D%2D%2D%2D%2D-en-20%2D%2D1%2D%2Dtxt-txIN%2D%2D%2D%2D%2D%2D-

Walker, C. E. (1991). *Clinical psychology: Historical and research foundations*. Plenum Press.

Whitin, E. S. (1930). An analysis of the prison problem. *Journal of Criminal Law and Criminology, 20*(4), 519–532.

Willenberg, E. (1963). *The president's panel on mental retardation, report of the Task Force on Education and rehabilitation*.

Zigler, E., & Trickett, P. K. (1978). IQ, social competence, and evaluation of early childhood intervention programs. *American Psychologist, 33*(9), 789–798.

Chapter 3
Correctional Psychology Pioneer: F. Lovell Bixby (1901–1975)

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F. Lovell Bixby, PhD (1901–1975)

Among the early pioneers in correctional psychology, there is one who remains distinguished by the sheer number of criminal justice settings and jurisdictions he practiced within. His obituary describes him as a "prominent penologist" ("F. Lovell Bixby, Penologist, Dies," 1975). Although this description is true, it is also informative to more broadly describe his contributions through the lens of a highly competent psychologist, an active progenitor of classification procedures and modern correctional principles across the United States, and a life-long public servant.

Early Foundation

Frederick Lovell Bixby[1] was born on May 28, 1901, in Gardner, Massachusetts to Herbert Arthur Bixby and Alna Isola Bryant, and remained their only child. His father worked as a grocery clerk, but by 1910, the family had fallen on harder times. They lived as boarders in the hotel that employed Alna as a servant while his father was unemployed. His father later became a shipping clerk in a machine shop in the late 1910s and early 1920s and then a bookkeeper in a chair factory later in his life (e.g., 1930). His parents remained in Ashburnham, Massachusetts, a neighboring town to Gardner on the border to New Hampshire, for the rest of their lives until Herbert's death in 1939 and Alna's 20 years later, in 1959. Frederick Lovell Bixby, on the other hand, was not one to stay in one place for long and his life would unfold through a series of moves throughout the continental United States. This began with enrollment at Clark College in the fall of 1919 at the age of 18 and moving to Worcester, closer to campus.[2]

Undergraduate Education: Clark (1918–1922)

Bixby began his undergraduate studies in psychology during a time when the psychology department at Clark was growing and developing in myriad ways.[3] The seminal leader of Clark University (G. Stanley Hall), President of Clark College

[1] Based on his published work, presentations, discussions, and titles used throughout his career, Bixby seemed to prefer being addressed by his middle name Lovell, as it was almost always emphasized instead of Frederick in writing.

[2] Material for this paragraph was sourced from scanned records of the census for those years and additional related public listings such as the white pages.

[3] Clark University was initially a graduate-only school that did not serve undergraduates until Clark College was established for that purpose in 1902 at the explicit insistence of Jonas G. Clark upon his death. G. Stanley Hall, the long-serving first President of Clark University (1888–1920), was opposed to the establishment of an undergraduate program throughout his tenure (Charles, 2012)

(Edmund C. Sanford), and Dean of Faculty (James P. Porter) were all Ph.D. psychologists at the time Bixby started (Clark College, 1919). Near the turn of the decade the psychology curriculum at Clark featured broad exposure to the newest developments in the field. These aspects of psychology were thought to be foundational to the molding of applied generalists. For example, undergraduates completed courses in experimental, comparative, systemic, educational, social, applied, and genetic and behavioral psychology with options for research as well as advanced studies (Clark College, 1919, 1920; Clark University, 1921). By the time that Bixby was about to enter his final year in 1922, Social and Applied Psychology had become a prevalent part of the major with opportunities for advanced graduate study that included exploring "mental deficiency and moral deficiency" (Clark University, 1921, p. 143). A portion of the experimental laboratory was also sequestered for a separate lab in applied and social psychology, and a seminar in mental measurement was added (Clark University, 1921).

This broad cutting-edge curriculum was implemented by an equally diverse and growing cadre of psychology faculty at Clark. For example, Bixby's teachers included James Pertice Porter, a Clark alumni who had experience in neurology, worked at high schools, served as a Captain in the psychological service of the U.S. Army during WWI, remained a Major in the reserves, and was widely considered a foundational figure in comparative psychology (Dewsbury, 1992; Lehman, 1956). Edwin G. Boring, the secretary of the American Psychological Association from 1919 to 1922 and President in 1928, likewise accepted a post as Director of Experimental Psychology at Clark University the same year that Bixby enrolled in Clark College (Clark University, 1921). Dr. Boring had the distinction of serving in the U.S. Army prior to coming to Clark and listed a stint working in a hospital for the insane in 1912 (Clark University, 1921). By Bixby's final year (1921–1922), Hall and Sanford had resigned and Boring left for another school, leaving the department. Although the "applied" psychology focus was fading, there was a developing emphasis on "Education and School Hygiene" that was based in psychological course work along with new classes in "Social and Ethnic Psychology" (Clark University, 1922).

The makeup of the students at Clark during Bixby's undergraduate years were likewise diverse, dynamic, and burgeoning with his graduate and undergraduate colleagues featuring a medley of influential and diverse individuals. For example, there was Max Meenes, a business major who transitioned to psychology then went on to work with Edward B. Titchner and got an M.A. from Princeton to return to Clark for his PhD in 1926 (Ross & Bayton, 1979). Dr. Meenes, along with Francis C. Sumner – the first African American psychology PhD graduate and Clark alum – formed the Psychology department at Howard University. Dr. Meenes likewise helped to form the Washington D.C. Psychological Association and remained very active in the American Psychological Association (Bayton, 1975; Ross & Bayton, 1979). There

so Clark College and Clark University remained separate entities until Hall's departure in 1920 when they were merged together under the banner of Clark University to become a full-service institution.

was also Matsusaburo Yokoyama, a Fellow who started working under G. Stanley Hall the year before Bixby began and graduated with his PhD in 1921 under Edwin G. Boring. Dr. Yokoyama returned to Japan to start the psychology department at Keio-gijuku University – the oldest University in Japan – and became influential in the Japanese psychological association and, therefore, modern psychology in Japan (Nishikawa, 2005).

Furthermore, Bixby was one of only three undergraduate students listed as psychology majors in 1919, yet the Clark College psychology club formed that same year (Clark College, 1919, 1920). It is likely that Bixby was a front-row observer if not active participant in the effort. Relationships between all these individuals are inferences at best but the small department at Clark College, the overlapping of students, the inclusion of graduate students serving as teaching assistants, and changing curriculum created an atmosphere ripe for interaction.

Graduate Education: Cornell University (1922–1926)

Bixby, however, did not stay at Clark to continue graduate education.[4] Rather, he enrolled in the Ph.D. program at Cornell University under Edward B. Titchner. The strict experimental focus for psychology at Cornell, especially under Titchner, would prove to be a stark contrast to the vast majority of Bixby's subsequent career as a public service psychologist. During the last years of his life, Titchner was a relatively strict taskmaster who directed his graduate and undergraduate students' work like a general commanding an armed force (Evans, 1972). In fact, Titchener's last edited manuscript prior to his death was none other than Bixby's dissertation on the "Phenomenology of Luster" (Evans, 1972), which was subsequently published in the first volume of *The Journal of General Psychology* (Bixby, 1928). It was the first and only purely experimental (i.e., basic science) manuscript that Bixby published during his nearly 50 years as a psychologist.

While at Cornell, Bixby first served as a teaching assistant in 1923 and then an instructor in psychology from 1924 until his departure in 1927 (Cornell University, 1927; "The College World," 1927). Some of the courses he instructed included elementary psychology, quantitative and qualitative experimental psychology, and systematic psychology (Cornell University, 1925). During these formative years in his young adult life, Bixby also met Betty Laura Kallman, an undergraduate Architecture major from Washington, D.C. who had originally emigrated from England in 1912.

[4] The turmoil arising from the resignations/retirements of G. Stanley Hall and Edmund C. Stanford amidst the integration of Clark College and Clark University together (Charles, 2012) in Bixby's final years as an undergraduate may have dissuaded Bixby from remaining there, plus Dr. Boring likewise left the same year that Bixby did. Dr. Boring was a close former student, mentee, and colleague of Titchner's (Boring, 1952; Stevens, 1968), which may have further influenced Bixby towards working with Titchner instead of staying at Clark University during a period of organizational growing pains.

Betty had enrolled at Cornell University in 1924, quickly joined the Phi Beta Phi sorority, and was married to Bixby on June 2, 1926, the same year he obtained his PhD.

Early Career (1926–1936)

Bixby remained at Cornell for another year teaching experimental psychology following conferment of his PhD in 1926, allowing Betty to complete her degree and graduate a year later in 1927. Bixby then accepted a position as Assistant Professor of Psychology at the William Rice Institute (now Rice University) in Houston, Texas, with the explicit intention of establishing a department of experimental psychology there ("The College World," 1927). The Rice Institute was a newly established educational and research institution that came about following the untimely and nefarious death of William Marsh Rice, a Massachusetts businessman who made his fortune in Texas. Prior to Bixby's arrival, there were no previous Professors of Psychology nor any stand-alone psychology courses offered at Rice (The Rice Institute, 1926). Bixby, therefore, appears to be the first Assistant Professor of Psychology at Rice and taught the first standalone Introductory Psychology course (The Rice Institute, 1927; *Timeline—1930s to 1960s*, n.d.). Introductory psychology became a prerequisite for a higher-level Education course in 1928 (The Rice Institute, 1928), but psychology at Rice appeared to grow slowly as a second stand-alone course was only introduced in 1929 (The Rice Institute, 1929), and a separate Psychology Department did not come about until 1963 (*Timeline—1930s to 1960s*, n.d.). The course records from Rice University during the years that Bixby was there likewise make no mention of any laboratories associated with psychology at the school despite Bixby's apparent intention to start one.

Within 2 years of arriving in Texas, Bixby found himself returning to the Northeast in 1929 to serve as the Resident Psychologist for the Trenton State Hospital before quickly promoting up to Assistant Director of the Division of Classification and Education in the New Jersey State Department of Institutions and Agencies around 1931.[5] The motivation for this quick transition into public service is difficult to discern, yet it is important given the trajectory for the remainder of Bixby's career. One possibility is that Bixby, accustomed to being at the leading edge of the psychological field from his time at Clark and Cornell University, may have found the relative dearth of progress at Rice unfulfilling. It is also feasible that Bixby grew to realize through personal experiences that experimental psychology was not his passion. Moreover, while Bixby moved to Houston to start teaching, his wife Betty apparently remained in Massachusetts to give birth to their first son Ezra

[5] This is inferred from available information. Bixby's obituary mentions his return from Rice and becoming Assistant Director, but based on a census entry for 1930 (completed in 1929) where he noted "resident" as well as documents about the reorganization in New Jersey, he is estimated to have begun as the resident psychologist in 1931.

Lovell Bixby on July 17, 1928. No records exist of either his wife or son ever moving to Texas during Bixby's time at the Rice Institute. Whatever the impetus, Bixby's transition into public service for the State of New Jersey became the infrastructure for a career trajectory that spanned the remainder of his natural life.

The New Jersey Plan

Primarily under the early guidance of Dr. Edgar A. Doll and Dr. Burdette G. Lewis, and later Dr. William J. Ellis (Doll, 1960; Lane, 1931; Lewis, 1920), New Jersey penology in the 1920s was on the forefront of the progressive sentiment for correctional reform and reflected the best of applied behavioral science (Frankel, 1937; Lane, 1931). Doll was an Army psychologist with the Psychological Unit at Camp Dix, New Jersey who transitioned directly into the New Jersey Department of Institutions and Agencies following WWI. He extended the application of intelligence testing from the armed services to the offender population at the New Jersey State Prison in a wider exploration of factors related to criminality (Doll, 1920). The results of this first survey subsequently became the groundwork upon which Doll provided recommendations for a psychologist's role in the prison system and organized what would become the precursor of modern classification systems as well as integral tenets of modern corrections (Doll, 1920, 1921, 1923, 1960; Rachlin et al., in press).

The overall approach to classification that Doll proposed was interdisciplinary, holistic, comprehensive, and amenable to standardization across institutions, helping to usher in the movement towards correction rather than punishment, strict segregation, and/or squalor (Doll, 1923, 1960). He stated that: "The study of the individual must always include the interaction between himself and his environment. Our problem is essentially one of social relations in which the individual himself is but of a complex of influences" (Doll, 1923, p. 112). New Jersey's legislative, social, and penological context at the time that Doll transitioned into the system was likewise ripe for exploration of new and different ideas. For example, surveys of the New Jersey state system in 1917 revealed the need for improvement, prompting legislation that reorganized and centralized administration over all the state agencies into the New Jersey State Department of Institutions and Agencies with a Commissioner and several divisions (Frankel, 1937; Lane, 1931; Lewis, 1920). This large-scale reorganization – dubbed the "New Jersey Plan" – likewise included policy changes to codify a stable administrative meritocracy less perturbed by shifting political tides (Lewis, 1920), and codified the classification of offenders as integral in helping to achieve parts of that plan (Ellis, 1931).

Doll also seemed to understand early that widespread standardization and adoption of classification procedures, along with the necessary logistics that they require (e.g., adequate staffing, training, resources, and), will be the necessary stepping stones to ideally apply classification procedures after arrest and conviction but *before* sentencing (Doll, 1923), hence individualizing sentences according to the

history, current status, and rehabilitative prognosis for each offender. While Doll provided the empirical and theoretical foundation upon which to build a classification system and extend the correctional approach to penology, it was under the guidance of Dr. William J. Ellis and Dr. F. Lovell Bixby that the New Jersey Classification Plan was widely implemented.

Ellis was a Lieutenant Commander with the Psychological Unit at Camp Dix and colleague of Doll who was familiar with intelligence testing and saw the greater potential of applied psychology. In addition to helping Doll with the early empirical work, Ellis took over Doll's role as the Director of the Division of Classification and Education in 1924, then became Commissioner of all New Jersey State Institutions and Agencies in 1926 following Burdette G. Lewis (Doll, 1960; Ellis, 1931; Frankel, 1937; Lane, 1931). Under Ellis, the New Jersey Classification Plan had three overarching aims:

> (1) a comprehensive study of all persons committed to correctional institutions; (2) an administrative procedure for putting the resulting recommendations into effect; (3) the development of institutions of specialized facilities for the treatment of different types. (Ellis, 1931, p. 499)

In practice, offenders would be quarantined while a host of professionals representing various disciplines such as medicine, security/custody, psychiatry, psychology, education, vocation, recreation, social work, and religion – among others – would apply the best of their discipline's knowledge in helping to create a thorough snapshot of the individual up to that point. A correctional-integrated interdisciplinary committee would compile these reports, discuss them together, and then plan the course of intervention or transfer that would best improve the individual, and therefore benefit society. Periodic reassessments during the course of the offender's sentence were included as needed but at least once prior to parole or release considerations (Bixby, 1930; Ellis, 1931).

It was likely Ellis or his replacement Dr. Ellen C. Potter – the Medical Director that served as Interim Director of Classification following Ellis' promotion to Director of New Jersey Agencies and Institutions – who initially hired Bixby in 1928. Bixby started as a Psychology Resident at the Trenton State Hospital then quickly promoted up to Assistant Director of the Division of Classification under Dr. Potter. The infrastructure for operating Classification Committees was well-established by Bixby's predecessors and in relatively broad operation across the New Jersey prison system when he joined, so Bixby likely filled a critical need for a dedicated psychologist to serve on those committees at a time when such roles and professionals interested in filling them were literally nonexistent elsewhere. Furthermore, Bixby appeared to quickly grasp the complexity of reforming correctional systems, as he often pragmatically tempered the aspirational targets of classification and education programs with reminders that neither is a panacea and that administrative integration is a prerequisite for any measure of success (Bixby, 1930, 1931, 1932, 1933). Ellis promoted Bixby to Director of Classification within a year in 1929 and credited Bixby specifically with being the first to designate varying levels of custodial security (e.g., minimum, medium, maximum) and planning the

constructions of new institutions with these security classifications in mind at great financial savings and to great correctional benefit (Ellis, 1940).

Federal Service

In addition to quickly being promoted to Director of Classification in New Jersey, Bixby likewise became intimately connected to the American Prison Association through regular attendance at the association's Annual Congress. It is likely through this connection that Bixby found himself as the Osborne Association's Field and Research Secretary in 1933, during which time he helped survey, author, and edit the first volume of the *Handbook of American Prisons and Reformatories* (Cox et al., 1933). Immediately following completion of the handbook, Bixby was tapped by a longtime Osborne Association and American Prison Association Board Member, Sanford Bates, to become an Assistant Director of the newly formed Federal Bureau of Prisons (BOP), of which Bates was the first Director (Keve, 1991).

Although initially unwilling to enter penology, let alone to take the reins of leading the first federal prison system ("Sanford Bates, 88, Who Headed Federal Prison System, Is Dead," 1972), Bates ultimately directed the BOP towards progressive ideals of corrections, advocating for administrative stability, and scientific empiricism along the way. The primary tenets and motivations of the BOP were noted to be the creation of correctional treatment programs, improvement of personnel at all levels of penology, utilizing classification to guide the housing of specialty populations, and the "eradication of the vitiating conditions of penal tradition and practice" (United States Bureau of Prisons, Department of Justice, 1942, p. 9). An early brochure on the objectives of the nascent BOP stated:

> The prison must protect society by making every reasonable effort to improve and reform the criminal so that upon his discharge he will be able to take his place among his fellow men as a self-respecting, self-reliant and law-abiding citizen. To accomplish this the prison must maintain or restore his health and physique, diagnose and treat abnormal mental tendencies, teach the rudiments of elementary academic education where necessary, provide useful and stimulating employment, and discover and remove the causes of anti-social acts or attitudes. Industrial, physical and mental incompetencies must be removed. The Federal prison system is attempting to individualize the treatment of those who are committed to its care by classifying its wards according to their age, character and mental and physical attributes and then providing the specialized forms of treatment required by each group. (Department of Justice, 1933, p. 9)

Approximately a decade later after the formation of the BOP, these roots continued to be highlighted:

> The modern Bureau of Prisons started as *an idea* [all italics in original], a rather broad and uncomplex idea, simply the idea that criminals could be converted into useful citizens if crime were regarded as a social disease, curable as are all diseases, by diagnosis and proper *specific* treatment. *Treatment*–that was the word which summed up the new penal policy. The Congress put this idea into law and in 1930 a theory became a practice. (United States Bureau of Prisons, Department of Justice, 1942, p. 9)

Many aspects of the New Jersey Plan, Doll's ideas, and the current of discussions at the American Prison Association are, therefore, reflected in the forming of the BOP. However, it was Bixby's experience in New Jersey, development of his ideas, and connection to the right people at the right time that helped to propel classification as the modern standard for correctional practices and the major contribution of correctional psychology to the field. Bixby quickly implemented aspects of the New Jersey Classification Plan into the BOP (Bixby, 1936a), and began including it as part of standard training for correctional personnel within the BOP (Bixby, 1936b). Bates noted that: "Bixby, whose intellectual brilliance is accompanied with common sense…[to him] goes the entire credit for the establishment of the prison classification program, perhaps the most progressive improvement in welfare work which we [at the BOP] have installed" (Bates, 1936, p. 159). In the span of his first decade as a psychologist, Bixby had transitioned from an unknown fresh associate professor to one of the leaders in corrections and correctional psychology with an expert specialization in classification procedures.

Mid-career (1937–1957)

Having achieved so much in such little time, Bixby entered his mid-career phase with continued resolve and vigor. This began with taking a short hiatus from the BOP between 1937 and 1939 to serve once again as the Field and Research Secretary for the Osborne Association. He helped edit the second volume of the *Handbook of American Prisons and Reformatories* (Cox et al., 1938) as well as the first volume of the *Handbook of American Institutions for Delinquent Juveniles* (Cox & Bixby, 1938), before returning to the BOP in 1939. Bixby briefly served as Chief of Probation and Parole before becoming Warden of the Federal Reformatory at Chillicothe, Ohio in 1940. His positions in New Jersey, the BOP, and the Osborne Association gave Bixby plenty of macroscopic perspectives on the current state of and challenges to the developing correctional field. For example, he identified corrections as a multidisciplinary field with multiple criteria of success that social stigma and a strict focus on laws/parole criteria obscures, identified the need to cultivate institutional climates amenable to corrections, and advocated accurately tracking the progress of individual offenders using multiple sources of information while they serve their sentences (Bixby, 1937).

Back to the Front Line

Although it is not quite clear why Bixby transitioned to a Warden in 1940 rather than continuing to oversee macroscopic operation at BOP headquarters, an obvious reason might be that somebody else now occupied his former Assistant Director position, and probation may not have been where Bixby's interests lay. Nonetheless,

probation and parole considerations certainly seemed to make an impact on Bixby's development. He advocated strongly for treating probation and parole officer positions as career service due to the scope of the interdisciplinary work regularly (or ideally) conducted by probation and parole offices and therefore recruiting/retaining "above average" personnel who are adept generalists amenable to ongoing professional development and ongoing adaptation to the diverse work before them (Bixby, 1940). Like other areas of his professional life, Bixby returned to parole and probation later in his career.

Another reason that Bixby quickly moved out to Ohio may have had to do with the nature of the Chillicothe Reformatory. Bixby had shown interest in juvenile corrections early by serving in the Committee on Reception and Classification as part of the National Conference of Juvenile Agencies in 1934 (Bixby, 1937) and had a wealth of knowledge regarding the current state of juvenile corrections from his role in the Osborne Association (Cox & Bixby, 1938). The reformatory at Chillicothe was noted, even at the outset of the BOP, to have better educational facilities and resources due to its relatively new construction and designation of being the first Federal Reformatory (Department of Justice, 1933). Furthermore:

> The classification plan … attains, perhaps its most fruitful function at Chillicothe, dealing, as it does, with felons whose criminal records are hypothetically ahead rather than behind them. Here, better than at any time in the junior malefactor's career, can he be studied, understood and rerouted back to a decent existence. (United States Bureau of Prisons, Department of Justice, 1942, pp. 38–39)

Younger, first-time offenders were therefore sentenced or transferred there to provide them with a better chance at rehabilitation.

It is interesting to highlight that serving as Warden allowed Bixby additional freedom to meld his administrative, clinical, and research competencies. He received permission to explore contributing factors to criminality and recidivism by setting up a small pilot study where 30 habitual youth offenders were housed in a separate unit to both study what factors may differentiate habitual from nonhabitual offenders as well as to test a specialized treatment program (United States Bureau of Prisons, Department of Justice, 1942, p. 40). This early pilot study in particular set the stage for Bixby's post-WWII work in juvenile corrections, which had been developing since the early 1930s.

World War II, however, proved to be a formidable force in shaping discussion and movements in many disciplines, including corrections, but Bixby apparently quickly ran into the more practical problem that plagues large institutional systems and progressive ideals – staffing. He notes that lack of personnel, let alone quality personnel, was one of the biggest challenges during his time as Warden of the Chillicothe Reformatory (Bixby, 1941). Despite the birth of his second son, Jeffrey Mckettrick Bixby, the same year, Bixby did not hesitate to take a leave of absence from Chillicothe in 1943 to serve as a founding member of the California Adult Authority, a division of a progressively reorganized state corrections system in California, where he was once again integral in establishing the classification procedures that the system relied on (Gordon, 1945). As quickly as he had arrived in the

Midwest and West, Bixby was once again drawn back to the Northeast in 1944 for he enlisted in the United States Army and was commissioned as a Lieutenant Colonel to serve as the Deputy Director of the Division of Correction in the War Department in Washington, D.C. (American Prison Association, 1945; "F. Lovell Bixby, Penologist, Dies," 1975).

Currents on the Journey

The one consistent part of Bixby's early-to-middle career trajectory is the American Prison Association. Bixby first attended their Annual Congress in 1931, after which he regularly attended every single year from 1931 up until the late 1940s and likely beyond.[6] In fact, he seemed to have only missed the annual conference once in 1944, for the year's attendance was published whilst in California helping to establish their State Correctional System with classification as a main feature. Moreover, Bixby maintained near consistent involvement with specialized committees as part of the American Prison Association. He served on the Committee on Education from 1932 to 1937 and was a stable member of the Committee on Case Work and Treatment for Prisoners (later renamed to Committee on Classification and Casework) from 1932 until at least 1947, serving as Chairman 1937–1939 and was a part of early widespread standardization of classification procedures by the American Prison Association (Doll, 1934). In the early 1940s, Bixby became even more involved with helping to organize and administer the American Prison Association (i.e., business meetings, etc.), culminating in serving as a Vice President in 1947 along with increased involvement in additional committees like the Committee on Co-operation with Related Organizations and Committee on Personnel Standards and Training, of which he was the Chairman for that year.[7]

Although limited in quantity, some of Bixby's ideas and writing during this time paralleled the increasingly administrative, systems-level challenges he was trying to solve using his correctional psychology competencies. For example, he underscored the need for institutional planning to be guided by correctional need rather than building the biggest or smallest prison then forcing diverse offender populations to uniformly conform to whatever climate is subsequently cultivated (Bixby, 1945). Perhaps prompted by his own experiences at Chillicothe (Bixby, 1941) and accelerated by labor shifts that occurred during and after WWII (e.g., labor shortage, recruitment/retention, veteran preference, etc.), Bixby led efforts to survey personnel standards across all correctional systems in the United States. The survey found that increased salaries across all correctional systems had helped to recruit/retain

[6] The proceedings from the annual conference no longer published detailed attendance records starting in the mid 1940s, likely due to increased number of attendees and limited printing space.

[7] Material in this paragraph was compiled and summarized from an extensive search of available committee information published in each annual proceedings.

personnel, but that merit systems for hiring and adequate preservice training remained woefully scarce (Bixby, 1947).

Despite his seeming increase in administrative responsibility towards the end of the 1940s, Bixby's involvement in the American Prison Association appears to greatly diminish by the 1950s. Although the precise reason remains unknown, what is known is that Bixby's first son Ezra married in 1950 and Bixby's wife Betty passed away soon after in 1951 at the young age of 46 – leaving Bixby as the primary guardian to 7-year-old Jeffrey. Bixby had by that time returned to the New Jersey State Agencies and Institutions where his journey into corrections as a psychologist had begun 20 years prior.

All Roads Lead (Back) to Jersey

Whether driven by patriotism, pragmatism, or happenstance, Bixby's position overseeing corrections for military offenders at the end of WWII was a synergistic moment in his career. As Deputy Director of Corrections in the U.S. Army, Bixby went to Fort Knox in Kentucky to review the work of Dr. Joseph Abrahams and his assistant Lloyd W. McCorkle, who were applying group psychotherapy to military offenders at the Fifth Service Command Rehabilitation Center (Abrahams & McCorkle, 1946, 1947). Bixby was no stranger to the principles of group psychotherapy nor the potential of applying it to correctional populations. He was present when Dr. Jacob L. Moreno – the originator of psychodrama and group psychotherapy (Giacomucci, 2021) – introduced the principles of group psychotherapy to the American Psychiatric Association in 1931 and participated in a roundtable discussion along with Doll and Ellis concerning the application of the "group method" to correctional populations. Bixby, Doll, and Ellis found the premise of group psychotherapy intriguing at the time but cautioned in discussions that psychological science was not yet able to quantify individuals let alone their myriad interactions, and that the application of group methods to prison populations should first be piloted slowly in juvenile settings ("The Application of the Group Method to the Classification of Prisoners," 1945). However, seeing the method in practice in Kentucky seemingly spurred Bixby to invite McCorkle to join him when he returned to the New Jersey Department of Institutions and Agencies (Burgess, 1963; Weeks, 1963) in 1946, mirroring the very process by which Doll recruited Ellis over two decades earlier following WWI.

Despite the early formalization of the principles, group psychotherapy did not see wide application until WWII dictated a clear need for it (Giacomucci, 2021). The number of active-duty members involved as well as their eventual stateside return and transition to veterans in need of psychotherapy exceeded the capacity of psychologists to treat them, especially with psychoanalysis. Group psychotherapy was not only based on sound principles, but it was also efficient with financial, staffing, and space resources (Bixby & McCorkle, 1948, 1951), which was a perfect solution for prison settings. However, unlike the more analytic and

psychotherapeutic work at Fort Knox under Abrahams (Abrahams & McCorkle, 1946, 1947), the correctional application of group therapy was termed "guided group interaction" to emphasize that not all offenders are pathological as well as to reflect that the leader in guided group interaction is more active, the treatment is shorter (compared to psychoanalysis), and that "[behavior] modification takes place in the application of group-therapy principles when applied to the unique environment of the penal and correctional institution" (Bixby & McCorkle, 1951, p. 456). Bixby and McCorkle (1948) were quick to implement guided group interaction in New Jersey reformatories (e.g., Bordentown), though they also recommended caution based on their experiences. They specifically emphasized that climates of punishment are antithetical to the principles of group therapy, highlighted the need for careful consideration of multiple roles that group leaders in correctional settings navigate, and reaffirmed the importance of clear-eyed support at all levels of the institution for the group method to work well in correctional settings (Bixby & McCorkle, 1950).

The Highfields Project

The culmination of Bixby and McCorkle's efforts to propagate guided group interaction was the Highfields project (McCorkle et al., 1958; New Jersey Department of Institutions and Agencies, 1954; Weeks, 1963). Started in 1950, the Highfields project was a joint venture between the New York Foundation providing grant funding for staff and the New Jersey Department of Agencies and Institutions providing the 390-acre estate bequeathed by Colonel and Mrs. Charles A. Lindbergh as the site for the project (New Jersey Department of Institutions and Agencies, 1954). Small cohorts ($n < 20$) of juvenile male offenders (aged 16–18) were adjudicated to Highfields for indeterminate sentences not to exceed 4 months by the courts as "a specialized intermediate facility between probation and institutionalization for a number of cases whose needs were not formerly met by any disposition available to the courts" (New Jersey Department of Institutions and Agencies, 1954, p. 2). Juvenile offenders at Highfields worked at the New Jersey Neuropsychiatric Institute for a wage and participated in 3 or more hours of guided group interaction every evening with McCorkle (and later Albert Elias) except on the weekends. There were only two rules: (1) no fraternizing with female patients at their worksite; and (2) no leaving the grounds without an authorized adult. Otherwise, the grounds of Highfields were wide open with organized community outings on Saturdays, furloughs with families and friends, and little limitations on Sunday visitation (New Jersey Department of Institutions and Agencies, 1954).

Bixby engineered the Highfields project by accumulating experience and connections at various levels of penology, recruiting key personnel like McCorkle – who later took over Bixby's position in 1963 ("Lloyd McCorkle, Prisons Aide," 1984) – and directly applying the culmination of these efforts to move modern corrections forward. In addition, Bixby also had the foresight to seek independent evaluation and analysis of the Highfields project, which was funded by a 5-year

grant from the Vincent Astor Foundation (Burgess, 1963) and conducted primarily by the Research Division of New York University's Graduate Department of Sociology (McCorkle et al., 1958; Weeks, 1963). They found that juvenile offenders who were sentenced to Highfields, compared to matched groups of offenders who went to the Annandale Reformatory, were less likely to recidivate in the short- and long-term. Moreover, although there were no significant changes on attitudes pre-to-post treatment in either the Highfields or control group, attitudes towards behavior norms were predictive of treatment success for all offenders irrespective of group, while attitudes towards family and acceptance of others additionally predicted the success of Black offenders, and attitude towards obeying the law additionally predicted the success of White offenders (Weeks, 1963).

The Highfields Project was generally lauded by others (Matza, 1958; Morris, 1960) and cost about a third less per offender per year than the reformatory (McCorkle et al., 1958; Weeks, 1963). Unfortunately, due to administrative constraints (i.e., judicial reluctance towards random placement; Weeks, 1963), the project was unable to follow the original study design as drafted by Bixby to have a pool of juvenile offenders randomly assigned to either Highfields or the Annandale Reformatory. This changed the study design to quasi-experimental thereby limiting equitable comparisons and their subsequent interpretations (Hardman, 1959). The project was nonetheless ambitiously important for being the first utilization of peer group interventions for juvenile offenders and helped spawn subsequent elaborations as well as derivatives of guided group interaction for juveniles at risk for delinquency (Gottfredson, 1987). In fact, the site of the Highfields Project was renamed to the Albert Elias Residential Community Home in the 1990s and continues to offer a specialized program for youth offenders as part of a larger campus for justice-involved juveniles (*State of New Jersey*, n.d.).

Late Career (1958–1975)

Soon after the publication of the book on the Highfields Project (McCorkle et al., 1958), Bixby went on a tour of five European countries in the summer of 1959 to prepare for his next role as Consultant on Probation for the Court of Trenton, New Jersey (Bixby, 1961, 1962). Bixby visited institutions in France, Belgium, England, Sweden, and Denmark to lament that many of the modern ideals of corrections he helped to formulate were being implemented with better fidelity in Europe (Bixby, 1961). Bixby nonetheless continued to work tirelessly in his role as a consultant to bridge the gap between the aspirations of modern corrections and its modus operandi in New Jersey (Bixby, 1962). His primary role was to help organize, steer, and oversee the nearly two dozen county probation services that were acting independently in a hybrid system between administrative centralization and total decentralization (Bixby, 1965). During this time, McCorkle filled Bixby's previous position in the New Jersey Department of Institutions and Agencies and likely continued to help Bixby promulgate guided group interaction through efforts such as obtaining paid training for Probation Officers to serve as group guides (Bixby, 1965).

During his time as a Consultant for the New Jersey Courts, Bixby met Lenore Alice Epstein. They married in 1967, apparently coinciding with Bixby's apparent retirement from New Jersey public service.[8] Bixby did not, however, cease to continue his focus on moving modern corrections forward when he retired. He instead joined the Joint Commission on Correctional Manpower and Training [JCCMT] that was formed following the Correctional Rehabilitation Study Act of 1965 as a Staff Consultant in 1967. The JCCMT was a multiorganization effort with multiple task forces and subcommittees staffed by prominent penologists from across the United States (Lejins et al., 1966). Bixby joined the effort a little late but nonetheless in time to contribute to the final report from the JCCMT (*A Time to Act*, 1969).

Taking Stock

Bixby had spent nearly five decades advocating for a modern field of corrections based on correctional aspirations, scientific empiricism, and sound administration, but the pragmatic optimism he mostly maintained throughout those years faltered at times under the cumulative effect of starts and stops in correctional reform in the United States. He noted:

> When I came into corrections as resident psychologist in a prison 40 years ago, we thought the causes of crime were to be found predominantly in the individual. If we could but discover the special factors of personal history and constitution that produced his deviant attitudes and behavior, and then use the period of imprisonment to overcome them by education, training, medicine, or psychological sorcery, we could expect him to go forth and sin no more. Reform, rehabilitation, or whatever we chose to call it, was something we did to the offender while we had him in custody.
>
> Time has proved us wrong. It is now clear that much criminal conduct, especially crime in the streets, is not due to individual deviance, but is the natural consequence of broad socioeconomic conditions which deny large segments of the population access to opportunities that they see others enjoying. (Bixby, 1970, p. 25)

Bixby also lamented the early efforts, his own included, to professionalize modern corrections with educated, "better than average" personnel in key positions such as parole and probation officers. Chronically unstable staffing, however, laid bare the difficulty of such aspirations:

> This yen to be a professional has led to the adoption of certain impractical standards of preparation for work in the field … Altogether there are many reasons why we should give up the notion that correction is a profession and see it for what it really is – a system for distributing services to and advocacy for those who become wards of the criminal justice system … Such a concept makes room for the recruitment of persons with talent but little formal education. If this is combined with a career-ladder program we can meet correctional manpower needs under the professional concept. (Bixby, 1970, p. 26)

[8] A marriage certificate for 1967 confirms this date; however, retirement from New Jersey public service was inferred from obituary, listings of his positions in contributors section of journals/magazine, and lack of any official mention of being associated with New Jersey following that year.

Bixby's comments on his time in corrections reflected his varied experience and the available empirical studies at the time. They were also made in the context of proposing new ways to reorganize Parole Boards that better reflect the state and needs of corrections and therefore better serve the public (Bixby, 1970). In that sense, he remained a clear-eyed pragmatist and continued to explore and develop his view of corrections for as long as he could. The last professional position that he held was that of Senior Advisor for the Asia and Far East Institute for the Prevention of Crime and Delinquency between 1970 and 1971, which provided one of Bixby's final opportunities to travel before his death. He toured a number of correctional institutions in Japan and highlighted overlapping levels of bidirectional community integration as innovative, beneficial practices (Bixby, 1971).

Conclusion

Bixby was diagnosed with lung cancer in 1974 and died about 8 months later on July 29, 1975, at the age of 74 in Arlington, VA. An experimentalist by training, Bixby spent all his subsequent career as a psychologist applying his training and mindset to penology, serving as the progenitor of early correctional principles and practices through his many roles across an equally varied number of institutions. The perspectives and competencies that Bixby developed were hence idiosyncratic yet widely adaptable to the needs of the specific correctional systems he operated in, reflecting the competencies that continue to guide modern correctional psychology (Magaletta et al., 2020). In accordance with his final wishes, Bixby's body was donated to the George Washington University Medical School upon his death.

References

A time to act. (1969). [Final Report]. Joint Commission on Correctional Manpower and Training.

Abrahams, J., & McCorkle, L. W. (1946). Group psychotherapy of military offenders. *American Journal of Sociology, 51*(5), 455–464.

Abrahams, J., & McCorkle, L. W. (1947). Group psychotherapy at an Army rehabilitation center. *Diseases of the Nervous System, 8*(2), 50–62.

American Prison Association. (1945). *Proceedings of the Seventy-Fifth Annual Congress of Correction of the American Prison Association*.

Bates, S. (1936). *Prisons and beyond*. Macmillan.

Bayton, J. A. (1975). Francis Sumner, Max Meenes, and the training of Black psychologists. *American Psychologist, 30*(2), 185–186. https://doi.org/10.1037/0003-066X.30.2.185

Bixby, F. L. (1928). A phenomenological study of luster. *The Journal of General Psychology, 1*(1), 136–174. https://doi.org/10.1080/00221309.1928.9923418

Bixby, F. L. (1930). The relation of classification to penal administration. In *Proceedings of the Sixtieth Annual Congress of the American Prison Association*, pp. 391–396.

Bixby, F. L. (1931). Objectives in prison education. *The Prison Journal, 11*(2), 11–13. https://doi.org/10.1177/003288553101100206

Bixby, F. L. (1932). The relation of classification to institution administration. In *Proceedings of the Sixty-Second Annual Congress of the American Prison Association*, pp. 111–112.
Bixby, F. L. (1933). The place of education work in a modern penal institution. In *Proceedings of the Sixty-Third Annual Congress of the American Prison Association*, pp. 221–225.
Bixby, F. L. (1936a). Classification technique. In *Proceedings of the Sixty-Sixth Annual Congress of the American Prison Association*, pp. 106–117.
Bixby, F. L. (1936b). *The classification program of the United States penal and correctional service* (Prepared as lesson no. 4 in United States prison service study course) (pp. 1–37). U.S. Bureau of Prisons, Department of Justice.
Bixby, F. L. (1937). By what criteria is the effectiveness of the work of correctional institutions judged? In *Proceedings of the Sixty-Seventh Annual Congress of the American Prison Association*, pp. 219–225.
Bixby, F. L. (1940). Probation and parole: A career service. *Federal Probation, 4*(2), 23–25.
Bixby, F. L. (1941). Juvenile institutions. In *Proceedings of the Seventy-First Annual Congress of the American Prison Association*, pp. 85–90.
Bixby, F. L. (1945). Institution planning and construction. In *Proceedings of the Seventy-Fifth Annual Congress of Correction of the American Prison Association*, pp. 62–63.
Bixby, F. L. (1947). Survey of personnel standards in American prisons. In *Seventy-Seventh Annual Congress of Correction of the American Prison Association*, pp. 242–244.
Bixby, F. L. (1961). Treating the prisoner: A lesson from Europe. *Federal Probation, 25*, 7.
Bixby, F. L. (1962). Probation is not freedom. *Federal Probation, 26*(2), 47–51.
Bixby, F. L. (1965). New Jersey's consultation system for improved probation services. *State Government, 38*(2), 96–99.
Bixby, F. L. (1970). A new role for parole boards. *Federal Probation, 34*(2), 24–28.
Bixby, F. L. (1971). Two modern correctional facilities in Japan. *Federal Probation, 35*(3), 13–15.
Bixby, F. L., & McCorkle, L. W. (1948). A recorded presentation of a program of guided group interaction in New Jersey correctional institutions. In *Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association*, pp. 190–199.
Bixby, F. L., & McCorkle, L. W. (1950). Applying the principles of group therapy in correctional institutions. *Federal Probation, 14*(1), 36–40.
Bixby, F. L., & McCorkle, L. W. (1951). Guided group interaction in correctional work. *American Sociological Review, 16*(4), 455–459. https://doi.org/10.2307/2088274
Boring, E. G. (1952). Edwin Garrigues Boring. In *A history of psychology in autobiography* (Vol. IV, pp. 27–52). Clark University Press. https://doi.org/10.1037/11154-002
Burgess, E. W. (1963). Foreword. In H. A. Weeks (Ed.), *Youthful offenders at Highfields: An evaluation of the effects of the short-term treatment of delinquent boys* (pp. v–xviii). The University of Michigan Press.
Charles, E. P. (2012). Clark University, history of psychology at. In R. W. Rieber (Ed.), *Encyclopedia of the history of psychological theories* (pp. 179–185). Springer. https://doi.org/10.1007/978-1-4419-0463-8_232
Clark College. (1919). *Clark College record: Catalog for the current year* (Vol. 14). Clark College.
Clark College. (1920). *Clark College record: Catalog for the current year* (Vol. 15). Clark College.
Clark University. (1921). *Clark University bulletin: Catalogue number* (Vol. 5). Clark University.
Clark University. (1922). *Clark University bulletin: Catalogue number with announcements for 1922–23* (Vol. 13). Clark University.
Cornell University. (1925). *Directory of the university first term 1925–1926, 17*. https://ecommons.cornell.edu/handle/1813/43016
Cornell University. (1927). The register 1926–27. *Cornell University Official Publication*, *19*(3).
Cox, W. B., & Bixby, F. L. (Eds.). (1938). *Handbook of American institutions for delinquent juveniles: Vol. I* (1st ed.). The Osborne Association.
Cox, W. B., Bixby, F. L., & Root, W. T. (1933). *Handbook of American prisons and reformatories: Vol. I*. The Osborne Association.

Cox, W. B., Bixby, F. L., & Root, W. T. (1938). *Handbook of American prisons and reformatories: Vol. II*. The Osborne Association.

Department of Justice. (1933). *The work of the Bureau of Prisons*. United States Penitentiary Annex Press.

Dewsbury, D. A. (1992). Triumph and tribulation in the history of American comparative psychology. *Journal of Comparative Psychology, 106*(1), 3. https://doi.org/10.1037/0735-7036.106.1.3

Doll, E. A. (1920). *Report of psychological examining at the New Jersey State Prison* (Annual report New Jersey State Prison, Fiscal Year 1919, pp. 55–79) [Psychologist's report]. New Jersey State Prison.

Doll, E. A. (1921). Classification of defective delinquents. *Journal of Criminal Law and Criminology, 12*(3), 360–368.

Doll, E. A. (1923). Classification of prisoners for purposes of training work and parole. *Journal of Criminal Law and Criminology, 14*(1), 110–116.

Doll, E. A. (Ed.). (1934). *Handbook of casework and classification methods for offenders*. American Prison Association.

Doll, E. A. (1960). New Jersey State psychology in the twenties. *The Welfare Reporter*, p. 11.

Ellis, W. J. (1931). The New Jersey plan of classification for correctional institutions. In *Proceedings of the Sixty-First Annual Congress of the American Prison Association*, pp. 499–507.

Ellis, W. J. (1940). Practical results of the classification program. In *Proceedings of the Seventieth Annual Congress of the American Prison Association*, pp. 227–239.

Evans, R. B. (1972). E. B. Titchener and his lost system. *Journal of the History of the Behavioral Sciences, 8*(2), 168–180. https://doi.org/10.1002/1520-6696(197204)8:2<168::AID-JHBS2300080203>3.0.CO;2-O

Frankel, E. (1937). Crime treatment in New Jersey—1668–1934. *Journal of Criminal Law and Criminology, 28*(1), 90–105.

Giacomucci, S. (2021). History of sociometry, psychodrama, group psychotherapy, and Jacob L. Moreno. In S. Giacomucci (Ed.), *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers* (pp. 31–52). Springer. https://doi.org/10.1007/978-981-33-6342-7_3

Gordon, W. A. (1945). The adult authority and individual treatment. In *Proceedings of the Seventy-Fifth Annual Congress of the American Prison Association*, pp. 54–59.

Gottfredson, G. D. (1987). Peer group interventions to reduce the risk of delinquent behavior: A selective review and a new evaluation. *Criminology, 25*(3), 671–714.

Hardman, D. G. (1959). The Highfields story: An experimental treatment project for youthful offenders [Review of *The Highfields story: An experimental treatment project for youthful offenders*, by L. W. McCorkle, A. Elias, & F. L. Bixby]. *Social Service Review, 33*(2), 210–211.

Keve, P. W. (1991). *Prisons and the American conscience: A history of U.S. federal corrections*. Southern Illinois University Press.

Lane, W. D. (1931). Parole procedure in New Jersey. *Journal of Criminal Law and Criminology, 22*(3), 375–405.

Lehman, H. C. (1956). James Pertice Porter: 1873–1956. *The American Journal of Psychology, 69*(4), 686–687.

Lejins, P. P., Prigmore, C. S., & Rector, M. G. (1966). The joint commission on correctional manpower and training: Its purpose, structure, and organization. *Crime & Delinquency, 12*(3), 217–220. https://doi.org/10.1177/001112876601200302

Lewis, B. G. (1920). The New Jersey plan in operation. *American Journal of Insanity, 76*(3), 335–348.

Lloyd McCorkle, prisons aide. (1984, May 17). *The New York Times*, p. 46.

Lovell Bixby, F., penologist, dies. (1975, July 31). *The New York Times*, p. 30.

Magaletta, P. R., Perskaudas, R., & Heigel, C. (2020). Take it from the chiefs: Gold standards for correctional psychologist competency and development. *Professional Psychology: Research and Practice*. https://doi.org/10.1037/pro0000289

Matza, D. (1958). The Highfields story: An experimental treatment project for youthful offenders [Review of *The Highfields story: An experimental treatment project for youthful offenders*, by L. W. McCorkle, A. Elias, & F. L. Bixby]. *American Sociological Review, 23*(4), 464–464. https://doi.org/10.2307/2088826

McCorkle, L. W., Elias, A., & Bixby, F. L. (1958). *The Highfields story: An experimental treatment project for youthful offenders*. Henry Holt.

Morris, T. (1960). The Highfields story; youthful offenders at Highfields [Review of *The Highfields story; youthful offenders at Highfields*, by L. McCorkle, A. Elias, F. Lovell, H. A. Weeks, E. W. Burgess, W. Reckless, R. L. Jenkins, G. H. Shaw, & W. J. Warner]. *The British Journal of Criminology, 1*(1), 80–84.

New Jersey Department of Institutions and Agencies. (1954). *Highfields experimental treatment project for youthful offenders* (Government report). https://babel.hathitrust.org/cgi/pt?id=mdp.39015082628739&view=1up&seq=4&skin=2021

Nishikawa, Y. (2005). An overview of the history of psychology in Japan and the background to the development of the Japanese Psychological Association. *Japanese Psychological Research, 47*(2), 63–72. https://doi.org/10.1111/j.1468-5884.2005.00274.x

Rachlin, B. M., Price-Blackshear, M. A., Varghese, F. P., & Magaletta, P. R. (in press). Correctional psychology pioneer: Edgar A. Doll (1889–1966). In P. R. Magaletta, M. Ternes, & M. W. Patry (Eds.), *The history and future of correctional psychology*. Springer.

Ross, S., & Bayton, J. A. (1979). Contributions to the history of psychology: XXV. Max Meenes (1901–1974). *Psychological Reports, 44*(3, Pt 1), 774–774. https://doi.org/10.2466/pr0.1979.44.3.774

Sanford Bates, 88, who headed federal prison system, is dead. (1972, September 9). *The New York Times*, p. 26.

State of New Jersey. (n.d.). Retrieved June 12, 2022, from https://www.nj.gov/lps/jjc/residential_comm_albert_hm.html

Stevens, S. S. (1968). Edwin Garrigues Boring: 1886–1968. *The American Journal of Psychology, 81*(4), 589–606.

The application of the group method to the classification of prisoners. (1945). *Sociometry*, *8*(3/4), 15–39. https://doi.org/10.2307/2785020

The college world. (1927). *Cornell Alumni News*, *29*(40), 500.

The Rice Institute. (1926). *Announcements for the academic year beginning September thirteenth nineteen hundred and twenty-six*. https://scholarship.rice.edu/handle/1911/35990

The Rice Institute. (1927). *Announcements for the academic year beginning September nineteen hundred and twenty-seven*. https://scholarship.rice.edu/handle/1911/36012

The Rice Institute. (1928). *Announcements for the academic year beginning September seventeenth nineteen hundred and twenty-eight*. The Rice Institute. https://scholarship.rice.edu/handle/1911/36045

The Rice Institute. (1929). *Announcements for the academic year beginning September sixteenth nineteen hundred and twenty-nine*. The Rice Institute. http://archive.org/details/riceuniversityge192930hous

Timeline—1930s to 1960s. (n.d.). School of Social Sciences | Rice University. Retrieved June 14, 2022, from https://socialsciences.rice.edu/timeline-1930s-1960s

United States Bureau of Prisons, Department of Justice. (1942). *Gearing federal prisons to the war effort*.

Weeks, H. A. (1963). *Youthful offenders at Highfields: An evaluation of the effects of the short-term treatment of delinquent boys*. The University of Michigan Press.

Chapter 4
Correctional Psychology Pioneer: Asher Pacht (1922–2017)

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Asher Pacht (1922–2017)

Asher Pacht was born on July 2nd, 1922, to Joseph and Tillie Pacht in Youngstown, Ohio. He was the youngest of three children born to the couple who immigrated to the United States from Romania in 1912. His father, Joseph, worked as a truck driver for the Ohio Bottling Works throughout much of Asher's life. Asher, who would later help to lay the foundation for clinical psychology within corrections, developed an early interest in science at the age of 8 after receiving a chemistry set as a gift from his father (American Psychological Association, 2006). Asher's interest in science was further reinforced and nurtured through his attendance at East High School, where he became recognized as a high-caliber student who excelled in leadership, scholarship, and service.

During Asher's time at East High, he was the president of the East High Electron Club, which focused on the study of chemistry and aimed to develop students' interest in science (East High School, 1939). The club motto was: "Abandon Superstition: Ascertain the Truth." He was also a member of the Debate Club, where he was one of three people in 1939 to earn the advanced Degree of Distinction within the society (East High School, 1939). Lastly, in collaboration with other members of his graduating class, he helped organize The Pin Club of East High, which aimed to promote community ties among seniors in the academy. The club's emblem was a "safety pin," symbolizing the club's dedication to good fellowship (East High School, 1939). His participation in these organizations and membership in the National Honour Society and National Forensic League were early indicators

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of his brilliance and dedication to serving others. According to his high school yearbook, Asher's graduating class remembered him through the legacy of his smile and generosity, and some predicted he would go on to be a senator. The words: "one of these days you'll hear his name, when he's a lawyer and achieves great fame" were written alongside his 1939 yearbook photo (East High School, 1939).

Education, Military Service, and Clinical Training (1940–1953)

Following Asher's education at East High School, he enrolled at Ohio University in 1940. Here, Asher received his Bachelor of Science degree in 1944 before enlisting in the military as a parachute infantry officer. Asher served in the 11th Airborne Division during the Battle of Okinawa amid World War II and eventually was promoted to Acting Military Governor in Honshu, Japan (Van Horne, 2018). Following the war, he returned to Ohio and married his high school sweetheart, Perle, with whom he had two children. After initially receiving his Bachelor of Science in 1944, he later completed a Bachelor of Arts and a Master of Arts in psychology at Ohio University before pursuing his PhD in clinical psychology at the University of Wisconsin, Madison. According to archival documents, Asher's service in the military altered his perceptions and influenced him to pursue a career in psychology. When reflecting on his career trajectory later in life, Asher said, "I shall always be grateful for that moment on Okinawa in 1945 when I decided to abandon chemistry and become a psychologist" (American Psychological Association, 2006).

Asher began his doctoral training in 1948 when the field of clinical psychology was in its infancy. Despite being in its early stages, Asher was able to obtain intensive training in research methods and statistics at the University of Wisconsin, Madison (American Psychological Association, 2006). During his clinical training, he worked as a Veterans Administration trainee at the Madison Veterans Mental Hygiene Clinic. He published the first of his many studies in 1952, "Perceptual Size Constancy of Known Clinical Groups," one of the first clinically oriented experiments to explore perceptual constancy (Sanders & Pacht, 1952). Perceptual constancy encompasses our propensity to view objects as having a standard size, color, or shape despite alterations in angle or distance, a phenomenon that had also been studied using Rorschach tests (Sanders & Pacht, 1952). The study investigated personality differences (neurotic vs psychotic) in the size constancy phenomenon among patients at the Veterans Mental Hygiene Clinic. At the time, a large number of World War II veterans needed ongoing care following their experiences overseas. The influx of individuals requiring psychological care came with a need to increase mental health research and the number of mental health professionals (Pickren, 2003). This need provided postdocs like Asher, a veteran himself, extensive clinical training and the opportunity to conduct research with a large patient population.

Asher's time at the Veterans Mental Hygiene Clinic also corresponded with the first cohort of clinical psychologists completing their training in 1953, just 4 years following the adoption of the scientist-practitioner model of clinical psychology, which is still in place today.

Contributions to the Professionalization of Psychology in Corrections (1953–1980)

After completing his PhD in 1953, Asher obtained his first professional designation at the Wisconsin Division of Corrections. He also worked as a part-time clinical faculty member at the University of Wisconsin,[1] Madison, and became a member of the American Association for Correctional Psychology (AACP; American Psychological Association, 2006). He was appointed as the supervising psychologist at the Bureau of Clinical Services of the Wisconsin Department of Corrections (DOC), and despite his initial goal of remaining at the department for a year while he completed a research project in the prison, he remained with the Wisconsin DOC for 24 years before retiring as the Director of Clinical Services (American Psychological Association, 2006).

Throughout his daily work within the Wisconsin DOC, Asher became adept at focusing and sharing his experiences as a correctional psychologist with colleagues and professionals in similar situations. Ultimately, he would advocate for the professionalization of psychology throughout his career, particularly in corrections. He did so by identifying the required competencies one must possess to work in corrections, and with that, he helped to introduce the idea that an ethics code in corrections is beyond what is expected in traditional settings. Asher noticed that many practitioners working in corrections attempted to carry over ideas that were suitable for traditional settings yet rarely useful in correctional settings (Pacht & Halleck, 1966). Therefore, Asher began to advocate for models of care specific to incarcerated individuals. Simultaneously, Asher began developing standards and competencies for those working in corrections while encountering and overcoming many of the barriers that existed during that time. Throughout his lengthy tenure in corrections, Asher had helped produce a correctional psychology ethics code, an expansion of models of care for offenders, licensing and regulation impacts, and a specific portfolio of research on the treatment of sex offenders. Many of these results began with the correctional-focused community Asher himself had helped to build, the American Association for Correctional Psychology (AACP).

Development Through the American Association for Correctional Psychology (AACP) The AACP, now known as the American Association for Correctional and

[1] While at the University of Wisconsin, Asher also served as a clinical professor and mentor to several graduate students in the psychology and psychiatry programs before retiring as professor emeritus in 1991 (Van Horne, 2018).

Forensic Psychology (AACFP), was founded in 1953 to promote the development of psychological practices and effective treatment approaches for those involved in the criminal justice system (Bartol & Freeman, 2005). Members of the AACP have made significant contributions to correctional psychology through editorial work and the development of risk assessment tools, rehabilitative programs, and doctoral programs (Bartol & Freeman, 2005). Among the greatest of these contributions was legitimizing correctional psychology as a professional career in 1972 (Bartol & Freeman, 2005).

According to Brodsky (2007), the cultural climate of the 1950s and 1960s created a challenging time for psychologists working in corrections. At the time, clinical psychology was considered inconsequential in corrections (Brodsky, 2007). As a result, psychologists working in correctional settings experienced barriers to providing meaningful mental health treatment and were often met with competing demands between assessment and treatment versus custodial and military priorities (Brodsky, 2007). Moreover, the working conditions of psychologists in corrections were often difficult, with unrealistic workloads and looming threats of losing their employment, being sent to Vietnam, or being court-martialed for prioritizing their duties as psychologists over custodial practices (Brodsky, 2007). Therefore, the AACP served as what Brodsky (2007) refers to as a "support group" for psychologists working in corrections. It allowed otherwise isolated correctional psychologists to connect and share information, and it was also the birthplace of the journal *Criminal Justice and Behaviour* and the Lake Wales Conferences (Brodsky, 2007).

Asher had served as the association's first vice-president (1955), twelfth president (1975–1977), a member of the Executive Committee (1973–1979), and a member of the Editorial Board for the association's flagship journal*: Criminal Justice and Behaviour* (1973–1980). He also served as the book review editor for the association's newsletter, the *Correctional Psychologist*, in 1968. During his term as president of the AACP, he played an integral role in the development of ethical standards for psychologists working within the criminal justice system (Bartol & Freeman, 2005). Asher, who was never one to shy away from a challenge, consistently advocated for the professionalization of correctional psychology while helping to develop the notion that the ethics code for clinical practice in corrections must grow, differentiate, and expand from the foundational codes promoted by other associations. Accordingly, in collaboration with other members of the AACP, he helped to identify the required competencies one must have to work within corrections. He did so through his contributions to the regulation and licensing of psychologists and the development of mental health programs in corrections.

Focusing the Development of Mental Health Programs in Corrections Asher took a holistic approach to the development of mental health programs in corrections at a time of resistance between mental health professionals and custodial administration (Pacht & Halleck, 1966). Specifically, those tasked with the treatment of offenders' mental health faced several barriers to providing care. First, a consensus on whether some offenders could be treated with psychological interventions had not been reached, and there was increasing difficulty convincing the public that less

punitive approaches were needed for offender rehabilitation. This lack of consensus affected the ways in which clinicians were perceived by others within the correctional environment. Second, the roles of psychiatrists and psychologists in corrections were, and are, different from those roles in traditional mental health clinics. The balance between custody and care had to be laid out and considered. To establish such a foundation, Asher steered away from the binary focus on offender needs versus custodial priorities and took a systems approach instead. Asher simultaneously considered the needs of clinicians, administration, correctional staff, and the public good. He advocated for adapting and modifying traditional treatment to meet the unique demands of the custodial environment and highlighted the importance of environmental factors in offering psychological services treatment under these circumstances. He also recognized the unrealistic demands bestowed upon psychologists working in corrections then and argued that treatment would never be effective if staff-to-inmate ratios remained unbalanced (Pacht & Halleck, 1966). Therefore, to have a meaningful impact on the correctional environment and those who reside within it, Pacht and Halleck (1966) argued that psychological interventions had to be modified, and additional roles within the institutions needed to be developed.

In the late 1960s, Pacht and Halleck (1966) began encouraging other state departments of corrections to adopt the Wisconsin Model, which was a collaborative approach to research, clinical services, and the training of mental health service providers in corrections. According to Pacht and Halleck (1966), the Wisconsin Model had been in use since 1924 and was highly successful in centralizing multidisciplinary programs and services: "What began originally as a physician-psychiatrist-psychologist team that visited the various correctional institutions has evolved into a staff of over fifty full- and part-time psychiatrists, clinical psychologists, clinical social workers, and trainees, all of whom are permanently assigned to the institutions or units they serve." Through this model, several Clinical Services Units were developed at juvenile and adult institutions and in community services for parole. Additionally, there was an emphasis on continuous research with dedicated sections for research units. The administrative organization of these units provided a more streamlined approach to programming, services, and research. In turn, this structure could meet the needs of clinicians, institutions, and clients (Pacht & Halleck, 1966). While the Wisconsin Model would prove to be beneficial in the long run, it was not without its critics. Arguably, the funding required for such programs may have been viewed as a barrier to their implementation from administrative perspectives.

Later in the 1970s, Stanley Brodsky and Asher Pacht were hired as consultants at a Midwestern maximum-security prison. Unbeknownst to them at the time, they were not brought in to evaluate the institution and its programming. Instead, they were brought in to assess the work of a single psychologist tasked with overseeing the 7000 inmates at the institution (Brodsky, 2007). The methods and protocols utilized by the psychologist were questionable at best. However, they highlighted the problems many mental health staff faced in corrections: limited access to

resources, unrealistic caseloads, and the ever-present struggle between balancing treatment needs with custodial priorities (Brodsky, 2007). For Stanley Brodsky and Asher Pacht, this moment in history accentuated the ongoing "custodial resistance" to treatment activities that were not necessarily unique to a single institution.

Brodsky and Pacht (1974) argued that the existing roles of psychologists in prisons were viewed as irrelevant to correctional administrators, which ultimately contributed to problems in recruiting and maintaining staff and achieving specific objectives in corrections, such as the rehabilitation of inmates. Thus, following the consultation, Brodsky and Pacht (1974) proposed a model for mental health services in corrections through a "Clinical Resource Centre." Drawing on many recommendations from the Wisconsin Model, the Clinical Resource Centre was an attempt to address the shortcomings of mental health practices in corrections, and it conceptualized specific objectives that would address psychological evaluations and heavy caseloads for clinicians. Specifically, the Clinical Resource Centre model suggested a streamlined and collaborative process in which objectives would be met with sufficient human resources (Brodsky & Pacht, 1974). The proposed model encompassed screening processes, rapid individual evaluations, direct treatment services, consultations, and the development of programming, personnel, training, and research. Ideally, the Clinical Resource Centre model would address the necessary gaps and offer meaningful services within corrections. However, according to Brodsky (2007), the administrators who hired them to do the initial consultation ignored the proposed model.

It is clear that there was significant pushback toward establishing mental health programs in corrections, yet this did not deter Asher and his colleagues from their efforts in making the case to push forward. During the 20-year period between the late 1950s and late 1970s, Asher published an abundance of research on topics related to the diagnosis and treatment of sex offenders (Cook et al., 1971; Cowden & Pacht, 1969; Pacht et al., 1962; Pacht & Cowden, 1974), the development of mental health and assessment programs in corrections (Brodsky & Pacht, 1974; Cowden & Pacht, 1969; Pacht & Halleck, 1966), and psychologists as expert witnesses (Pacht et al., 1973). In many ways, Asher's research and dedication to the development of mental health programs in corrections altered the perception of psychology's role in the correctional system and continues to serve as the fundamental basis upon which programs and services are offered today (American Psychological Association, 2006).

Mental Health Treatment for Sex Offenders An additional area of programming that Asher contributed to was the assessment and treatment of sex offenders. In general, Asher was a long-time proponent of the idea that criminally involved people could respond positively to psychological treatment (Pacht et al., 1962). He believed that the ideal approach to working with offenders was to understand the psychological basis of a given offence (Pacht et al., 1962). Moreover, he viewed offenders as human beings worthy of dignity and denounced the treatment of offenders as "others," stating that this approach was "antitherapeutic" and in conflict with the objectives of psychological treatment (Pacht & Halleck, 1966). Asher's beliefs were

aligned with programs developed out of the 1951 Wisconsin Sex Crimes Law, which outlined a process by which sex offenders would be sentenced, treated, and assessed. The Wisconsin Sex Crimes Law recognized that a proportion of sex offenders had underlying psychological factors which contributed to their offending. In recognizing the "psychological nature" of these crimes, the law developed pathways to identify offenders who could benefit from specialized treatment (Pacht et al., 1962). The law combined the principles of treatment for those who could benefit from it and indeterminate sentencing for those who could not. Following the establishment of this law, Asher pioneered the introduction of diagnostic and treatment programs for individuals charged with sex crimes. He observed that those who were charged with sex crimes under the Wisconsin Sex Crimes Law and referred for specialized treatment were distinct from individuals who were charged under the Criminal Code (Pacht & Cowden, 1974). He was one of the first researchers to differentiate between those who commit sex offenses on the basis of psychological illness versus those who lack moral standards and show no signs of mental health difficulties (Roberts & Pacht, 1965; Pacht et al., 1962). Thus, Pacht and his colleagues began developing successful treatment programs for this population.

Nearly a decade after its implementation, Pacht et al. (1962) evaluated 9 years of experience with the Wisconsin Sex Crimes Law and found that only a small percent of sex offenders did not respond to treatment. In their report, Pacht et al. (1962) provided a statistical summary of offenders committed under the law (n = 1605). Half of this population was considered "deviated," meaning they were assessed as psychologically immature or having little control over their impulses. These deviated offenders were diverted through the Wisconsin Sex Crimes Law for treatment, with a total of 146 receiving treatment while on probation and 632 receiving treatment in prison. Moreover, out of 475 parolees who received treatment under this law, only 9% reoffended. Pacht et al.'s (1962) evaluation of this law yielded promising results, indicating its effectiveness in protecting the public and giving prominence to how a subset of sex offenders responded positively to treatment. While his clinical and service delivery at the time focused on populations of sex offenders, it is clear that he applied these principles more broadly throughout his career. That is, with sufficient assessment and treatment, Asher firmly believed that offenders could be rehabilitated.

Regulation, Licensing, and Training of Psychologists in Corrections Given his ability to bring groups of professionals together and help them to achieve professional status within the settings they practiced, it is not surprising that Asher would eventually, in the 1980s, start working on Wisconsin state licensing and raising the educational requirements for psychologists working in corrections (American Psychological Association, 2006). Asher had dedicated much of his career to legitimizing correctional psychology by articulating required competencies and service delivery proposals. In many ways, he stayed true to his roots and embraced the motto of his high school science club, "abandon superstition and ascertain the truth," through his efforts to professionalize and standardize correctional psychology. From the 1960s onward, he was busy advocating for more established mental health

professionals who met more rigorous educational standards to work in corrections (Pacht & Halleck, 1966). Thus, his collaborative work within the Wisconsin correctional system led to the establishment of the first accredited doctoral-level internship program in corrections (American Psychological Association, 2006).

Concurrent Private Practice and Public Service: "The Psychologist's Psychologist" (1961–2006)

While Asher spent much of his career working with clients involved in the criminal justice system, he concurrently opened a part-time private practice in 1961 (American Psychological Association, 2006; Pacht, 1984). Asher took a relational and process-oriented approach to therapy but was also flexible in modifying his techniques to meet the unique needs of individual clients. He believed a close, strong, caring therapeutic relationship was integral to successful therapy. His values as a therapist were cultivated partly by his work with criminal justice clients, whom he spoke incredibly highly of (Pacht, 1984). While he acknowledged the challenges and difficulties of working with such a population, he also emphasized how rewarding and insightful working with them can be (Pacht, 1984). These values likely contributed to him dedicating much of his time to providing services to underrepresented populations and occasionally offering treatment to individuals at little to no cost. However, many clients he served in private practice also included those who worked in the mental health fields and individuals within the university (Pacht, 1984). According to the American Psychological Association (2006), Asher maintained the unofficial title of "the psychologist's psychologist." After retiring from his private practice in 2001, Asher continued to offer consultations to professionals without compensation (American Psychological Association, 2006).

Asher was also highly active in the realm of public service more broadly, having volunteered his time to several public advocacy groups as well as committees dealing with mental health issues and rape prevention (American Psychological Association, 2006). He had a keen interest in sexual violence prevention and was a member of the Department of Health, Education and Welfare Advisory Committee on Rape Prevention and Control and the Wisconsin Legislative Council Committee on Sexual Assault and Child Abuse. He also provided consultation services to the Wisconsin State Highway Patrol, the Jobs Corps, and the Veterans Administration (American Psychological Association, 1983).

As a proponent of psychology's place within the legal system, Asher also spent time advocating for the presence of expert witnesses in the court of law. In a 1973 paper, Pacht and colleagues (1973) reviewed the status of psychologists as expert witnesses by looking at court decisions. Prior to the early 1960s, there was some debate surrounding the use of psychologists as expert witnesses and whether the science of psychology had established itself enough to be considered legitimate (Pacht et al., 1973). In addition, it was a challenge for psychologists to qualify as

expert witnesses due to their lack of medical training and the misconception that matters of psychology were common knowledge (Pacht et al., 1973). However, Pacht et al. (1973) mapped a handful of cases that played an integral role in the courts' acceptance of psychologists' expert testimony and suggested several guidelines that would assist the acceptance of psychologists in this role in years to follow. At multiple points in his career, Asher had served as an expert witness on cases involving mental health laws.

As a further testament and illustration of his distinguished contributions as a psychologist, Asher received several prestigious awards throughout his professional career, including the APA's Award for Distinguished Professional Contributions in 1982. This award recognized him as a pioneer in the development of meaningful mental health treatment for correctional populations (Bartol & Freeman, 2005). The APA acknowledged Asher's efforts in helping to "raise the consciousness of correctional administrators and transforming clinical psychology in corrections into a legitimate and respected endeavour" (Bartol & Freeman, 2005).

His earliest award for public service was the American Correctional Associations Award for Outstanding Contributions in the Field of Correctional Psychology (1962; American Psychological Association, 2006), followed by his Award for Outstanding Achievement in Correctional Psychology in 1971. The latter was one he had cherished most for three reasons which he reflected on in 2004:

> It came from an organization in which I had a major investment. It was engraved by an inmate who made several errors and, thankfully, we, as an organization, were probably too poor to do another. And Stan Brodsky was involved and wrote that wonderful citation as only Stan could do. Stan knew how much I would appreciate a prison engraved award replete with errors. It hangs in a prominent spot on my home office wall. The citation reads in part, "a persistent, stubborn, independent and cordial gadfly, activist and innovator on behalf of correctional psychology." (Bartol & Freeman, 2005, p. 125)

He also received a Special Award for Distinguished Service to the Wisconsin Psychological Association in 1977, induction into the National Academies of Practice in Psychology in 1982, the APA Division of Psychologists in Public Service's Harold M. Hildreth Award for Outstanding Contributions to Public Service in 1988, and the American Psychological Foundation Gold Medal Award for Life Achievement in Psychology in the Public Interest in 2006 (American Psychological Association, 2006; Van Horne, 2018).

Conclusion

Asher Pacht's legacy resides in his broad and lasting contributions to expanding the role of clinical psychology in the criminal justice system, particularly in correctional settings. His efforts to advance the psychological sciences during his career profoundly influenced the role of correctional psychologists and the treatment of those under their care. During his service to society, he advocated for adapting traditional psychological treatments to meet the unique needs of those who were

incarcerated. He also promoted more rigorous training of mental health service providers in corrections while helping to develop ethical standards for psychologists working within the criminal justice system. Asher, along with other members of the AACP, highlighted the increased responsibility of clinicians in the correctional environment and shed light on how the setting of corrections must be accounted for in the delivery of psychological service. Asher also conducted research to improve assessment and treatment in corrections, and with his colleagues, he supported psychologists working in correctional settings. Finally, as a leader and a mentor, Asher's kindness and genuine concern for others served to empower psychologists of his time and many who would follow. His focus on ethics and his dedication and concern for others fundamentally altered the ways in which we continue to practice correctional psychology today (Van Horne, 2018). His steadfast devotion to improving the work of psychology in correctional settings has remained truly influential.

References

American Psychological Association. (1983). Asher R. Pacht: Award for distinguished professional contributions. *American Psychologist, 38*(1), 30–32. https://doi.org/10.1037/0003-066X.38.1.30a

American Psychological Association. (2006). Gold medal award for life achievement in psychology in the public interest: Asher R. Pacht. *American Psychologist, 61*(5), 402–404. https://doi.org/10.1037/0003-066X.61.5.402

Bartol, C. R., & Freeman, N. J. (2005). History of the American association for correctional psychology. *Criminal Justice and Behavior, 32*(2), 123–142. https://doi.org/10.1177/0093854804272893

Brodsky, S. L. (2007). Correctional psychology and the American association of correctional psychology: A revisionist history. *Criminal Justice and Behavior, 34*(6), 862–869. https://doi.org/10.1177/0093854807301993

Brodsky, S. L., & Pacht, A. R. (1974). The clinical resources center: A model for utilization of mental health services in correction. *Crime & Delinquency, 20*(3), 291–296. https://doi.org/10.1177/001112877402000309

Cook, R. F., Fosen, R. H., & Pacht, A. R. (1971). Pornography and the sex offender: Patterns of previous exposure and arousal effects of pornographic stimuli. *Journal of Applied Psychology, 55*(6), 503–511. https://doi.org/10.1037/h0031989

Cowden, J. E., & Pacht, A. R. (1969). The sex inventory as a classification instrument for sex offenders. *Journal of Clinical Psychology, 25*(1), 53–57. https://doi.org/10.1002/1097-4679(196901)25:1<53::AID-JCLP2270250114>3.0.CO;2-T

East High School. (1939). *Janus* [Yearbook]. https://www.myheritage.com/research/record-10569-290872053/asher-pacht-in-us-yearbooks-name-index

Pacht, A. R. (1984). Reflections on perfection. *American Psychologist, 39*(4), 368–390. https://doi.org/10.1037/0003-006X.39.4.386

Pacht, A. R., & Cowden, J. E. (1974). An exploratory study of five hundred sex offenders. *Criminal Justice and Behavior, 1*(1), 13–20. https://doi.org/10.1177/009385487400100103

Pacht, A. R., & Halleck, S. L. (1966). Development of mental health programs in correction. *Crime & Delinquency, 12*(1), 1–8. https://doi.org/10.1177/001112876601200101

Pacht, A. R., Halleck, S. L., & Ehermann, J. C. (1962). Diagnosis and treatment of the sexual offender: A nine-year study. *American Journal of Psychiatry, 118*, 802–808. https://doi.org/10.1176/ajp.118.9.802

Pacht, A. R., Kuehn, J. K., Bassett, H. T., & Nash, M. M. (1973). The current status of the psychologist as an expert witness. *Professional Psychology, 4*(4), 403–413. https://doi.org/10.1037/h0021441

Pickren, W. E. (2003). VA psychologists and clinical science in the 1950s. *Psychological Science Agenda, 17*(1). Retrieved from www.apa.org/science/about/psa/2003/11/history

Roberts, L. M., & Pacht, A. R. (1965). Termination of inpatient treatment for sex deviates: Psychiatric, social, and legal factors. *American Journal of Psychiatry, 121*, 873–880. https://doi.org/10.1176/ajp.121.9.873

Sanders, R., & Pacht, A. R. (1952). Perceptual size constancy of known clinical groups. *Journal of Consulting Psychology, 16*(6), 440–444. https://doi.org/10.1037/h0058268

Van Horne, B. A. (2018). In memoriam: Asher R. Pacht (1922–2017). *American Psychologist, 73*(1), 96. https://doi.org/10.1037/amp0000171

Chapter 5
Correctional Psychology Pioneer: Marguerite Warren (1920–2008)

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Marguerite Warren (1920–2008)

Marguerite Q. Warren (1920–2008), an American psychologist, researcher, and professor, was a pioneer in the field of correctional psychology. She is best known for her contributions toward the Community Treatment Project of the California Youth Authority, a project aimed at developing community-based alternatives to institutionalizing juvenile offenders. Born from her work at the California Youth Authority, Warren and colleagues established the Interpersonal-Maturity Level Classification System (or I-level), which has been highly influential in the diagnosis and treatment of juvenile delinquency and criminal rehabilitation.

Warren's Childhood and Early Years

Marguerite "Rita" née Queen was born on January 30, 1920, in the small town of Marion, Ohio (Van Voorhis et al., 1999). Queen, the eldest of two daughters, would later acquire the surname "Warren" through her second marriage. Although her parents were not particularly well-educated, Warren's father, Asa Queen, was a well-respected local businessman. Despite the family's modest beginnings, loss and hardship defined Warren's childhood. Before the young age of four, Warren lost her mother, Hazel, who passed away during the birth of her sister, Mary. Soon after, the Great Depression marred the family's financial security ultimately leaving Asa's business in shatters and the family in significant debt. Not long after the onset of the Depression, Warren's father passed away, leaving the Queen sisters without parents (Van Voorhis et al., 1999).

Nevertheless, with all the sorrow that characterized her childhood, Warren found solace in learning (Van Voorhis et al., 1999). Warren excelled at school from a young age, and she often found herself pondering about world issues far beyond the level that was taught within the classroom. Although she considered herself social, Warren often struggled to find others that shared her intellectual curiosity. But, regardless of feeling isolated in her pursuit of knowledge, Warren found support from important female role models in her life who helped to encourage her throughout her academic journey. Early on, Warren grew to be incredibly close with her grandmother, who moved in to take care of Warren and her younger sister after the death of their mother. As sole guardian, caregiver, and breadwinner for the Queen family, Warren's grandmother provided her granddaughters with a blueprint of how to be strong, independent women. It also afforded Warren the experience of how extended communities can provide the correct context for youth to heal, develop, and even thrive – all themes that would emerge in her scholarship. Warren mirrored her grandmother's independence and self-assurance from a young age. In fact, when she arrived at high school, Warren gained another meaningful mentor when she became close with her English Teacher, Marion Conley, who was an encouraging and uplifting presence for Warren. The two engaged in stimulating discussions of politics and social issues outside the classroom and, seeing her

potential, Conley encouraged Warren to pursue life beyond the small-town limits of Marion, Ohio (Van Voorhis et al., 1999).

Educational Background

In 1938, Warren enrolled in the College for Women at Case Western Reserve University in Cleveland, Ohio on an aptitude-based scholarship (Van Voorhis et al., 1999). It was here that she first discovered the deep interest in psychology and sociology. Following a brief gap year after graduation, Warren moved to California where she completed a master's degree in psychology at University of California Berkeley in 1946.

As Warren entered her undergraduate studies at Case Western, women in academia were still the minority and sex-segregated school systems were standard at universities across America (Goldin & Katz, 2011). A persistent belief was that women belonged in the home raising children (Parker 2015), and Warren was not immune to this entrenched sexism. Warren's male professors often deterred her from pursuing further education, instead encouraging her to get married and start a family (Van Voorhis et al., 1999). Nevertheless, although a rarity in academia, Warren was fortunate enough to be inspired and mentored by several well-respected women throughout her graduate studies. For instance, Else Frenkel-Brunswik, a social psychologist who joined Berkeley's psychology department as a lecturer in 1945, supervised Warren's master's thesis (Grold, 1961; Van Voorhis et al., 1999). Under the guidance of Frenkel-Brunswik, Warren conducted her thesis research at Berkeley's Institute of Human Development (formerly known as the Institute of Child Welfare) where she investigated the language youth use when responding to projective tasks, such as the thematic apperception test (Van Voorhis et al., 1999). After obtaining her Master's degree in 1946, Warren attended the Graduate Program in Psychology at Stanford University where she received mentorship from Tamara Dembo, a social and experimental psychologist best known for her early contributions to rehabilitation psychology. Here, Warren interviewed men about their personal reactions to visible injuries sustained during military service. After Stanford, Warren returned to the Institute of Human Development where she worked alongside Jean MacFarlane, a research psychologist in child development, who encouraged her to pursue further graduate studies at Berkeley.

When Warren returned to Berkeley to begin her doctoral studies, the field of psychology was undergoing a minor transformation. While social and experimental psychology dominated the discipline of psychology during wartime, the return of soldiers from Europe led to a resurgence in clinical psychology at Berkeley and other American institutions (Bazar, 2014). Warren, herself, became increasingly interested in clinical psychology. Inspired by her clinical training in psychoanalysis at Berkeley during her PhD, Warren intended to explore the factors that contributed to the successful completion of psychoanalysis for her doctoral dissertation (Van Voorhis et al., 1999). However, Warren's committee outright rejected her dissertation proposal on the grounds that clinical data was of inferior quality. Disheartened by

the rejection, Warren took a break from her studies. During her time away from academia, Warren started a family with J. Douglas Grant, a fellow psychology student, whom she met and married years earlier during her time at Stanford.

The I-Levels

Alongside her husband, Warren began working as a Research Analyst for the Group Psychology Branch at the Office of Naval Research exploring personality development and delinquent behavior (Van Voorhis et al., 1999). Born from an increasing interest in military delinquency and offenders during a discussion group with local scholars, Warren, Grant, and Clyde Sullivan, a fellow psychologist from Berkeley, advanced the *Theory of Interpersonal-Maturity* (integration level or I-Level theory), a general theory of personality development which integrates developmental, psychoanalytical, Lewinian, and social perceptual perspectives (Harris, 1988; Sullivan et al., 1957; Warren, 1983). The theory posits that there are seven successive stages of interpersonal maturity. Each stage is defined by an interpersonal problem which must be resolved before an individual can progress to the next stage; however, some individuals may become fixated at a particular stage (Grant & Grant, 1959). With less-than-ideal social maturity, delinquent behavior is most associated with the lower levels of maturity, notably levels 2 (I_2) through 5 (I_5) (See Table 5.1; Grant & Grant, 1959). Following from their classification, Warren, Douglas, and Sullivan believed that individuals in different stages of maturity would also benefit from differential supervision or treatment strategies, rather than a "one-size-fits-all" approach to intervention (Sullivan et al., 1957; Warren, 1969).

Although initially developed as a general model of personality development (Warren, 1983), the I-level has proven to be most valuable in correctional settings. Through the Office of Naval Research, the team first tested the I-levels of their theory on sailors and marines who were court marshalled and confined at Camp

Table 5.1 Maturity levels of the Theory of Interpersonal-Maturity

Maturity level	Characteristics
Level 1 (I_1)	Least mature; interpersonal interactions resemble newborn; likely to be found in institutions; precluded from delinquent behaviors
Level 2 (I_2)	Typical of young children; lack of social awareness; impulsive; perceived others as a source of self-gratification
Level 3 (I_3)	Externalized value system based on how power is structured; manipulative
Level 4 (I_4)	Simple set of internalized values; concerned about others' opinions; rigid in application of rules
Level 5 (I_5)	Tolerant of other viewpoints; empathic; delinquency is situationally determined
Level 6/7 (I_6/I_7)	Capacity for mature social interactions; often precluded from delinquent behavior

Grant and Grant (1959) and Warren (1969)

Elliot, a military base in San Diego, during the 1950s (Grant & Grant, 1959). Over 2 years, Warren and her colleagues ran 27 Learning Groups where 20 offenders classified as low maturity (I_2 and I_3) and high maturity (I_4 and I_5) lived and trained in small, closed communities headed by one of 3 Marine supervisors. The findings, which demonstrated that consistent attitudinal change and, consequently, lower rates of recidivism were products of effective supervision, regardless of maturity level, laid the foundation for what would become one of Warren's greatest contributions to the field of correctional psychology.

Optimistic about the new theory, Warren returned to Berkeley before the time limit for completing her PhD lapsed and proposed a dissertation using the I-level classifications to examine peer pressure experienced by offenders during incarceration (Van Voorhis et al., 1999). As predicted by the theory, Warren found that offenders who were classified as lower maturity (i.e., I_3) were more likely to yield to peer pressure than offenders of higher maturity (i.e., I_4 and I_5). With further validation of the I-level, Warren successfully defended her dissertation and was awarded her PhD in Clinical Psychology in 1961. Contrasted against her professional successes, Warren's personal life was in upheaval and following years of marital strife, Warren and Douglas eventually separated.

Warren and Differential Treatment with Youth Offenders

Following her doctoral degree, Warren began working for the California Youth Authority, often with her two young girls in tow (Van Voorhis et al., 1999). Shortly after starting this position, she and Stuart Adams started planning the Community Treatment Project, a rehabilitation program for juvenile offenders, which was also a large-scale study that aimed to develop community alternatives to institutionalizing delinquent youth (Adams & Grant, 1961; Grant et al., 1963; Palmer, 1971, 1973, 1974a, c; Warren, 1964, 1966; Warren & Palmer, 1965; Warren et al., 1964, 1966). Warren was the first of two principal investigators of the Community Treatment Project, from 1961 to 1967 (Palmer & Petrosino, 2003). During her time with the California Youth Authority, she also led a project examining group homes and developed an experimental training center.

Notably, at the time that Warren joined the California Youth Authority, the climate could not have been more conducive to applied experimental work. Decision-makers and leaders at the California Youth Authority had an appreciation for the value of applied scientific findings; they were knowledgeable about major social science theories, familiar with the basics of research, and were well-informed on youth rehabilitation (Palmer & Petrosino, 2003). Importantly, these leaders wanted to use the research findings to inform their policy and practice decisions. Despite only one percent of the budget being allocated for research, the California Youth Authority was conducting an unprecedented number of randomized trials in field

settings during the 1960s. In fact, the research team grew threefold from 1958 to 1963, and Warren was among the researchers hired during this time period. The research team was given the autonomy and resources to conduct large studies with long follow-up periods (Palmer et al., 2012). This allowed the research teams to design studies that were experimentally and theoretically sound, while also keeping the needs of the participants at the forefront (Van Voorhis et al., 1999). The National Institute of Mental Health provided a series of long-term grants to Warren and her collaborator, Ted Palmer, for their work on the Community Treatment Project, which provided important financial support for the project and also provided a powerful incentive for the California Youth Authority to uphold the rigorous experimental research designs, rather than override certain research design features (e.g., youth eligibility requirements for programs) due to operational demands, thus maintaining the integrity of the research (Palmer & Petrosino, 2003).

Phase I of the Community Treatment Project aimed to help implement and investigate an innovative program where juvenile offenders remained in their family homes with intensive supervision and personalized treatment within a small parole caseload. Personalized treatment objectives and techniques were based on the juvenile's I-level. Up until this time, juvenile offenders were typically institutionalized for 8–10 months, then returned to their family home under parole supervision, where they were generally part of a large caseload and, thus, received limited attention from parole officers. For the Community Treatment Project, eligible youths were randomly assigned to the experimental group (family home, intensive supervision, small caseload) or the control group (8–10 months of institutional program followed by parole in their family home as part of large caseload). Initial results showed more favorable outcomes for the experimental group than the control group, although about one-quarter to one-third of those in each group were involved in delinquent acts during the study period (Palmer, 1971, 2002).

In Phase II, to determine whether the Community Treatment Approach would be applicable to a large urban setting, the Community Treatment Project was expanded to San Francisco. During Phase II, Warren and Palmer and their team also made attempts to isolate which factors (e.g., setting, intensity of intervention) contributed to the success of Phase I (Palmer, 1974a, c). They found that Phase II results were comparable to Phase I results; that is, the Community Treatment Approach seemed to work as well in San Francisco as in other areas of California. Importantly, clarifying Phase I findings, Phase II showed that neither the community setting nor the lack of institutionalization contributed to the success of the Community Treatment Project. Rather, the effectiveness of the Community Treatment Approach could be attributed to appropriate matching of parole officers with youths, selecting parole officers with a high level of ability to deliver the program effectively, and having parole officers intervene intensively and extensively across multiple facets of the youths' lives (e.g., family, school), which was only possible when parole officers had low caseloads (Palmer, 1974a).

For Phase III of the Community Treatment Project, the juveniles in the study were assigned to either (1) a residential setting with appropriate treatment, followed by release to the treatment-intensive, low caseload Community Treatment Approach

in the youth's family home, or (2) direct release to the treatment-intensive, low caseload Community Treatment Approach in the youth's family home (i.e., similar to the experimental group in Phases I and II). Youth were assessed for individual needs but were randomly assigned to a treatment group. Findings from Phase III suggested that careful diagnosis and appropriate placement and treatment of juvenile offenders, with an emphasis on comprehensive and multimodal services, may lead to a reduction of delinquent behavior for those in both residential and community-based programs (Palmer, 1973, 1974a, c). The Community Treatment Project was one of the first studies to show that some approaches to correctional treatment are clearly better than others, and the effectiveness of treatment depends, at least somewhat, on how well it fits the client (e.g., Palmer, 1974c; Warren, 1966).

The Community Treatment Project became well-known as an effective approach for working with juvenile offenders. During a time when many correctional stakeholders and researchers resided in one of two camps – keep all offenders in the community or lock up all offenders – the Community Treatment Project showed that a more flexible or differentiated approach may be more effective in reducing recidivism (Palmer, 1974a). In President Johnson's 1967 Commission on Law Enforcement and the Administration of Justice report, of which Warren was a consultant, the commission specifically mentioned the Community Treatment Project as a model of effective correctional treatment that should be adopted widely (Katzenbach et al., 1967).

As Phase III of the Community Treatment Project was wrapping up, Warren's research turned to a related project that focused on group homes for juvenile offenders (Palmer, 1974b). The Community Treatment Project highlighted the out-of-home placement needs of juvenile offenders. During these years, group homes were increasingly used for at-risk youths, likely because they were cheaper than prison and helped to avoid removing youth from the community. Despite their popularity, there had been little to no research examining the effectiveness of group homes in crime prevention. The Differential Treatment Environments for Delinquents Project aimed to develop five types of group homes, with each type targeting the needs of a specific I-level subtype (Look & Warren, 1966). This project showed some success, specifically for the "boarding" home for higher maturity youths and the "temporary care" home for all types of youths. However, the other group homes showed moderate to low success in preventing recidivism among youth (Palmer, 1974b). These results underscored the importance of carefully considering the characteristics of an individual before placing them in a group home and, hopefully, curbed the overuse of group homes, in general.

The popularity and notoriety of the Community Treatment Project led to many requests for training in its methods, particularly in the I-Level Personality system. In 1967, California Youth Authority's Research Division created a second position related to the Community Treatment Project. Ted Palmer became the principal investigator of the project focused on the Community Treatment Project and its control groups. Marguerite Warren moved on to run the training operation, which would eventually become the Center for Training in Differential Treatment in Sacramento, California (Palmer & Petrosino, 2003).

The Center for Training in Differential Treatment was established partly to develop training curricula for correctional agencies who aimed to incorporate I-Level and Differential Treatment concepts into their correctional programming and treatment-planning (Warren, 1966, 1972, 1973). The Training Center met the demands for training in differential treatment approaches for offenders by providing training to a wide range of trainees from California and elsewhere in the United States and Canada, including probation officers, those working in crime prevention, and individuals working in group homes or prisons (Howard, 1974). However, Warren considered the Training Center to primarily be a research project, whose goal was to investigate the ways in which training and consultation can support correctional agencies in developing more effective treatment programs. To this end, the Training Center conducted evaluations of the curriculum materials and training procedures, and followed up with trainees to evaluate training adherence (California Youth Authority, 1969; Howard, 1974). These evaluations suggested that differential treatment approaches work best when the treatment type matches the treatment facilitator as well as the client; not all trainees could be successfully trained in differential treatment (Howard, 1974). The results also demonstrated the importance of following up with organizations and trainees to support them as they implement a differential treatment program. As a direct result of the Center for Training in Differential Treatment, differential treatment programs were initiated and operated all over the world (Howard, 1974; Warren, 1973).

The work by the California Youth Authority, particularly The Community Treatment Project, has been lauded by researchers for its outstanding research design and execution (e.g., Andrews et al., 1990; Gendreau & Ross, 1987). Prior to the Community Treatment Project and its many offshoots, very little correctional research was experimental in nature. Experimental research is still relatively rare in correctional research, likely because experiments are much more difficult to conduct in correctional settings than cross-sectional or correlational research, due to operational and logistical challenges, as well as experimental challenges, such as differential attrition (Farrington et al., 2020; Farrington & Welsh, 2005, 2006). The fact that Warren and her colleagues were so successful in achieving these research feats reflects remarkable cooperation by the California Youth Authority and an incredible optimism and perseverance by the researchers. Warren has remarked that she approached the California Youth Authority and the National Institute of Mental Health with her enthusiastic vision to set up the best possible program to help prevent youth recidivism, and she was well-received (Van Voorhis et al., 1999).

SUNY and Female Offenders

After more than a decade with the California Youth Authority, Warren and Martin Warren, her second husband who she met and married in the early 1960s, landed in up-state New York. Following a year-long visiting professorship, Warren accepted a tenure track position in 1973 at the University at Albany, State University of

New York (SUNY) as a clinical psychology professor in the recently established School of Criminal Justice. Despite being the first and only woman faculty member in the department, Warren recalls being generally accepted and respected by her male colleagues (Van Voorhis et al., 1999). However, Nicole Rafter, a graduate student at the time, remembers a more hostile environment for the women of SUNY, recalling that Warren was quite marginalized by her colleagues, who rarely hid their disdain of having a female faculty member in the department (Burton, 2021).

During Warren's time at SUNY, second wave feminism was gaining momentum and women's social issues were brought to the forefront in America. Coupled with her own experiences with gender inequality, the emerging social climate perhaps led to Warren's growing interest in female offenders, an offender subpopulation which had largely been overlooked by her peers. The consensus at the time was that women committed fewer and less severe crimes and desisted at higher rates compared to men (e.g., Palmer, 1974c; Spencer & Beracochea, 1972). Warren and one of her students, Jill Rosenbaum, challenged this perception by revisiting data on a group of 195 women who, as adolescents, were committed to the California Youth Authority between 1961 and 1969 (Warren & Rosenbaum, 1986). Warren and Rosenbaum investigated the persistence, duration, and severity of offense behavior for the women before, during, and after their time at the California Youth Authority. In direct contrast to the conventional wisdom of the time, Warren and Rosenbaum (1986) demonstrated that the majority of women in their sample recidivated as adults, committed serious offenses, such as attempted robbery and murder and had criminal careers spanning an average of 16 years. Spurred on by Warren and Rosenbaum's seminal study, there has been an increased focus on understanding the antecedents of female offending in an effort to develop effective and targeted treatment (e.g., Bloom et al., 2003; Rosenbaum, 1989).

While at SUNY, Warren also made several significant contributions to the American Society of Criminology (ASC). Notably, Warren first served as an Executive Counselor of the ASC in 1979 before serving as the second female Vice President in 1982 (Alder, 1997). Drawing on her research efforts with female offenders, Warren was also among the early supporters of the ASC Division of Women and Crime which was eventually established in 1984 (Van Voorhis et al., 1999). In 2005, the Marguerite Q. Warren & Ted B. Palmer Differential Intervention Award was established by the ASC and is awarded to correctional psychologists who continue to advance our understanding of classification and differential treatment for juvenile, females, and adult offenders.

An Early Retirement and the Monroe Institute

In 1983, Warren retired early from her faculty position at SUNY to focus on research endeavors outside of corrections. Warren and Martin moved to Faber, Virginia, where they joined the Monroe Institute, a privately funded educational and research organization founded by Robert A. Monroe in the early 1970s. Together, Warren

and Martin directed the Explorer program, a consciousness laboratory where people were put into altered and unusual states of consciousness using an isolation booth, dubbed "the black box" (DeMarco & Warren, 2010). The pair conducted hundreds of guided sessions over a 4-year period before retiring again. Through her work at The Monroe Institute, Warren began to ponder about life after death, even enquiring about her participants' beliefs about the afterlife, although she rarely received any satisfactory answers (Van Voorhis et al., 1999). Following her death in 2008, Frank DeMarco, one of Warren's close confidants at the Monroe Institute, wrote and published about his experiences with Warren and their work with the "the black box" (DeMarco & Warren, 2010).

Warren's Legacy and the Influence of the I-Level

Although often overlooked in comparison to the men in her field, Warren was a trailblazer in correctional psychology. Her unique perspective and early work in conducting internally and ecologically valid research that aimed to improve rehabilitative interventions for offenders laid the foundation for current correctional treatment approaches. Throughout the 1960s and 1970s, several public and private institutions in the US and Canada were encouraged by the success of the Community Treatment Project and adopted I-levels to classify juvenile delinquents and identify appropriate treatment (Harris, 1988). Throughout the 1980s and 1990s, however, the punitive approach came to dominate correctional philosophy and the I-level and other rehabilitation efforts fell out of favor (Van Voorhis, 1997). The Risk-Needs-Responsivity (RNR) model, a widely used tool for the assessment and rehabilitation of offenders, was heavily influenced by Warren and the I-Levels (Van Voorhis, 1997). Specifically, the responsivity principle rejects the "one-size-fits-all" approach and seeks to maximize rehabilitation efforts by tailoring treatment to an offender's cognitive abilities, learning style and motivation (Bonta & Andrews, 2007; Van Voorhis, 1997). Although Warren's influence is seen in RNR principles generally, it is most apparent in her approach to understanding the connection between offenders and those case workers, therapists, supervisors that mediate the process of change with them as demonstrated by her early work with military offenders (Grant & Grant, 1959). Warren's legacy of differential treatment continues to impact and improve intervention approaches for juvenile and adult offenders.

References

Adams, S., & Grant, M. Q. (1961). *An evaluation of community-located treatment for delinquents: Proposal for CTP, Phase I*. California Youth Authority.

Alder, F. (1997). The ASC and women. One generation without, one generation with. *The Criminologist, 1*, 3–5. https://asc41.com/wp-content/uploads/The_ASC_and_Women_One_Generation_Without_One_Generation_With.pdf

Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*(19–52). https://doi.org/10.1177/0093854890017001004

Bazar, J. L. (2014). World War I and clinical psychology. *The Encyclopedia of Clinical Psychology, 1-5*. https://doi.org/10.1002/9781118625392.wbecp244

Bloom, B., Owen, B., Rosenbaum, J., & Deschenes, E. P. (2003). Focusing on girls and young women. *Women & Criminal Justice, 14*(2–3), 117–136. https://doi.org/1300/J012v14n02_06

Bonta, J., & Andrews, D. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation* (Corrections Research: User Report). Public Safety Canada.

Burton, C. (2021). *Nicole Rafter*. Routledge.

California Youth Authority. (1969). *The status of current research in the California Youth Authority: Annual report*. Author.

DeMarco, F., & Warren, R. (2010). *Sphere and the hologram: Explanations from the other side*. Hologram Books.

Farrington, D. P., Lösel, F., Braga, A. A., Mazerolle, L., Raine, A., Sherman, L. W., & Weisburd, D. (2020). Experimental criminology: Looking back and forward on the 20th anniversary of the Academy of Experimental Criminology. *Journal of Experimental Criminology, 16*, 649–673. https://doi.org/10.1007/s11292-019-09384-z

Farrington, D. P., & Welsh, B. C. (2006). A half century of randomized experiments in crime and justice. *Crime and Justice, 34*(1), 55–132. https://doi.org/10.1086/500057

Farrington, D. P., & Welsh, B. C. (2005). Randomized experiments in criminology: What have we learned in the last two decades? *Journal of Experimental Criminology, 1*, 9–38. https://doi.org/10.1007/s11292-004-6460-0

Gendreau, P., & Ross, R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly, 4*(349–409). https://doi.org/10.1080/07418828700089411

Goldin, C., & Katz, L. F. (2011). Putting the "co" in education: Timing, reasons, and consequences of college coeducation from 1835 to the present. *Journal of Human Capital, 5*(4), 377–417. https://doi.org/10.1086/663277

Grant, J. D., & Grant, M. (1959). A group dynamic approach to the treatment of nonconformists in the Navy. *Annals of the American Academy of Political & Social Science, 322*, 126–135. https://doi.org/10.1177/000271625932200116

Grant, M. Q., Warren, M., & Turner, J. K. (1963). *Community treatment project research report no. 3*. California Department of Youth Authority.

Grold, J. D. (1961). *A history of the University of California psychology department at Berkeley*. https://digitalassets.lib.berkeley.edu/edp/history_of_ca_psych_department.pdf

Harris, P. W. (1988). The interpersonal maturity level classification system I-Level. *Criminal Justice and Behavior, 15*(1), 58–77. https://doi.org/10.1177/0093854888015001006

Howard, G. (1974). Center for training in differential treatment. In K. S. Griffiths & G. S. Ferdun (Eds.), *A review of accumulated research in the California Youth Authority* (pp. 146–153). California Youth Authority. https://files.eric.ed.gov/fulltext/ED099729.pdf

Katzenbach, N. D., Blatt, G., Parsons, J. B., Breitel, C. D., Powell, L. F., Jr., Brewster, K., Rogers, W. P., Byrne, G. H., Storey, R. G., Cahill, T. J., Stuart, J. D., Chandler, O., Wagner, R. F., Jaworski, L., Wechsler, H., Lynch, T. C., Young, W. M., Jr., Malone, R. L., & Youngdahl, L. W. (1967). *The challenge of crime in a free society: A report by the president's commission on law enforcement and administration of justice*. United States Government.

Look, L., & Warren, M. (1966). *A demonstration project: Differential treatment environments for delinquents*. California Youth Authority.

Palmer, T. B. (2002). *Individualized intervention with young multiple offenders*. Taylor and Francis.

Palmer, T. B. (1973). Matching worker and client in corrections. *Social Work, 18*(2), 95–103. https://doi.org/10.1093/sw/18.2.95

Palmer, T. (1971). California's Community Treatment Program for delinquent adolescents. *Journal of Research in Crime and Delinquency, 8*(1), 74–92. https://doi.org/10.1177/002242787100800108

Palmer, T. (1974a). The Community Treatment Project. In K. S. Griffiths & G. S. Ferdun (Eds.), *A review of accumulated research in the California Youth Authority* (pp. 54–61). California Youth Authority.

Palmer, T. (1974b). The group home project – 1966–1969. In K. S. Griffiths & G. S. Ferdun (Eds.), *A review of accumulated research in the California Youth Authority* (pp. 62–68). California Youth Authority.

Palmer, T. (1974c). The youth authority's community treatment project. *Federal Probation, 38*, 1–14.

Palmer, T., & Petrosino, A. (2003). The "experimenting agency": The California Youth Authority Research Division. *Evaluation Review, 27*(3), 228–266. https://doi.org/10.1177/0193841X03027003003

Palmer, T., Van Voorhis, P., Taxman, F. S., & MacKenzie, D. L. (2012). Insights from Ted Palmer: Experimental criminology in a different era. *Journal of Experimental Criminology, 8*, 103–115. https://doi.org/10.1007/s11292-012-9145-0

Parker, P. (2015). The historical role of women in higher education. *Administrative Issues Journal, 5*(1), 3–14. https://dc.swosu.edu/aij/vol5/iss1/3

Rosenbaum, J. L. (1989). Family dysfunction and female delinquency. *Crime & Delinquency, 35*(1), 31–44. https://doi.org/10.1177/0011128789035001003

Spencer, C., & Berachea, J. E. (1972). *Recidivism among women parolees – A long term survey.* Sacramento California Department of Corrections Research Publication. https://www.ojp.gov/pdffiles1/Digitization/7030NCJRS.pdf

Sullivan, C., Grant, M. Q., & Grant, J. D. (1957). The development of interpersonal maturity: applications to delinquency. *Psychiatry, 20*(4), 373–385. https://doi.org/10.1080/00332747.1957.11023102

Van Voorhis, P. V. (1997). Correctional classification and the "responsivity principle". *FORUM of Corrections Research, 9*(1) https://www.csc-scc.gc.ca/research/forum/e091/091j_e.pdf

Van Voorhis, P. V., Heide, K., Palmer, T., & Rosenbaum, J. L. (1999). Marguerite Q. Warren: A career of academic excellence, distinguished research and gifted pedagogy. *Women & Criminal Justice, 10*(3), 3–29. https://doi.org/10.1300/J012v10n03_02

Warren, M. Q. (1983). Applications of interpersonal-maturity theory to offender populations. In W. S. Laufer & J. M. May (Eds.), *Personality theory, moral development, and criminal behaviour* (pp. 23–50). Lexington Books.

Warren, M. Q. (1964). An experiment in alternatives to incarceration for delinquent youth: Recent findings in the community treatment project. *Correction in the Community: Alternatives to Incarceration, 4*, 39–50.

Warren, M. Q. (1972). *Center for training in differential treatment: Final report of phase I (1967–1970). Part 1: Description and evaluation of training project*. American Justice Institute.

Warren, M. Q. (1973). *Center for training in differential treatment: Final report of phase II (1970–1973). Description and evaluation of training project*. American Justice Institute.

Warren, M. Q. (1966). *Community treatment project: An evaluation of community treatment for delinquents. Fifth progress report*. California Department of Youth Authority.

Warren, M. Q. (1969). The case for differential treatment of delinquents. *The Annals of the American Academy of Political and Social Science, 381*, 47–59. https://doi.org/10.1177/000271626938100107

Warren, M. Q., & Palmer, T. B. (1965). *Community treatment project research report no. 6*. California Department of Youth Authority.

Warren, M. Q., Palmer, T. B., & Turner, J. K. (1964). *Community treatment project research report no. 5*. California Department of Youth Authority.

Warren, M. Q., Palmer, T. B., Turner, J. K., & Neto, V. V. (1966). *Community treatment project research report No. 7*. California Department of Youth Authority.

Warren, M. Q., & Rosenbaum, J. L. (1986). Criminal careers of female offenders. *Criminal Justice and Behavior, 13*(4), 393–418. https://doi.org/10.1177/0093854886013004003

Part II
Growth and Development

Chapter 6
Correctional Therapeutic Communities

Matthew L. Hiller

Introduction

Psychological theory, practice, and research have directly influenced the use of therapeutic communities (TCs) in prisons and other correctional settings. The greatest contributions, perhaps, came from those exemplifying psychology's scientist-practitioner model (i.e., Dr. George De Leon; Dr. Harry Wexler), who worked both as counselors and researchers within community- and corrections-based TCs. This work was instrumental for pushing correctional thinking beyond Martinson's (1974) "Nothing Works" doctrine and for challenging harsh sentencing practices for those convicted of drug law violations. As the focus of corrections switched from punishment only to also include rehabilitation during the 1990s, in-prison TCs proliferated as a means for reducing prison populations and subsequent recidivism, and multiple state department of corrections (e.g., Texas, Pennsylvania, and California) implemented large-scale TC initiatives.

Special Note on Terminology

Although the focus of this chapter is on in-prison TCs, it is important to discuss community-based TCs and corrections-based (i.e., correctional) TCs as well. To facilitate understanding, definitions are needed for each. Community-based TCs are

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those that are located in noncorrectional settings for treating those with substance use disorders. Often these programs also provide services to individuals on probation or parole (Hiller et al., 1998; Knight et al., 2000). The term, in-prison or prison-based TC is self-explanatory, but it should be noted that this term does not include TCs in jails or community correctional facilities. Corrections-based or correctional TC is a broader term, and as used in this chapter, can include in-prison TCs, as well as TCs implemented in community corrections contexts.

My Involvement in TC Research

Because the focus of this book is on the contribution of professional psychology to the correctional system, chapter authors were asked to summarize briefly their experience in relation to their chapter topic. My own work as a psychologist researching corrections-based TCs began in the early 1990s, when I was a psychology graduate research assistant at the Institute of Behavioral Research at Texas Christian University. I found real passion for this work when I made my first in-person visit to a TC for probationers with substance use disorders. Since then, I have worked extensively in this area, among others (e.g., drug treatment courts). I am privileged to have known and to have collaborated with many of the psychologists identified later in this chapter who made significant contributions to TC research and practice. In addition, I worked with corrections-based TCs in Texas, Kentucky, and Pennsylvania, as well as community-based TCs that participated in the Drug Abuse Treatment Outcome Study (DATOS, Hiller et al., 1998). A brief summary of my contributions to the literature on corrections-based treatment can be organized into three areas including effectiveness and need for continuing care, treatment retention and engagement, and needs and responsivity (Andrews & Bonta, 2017: Andrews et al., 1990).

Effectiveness and Need for Continuing Care

My research on corrections-based TC effectiveness highlights the importance of continuing care for men returning to their home community following release from a prison-based TC. That is, Hiller et al. (1999b) compared the 1- and 2-year recidivism outcomes for three groups of parolees, including two who participated in the Kyle NewVision in-prison TC, and a no-treatment comparison group. For analyses, the TC group was also divided into those who did/did not complete residential aftercare. The TC group that completed aftercare was significantly less likely to recidivate (30%) than the comparison group (42%), but those in the TC group who did not complete aftercare (36%) did not differ significantly from the comparison group. An economic analysis of these data showed TC plus aftercare completion showed the

greatest cost-efficiency for reducing postrelease recidivism (Griffith et al., 1999). In similar work with a 6-month TC for probationers, we found that TC graduates (17%) and dropouts (21%) had similar or worse 1-year recidivism than a randomly selected group of probationers who met eligibility criteria for the program (13%). Two-year recidivism showed little increase in recidivism for the graduates but statistically significantly increases among the dropout and comparison groups (Hiller et al., 2006a, b).

Treatment Retention and Engagement

Using the Survey of Essential Elements Questionnaire, an instrument discussed in more depth later in this chapter, 19 long-term residential programs were identified as traditional or modified TCs (Melnick et al., 2000). For these, predictors of early dropout were examined, including extrinsic motivation, defined as the amount of legal pressure on the client to be in treatment (Hiller et al., 1998), and intrinsic motivation, which was defined as scores on the Circumstances, Motivation, Readiness, and Suitability scale (De Leon & Jainchill, 1986; Knight et al., 2000). Findings showed that having either type of motivation improved retention rates, but having both was related to even better retention (Hiller et al., 1998; Knight et al., 2000). Research with a 6-month TC for probationers found that being unemployed in the 30 days prior to program entry, scoring at higher risk for general recidivism, and scoring low on self-efficacy were related to not completing the program (Hiller et al., 1999a).

Need and Responsivity Factors

Implicit above, my work also has examined both risk and responsivity factors (Andrews & Bonta, 2017; Andrews et al., 1990) in relation to retention in and outcomes from TCs. For the Kyle NewVision in-prison TC, groups based on scores on a second-generation risk assessment and whether participants completed or did not complete residential aftercare or were in a no-treatment comparison group were compared on 3-year recidivism rates. Findings showed those in the high-risk group who completed both the in-prison TC and residential aftercare realized the lowest levels of recidivism (Knight et al., 1999). Motivation for treatment, as a responsivity factor, and its association with treatment engagement was examined in both a prison-based TC and in a TC for probationers. Findings showed higher levels of treatment engagement were related to higher levels of problem recognition and desire for help in the prison-based TC (Rosen et al., 2004), and higher ratings of desire for help and treatment readiness were related to higher engagement in the TC for probationers. Greater problem severity was associated with higher treatment motivation, suggesting that those who have had more negative consequences

associated with their drug use recognize this and are more motivated for treatment even in coercive settings like prisons (Hiller et al., 2009).

Other research has examined during-treatment response. For example, analysis of prospectively collected self-reported ratings of psychosocial functioning during a 6-month TC for probationers showed that risk-taking decreased and endorsements of prosocial functioning increased over treatment. Scores on a measure of hostility also increased and were associated with a higher probability of dropping out of treatment early (Hiller et al., 2006a, b). In two large cohorts of inmates in multiple in-prison TCs across several states, it was shown that inmates in TCs that were contracted to a new services provider rated treatment and their own personal progress in it more negatively than those in TCs where services continued under the original provider (Saum et al., 2007).

The remainder of this chapter will focus on the emergence of community-based TCs and their implementation in correctional settings like prisons. For this, TCs implemented prior to the 1980s are discussed briefly, but the greatest focus is placed on those developed in the late 1980s and early 1990s, a golden era, where TCs saw widespread implementation in numerous state departments of correction, which also coincided with significant academic interest among several prominent research groups. After this historical review, the contexts and influences on correctional TCs are discussed, including institutional and individual differences that affect TC operations and outcomes, implementation fidelity, TCs for prisoners with co-occurring disorders, and the "black box" of the TC treatment process. The next section identifies and briefly describes the contributions of specific psychologists to the practice of and research on in-prison TCs. The following section discusses future directions for psychologists interested in this field of study to consider. Finally, a short summary section is provided.

Scope, Emergence, Prevalence[1]

TCs for substance use disorders originated in 1958 as community-based programming with Synanon (White, 2014; De Leon & Unterrainer, 2020; National Institute on Drug Abuse, 2022). Although Synanon eventually devolved into a paramilitaristic cult centered on its founder, Charles Dederich, several individuals who left prior to this founded TCs across the United States, including Phoenix House in New York City, Gaudenzia in Philadelphia, Gateway House in Chicago, Amity in Tuscon, and Daytop Village in New York City (White, 2014). Several of these individuals later became involved in implementing prison-based TCs. Subsequent to their founding

[1] Forever Free, a prison-based cognitive-behavioral treatment program contemporaneous with those described in this chapter often is included as well (see Hiller & Saum, 2018). However, it was not included in this chapter because the literature never refers to it as a therapeutic community. Also, during several interactions over the years the researchers who worked with this program told me it was not a TC.

and proliferation, the TC was one of several treatment modalities examined in three national multi-site studies of publicly-funded substance abuse treatment funded by the National Institute on Drug Abuse (NIDA). These studies included the Drug Abuse Reporting Program (DARP), the Treatment Outcome Prospective (TOPS) study, and the Drug Abuse Treatment Outcome Study (DATOS). The effectiveness of TCs for reducing drug use and criminal behavior was supported by each of these studies.

For this chapter, focus will be placed on the 1980s and 1990s, the timeframe when large-scale implementation of prison TCs occurred. However, it is important to note that TCs were incorporated into prisons soon after their founding. Lipton (1998) and Wexler and Love (1994) give a brief history of in-prison TCs established during the 1960s and 1970s. The Federal Bureau of Prisons was among the first to adopt them. For example, Aesklepieion was founded 1969 in the maximum security prison in Marion, Illinois. In 1974, a TC modeled after Aesklepieion was implemented in the federal correctional institution in Oxford, Wisconsin (Wexler & Love, 1994). Several other TCs were opened in federal correctional institutions (e.g., Fort Worth, Terre Haute, and Miami), but TC use declined by the late 1970s, in part because of waning support in the BOP during the time of Martinson's nothing works doctrine (Wexler & Love, 1994). Funding from the Law Enforcement Assistance Administration (the predecessor of the National Institute of Justice) stimulated the development of TCs during the 1970s in several states, including Arkansas, Connecticut, and Georgia (Lipton, 1998). However, the Stay'n Out program was the most successful early in-prison TC.

Stay'n Out

Established in 1977, Stay'n Out, which followed the Phoenix House model of a TC, was implemented for men at the Arthur Kill State Prison Facility, and for women at the Bayview Correctional Facility (Wexler & Williams, 1986; Lipton, 1998). Treatment units were separate from the general prison population, and most staff were graduates of community-based TCs (Wexler & Williams, 1986). Treatment involved many of the same components and approaches of community-based TCs, including a hierarchical structure with participants graduating to higher levels of responsibility over time, morning and evening meetings, a daily seminar, peer counseling groups, and encounter groups. But, peer-to-peer reprimands, often referred to as pull-ups or haircuts, were not used due to the nature of the prison environment for fear of violent reprisals called for in the inmate code when one has been disrespected (Wexler & Williams, 1986). The impact of Stay'n Out on participant recidivism was studied using a large sample and a treatment group, no-treatment comparison group, and a group that participated in alternative forms of treatment. Findings established the ability of TCs to rehabilitate individuals with significantly lower recidivism shown among those who participated in Stay'n Out (Falkin et al.,

1992; Wexler et al., 1990, 1992; Wexler & Prendergast, 2010). The results of this evaluation proved a significant impetus for the proliferation of TCs in US prisons.

Cornerstone

Founded in 1977 with state funding and implemented on the campus of the Oregon State Hospital, Cornerstone was a TC for inmates with substance abuse problems who had not less than 6 months and not more than 18 months remaining before parole. Prison counselors referred inmates to Cornerstone. Field (1992) aptly described a major element of TC treatment, community as method, when he said "Residents at Cornerstone give and receive strong and honest feedback to assist with self-examination of self-destructive, irresponsible behavior and lifestyles" (p. 146). The program comprised four phases, with the first two (orientation and intensive treatment) focused on inpatient substance abuse treatment and the second two (transition and aftercare) focused on transitioning and reintegrating individuals, while continuing to support their recovery (Field, 1992). Two studies of Cornerstone found the program was associated with positive improvements in treatment areas and in reduced recidivism, especially for those with longer lengths of treatment stay (Field, 1985, 1989).

Project Reform/Recovery

Based on the findings reported for Stay'n Out and Cornerstone, and as a result of the Anti-Drug Abuse Act of 1986, the U.S. Department of Justice established Project Reform, which was designed to help states to implement corrections-based treatment (Wexler et al., 1991). Doug Lipton and Harry Wexler were co-national program coordinators for this. The undergirding philosophy of Reform was "…meaningful rehabilitation can occur when the efforts of corrections officials and program managers are aligned to promote pro-social change and to sustain the change throughout an offender's time in custody…" (Wexler et al., 1991; p. 474). It had two phases: the first focused on helping states to develop comprehensive plans for correctional treatment and the second provided technical assistance, training, and consultation to states as they implemented these plans (Wexler et al., 1991). The states that were provided assistance under Reform were Alabama, Delaware, Connecticut, New York, Florida and New Mexico (Inciardi et al., 1992). By 1988, Project Reform had provided funding for establishing several correctional TCs, including the KEY program in Delaware (Inciardi et al., 1992).

Key/CREST

Key, the first Delaware in-prison TC, was opened in 1988 as the primary treatment stage in a multistage treatment continuum that also included a transitional work-release TC and outpatient aftercare (Inciardi et al., 1992, 2004; Martin et al., 1995, 1999). Key was implemented much like a traditional community-based TC, which included a hierarchical structure for inmates, with the goal of becoming a peer role model, morning meetings, seminars, encounter groups (which were nonconfrontational, focused rather on building prosocial relationships), counseling, and work duties. The expected length of stay was 9–12 months (Inciardi, et al., 1992; Inciardi, 1994). Alcoholics and Narcotics Anonymous groups were also a part of the program (Inciardi et al., 1992). Once individuals completed Key, they transitioned to CREST, which was the first work release TC ever developed (Martin et al., 1999). CREST was developed as part of a NIDA demonstration grant and was a form of partial incarceration where residents were allowed to work during the day but return in the evening. TC programming was given when the individual was in CREST (Inciardi et al., 2004). A significant body of evidence has accrued that shows individuals who attended both Key and CREST or CREST only have significantly lower rates of recidivism (Inciardi et al., 2004; Martin et al., 1999). In fact, Key/CREST has been rated as a "promising" intervention on CrimeSolutions.ojp.gov (National Institute of Justice, 2022b). The third phase, which followed CREST, was outpatient aftercare via parole supervision and other services as needed (Martin et al., 1999).

Treating Inmates Addicted to Drugs (TRIAD)

The Anti-Drug Abuse Acts of 1986 and 1988 prompted the Federal Bureau of Prisons (BOP) to develop intensive and moderately intensive residential drug abuse programs (DAP) at many of its prisons, collectively known as Treating Inmates Addicted to Drugs (TRIAD; Murray, 1992; Pelissier & McCarthy, 1992; Pelissier et al., 2001a, b). Having many features common to TCs, these programs included unit-based treatment where all participants lived together and were completely separate from the general population. Group therapy sessions constituted 4 h of programming for each weekday, with the remaining time spent on assigned prison work details. These programs were implemented with a strong cognitive-behavioral treatment orientation (Pelissier, et al., 2005). The TRIAD evaluation included 20 of the DAP programs and featured a large comparison group. To reduce selection bias, analyses controlled for common confounding variables. This approach helped equate treatment and comparison groups on pretreatment differences. Findings showed that those who completed a DAP had the lowest rates of recidivism (Pelissier et al., 2001a, b).

Amity

Influenced by its history of providing substance abuse treatment through the Civil Addict Program, the success of Stay'n Out and Cornerstone, the Amity project in a jail in Tucson, Arizona, and the greatly increased number of drug offenders under its auspices, the California Department of Corrections (CDC) in 1990 established Amity TC at the R. J. Donovan prison as a demonstration project to inform the possible implementation of additional prison-based TCs (Prendergast & Wexler, 2004; Winett et al., 1992). Initially, 200 medium security inmates participated in a 9- to 12-month TC with 3 phases of treatment (Winett et al., 1992). Induction, the first phase, focused on clinical assessment and treatment planning. The second phase implemented the full TC model with residents earning positions of greater responsibility (hierarchy), encounter groups, and sessions focused on self-worth, self-awareness, respect for authority, and specific guidance in clinically indicated areas. The final phase focused on preparing the resident to transition to the community, with the goal of participating in aftercare (McCollister et al., 2003; Wexler et al., 1999b). Evaluation findings underscored the importance of having aftercare following release from the in-prison TC, with the TC plus aftercare group showing the greatest reductions in rearrests and reincarcerations (Wexler et al., 1999a, b). A 5-year follow-up study also found lower recidivism for the TC plus aftercare group, as well as higher levels of employment (Prendergast et al., 2004). Currently, Amity is rated as "promising" on CrimeSolutions.ojp.gov (NIJ, 2022c).

Texas Criminal Justice Chemical Dependency Treatment Initiative

In 1991, inspired by the findings for Stay'n Out, Cornerstone and Key/CREST, and under pressure from continually expanding prison populations, the Texas legislature established the Texas Criminal Justice Chemical Dependency Treatment Initiative that initially provided funding for 14,000 correctional TC beds. These TCs were planned for state jails that held inmates with sentences of 2 years or less and prisons (Knight et al., 1997). The prison TCs were for inmates with substance abuse problems who were within 9–10 months of parole. Following parole, inmates were required to participate in 3 months of residential aftercare in transitional treatment centers and then up to 1 year of outpatient aftercare. The Texas Commission on Alcohol and Drug Abuse funded an in-depth outcome evaluation of one of the prison programs, the Kyle NewVision TC (Knight et al., 1997). Three study groups, in-prison TC only, in-prison TC and transitional treatment, and no-treatment comparison groups were examined. Initial findings, based on data collected during face-to-face interviews between researchers and research participants, noted that there

were significant reductions in criminality and substance use when comparing the 6 months prior to imprisonment with the 6 months following release from prison (Knight et al., 1997). Extending findings to 1- and 2-year recidivism, this time based on official records and not face-to-face interviews, Hiller and colleagues (1999b) affirmed the importance of residential aftercare services by finding that those who completed the in-prison TC and the transitional residential care had significantly lower rates of recidivism. Finally, 3-year recidivism data were presented by Knight et al. (1999) who found the biggest impact of the TC and transitional aftercare program was for those at high risk for general recidivism.

Violent Crime Control and Law Enforcement Act of 1994

The evaluation findings from the Stay'n Out, CREST, Amity, and Kyle programs influenced the portion of this legislation that created the Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program (Harrison & Martin, 2003). Initiated in 1996 and continued thus far through 2022, it was designed to increase treatment capacity in state and local corrections (Harrison & Martin, 2003; Lipton, 1998). To receive funding, programs had to be a minimum of 6 months in length, provide residential treatment apart from the general inmate population, and target substance abuse problems. Priority is given to programs that are linked to aftercare services. Initially, considerable evaluation attention was focused on RSAT, and Harrison and Martin (2003) summarized the finding of 12 process evaluations of RSAT programs. They report that most (60%) used TC elements, and 24% were primarily TCs. The national evaluation of RSAT found that all states reported it helped increase treatment capacity as designed (Harrison & Martin, 2003). Early findings from this evaluation provided important information on implementation difficulties encountered, which are discussed in the next major section of this chapter.

The California Department of Corrections Treatment Expansion Initiative

Building on the experience with Amity and its success, the state appropriated $100 million to build the largest prison-based drug treatment system in the United States (Prendergast & Wexler, 2004). One of the new programs was the Substance Abuse Treatment Facility (SATF) at Corcoran state prison (Prendergast & Wexler, 2004). The SATF comprised 2 separate programs of 739 beds each, with each operated by a different service provider (i.e., Phoenix House and Walden House). Within

each program, TC clusters of 44 inmates each lived and participated in treatment together. Both service providers implemented similarly structured TCs that lasted from 6 to 18 months, with both also adhering to De Leon's (1995, 2000) TC framework (Prendergast et al., 2002). Evaluation findings concluded that length of time in the TC was important because it predicted longer stays in aftercare and lower rates of return-to-custody (Burdon et al., 2004; Prendergast et al., 2003).

Pennsylvania Department of Corrections

Similar to Texas and California, Pennsylvania embraced the in-prison TC and mounted a broad implementation of these programs in its state correctional institutions. Initial work on this surveyed the 118 substance abuse programs in prisons in Pennsylvania, with 6 of these being in-prison TCs. As the most intensive treatment model, TCs averaged 46 weeks in length and included 30 h of programming per week. High standard deviations, however, showed that there was considerable variation in this (Welsh & Zajac, 2004a, b). In a multisite evaluation of five in-prison TCs, variations in outcomes also were noted, with only three programs showing significantly lower rates of recidivism within 2 years of parole (Welsh, 2007). Extending these findings to 4 years following parole, research showed TC participants were less likely to be reincarcerated; analyses also showed a significantly longer period of time before TC members recidivated relative to a no-treatment control (Welsh & Zajac, 2013). In a rare randomized controlled trial (RCT) of in-prison substance abuse treatment, inmates were assigned to TC or to an outpatient model of care within the institution (Welsh, 2010; Welsh et al., 2014). Contrary to the hypothesis, TCs did not show better outcomes than outpatient care. Thus, it appeared that the more intensive TC (1300 h of treatment) produced the same effects as those in the less intensive (150 h of programming) outpatient model after controlling for specific inmate characteristics like risk for recidivism. One notable exception to this was high risk TC members were incarcerated at significantly higher rates than outpatient participants (Welsh et al., 2014).

Influences and Contexts

The historical perspective on the origin of in-prison TCs, as well as the discussion of specific state initiatives and programs underscores the fact that a considerable amount of research is available on this treatment modality. Reflecting this, the current chapter section will discuss this literature in greater depth, integrating it to identify the significant influences and contexts for in-prison TCs. These issues include institutional and inmate influences on TC treatment fidelity, measuring implementation fidelity, effectiveness and efficacy, aftercare during transition to

parole, TCs for co-occurring disorders, and the "black box" of in-prison TC treatment process.

Institutional and Inmate Influences on TC Treatment Fidelity

Integration of TCs into prisons is a complex proposition. The literature highlights a number of structural, organizational, and individual influences on TC implementation. Not all of these are problematic. In fact, as noted below, TCs have been shown repeatedly to be beneficial to prison management. Others, however, represent significant challenges that must be overcome. Illustrative of these are findings from the national evaluation of the earliest programs funded through the RSAT block grant program (Harrison & Martin, 2003). Significant issues encountered included difficulty dedicating physical space within the institution that would allow the TC to be separate from the general prison population. At that time, prison crowding placed significant demands for space (Harrison & Martin, 2003). Staff recruitment and retention was very difficult. There was little incentive for staff to take low paying jobs in rural areas where most prisons were located. TC convention is to hire individuals maintaining their own recovery because they serve as aspirational role models to the residents. However, many state departments of corrections have policies that preclude hiring individuals with a criminal history (Harrison & Martin, 2003). Two-thirds of states reported it was difficult to procure training for staff, and there was high staff turnover (Harrison & Martin, 2003). Echoing the RSAT experience, the literature on in-prison TCs is replete with discussions of the many institutional influences and barriers to delivering effective TC treatment within prisons (Burdon et al., 2002; Farabee et al., 1999; Hiller & Saum, 2018; Inciardi et al., 1992; Linhorst et al., 2001; Saum et al., 2007; Wexler & Prendergast; 2010).

The primary emphasis of prisons is on security. Correspondingly, most elements (e.g., sally ports, video surveillance, cells), activities (e.g., count, lockdown, cell extractions), and interactions (e.g., correctional officer commands to inmates, disciplinary hearings) either directly contribute to the security of the institution or occur within this context (Wexler & Prendergast, 2010; Wexler & Williams, 1986). Offender rehabilitation is also a desired function for prisons. However, there is often a tension between security and rehabilitation staff, with each performing important, but often viewed as orthogonal, functions. Inciardi et al. (1994) summarized experiences from Delaware when the Key program was replicated in other prisons. They note that treatment staff failed to develop close business relationships with key correctional stakeholders. This stemmed in part from the different perspectives each staff held. This led to the expansion program having somewhat limited autonomy, with correctional concerns taking priority. As Inciardi and others (1992) remarked, "Expansion of any program involves more than additional beds and housing. Therefore, the clinical staff should be involved with the expansion plans" (Inciardi et al., 1992, p. 183). Complementing this, Burdon et al. (2002) note that any expansion requires two systems (prison and treatment) to work together, but competing

philosophies constrain treatment, limiting clinical efforts, which may reduce program effectiveness. Therefore, cross-role communication is a correctional psychology competency in need of further development.

In actuality, in-prison TCs have been shown to positively affect the security of the institution (Wexler & Prendergast, 2010). For example, Dietz et al. (2003) examined inmate infraction data from the Delaware Department of Correction. Comparing KEY and nontreatment prison units, they found significantly lower total, violent, and nonviolent infraction rates for the KEY. KEY inmates also submitted fewer grievances than the nontreatment unit. This and other data (e.g., Langan & Pelissier, 2001; Prendergast et al., 2001; Welsh et al., 2007) show that TCs, while focused on rehabilitation, also contributed positively to the safety and management of the prison. Benefits of working within a TC unit accrue to correctional staff in other ways too. For example, Deitch et al. (2004) compared staff working in the SATF at Corcoran Prison with staff for general prison populations and found significantly fewer infractions for the SATF and lower absenteeism rates among staff in the SATF. SATF correctional staff also reported greater concern regarding inmates being able to function well in treatment, the extent to which inmates supported each other, and greater encouragement of open expression (Deitch et al., 2004).

Another challenge maintaining TC fidelity is the common practice used by most states' department of corrections to periodically open a bidding process to outside vendors for selecting which one will be contracted to provide services for a specific program, like an in-prison TC. Saum et al. (2007) found that changing providers was problematic and led to poorer ratings of the program and lower ratings of self-progress in treatment. This and research by Linhorst et al. (2001) suggest that care should be taken during provider changes to retain staff to prevent the severing of therapeutic relationships and to avoid disrupting the treatment process and subsequent impact on the treatment experience. Linhorst et al. (2001) also provide insight into how changes in correctional policies can impact TCs. In their study, a pilot smoking ban program was implemented in treatment prisons (including one operated as a TC) but not in general population prisons. Analyses showed that many, including several active in treatment, got involved in cigarette trafficking, which led to higher rates of infractions than observed prior to the ban and to decreased TC program completion rates.

The churn of participants through a program can be another barrier to the implementation of an in-prison TC. The perpetual cycle of admissions and discharges can negatively impact the community function because trust has to constantly be rebuilt as graduates and discharges leave and new participants enter the program. To counteract the effect of this in the SATF program, Prendergast et al. (2002) reported that both Walden House and Phoenix House developed induction units "…where newly admitted inmates…receive intensive (7.5 hours a day) orientation to the program for up to 1 month" (p. 12).

The literature also notes challenging inmate characteristics related to imprisonment that can impact prison-based TC treatment integrity. For example, Falkin et al. (1992) and others (Fletcher & Tims, 1992; Hiller & Saum, 2018; Inciardi et al.,

1992; Wexler & Prendergast, 2010; Wexler & Williams, 1986) discuss how TCs must contend with prisonization and the "inmate code," the distinctly antisocial informal norms prisoners follow during their imprisonment. The easiest and most cost-efficient way to break the code is to house the TC separately from the general prison population with no interaction between TC and general population inmates (Falkin et al., 1992). Given that the TC is a social learning model for rehabilitating individuals, one study has examined this in relation to prisonization and found that, compared to general population inmates and inmates screened as eligible for TC, current TC inmates had significantly lower scores on inmate code adoption. The authors suggested that these findings showed TCs are successful at resocializing inmates, leading to adoption of prosocial values (Peat & Winfree, 1992).

In addition to the influence of the "inmate code," the inmates' reactions to their being coerced into treatment negatively impacts their motivation for change. Prendergast et al. (2002) define coercion "…as correctional policies in which inmates are identified and referred to a treatment program without regard for the wishes of the inmates. Those inmates…are involuntary participants; those inmates who agree to enter treatment are called voluntary" (p. 8). Even when they volunteer to enter a program, the coercive nature of the prison environment may lead an individual to feel it was not totally their choice to do so. There is somewhat limited information on the impact of coercion and perceptions of coercion on in-prison TC participants. However, coercion for treatment is not unique to in-prison TCs, and work described in the introduction of this chapter notes that legal pressure and internal motivation have separate but cumulative influences on longer treatment stays (Hiller et al., 1998; Knight et al., 2000). Consistent with this, a comparison of voluntary and involuntary participants in an in-prison TC found that both groups improved in psychosocial functioning, had similar rates of parole from treatment (as opposed to early treatment discharge), and had similar behavioral intentions to attend aftercare in the community (Prendergast et al., 2002).

Measuring Implementation Fidelity

The earliest work on in-prison TCs recognized the importance of closely maintaining adherence to the specific philosophies and practices that make the TC modality distinct from other treatment modalities (Wexler & Williams, 1986). These are comprehensively laid out in the authoritative work by De Leon (1994, 1995, 2000) in which he describes the TC structure and treatment components, as well as the philosophical underpinnings for these and for TCs in general. With respect to structure, treatment in a TC is typically divided into three phases, often labeled induction, main treatment, and reentry. Cardinal rules set specific boundaries, like no violence or threats of violence, and violating one of these usually results in expulsion from the TC. A hierarchical resident structure is in place with those who have been in the TC longest at the top having the highest levels of responsibility and respect. They are also role models to the lower level, newer members of the community. Pull-ups

are used by peers to confront other peers when they perceive an individual is breaking noncardinal rules (e.g., did not make their bed), for not paying attention during morning and evening meetings, or having an antisocial attitude. Push-ups are positive affirmations between members recognizing when one has done something well or shared something deeply personal during treatment group. A community might hold an encounter group, a highly confrontational event, specifically to address the poor behavior or attitude of an individual. Rather than being highly directive, staff take on a supporting role, facilitating peer-to-peer self-help among the members of the community (De Leon, 1994, 1995, 2000).

The philosophical underpinnings of the TC perspective emphasizes community as method (De Leon et al., 2015; Hiller & Saum, 2018). As noted by De Leon (1995), "The quintessential element of the TC is community. What distinguishes the TC from other treatment approaches…is the purposive use of the community as the primary method for facilitating social and psychological change" (p. 1611). In addition to the components listed above, the TC has a particular perspective on the disorder, the person, recovery, and right living (De Leon, 2000). For example, the view of recovery indicates that regardless of its causes, the individual is responsible for recovering from their substance use disorder by changing their irresponsible lifestyle, which is evidenced by their poor educational achievement, failure to perform familial duties, engaging in criminal activities, etc. (De Leon, 2000).

The brief summary of the components and philosophical underpinnings of a TC above hints at the difficulty of measuring and comparing the implementation of a specific TC with what is it should be. A process evaluation akin to those used in the national evaluation of the first programs funded under RSAT is one possiblity, but these are very time consuming, and are a largely non-standardized way for measuring the fidelity to which a program adheres to the TC model (Harrison & Martin, 2003).

Absent a comprehensive process evaluation (which would need to be completed at regular time intervals to compare the program then and now), there is a relatively easy to administer measure based on De Leon's explication of the TC model. The Survey of Essential Elements Questionnaire (SEEQ; De Leon & Melnick, 1993; Melnick & De Leon, 1999; Melnick et al., 2000) includes 139 items for measuring TC's fidelity. Melnick and De Leon (1999) comprehensively describe the development and norming process of this instrument. Embedded within the SEEQ are six domains of the TC, each with additional subscales to measure the specific domain. For example, for the domain *community as therapeutic agent*, there are seven subscales, including *peers as gatekeepers, mutual help, community belonging, outside community contact, privileges, sanctions, and surveillance*. Although it appears to never have been used with an in-prison TC, the SEEQ has been used effectively with community-based TCs (e.g., Melnick et al., 2000). Future research should take a similar approach and compare scores for the in-prison TCs with those in the SEEQ normative sample.

Effectiveness and Efficacy

There are numerous literature reviews and meta-analyses that summarize the peer-reviewed literature on TCs and prison-based TCs (Belenko et al., 2013; De Leon, 2010; Drake, 2012; Galassi et al., 2015; Hiller & Saum, 2018; Lipton, 1998; Mitchell et al., 2012; Richardson & Zini, 2021; Vanderplasschen et al., 2013), with most reporting positive findings. In fact, in-prison TCs are rated as a "promising" practice on CrimeSolutions.ojp.gov (NIJ, 2022a, b, c) for reducing recidivism. This conclusion was drawn from the review of two meta-analyses of the literature. The first, Mitchell et al. (2012), found that TC participants, on average, were less likely to recidivate than comparison group participants. This was also the conclusion of the second meta-analysis, Drake (2012), who also found a benefit-cost ratio that favored the TC group. It is important to note, however, that in-prison TCs did not receive the highest rating, effective, on Crimesolutions.ojp.gov. This is likely due to the fact that most evidence for TCs is from correlational (i.e., observational, quasi-experimental) studies instead of experimental studies. This is worth a more in-depth discussion.

Randomized controlled trials (RCTs) are regarded as the "gold standard" for determining the efficacy (or lack thereof) of a specific intervention. In contrast to the high rigor of RCTs, field-based studies are used to examine the effectiveness of an intervention within real-world settings. The usual order of things is to first determine the efficacy and then the effectiveness of an intervention. De Leon (2015) notes that for TC research, this has been reversed: effectiveness has been established but not efficacy. De Leon (2015) does not view this reversal as being negative. Rather, he cogently explains that the effectiveness before efficacy reversal is how multiple modalities of substance abuse treatment developed in the 1960s and 1970s.

Selection bias is a significant methodological concern for effectiveness studies, with outcomes from these types of studies often discounted in systematic reviews for this methodological flaw. Interestingly, De Leon (2015) argues that self-selection is inherent to seeking treatment. Those individuals who have accrued significant legal, family, health, or social consequences or those who are under some form of pressure from legal authorities for treatment (either directly as in-prison-based treatment or indirectly through legal pressure for community-based treatment) are those who go to substance use treatment. Furthermore, for many substance users, their coming under the auspices of the criminal justice system is their first exposure to any form of professional substance abuse treatment. Thus, those who get substance use treatment are a select sample of those who use and abuse alcohol and illicit substances. This is aptly captured by this quote: "However, clients entering correctional TC treatment rarely get there by a random selection process (chaotic, yes; but random, no)" (Martin et al., 2003, p. 55).

Acknowledging the presence of selection bias in who gets referred or placed in treatment, it seems there is an obvious compromise to preserve both scientific rigor and the "real world" nature of substance abuse treatment. That is, RCTs would use individuals who had been referred or placed in treatment. These individuals could

then be randomly assigned to treatment group or to a no-treatment, or alternative treatment control groups. However, practitioners often object to this research design on ethical grounds (De Leon, 2015). Why put at-risk individuals at even greater risk by placing them in a control group? Others feel it is infeasible to or are uncomfortable with the idea of interrupting the criminal justice system with a randomized design. Illustrative of the latter is an example discussed by Martin et al. (2003). The group of researchers, as a part of their larger study of Key/CREST, had the opportunity to add an experimental sub-study where individuals who were eligible for work release were assigned either to CREST or to work release-as-usual. Findings from this randomized trial were that CREST participants were much less likely to recidivate. It therefore seems as if the case-is-closed; a randomized study demonstrated the efficacy of the CREST TC. However, Martin et al. (2003) note that several factors resulted in a control group that would not have occurred in the real world absent the study. That is, random assignment negatively affected the research design and the treatment program itself. They note that many of those assigned to CREST were not enthusiastic about the program, but went anyway because they worried about consequences related to turning down this work-release assignment. There were also instances whereby individuals tried to "poison the treatment environment" (Martin et al., 2003, p. 55). Staff also distrusted the design because they felt the research design had resulted in a number of very tough, recalcitrant clients being placed via random assignment into CREST.

Aftercare During Transition to Parole

The scientific literature appears to have reached a consensus that aftercare, substance use treatment in the community is essential for supporting those paroled from an in-prison therapeutic community when they reenter their home neighborhoods. Aftercare participation is critically important for seeing reductions in recidivism. In fact, most authors discuss a continuum of care; that is, in-prison TC treatment → residential aftercare → outpatient aftercare. Parole supervision, while not considered aftercare, is an important contextual variable that influences aftercare participation. Stay'n Out is the first mention of aftercare following prison based TC (Wexler & Williams, 1986), and as Project Reform and RSAT block grant funding began establishing new prison-based TCs, aftercare played a prominent role in service planning and delivery (Harrison & Martin, 2003). In fact, the prospective study of Key/CREST specifically explicated a 3-phase continuum of care model. During phase 1, inmates completed the Key TC; in phase 2, transitioning from prison, parolees participated in the reentry focused CREST TC; and during phase 3, parolees participated in outpatient substance abuse treatment while still under parole supervision (Inciardi et al., 1992, 2004; Martin et al., 1995, 1999). Researchers studying required aftercare (Knight et al., 1997) and voluntary aftercare (Burdon et al., 2004; Martin et al., 1995, 1999; Prendergast et al., 2003, 2004;) all reached the conclusion that aftercare was essential for achieving positive treatment

outcomes. As noted earlier, in a randomized clinical trial, Martin and others (2003) found parolees assigned to CREST had significantly more favorable outcomes compared to those assigned to treatment-as-usual. The lack of aftercare service providers in the community and the difficulty of linking correctional and treatment systems to provide aftercare services has been listed by multiple researchers (e.g., Farabee, et al., 1999) as a significant barrier to achieving positive outcomes.

Not every study has concluded that aftercare is a necessary condition for observing positive outcomes following in-prison TC care. For example, in a multisite evaluation of TCs in Pennsylvania, Welsh and Zajac (2013; Welsh, 2007) found in-prison TC treatment, even without aftercare, reduced the probability one would recidivate. The importance of aftercare is not a fully settled issue in relation to prison-based TCs. As aptly stated by Pelissier et al. (2007, p. 311), "Taking into account both the previous research on aftercare and the issues encountered in attempting to evaluate the federal aftercare services, we concluded that the claim of certainty about aftercare effectiveness is not well substantiated and that the precise nature of aftercare services needed is not well understood."

TCs for Co-occurring Disorders

Compared to individuals who comprise community epidemiological samples, prisoners have disproportionately high rates of serious mental illness, substance use disorder, and co-occurring disorders (Lurigio, 2011; Magaletta et al., 2009). This issue is made even more salient by findings from national surveys that show limited treatment capacity and significant gaps in the types of care offered to prisoners (Blevins & Soderstrom, 2015), especially when legal precedent prohibits deliberate indifference to the physical and behavioral healthcare of inmates (e.g., *Bowring v. Godwin*, 1977; *Estelle v. Gamble*, 1976).

Research has examined the occurrence and impact of serious mental illness alone and when co-occurring with substance abuse in community-based TCs (Jainchill, 1994). Findings from 350 TC admissions, all of whom were assessed using the Diagnostic Interview Schedule, showed that antisocial personality disorder, dysthymia, and major depression were the most common diagnoses. Rates of these significantly exceeded epidemiological estimates for community populations. Co-occurring disorders did not significantly impact retention or progress in treatment. However, mental health disorders alone, especially antisocial personality disorder, reduced treatment retention and progress (Jainchill, 1994).

Given the high rates of mental illness and its co-occurrence with substance use disorders, and given the strength of the literature on TC effectiveness, it was logical to develop a TC model for co-occurring disorders (De Leon et al., 2001). Personal Reflections was developed as a modified TC that also included cognitive behavioral therapy that targeted three areas: substance abuse, mental health, and criminal thinking. It was a 12-month program and participants were paroled directly from the program. Once paroled, individuals had the choice of whether to go to Independence

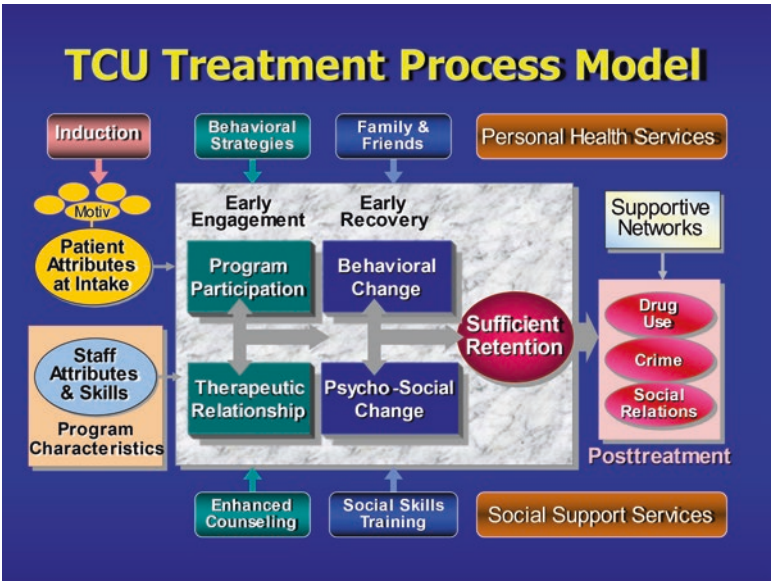
House, a residential TC targeting relapse prevention, or developing ties to community-based care (Sacks et al., 2004). A randomized controlled trial was conducted of the prison component of the program, where volunteers were randomly assigned to the mental health TC or to a mental health program that provided psychiatric services, including medication, individual and group therapy, and cognitive behavioral therapy (Sacks et al., 2004). Significantly lower recidivism was evident for the mental health TC group relative to the alternative treatment control group. When taking aftercare participation into consideration, multiple statistically significant differences in recidivism and self-reported criminality in the year following release were noted (Sacks et al., 2004). Subsequent studies affirmed significantly better outcomes across multiple domains for the mental health TC and its combination with the reentry mental health TC (see Sacks et al., 2012; Sullivan et al., 2007a, b).

Understanding the "Black Box" of TC Treatment Process

"Illumination of the treatment process is essential to improving TC treatment. The absence of treatment process information has weakened conclusions concerning the effectiveness of TCs and has obscured efforts to improve treatment" (De Leon, 1994; p. 17). This extends to prison-based TCs. Prendergast and Wexler (2004) provide two propositions regarding the "black box" of correctional treatment that are in need of better explication. The first proposition is that the treatment process is what goes on in the day-to-day operations of the program, including which therapeutic activities are done, levels of inmates' participation and engagement in the therapeutic activities, and their perceptions and responses to these. The second proposition is that we need to know which aspects of the treatment process are the most important for producing sustained positive behavioral change and consequently better substance use and criminality outcomes. The TCU Treatment Process Model (see Figure) comports with these propositions. It nests the individual within the treatment environment, accounting for the individual's responses to the general and the specific treatment components (Simpson, 2001, 2004; Simpson et al., 1995, 1997a, b, c).

The model presents a heuristic of the "black box" of treatment and shows the necessary behaviors and psychosocial processes needed for retaining the individual in treatment long enough for changes to occur. These changes (i.e., treatment outcomes) include decreased drug use and criminality and increased adherence to prosocial norms. On the left side of the "black box", there are a number of sociodemographic, criminogenic, clinical and individual risk, need, and responsivity factors. Also represented are the specific characteristics of the treatment program and its staff. Therefore, within this model, are myriad individual differences and their interactions. For example, starting at the left side of the model and moving through it to the right side may be an individual with co-occurring disorders with low motivation for treatment who is placed in an in-prison TC. Assuming this is a

well-implemented TC program that is separated from the general prison population, during early engagement (the induction phase of the TC) the individual begins to form supportive relationships with other TC residents and with treatment staff realizing the "community is method" of the TC. Participation in this and in other aspects of the program (e.g., counseling, morning and evening meeting) can lead to psychosocial change, like how to identify and correct antisocial thinking. Also, with psychiatric and recovery-supporting medication and therapy, the individual may realize symptom abatement. The individual's behavior changes, and they become role models for newer residents for how to effectively function within the TC "family." The relationships, participation in treatment, psychosocial and behavioral change culminate with the individual being retained in the program, preferably until their parole. Thus, the individual enters the "black box" of treatment during which many individual processes and interactions between individual characteristics and processes comprise their experiences therein, ultimately leading to improved chances for positive outcomes once paroled to the community. A caveat applies. That is, the above example presents an abbreviated and highly idealized journey through treatment, which belies the fact that things are much more complex than this.



Combining the first proposition by Prendergast and Wexler (2004) and the TCU Treatment Process model, there is a body of research that has begun to examine specific components of the "black box" of treatment, as well as psychosocial and behavioral changes; that is, the treatment response. This literature is summarized next, within the contexts of the TCU process model. Unfortunately, as will be evident, too little literature is available on the myriad components and processes to

permit us to answer the second proposition by Prendergast and Wexler (2004). That is, there is not enough evidence to tell us which components and which treatment responses are the most important parts of the "black box" of treatment.[2]

Community as Method

Of all of the different components of the TC, De Leon (1995, 2000) clearly indicates the most important of this is "community is method"; that is, the daily peer-to-peer and counselor-to-resident interactions targeted at resocializing the individual (De Leon, 1995, 2000). From a social learning perspective, this makes a tremendous amount of sense because being immersed within a community of prosocial role models who correct each other when antisocial thinking patterns and behavior are displayed would provide a very intense social learning environment.

As a dynamic, social learning system, it is important to understand the peer-to-peer interactions and counselor-to-resident interactions. There have been few studies that have systematically and rigorously studied this. Two exceptions are noted here (Kreager et al., 2019; Warren et al., 2020). Using social network analysis with 62 participants in a 4-month in-prison TC, Kreager et al. (2019) found peers with higher levels of engagement clustered together and had no statistically significant effect on other residents. This runs counter to the idea that TC role models would positively influence the residents with lower engagement (Kreager et al., 2019). Similar findings were noted during a study of three correctional TCs. For this, Warren et al. (2020) analyzed affirmation data to understand the peer environment. Peers used a specific form to affirm positive, prosocial behaviors of other peers, the essential idea behind the "push up" in conventional TCs. Data analyses showed that residents clustered around the shared goal of graduating from the program. That is, eventual graduates of the program primarily affirmed only those who would also eventually graduate the program. Those who did not graduate did not affirm either those who did or did not go on to graduate the program (Warren et al., 2020).

Few studies have examined the counselor-to-resident dynamic for correctional TCs. One study, however, did look at it from the counselors' point of view. Using the TCU Counselor Evaluation of Client form, Blasko and Hiller (2014) identified four components underlying how counselors perceived their residents, including agreeableness, rapport, resistance, and psychological discomfort. For example, agreeableness reflected the degree to which residents participated in groups, expressed their thoughts, and were confident.[3] Counselors provided an average rating of 3.8 on a 7-point Likert scale that ranged from 1 = strongly disagree,

[2] The following discussion of the "black box" of treatment process could have included other relevant studies, but, in the interest of brevity, and to avoid excessive redundancy, these are only briefly mentioned (if mentioned at all) in this section of the chapter.

[3] Please see Blasko and Hiller (2014) for the full description of how these components were developed, what comprised them, and other information.

4 = uncertain, and 7 = strongly agree. This suggests a rather lukewarm average perception of their residents. When used in models predicting whether residents recidivated, findings showed a nearly zero correlation between counselor perceptions of the residents and resident outcomes.

Pull-Ups[4] and Push-Ups

Another component of the TC, which is an observable measure of community as method, is the expectation that residents monitor the behavior of others and give "pull-ups" (sanction, i.e., verbal correction to a resident) when they observe norm-violating behavior, and "push-ups" (reward) when the individual evidences progress in the program (Burdon et al., 2003). In terms of social learning, receiving a pull-up is a learning opportunity for acting more consistently with the prosocial norms of the community. Giving a pull-up represents one is practicing prosocial community norms (Warren et al., 2013). From the analysis of written pull-up data from three correctional TCs in Ohio, Warren et al. (2013) found that individuals who reciprocate pull-ups to a wide number of residents and who issued more pull-ups to their peers were more likely to graduate. A companion study to this one that focuses on push-ups is summarized above (Warren et al., 2020).

Retention, Engagement, and Personal Progress

Consistent with the TCU Treatment Process Model (see Figure), multiple dynamic paths through treatment can be measured to ascertain treatment engagement, personal progress (behavioral and psychosocial change), and sufficient retention. With respect to retention, it may be defined as the number of days spent in a program (Wexler et al., 1990), remaining to a certain threshold (e.g., 90 days; Hiller et al., 1998; Simpson et al., 1997a, b, c); or whether one completed or did not complete treatment (e.g., Hiller et al., 1999a; Taylor et al., 2013; Warren et al., 2020, 2013). All three of these assume that if a participant remains in a program, that they are engaged in the program. Clinicians would likely quickly point out that treatment retention should not be conflated with treatment engagement.

Treatment engagement may be measured by resident self-report (e.g., Davidson, 2020), or by counselor ratings of residents (e.g., Blasko & Hiller, 2014). For example, Hiller et al. (2002) defined engagement as one's ratings of their personal involvement in the program, their personal progress in the program, and whether they felt psychologically safe at the end of their first month in treatment. Findings

[4] Pull-ups often are not used in prison-based TCs out of concern that the inmate code could result in retaliation to a perceived personal attack.

showed that a higher level of treatment motivation (intrinsic) was associated with higher personal involvement; whereas, opioid use disorder was related to lower self-rated involvement. Personal progress was associated positively with treatment motivation and age, but being divorced/separated/widowed and having either an opioid or a cocaine use disorder were negatively associated with personal progress. Finally, higher ratings of psychological safety were associated with higher motivation, being older, and identifying as a female (Hiller et al., 2002).

Psychosocial change, a component of personal progress, is a key part of the TCU Process Model. The principal way to measure one's progress is to ask them to rate it at specific intervals across the treatment episode (see Hiller et al., 2006a, b; Prendergast et al., 2002; Taylor et al., 2013; Welsh, 2010). Using this approach, Prendergast et al. (2002) compared voluntary and involuntary TC residents on their self-rated progress. Findings showed that "In short, inmates who involuntarily entered the SATF program exhibited as much change in the measured psychological and social functioning variables as did those who entered voluntarily, even after controlling for other possible predictor variables" (p. 18). Welsh (2010) collected the same measure as Prendergast et al. (2002), the TCU Resident Evaluation of Self and Treatment, at three treatment intervals: 1, 6, and 12 months. Findings showed change in psychosocial function, but a somewhat complicated picture emerged, with other factors (e.g., motivation) playing a role in ratings of personal progress (Welsh, 2010).

Psychology – Psychologists' Roles in Development, Research, and Growth of TCs

Substance use treatment practice and research are interdisciplinary, and psychologists have made significant contributions in both, alongside sociologists, historians, econometricians, criminal justice scientists, and social workers. In fact, many of the individuals listed below worked with interdisciplinary teams. It is important to acknowledge this fact and to keep it in mind as one reads the contributions of specific psychologists, including George De Leon, Harry Wexler, Gary Field, Dwayne Simpson and Kevin Knight, Stan and JoAnne Sacks, and Wayne Welsh. Because their research is cited heavily in the preceding sections of this chapter, only a brief description of the key contributions each made to the field is presented below.

George De Leon

(Social Psychologist). It is impossible to overstate the importance of De Leon's work on the TC. As the director of the Center for Therapeutic Community Research, he led a group of colleagues at the National Development Research Institute in New York City that included Nancy Jainchill, Gerald Melnick, Stan and JoAnn Sacks, and Harry Wexler. Among the many contributions to TC practice and research is De Leon's extensive work codifying the TC model (De Leon, 1995, 2000; De

Leon et al., 2015; De Leon & Unterrainer, 2020; Hiller & Saum, 2018). Without this work, it is unclear whether a cohesive plan for how TCs should be implemented would have been written. He and his team also conducted an extensive program of research on TCs across nearly five decades. This research provided many insights into the effectiveness of TCs, predictors of length of treatment stay and program completion, the influence of motivation for treatment on both treatment process and outcomes, as well as many other psychologically relevant areas of research. He and his team developed important psychological assessments, including the Circumstance, Motivation, Treatment, and Suitability instrument and the Survey of Essential Elements Questionnaire. De Leon also influenced and actively participated in the expansion of the TC beyond US borders. Informally, over the years, many have said that he is the Master Professor of the Therapeutic Community. Given that the TC dates back to the 1950s, this moniker is not entirely accurate, but it does clearly, and appropriately, emphasize his tremendous importance to this field.

Harry Wexler

(Clinical Psychologist). As lauded in his obituary (Lurigio, 2017), Wexler was a driving force for the expansion of in-prison TCs, and it is hard to overstate his importance to this field. He used his findings from his work with Stay'n Out to inform policy makers about the viability and efficacy of in-prison TCs, which directly influenced Federal appropriations disbursed through RSAT for other states that wanted to use this model. Several states, including Texas, California, and Pennsylvania, used this and other funding to implement numerous TCs in their departments of correction. His work with Amity was largely a replication of his work with Stay'n Out, showing again the potential of in-prison TCs to reduce recidivism.

Gary Field

(Clinical Psychologist). Like Wexler, Field pioneered the development and implementation of the TC within prisons. His work with Cornerstone also directly influenced the proliferation of in-prison TCs during the 1990s. In addition to this, he oversaw the development of TCs for other correctional populations including those convicted of sexual offenses, those with mental illness, women (Cornerstone was for men only), and those with mental disabilities.

D. Dwayne Simpson and Kevin Knight

(Social Psychologist, Cognitive Psychologist, respectively). Originally a student of Dr. Saul Sells, who was the principal investigator for Drug Abuse Reporting Program (DARP), a national multisite evaluation of publicly funded substance abuse treatment in the late 1960s and early 1970s, Dr. Dwayne Simpson, who became the director of the Institute of Behavioral Research (IBR) at Texas Christian University (TCU), oversaw longer term follow-up for DARP. Later a co-investigator on the Treatment Outcome Prospective Study (TOPS) and the Drug Abuse Treatment Outcome Study (DATOS), he made significant contributions to help understand

why individuals use substances, predictors of retention in treatment, and predictors of treatment outcomes for TCs and other major modalities, including outpatient, methadone maintenance, and short-term inpatient. Pulling from over 30 years of his treatment evaluation research, Dr. Simpson proposed the TCU Treatment Process Model (see above), which combined his encyclopedic knowledge of the field into a framework whereby we may understand community and criminal justice-based treatment.

After graduating with his doctorate in cognitive psychology from TCU, Dr. Kevin Knight was hired by Dr. Simpson to develop a portfolio of criminal justice projects at the Institute of Behavioral research. Early research, with myself and Kirk Broome, was with short-term TCs for probationers in north Texas. He and Simpson also won state funding to do an outcome evaluation of the Kyle NewVision In-Prison Therapeutic Community. Results from this study became nationally and internationally known. He frequently consults with other jurisdictions developing TCs, and he recently became the director of IBR at TCU.

Stan and JoAnn Sacks

(Clinical Psychologists). Drs. Sacks made significant contributions to the field of TC research. Perhaps their most notable accomplishment is their developing and studying, using rigorous experimental designs, a prison-based TC, and a reentry TC for prisoners with significant co-occurring mental illness and substance use disorder.

Wayne Welsh

(Experimental Psychologist and Social Ecologist). Dr. Welsh fostered a close researcher-practitioner with Dr. Gary Zajac, then the head of research for the Pennsylvania Department of Corrections (PADOC). Through this partnership, Welsh was the principal investigator on a multi-site evaluation of prison-based TCs, as well as a randomized controlled trial of TC versus outpatient treatment in a single correctional institution. His work, summarized above, not only highlighted the effectiveness of in-prison TCs regardless of participation in aftercare, but also provided important insights into the metaphorical "black box" of treatment. It also directly impacted the policies and practices of the PADOC.

Others

TCs are not solely the domain of psychologists. Important contributions have been made by those from other disciplines (e.g., history, sociology, criminal justice, and health economics) often in concert with those individuals noted above. Singularly important individuals to prison-based TCs, Jim Inciardi, a sociologist, and Steve Martin, an economist, worked extensively with the Key/CREST programs in Delaware. Their early findings provided impetus for many states to consider implementing similar programs. Michael Prendergast, a historian, was also very important to this field, because of his work with Amity, the California Treatment Expansion Initiatives, and the SATF at Corcoran prison. In addition to this work, he led teams that developed several meta-analyses of drug abuse treatment research. Kathryn McCollister, a health economist, worked with Key/Crest and Amity data estimating benefit-cost ratios for these programs. Bernadette Pelissier also was important to the

field because her work focused on drug abuse programs in the Federal Bureau of Prisons, making her one of only a few who have done so.

Future Implications

Collectively, the summarized research suggests several next steps that psychologists and other behavioral scientists may engage in with respect to the research and practice of in-prison TCs. These steps can be couched within specific research questions, including (1) How common are correctional TCs? (2) What are the commonalities among correctional TCs, and conversely on which aspects do they show a high degree of variation? (3) How comparable are correctional TCs and community-based TCs? (4) What efforts have been made to codify correctional TC structure and processes? (5) Are variations in structure and processes related to differential impact for improving prison management and public safety? (6) How effective are correctional TCs? And a two-fold question (7) How can the field improve measurement of the "black box" of the treatment process? And, how does the black box actually impact treatment effectiveness?

To answer the first three questions, a survey of state DOC alcohol and drug abuse directors is needed, as well as a survey of clinical administrators of a random sample of TCs identified by the survey of DOC directors. The first survey would help identify how many in-prison TCs exist across the 50 states. We simply do not know how many in-prison TCs there are in the United States. The survey also would gather basic information on these programs, and how they fit within the DOC strategy for addressing alcohol and drug use disorders among prisoners. This survey would derive a comprehensive list of correctional TCs, their location, and a primary contact (e.g., a prison warden or the director of the TC program) with whom researchers could liaise. A second survey would be sent to a random sample of the in-prison TC contacts. This survey would collect much more detailed data than the first, including operational characteristics (e.g., program size, length of program, phases, staff composition, etc.). One obvious part of this questionnaire would be the SEEQ.

The data from these surveys also could provide answers to the third and fourth questions. Assuming the random sample of TC programs provides generalizable information, analyses will show where there is little variation across programs and where there is more variation. For example, it would be expected that most programs have cardinal rules for the community (low variation), but the literature suggests that the use of encounter groups and push/pull ups will vary considerably. The SEEQ data would provide important insight into how in-prison TCs adhere to the TC model and in particular to the guiding principles outlined in De Leon's work (e.g., De Leon, 1995, 2000). In-prison TC SEEQ data could be compared with the normative sample for the SEEQ, which was composed of the members of the Therapeutic Communities of America. An analog of how to approach this comparison is presented in Melnick et al. (2000). In this study, TCs in the DATOS study

were compared against the scores for the TCs of America normative sample. This would provide insights into how TCs and their underlying principles have been modified to accommodate operation in a correctional setting.

The comparison of correctional TCs and community-based TCs could inform the next step, codifying the correctional TC model. The Criminal Justice Task Force on Standards of Therapeutic Communities of America (1997) and the Criminal Justice Committee of Therapeutic Communities of America (1999) undertook a similar effort in the late 1990s. Also critical to this effort will be cataloging training curricula/manuals that have been developed by state departments of corrections (e.g., Harvey, 2005) to guide the implementation of their TCs. Synthesizing this information will provide a much more in-depth picture of correctional TCs and provide the basis for research designed to test how variations in TC operations and principles translate into more/less effective TCs. This is the background information that would lead to studies aimed at answering the fifth question, preferably through randomized controlled trials on variations of specific TC elements.

For question 6, TCs will always need new effectiveness studies (and efficacy studies if possible) to help justify their existence. A part of this is due to echoes of Martinson's Nothing Works Doctrine, but more proximal influences, like administration changes, budget cuts, and critical events will always raise the policy questions of Do we need these programs? Are these programs cost-beneficial and cost-effective? Although the results of effectiveness studies have been published in the past 15 years (e.g., Duwe, 2010; Jensen & Kane, 2010, 2012; Olson & Lurigio, 2014; Olson et al., 2009; Zhang et al., 2009), the volume of this research is much less than the "heydays" of the 1990s when many of the projects (e.g., Amity, Key/Crest, Kyle New Vision) described above were conducted.

But, even more necessary than effectiveness/efficacy studies is research designed to understand the black box of the treatment process. The TCU Treatment Process Model, or other systematic frameworks or models, should inform these efforts. Important work on quantifying community as method through social network analyses have been completed (e.g., Warren et al., 2020), so the next logical step is determining how this relates to outcomes beyond predicting whether one will graduate from the program. Community as method is only one aspect of the black box that should receive additional attention. Inspiration for many other studies of the treatment process are easily gleaned from De Leon's work, and if the surveys described at the beginning of this section are realized, this could be used as a source of pilot data for projects to use as they seek funding for understanding other parts of the treatment process.

Summary

Psychology and psychologists have had a significant impact on the TC. Derived from the Synanon model, the TC for treating substance disorders has remained distinct from other treatment modalities since the 1960s. It has been shown to be a robust treatment modality evidenced to reduced drug use and criminality in community populations. Despite the prevailing current of thought that nothing works for offender rehabilitation, work with Stay'n Out and Cornerstone in the 1980s led to widespread proliferation of this model within prisons, with many different research groups engaged in determining the effectiveness of these programs. Since then, additional research has focused on effectiveness, and especially interesting, sophisticated research has begun to study specific TC components like the community as method and push/pull-ups. Much more work needs to be done. We simply have no idea how many in-prison TCs there are in the United States. We need data from these TCs to continue the work begun at the end of the 1990s for codifying the treatment model for the correctional TC. Effectiveness research and hopefully efficacy research will continue. Finally, more research is needed to extend findings on "black box" components beyond predicting program completion to actual postrelease outcomes. There is much that remains to be done, and psychologists are uniquely qualified to do it.

References

Andrews, D., & Bonta, J. (2017). *The psychology of criminal conduct* (6th ed.). Taylor & Francis.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: rediscovering psychology. *Criminal Justice and Behavior, 17*, 19–52. https://doi.org/10.1177/0093854890017001004

Belenko, S., Hiller, M., & Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *Current Psychiatry Reports, 15*, 1–17. https://doi.org/10.1007/s11920-013-0414-z

Blasko, B. L., & Hiller, M. L. (2014). Clinician ratings of client progress in a therapeutic community treatment setting: Do ratings predict outcomes? *Journal of Offender Rehabilitation, 53*(4), 253–272. https://doi.org/10.1080/10509674.2014.902007

Blevins, K. R., & Soderstrom, I. R. (2015). The mental health crisis grows on: A descriptive analysis of DOC systems in America. *Journal of Offender Rehabilitation, 54*, 142–160. https://doi.org/10.1080/10509674.2015.1009965

Bowring v Godwin, 551 F.2d 44 (4th Cir. 1977).

Burdon, W. M., Farabee, D., Prendergast, M. L., Messina, N., & Cartier, J. (2002). Prison-based therapeutic community substance abuse programs – Implementation and operational issues. *Federal Probation, 66*, 3–8. https://www.uscourts.gov/federal-probation-journal/2002/12/prison-based-therapeutic-community-substance-abuse-program

Burdon, W. M., Prendergast, M. L., Eisen, V., & Messina, N. (2003). Sanctions and rewards in prison-based therapeutic communities. *Federal Probation, 67*, 47–53. https://www.uscourts.gov/federal-probation-journal/2003/09/sanctions-and-rewards-prison-based-therapeutic-community-treatment

Burdon, W. M., Messina, N. P., & Prendergast, M. L. (2004). The California treatment expansion initiative: Aftercare participation, recidivism, and predictors of outcomes. *Prison Journal, 84*, 61–80. https://doi.org/10.1177/0032885503262455

Criminal Justice Committee on Therapeutic Communities of America. (1999). *Therapeutic communities in correctional settings: The prison based TC standards development project final report of phase II*. The White House Office of National Drug Control Policy. https://www.ojp.gov/ncjrs/virtual-library/abstracts/therapeutic-communities-correctional-settings-prison-based-tc

Criminal Justice Task Force on Standards of Therapeutic Communities of America. (1997). *Therapeutic communities correctional settings: The standards development phase: Phase I report.* Criminal Justice Task Force on Standards of Therapeutic Communities of America (TCA). https://www.ojp.gov/ncjrs/virtual-library/abstracts/therapeutic-communities-correctional-settings-prison-based-tc

Davidson, K. M. (2020). Testing an interactionist theory of treatment engagement in a Pennsylvania prison-based therapeutic community. *Criminal Justice and Behavior, 47*, 1282–1298. https://doi.org/10.1177/0093854820919782

De Leon, G. (1994). The therapeutic community: Toward a general theory and model. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA research monograph 144) (pp. 16–52). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph144.pdf

De Leon, G. (1995). Therapeutic communities for addictions: A theoretical framework. *International Journal of the Addictions, 30*, 1603–1645. https://doi.org/10.3109/10826089509104418

De Leon, G. (2000). *The therapeutic community: Theory, model, and method*. Springer. https://doi.org/10.1891/9780826116673

De Leon, G. (2010). Is the therapeutic community an evidence-based treatment? What the evidence says. *Therapeutic Communities, 31*, 104–128.

De Leon, G. (2015). "The gold standard" and related considerations for a maturing science of substance abuse treatment. Therapeutic communities; a case in point. *Substance Use and Misuse, 50*, 1106–1109. https://doi.org/10.3109/10826084.2015.1012846

De Leon, G., & Jainchill, N. (1986). Circumstance, motivation, readiness and suitability as correlates of treatment tenure. *Journal of Psychoactive Drugs, 18*(3), 203–208. https://doi.org/10.1080/02791072.1986.10472348

De Leon, G., & Melnick, G. (1993). *Therapeutic community scale of essential elements questionnaire (SEEQ)*. Center for Therapeutic Community Research at National and Development and Research.

De Leon, G., & Unterrainer, H. F. (2020). The therapeutic community: A unique social psychological approach to the treatment of addictions and related disorders. *Frontiers in Psychiatry, 11*, 786. https://doi.org/10.3389/fpsyt.2020.00786

De Leon, G., Sacks, S., & Wexler, H. K. (2001). Modified prison TCs for the dual and multiple diagnosed offenders. In C. G. Leukefeld, F. M. Tims, & D. Farabeee (Eds.), *Clinical and policy responses to drug offenders* (pp. 138–148). Springer.

De Leon, G., Perfas, F. B., Joseph, A., & Bunt, G. (2015). Therapeutic communities for the addictions: Essential elements, cultural, and current issues. In N. el-Guebaly et al. (Eds.), *Textbook on addiction treatment: International perspectives* (pp. 1033–1047).

Deitch, D. A., Koutsenok, I., & Ruiz, A. (2004). In-custody therapeutic community substance abuse treatment: Does it have an impact on custody personnel? *Criminal Justice Policy Review, 15*, 61–83. https://doi.org/10.1177/0887403403255065

Dietz, E. F., O'Connell, D. J., & Scarpitti, F. R. (2003). Therapeutic communities and prison management: An examination of the effects of operating an in-prison therapeutic community on levels of institutional disorder. *International Journal of Offender Therapy and Comparative Criminology, 47*, 210–223. https://doi.org/10.1177/0306624X03251088

Drake, E. (2012). *Chemical dependency treatment for offenders: A review of the evidence and benefit-cost findings*. Washington State Institute for Public Policy.

Duwe, G. (2010). Prison-based chemical dependency treatment in Minnesota: An outcome evaluation. *Journal of Experimental Criminology, 6*, 57–81. https://doi.org/10.1007/s11292-010-9090-8

Estelle V Gamble, 426 U.S. 97 (1976).

Falkin, G. P., Wexler, H. K., & Lipton, D. S. (1992). Drug treatment in state prisons. In D. R. Gerstein & H. J. Harwood (Eds.), *Treating drug problems* (Vol. 2, pp. 89–132). Institute of Medicine, National Academy Press.

Farabee, D., Prendergast, M., Cartier, J., Wexler, H., Knight, K., & Anglin, M. D. (1999). Barriers to implementing correctional drug treatment programs. *Prison Journal, 79*, 150–162. https://doi.org/10.1177/0032885599079002002

Field, G. (1985). The cornerstone program: A client outcome study. *Federal Probation, 49*, 50–55.

Field, G. (1989). The effects of intensive treatment on reducing the recidivism of addicted offenders. *Federal Probation, 63*, 51–56.

Field, G. (1992). Oregon prison drug treatment programs. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 142–155). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

Fletcher, B. W., & Tims, F. M. (1992). Methodological issues: Drug abuse treatment research in prisons and jails. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 246–260). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

Galassi, A., Mpofu, E., & Athanasou, J. (2015). Therapeutic community treatment of an inmate population with substance use disorders: Post-release trends in re-arrest, re-incarceration, and drug misuse relapse. *International Journal of Environmental Research and Public Health, 12*, 7059–7072. https://doi.org/10.3390/ijerph120607059

Griffith, J. D., Hiller, M. L., Knight, K., & Simpson, D. D. (1999). A cost-effectiveness analysis of in-prison therapeutic community treatment and risk classification. *The Prison Journal, 79*(3), 352–368.

Harrison, L. A., & Martin, S. S. (2003). *Residential substance abuse treatment for state prisoners: Implementation lessons learned (NCJ 195738)*. U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. https://www.ojp.gov/pdffiles1/nij/195738.pdf

Harvey, C. (2005). *Why we do what we do: Rationale and theoretical applications for therapeutic community activities in Ohio*. Ohio Department of Alcohol and Drug Addiction Services.

Hiller, M. L., & Saum, C. A. (2018). Substance abuse treatment in prison: The therapeutic community. In W. T. Church & D. Springer (Eds.), *Serving the stigmatized: Working within the incarcerated environment*. Oxford University Press.

Hiller, M. L., Knight, K., Broome, K. M., & Simpson, D. D. (1998). Legal pressure and treatment retention in a national sample of long-term residential programs. *Criminal Justice and Behavior, 25*(4), 463–481. https://doi.org/10.1177/0093854898025004004

Hiller, M. L., Knight, K., & Simpson, D. D. (1999a). Risk factors that predict dropout from corrections-based treatment for drug abuse. *The Prison Journal, 79*(4), 411–430. https://doi.org/10.1177/0032885599079004004

Hiller, M. L., Knight, K., & Simpson, D. D. (1999b). Prison-based substance abuse treatment, residential aftercare, and recidivism. *Addiction, 94*(6), 833–842. https://doi.org/10.1046/j.1360-0443.1999.9468337.x

Hiller, M. L., Knight, K., Leukefeld, C. G., & Simpson, D. D. (2002). Motivation as a predictor of therapeutic engagement in mandated residential substance abuse treatment. *Criminal Justice and Behavior, 29*(1), 56–75. https://doi.org/10.1177/0093854802029001004

Hiller, M. L., Knight, K., Saum, C. A., & Simpson, D. D. (2006a). Social functioning, treatment dropout, and recidivism of probationers mandated to a modified therapeutic community. *Criminal Justice and Behavior, 33*(6), 738–759. https://doi.org/10.1177/0093854806288242

Hiller, M. L., Knight, K., & Simpson, D. D. (2006b). Recidivism following mandated residential substance abuse treatment for felony probationers. *The Prison Journal, 86*(2), 230–241. https://doi.org/10.1177/0032885506287951

Hiller, M. L., Narevic, E., Webster, J. M., Rosen, P., Staton, M., Leukefeld, C. G., Garrity, T. F., & Kayo, R. (2009). Problem severity and motivation for treatment in incarcerated substance abusers. *Substance Use and Misuse, 44*(1), 28–41. https://doi.org/10.1080/10826080802523301

Inciardi, J. A., Martin, S. S., Lockwood, D., Hooper, R. M., & Wald, B. M. (1992). Obstacles to the implementation and evaluation of drug treatment programs in correctional settings: Reviewing the Delaware KEY experience. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 176–190). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

Inciardi, J. A., Lockwood, D., & Martin, S. S. (1994). Therapeutic communities in corrections and work release: Some clinical and policy considerations. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA research monograph 144) (pp. 259–266). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph144.pdf

Inciardi, J. A., Martin, S. S., & Butzin, C. A. (2004). Five-year outcomes of therapeutic community treatment for drug-involved offenders after release from prison. *Crime and Delinquency, 50*, 88–107. https://doi.org/10.1177/0011128703258874

Jainchill, N. (1994). Co-morbidity and therapeutic community treatment. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA research monograph 144) (pp. 209–231). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph144.pdf

Jensen, E. L., & Kane, S. L. (2010). The effect of therapeutic community on time to first re-arrest: A survival analysis. *Journal of Offender Rehabilitation, 49*, 200–209. https://doi.org/10.1080/10509671003666594

Jensen, E. L., & Kane, S. L. (2012). The effects of therapeutic community on recidivism up to four years after release from prison: A multisite study. *Criminal Justice and Behavior, 39*, 1075–1087. https://doi.org/10.1177/0093854812442331

Knight, K., Simpson, D. D., Chatham, L. R., & Camacho, L. M. (1997). An assessment of prison-based drug treatment: Texas' in-prison therapeutic community program. *Journal of Offender Rehabilitation, 24*, 75–100. https://doi.org/10.1300/J076v24n03_05

Knight, K., Simpson, D. D., & Hiller, M. L. (1999). Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *The Prison Journal, 79*(3), 337–351. https://doi.org/10.1177/0032885599079003004

Knight, K., Hiller, M. L., Broome, K. M., & Simpson, D. D. (2000). Legal pressure, treatment readiness, and engagement in long-term residential programs. *Journal of Offender Rehabilitation, 31*(1/2), 101–115. https://doi.org/10.1300/J076v31n01_07

Kreager, D. A., Schaefer, D. R., Davidson, K., Zajac, G., Haynie, D. L., & De Leon, G. (2019). Evaluating peer-influence processes in a prison-based therapeutic community: A dynamic network approach. *Drug and Alcohol Dependence, 203*, 13–18. https://doi.org/10.1016/j.drugalcdep.2019.05.018

Langan, N. P., & Pelissier, B. M. M. (2001). The effect of drug treatment on inmate misconduct in federal prisons. *Journal of Offender Rehabilitation, 34*, 21–30. https://doi.org/10.1300/J076v34n02_02

Linhorst, D. M., Knight, K., Johnston, J. S., & Trickey, M. (2001). Situational influences on the implementation of a prison-based therapeutic community. *Prison Journal, 81*, 436–453. https://doi.org/10.1177/0032885501081004002

Lipton, D. (1998). Therapeutic communities: History, effectiveness, and prospects. *Corrections Today.* No page number.

Lurigio, A. J. (2011). People with serious mental illness in the criminal justice system: Causes, consequences, and correctives. *Prison Journal, S91*, 66s–86s. https://doi.org/10.1177/0032885511415226

Lurigio, A. J. (2017). Harry K. Wexler: An unwavering voice for addiction recovery and criminal justice reform. *The Prison Journal, 97*, 671–673. https://doi.org/10.1177/0032885517734331

Magaletta, P. R., Diamond, P. M., Faust, E., Daggett, D. M., & Camp, S. D. (2009). Estimating the mental illness component of service need in corrections: Results from the mental health prevalence project. *Criminal Justice and Behavior, 36*, 229–244. https://doi.org/10.1177/0093854808330390

Martin, S. S., Butzin, C. A., & Inciardi, J. A. (1995). Assessment of a multistage therapeutic community for drug-involved offenders. *Journal of Psychoactive Drugs, 27*, 109–116.

Martin, S. S., Butzin, C. A., Saum, C. A., & Inciardi, J. A. (1999). Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release to aftercare. *The Prison Journal, 79*, 294–320. https://doi.org/10.1177/0032885599079003002

Martin, S. S., Inciardi, J., & O'Connell, D. J. (2003). Treatment research in OZ – Is randomization the ideal or just somewhere over the rainbow. *Federal Probation, 67*, 53–60. https://www.uscourts.gov/federal-probation-journal/2003/09/treatment-research-oz-randomization-ideal-or-just-somewhere-over

Martinson, R. (1974). What works? Questions and answers about prison reform. *The Public Interest, 35*, 22–45.

McCollister, K. E., French, M. T., Prendergast, M., Wexler, H., Sacks, S., & Hall, E. (2003). Is in-prison treatment enough? A cost-effectiveness analysis of prison-based treatment and aftercare services for substance-abusing offenders. *Law & Policy, 25*, 63–82. https://doi.org/10.1111/1467-9930.00140

Melnick, G., & De Leon, G. (1999). Clarifying the nature of therapeutic community treatment: The Survey of Essential Elements Questionnaire (SEEQ). *Journal of Substance Abuse Treatment, 16*, 307–313. https://doi.org/10.1016/S0740-5472(98)00036-1

Melnick, G., De Leon, G., Hiller, M. L., & Knight, K. (2000). Therapeutic communities: Diversity in treatment elements. *Substance Use and Misuse, 35*(12–14), 1819–1847. https://doi.org/10.3109/10826080009148242

Mitchell, O., Wilson, D. B., & MacKenzie, D. L. (2012). The effectiveness of incarceration-based drug treatment on criminal behavior: A systematic review. *Campbell Systematic Reviews, 18,* 1–75.

Murray, D. W. (1992). Drug abuse treatment programs in the Federal Bureau of Prisons: Initiatives for the 1990s. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 62–83). National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

National Institute of Justice. (2022a, June). *Practice profile: Incarceration-based therapeutic communities for adults*. Office of Justice Programs, U.S. Department of Justice. https://crimesolutions.ojp.gov/ratedpractices/52#ar

National Institute of Justice. (2022b, June). *Practice profile: Delaware KEY/Crest substance abuse programs*. Office of Justice Programs, U.S. Department of Justice. https://crimesolutions.ojp.gov/ratedprograms/55#eb

National Institute of Justice. (2022c, June). *Practice profile: Amity in-prison therapeutic community*. Office of Justice Programs, U.S. Department of Justice. https://crimesolutions.ojp.gov/ratedprograms/54#eb

National Institute on Drug Abuse. (2022, May). *What are therapeutic communities?* U.S. Department of Health and Human Services, National Institutes of Health. https://nida.nih.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities

Olson, D. E., & Lurigio, A. J. (2014). The long-term effects of prison-based drug treatment and aftercare services on recidivism. *Journal of Offender Rehabilitation, 53*, 600–619. https://doi.org/10.1080/10509674.2014.956965

Olson, D. E., Rozhon, J., & Powers, M. (2009). Enhancing prisoner reentry through access to prison-based and post-incarceration aftercare treatment: Experiences from the Illinois Sheridan correctional center therapeutic community. *Journal of Experimental Criminology, 5*, 299–321. https://doi.org/10.1007/s11292-009-9080-x

Peat, B. J., & Winfree, L. T. (1992). Reducing the intra-institutional effects of "prisonization": A study of a therapeutic community for drug-using inmates. *Criminal Justice and Behavior, 19*, 206–225. https://doi.org/10.1177/0093854892019002007

Pelissier, B., & McCarthy, D. (1992). Evaluation of the Federal Bureau of Prisons drug treatment programs. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 261–278). National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

Pelissier, B., Rhodes, W., Saylor, W., Gaes, G., Camp, S. D., Vanyur, S., & Wallace, S. (2001a). TRIAD treatment evaluation project. *Federal Probation, 65*, 3–7. https://www.uscourts.gov/federal-probation-journal/2001/12/triad-drug-treatment-evaluation-project

Pelissier, B., Wallace, S., O'Neil, J. A., Gaes, G. G., Camp, S., Rhodes, W., & Saylor, W. (2001b). Federal prison residential drug treatment reduces substance use and arrests after release. *American Journal of Drug and Alcohol Abuse, 27*, 315–337. https://doi.org/10.1081/ADA-100103712

Pelissier, B., Motivans, M., & Rounds-Bryant, J. L. (2005). Substance abuse treatment outcomes: A multi-site study of male and female prison programs. *Journal of Offender Rehabilitation, 41*, 57–80. https://doi.org/10.1300/J076v41n02_04

Pelissier, B., Jones, N., & Cardigan, T. (2007). Drug treatment aftercare in the criminal justice system: A systematic review. *Journal of Substance Abuse Treatment, 32*, 311–320. https://doi.org/10.1016/j.jsat.2006.09.007

Prendergast, M. L., & Wexler, H. K. (2004). Correctional substance abuse treatment programs in California: A historical perspective. *Prison Journal, 84*, 8–35. https://doi.org/10.1177/0032885503262453

Prendergast, M., Farabee, D., & Cartier, J. (2001). The impact of in-prison therapeutic community programs on prison management. *Journal of Offender Rehabilitation, 32*, 63–78. https://doi.org/10.1300/J076v32n03_05

Prendergast, M. L., Farabee, D., Cartier, J., & Henkin, S. (2002). Involuntary treatment within a prison setting: Impact on psychosocial change during the treatment. *Criminal Justice and Behavior, 29*, 5–26. https://doi.org/10.1177/0093854802029001002

Prendergast, M. L., Hall, E. A., & Wexler, H. K. (2003). Multiple measures of outcome in assessing a prison-based drug treatment program. *Journal of Offender Rehabilitation, 37*, 65–94. https://doi.org/10.1300/J076v37n03_04

Prendergast, M. L., Hall, E. A., Wexler, H. K., Melnick, G., & Cao, Y. (2004). Amity prison-based therapeutic community: 5-year outcomes. *Prison Journal, 84*, 36–60. https://doi.org/10.1177/0032885503262454

Richardson, J., & Zini, V. (2021). Are prison-based therapeutic communities effective? Challenges and considerations. *International Journal of Prisoner Health, 17*, 42–53. https://doi.org/10.1108/IJPH-07-2020-0048

Rosen, P., Hiller, M. L., Webster, J. M., Staton, M., & Leukefeld, C. G. (2004). Treatment motivation and therapeutic engagement in prison-based substance use treatment. *Journal of Psychoactive Drugs, 36*(3), 387–396. https://doi.org/10.1080/02791072.2004.10400038

Sacks, S., Sacks, J. Y., McKendrick, K., Banks, S., & Stommel, J. (2004). Modified TC for MICA offenders: Crime outcomes. *Behavioral Sciences & the Law, 22*, 477–501. https://doi.org/10.1002/bsl.599

Sacks, S., Chaple, M., Sacks, J. Y., McKendrick, K., & Cleland, C. M. (2012). Randomized trial of a reentry modified therapeutic community with co-occurring disorders: Crime outcomes. *Journal of Substance Abuse Treatment, 42*, 247–259. https://doi.org/10.1016/j.jsat.2011.07.011

Saum, C. A., O'Connell, D. J., Martin, S. S., Hiller, M. L., Bacon, G. A., & Simpson, D. D. (2007). Tempest in a TC: Changing treatment providers for in-prison therapeutic communities. *Criminal Justice and Behavior, 34*(9), 1168–1178. https://doi.org/10.1177/0093854807304349

Simpson, D. D. (2001). Modeling treatment process and outcomes (editorial). *Addiction, 96*(2), 207–211. https://doi.org/10.1046/j.1360-0443.2001.9622073.x

Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment, 27*, 99–121. https://doi.org/10.1016/j.jsat.2004.06.001

Simpson, D. D., Joe, G. W., Rowan-Szal, G., & Greener, J. (1995). Client engagement and change during drug abuse treatment. *Journal of Substance Abuse, 7*, 117–134. https://doi.org/10.1016/0899-3289(95)90309-7

Simpson, D. D., Joe, G. W., Broome, K. M., Hiller, M. L., Knight, K., & Rowan-Szal, G. A. (1997a). Program diversity and treatment retention rates in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors, 11*(4), 279–293. https://doi.org/10.1037/0893-164X.11.4.279

Simpson, D. D., Joe, G. W., Dansereau, D. F., & Chatham, L. R. (1997b). Strategies for improving methadone treatment process and outcomes. *Journal of Drug Issues, 27*(2), 239–260. https://doi.org/10.1177/002204269702700205

Simpson, D. D., Joe, G. W., Rowan-Szal, G., & Greener, J. (1997c). Drug abuse treatment process components that improve retention. *Journal of Substance Abuse Treatment, 14*, 565–572. https://doi.org/10.1016/S0740-5472(97)00181-5

Sullivan, C. J., McKendrick, K., Sacks, S., & Banks, S. (2007a). Modified therapeutic community treatment for offenders with MICA disorders: Substance use outcomes. *The American Journal of Drug and Alcohol Abuse, 33*, 823–832. https://doi.org/10.1080/00952990701653800

Sullivan, C. J., Sacks, S., McKendrick, K., Banks, S., Sacks, J. Y., & Stommel, J. (2007b). Modified therapeutic community treatment for co-occurring disorders: Mental health outcomes. *Journal of Offender Rehabilitation, 45*, 227–247. https://doi.org/10.1300/J076v45n01_15

Taylor, L., Hiller, M. L., & Taylor, R. B. (2013). Personal factors and substance abuse treatment program retention among felony probationers: Theoretical relevance of initial vs. shifting scores on impulsivity/low self-control. *Journal of Criminal Justice, 41*(3), 141–150. https://doi.org/10.1016/j.jcrimjus.2013.01.001

Vanderplasschen, W., Colpaert, K., Autrique, M., Rapp, R. C., Pearce, S., Broekaert, E., & Vandevelde, S. (2013). Therapeutic communities for addictions: A review of their effectiveness from a recovery-oriented perspective. *The Scientific World Journal*, 2013, 1–22. https://doi.org/10.1155/2013/427817

Warren, K., Hiance, D., Doogan, N., De Leon, G., & Phillips, G. (2013). Verbal feedback in therapeutic communities: Pull-ups and reciprocated pull-ups as predictors of graduation. *Journal of Substance Abuse Treatment, 44*, 361–368. https://doi.org/10.1016/j.jsat.2012.08.020

Warren, K., Campbell, B., Cranmer, S., De Leon, G., Doogan, N., Weiler, M., & Doherty, F. (2020). Building the community: Endogenous network formation, homophily and prosocial sorting among therapeutic community residents. *Drug and Alcohol Dependence, 207*, 1–7. https://doi.org/10.1016/j.drugalcdep.2019.107773

Welsh, W. N. (2007). A multisite evaluation of prison-based therapeutic community drug treatment. *Criminal Justice and Behavior, 34*, 1481–1498. https://doi.org/10.1177/0093854807307036

Welsh, W. N. (2010). Inmate responses to prison-based drug treatment: A repeated measures analysis. *Drug and Alcohol Dependence, 109*, 37–44. https://doi.org/10.1016/j.drugalcdep.2009.11.024

Welsh, W. N., & Zajac, G. (2004a). A census of prison-based drug treatment programs: Implications for programing, policy, and evaluation. *Crime and Delinquency, 50*, 108–133. https://doi.org/10.1177/0011128703259067

Welsh, W. N., & Zajac, G. (2004b). Building an effective research partnership between a university and a state correctional agency: Assessment of drug treatment in Pennsylvania prisons. *The Prison Journal, 84*, 143–170. https://doi.org/10.1177/0032885504265075

Welsh, W. N., & Zajac, G. (2013). A multisite evaluation of prison-based drug treatment: Four-year follow-up results. *Prison Journal, 93*, 251–271. https://doi.org/10.1177/0032885513490265

Welsh, W. N., McGrain, P., Salamatin, N., & Zajac, G. (2007). Effects of prison drug treatment on inmate conduct: A repeated measures analysis. *Criminal Justice and Behavior, 34*, 600–615. https://doi.org/10.1177/0093854806296897

Welsh, W. N., Zajac, C., & Bucklen, K. B. (2014). For whom does prison-based drug treatment work? Results from a randomized experiment. *Journal of Experimental Criminology, 10*, 151–177. https://doi.org/10.1007/s11292-013-9194-z

Wexler, H. K., & Love, C. (1994). Therapeutic communities in prisons. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA research monograph 144) (pp. 181–208). US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph144.pdf

Wexler, H. K., & Prendergast, M. L. (2010). Therapeutic communities in United States' prisons: Effectiveness and challenges. *Therapeutic Communities, 31*, 157–175.

Wexler, H. K., & Williams, R. (1986). The Stay'n Out therapeutic community: Prison treatment for substance abusers. *Journal of Psychoactive Drugs, 18*, 221–230. https://doi.org/10.1080/02791072.1986.10472351

Wexler, H. K., Falkin, G. P., & Lipton, D. S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior, 17*, 71–92. https://doi.org/10.1177/0093854890017001006

Wexler, H. K., Blackmore, J., & Lipton, D. S. (1991). Project REFORM: Developing a drug abuse treatment strategy for corrections. *Journal of Drug Issues, 21*, 469–490. https://doi.org/10.1177/002204269102100213

Wexler, H. K., Falkin, G. P., Lipton, D. S., & Rosenblum, A. B. (1992). Outcome evaluation of a prison therapeutic community for substance abuse treatment. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 156–175). National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

Wexler, H. K., De Leon, G., Thomas, G., Kressel, D., & Peters, J. (1999a). The Amity prison TC evaluation: Reincarceration outcomes. *Criminal Justice and Behavior, 26*, 147–167. https://doi.org/10.1177/0093854899026002001

Wexler, H. K., Melnick, G., Lowe, L., & Peters, J. (1999b). Three-year reincarceration outcomes of for Amity in-prison therapeutic community and aftercare in California. *Prison Journal, 79*, 321–336. https://doi.org/10.1177/0032885599079003003

White, W. L. (2014). *Slaying the dragon: The history of addiction treatment and recovery in America* (2nd ed.). Chestnut Health Systems.

Winett, D. L., Mullen, R., Lowe, L. L., & Missaklan, E. A. (1992). Amity Righturn: A demonstration drug abuse treatment program for inmates and parolees. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails: NIDA research monograph 118* (pp. 84–97). National Institute on Drug Abuse. https://archives.nida.nih.gov/sites/default/files/monograph118.pdf

Zhang, S. X., Roberts, R. E. L., & McCollister, K. E. (2009). An economic analysis of the in-prison therapeutic community model on prison management costs. *Journal of Criminal Justice, 37*, 388–395. https://doi.org/10.1016/j.jcrimjus.2009.06.006

Chapter 7
Criminal Thinking

Glenn D. Walters

Introduction

For the purposes of this review, criminal thinking will be defined as cognition in the service of criminal behavior. This definition is buttressed by two assumptions. The first assumption is that criminal thinking is designed to protect, promote, and further criminal activity (Walters, 1990). The second assumption is that criminal thinking is hierarchically organized (Walters, 2022). In reviewing Fig. 7.1 from top to bottom, we see that criminal thinking can be subclassified as either criminal thought content (*what* a criminal thinks) or criminal thought process (*how* a criminal thinks). Criminal thought content is further subdivided into negative attitudes toward authority figures, positive attitudes toward deviance, and criminal identity, whereas criminal thought process is subdivided into proactive (planned, calculated, amoral) and reactive (impulsive, irresponsible, emotional) criminal thinking. The proactive and reactive dimensions can be further divided into individual thinking styles, although these are not shown in Fig. 7.1. The goal of this chapter is to conduct an historical analysis of the criminal thinking construct, starting with the early Greeks and ending in modern times, with the intent of showing how criminal thinking applies to and potentially benefits correctional psychology.

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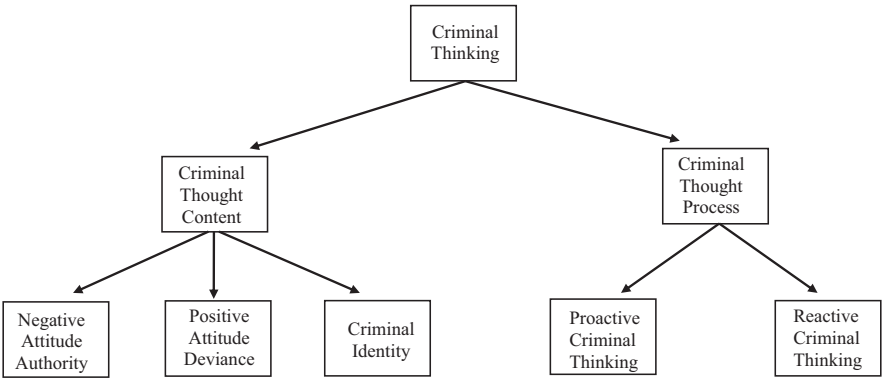

Fig. 7.1 Hierarchical organization of the criminal thinking construct

Cope, Emergence, and Prevalence

Ancient Greeks

Socrates (470–399 BC), Plato (428–347 BC), and Aristotle (384–322 BC) are among the best-known early Greek philosophers. They are also the ones who helped lay the groundwork for modern conceptualizations of criminal thinking. Socrates contributed greatly to our understanding of ethics and moral philosophy, both of which can be used to dissect criminal thinking. Plato, a student of Socrates, furthered our knowledge of criminal belief systems by calling attention to the rational aspects of human thought and the study of what he called forms. Plato was particularly interested in establishing universal forms that ran from the concrete (geometric designs) to the abstract (truth and justice). Aristotle, a student of Plato, viewed the mind and body as inseparable and used logic and ethics to prove his point. Clearly, Socrates, and to a lesser extent, Plato and Aristotle, were members of the skeptic school of philosophy. An alternate school of philosophy also popular in ancient Greece, the stoic school, was credited by Albert Ellis (1962) as having had a major impact on the development of rational emotive therapy, which is particularly important when it comes to treating criminal thinking.

Middle Ages and Renaissance

Saint Thomas Aquinas (1225–1274) is another key figure in the historical development of the scientific construct of criminal cognition. A Dominican friar, Catholic theologian, and Italian philosopher, Aquinas sought to align his thinking with the criteria for critical thought, which is the exact opposite of criminal thinking, particularly reactive criminal thinking. In an effort to reconcile the teachings of Aristotle

and other ancient Greek philosophers with the doctrines of the Holy Catholic Church, he expounded on the Aristotelian concept of human rationality. According to Aquinas, reason is made up of two parts: cognitive processes or intellect and appetitive processes or will. He argued that when cognitive errors deceived the intellect or passions overwhelmed the will, behaviors inconsistent with a person's current moral-ethical standards would frequently occur. According to Aquinas, good was not possible without evil and both could be exercised through a person's thoughts. The critical thinking of Aquinas paved the way for such Renaissance thinkers as Leonardo Da Vinci (1452–1519) and Martin Luther (1483–1546).

Age of Enlightenment

The Age of Enlightenment ushered in a period where philosophers thought more specifically about antisocial or criminal thinking. In the early years of the Enlightenment, René Descartes (1596–1660) introduced the notion of mind-body duality in which the senses were said to be of the body and thoughts were held to be of the mind. Although philosophers of science have long rejected Descartes' mind-body dualism, there are at least two ways in which this dualism has contributed to the science of criminal thinking. First, by proposing a split between mind and body, Descartes shed a light on human cognition that heretofore had been missing. Second, in his early work in physiology, Descartes helped popularize the view that cognition is located in the brain. Either by rejecting Cartesian mind-body duality or by elaborating on certain features of Descartes' theory, other major Enlightenment figures such as Immanuel Kant (1724–1804), John Locke (1632–1704), and Baruch de Spinoza (1632–1677) contributed further to our understanding of antisocial cognition.

The Modern Era

In the Modern Era, there are at least four threads that have contributed to the scientific study of criminal cognition. These include differential association/neutralization theories, social cognitive theory, neoclassicism, and modern stoicism.

Differential Association/Neutralization Theories Inspired by the German idealism of Immanuel Kant and Georg Wilhelm Friedrich Hagel (1770–1831), George Herbert Mead (1863–1931) developed a sociological model that emphasized symbolic interactionism and reflected appraisals as a means of achieving a sense of self or identity. One of his students at the University of Chicago, Edwin Sutherland (1883–1950), built on some of Mead's ideas to create one of the most influential theories in criminology, differential association. According to differential association theory, children learn crime by associating with those already involved in crime

(Sutherland, 1947). A core concept in differential association theory is definitions favorable and unfavorable to violation of the law. The theory stipulates that those with more definitions favorable to violation of the law than definitions unfavorable to violation of the law should engage in crime, whereas those with more definitions unfavorable to violation of the law than definitions favorable to violation of the law should be law-abiding (Akers, 1998). The definitions construct is one of the first cognitive constructs to work its way into criminology and is therefore of vital historical significance.

Gresham Sykes (1922–2020) and David Matza (1930–2018) were interested in building on Sutherland's differential association model and notion of definitions by creating an even more cognitively based theory. In so doing, they created the concept of neutralization, which is defined as a technique designed to rationalize or justify criminal behavior. Because most youth who engaged in delinquency were viewed as attached to the conventional social order, whenever such youth engaged in delinquent behavior they had to neutralize the guilt they felt over violating social customs, expectations, and rules (Matza, 1964). Sykes and Matza (1957) identified five techniques of neutralization, although more have since been added (Maruna & Copes, 2005). The five original neutralization techniques identified by Sykes and Matza are denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners, and appeals to higher loyalties. Neutralization techniques are considered one of three developmental antecedent facets to proactive criminal thinking, the other two being moral disengagement and narcissistic entitlement.

Social Cognitive Theory Like Sykes and Matza (1957), Albert Bandura (1925–2021) helped make the criminal thinking construct more accessible to researchers. Unlike Sykes and Matza, Bandura also sought ways of improving psychotherapy and interventions designed to treat antisocial and problematic cognitions. Where Sykes and Matza provided a sociological interpretation of criminal thinking, Bandura (1986) offered a behavioral approach grounded in social learning principles. To emphasize the cognitive nature of his theory he eventually renamed his theory social cognitive theory. Behaviorism can be traced back to the philosophical writings of the British empiricist John Locke who proposed that the human mind comes into the world as a blank slate (tabula rasa) and that learning is achieved through one's interaction with the environment. Locke's philosophy of empiricism had a major influence on John B. Watson (1878–1958), the father of behaviorism, whose ideas, in turn, nurtured the first generation of behavioral psychologists, B. F. Skinner (1904–1990), Clark Hull (1884–1952), and Kenneth Spence (1907–1967), in particular. Bandura, a student of Spence's at the University of Iowa, created social learning and social cognitive constructs like attributions, outcome expectancies, modeling, and vicarious reinforcement, all of which have been incorporated in one way or another into the science of criminal thinking.

Perhaps the single most important contribution Bandura has made to the criminal thinking construct is the notion of moral disengagement. As previously stated, the three developmental antecedents of proactive criminal thinking are neutralization,

narcissistic entitlement, and moral disengagement. Bandura et al. (1996) developed a 32-item moral disengagement (MD) scale that has been instrumental in advancing our understanding of the moral disengagement facet of proactive criminal thinking. The instrument is designed to measure what are believed to be the eight mechanisms of moral disengagement:: *Moral justification* ("It is alright to fight to protect your friends"); *Euphemistic language* ("Talking about people behind their backs is just part of the game"); *Advantageous comparison* ("Stealing some money is not too serious compared to those who steal a lot of money"); *Displacement of responsibility* ("Kids cannot be blamed for using bad words when all of their friends do it"); *Diffusion of responsibility* ("It is unfair to blame a child who had only a small part in the harm caused by a group"); *Distorting consequences* ("It is okay to tell small lies because they don't really do any harm"); *Attribution of blame* ("If people are careless where they leave their things it is their own fault if they get stolen); and *Dehumanization* ("Some people deserve to be treated like animals"). Several of these mechanisms have been found to correlate with a low resting heart rate (Galán et al., 2017), street gang affiliations (Alleyne et al., 2016), and future delinquency (Walters, 2016).

Neoclassicism The first school of criminological thought was classicism, the origins of which extend back to the eighteenth and early nineteenth centuries in the writings of Cesar Beccaria (1738–1794) and Jeremy Bentham (1748–1832). The classical school exists to this day in the form of the rational choice (Cornish & Clark, 1987) and routine activity (Cohen & Felson, 1979) theories of crime. Samuel Yochelson (1906–1976) and Stanton Samenow (1941–2023) adopted this approach when they began studying a group of 255 male offenders, many of whom were housed at St. Elizabeth's Hospital in Washington DC on criminal charges for which they were eventually found "Not Guilty by Reason of Insanity" (Reid, 1998). The study lasted 16 years and has been written up in three volumes under the heading the criminal personality (Yochelson & Samenow, 1976, 1977, 1986). Despite their emphasis on choice and decision-making, Yochelson and Samenow conducted their study using an exploratory-descriptive type of an approach. Of the 255 offenders who initially agreed to speak to the researchers, only 30 completed the full program, giving some indication of just how difficult it can be to investigate criminal thinking longitudinally. Yochelson, who had been trained as a psychoanalyst, initially sought to frame the study using Freudian terms and principles but soon realized that psychoanalysis suffered serious limitations as an explanation for criminal behavior.

Yochelson and Samenow's exploratory-descriptive approach yielded 52 thinking errors. There was a problem, however. Many of these "thinking errors" were not cognitive at all but emotional or behavioral instead. Even when a therapist confined themselves to the 30 or so genuine thinking errors, there were too many for clients to remember. Consequently, Walters (1990) organized criminal thinking into 8 thinking styles by either borrowing them directly from Yochelson and Samenow (i.e., cutoff, sentimentality, superoptimism), modifying Yochelson and Samenow's original construct (i.e., discontinuity, power orientation), or coming up with entirely new terms and conceptualizations (i.e., mollification, entitlement, cognitive

indolence). A unique aspect of Yochelson and Samenow's criminal personality model was that in addition to identifying proactive types of antisocial cognition (superoptimism, power thrust), they also identified reactive forms of criminal thought process (cutoff, discontinuity) and facets of criminal thought content (aspects of a criminal identity). Despite the problems associated with mixing cognition, affect, and behavior and the likelihood that Yochelson and Samenow had not identified a criminal personality but something more along the lines of a criminal lifestyle (Walters, 1990), they nonetheless contributed immensely to the science of criminal thinking. Now, correctional psychologists had labels they could apply to the thinking of their clients, which might then be used to develop interventions capable of stimulating a change in their thinking.

Modern Stoicism The three previously described modern era threads that have contributed to the science of criminal thinking (differential association/neutralization, cognitive social theory, and neoclassicism) have done much to advance knowledge on criminal thought process and content, but they are less helpful when it comes to changing criminal thought patterns. The fourth and final thread of influence to be discussed in this section deals specifically with intervention and change and should be particularly helpful in developing treatment goals and programs. This fourth and final thread of influence is modern stoicism, which serves as the foundation for rational-emotive (Ellis, 1962) and cognitive behavioral (Beck, 1970) therapy. Modern stoicism has its roots in the stoic philosophy of ancient Greece and Rome as found in the writings of Epictetus and Marcus Aurelius. According to Epictetus, "men are disturbed not by the things which happen, but by their opinions about the things" (Long, 1991, p. 14). Hence, it is one's interpretation of an event, rather than the event itself that is responsible for the emotional or behavioral reactions that follow. Modern stoicism has also been influenced by existentialism, Toaism, and Buddhism, but ancient stoicism is its primary influence (Murguia & Diaz, 2015).

Albert Ellis (1913–2007) and Aaron Beck (1921–2021) are the two individuals most closely associated with cognitive and cognitive behavioral forms of intervention. Both were trained in psychoanalysis but like Samuel Yochelson, became disillusioned with the Freudian approach, largely because it did not work particularly well with the criminal (Yochelson), anxious (Ellis), and depressed (Beck) clients they were trying to help. Over time it became evident that a therapist need not address the cause of a thought in order to change it, and that the key to successful intervention was identifying, challenging, and dismissing antisocial or irrational beliefs. The principal contributions Ellis made to the science of criminal thinking included his focus on criminal thought content (statements punctuated by such words as should and must) and introduction of the ABC heuristic in which an activating event (A) is said to lead to a belief (B), which then results in a consequent emotion (C). Where Ellis stressed thought content, Beck placed greater emphasis on thought process and cognitive distortions like dichotomous thinking, personalization, overgeneralization, and catastrophizing. The effectiveness of cognitive interventions with justice-involved youth and adults is documented in the results of several

meta-analyses (Landenberger & Lipsey, 2005; Pearson & Lipton, 1999; Wilson et al., 2005).

Influences and Contexts

Following the end of World War II several noteworthy changes took place in American society, some of which had a major impact on the science, theory, and practice of criminal thinking. First, there were major shifts in the demographic structure of the U.S. population. Most prominent was the baby boom, which led to a dramatic increase in the number of youth and young adults in the population 15–20 years later. The significant increase in birth from 1946 to the late 1950s led to a corresponding increase in juvenile delinquency in the mid-1960s and a significant jump in adult crime from the late 1960s to the mid-1970s. It is now well established that most crime is committed by individuals between the ages of 15 and 24 (Cohen & Land, 1987). What the baby boom did was increase the proportion of American citizens at high risk for crime from the mid-1960s to the mid-1970s. Traditional psychological theories of crime based on low intelligence and extreme mental illness failed to account for these rapid changes in criminality, nor could they explain why crime would increase rapidly in adolescence and then drop off in early adulthood. This led to new psychological theories designed to explain why people commit crime, one of which holds that criminality is a function of a person's thought processes.

Another trend that gained strength after the end of the Second World War was increased respect for science. Before and during the war, people were understandably skeptical about the idea of building an atomic bomb. The idea became a horrible reality, however, in August 1945 when two atomic bombs were dropped on Hiroshima and Nagasaki, Japan. Technology, which has grown by leaps and bounds in the last 75 years, is verification of just how much science has been able to alter human society. The end of World War II also marked a shift in the scientific study of psychology. Psychoanalysis, with its emphasis on intuition and case studies, was one of the principal means of understanding human behavior prior to the war. After the war, psychoanalysis was replaced by behaviorism because of the latter's focus on rigorous experimentation and healthy skepticism. And behaviorism in its learning and social learning formats is more strongly aligned with the scientific study of human behavior than is psychoanalysis. Respect for science can therefore be viewed as a sentiment consistent with the scientific study of criminal thinking.

Another postwar development that helped shape the scientific study of criminal thinking was the Cold War. The end of World War II saw the rise of two superpowers: i.e., the United States and the Soviet Union. The two had been at odds even before the end of the war, and the animosity grew stronger with the fall of Germany and the need to decide what to do about the defeated European nations. The Berlin Wall symbolized the divide that existed within several European countries after the war. Although the United States and USSR were never in direct conflict, proxy wars

were waged in Korea, Vietnam, and Afghanistan. Old fears were replaced by new ones. The fear of communism was particularly acute in the United States during the 1950s with the rise of what became known as the "Red Scare" and McCarthyism. This reflects the power of ideology. And because ideology reflects thoughts, it also reflects the power of thought and perception. The point being that the expanding role of cognitive processes in people's perception of the environment during the postwar years provided fertile soil for the growth of cognition as a major cause of crime.

In 1944, Congress passed the Serviceman's Readjustment Act, more commonly known as the GI Bill. This act provided servicemen returning from Europe and the Pacific with benefits in such areas as housing, loans, and education. The educational benefits are of primary concern here. Before the war, psychology was primarily an academic discipline, with only a few thousand practitioners, mostly industrial/organizational psychologists. After the war, the GI Bill gave rise to an explosion of applied psychologists, particularly in the areas of clinical and counseling psychology. Many of these psychologists ended up training or working in Veterans Administration hospitals (Munsey, 2010). While psychiatrists were the principal providers of mental health services prior to the war, applied psychologists began to assume this role in increasing numbers from the early 1960s on, as state laws began to recognize psychologists as competent independent practitioners. In addition, the medical/biological and psychoanalytic approaches used by psychiatrists are less congruent with the science of criminal thinking than are the behavioral and cognitive-behavioral methods preferred by applied psychologists. Clinical and counseling psychologists, through their training, are more aware of the limitations of clinical interviews and the need for standardized assessment procedures than psychiatrists when appraising a construct like criminal thinking (Paulson et al., 2019).

Psychology

As there were very few applied psychologists in the United States prior to World War II, many jails and prisons did not have psychologists available to assess, diagnose, and treat inmates. After the war, the number of psychologists working in jails and prisons grew, slowly at first but then much more rapidly as the pool of available applied psychologists grew. In 1940, there were 52 master and doctoral level psychologists working in US jails and prisons (Darley & Berdie, 1940). This number stood at 60 in the early 1950s (Corsini & Miller, 1954), but by the turn of the century the number had grown to over 2,000 (Boothby & Clements, 2000). There are at least two reasons for the expansion of correctional psychology starting in the mid to late 1960s. First, psychologists normally receive extensive graduate and internship training in the types of interventions that have been found to be most effective with offenders (i.e., behavioral and cognitive-behavioral), whereas psychiatrists are trained medically and receive most of their specialized training during internship and residency in biological treatments and psychoanalysis. As a

result, psychologists possess competencies that can be more readily adapted to the thought patterns of justice-involved clients. Second, as nonmedically trained practitioners, correctional psychologists are paid at less than half the rate of psychiatrists, and so a prison system can hire two or even three psychologists for the price of one psychiatrist.

Regardless of whether they work in a state or federal prison, a local county jail, or a halfway house, psychologists are expected to perform certain vital functions. These functions include intake screenings, segregation reviews, crisis intervention, training and supervision of mental health paraprofessionals, assessment, and therapy/treatment (Bartol & Bartol, 2018). Several studies have shown that correctional psychologists spend more time performing administrative duties and conducting assessments and less time providing therapy and treatment than they would like (Boothby & Clements, 2000; Smith & Sabatino, 1990). Psychologists who have graduated from clinical and counseling psychology programs are usually well-trained, highly motivated, and well-versed in the types of interventions that work best with offenders—namely, the behavioral and cognitive-behavioral treatments with which most psychologists are familiar. It would make sense, then, for correctional administrators to encourage correctional psychologists to spend a significant portion of their time, perhaps as much as 50%, doing something most of them enjoy, are normally good at, and for which they have been trained. Otherwise, why bother staffing correctional institutions with psychologists, when lower-level paraprofessionals would be that much cheaper.

When Yochelson and Samenow (1976) embarked on their study of inmates at St. Elizabeth's Hospital in the 1960s, they set out to test several hypotheses. Some of these hypotheses were based on psychoanalysis, others were based on environmental determinism and the belief that parents, peers, and poverty were the primary cause of crime. As they conducted their group and individual sessions, Yochelson and Samenow found that few if any of their hypotheses received support. When they were done, they were left with one inescapable conclusion: psychoanalysis and environmental determinism were incapable of explaining the criminal behavior of their subjects. Instead, it was an individual's decision-making (thus, the term neoclassicism) and the thinking errors that arose in support of these criminal decisions that lead to future offending. In my own studies on the criminal lifestyle using inmates at the United States Penitentiary at Leavenworth, I also used the group format to test some of Yochelson and Samenow's (1976) hypotheses and arrived at a similar conclusion (Walters, 1990). Although individual therapy can be highly effective, group interventions provide information that is unavailable to those employing the individual format, given the tendency of group members to reinforce, support, and challenge one another. Moreover, most psychologists are exposed to group therapy in graduate school and during internship and so are usually quite adept in its use.

Future Implications and Research

There are several areas in need of further investigation. One such area is the relationship between criminal thinking and criminal behavior. It is a well-known fact that criminal thinking predicts future recidivism above and beyond the effects of age and criminal history (Walters, 2012; Walters & Lowenkamp, 2016). What is not known is whether a change in criminal thinking is directly responsible for a change in criminal behavior. There is only one study to my knowledge that has addressed this issue directly. In this study, Walters (2017) measured disciplinary infractions 1 year prior and 2 years after inmates completed a 10-week criminal thinking group based on cognitive-behavior and social learning principles. Using the Psychological Inventory of Criminal Thinking Styles (PICTS: Walters, 1995), criminal thinking was assessed at the beginning and end of the 10-week group. Results showed that participants who displayed a noticeable dip in criminal thinking from pretest to posttest were significantly more likely to experience a drop in disciplinary infractions than other group members. Conversely, inmates demonstrating a pre-to-posttest rise in criminal thinking were more likely to exhibit an escalating pattern of disciplinary infractions. Additional research is required, however, to determine whether these results generalize to recidivism prediction using a sample of offenders randomly assigned either to a criminal thinking group or a control group.

Another question that requires an answer is how best to deal with criminal thinking in the correctional environment. In the early years when criminal thinking was first being investigated, group interventions were the preferred method (Walters, 1990; Yochelson & Samenow, 1976, 1977). This is understandable given the cost-effectiveness of the group approach, and the opportunities it provides for learning from others. This learning, however, could be positive or negative, depending on what is being taught. If all that is being taught is criminal thinking, then no, this is not an effective or responsible approach. On the other hand, if clients are receiving constructive feedback from other group members, then the answer is yes, this is an effective and responsible use of a therapist's time. Individual counseling is not without its advantages, one of which is the exploration of personal or sensitive topics that would be inappropriate in a group setting. Treatment effectiveness, it would seem, is a function of a therapist's ability to keep the discussion on track and minimize negative group interactions. There is evidence that when group members are functioning at differing levels of criminality, the less criminally sophisticated members of the group may be adversely affected and negatively influenced by the more criminally sophisticated members (Lloyd et al., 2014). It is therefore contingent on the therapist to consider risk level when forming groups and avoid placing low-risk individuals in groups with high-risk individuals.

It will be very difficult to improve on service delivery if those delivering the services are not qualified or competent to do the job. Hence, a third research question that requires our attention is how best to educate, train, and supervise correctional psychologists in the performance of their duties, to include the assessment and treatment of criminal thinking. Magaletta et al. (2007) surveyed psychologists in the

Federal Bureau of Prisons in an effort to determine which of 10 knowledge domains was most important in guiding the daily activities of correctional psychologists working in the federal system. Of the 10 domains, psychopathology (knowledge of the signs and symptoms of mental disorders commonly found in prison populations and how the correctional environment affects the expression of these signs and symptoms) received the highest ratings. Magaletta et al. further state that 75% of the respondents reported being exposed to this information in graduate school rather than postgraduate or on-the-job. This illustrates the importance of graduate training and the need to include issues relevant to correctional psychology—one of which is criminal thinking—in graduate school curriculum given the number of students who will eventually pursue a career in correctional or forensic psychology. Of course, on-the-job training and supervision is also required to make correctional psychologists proficient in their area of specialization (see Magaletta & Patry, 2020; Neal, 2018).

Conclusions

The purpose of this chapter was to discuss historical developments in the science of criminal thinking, particularly as it relates to correctional psychology. Starting with the ancient Greeks and moving through several centuries of philosophical thought revealed that early ideas on rational thinking, moral beliefs, and critical analysis have contributed to the rise of criminal thinking as a scientific entity. In modern times, the works of Sutherland (1947), Sykes and Matza (1957), Bandura (1986), Yochelson and Samenow (1976), Ellis (1962), and Beck (1970) have been instrumental in guiding theory, research, and practice on the scientific study and application of criminal attitudes, beliefs, and cognition. Although the criminal thinking construct borrows from research and theory in psychology, criminology, and social work, its principal application is in correctional and forensic psychology. Before it can be effectively integrated into these disciplines, however, additional research and theoretical development is required to ensure the viability of this approach over time.

References

Akers, R. L. (1998). *Social learning and social structure: A general theory of crime and deviance*. Northeastern University Press.

Alleyne, E., Wood, J. L., Mozova, K., & James, M. (2016). Psychological and behavioural characteristics that distinguish street gang members in custody. *Legal and Criminological Psychology, 21*(2), 266–285.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.

Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C. (1996). Mechanisms of moral disengagement in the exercise of moral agency. *Journal of Personality and Social Psychology, 71*(2), 364–374.

Bartol, C. R., & Bartol, A. M. (2018). *Introduction to forensic psychology: Research and application* (5th ed.). Sage.

Beck, A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy, 1*(2), 184–200.

Boothby, J. L., & Clements, C. B. (2000). A national survey of correctional psychologists. *Criminal Justice and Behavior, 27*(6), 716–732.

Cohen, L., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review, 44*(4), 588–608.

Cohen, L. E., & Land, K. C. (1987). Age structure and crime: Symmetry versus asymmetry and the projection of crime rates though the 1990s. *American Sociological Review, 52*(2), 170–183.

Cornish, D. B., & Clarke, R. V. (1987). Understanding crime displacement: An application of rational choice theory. *Criminology, 25*(4), 933–947.

Corsini, R. J., & Miller, G. A. (1954). Psychology in prisons, 1952. *American Psychologist, 9*(5), 184–185.

Darley, J. G., & Berdie, R. (1940). The fields of applied psychology: A survey report to the committee on professional employment of the American Association for Applied Psychology. *Journal of Consulting Psychology, 4*(2), 41–52.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. Lyle Stuart.

Galán, C. A., Choe, D. E., Forbes, E. E., & Shaw, D. S. (2017). Interactions between empathy and resting heart rate in early adolescence predict violent behavior in late adolescence and early adulthood. *Journal of Child Psychology and Psychiatry, 58*(12), 1370–1380.

Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology, 1*(4), 451–476.

Lloyd, C. D., Hanby, L. J., & Serin, R. C. (2014). Rehabilitation group coparticipants' risk levels are associated with offenders' treatment performance, treatment change, and recidivism. *Journal of Consulting and Clinical Psychology, 82*(2), 298–311.

Long, G. (1991). *Epictetus: The Enchiridion* (Chapter 5). Prometheus Books.

Magaletta, P. R., & Patry, M. W. (2020). Expertise in the correctional setting: Comment on Neal (2018). *American Psychologist, 75*(1), 104–105.

Magaletta, P. R., Patry, M. W., Dietz, E. F., & Ax, R. K. (2007). What is correctional about clinical practice in corrections? *Criminal Justice and Behavior, 34*(1), 7–21.

Maruna, S., & Copes, H. (2005). What have we learned from five decades of neutralization research? *Crime and Justice, 32*, 221–320.

Matza, D. (1964). *Delinquency and drift*. Wiley.

Munsey, C. (2010, November). The veterans who transformed psychology: A look at the powerful role of the GI bill and the then-Veterans Administration had in shaping today's psychology field. *Monitor of Psychology, 41*(10), 54.

Murguia, E., & Diaz, K. (2015). The philosophical foundations of cognitive behavioral therapy: Stoicism, Buddhism, Taoism, and existentialism. *Journal of Evidence-Based Psychotherapies, 15*(1), 37–50.

Neal, T. M. S. (2018). Forensic psychology and correctional psychology: Distinct but related subfields of psychological science and practice. *American Psychologist, 73*(5), 651–662.

Paulson, K. L., Straus, E., Bull, D. M., MacArthur, S. K., DeLorme, J., & Dalenberg, C. J. (2019). Knowledge and views of psychological tests among psychiatrists and psychologists. *Journal of Forensic Psychology Research and Practice, 19*(2), 112–127.

Pearson, F. S., & Lipton, D. S. (1999). A meta-analytic review of the effectiveness of corrections-based treatments for drug abuse. *The Prison Journal, 79*(4), 384–410.

Reid, C. L. (1998). A balanced review of Yochelson and Samenow's theory of "the criminal personality". *Criminal Justice Studies, 10*(4), 333–360.

Smith, R. R., & Sabatino, D. A. (1990). Roles and functions of psychologists in American correctional institutions. *Journal of Offender Rehabilitation, 16*(1/2), 163–174.

Sutherland, E. H. (1947). *Principles of criminology* (4th ed.). J.B. Lippincott.

Sykes, G. M., & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review, 22*(6), 664–670.

Walters, G. D. (1990). *The criminal lifestyle: Patterns of serious criminal conduct*. Sage.

Walters, G. D. (1995). The Psychological Inventory of Criminal Thinking Styles: Part 1: Reliability and preliminary validity. *Criminal Justice and Behavior, 22*(3), 307–325.

Walters, G. D. (2012). Criminal thinking and recidivism: Meta-analytic evidence on the predictive and incremental validity of the Psychological Inventory of Criminal Thinking Styles (PICTS). *Aggression and Violent Behavior, 17*(3), 272–278.

Walters, G. D. (2016). Friends, cognition, and delinquency: Proactive and reactive criminal thinking as mediators of the peer influence and peer selection effects among male delinquents. *Justice Quarterly, 33*(6), 1055–1079.

Walters, G. D. (2017). Effect of a brief cognitive behavioural intervention on criminal thinking and prison misconduct in male inmates: Variable-oriented and person-oriented analyses. *Criminal Behaviour and Mental Health, 27*(5), 457–469.

Walters, G. D. (2022). *Crime and criminality: A social-cognitive-developmental theory of delinquent and criminal behavior*. Lexington Books.

Walters, G. D., & Lowenkamp, C. T. (2016). Predicting recidivism with the Psychological Inventory of Criminal Thinking Styles (PICTS) in community-supervised male and female federal offenders. *Psychological Assessment, 28*(6), 652–659.

Wilson, D. B., Bouffard, L. A., & Mackenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior, 32*(2), 172–204.

Yochelson, S., & Samenow, S. E. (1976). *The criminal personality: Vol. 1. A profile for change*. Aronson.

Yochelson, S., & Samenow, S. E. (1977). *The criminal personality: Vol. 2. The change process*. Aronson.

Yochelson, S., & Samenow, S. E. (1986). *The criminal personality: Vol. 3: The drug abuser*. Aronson.

Chapter 8
Revitalizing the Lost Scrolls of Correctional Bible: Before the Risk-Need-Responsivity Model

Tamara Kang Balzarini

Arguably, publication of writings can be viewed as an attempt to document the historical evolution of knowledge and work toward knowledge accumulation. However, as we revise new editions, make substantial changes, and publish new writings, the original phrasing of content from historical writings is often lost in translation. A well-known example of this is the Christian Bible, which was written at different times between 1200 and 165 BC (bbc.co.uk). Since then, the Bible has been revised, reprinted, translated, and new editions have been produced, which has resulted in over 30,000 changes being made since the first original writings (Britannica.com). The field of correctional rehabilitation is no different, as the book on the Risk-Need-Responsivity (RNR) Model of rehabilitation is currently in its sixth edition (Bonta & Andrews, 2017), with the first edition published in 1994.

RNR is composed of three principles including the Risk Principle, Need Principle, and Responsivity Principle. These principles guide service providers in *who* would benefit the most from intensive interventions, *what* factors to target during the interventions, and *how* to interact with the justice-involved individual during interventions. Specifically, the Risk Principle advises service providers to match the individual's level of risk to reoffend (low, moderate, or high-risk) to the dosage of treatment (Andrews & Bonta, 2010). The Need Principle advises service providers

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on *what* factors to attend to during interventions to have the most success at reducing recidivism (Andrews, 1984; Andrews & Bonta, 1994; Bonta & Andrews, 2017). These factors are termed "criminogenic needs" and are dynamic, changeable risk factors that, if changed during longitudinal studies, reduce recidivism. The Responsivity Principle includes General Responsivity and Specific Responsivity. General Responsivity guides treatment providers on "how" to deliver treatment, which consists of using empirically supported techniques (e.g., cognitive behavioral therapy) to change a person's attitudes and beliefs (Bonta & Andrews, 2017; Lipsey et al., 2007; Taxman, 2014). Specific Responsivity individualizes the intervention by attending to various client-specific factors related to treatment engagement to enhance the individual's ability to learn and benefit from the content covered in the intervention; hence, making the environment in which the intervention takes place more conducive to learning for a specific individual client (Bourgon & Bonta, 2014).

I originally read the fifth edition of the textbook *Psychology of Criminal Conduct* (Andrews & Bonta, 2010), because it was the required textbook for a course during college. We also read various assigned readings about the RNR model, such as "Reconstructing the risk-need-responsivity model: A theoretical evaluation" (Ward et al., 2007) and "An Appraisal of the RNR model" (Polaschek, 2012). Many of the assigned readings included critiques about RNR, such as RNR is risk and deficit based, inhumane, atheoretical, and not attuned to individual differences (one-size-fits all). Even though the fifth edition provided a wealth of theoretical and empirical information, some critiques referred to the sequential accumulation of studies and theoretical development that laid the foundation of what then became the RNR model. The further back I searched to track the studies that contributed to the development of RNR, it became increasingly more difficult to find unpublished writings, presentations, books, and reports that contained research conducted before the creation of RNR. Some early writings were no longer accessible in hard copy or electronic form. It became clear that, much like the well-known historical evolution of the Bible described above, RNR's original, authentic content from before RNR had become lost in translation.

The knowledge accumulated from the pioneers of the RNR model had selectively been pushed forward for a variety of reasons. RNR's historical research articles may have slipped through the cracks because scholars digesting scientific scholarship in the electronic age tend to reference more *recent* journal articles (Evans, 2008). Or, this may be due to the knowledge explosion, which impeded scholars' ability to have awareness of all relevant research. Consequently, scholars often rely on the popular, high-profile studies and/or focus on reviewing a much narrower body of literature (Adair & Vohra, 2003). For whatever the reason, many original thoughts documented through writings or presentations before RNR became just lost scrolls of the past. Thus, the goal of this chapter is to revitalize the words from the "Lost Scrolls of the Correctional Bible." This chapter provides foundational theoretical explanations from the lost scrolls and provides an abbreviated timeline of seminal studies that led to the creation of the widely used Risk-Need-Responsivity (RNR) Model.

But, as many researchers have noted, RNR is not the "last word" (Polaschek, 2012). Rather, the research before RNR has fallen prey to the phenomenon seen with the children's game "telephone" where, as parts of the message are passed along from one individual to another, pieces are lost and changed. Thus, this chapter concludes by reminding the scientific community of lessons learned from the pioneers of RNR and suggestions for future research.

The Search for the Beginning

Dr. Paul Gendreau was contacted to determine the original "pioneers" of RNR. The first generation of the Canadian School who supported RNR included Don Andrews and Paul Gendreau, and the second generation included James Bonta and Stephen Wormith (P. Gendreau, personal communication, April 2016). Thus, references were extracted from the first edition of the *Psychology of Criminal Conduct* and the 1990 meta-analysis (Andrews et al., 1990a, b) reference section if: (a) they contained a pioneer as an author and (b) were dated before 1990 (e.g., Andrews, 1979; Andrews & Kiessling, 1983; Gendreau & Leipciger, 1976; Gendreau & Ross, 1979, 1981). The pioneers' names with key words, such as "crime," "criminal behavior," "offender rehabilitation," "treatment," "rehabilitation," and "offender" were searched on various search engines, such as google.com, Google Scholar, Ebsco, HeinOnline, and PsychInfo.

Citations were obtained from curricula vitae and I reviewed: published and unpublished writings, books, conference presentations, writings archived through Public Safety Canada, Correctional Service Canada (e.g., Andrews & Kiessling, 1983), Solicitor General Ministry Secretariat, Minutes to Proceedings and Evidence of the Standing Committee on Justice and Solicitor Gender (e.g., Andrews & Bonta, 1988), Ministry of Correctional Services of Ontario (i.e., government reports-Planning and Research branch), speeches to the Canadian Ministry, and books, such as: (a) the first edition of Andrews and Bonta's book the *Psychology of Criminal Behavior* (1994), (b) *The Psychological Consultant* (Platt & Wicks, 1979), and (c) *Effective Correctional Practices* (Ross & Gendreau, 1980).[1]

Throughout this chapter, quotes from early writings are used to illustrate concepts in the *original* words of the pioneers. Quotes were organized in an Excel spreadsheet according to critics, controversial topics, and misunderstandings of the RNR model including the following: (a) which parts of the model are theoretical versus atheoretical; (b) the humane perspective of the RNR background; (c) the intended connotation of risk factors (i.e., good vs. bad); (d) the social construction of "crime"; (e) individualizing interventions; (f) the use of randomized control trials to isolate specific programmatic elements that if changed, led to a reduction in recidivism; (g) reward densities rooted in Behaviorism (Bandura) and Social Learning Theory; and (h) the basis of a general theory of both conventional and nonconventional human behavior.

[1] Full list of articles and books reviewed available upon request.

Emergence of the Risk-Need-Responsivity Model

The Risk-Need-Responsivity (RNR) Model was originally pioneered by Don Andrews, James Bonta, and Paul Gendreau (Wikipedia.org). The RNR model of rehabilitation is a compilation of over 45 years of research, which publication-wise, dates back to before 1970 (e.g., Andrews, 1970; Gendreau & Gibson, 1970).

However, the Canadian School essentially began in 1961 when Paul Gendreau began working as an intern in Kingston Penitentiary. Here, Gendreau met Don Andrews, a colleague in the classification department. Both Gendreau and Andrews received their PhDs from Queens University and, following graduation, Andrews built his program of research at Saint Patrick's College while Gendreau became an academic at Trent University. Gendreau and Andrews collaborated to build a practicum/internship research enterprise that involved students from Carleton University and the University of Ottawa (Andrews & Gendreau, 1976; one of the practicum students was Stephen Wormith). Gendreau then became the Chief Psychologist at Rideau Correctional Centre. Subsequently, Gendreau was hired as the Regional Psychologist of the Eastern region where he hired Jim Bonta at the Ottawa-Carleton Detention Centre (OCDC). After Bonta began working at OCDC, Bonta and Andrews began their lifetime of work together, and their continued collaborations resulted in their well-known book, *Psychology of Criminal Conduct* and the widely used Level of Service Inventory (LSI, Bonta & Motiuk, 1985; Andrews et al., 1986a, b; now the LSI-R).

Education and Training

To better understand the backgrounds that contributed to the development of the theory and the empirical methodology that went into creating RNR, it is important to note that Andrews, Gendreau, and Wormith all had PhDs in Experimental Psychology, and Bonta had a Ph.D. in Clinical Psychology. They all adhered to the developments in the cognitive behavioral revolution. Gendreau and Andrews received doctorates in Experimental Psychology from Queens University, Department of Psychology. Wormith was Andrews' student and received his doctorate degree in Experimental Psychology from the University of Ottawa, and Bonta received his doctorate degree in Clinical Psychology from University of Ottawa. More specifically, Gendreau and Bonta were the only two of the four with a clinical background (at the University of Ottawa, Gendreau received a M.A. in Clinical Psychology and Bonta received a doctorate in Clinical Psychology). Gendreau's M.A. clinical training was traditional and included topics of study, such as psychological assessment (e.g., MMPI), the Rorschach, and nondirective Rogerian therapy. Gendreau was also influenced by his father who was one of the first forensic psychiatrists in Canada and had a biological orientation (P. Gendreau, personal communication, August 11, 2022).

Their backgrounds had a combination of behavioral modification, applied behavioral analysis, Rogerian training, and personality assessment (e.g., MMPI, Rorschach). They were influenced by many theories and practices of Thorne, Hull-Spence, Skinner, Dollard, Miller, social learning theorists (e.g., Bandura), and differential association theorists (e.g., Burgess & Akers). Don Andrews was also influenced by research in sociology. Specifically, Andrews was initially influenced by Dollard and Miller, Gendreau by Kenneth Spence, and Bonta was initially influenced by Skinnerian applied behavior analysis (P. Gendreau, personal communication, May 1, 2022). All four considered themselves behaviorists.

Work Experience

As previously discussed, Gendreau and Andrews collaborated to build a practicum/internship research enterprise that involved students from Carleton University and the University of Ottawa at Kingston Penitentiary, and Wormith and Bonta initially worked with Gendreau in correctional settings beginning in 1976. All four had experience conducting clinical work in a prison setting and carried large offender caseloads in prisons where they were all generalists and did not focus on individuals who committed specific types of crime (P. Gendreau, personal communication, May 1, 2022). All of these perspectives contributed to the research and theoretical groundwork that laid the foundation of what became the RNR model (e.g., see Gendreau, 1996).

General Theory of Human Behavior

Theoretically, Andrews and Bonta's Personal, Interpersonal, and Community-Reinforcement Perspective on Deviant Behavior (PIC-R) was actually not a model of criminal behavior at all. Instead, PIC-R was a general explanatory theory of human behavior such that it explains both deviant and nondeviant behavior. Andrews explicitly states:

> Statements to the effect that acquisition, maintenance, and modification of criminal and noncriminal behavior are governed by similar principles does not constitute a theory of criminal behavior. They are statements concerning a *general theory of behavior* [emphasis added]. (Andrews, 1980, p. 450)
>
> …like most of the current social learning perspectives, PIC-R views deviant behavior as *normal behavior* [emphasis added] in the special sense that deviant and nondeviant behaviors are considered to be equally under [the same universal process that guides all behavior]. (Andrews, 1982a, p. 6)
>
> Attention [should be] focused on deviant acts rather than deviant persons or identities. Unlike Sutherland and Cressey (1970) or Matza (1964), we do not talk of persons becoming "criminal" or "reformed" but rather of the conditions under which the probability of occurrence of deviant acts is increased or decreased. (p. 6)

PIC-R captures the complexity of human behavior at multiple levels (e.g., individual, interpersonal, environmental) by using elements from social learning theory as a foundational framework that allows linkages to be made among biological, psychological, socio-cultural, political, and economical theories (Andrews, 1982b). Social learning theory explains that the probability of a specific behavior occurring is more likely to occur again if the density of rewards increases and the density of costs decreases. Social learning theory acknowledges that what is rewarding varies from person to person, and it even varies within one individual person. The number, variety, quality, immediacy, frequency, and regularity of rewards for one person vary greatly according to the person's immediate environment, interpersonal influences, and the person's personality. Andrews and colleagues' studies described below were built on social learning theory's explanation of general human behavior, because they believed that the:

> social learning perspective represents a conceptual and operational approach which, by many criteria, seems worthy of serious explication when addressing policy, operational, and research concerns. These criteria include generality, flexibility, documented predictive validity, and an ability to generate guidelines for action which is unprecedented in the human and social services. Most important, the social learning perspective is sensitive to the different levels of analysis required to reach an understanding of criminal behavior. (Andrews, 1982a, b, p. 24)

Hence, social learning theory "accommodates and encourages multiple levels of analyses (i.e., bio-physical, personal, situational, and socio-cultural)," which encompasses the many narrower versions of motivational theory (e.g., frustration-aggression, anomie, subcultural, conflict), and control, containment, and deterrence theories (Andrews, 1982b, pp. 26–27), and "should apply within any political, economic, or social system," and among any deviant or nondeviant individual (Andrews, 1982b, p. 2).

> Thus, at the level of core definitions, the behavioral approach recognizes the rich variety in human experiences and human values while retaining the idea that general principles may be useful. (Andrews, 1982b, p. 4)

Early Empirical Investigations

There were a multitude of empirical studies conducted in the 1970s and 1980s by a variety of researchers, practitioners, professors, students, and correctional staff that contributed to the creation of the RNR model. As a result, this section provides an abbreviated timeline of seminal studies that led to the creation of the widely used RNR Model. Don Andrews' empirical journey began by examining the utility of volunteers in correctional programming. The use of volunteers was borne out of Gendreau and Andrews' collaborative effort to build a practicum/internship research enterprise that involved students at Kingston Penitentiary. They sought to expand the use of psychological concepts to volunteers with the hope of generating more interest in students to pursue careers in that area and sparking growth in the area of

forensic/correctional psychology (Andrews & Gendreau, 1976). Andrews termed this "the friendship model of volunteerism" built on "the assumption that the development of a close relationship between a volunteer and an offender will result in positive effects" (Andrews, 1979, p. 6).[2]

> It has been suggested that the systematic evaluation of volunteers programs may provide, for the first time, the opportunity to complete systematic investigations in which theoretically-relevant variables are deliberately varied under controlled and specified conditions. (Andrews, 1979, p. 5)

Andrews' goal was for correctional programming to have both construct validity as well as predictive validity. Andrews felt that:

> …volunteer programming should not follow the same blind and irresponsible path of eschewing the wisdom of professional counseling and ignoring the potential of disciplined inquiry. (Andrews, 1979, p. 78)

Andrews and colleagues' "research on the role [of volunteers was] guided by three major theoretical orientations: (a) a behavioral reformulation of differential association theory (Burgess & Akers, 1966), (b) social learning theory (Bandura, 1969), and (c) the counseling theory (Carkhuff, 1969, 1971)" (Andrews, 1979, p. 22). Andrews believed that "the most obvious theoretical base for including community volunteers in group work with incarcerated offenders [was] differential association theory" (Andrews, 1977, p. 417).[3]

Andrews and colleagues began by examining short-term structured group counseling. For example, in 1972, an honors thesis assessed short-term structured group counseling and attitudes toward the law and found positive effects occurred in "offender" only groups that focused on knowledge of law and legal rights (Andrews et al., 1977a, b, c; Wayne, 1972).

In 1973, Andrews, Young, Wormith, Searle, and Kouri published a study which tested a behavioral reformulation of differential association (DA) theory. DA theory suggests that a person's attitudes, beliefs, motivations, and behavior are learned through the frequency and quality of interaction with prosocial or antisocial others (Wormith, 1984). Data were collected from 20 justice-involved individuals within minimum-security correctional facilities, as well as from 20 undergraduate volunteers. Volunteers and justice-involved individuals were randomly assigned to an experimental or control condition, and individuals in the experimental group participated in structured discussion groups. The discussion groups met once a week for 4 weeks (90 min each), and each discussion group included 4–6 justice-involved

[2] Andrews defined a volunteer as a noncriminal individual, which was based on the general assumption that "the probability of criminal behaviour is increased when one is "without friends" who are noncriminal and/or hold anticriminal behavioural expectations and/or model or directly reinforce noncriminal alternatives" (Andrews, 1979, p. 7). The volunteers were originally noncriminal residents in community groups.

[3] The early studies that built the foundation of RNR were abundant. Thus, for brevity, several methodologically rigorous representative studies will be discussed to provide an abbreviated timeline for how their scientific advances progressed across time.

individuals and 4–6 volunteers. Andrews et al. (1973) examined pre-post attitudes and beliefs regarding identification with criminal others, toleration of violations of the law, awareness of limited opportunity, the Law and Judicial Process, value of education, and value of employment. They controlled for confounding variables that could account for any differences they may find. For example, baseline attitudes and beliefs on their variables were collected to ensure they did not significantly differ prior to participating in the study. The results supported differential association theory where prior to participation in discussion groups, community volunteers reported significantly more positive attitudes toward the law, police, and courts while offenders scored significantly higher than volunteers on identification with criminal others, tolerance for law violations, and awareness of limited opportunity. After the community volunteers and offenders participated in the structured group discussions, initial differences on identification with criminal others decreased while the differences in the control group increased. Importantly, community volunteers in the experimental structured discussion groups did not show significant increases in identification with criminal others, which spoke to the importance of structuring group meeting discussions to focus on increasing law-abiding behaviors.

In the same year, another group of researchers, Gendreau et al. (1973), examined whether addressing self-esteem was associated with imprisonment while other groups of researchers, such as Andrews et al. (1973), examined the utility of using volunteers in group counseling. Their results suggested that when group discussions (with volunteers as co-participants) are structured to discuss law and law violations, prosocial expressions within the group should increase.

A year later, Andrews and Young (1974) examined highly directive counseling groups' effect on institutional adjustment. Their sample included 47 delinquent males housed in a minimum-security facility (sentences ranged from 6 to 9 months and included offenses, such as breaking and entering, auto theft, and drug and alcohol offenses). They examined the effect of 2 directive counseling sessions (60–90 min) within a 3–5-day period and then assessed individual outcomes, such as misconduct reports, 5 weeks posttreatment. Structured sessions included content such as the history of prisons, local and current rules of conduct, and the multifaceted role of correctional officers. Leaders of the structured sessions provided positive reinforcement for positive statements and ignored negative statements.

In addition, Andrews and Young (1974) pointed out that other studies (e.g., Leckerman, 1967) that examined longer-term counseling (>2 sessions) had failed to find significant posttreatment effects on rule compliance. It appeared the number of sessions did not seem to be the issue, but rather, the content during the session appeared to be important and led to pre-post changes in behavior and attitudes (Andrews & Young, 1974). Andrews and Young (1974) concluded that future research should continue to examine what is in the structured counseling that seems to make a difference, and they indicated the need for future research to explore components in sessions, such as life and social skills, self-management, chemical abuse, and subcultural identification. They also recommended that methodological designs examining these components should consider providing verbal reinforcement contingencies coupled with verbalizing what is expected as "appropriate

prosocial behavior/rule compliance." Further, they noted that providing active modeling, role-playing, counter conditioning, and the use of operant condition methods may be useful to incorporate into sessions (Andrews & Young, 1974).

In this same year, Daigle-Zinn and Andrews (1974) examined playing versus didactic discussion in short-term interpersonal skill training, which provided support that offender only groups could positively change by structuring the content of sessions to cover self-esteem and interpersonal skills. Still in 1974, Andrews et al. (1974) examined the effects of an alcohol and drug information program and found that sessions may benefit from focusing on addressing pro-criminal attitudes toward drug use. In 1974, Gendreau et al. (1974) also examined changes in self-esteem as a result of length of time incarcerated.

In 1975, Wormith examined the effects of self-management training on producing prosocial attitudinal change and behavior change (study was in progress in 1975, but unpublished and then became a dissertation in 1976). Wormith applied DA theory to induce attitudinal and behavioral changes. Wormith (1976) believed that delinquency prevention is a two-factor process, where the individual has an adequate self-control system and structured prosocial attitudes. Also in 1976, Gendreau, Wass, Knight, and Irvine conducted a critical review of the literature on the use of intelligence assessments (e.g., WAIS) for incarcerated populations. Specifically, they focused on gathering relevant literature on WAIS equivalents and WAIS diagnostics in corrections. Gendreau et al. (1976) concluded that "there now seems to be a general consensus developing as to what level of correlation may be acceptable for judging a WAIS equivalent or brief form to be a suitable replacement" (Gendreau et al., 1976, p. 198). However, Gendreau et al. (1976) noted that utilizing brief IQ measures and WAIS equivalents may compromise accuracy of prediction evidenced by the substantial misclassification rates present in the literature even when high, significant correlations were found.

A year later, in 1977, Andrews et al. (1977a) conducted a series of evaluations of a short-term structured group counseling and then a second series of studies to examine the format for involving volunteers as co-participants. They also examined one-to-one supervision of adult probationers. Andrews et al. (1977a) compared a group of volunteers and clients to a group of officers and clients. The 302 page final report compares the groups on a plethora of variables, such as demographics (e.g., SES, age, personality, traits), social circle, relationship quality with clients, and process in audiotaped sessions (e.g., relationship variables, contacts with clients, problem solving, community focus, environmental facilitation). There were rarely differences between the one-on-one supervisions sessions with volunteers versus officers, which spoke to the utility of using community volunteers in correctional programming. Importantly, process during sessions was a robust predictor of success on probation. Andrews et al. (1977a) noted that:

> when the activities of volunteers and professionals are measured on theoretically relevant dimensions, program evaluation has the potential to move beyond local needs, to contribute to broader issues and therefore, to feed back in profitable ways to programming in other settings…this object was pursued through: a) selection and development of theoretically relevant measures of supervisory process, b) examination of the relationships between

> process and outcome, and c) examination of the relationships between changes on intermediate outcome indices (such as attitude scales) and recidivism. A related goal was to develop measures with reliability and validity and select and train future volunteers. (p. 2)

Also in 1977, Andrews, Wormith, Kennedy, and Daigle-Zinn published an article that examined attitude change as a result of utilizing structured discussions and recreational association between young criminal offenders and undergraduate volunteers. Specifically, they recruited 32 male offenders who resided in 2 minimum-security correctional institutions and 32 undergraduate volunteers. As always, they used methodology that was randomized and controlled to examine change (pre-post-intervention) on identification of criminal others, tolerance for law violation, awareness of limited opportunity, law and judicial process, value of employment, value of education, self-esteem, and acceptance of others' alienation. Most notably, "the study provided striking evidence that association with volunteers has effects on the attitudes of incarcerated offenders and that the nature and direction of effects on the attitudes depend upon the mode of association" (p. 69). In the same year, Andrews et al. (1977b) discussed the beginnings of the PIC-R Model and described the theoretical roots, which were originally based on designing studies to examine aspects of social learning theory, differential association theory, and behavioral reformulations.

Two years later, Gendreau and Ross (1979) conducted a review of the literature from 1973 to 1979, and they examined the efficacy of family interventions, contingency management, diversion programs, biomedical interventions, and counseling. Further, they examined if the efficacy of treatment depended on whether the individual had problems with alcoholism, substance abuse, or sexually deviant tendencies. Gendreau and Ross discussed numerous studies that reported efficacious interventions, but it did appear that individual differences were important. For example, for treatment to be effective, individual differences among alcoholics, type of treatment, and treatment goal (e.g., abstinence, controlled drinking) needed to be coordinated. In other areas (e.g., sexual deviance) the research was limited, but some treatments examined appeared successful (e.g., covert sensitization, orgasmic conditioning, satiation therapy, and aversive therapy). Gendreau and Ross (1979) also noted that many sample sizes were small, and there were limitations in the rigor of research designs.

The following year, Gendreau et al. (1980) conducted a program evaluation at Rideau Correctional Centre at three follow-up time points. Program effectiveness was determined by examining the pre-post test differences between individuals not participating in the program (control group) and the experimental group. Variables examined included education and employment, noncriminal orientation, self-esteem, nonalienation, empathy, acceptance, faking good, nonimpulsion, self-control, internal control, self-expression, and purpose of life. The majority of individuals in the experimental group completed the program successfully with a failure rate of 13.4%. An analysis of variance revealed that for the experimental group, there were significant improvements in adaptability and work skills between time points 1 and 3. Meanwhile, Daigle-Zinn and Andrews (1980) were conducting

a study to examine the efficacy of using role-playing and didactic discussions for interventions with justice-involved individuals. The dependent variables examined included attitudes toward self and others, and self-esteem, and they collected data from correctional officers on their perspectives on interpersonal adjustment.

In the same year, Andrews (1980) conducted several experimental investigations that examined the utility of using both community volunteers and students in institution-based group counseling. Andrews (1980) concluded using the principles of differential association theory to change behavior was successful. He noted the importance of the discussion group dynamics, because the change in behavior could be negative or positive depending on the content discussed during the sessions and the individuals who served as co-participants. In 1980, Kiessling and Andrews were also investigating the use of the Behavior Analysis Systems in Corrections Models to examine how to reorganize interdependent correctional systems to increase the likelihood of favorable outcomes, such as positive changes in justice-involved individuals' attitudes and personalities and decreased criminal behavior. They describe their organization's experience in creating a differential management structure. For example, in line with social learning theory, Kiessling and Andrews (1980) found that managers can act as teachers who "can model the appropriate values, attitudes, and behavior he wants his staff to acquire or perfect" (p. 424). Further, they discuss other systems changes that can contribute to successful program management, such as using structured checklist procedures, providing standardized guidelines, and using volunteers to provide intensive supervision while only having staff provide nonintensive supervision to reduce staff workloads.

Later, in 1987, Gendreau and Ross reviewed the literature from 1981 to 1987 and summarized the results of studies who examined the efficacy of various interventions used for justice-involved individuals, including biomedical, diversion, familial/preventative interventions, education and/or work, getting tough programs, individual differences, parole and probation, and restitution. They also discussed whether the efficacy of interventions depended on the type of subgroup of justice-involved individuals (e.g., sex offenders, substance abusers, and individuals who have committed violent crimes). Gendreau and Ross (1987) found many studies reported interventions were effective (e.g., community-based therapies significantly reduced recidivism by up to 29%), and efficacy of treatment did depend on the individual. Although individual differences impacted the extent to which treatment would work, Gendreau and Ross (1987) emphasized the need to "develop rational, empirically based classification systems (Clear & Gallagher, 1985)" (p. 373) and noted that the Level of Supervision Inventory (LSI) was an attempt at creating an inventory that could help to individualize interventions based on personal needs and deficits.

From these studies (and many others, published and unpublished) emerged principles supported by replicated empirical studies that utilized rigorous methodology (e.g., pre-post designs accounting for confounding variables), randomized controlled trials, and valid and reliable measures of outcomes. The rigorous empirical studies described above are examples of how Gendreau and Andrews' vision had become realized as, at the start of their careers, they had set out to create a model of

empirical psychology in clinical, correctional settings. For decades, they had continued to advocate for a basic scientist-practitioner model where they had tried to use empirical psychology to rigorously evaluate their clinical services as much as possible (P. Gendreau, personal communication, August 11, 2022). Although methodological rigor was foundational for the creation of RNR, theory also guided the research designs discussed above by providing guidance on variables that could have promising outcomes. Each one of RNR's principles encompasses the integration of both theory and empirical evidence.

RNR's Need Principle

Social learning theory is at the heart of why targeting criminogenic needs during interventions, as defined by the Need Principle, are effective at reducing recidivism (Andrews, 1982a). Six of the criminogenic needs from RNR's Need Principle represent sources that can "supply" rewards that affect the maintenance of any behavior (problematic and nonproblematic).[4] Examples of suppliers of rewards include (bolding added to quotes for emphasis):

> At the **personal level**, there are consequences such as excitement and stimulation (Quay, 1965a), money and property (Merton, 1957), conditioned "hope" and "fear" (Eysenck, 1964) and the self-delivery of positive and negative evaluations (Matza, 1964; Glaser, 1956). (Andrews et al., 1977a, b, c, p. 118)
>
> **Interpersonal factors** such as peers have long been recognized as important in crime and delinquency (Klein, 1971). In fact, Cressey (1955) and Empey and Erickson (1972) have stated explicitly that criminal attitudes values and beliefs are the properties of groups and reformation programming must be directed at groups. (Andrews et al., 1977a, b, c, pp. 118–119)
>
> **Environmental conditions** may influence criminal conduct….environmental conditions may be socio-economic status (Merton, 1957), position in opportunity structure (Cloward & Ohlin, 1961), family dissension (Quay, 1965b), and scholastic maladjustment (Quay, 1965b). (Andrews, 1979, p. 9)

The seventh criminogenic need, substance abuse does not apply to all humans, but does still contribute to the density of rewards for many individuals.[5] Thus, by definition, substance abuse is considered a criminogenic need, because empiricism requires that any variable can be considered a risk factor if it is statistically

[4] The six criminogenic needs applicable to all human behavior include: (a) personality pattern (e.g., impulsivity, sensation seeking), (b) cognitions (i.e., attitudes, beliefs, values, and rationalizations), (c) peer associates, (d) family and marital relationships, (e) performance and involvement in school and/or work, and (f) involvement and satisfaction in leisure activities (Bonta & Andrews, 2017).

[5] Although, it should be noted that even though many view justice-involved individuals with substance abuse problems as different from other justice involved individuals, substance abuse is not synonymous with criminal behavior as many law-abiding individuals engage in abusing substances and they are not committing any crimes (e.g., individuals who abuse alcohol). Thus, past research in the 1970s suggested that the personality characteristics of individuals with drug addictions are very similar to individuals who do not have drug addictions (e.g., Gendreau & Gendreau, 1973; Gendreau et al., 1977).

associated with future crime (Andrews & Bonta, 1994). However, the PIC-R framework has a built-in neutrality to it that comes from the general framework that any factor can influence the propensity of criminal behavior if that factor is rewarding to a specific individual. As Don Andrews explicitly notes in his first edition of the Psychology of Criminal Conduct:

> …our use of the term "need" is a highly specific one. We do not imply that all "unpleasant" conditions represent criminogenic needs factors, nor that any or all of the covariates of crime are in any way "bad" or "unpleasant" on their own. Risk factors and needs factors are simply predictors of future criminal conduct. (Andrews & Bonta, 1994, p. 43)

In other words, "risk factors" can have associations with recidivism, without offering judgment on whether those risk factors are "good" or "bad," while also acknowledging that "recidivism" is a socially constructed concept (Andrews & Bonta, 1994).

Risk Principle

Thus far, we have discussed the theoretical underpinnings of criminogenic needs from RNR's Need Principle, but these theoretical underpinnings are also related to RNR's other two principles. Key studies that influenced the creation of the Risk Principle are described below. During empirical studies, Andrews et al. (e.g., Andrews et al., 1986b) witnessed that high-risk offenders benefited more from higher intensity treatment, which may occur because of explanations within the behavioral reformulation of differential association theory. This suggests that a person's frequency and quality of interactions with antisocial others often leads to them being more antisocial, and the opposite is true if the interactions are with a person who models prosocial behaviors.

> Positive changes in criminal attitudes and beliefs depend on (1) exposure and reinforcement of anticriminal patterns, (2) the quality of interpersonal relationships established within groups. (Andrews, 1979, p. 22)

Thus, relationships with other individuals provides an opportunity to provide learning, "but what is learned or the direction of change depends upon the messages exposed [during interpersonal exchanges]" (Andrews, 1979, p. 27).

Many early studies in the 1980s found support for the Risk Principle, and individuals at a high risk to reoffend benefited more from higher intensity treatment than individuals at a low risk to reoffend (e.g., Andrews & Robinson, 1984; Andrews et al., 1986b, 1990a, b). More recently, Gendreau and Goggin (2014) have discussed how these early observations are representative illustrations of the "schools of crime" theory, which suggests that increased recidivism rates occur because the prison environment allows inmates to trade criminogenic practices and learn how to be "better" criminals.

Responsivity Principle

Finally, the creation of the Specific Responsivity component of the Responsivity Principle in RNR, like the other principles, has roots in the social learning perspective. In early writings, Andrews stressed that each individual should be respected for their sub-groups, or demographic features, that make them unique, and clinical practice should be adjusted to those features in a respectful way. But, when making decisions about that person, it should not be automatically assumed that the core processes are different with an "offender" compared to other humans, simply because they have unique demographic features.

Andrews (1979) cautioned service providers about automatically assuming that the core processes are different for a justice-involved individual because of their unique features (e.g., learning disability, mental disorder, gender, ethnicity, trauma, type of crime). As research developed on risk assessment (Risk Principle) and criminogenic needs (Need Principle), Andrews' original intentions for individualizing interventions, via treatment of specific responsivity needs when they interfere with treatment (Andrews, 1979), were increasingly overlooked. Importantly, the three RNR principles are meant to be implemented together, because an intervention for criminogenic needs would be ineffective if the patient has barriers that prevent them from benefiting from the content covered during the intervention (i.e., specific responsivity needs are barriers interfering with responsiveness to interventions). Specific responsivity needs could be motivation to change, trauma, mental disorder, or a learning disability. In early papers, Andrews notes the importance of specific responsivity:

> …if personal factors such as excessive worrying or anxiety are interfering with full functioning in the community, then the therapist role might be appropriate…tutoring and academic and employment skills present a problem, tutoring teacher role is needed…. (Andrews, 1979)
>
> …whether the direction of the relationship between cohesion and change depends upon the *type* of client. (Andrews, 1980)

"Nothing Works" to "Some Things Work"

Based on the studies described above (and many others), Don Andrews, Paul Gendreau, James Bonta, Stephen Wormith, and other early pioneers contributed to the development of a paradigm that offered a theoretically and empirically guided protocol that could have practical application in correctional agencies. Most importantly, this protocol could offer a humane alternative to punishment that was effective at reducing recidivism. The theoretically and empirically guided model became known as the Risk-Need-Responsivity (RNR) model of offender rehabilitation. A description of each of RNR's principles was officially published in the peer-reviewed journal of *Criminal Justice and Behavior* in 1990 (Andrews et al., 1990a), but prior to the 1990 publication, the pioneers' work was already documented by the Correctional Service Canada (Andrews et al., 1989).

Future Implications

Much has been written on the RNR model and the PIC-R framework, including the many editions of the *Psychology of Criminal Conduct* (e.g., Andrews & Bonta, 1994 [first edition], Bonta & Andrews 2017 [sixth edition]). Thus, this chapter's goal was to provide an abbreviated timeline to illustrate the types of early studies that were part of building the strong empirical and theoretical foundation in which the RNR model is rooted in. However, RNR's historical roots also have many implications for future research.

An important part of RNR's history are the many papers in the 1970s and 1980s (e.g., Gendreau & Ross, 1979, 1981, 1987) and, more recently, papers that discuss the importance of understanding knowledge destruction versus knowledge cumulation (e.g., Flagel & Gendreau, 2008; Gendreau, 1996, 2019; Gendreau & Goggin, 2022; Gendreau & Labrecque, 2019; Gendreau et al., 2009; Labrecque et al., 2020). Rather than rearticulate what has already been written, this section discusses ways in which the field can build on to the knowledge accumulated by the pioneers of the research conducted before the creation of RNR.[6]

Implementation

RNR has extensive empirical support for its utility in reducing recidivism (Gendreau & Goggin, 2014), provides clear guidance on developing effective interventions to reduce recidivism (Bourgon, 2014), and is cost-effective (Romani et al., 2012). However, the "true" utility of RNR is unrealized, because of countless challenges with implementing RNR with fidelity. Thus, researchers, stakeholders, and practitioners must attend to implementation (Gendreau et al., 2001; Gendreau et al., 1999, 2001),[7] however the road to implementing Andrews and Bonta's (2010) RNR model with fidelity is plagued by obstacles (Durlak & DuPre, 2008; Rogan, 2012; Waters et al., 2013). Researchers often get support for implementing evidence-based practices (EBPs) at the administration level, but line staff and practitioners who directly interact and deliver services to justice-involved individuals are not always as enthusiastic about changing the way they deliver services (Farrell et al., 2011). Line staff (e.g., probation officers, practitioners) have been referred to as the "forgotten foot soldier," because, during the implementation process of EBPs, it often goes

[6] For a thorough discussion of knowledge destruction and knowledge cumulation, please see Gendreau (2019) and Gendreau and Goggin (2022), which supply important information on the earliest promotion of the rehabilitation agenda in the U.S. and discussion of the work of recent critics who have promoted pure situationism and work towards discarding the utility of risk and the RNR model.

[7] Gendreau et al. (2001) provide program implementation guidelines (i.e., Correctional Program Assessment Inventory [CPAI]) that involve examination of organizational, program, and staff factors and the change agent.

unrecognized that implementation places greater demands on the line staff as opposed to any other individual at the agency (Bourgon, 2013). Bourgon (2013) eloquently states how demanding a line staff's job truly is:

> Like the solider who has marched into the battlefield…tired, weary, and burdened with the ever-changing orders from the generals, must make crucial decisions all alone…[each line staff member] "follows" the orders of management and works tirelessly behind closed doors to promote change in [justice-involved individuals] characterized as antisocial, lacking motivation…resistant, defensive, aggressive, and criminal. (Bourgon, 2013, p. 12)

As described above, line staff are the individuals who are asked to take the time and effort to learn to incorporate EBPs into practice. Arguably, the cooperation of line staff is one of the most essential components to whether EBPs are implemented with fidelity. Line staff ultimately have a direct effect because staff have the final discretion to decide what happens during his or her face-to-face encounters with the justice-involved individual (Bourgon, 2013).

Theoretical Models of Implementation Science

The theoretical models that best fit implementation science in corrections are from multiple contexts, but have key features (Best & Holmes, 2010; Damschroder et al., 2009). Best and Holmes (2010) proposed a knowledge to action (KTA) systems model, which was originally created to inform policy and practice to improve health and social outcomes. The KTA systems model is based on the concept of an ecological system where the organization's system has multiple agents, each have their own priorities, pressures, communication styles, and personalities. Within the organization's system, there are interdependent subsystems, and if one level of the subsystem is changed, the organization's entire system is affected. The environment in each subsystem is unpredictable and is altered by multiple factors, such as peer leadership, available resources, managerial relations, receptiveness to change, internal communication, level of collaboration, human resources issues, feedback on progress, and the preexisting needs, motivations, values, goals, learning style, and skills of the people who actually carry out the intervention. Similarly, Damschroder et al.'s (2009) Consolidated Framework for Implementation envisions an organization with different levels that interact and affect the implementation process at the individual level, inner setting, and outer setting. For example the: (a) individual level is analogous to the line officers or practitioners asked to implement the practices; (b) inner setting includes the organization's structure, culture, and politics; and (c) outer setting is composed of economic, political, and social issues outside of the agency that influence the agency. As a result, implementation and buy-in to research needs to be conducted at every level of the system, because changing one level is not sufficient (Damschroder et al., 2009).

Similar to both the KTA systems model and the Consolidated Framework, successful implementation in correctional agencies needs to be addressed at each of the following levels, since each level has their own interdependent subsystem with

multiple agents: (a) the state and local level outside of the agency (e.g., political priorities, community values, state and local regulations), (b) the agency level (e.g., resources available for training, amount of staff, financial capabilities), (c) the management level (e.g., supervision skills, amount of collaboration and support toward those they supervise, leadership, individual characteristics, beliefs, perceptions, and attitudes), and (d) the staff level (e.g., fidelity of EBPs, competencies and motivation to use EBPs, caseload size, individual differences, conflict between dual-roles; Alexander, 2011). They view an agency as a living, breathing, and dynamic system with many interrelated and interdependent aspects; if one level changes, the whole system is affected (Best & Holmes, 2010; Joplin et al., 2004; Lane et al., 2004).

Research Is Needed on Implementation of Specific Responsivity

Further, humans are subject to judgment and decision-making biases, and thus, the utility of providing guidelines to help service providers target risk relevant factors and assist with decision-making is of utmost importance (Dawes et al., 1989; Kahneman et al., 1974; Meehl, 1986; Swets et al., 2000). Andrews and colleagues recognized innate judgment and decision-making biases, and Andrews (1979) cautioned service providers about automatically assuming that the core processes are different for an offender because of their unique demographic features.

One common problem with implementation of RNR in criminal justice agencies is that service providers often address noncriminogenic needs in isolation, rather than treating criminogenic needs (Borum, 2003; DeMatteo et al., 2010). In other cases, noncriminogenic needs are used to determine a service providers' approach to the intervention, assessment of risk to reoffend, or decisions regarding whether the offender is capable of being rehabilitated. For example, Vidal and Skeem (2007) and Eno Louden and Skeem (2013) found that service providers often make decisions based on noncriminogenic needs, such as making decisions based on whether the offender has a mental disorder or psychopathic features. Similarly, Ricks (2015) found that the offender's gender affected whether a female therapist emphasized rehabilitation and/or security and personal safety. Female therapists were more likely to emphasize rehabilitation for female offenders and emphasize security and personal safety for male offenders. While focusing on noncriminogenic needs (e.g., gender responsive interventions) has value (e.g., Salisbury & Van Voorhis, 2009), research indicates that treating noncriminogenic needs alone is unlikely to mitigate risk to reoffend. Thus, targeting mental health, trauma, and self-esteem concerns can promote healthy behavior but will not reduce reoffending, unless the intervention also targets criminogenic needs (DeMatteo et al., 2010).

Notably, recent research found that justice-involved individuals with negative attitudes about treatment did not appear to benefit from the intervention that addressed criminogenic needs (Lester et al., 2020). Thus, treating criminogenic needs without treating responsivity needs may be equally problematic. Specific Responsivity remains the principle that has the least amount of empirical support, in

comparison to the Risk and Need Principles, and presents unique methodological challenges when attempting to conduct research on the effectiveness of targeting specific responsivity needs (see Bourgon, 2014; Serin, 1998; Taxman, 2014).

Service Providers' Ability to Facilitate Change Has Limits

In 1979, Andrews noted that "if the client gained entry into the system, but the system is not delivering the rewards in appropriate ways then system changes may be required – change environmental facilitation" (Andrews, 1979, p. 36). This illustrates how providers are limited in what they can do to help tip the cost-reward density in favor of law-abiding behavior, because with our current legislation, providers realistically cannot change many factors that contribute to recidivism. Even with our current legislative barriers, Andrews and colleagues' early work provides wisdom on how we can provide high-quality rewards for prosocial behaviors.

Andrews and colleagues' early writings about social learning theory explain *why* developing a quality relationship with a justice-individual would be time well spent. Social learning theory posits that relationship quality can be used by line staff to artificially alter reward-cost densities in correctional facilities (e.g., Andrews, 1979; Andrews et al., 1977a, b, c, 1980; Andrews & Kiessling, 1988; Daigle-Zinn & Andrews, 1980). Because line staff with a high-quality relationship have more control over changing a justice-involved individual's antisocial behavior, a quality relationship may be able to decrease violence and assaults in correctional facilities (e.g., Paparozzi & Gendreau, 2005). Moreover, Steiner and Wooldredge (2017) found that justice-involved individuals who reported that correctional officers were unresponsive and ill-equipped, were more likely to react negatively to line staff. Similarly, Blagden et al. (2016) found that justice-involved individuals reported that positive relationships with line staff provided them with the optimal environment for behavior change and helped the individual feel capable of changing their future behavior. And, the benefits of a quality relationship appear to be mutually beneficial. Gayman and Bradley (2013) found that providers who had better relationships with the justice-involved individual reported improved well-being, safety, and job satisfaction, as well as decreased emotional exhaustion and burnout, lower perceived fear of personal safety while working in the correctional facility, and lower stress (Lambert et al., 2016).

Lessons Learned

In conducting future research on the topics above, it is important to revitalize important lessons learned and modeled by the first and second generations of the Canadian School who conducted the research that contributed to the RNR model. Table 8.1 presents quotes that illustrate some of the main tenets that have guided RNR theory since the 1970s.

Table 8.1 Provides the main tenets that were emphasized and prioritized by the early RNR pioneers in the 1970s until present day

Their work in the 1970s until present day have illustrated dedication to:	Example quotes from early work
(1) Deliberate manipulation of variables of interest, control over confounding variables using randomized controlled trials and pre-post comparisons, and importance of validity	"The value of any empirical study depends upon how well factors of theoretical interest – as well as competing factors – have been brought under experimental control. Since it is naïve to expect that any single study could discount all competing factors or could introduce simultaneous controlled variation on all factors of theoretical interest, integrated research programs – rather than isolated studies – are indicated. Each study, within the set to be reviewed, made a systematic attempt to control for competing factors not well attended to by other studies in the set and /or to induce systematic variation of relevant factors which had been held constant in the other studies…" (Andrews, 1980, pp. 451–452) "…current theories of criminal behavior, while generally supportive of community-oriented intervention, are stated in such vague and general terms that the parameters of validity and utility have yet to be delineated" (Andrews et al., 1977a, b, c, p. 63)
(2) Utilizing theory to guide development of methodology	"Theoretical need for studies [to] examine how deliberately induced changes in personal or community status are related to reductions in criminal activity" (Andrews et al., 1977b, p. 122)
(3) Reliance on replication and meta-analyses	"Findings may be tied to the specific program, setting, and participant variables, as well as to specific outcome measures…" "There are also problems of external validity which can be dealt with only through systematic replication and extension to different types of subjects, settings, manipulations, and measures" (Andrews, 1980, pp. 451–452)
(4) Understanding the limitations of significance testing	"Reliance on significance testing has, generally, severely hindered the process of knowledge cumulation" (Gendreau et al., 2001, p. 253)
(5) Providing effect sizes and confidence intervals	"When the CI is very wide it tells the program implementer to be cautious, that conclusions about a particular relationship should be regarded as tentative; more research is required…" (Gendreau et al., 2001, p. 255)
(6) Mutually beneficial university-agency collaborations	"Through collaboration with the university, correctional programs can be made more effective and manpower needs coped with" (Andrews & Gendreau, 1976; Moeller, 1973; Waldo, 1971)

The second column includes representative quotes from the pioneers that illustrate the importance of the tenets in their work

Furthermore, in 1979, Andrews provided basic guidelines that are useful to revitalize for individuals interested in examining "what works" in treatment for justice-involved individuals:

> The guidelines which follow from a conceptual orientation include: (1) select, for systematic evaluation, programs which vary on theoretically-relevant variables, (2) if a relationship between the program variables and outcome has been established, then begin to dismantle the "effective" condition, until those components are identified…(3) once key program elements…[have] been isolated, begin to broaden the evaluation to include different measures of outcome, different types of background conditions and settings, and/or different types of clients and helpers, i.e., establish parameters of influence, (4) …select program factors for evaluation which, if discounted, discount at the same time the greatest number of competing hypotheses. (Andrews, 1979, p. 3)

Concluding Remarks

Through this chapter, the goal was to revitalize the words and experiences of the pioneers of the RNR model, so that the scientific community can have a chapter that provides:

(a) A timeline of representative studies that illustrate how their scientific advances progressed across time to create RNR.
(b) Their original words to illustrate foundational theoretical elements, stress the importance of rigorous methodology, and to emphasize the mutual benefits and training opportunities achieved through university-agency partnerships.
(c) Wisdom contained in the lost scrolls of RNR that is relevant to changing legislation, policy, and practice.

Today, although the accumulation of knowledge gained through the early empirical studies in the 1970s and 1980s may be, in part, lost in translation; arguably, scholars and practitioners' continued emphasis on utilizing empirical psychology to refine the effectiveness of correctional programming is a testament to the successful growth of Gendreau and Andrews' original idea of building a model of empirical psychology in clinical, correctional settings.

To conclude, even though impressive strides have been made in better understanding criminal behavior, Andrews' early words are still applicable today. To make progress, integrating our continually gained knowledge into their existing framework is essential. Innovative ideas, replications, and rigorous research studies are critically important, but should add to rather than work to discard a framework with theoretical underpinnings that are so fundamental to our continued understanding of criminal behavior (and behavior in general). Andrews noted this in Principle 4:

> Principle 4 intended to underscore the interdisciplinary nature of the study of deviance while recognizing that our level of understanding of deviant behavior is limited by the level of knowledge in social and life sciences generally. The classification of the principles governing how stimuli acquire ability to control behavior is obviously not exhaustive nor are the classes of principles mutually exhaustive. Principle 4 (of PIC-R) says that we must

> be open to knowledge from a variety of sources and that the concepts of antecedent and outcomes stimuli provide a means of integrating the knowledge in the study of deviant behavior. (Andrews, 1982a, b, pp. 8–9)
>
> We hope this present review has suggested the potential associated with [the Risk-Need-Responsivity Model], and yet not given the impression that the processes are fully understood. Many questions remain unsolved, and others not even explored. (Andrews, 1979, p. 77)

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References

Adair, J. G., & Vohra, N. (2003). The explosion of knowledge, references, and citations: Psychology's unique response to a crisis. *American Psychologist, 58*(1), 15–23. https://doi.org/10.1037/0003-066X.58.1.15

Alexander, M. (2011). Applying implementation research to improve community corrections: Making sure that "new" things sticks! *Federal Probation, 75*(2), 47–51.

Andrews, D. A. (1970). *Programme proposal: Short-term structured group counseling*. A report to the Ontario Ministry of Correctional Services.

Andrews, D. A., Brown, G., & Wormith, J. S. (1974). The community group: a role for volunteers in group counselling within correctional institutions. Pp. 34–43 in Proceedings of the Canadian Congress of Criminology and Corrections. Ottawa: Canadian Criminology and Corrections Association.

Andrews, D. A. (1977). *The dimension of correctional counselling and of supervisory process in probation and parole*. CaVic. Ministry of Correctional Services.

Andrews, D. A. (1979). *The friendship model of voluntary action and controlled evaluations of correctional practices: Notes on relationships with behaviour theory and criminology*. Ministry of Correctional Services. Retrieved from https://www.publicsafety.gc.ca/lbrr/archives/hv%209275%20c33%20no.18-eng.pdf

Andrews, D. A. (1980). Some experimental investigations of the principles of differential association through deliberate manipulations of the structure of service systems. *American Sociological Review, 45*, 448–462. Retrieved from http://www.jstor.org/stable/2095177

Andrews, D. A. (1982a). *A personal, interpersonal and community-reinforcement perspective ondeviant behaviour (PIC-R)*. Ontario Ministry of Correctional Services, Planning and Support Services Division, Planning and Research Branch. Retrieved from https://www.ncjrs.gov/App/abstractdb/AbstractDBDetails.aspx?id=89816

Andrews, D. A. (1982b). *The level of supervisory inventory (LSI): The first follow-up*. Project 200, Ministry of Correctional Services. Retrieved from https://www.ncjrs.gov/pdffiles1/Digitization/89859NCJRS.pdf

Andrews, D. A. (1984). *The supervision of offenders: Identifying and gaining control over the factors which make a difference*. Unpublished document for the Ministry of Correctional Services, Programs Branch, Ministry of the Solicitor General.

Andrews, D. A., & Bonta, J. (1988). Classification for effective rehabilitation: Rediscovering psychology. In *Minutes of proceedings and evidence of the standing committee on justice and solicitor general*.

Andrews, D. A., & Bonta, J. (1994). *The psychology of criminal conduct*. Anderson Publishing Company.

Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct*. Matthew Bender & Company, Inc.

Andrews, D. A., & Gendreau, P. (1976). Undergraduate training and correctional service. *Professional Psychology, 7*(1), 21. https://doi.org/10.1037/0735-7028.7.1.21

Andrews, D. A., & Keissling, J. J. (1983). *An introduction to the reports in the CaVIC (Canadian volunteers in corrections) series and a summary of selected CaVIC contributions and findings*.

Andrews, D. A., & Kiessling, J. J. (1988). An introduction to the reports in the CaVIC (Canadian Volunteers in Corrections) series and a summary of selected CaVIC contributions and findings. Ministry of Correctional Services of Ontario. In R. R. Ross, & P. Gendreau (Eds.). (1980), *Effective correctional treatment*. Butterworths.

Andrews, D. A., & Robinson, D. (1984). *The level of supervision inventory: Second report*. Ontario Ministry of Correctional Services.

Andrews, D. A., & Young, J. G. (1974). Short-term structured group counselling and prison adjustment. *Canadian Journal of Criminology and Corrections, 16*, 5. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/cjccj16&div=6&id=&page=

Andrews, D. A., Young, J. G., Wormith, J. S., Searle, C. A., & Kouri, M. (1973). The attitudinal effects of group discussions between young criminal offenders and volunteers. *Journal of Community Psychology*, 417–422. https://doi.org/10.1002/1520-6629

Andrews, D. A., Keissling, J. J., Russell, R. J., & Grant, B. A. (1977a). *Volunteers and the one to one supervision of adult probationers*. Ontario Ministry of Correctional Services, Toronto. Retrieved from https://www.ncjrs.gov/App/abstractdb/AbstractDBDetails.aspx?id=67070

Andrews, D. A., Farmer, C., Russell, R. J., Grant, B. A., & Kiessling, J. J. (1977b). Research component of the Ottawa Criminal Court Volunteer Program: Theoretical rationale, operationalization and evaluation strategy. *Canadian Journal of Criminology and Corrections, 19*, 118–140. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/cjccj19&div=10&id=&page=

Andrews, D. A., Wormith, J. S., Kennedy, D. J., & Daigle-Zinn, W. J. (1977c). The attitudinal effects of structured discussions and recreational association between young criminal offenders and undergraduate volunteers. *Journal of Community Psychology, 5*(1), 63–71. Retrieved from https://www.researchgate.net/profile/J_Wormith/publication/232594711_The_attitudinal_effects_of_structured_discussions_and_recreational_association_between_young_criminal_offenders_and_undergraduate_volunteers/links/53e0085d0cf2aede4b4c7d96.pdf

Andrews, D. A., Wormith, J. S., Daigle-Zinn, W. J., & Kennedy, D. J. (1980). Low and high functioning volunteers in group counseling with anxious and non-anxious prisoners: The effects of interpersonal skills on group process and attitude change. *Canadian Journal of Criminology, 22*, 443. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/cjccj22&div=45&id=&page=

Andrews, D. A., Kiessling, J. J., Mickus, S., & Robinson, D. (1986a). The construct validity of interview-based risk assessment in corrections. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement, 18*(4), 1–29. https://doi.org/10.1037/h0079959

Andrews, D. A., Robinson, D., & Balla, M. (1986b). The risk principle of case classification and the prevention of residential placements: An outcome evaluation of "Share the Parenting". *Journal of Consulting and Clinical Psychology, 54*, 203–207. https://doi.org/10.1037/0022-006X.54.2.203

Andrews, D. A., Bonta, J., & Hoge, R. D. (1989). *Classification for effective rehabilitation: Rediscovering psychology*. Retrieved from Recidivism, Correctional Service Canada, A Collection of Articles by Don Andrews and Colleagues.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990a). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*(1), 19–52. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/0093854890017001004

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990b). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology, 28*(3), 369–404. Retrieved from http://heinonline.org/HOL/Print?collection=journals&handle=hein.journals/crim28&id=379

Bandura, A. (1969). Social-learning theory of identificatory processes. *Handbook of Socialization Theory and Research, 213*, 262.

Best, A., & Holmes, B. (2010). Systems thinking, knowledge and action: Towards better models and methods. *Evidence & Policy: A Journal of Research, Debate and Practice, 6*(2), 145–159. https://doi.org/10.1332/174426410X502284

Blagden, N., Winder, B., & Hames, C. (2016). "They treat us like human beings" – Experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment. *International Journal of Offender Therapy and Comparative Criminology, 60*(4), 371–396. https://doi.org/10.1177/0306624X14553227

Bonta, J., & Andrews, D. A. (2017). *The psychology of criminal conduct* (6th ed.). Routledge.

Bonta, J., & Motiuk, L. L. (1985). Utilization of an interview-based classification instrument: A study of correctional halfway houses. *Criminal Justice and Behavior, 12*(3), 333–352. https://doi.org/10.1177/0093854885012003004

Borum, R. (2003). Managing at-risk juvenile offenders in the community: Putting evidence-based principles into practice. *Journal of Contemporary Criminal Justice, 19*(1), 114–137.

Bourgon, G. (2013). The demands on probation officers in the evolution of evidence-based practice: The forgotten foot soldier of community corrections. *Federal Probation Journal, 77*(2), 1–21. Retrieved from http://heinonline.org/HOL/Print?collection=journals&handle=hein.journals/fedpro77&id=74

Bourgon, G. (2014). Reconsidering the responsivity principle: A way to move forward. *Federal Probation, 78*, 3–10. Retrieved from https://www.researchgate.net/profile/Guy_Bourgon/publication/287254039_Reconsidering_the_responsivity_principle_A_way_to_move_forward/links/5697a8ae08aec79ee32b3d65/Reconsidering-the-responsivity-principle-A-way-to-move-forward.pdf; https://www.britannica.com/topic/biblical-literature/The-King-James-and-subsequent-versions

Bourgon, G., & Bonta, J. (2014). Reconsidering the responsivity principle: A way to move forward. *Federal Probation, 78*(2), 3–10. https://www.researchgate.net/profile/Guy_Bourgon/publication/287254039_Reconsidering_the_responsivity_principle_A_way_to_move_forward/links/5697a8ae08aec79ee32b3d65/Reconsideringthe-responsivity-principle-A-way-to-move-forward.pdf

Burgess, R. L., & Akers, R. L. (1966). A differential association-reinforcement theory of criminal behavior. *Social Problems, 14*(2), 128–147. Retrieved from http://www.jstor.com/stable/798612-Cullen, 2012

Carkhuff, R. R. (1969). Helping and human relations: A primer for lay and professional helpers, Volumes 1 and 2. New York: Holt, Rinehart and Winston.

Carkhuff, R. R. (1971). Training as a preferred mode of treatment. *Journal of Counseling Psychology, 18*(2), 123–131. https://psycnet.apa.org/doi/10.1037/h0030612

Clear, T. R., & Gallagher, K. W. (1985). Probation and parole supervision: A review of current classification practices. *Crime & Delinquency, 31*(3), 423–443. https://doi.org/10.1177/0011128785031003007

Cloward, R. A., & Ohlin, L. E. (1961). Delinquency and opportunity: A theory of delinquent gangs. New York: The Free Press of Glencoe.

Cressey, D. R. (1955). Changing criminals: The application of the theory of differential association. *American Journal of Sociology, 61*, 116–120.

Daigle, W. J., & Andrews, D. A. (1974). Role playing vs didactic discussion in short-term interpersonal skills training with incarcerated young offenders. Unpublished Honours thesis, Carleton University, Ottawa

Daigle-Zinn, W. J., & Andrews, D. A. (1980). Interpersonal skill training for young adult prisoners. *Canadian Journal of Criminology, 22*, 320–327. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/cjccj22&div=29&id=&page=

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*(1), 1–15. https://doi.org/10.1186/1748-5908-4-50

Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science, 243*(4899), 1668–1674. https://doi.org/129.108.9.184

DeMatteo, D., Hunt, E., Batastini, A., & LaDuke, C. (2010). The disconnect between assessment and intervention in the risk management of criminal offenders. *Open Access Journal of Forensic Psychology, 2*, 59–74. Retrieved from https://docs.wixstatic.com/ugd/166e3f_65db0d59c2d24a6c88ce74677a801f7d.pdf

Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*(3–4), 327–350. https://doi.org/10.1007/s10464-008-9165-0

Empey, L. T., & Erickson, M. L. (1972). The Provo Experiment: Evaluating Community Control of Delinquency. Lexington, Mass: Lexington Books.

Eno Louden, J., & Skeem, J. L. (2013). How do probation officers assess and manage recidivism and violence risk for probationers with mental disorder? An experimental investigation. *Law and Human Behavior, 37*(1), 22–34. https://doi.org/10.1037/h0093991

Evans, J. A. (2008). Electronic publication and the narrowing of science and scholarship. *Science, 321*(5887), 395–399. https://doi.org/10.1126/science.1150473

Eysenck, H. J. (1964). Crime and personality. New York: Houghton Mifflen.

Farrell, J., Young, D. W., & Taxman, F. S. (2011). Effects of organizational factors on use of juvenile supervision practices. *Criminal Justice and Behavior, 38*(6), 565–583. https://doi.org/10.1177/0093854811401786

Flagel, D., & Gendreau, P. (2008). Commentary: Sense, common sense & nonsense. *Criminal Justice and Behavior, 35*, 1354–1361.

Gayman, M. D., & Bradley, M. S. (2013). Organizational climate, work stress, and depressive symptoms among probation and parole officers. *Criminal Justice Studies, 26*(3), 326–346. https://doi.org/10.1080/1478601X.2012.742436

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. T. Harland (Ed.), *Choosing correctional options that work: Defining the demand and evaluating the supply* (pp. 117–130). Sage.

Gendreau, P. (2019). Knowledge destruction vs. knowledge cumulation. In R. D. Morgan (Ed.), *The Sage encylopedia of criminal psychology* (pp. 759–761). Sage Press.

Gendreau, P., & Gendreau, L. P. (1973). A theoretical note on personality characteristics of heroin addicts. *Journal of Abnormal Psychology, 82*, 139–140.

Gendreau, P., & Gibson, M. (1970). *The development of attitudinal, behavioural, and social-historical measures for prediction, classification, and treatment*. Project 22, Ministry of Correctional Services.

Gendreau, P., & Goggin, C. (2014). Practicing psychology in correctional settings. In *Handbook of forensic psychology* (pp. 759–794). Wiley.

Gendreau, P., & Goggin, C. (2022). Book review of Haney, C. Criminality in context: The psychological foundations of criminal justice reform. *Criminal Justice and Behavior, 42*, 279–285.

Gendreau, P., & Labrecque, R. M. (2019). The effects of administrative segregation: A lesson in knowledge cumulation. In J. Wooldredge & P. Smith (Eds.), *Oxford handbook on prisons and imprisonment* (pp. 340–366). Oxford University Press. (Also see Online, July 2016). https://doi.org/10.1093/9780199948154.013.36

Gendreau, P., & Leipciger, M. (1976). Recidivism and its measurement in Ontario. Ontario Ministry of Correctional Services. https://www.ojp.gov/ncjrs/virtual-library/abstracts/recidivism-andits-measurement-ontario

Gendreau, P., & Ross, B. (1979). Effective correctional treatment: Bibliotherapy for cynics. *Crime & Delinquency, 25*(4), 463–489. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/001112877902500405?casa_token=xx7kUuP_r84AAAAA:NGl1fvbzDCcZQJdUk8X0RFqSilhGPLbSjm8ipzzE3u6fV5CU88GDZ_JDykvGv_lfLpqBkG_56VAWAw

Gendreau, P., & Ross, R. (1981). Offender rehabilitation: The appeal of success. *Federal Probation, 45*, 45. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/fedpro45&div=67&id=&page=

Gendreau, P., & Ross, R. R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly, 4*(3), 349–407. Retrieved from https://heinonline.org/HOL/Page?handle=hein.journals/jquart4&div=38&g_sent=1&casa_token=-3M7lDRvQ8oAAAAA:Zv__jREtUqAraQ-wbt8f90SWww_sK8V2QUM1GzAjyKowXcSCfc-lF8Tc62Bjy0WVhjdOCBrzXA&collection=journals

Gendreau, P., Gibson, M., Surridge, C. T., & Hug, J. J. (1973). The application of self-esteem measures in corrections: A further report on the SEI. *Journal of Community Psychology, 1*(4), 423–425. https://doi.org/10.1002/1520-6629(197310)1:4<423::AID-JCOP2290010419>3.0.CO;2-2

Gendreau, P., Gibson, M., Surridge, C. T., & Hug, J. J. (1974). Self-esteem change associated with six-months imprisonment. In *Proceedings of the Canadian congress of criminology & corrections* (pp. 81–89). Canadian Criminology & Corrections Association.

Gendreau, P., Wass, J., Knight, S., & Irvine, M. (1976). Psychological services in corrections: The assessment of intellectual abilities. *Canadian Journal of Criminology and Corrections, 18*, 190–202.

Gendreau, P., Andrews, D. A., & Wormith, J. S. (1977). Personality characteristics of 'speed' abusers. *Canadian Journal of Behavioural Science, 9*, 341–347.

Gendreau, P., Burke, D., & Grant, B. A. (1980). Second evaluation of the Rideau Inmate Volunteer Program. *Canadian Journal of Criminology, 22*, 66–77. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/cjccj22&div=9&id=&page=

Gendreau, P., Goggin, C., & Smith, P. (1999). The forgotten issue in effective correctional treatment: Program implementation. *International Journal of Offender Therapy and Comparative Criminology, 43*, 180–187.

Gendreau, P., Andrews, D. A., & Thériault, Y. (2001). *Correctional program assessment inventory – 2000 (CPAI-2000)*. University of New Brunswick.

Gendreau, P., Smith, P., & Theriault, Y. L. (2009). Chaos theory and correctional treatment: Common sense, correctional quackery, and the law of fartcatchers. *Journal of Contemporary Criminal Justice, 25*, 384–396.

Glaser, D. (1956). Criminality theories and behavioral images. *American Journal of Sociology, 61*(5), 433–444.

Joplin, L., Bogue, B., Campbell, N., Carey, M., Clawson, E., Faust, D., et al. (2004). Using an integrated model to implement evidence-based practices in corrections. *International Community Corrections Association and American Correctional Association*, 1–28. Retrieved from http://208.109.185.81/files/NICCJI_Project_ICCA_2.pdf

Kahneman, D., Slovic, P., & Tversky, A. (1974). *Judgment under uncertainty: Heuristics and biases*. Cambridge University Press.

Kiessling, J. J., & Andrews, D. A. (1980). Behavior analysis systems in corrections: A new approach to the synthesis of correctional theory, practice, management and research. *Canadian Journal of Criminology, 22*, 412–426. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/cjccj22&div=43&id=&page=

Klein, M. W. (1971). Street gangs and street workers. Englewood Cliffs, NJ: Prentice-Hall.
Labrecque, R. M., Gendreau, P., Morgan, R. D., & King, M. M. (2020). Revisiting the Walpole Prison Solitary Confinement Study (WPSCS): A content analysis of the studies citing Grassian. *Psychology, Public Policy, and Law*. Advance online publication. https://doi.org/10.1037/law0000247
Lambert, E. G., Minor, K. I., Wells, J. B., & Hogan, N. L. (2016). Social support's relationship to correctional staff job stress, job involvement, job satisfaction, and organizational commitment. *The Social Science Journal, 53*(1), 22–32. https://doi.org/10.1016/j.soscij.2015.10.001
Lane, J., Turner, S., & Flores, C. (2004). Researcher-practitioner collaboration in community corrections: Overcoming hurdles for successful partnerships. *Criminal Justice Review, 29*(1), 97–114. https://doi.org/10.1177/073401680402900107
Leckerman, L. A. (1967). The effects of counseling preparation on the outcome of group counseling with institutionalized juvenile delinquents. The Florida State University. https://www.proquest.com/openview/15777010e2cf80409527baa9d6dfc199/1.pdf?pq-origsite=gscholar&cbl=18750&diss=y
Lester, M. E., Batastini, A. B., Davis, R., & Bourgon, G. (2020). Is Risk-Need-Responsivity enough? Examining differences in treatment response among male incarcerated persons. *Criminal Justice and Behavior, 47*(7), 829–847. https://doi.org/10.1177/0093854820915740
Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). Effects of cognitive-behavioral programs for criminal offenders. *Campbell Systematic Reviews, 6*(1), 1–27. Retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.4073/csr.2007.6
Matza, D. (1964). *Delinquency and drift*. Wiley. https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2010.61.12.1217
Meehl, P. E. (1986). 14 What Social Scientists Don't Understand. Metatheory in social science: Pluralisms and subjectivities, 315.
Merton, R. K. (1957). Social theory and social structure. Glencoe, III.: Free Press.
Moeller, H. G. (1973). Correctional planning and collateral resources. In S. L. Brodsky (Ed.), Changing correctional systems: the first Alabama symposium on justice and the behavioral sciences. University of Alabama.
Paparozzi, M. A., & Gendreau, P. (2005). An ISP that worked: Service delivery, professional orientation & organizational supportiveness. *The Prison Journal, 85*, 445–446.
Platt, J. J., & Wicks, R. J. (1979). The psychological consultant.
Polaschek, D. L. (2012). An appraisal of the risk–need–responsivity (RNR) model of offender rehabilitation and its application in correctional treatment. *Legal and Criminological Psychology, 17*(1), 1–17. https://doi.org/10.1111/j.2044-8333.2011.02038.x
Quay, H. C. (1965a). Psychopathic personality as pathological stimulation seeking. *American Journal of Psychiatry, 122*, 180–183.
Quay, H. C. (1965b). Personality and delinquency. In H. C. Quay (Ed.) Juvenile delinquency: Research and theory. New York: Van Wostrard, 139–169.
Ricks, E. P. (2015). *The rock and the hard place: How the prison psychotherapist balances treatment needs with security needs* (p. 1133). Doctoral dissertation, The University of Texas at El Paso. Digital Commons.
Rogan, M. (2012). Rehabilitation, research, and reform: Prison policy in Ireland. *Irish Probation Journal, 9*, 1–192. http://arrow.dit.ie/cgi/viewcontent.cgi?article=1030&context=aaschlawart
Romani, C. J., Morgan, R. D., Gross, N. R., & McDonald, B. R. (2012). Treating criminal behavior: Is the bang worth the buck? *Psychology, Public Policy, and Law, 18*(1), 144–165. https://doi.org/10.1037/a0024714
Ross, R. R., & Gendreau, P. (Eds.). (1980). *Effective correctional treatment*. Butterworths.
Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways a quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior, 36*(6), 541–566. https://doi.org/10.1177/0093854809334076

Serin, R. (1998). Treatment responsivity, intervention and reintegration: A conceptual model. In Forum on Corrections Research (Vol. 10, pp. 29–32). Correctional service of Canada. https://www.csc-scc.gc.ca/text/pblct/forum/e101/101f_e.pdf

Steiner, B., & Wooldredge, J. (2017). Individual and environmental influences on prison officer safety. *Justice Quarterly, 34*(2), 324–349. https://doi.org/10.1080/07418825.2016.1164883

Sutherland, E. H., & Cressey, D. R. (1970). Principles of Criminology (3rd ed.). New York: Lippincott.

Swets, J. A., Dawes, R. M., & Monahan, J. (2000). Psychological Science can improve diagnostic decisions. *Psychological Science in the Public Interest, 1*(1), 1–26. https://doi.org/10.1111/1529-1006.001

Taxman, F. S. (2014). Second generation of RNR: The importance of systemic responsivity in expanding core principles of responsivity. *Federal Probation, 78*, 32–40. Retrieved from https://heinonline.org/HOL/Page?handle=hein.journals/fedpro78&div=21&g_sent=1&casa_token=a0ioI5jy1VAAAAAA:X91Zg15MKjqNTmbf-Gw4BSmESbHQ88mrmzuK_cLPbDfu6HIHQ5h1MB9uxEZrGwuceYgalL9DRQ&collection=journals

Vidal, S., & Skeem, J. L. (2007). Effect of psychopathy, abuse, and ethnicity on juvenile probation officers' decision-making and supervision strategies. *Law and Human Behavior, 31*(5), 479–498. https://doi.org/10.1007/s10979-006-9077-1

Waldo, G. P. (1971). Research and training in corrections: The role of the university. *Federal Probation, 35*, 57–62.

Ward, T., Melser, J., & Yates, P. M. (2007). Reconstructing the risk–need–responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior, 12*(2), 208–228. https://doi.org/10.1016/j.avb.2006.07.001

Waters, K., Moreno, M., & Colgan, R. B. (2013). Capitalizing on collaboration in Arizona: Working together to advance the use of evidence-based officer skills at all levels of community corrections. *Federal Probation Journal, 77*, 59–63. https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=266099

Wayne, D. (1972). Short-term structured group counselling and attitude toward the law. Unpublished Honours thesis, Carleton University.

Wormith, J. S. (1976). *Converting prosocial attitude change to behavior change through self-management training*. Doctoral dissertation, University of Ottawa (Canada). Retrieved From https://www.ruor.uottawa.ca/bitstream/10393/20999/1/DC53324.PDF

Wormith, J. S. (1984). Attitude and behavior change of correctional clientele. A three-year follow up. *Criminology, 22*(4), 595–618. Retrieved from https://www.researchgate.net/profile/J_Wormith/publication/229688950_Attitude_and_Behavior_Change_of_Correctional_Clientele_A_Three_Year_Follow-Up/links/0f317530f82dfe6716000000/Attitude-and-Behavior-Change-of-Correctional-Clientele-A-Three-Year-Follow-Up.pdf

Chapter 9
Correctional Education and Job Preparation as a Correctional Psychology Service: A Three Era's Approach

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Introduction

Work is a critical component of adulthood, and for those leaving prison, gainful employment is important to reintegrating into society successfully. Psychologists have an important role to play in helping those in prison find gainful employment upon release because work issues influence other life issues. Pursuing work is influenced by attitudes and behaviors, not only education or job training. Indeed, training those in prison for gainful employment upon release includes various components from correctional education, which we define to include both academic preparation (GED, college) and job training/skills (e.g., certifications for welding or HVAC). It also includes job preparation that we define as including career counseling to change attitudes and behaviors as well as help in soft skills such as in communication or interviewing. Such job preparation is a place where psychologists can be most helpful to those leaving prison, but they can also be helpful in increasing motivation for correctional education as well as scientific studies on the evaluation of such programs.

The history of psychologists in correctional education and job preparation has varied through the years. This chapter covers psychologists' role in correctional education and job preparation from the 1940s to the 2020s. Though correctional education has been part of corrections for centuries, and certainly in the middle of the twentieth century, psychologists have not adequately influenced the field. The lack of psychologists in job preparation for those in prison may be a missed opportunity, given that some national policies have been amenable to their role and potential contributions. The role of psychologists from the mid-twentieth century to the

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current era has been promising with greater opportunities afforded by policies, such as the First Step Act of 2018, which promotes the use of evidence-based treatments for rehabilitation of those who are incarcerated (FIRST STEP Act, 2018). This chapter will discuss such policies, integrate the role of influential psychologists, and end with the future of correctional education and job preparation in prisons.

Scope, Emergence, and Prevalence

Correctional education in prisons has gone through substantial changes from the 1940s to the present. Progress in correctional education and job preparation, as well as the role of psychologists, has ebbed and flowed across the past 80 years. This ebb and flow moved in conjunction with political and economic trends in the United States, corresponding to political and social shifts in how people viewed rehabilitation for those in prison. Depending on the cultural climate, significant legislation was passed that influenced correctional education and job preparation in prisons, both helpful and deleterious. In addition, some psychologists helped in the development of correctional education and job preparation in prisons, although this involvement has been relatively minor with increased scholarship from the 2010s to the present. These ebbs and flows can be largely categorized into three eras: the 1940s to 1960s (A Promising Beginning), the 1970s to 1990s (A Noticeable Decline), and the 2000s to present (A Hopeful Future). Substantial events occurred during these eras, which led to a shift in policy and perception about how to rehabilitate those in prison through correctional education and job preparation. This section will summarize some of these key developments and people. We preview the three eras below and go into more substantial detail on these eras and a few key people in Sect. 3 of this chapter.

The 1940s–1960s (A Promising Beginning) were marked by a general sense of optimism regarding correctional education. World War II (WWII) brought on substantial vocational opportunities throughout the United States and especially in prisons. One important development in the twentieth century was the establishment of the Federal Prison Industries (FPI) in 1934 to help with the efforts of WWII while also improving the job skills of those in prison in factory work so they could obtain jobs after prison (UNICOR, 2019; Coppedge & Strong, 2013). In 1944, this was extended to agriculture, particularly livestock (Coppedge & Strong, 2013). The FPI in particular was beneficial during this era for developing opportunities for those in prison: first during WWII with government contracts, then shifting to creating products for the private sector post-WWII (UNICOR, 2019; Coppedge & Strong, 2013). The Manpower Development and Training Act of 1962 improved correctional education training opportunities for those in prison. The passage of the Title IV of the Higher Education Act of 1965 allowed access to Pell Grants for those in prison, substantially improving higher education access to hundreds of thousands of prisoners. The Federal Prisoner Rehabilitation Act of 1965 allowed those in prison to obtain employment opportunities outside of prisons, allowing for greater real-world

application of job training. During this era, Raymond Corsini (1945) encouraged more involvement of psychologists in helping with correctional education and increasing educational opportunities for those in prison by partnering with other entities (e.g., education agencies).

Such calls for psychologists' involvement and improved correctional education opportunities went largely unheeded until the US Congress passed Title IV of the Higher Education Act 1965, which allowed those in prison to apply for Pell Grants (Hrabowski & Robbi, 2002; Ubah, 2004). In addition, in 1965, the Federal Prisoner Rehabilitation Act was passed to allow those in prison to work and obtain correctional education outside of prison. These bills in 1965 opened the door to what is described as one of the "Golden Ages" of correctional education.

The 1970s–1990s (A Noticeable Decline) were marked by turmoil and decline in correctional education. Events such as Martinson's (1974) publication and Nixon's "War on Drugs" (para. 1) in the 1970s (Hodge, 2021), the Reagan-era mass incarceration and diminished rehabilitation efforts of the 1980s (Cullen, 2018; Eisen, 2019), and the ban on Pell Grants for those in prison in the 1990s contributed to a decline in correctional vocational and educational programs for those in prison during this era. There was a noticeable social and political shift to see incarceration as primarily a punishment for past crimes instead of an opportunity to rehabilitate those in prison from preventing future crimes.

In 1974, Martinson wrote an influential paper that stated correctional education programs for prison, along with other programs, were not effective in reducing offending behavior upon release. His article has since been discredited but is widely believed by many psychologists to have led to drastic reductions in rehabilitation programs in US prisons, affecting correctional education and job preparation training for decades that has still not recovered.

The situation for those in prison only worsened with the 1994 Violent Crime Control Act that banned Pell Grants for those in prison. Afterward, college education for prisons was drastically reduced from the majority of correctional institutions offering college education to only a fraction within 3 years of the law (Tewksbury et al., 2000). The ban was only lifted in December 2020 (US Department of Education, 2021). Throughout these years, psychologists' involvement in correctional education and job preparation in prisons had not been large. This is unfortunate as the man credited "with the founding of career counseling" (Watts, 1994, p. 274), Frank Parsons, worked on helping youth and young adults in career counseling (Jones, 1994; Parsons, 1908, as cited in Jones, 1994). His goal was to connect disadvantaged individuals to career information to provide greater future vocational opportunities (Jones, 1994; Parsons, 1908, as cited in Jones, 1994).

Although psychologists did not play a central role in the direct development of correctional education and job preparation for most of prison history, psychologists did influence these areas at least indirectly through their writing, research, and development of assessment tools. The widely accepted Risk Need Responsivity model on effective service delivery to reduce recidivism for those leaving prison was developed by several psychologists in Canada. The RNR model identified education and employment as a leading risk factor recidivism (Bonta & Andrews,

2017). Don Andrews, one of the co-authors of the RNR model, had published a widely used risk assessment for those incarcerated, the Level of Service Inventory, first in 1982, which even at that time assessed employment as a risk factor for recidivism (Andrews, 1982). Gendreau et al. (2000), a Canadian scholar who produced scholarship for the RNR model, found that job preparation issues were the largest predictors of recidivism, particularly having a lack of motivation and goals toward employment as well as a history of job instability. Despite these findings, psychologists' direct work with those in prison for career issues still remained limited during this era.

The 2000s–2020s (A Hopeful Future) were marked by a hopeful shift in perception of those in prison and the opportunities for correctional education to rehabilitate prisoners. Presidential acts and programs such as Bush's Second Chance Act, Obama's Second Chance Pell Grant Program, and Trump's First Step Act led to substantial development and opportunity for high-quality programing and educational access for those in prison. Although this era has been marked with substantial progress, there have been setbacks such as the Great Recession of 2008 and challenges with prison labor and privatization of prisons during this time. Another important aspect of this history is that psychologists have been largely absent from the development of these programs up until the early 2000s, although there have been calls as early as the 1940s (e.g., Corsini, 1945) for psychologists to get involved in correctional and education programs in prisons. Thankfully, the narrative is changing, and within the past two decades, several counseling psychologists have begun to focus and make progress in these areas, and there have been more calls for psychologists' involvement in prisons.

Scholarship in Employment

Building off the work of the Canadian psychologists in the 1980s–2000s, Counseling psychologists, published a major contribution entitled "Vocational Psychology and Corrections" in *The Counseling Psychologist*, Varghese and Cummings (2013) called for more psychologists and vocational theories relevant to the work lives of people in prison. The researchers argued that although there are challenges to working with those in prison, psychologists can gain expertise in job preparation to help those in prison to improve their work prospects. In addition, in this same major contribution, Varghese (2013) called for the development of job preparation programs, which synthesize the work of the Canadian psychologists with vocational research.

Within the major contribution noted above, Fitzgerald et al. (2013) conducted a brief job preparation intervention designed to improve job preparation and career counseling focused on goal setting and motivation (e.g., self-efficacy) for future employment among those in prison. Compared to the control condition, those who completed the intervention reported higher levels of employment efficacy compared

to control participants. This research is among few studies on job preparation, which incorporated an experimental design in a prison setting. Echoing the sentiments of the major contribution, the American Psychological Association has started to show interest in the work trajectories of people in prison by including them in the guidelines for integrating the workplace into psychological practice (American Psychological Association, 2017). In their sixth guideline, which calls for psychologists to intervene to help those leaving prison on job preparation, particularly employment attitudes and behaviors to help for a smoother integration into the work settings (American Psychological Association, 2017).

Other important scholarship included the work of Bucklen and Zajac (2009), which examined factors that led to success on parole versus violations. They found that obtaining a job was not an issue for either group, but those likely to violate parole were less willing to work entry level jobs and exhibited antisocial cognitions. Taking this scholarship one step further, Varghese (2022) found that among those on parole, confidence in one's ability to find employment influenced willingness to work entry level jobs, not antisocial cognitions. Likewise, Wooditch et al. (2014) found that variability in income influenced recidivism more than antisocial cognitions. In addition, aspirations within a job was influenced by both job search confidence and willingness to work entry level jobs. The RAND Corporation conducted a meta-analysis of US correctional education programs for adult individuals in prisons and found that those completing a correctional education program in prison were less likely to recidivate and more likely to obtain a job after release as compared to those who did not complete correctional education (Davis et al., 2014).

These findings demonstrate the need and value of helping those in prison with employment issues. The role of psychology and psychologists in the history of correctional education is sparse, however, and this is surprising given that psychologists' presence in correctional institutions has been evident since at least the 1920s (New Jersey State Prison, 1922). There is a clear need for greater involvement of psychologists in the field of correctional education and job preparation for those in prison. Given the new policies such as the First Step Act and the lifting of the Pell Grant ban for college education, it is an opportune time for psychologists to be involved in helping those in prison in their education and work issues. In order to understand how this involvement can be achieved, the history of what has been done so far should be considered. Given that much of this history is fragmented, at least from the perspective of psychology's contribution, it is a history best observed, at least initially, by examining the laws and regulations that passed through time to create the need for correctional education and job preparation. That is the purpose of this chapter. The next section, Sect. 3, provides a brief history of correctional education and job preparation in prisons by each decade between the 1940s and the 2020s. We also describe relevant people within their era to indicate that the contributions that were made by psychologists or that were psychological in nature that positively influenced the correctional education and job preparation for those leaving prison.

Influences and Contexts of Correctional Education Programs

The 1940s–1960s: A Promising Beginning

The 1940s: World War II and the "Golden Age" of Correctional Education

Gehring and Wright (2003) deemed prior to the 1940s to be one of the "Golden Ages" of correctional education, as experts had come to the consensus that those in prison should be provided with improved educational opportunities. During the 1940s, correctional psychology was marked by a decline of this "Golden Age" of correctional education, primarily due to World War II and the nation shifting its focus and resources on the war efforts; attention in correctional education shifted from academics to job skills and certification (Gehring & Wright, 2003; Ryan & McCabe, 1994). In particular, the Federal Prison Industries (FPI) ramped up manufacturing of products necessary to support the war efforts for the United States in WWII (Coppedge & Strong, 2013). The FPI, established in 1934 by President Franklin Roosevelt, is a correctional education program primarily to train those in prison for jobs; such skills have included furniture and upholstery, cable and wire assembly, glasses and safety goggles, and electronics recycling, among other programs (UNICOR, 2022). In 1944 was inaugural for correctional education related to agriculture for rural prisons (Coppedge & Strong, 2013). Those in prison trained to care for livestock such as cattle and chickens and practices such as feeding and dairy procedures (Eaton & Burke, 1944), skills designed to transfer to the workforce in agriculture upon release (Coppedge & Strong, 2013; Eaton & Burke, 1944). In 1940, there were an estimated 96 psychologists working with inmates in prisons (76 men; 20 women); this overall number dropped to 80 psychologists in 1944 (53 men; 27 women; Bryan & Boring, 1946). In addition to vocational opportunities brought about by WWII, education in prisons was also improved during this time. The Correctional Education Association, created in 1946, advocated to establish the Office of Correctional Education in the US Department of Education (Gehring, 1997), to help coordinate federal funding efforts (Gehring, 1980).

Edgar A. Doll Edgar A. Doll was well known for his work on classification within the context of prisons. He was a psychologist who received his PhD at Princeton University (Doll, 1996), was director of the Vineland Training School, and was the creator of the Vineland Social Maturity Scale (Doll, 1953). Doll worked with those in prison throughout the 1910s into the 1940s. During WWII, he served as a member of several subcommittees for the Emergency Committee in Psychology, an organization created in response to the war (Dallenbach, 1946). Of particular note, the Subcommittee on Mental Deficiency (of which Doll served as chair) considered whether those in prison should be allowed entrance into the US Armed Forces. Experts disagreed on the issue, and a study concluded that former prisoners were unlikely to find success in military service post-release (Dallenbach, 1946).

Prior to the 1940s, Doll conducted the first large-scale intelligence survey of all incarcerated individuals within an institution, at the New Jersey State Prison in

Trenton, NJ (Doll, 1996; David, 1962). Doll classified prisoners to indicate who would most benefit from rehabilitation focused on work and education issues, creating "vocational education cards" (Doll, 1996, p. 171) based on individual personality and influenced correctional education and job preparation for those in prison at the time Edgar believed that personality traits (e.g., temperament) influenced criminal behavior and must be considered in addition to intellectual ability when understanding and rehabilitating those in prison, including through correctional education or job preparation (Doll, 1923; New Jersey State Prison, 1922). He advocated for those in prison to receive correctional education and job preparation while incarcerated, based on classification (Doll, 1923; New Jersey State Prison, 1922).

Raymond Corsini Raymond Corsini was a Clinical Psychologist (Corsini, 2002) and an early advocate that psychologists should work directly with those in prisons; he advocated for both job training and education opportunities for people in prison (Corsini, 1945). He worked at Auburn Prison in New York while obtaining his masters in psychology; he would receive his PhD in Psychology from the University of Chicago (Wedding, 2010). He also served as a psychologist in prisons (Corsini, 2002) in his early career. He called for psychologists to intervene in prisons as early as 1945. Psychologists in prison, according to Corsini (1945), should focus on summarizing statistics and collecting data on inmates' personalities and aptitudes, providing job preparation such as career counseling, and work closely with relevant staff on inmate cases (Corsini, 1945). In addition, he emphasized the importance of treating those in prison with respect and evaluating their potential holistically and building rapport over punitiveness (Corsini, 1945).

George Killinger George Killinger was impactful with prisons and education and was known for his advocacy for college-prison collaborations. He was a psychologist who earned his PhD in "criminal psychology and neural anatomy from the University of North Carolina in 1933" (Building SHSU, 2015, para. 1). He served in the role of "director of education" (para. 2) for several federal prisons during his professional career (Building SHSU, 2015). In addition, he directed the "institute of contemporary corrections and behavioral sciences" at Sam Houston State University (Building SHSU, 2015, para. 2). In 1940, he recommended to the American Prison Congress (a body of wardens and criminal experts; currently known as the American Correctional Association) that colleges and prisons should work together to create educational curricula for those in prison (Gaither, 1982 as cited in Gehring, 1997). This recommendation was not realized until the next decade, but served as a model of future successful educational programs for those in prison.

The 1950s: Live College Programs and the Federal Prison Industries

The 1950s was marked by some improvements in correctional education in prisons (with live college programming, private contracts, and the Federal Prison Industries, or FPI). In 1953, the first program that provided live college education in a prison

was established in Illinois when the Illinois State Penitentiary at Menard worked with Southern Illinois University (SIU) to provide noncredit courses in automotives, which expanded to other subjects such as art, food preparation, and music appreciation (Morris, 1966). In 1962, the program included college credit programs for 30 people in a prison to acquire credits in the same "basic general studies" (p. 549) courses, minus the science lab courses, that traditional SIU students were receiving at the time (Morris, 1966). Several other states (e.g., California, Michigan, New York) provided college course opportunities using correspondence and television instruction during the 1950s (Gehring, 1997). Notably, GEDs began to be offered in many states post-World War II, with at least eight states offering GEDs prior to 1960 (Gehring, 1997).

The end of WWII created a noticeable shift in sources of funding for the FPI from government to private-sector contracts and renovation of facilities. Notably, the military canceled contracts with FPI when WWII ended, causing a temporary dip in profits and productivity (UNICOR, 2019). Post-war attention shifted to fulfilling the needs of civilian groups, and additional training programs (e.g., refrigeration, air conditioning, radio) were developed (UNICOR, 2019). The Korean War created more opportunities with the military and FPI, but major building expansion occurred post-Korean War from 1957 through 1960, including renovations (UNICOR, 2019).

The 1960s: Job Retraining, Saleem Shah, and Pell Grants for Prisoners

Importantly, in 1965, a government report, the "Survey for the President's Commission on Law Enforcement and Administration of Justice" (p. 4), concluded that rehabilitation opportunities were lacking for those in prison, with those in prison unprepared for the world of work and therefore unsuccessful after reentry (Davis et al., 2014). The agency encouraged and supported prisons to improve correctional education by hiring more staff and improving access for quality programming (Davis et al., 2014).

Two notable acts, the Manpower Development and Training Act (1962) and the Federal Prisoner Rehabilitation Act (1965), had a substantial impact on the correctional education of people in prison during the 1960s. Due to advancements in technology, many were unemployed; thus, the 1962 Manpower Development and Training Act was designed to train people for work (Kremen, 1974). This Act provided those in prison with correctional education (Manpower Development and Training in Correctional Programs, 1968; Ryan & McCabe, 1994). Findings indicated that correctional education was not enough, but there is a need to help with job preparation and the attitudinal and behavioral parts of employment, such as work ethic, which is not being met (Manpower Development and Training in Correctional Programs, 1968). In addition, the Federal Prisoner Rehabilitation Act, passed in 1965, allowed those in prison to be employed or receive training outside of the prison while still being incarcerated, providing more naturalistic, real-world workplace settings, which improved motivation and self-worth (Coppedge & Strong,

2013). A major step forward in correctional education was taken when the US Congress passed the Title IV of the Higher Education Act of 1965, which allowed those in prison to obtain Pell Grants to complete higher education (Hrabowski & Robbi, 2002; Ubah, 2004) having a substantial impact for those in prison to receive higher education (Gehring, 1997).

Saleem Shah Saleem Shah obtained his PhD in Clinical Psychology in 1957 from Pennsylvania State University (American Academy of Forensic Psychology, 2021). He was an advocate for improvements in correctional education and job preparation opportunities for those in prison; he additionally advocated for psychologists to focus on the social environment, which impacted success post-release (Brodsky, 2007; Manpower Development and Training in Correctional Programs, 1968). Shah spoke on the importance of the value of continued services after release for employment, as well as collaboration between parole officers, employment programs, and the prison to successfully reintegrate into society (Manpower Development and Training in Correctional Programs, 1968).

The 1970s–1990s: A Noticeable Decline

The 1970s: Holistic Approaches Versus Martinson (1974)

The 1970s marked yet another "Golden Age" of correctional psychology markedly different from the first (Davis et al., 2014; Ryan & McCabe, 1994). Recall that the "Golden Age" prior to the 1940s focused primarily on college educational opportunities, with limited expansion of vocational opportunities. However, the "Golden Age" of the 1970s was marked by a focus on "holistic" approaches to prisoner rehabilitation, programs that focused not only on correctional education but also on job preparation as well, including a focus on the behavior and social skills of those leaving prison (Hobler, 1999; Ryan, 1995). Correctional education (i.e., GED and postsecondary education) was a focus in the 1970s to allow those in prison to be more prepared to enter the workforce post-release (Ryan & McCabe, 1994). Those in prison were supplied GED programs and higher education programs during this time (Davis et al., 2014), and Pell Grants continued to fund higher education (Gehring, 1997).

Thomas Gaddis and Project NewGate One application of this "holistic" approach introduced in the 1970s involved critically examining services within and outside of prisons which could serve prisoner rehabilitation; Project NewGate demonstrated this approach. Project NewGate, which began in 1967 at the Oregon State Prison but gained steam in the early 1970s, involved a focus on post-secondary education, funded by the US Office of Economic Opportunity (Gehring, 1997). The program, started by sociologist Thomas Gaddis (Gehring, 1997), used a comprehensive model that included education as well as counseling (Gehring, 1997; Herron & Muir, 1974).

John McKee and the Draper Experiment Another application of this "holistic" approach to prisoner rehabilitation involved teaching prisoners how to teach themselves *vocational* skills, such as the Draper Experiment facilitated by John McKee (Messemer, 2011). According to Messemer (2011), John McKee is "one of the leaders in curriculum development in the field of correctional education" (p. 92). Following his military service during World War II, he earned his PhD in clinical psychology from the University of Tennessee (Dr. John Miles McKee, 2013; IACFP, 2013). McKee's work was groundbreaking; he used psychological principles of behaviorism that encouraged those in prison to teach themselves (McKee, 1966, as cited in Messemer, 2011; McKee, 1970, 1971). Between 1966 and 1971, McKee successfully demonstrated the utility of Skinnerian contingency management in correctional education with the Draper Experiment at the Draper Correctional Center in Elmore, (Alabama McKee, 1966, as cited in Messemer, 2011; McKee, 1970, 1971). During this experiment, McKee had people in prison teach themselves job skills with the use of self-instruction modules that they complete on their own (e.g., how to repair electronics such as radios or televisions; McKee, 1970, 1971). McKee (1970) found that education within prisons is rewarding when students reach achievements and milestones. McKee reinforced positive behavior changes with a token economy, where those in prison exchanged successful completion of education material for rewards or privileges (e.g., McKee, 1970, 1971). The program was successful in increasing prosocial behaviors, including self-directed learning in people in prison (McKee, 1970, 1971).

Ted Palmer, Marguerite Warren, and the California Community Treatment Project Ted Palmer was a psychologist who was educated at the University of Southern California, having obtained from there a PhD in psychology (American Society of Criminology, 2007). Notable at the time was his reactance and academic debate with Martinson's (1974) article. Through several publications reviewing Martinson's work (e.g., Palmer, 1975, 2002), he found Martinson's conclusion to be misleading and directly challenged his larger conclusion of the ineffectiveness of interventions to reduce recidivism. One of the most comprehensive works Palmer (2002) wrote demonstrating his disagreement with Martinson involved the California Community Treatment Project (CTP). Marguerite (Rita) Warren was a psychologist and the original primary investigator of the project, which was one of the first large-scale applied experiments in a criminal justice setting. It emphasized community-based treatment and intensive intervention designed to determine effective methods tailored for the juvenile (Manpower Development and Training in Correctional Programs, 1968; Palmer, 2002). Palmer (2002) suggests that CTP was not as effective with male youth who were described as more manipulative.

Unfortunately, the 1970s were also marred by racial injustice caused by the drug policies of the Nixon Administration. Richard Nixon began the "war on drugs" (para.1) in 1971, setting the stage for 50 years of racial inequity in drug laws, drug law enforcement, and incarceration that disproportionately affected people of color (Hodge, 2021). This was helped by the Martinson (1974) article, which reviewed

studies from 1945 to 1967 and suggested null effects of programming, having profoundly negative social and political implications for those in prison (see Ubah, 2004). For example, some have asserted that politically conservative interpretations of Martinson (1974) were a factor that led to the elimination of Pell Grants for those in prison and contributed to the notion that prisoner rehabilitation is futile and efforts should shift toward "tough on crime" perspectives (Ubah, 2004, p. 76).

The 1980s: Reagan Administration, Quay Classification, and Privatization of Prisons

Although the "war on drugs" and mass incarceration policies began with Richard Nixon, the policies of the Reagan Presidential Administration escalated mass incarceration (Cullen, 2018). The Reagan Administration's 1986 "Anti-Drug Abuse Act" mandated harsh and lengthy minimum sentences for nonviolent drug crimes (Eisen, 2019, parag. 11). The ACLU (2006) criticizes the law for unfairly targeting African Americans by making an unnecessary contrast between crack, a low-cost form of cocaine more accessible to low-income communities disproportionately African American, and powdered cocaine, more expensive and more accessible to White Americans from higher social classes. From 1980 until Reagan left office, the prison population doubled, disproportionately affecting Black and Latino/Latina populations (Cullen, 2018; Delaney et al., 2018).

Herbert Quay and Adult Internal Management System (AIMS) With the growth of incarceration, this era also allowed for prisoner classification systems to be further developed and sharpened because of the work of Herbert Quay during this decade. Herbert Quay was a psychologist who earned his PhD from the University of Illinois (Legacy, 2019) and significantly contributed to job preparation for people in prison and the field of clinical psychology (Society of Clinical Child and Adolescent Psychology, 2023). Quay developed a widely used classification system and treatment model for classifying juvenile people in prison, which was the basis for the Adult Internal Management System (AIMS), a classification system that he developed in 1984 (Spieker & Pierson, 1989). The AIMS was used to classify adults in prisons and includes two checklists, one of which is the Checklist of Analysis of Life History (CALH) included 27 characteristics with items relevant to career and work experiences (Spieker & Pierson, 1989). More specifically, relevant items from the CALH included the following all found on p. 51 of Spieker and Pierson (1989), #6 ("expresses need for self-improvement") #11 ("irregular work history"), #22 ("difficulties in the public school"), #23 ("suffered financial reverses prior to commission of offense for which incarcerated"), among other items. The manual notes that one category of people in prisons, Kappas, tend to have higher levels of skills and education and demonstrated to be better prepared to join the workforce skills (Spieker & Pierson, 1989, p. 27) and characterized as "studious, reliable, and independent" (Spieker & Pierson, 1989, p. 19). The scale was used to improve upon classification systems of those in prison and juveniles.

Privatization of Prisons Privatization of prisons originally began in the United States in the 1700s as compelled work and was phased out around the beginning of World War II (Harding et al., 2019). In the 1980s, a resurgence began in which private companies began seeking contracts with state and federal governments to privatize prisons, due to encouragement from President Reagan's White House that such business partnerships would be more efficient and cheaper (Ethridge & Marquart, 1993; The Sentencing Project, 2004). The 1980s differed from previous eras as now actual prisons were being built by private companies leading to growth of prisons (Ethridge & Marquart, 1993) to even management of the prison by the private company (The Sentencing Project, 2004). From these early starts, privatization of prisons began to become popular for the next several decades.

The 1990s: Elimination of Pell Grants, RNR Model, and Moffit's "Adolescence-Limited" Research

Despite the research from the 1980s, punitive attitudes continued to prevail. Messemer (2011) notes that such punitive attitudes meant harsher sentences, increasing costs of incarceration and reducing budgets related to correctional education. Correctional education and job preparation was further hindered in the 1990s particularly by the 1994 Violent Crime Control Act (H.R. 3355) passed by the Clinton Administration. This act included ending Pell Grants for those in prison, a significant ban that lasted 26 years. As a result of this ban, federal funding for education of those in prison was hindered. Within 3 years, programming in post-secondary education dropped from 82.6% to 54.9% (Tewksbury et al., 2000). Associate degrees offered dropped from 71% in 1994–1995 to 37.3% in 1997–1998 (Tewksbury et al., 2000). Despite these punitive measures, the groundwork was being laid for future rehabilitation.

Canadian Psychologists and Risk Need Responsivity (RNR) To address the previously mentioned setbacks of the punitive approach and encourage the resurgence of rehabilitation, Canadian Psychologists Don Andrews, James Bonta, Paul Gendreau, and Robert Hoge proposed and investigated the Risk-Need-Responsivity Model (RNR) beginning in the early 1990s. Don Andrews graduated with a PhD in psychology from Queen's University in Kingston (Wormith, 2011). James Bonta received a PhD in clinical psychology from the University of Ottawa (Linkedin, 2023a). Paul Gendreau received a PhD from Queen's University in 1968 (Cullen, 2005), and Robert Hoge was a distinguished research professor at Carleton University who received his PhD from the University of Delaware (Robert D. Hoge, 2023). However, it is unclear what Dr. Gendreau and Dr. Hoge studied specifically while earning their PhD; however, their contributions have helped psychologists provide effective rehabilitation to those in prison. The RNR principles highlighted the importance that interventions match the risk factors to recidivism (Andrews et al., 1990; Bonta & Andrews, 2017), with education and employment as a central risk factors to recidivism and a criminogenic need that needs to be addressed to reduce recidivism (Bonta & Andrews, 2017).

Terrie E. Moffitt Terrie E. Moffitt, who received a PhD in clinical psychology from the University of Southern California (Moffitt & Caspi, 2023), contributed substantial research in the 1990s on career criminals and the life trajectories including employment of people who commit crimes and those who are limited to doing so at an adolescent level. Moffitt (1993) identified individuals whose deviance is limited to "adolescent-limited" and those who are "life-course-persistent," whose antisocial behavior is high and occurs across time. Moffitt's research shows that those with high antisocial behavior from adolescence through adulthood appeared to experience the most difficulty in employment and were the least likely to have a college degree (Moffitt et al., 2002).

The 2000s–Present: A Hopeful Future

The 2000s: Increased Calls for Psychologists' Participation and Bush's Second Chance Act

A noticeable shift occurred in the 2000s; namely, an increased call for psychologists to become more actively involved in correctional education. Vernick and Reardon (2001) reviewed prior literature that examined the state of correctional education and job preparation in prison settings in the *Journal of Career Development*. Stacie Vernick is a counseling psychologist who received her PhD in counseling psychology in 2003 from Florida State University (Linkedin, 2023b), and Robert Reardon obtained a PhD in counselor education in 1968 from Florida State University, now a professor emeritus (Robert C. Reardon C.V., n.d.). They called for prisoner training programs to be designed based on current adult education programs. They suggested that correctional education and job preparation should be considered a viable option to decrease recidivism and should include tangible differences in the prisoner's lives, incorporating cognitive behavioral therapy techniques to change attitudes and behaviors to get and keep a job. The authors ultimately called for increased participation of psychologists in the career development of those in prison. Although this call was made in 2001, the embrace has been slow.

Despite the 1994 bill that canceled Pell Grants, many states were funding prison education during this time. Messemer (2003) found that of the 45 states that responded, 25 states offered college education to those in prison, whereas 20 states did not offer such programs. They were funded by the state government, federal government, nonprofit and for-profit organizations, colleges and universities, the prisons themselves, and even by those incarcerated. Nine of the states that mentioned using the federal government indicated that tuition for prison education was at least partly funded through the "Carl D. Perkins Vocational and Applied Technology Education Act of 1998" (p. 35) (see Messemer, 2003). Messemer (2003) found that the states also used the "Youth Offender Act" (p. 35) as a source of funding for college for those in prison for those under 25 years of age. However, correctional education overall did decline during this era. By 2004, only four

New York prisons had college programs; in 1991, it was 70 prisons (Davis, 2019; Gaddis et al., 2016). During the period of the aughts (2000–2009), the pendulum began to swing back to rehabilitation from the punitive policies of the prior two decades.

The Second Chance Act of 2007, signed into law by President Bush, allowed for improvement in correctional education and job preparation for those incarcerated and to improve programs to help with getting and keep a job after release (Second Chance Act, 2008). The Second Chance Act allows the creation of programs for those in prison, including mental health treatment, and employment and education training (Bureau of Justice Assistance, 2018). The Second Chance Act of 2007 allowed $165 million in federal grants to be used to improve reentry outcomes and reduce recidivism (Bureau of Justice Assistance, 2018). As of 2018, 843 programs were awarded grants (Bureau of Justice Assistance, 2018). Grantees in Connecticut, Pennsylvania, and Texas utilized funds to help connect individuals with correctional education, housing, and employment, and several demonstrated reductions in recidivism (Bureau of Justice Assistance, 2018). Despite this progress, the Great Recession of 2008 reduced budgets for correctional education programs, with an overall reduction of 6% with some states seeing cuts of 20% (Davis et al., 2014).

The 2010s: Obama's Second Chance Pell Grant Program, Trump's First Step Act, and Psychologists' Calls for Continued Prison Involvement

The presidential administrations of both Barack Obama and Donald Trump included legislation that positively impacted correctional education programs. The political climate also seemed more favorable for correctional education during this period. In 2015, the Obama Administration started the "Second Chance Pell Grant Program" (p. 1) that increased correctional education for those in prison and allowed for college education (Robinson & English, 2017). The Trump Administration signed into law the First Step Act of 2018 (Federal Bureau of Prisons, n.d.; First Step Act, 2018), a bill which received bipartisan support. The act encourages participation in evidence-based programs that reduce recidivism and supports correctional education and job preparation and encourages prisons to partner with colleges and universities to help those who leave prison get a job (First Step Act, 2018).

The 2020s: Pell Grant Reinstatement and the Future of Correctional Psychologists

The 2020s have currently been marked as productive and promising in terms of the policies and research that encourage psychologists' involvement in correctional education and job preparation in prisons and the opportunity for the use of technology. Pell Grants were reinstated for those in prison in December 2020 (US Department of Education, 2021), a ban that was held for 26 years (Delaney & Wachendorfer, 2021). Varghese et al. (2020) suggested that telehealth provides a

unique opportunity for psychologists to reach those in prison with career counseling and may combat barriers in distance and potential concerns about safety or security. Given the growth of telehealth modalities since the COVID-19 pandemic in numerous settings, including prison, the time is ripe for increased use of such platforms for correctional education and job preparation.

Counseling Psychologists The 2020s have been notable for the continued calls for and progress made on research involving correctional education programs in prisons. Given that the field of counseling psychology is founded on vocational guidance, it is not surprising that numerous counseling psychologists have spoken of the need for greater involvement in helping those leaving prison with career issues. Many have made calls for more involvement of psychologists to help those leaving prison with work issues (see Brown, 2011; Vernick & Reardon, 2001; Varghese & Cummings, 2013). Others have developed brief job preparation programs (e.g., Fitzgerald et al., 2013) and measures to understand attitudes toward job obtainment for those leaving prison (e.g., job search self-efficacy scale; Varghese et al., 2018). The current era is marked by more quantitative and qualitative research on employment issues of those leaving prison (Varghese et al., 2021, 2022; Batastini et al., 2021) that can help with better programming for this population, particularly in job preparation, which is much needed.

Future Implications of Correctional Education Programs

Given the promising developments in policy as well as the growing research on job preparation by psychologists, the future is promising in the inclusion of psychologists to help those who leave prison with employment. This section will briefly discuss the work that remains to be done in training, practice, research, and correctional administration for correctional education and job preparation. Further, current advancements in technology including the widespread use of videoconferencing, online education, and smartphones can increase access to psychological help in correctional education and job preparation for those who are incarcerated and upon release from prison.

Training and Practice

Those in prison would benefit not only from intelligence or personality assessments but also career assessments, including job interest inventories, job search self-efficacy, and feedback on how to interpret them. Individualized assessment and feedback are valuable to helping those in prison know where to put their career and education efforts, and counselors can help set individualized and realistic goals and provide necessary career direction for those in prison. Psychologists who

understand career and work assessments can work with those in prison to help them find a job that they are willing to do. This will in turn lead to job retention as people who were in prison are more likely to aspire to succeed within a job if they are willing to do the job in the first place. Those who leave prison need help with job preparation and keeping a job, not just getting a job. Psychologists trained in understanding the unique work and issues related to justice involvement are better able to provide counseling to those leaving prison, particularly in handling work stress, anger management, substance use issues, and as well as setting and reaching workplace goals.

Correctional Administration

Work is rapidly changing due to automation and machine learning. It is therefore important that those in prison are trained for jobs that will be available when they are released. Jobs that those leaving prison may typically obtain, such as in restaurants and manual labor, may not be as readily available in this new world of work. Therefore, administrators need to allow partnerships with colleges and universities and to provide access to correctional education programming for twenty-first century jobs. For those who come into prison with low educational attainment, programs that develop literacy and reading comprehension skills. In addition, providing testing and accommodations for learning disabilities may further assist with addressing learning challenges among those in prison. The future will require more involvement of colleges and universities to improve the success of correctional education programs.

Administrators should also include the use of technology. The advent of widespread internet access and technological improvements should be applied to those in prison. Those who work with people leaving prison need to harness technology such as smartphones to help those leaving prison with work issues in real time. In addition, the future in prisons must allow for incorporating videoconferencing and online modalities to administer interventions, develop transferable workplace skills, and provide correctional education opportunities (Varghese et al., 2020). Furthermore, ensuring those in prison have internet access and training will be important as online interventions become more prevalent and widespread.

Research

Finally, the future needs to include more rigorous research as research has the power to influence practice. Development and RCTs of career and employment programs that include not only correctional education but also job preparation would be helpful. Psychological aspects of work such as motivation in maintaining a job upon release would be helpful to decrease return to prison. More rigorous research that uses longitudinal designs can further help psychologists understand what leads to

those keeping a job when they leave prison. Further, given the lifting of the ban on Pell Grants, research on the effectiveness of post-secondary education for those leaving prison is also needed. Finally, with the advent of newer technologies such as smartphones, research that investigates how correctional education can be effectively utilized in online delivery and counseling on work issues would also be helpful.

Conclusion

Clearly, there is still much to be done in correctional education and job preparation for those leaving prison. Given the more rehabilitative policies of this era, perhaps in the future, psychologists will not be known by missed opportunities but by capitalizing on these opportunities to develop effective programs to help those who leave prison obtain and maintain gainful employment. Such involvement may in turn usher in another "Golder Age" of correctional education and job preparation.

References

ACLU. (2006, October 26). *ACLU releases crack cocaine report, anti-drug abuse act of 1986 deepened racial inequity in sentencing*. American Civil Liberties Union. https://www.aclu.org/press-releases/aclu-releases-crack-cocaine-report-anti-drug-abuse-act-1986-deepened-racial-inequity

American Academy of Forensic Psychology. (2021). *Saleem Shah award for early career excellence in psychology and law*. American Academy of Forensic Psychology. Retrieved from https://aafpforensic.org/awards/saleem-shah-award-for-early-career-excellence-in-psychology-and-law/

American Psychological Association. (2017). *Professional practice guidelines for integrating the role of work and career into psychological practice.* https://www.apa.org/practice/guidelines/role-work-career

American Society of Criminology. (2007). *Obituaries.* https://asc41.com/obituaries/

An Act to strengthen the educational resources of our colleges and universities and to provide financial assistance for students in post-secondary and higher education, H.R. 9567, 89th Cong. (1965). https://www.congress.gov/bill/89th-congress/house-bill/9567

Andrews, D. A. (1982, April). *The level of supervisory inventory (LSI): 1. The first follow-up* (Project No. 200). Ministry of Correctional Services: Planning and Support Services Division. https://www.ojp.gov/pdffiles1/Digitization/89859NCJRS.p

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation. *Criminal Justice and Behavior, 17*(1), 19–52. https://doi.org/10.1177/0093854890017001004

Batastini, A. B., Leuty, M. E., Davis, R. M., & Jones, A. C. (2021). Individual and situational factors predicting employment status among revoked community-released offenders. *Psychological Services, 18*(4), 454–463. https://doi.org/10.1037/ser0000403

Bonta, J., & Andrews, D. A. (2017). *The psychology of criminal conduct*. Routledge.

Brodsky, S. L. (2007). Correctional psychology and the American Association of Correctional Psychology: A revisionist history. *Criminal Justice and Behavior, 34*(6), 862–869. https://doi.org/10.1177/0093854807301993

Brown, C. (2011). Vocational psychology and ex-offenders' reintegration: A call for action. *Journal of Career Assessment, 19*(3), 333–342. https://doi.org/10.1177/1069072710395539

Bryan, A. I., & Boring, E. G. (1946). Women in American psychology: Statistics from the OPP questionnaire. *American Psychologist, 1*(3), 71–79. https://doi.org/10.1037/h0056867

Bucklen, K. B., & Zajac, G. (2009). But some of them don't come back (to prison): Deprivation and thinking errors as determinants of parole success and failure. *The Prison Journal, 89*, 239–263. https://doi.org/10.1177/0032885509339504

Building SHSU. (2015). *George Killinger*. The Building of Sam Houston State University. https://www.buildingshsu.com/k/killinger_george.html

Bureau of Justice Assistance. (2018, April 1). *The second chance act* (NCJ No. 252130). US Department of Justice. https://csgjusticecenter.org/wp-content/uploads/2020/02/July-2018_SCA_factsheet.pdf

Coppedge, R. H., & Strong, R. (2013). Vocational programs in the Federal Bureau of Prisons: Examining the potential of agricultural education programs for prisoners. *Journal of Agricultural Education, 54*(3), 116–125. https://doi.org/10.5032/jae.2013.03116

Corsini, R. (1945). Functions of the prison psychologist. *Journal of Consulting Psychology, 9*(2), 101–104. https://doi.org/10.1037/h0059164

Corsini, R. J. (2002). *The dictionary of psychology*. Brunner/Mazel.

Cullen, F. T. (2005). The twelve people who saved rehabilitation: How the science of criminology made a difference: The American Society of Criminology 2004 Presidential Address. *Criminology, 43*(1), 1–42. https://doi.org/10.1111/j.0011-1348.2005.00001.x

Cullen, J. (2018). *The history of mass incarceration*. Brennan Center for Justice. https://www.brennancenter.org/our-work/analysis-opinion/history-mass-incarceration

Dallenbach, K. M. (1946). The emergency committee in psychology, National Research Council. *The American Journal of Psychology, 59*(4), 496–582. https://doi.org/10.2307/1416826

David, H. P. (1962). New Jersey vignettes: Fifty years of state psychological services. *American Psychologist, 17*(1), 53–54. https://doi.org/10.1037/h0045872

Davis, L. M. (2019). *Higher education programs in prison: What we know now and what we should focus on going forward* (Document No., Re-342-RC). Rand Corporation. https://www.rand.org/pubs/perspectives/PE342.html

Davis, L. M., Steele, J. L., Bozick, R., Williams, M. V., Turner, S., Miles, J. N., Saunders, J., & Steinberg, P. S. (2014). *How effective is correctional education, and where do we go from here? The results of a comprehensive evaluation (No. RR-564-BJA)*. Rand Corporation. https://www.rand.org/pubs/research_reports/RR564.html

Delaney, R., & Wachendorfer, A. (2021, April 22). *Congress lifted the pell grant ban for incarcerated people. Now what?* Higher Education Today. https://www.higheredtoday.org/2021/04/22/congress-lifted-pell-grant-ban-incarcerated-people-now/#:~:text=In%20December%202020%2C%20Congress%20lifted,the%20transformative%20experience%20of%20education

Delaney, R., Subramanian, R., Shames, A., & Turner, N. (2018, October). *American history, race, and prison*. Vera Institute of Justice. Retrieved from https://www.vera.org/reimagining-prison-web-report/american-history-race-and-prison

Doll, E. A. (1923). Classification of prisoners for purposes of training work and parole. *Journal of Criminal Law & Criminology, 14*, 110–116. https://doi-org.ucark.idm.oclc.org/10.2307/1133769

Doll, E. A. (1953). *Measurement of social competence: A manual for the Vineland Social Maturity Scale*. American Guidance Services.

Doll, E. A. (1996). Chapter 12: Edgar A. Doll: A career of research and application. In G. A. Kimble, C. A. Boneau, & M. Wertheimer (Eds.), *Portraits of pioneers in psychology, volume 2* (1st ed., pp. 166–183). American Psychological Association. https://doi.org/10.4324/9781410602756

Dr. John Miles McKee. (2013). *John McKee Obituary*. https://www.legacy.com/us/obituaries/tuscaloosa/name/john-mckee-obituary?id=18362182

Eaton, A. G., & Burke, W. H. (1944). Prisons in wartime: Report on the progress of the State Prison War Program under the government division of the war production board. *United States War Production Board*.

Eisen, L. (2019). *The 1994 crime bill and beyond: How federal funding shapes the criminal justice system.* Brennan Center for Justice. https://www.brennancenter.org/our-work/analysis-opinion/1994-crime-bill-and-beyond-how-federal-funding-shapes-criminal-justice

Ethridge, P. A., & Marquart, J. W. (1993). Private prisons in Texas: The new penology for profit. *Justice Quarterly, 10*(1), 29–48. https://doi.org/10.1080/07418829300091691

Federal Bureau of Prisons. (n.d.). *An overview of the first step act: Learn how the first step act affects BOP inmates and their families*. Federal Bureau of Prisons. https://www.bop.gov/inmates/fsa/overview.jsp

FIRST STEP Act, H.R. 5682, 115th Congress. (2018). https://www.congress.gov/bill/115th-congress/house-bill/5682/text

Fitzgerald, E. L., Chronister, K. M., Forrest, L., & Brown, L. (2013). OPTIONS for preparing inmates for community reentry: An employment preparation intervention. *The Counseling Psychologist, 41*(7), 990–1010. https://doi.org/10.1177/0011000012462367

Gaddis, S. A., Raysman, R., Tabak, R. J., Hetherington, B. D., Getnick, K. B., Annucci, A. J., Antos, S. C., Brickman, J. M., Collins, R. D., Dellinger, P. O., Drexelius, J. R., Effman, N. P., French, R. L., Garson, R. S., Gatling, P., Hsu, C. S., Kelemen, J. A., Kelly, K. T., Lindenauer, S. B., & Sterling, B. C. (2016, January 29). *Special committee on re-entry.* New York State Bar Association. https://nysba.org/NYSBA/Practice%20Resources/Substantive%20Reports/PDF/January%202016%20Reentry%20Report%202.pdf

Gehring, T. (1980). Correctional education and the United States Department of Education. *Journal of Correctional Education, 31*(3), 4–6. https://www.jstor.org/stable/23291846

Gehring, T. (1997). Post-secondary education for inmates: An historical inquiry. *Journal of Correctional Education*, 46–55. https://www.jstor.org/stable/23294132

Gehring, T., & Wright, R. (2003). Three ways of summarizing correctional education progress, trends. *Journal of Correctional Education, 54*, 5–13. https://www.jstor.org/stable/41972057

Gendreau, P., Goggin, C., & Gray, G. (2000, June). *Case needs review: Employment domain*. Centre for Criminal Justice Studies. https://publications.gc.ca/collections/collection_2010/scc-csc/PS83-3-90-eng.pdf

H.R. 3355 – 103rd Congress (993-1994): Violent Crime Control and Law Enforcement Act of 1994. (1994, October 26). https://www.congress.gov/bill/103rd-congress/house-bill/3355/text

Harding, R. W., Rynne, J., & Thomsen, L. (2019). History of privatized corrections. *Criminology & Public Policy, 18*(2), 241–267. https://doi.org/10.1111/1745-9133.12426

Herron, R., & Muir, J. (1974). *History and development of Project NewGate – A program of post-secondary education for incarcerated offenders – Final Report.* U.S. Office of Economic Opportunity. https://www.ojp.gov/ncjrs/virtual-library/abstracts/history-and-development-project-newgate-program-post-secondary

Hobler, B. (1999). Correctional education: Now and in the future. *Journal of Correctional Education*, 102–105. https://www.jstor.org/stable/23294868?seq=1

Hodge, J. (2021, June 17). *Fifty years ago today, president Nixon declared the war on drugs*. Vera Institute of Justice. Retrieved from https://www.vera.org/news/fifty-years-ago-today-president-nixon-declared-the-war-on-drugs

Hrabowski, F. A., III, & Robbi, J. (2002). The benefits of correctional education. *Journal of Correctional Education, 53*, 96–99. https://www.jstor.org/stable/41971084

IACFP. (2013, October). Obituary: Doctor John Miles McKee. *The IACFP Newsletter, 45*(4), 32–33. https://www.myiacfp.org/wp-content/uploads/2018/05/10-13.pdf

Jones, L. K. (1994). Frank Parsons' contribution to career counseling. *Journal of Career Development, 20*(4), 287–294. https://doi.org/10.1007/bf0210630

Kremen, G. R. (1974). *MDTA: The origins of the Manpower Development and Training Act of 1962*. U.S. Department of Labor. https://www.dol.gov/general/aboutdol/history/mono-mdtatext

Legacy. (2019, March 12). *Herbert Quay obituary.* https://www.legacy.com/us/obituaries/herald/name/herbert-quay-obituary?id=9589980
Linkedin. (2023a). *James Bonta.* https://ca.linkedin.com/in/james-bonta-705a28145
Linkedin. (2023b). *Stacie Vernick.* https://www.linkedin.com/in/stacie-vernick-perdue-ph-d-11a9014
Manpower development and training in correctional programs. (1968). *U.S. Department of Labor; Manpower Administration.* https://files.eric.ed.gov/fulltext/ED024790.pdf
Martinson, R. (1974). What works?-Questions and answers about prison reform. *The Public Interest, 35*, 22–54. https://www.nationalaffairs.com/storage/app/uploads/public/58e/1a4/ba7/58e1a4ba7354b822028275.pdf
McKee, J. (1970). *The use of programmed instruction in correctional institutions*. US Department of Health, Education & Welfare Office of Education. https://files.eric.ed.gov/fulltext/ED059446.pdf
McKee, J. (1971). Contingency management in a correctional institution. *Educational Technology, 11*(4), 51–54. https://www.jstor.org/stable/44417185
Messemer, J. E. (2003). College programs for inmates: The post-Pell grant era. *Journal of Correctional Education, 54*(1), 32–39. https://www.jstor.org/stable/41972065
Messemer, J. E. (2011). The historical practice of correctional education in the United States: A review of literature. *International Journal of Humanities and Social Science, 17*(1), 91–100. http://www.ijhssnet.com/journals/Vol_1_No_17_Special_Issue_November_2011/9.pdf
Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100*(4), 674–701. https://doi-org.ucark.idm.oclc.org/10.1037/0033-295X.100.4.674
Moffitt & Caspi. (2023). *Terrie Moffitt.* https://moffittcaspi.trinity.duke.edu/about/moffitt
Moffitt, T. E., Caspi, A., Harrington, H., & Milne, B. J. (2002). Males on the life-course-persistent and adolescence-limited antisocial pathways: Follow-up at age 26 years. *Development and Psychopathology, 14*(1), 179–207. https://doi.org/10.1017/S0954579402001104
Morris, D. W. (1966). The University's role in prison education. *Nebraska Law Review, 45*(3), 542–571. https://heinonline.org/HOL/Page?handle=hein.journals/nebklr45&div=35&g_sent=1&casa_token=5BJnTIODKoAAAAAA:_1D0PVUvB1P37FILhNcGNaAbK6ABQ9d0u1PMXQJwCRON0gPoMLJmMr2M4LPct7iY1I3d5vbb2w&collection=journals#
New Jersey State Prison. (1922). Annual report of the New Jersey State Prison, Trenton, New Jersey. Biennial report fiscal years 1920 and 1921.
Palmer, T. (1975). Martinson revisited. *Journal of Research in Crime and Delinquency, 12*(2), 133–152. https://doi.org/10.1177/002242787501200206
Palmer, T. (2002). *Individualized intervention with young multiple offenders* (Vol. 27). Taylor & Francis.
Reardon, R. C. (n.d.). *Robert C. Reardon C.V.* https://career.fsu.edu/sites/g/files/imported/storage/original/application/f912a02f31cf7d01d29eaf7c1a582590.pdf
Robert, D. H. (2023). https://carleton.ca/psychology/people/robert-d-hoge/
Robinson, G., & English, E. (2017). The second chance Pell pilot program: A historical overview. *American Enterprise Institute*. https://www.aei.org/wp-content/uploads/2017/09/The-Second-Chance-Pell-Pilot-Program.pdf?x91208
Ryan, T. A. (1995). Correctional education: Past is prologue to the future. *Journal of Correctional Education, 46*(2), 60–65. https://www.jstor.org/stable/23292025
Ryan, T. A., & McCabe, K. A. (1994). Mandatory versus voluntary prison education and academic achievement. *The Prison Journal, 74*(4), 450–461. https://doi.org/10.1177/0032855594074004005
Second Chance Act of 2007, H.R.1593, 110th Congress. (2008). https://www.congress.gov/bill/110th-congress/house-bill/1593
Society of Clinical Child and Adolescent Psychology. (2023). *Bibliography of the history of child clinical psychology.* Retrieved from https://sccap53.org/about-us/history/bibliography-of-the-history-of-child-clinical-psychology/

Spieker, D. J., & Pierson, T. A. (1989). Adult internal management system (AIMS): Implementation manual. *Missouri Department of Corrections and Human Resources*. http://static.nicic.gov.s3.amazonaws.com/Library/007806.pdf

Tewksbury, R., Erickson, D. J., & Taylor, J. M. (2000). Opportunities lost: The consequences of eliminating Pell Grant eligibility for correctional education students. *Journal of Offender Rehabilitation, 31*(1–2), 43–56. https://doi.org/10.1300/J076v31n01_02

The Sentencing Project. (2004). Prison privatization and the use of incarceration. *In the Public Interest.* https://inthepublicinterest.org/prison-privatization-and-the-use-of-incarceration/

U.S. Department of Education. (2021, July 30). *U.S. department of education announces it will expand the second chance pell experiment for the 2022–2023 award year*. U.S. Department of Education. https://www.ed.gov/news/press-releases/us-department-education-announces-it-will-expand-second-chance-pell-experiment-2022-2023-award-year#:~:text=In%20December%202020%2C%20lawmakers%20expanded,and%20that%20meet%20other%20requirements

Ubah, C. B. (2004). Abolition of Pell Grants for higher education of prisoners: Examining antecedents and consequences. *Journal of Offender Rehabilitation, 39*(2), 73–85. https://doi.org/10.1300/J076v39n02_05

UNICOR. (2019). *Factories with fences: 85 years building brighter futures*. UNICOR. https://www.unicor.gov/publications/corporate/FactoriesWithFences_FY19.pdf

UNICOR. (2022). *About UNICOR*. UNICOR. https://www.unicor.gov/About.aspx

Varghese, F. P. (2013). Vocational interventions with offenders: Interdisciplinary research, theory, and integration. *The Counseling Psychologist, 41*(7), 1011–1039. https://doi.org/10.1177/0011000012462369

Varghese, F. P., & Cummings, D. L. (2013). Introduction: Why apply vocational psychology to criminal justice populations? *The Counseling Psychologist, 41*(7), 961–989. https://doi.org/10.1177/0011000012459363

Varghese, F. P., Fitzgerald, E. L., Chronister, K. M., Cummings, D. L., & Forrest, L. (2013). Vocational psychology with criminal justice populations: Why not? *The Counseling Psychologist, 41*(7), 1072–1082. https://doi.org/10.1177/0011000013496480

Varghese, F. P., Anderson, K. M., Cummings, D. L., & Fitzgerald, E. (2018). The offender job search self-efficacy scale: Development and initial validation. *Psychological Services, 15*(4), 477. https://doi.org/10.1037/ser0000170

Varghese, F. P., Nolan, J., Ali, S. R., Anderson, E., & Southerland, R. (2020). Vocational psychology and the future: The role of telepsychology in shaping research. *Journal of Career Development, 47*(4), 363–379. https://doi.org/10.1177/0894845319831081

Varghese, F. P., Skaggs, S., Daniel, M., Christie, C., Swindle, T., Anderson, E., & Sandlin, L. (2021). Employment perceptions of parolees: The role of barriers and criminal thinking. *Journal of Offender Therapy and Comparative Criminology, 65*, 1373–1389. https://doi.org/10.1177/0306624X20928022

Varghese, F. P., Skaggs, S., Park, A., Mark, D., Christie, C., & Sandlin, L. (2022). Willingness to work among males on parole: A quantitative and qualitative analysis. *Psychological Services*. Advance online publication. https://doi.org/10.1037/ser0000673

Vernick, S. H., & Reardon, R. C. (2001). Career development programs in corrections. *Journal of Career Development, 27*(4), 265–277. https://doi.org/10.1177/089484530102700403

Watts, G. A. (1994). Frank Parsons: Promoter of a progressive era. *Journal of Career Development, 20*(4), 265–286. https://doi.org/10.1007/bf02106300

Wedding, D. (2010). Raymond J. Corsini (1914–2008). *American Psychologist, 65*, 54. https://doi.org/10.1037/a0017770

Wooditch, A., Tang, L. L., & Taxman, F. S. (2014). Which criminogenic need changes are most important in promoting desistance from crime and substance use? *Criminal Justice and Behavior, 41*(3), 276–299. https://doi.org/10.1177/0093854813503543

Wormith, J. S. (2011). The legacy of DA Andrews in the field of criminal justice: How theory and research can change policy and practice. *International Journal of Forensic Mental Health, 10*(2), 78–82. http://dx.doi.org.ucark.idm.oclc.org/10.1080/14999013.2011.577138

Part III
The Future of Correctional Psychology

Chapter 10
Incarcerated While Transgender

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Incarcerated While Transgender

Correctional approaches to treatment and management for incarcerated transgender and gender-diverse (TGD) individuals have come under scrutiny in recent years and are expected to be an evolving, ongoing challenge for care providers and correctional administrators. While TGD individuals have always been present in incarcerated populations, this population historically has been marginalized, mistreated, and brutalized in correctional environments (Donaldson, 2001; Vitulli, 2018). Recent years have seen large-scale changes in legal standards and public expectations regarding the treatment and management for TGD individuals in correctional environments. Legal challenges over safety issues, medical care, and prison policies

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affecting TGD individuals are commonplace and continue to play a role in shaping the correctional landscape. Given that correctional environments have proven especially deleterious to the well-being of TGD individuals who are incarcerated (Routh et al., 2017; Van Hout et al., 2020; White Hughto et al., 2017), all aspects of correctional policy and practice, including clinical care, are expected to continue evolving rapidly in years to come, and correctional psychologists are well positioned to adapt to and influence these changing expectations and policies.

Given the historic marginalization of both TGD individuals and people who are incarcerated, we believe our own positionality to be important (see, e.g., Roberts et al., 2020). The authorship of this chapter includes a cisgender man, a nonbinary individual, and transgender and cisgender women. The authors of this article are four clinical psychologists and one legal expert/consultant. All psychologist authors have provided services for TGD youth and/or adults; one works within a state-funded correctional facility, one within a state-operated public health department, one is a university affiliated forensic evaluator, and one works within an academic medical setting. One author has direct experience of incarceration as a trans woman and brought a landmark lawsuit against the federal Bureau of Prisons (*Farmer v. Brennan*, 1994). Several of the authors have long-standing relationships with organizations serving TGD individuals as well as previous research experience with this population. Four of the authors of this manuscript identify as White and one as Black. Two of the authors have been affiliated with defendants in legal filings pertaining to individuals seeking gender-affirming care while incarcerated. Although the authors of this manuscript have varied identities, experiences, and perspectives, we acknowledge that our personal and professional experiences do not fully encompass the diverse lived experiences of TGD individuals.

This chapter reviews key developments in the history of correctional management and care of this population, as well as relevant theory and practice considerations. We emphasize the role of psychologists in creating a gender-affirmative correctional environment, both with regard to healthcare services as well as broader facility management and operations. By necessity, this chapter is limited in scope; we focus on adult populations in the United States.

Language and Terminology

Discussing the intersection of gender identity and incarceration status poses challenges with respect to terminology, which is rapidly and continuously evolving within and outside of psychology. Incarcerated individuals have been historically labeled as "offenders," "inmates," "convicts," and "felons"—terms that are often pejorative and dehumanizing. Our intention is to use language that is nonpathologizing and respectful (Bouman et al., 2017) while also making a clear distinction between currently incarcerated individuals and those who have previously been incarcerated or are under community supervision (which implies significantly different standards of care for the supervising agency). The phrase "person who is

incarcerated" or similar iterations are used here, as recommended in the American Psychological Association's inclusive language guidelines (APA, 2021a, b).

Furthermore, correctional policy and case law often rely on the term "transgender" to identify gender-diverse and gender nonconforming individuals.[1] The term transgender, however, can be critiqued as reifying the gender binary or as inadequate to describe the identity of many gender nonconforming individuals (Johnson et al., 2020), especially those in a gender-segregated correctional environment. For the purpose of this chapter, we have opted to use the phrase "transgender and gender-diverse" (TGD) to describe a broad range of gender nonconforming identities and to recognize the inadequacy of the gender binary-specific housing enforced by correctional systems. The authors also recognize that medical terminology is changing over time. Names for medical procedures such as gender affirmation surgery are also likely to change.

Lastly, this chapter is written for a correctional psychologist audience; however, we recognize that other disciplines, such as counselors, social workers, psychiatric providers, and others, are engaged in similar work in correctional facilities. We also recognize that some psychologists, such as forensic psychologists, may play a very different role in the correctional system than correctional psychologists (Neal, 2018). While we refer to "psychologists" and the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association (APA, 2017), we also attempt to frame guidance as appropriate to other related but distinct mental health professions.

Community Standards of Care

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People (WPATH, version 7, 2012, version 8, 2022) emerged from the work of endocrinologist Harry Benjamin, who pioneered care for "transexuals" by recognizing that medical care provided more relief from gender dysphoria than supportive psychotherapy (Riggs et al., 2019). WPATH's standards have evolved over time and currently exist to "provide clinical guidance for health professionals to assist transsexual, transgender, and gender-nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment" (WPATH, 2012). The standards, now in its seventh version, are almost universally considered the authoritative medical standard (Redclay et al., 2021; Wylie et al., 2016) and are used by courts as the "gold standard" (*Edmo v Corizon, Inc.*, 2019) in gender-affirming care. However, the SOC have been criticized in part because they

[1] The APA's inclusive language guidelines (2021a, b) also recommend "transgender" as an umbrella term to describe a full range of gender identity that does not conform to typical social norms.

are published by an advocacy organization (*Edmo v. Corizon, Inc.*, 2020). Reasonable clinicians may disagree about how to apply the SOC to any one situation, especially in the unique context of a correctional setting.

History of Marginalization of TGD Individuals in Healthcare

Utilizing appropriate community healthcare standards is especially important given the history of social disadvantages and marginalization TGD individuals have endured, including poverty, unemployment, sexual and physical assaults, and unequal treatment in public accommodations (Bradford et al., 2013; James et al., 2016). These disadvantages have also extended into unequal treatment and discrimination in healthcare settings and with care providers. TGD individuals find obstacles to healthcare not only in the structure of correctional and healthcare organizations but also in individual medical providers lacking education and training in transgender care (Clark et al., 2017; El-Hadi et al., 2018; Johnston & Shearer, 2017; Safer & Tangpricha, 2008; Sevelius & Jenness, 2017). TGD individuals report distrust and fear of the medical community (Johnson et al., 2020; Kcomt et al, 2020; Kosenko et al., 2013) and a belief they must present themselves in inauthentic ways to access care (Lehmann et al., 2021). TGD individuals also report feeling they have to educate providers on appropriate transgender care (Ross et al., 2016), undermining the critical therapeutic relationship between providers and patients. These negative experiences lead to increased psychological distress and decreased mental health (Clark et al., 2017; Valente et al., 2020), and unfortunately, mental health service providers who could address these concerns have historically often held negative attitudes toward TGD populations (Brown et al., 2018).

The APA's 2008 Task Force on Gender Identity and Gender Variance (APA, 2009) noted the lack of training on gender identity for many students in graduate psychology programs, and the 2015 Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (APA, 2015) argued for the centrality of understanding and affirming gender identity. Nonetheless, many graduate education programs have not prepared practitioners or researchers to work with TGD individuals, and there are inadequate resources to assist mental health professionals in developing competence (APA, 2015). As a result, many mental health professionals are under trained in lesbian, gay, bisexual, transgender, and queer (LGBTQ)-affirmative psychotherapy (Pepping et al., 2018). These competency deficits in providers are only exacerbated by a correctional environment, in which the correctional medical community often lacks trust among the prison population (McCauley et al., 2018). Lastly, psychology as a discipline lacks adequate representation of transgender and gender-diverse psychologists who can provide services and help to shape our shared professional culture (APA, 2018; Neal, 2021).

The Evolution of Care of TGD Individuals in Corrections

Incarcerated populations have the rare distinction of being one of the only groups of individuals in the United States who are constitutionally required to be provided with healthcare (Swendiman, 2012). The Eighth Amendment protection against cruel and unusual punishment protects incarcerated people from unnecessary suffering stemming from "deliberate indifference to their serious medical needs" (*Estelle v. Gamble*, 1976). However, this protection comes very recently in American history, and only after a long, tortuous history of poor correctional healthcare, largely outside of the public's eye. The specific healthcare rights of incarcerated people are captured as a right to access care, a right to receive care that has been ordered, and the right to a professional medical judgment (or reasonable clinical discretion) (Rold, 2008). Even so, this right to healthcare is deemed satisfied when minimal care is provided to incarcerated individuals (Kolodziejczak & Sinclair, 2018; Powitzky, 2011). Given the minimal legal requirements, determining clinically appropriate and adequate healthcare is especially important for TGD people who are incarcerated considering their history of abuse and unique vulnerabilities in prison environments. Prisons have often placed TGD individuals in solitary segregation solely based on their gender identity or expression (Reiter & Blair, 2015), and they are often subject to violence and mistreatment by both prison staff and other residents (Jenness et al., 2019; Sexton & Jenness, 2016), which can lead to suicidal ideation, depression, and increased risk of auto-castration and autopenectomy (Brown & McDuffie, 2009).

Beyond addressing healthcare needs for incarcerated TGD individuals, operational policy can directly impact the psychological well-being of this population. Gendered housing, a practice dating from the early 1800s in American corrections (Rafter, 1983), lies at the center of many current debates regarding the care and management of incarcerated TGD individuals—where in the correctional system should the TGD individual live? Some early lawsuits from incarcerated TGD individuals arose from problems with binary gendered housing and the associated risks, the most notable of which is *Farmer v. Brennan* (1994). In 1989, within a week of being placed in the general population of a men's maximum security penitentiary, Farmer, an incarcerated TGD individual, was physically and sexually assaulted. Consequently, she filed a lawsuit asserting an Eighth Amendment claim against several correctional staff. Only a teenager at the time, she was described to have a diagnosis of "transsexual" and present as outwardly feminine in her presentation, considered clear risk factors in a high security penitentiary compared to a lower security facility. The US Supreme Court upheld a "subjective recklessness" test in determining whether "deliberate indifference" occurred in violation of the Eighth Amendment's cruel and unusual punishment clause. More broadly, this case has been identified as an acknowledgement that incarcerated individuals have a right to be protected from serious harm.

From this modern framework after *Gamble* and *Farmer* have come many grievances and court filings from incarcerated TGD individuals seeking gender-affirming

care, and which have subsequently shaped correctional policy for the incarcerated TGD population. In 2002, the district court in *Kosilek v. Maloney* directed the Massachusetts Department of Correction (DOC) to provide Michelle Kosilek, a TGD woman, additional gender-affirming care beyond the basic supportive counseling already provided, despite not finding the DOC to be deliberately indifferent under the Eighth Amendment (*Kosilek v. Maloney*, 2002). Then, in 2012, after additional evaluations, treatment, and accommodations, the district court found the Massachusetts DOC deliberately indifferent for their failure to provide Kosilek with gender-affirming surgery (*Kosilek v. Spencer*, 2012); however, this ruling was subsequently overturned by the First Circuit Court of Appeals (*Kosilek v. Spencer*, 2014) and the US Supreme Court declined to hear her appeal. However, as a consequence of her lawsuit, Kosilek was provided genital remodeling surgery and transferred to a women's correctional facility in 2021 (*Kosilek v. Mici*, 2022).

Central to Kosilek's original lawsuit, as well as many others, are the inherent problems with the "freeze frame" approach in correctional healthcare policy, in which incarcerated individuals are only permitted access to the same level of care they received prior to their incarceration. In 2015, the US Department of Justice filed a Statement of Interest in *Diamond v. Owens, et al.* proclaiming such policies were unconstitutional under the Eighth Amendment and that medical care must be based upon individualized assessment, which "freeze frame" policies cannot adequately address.

Since then, notable findings have arisen out of the Ninth Circuit. In *Norsworthy v. Beard* (2015), the court ordered the California Department of Corrections and Rehabilitation to provide gender-affirming surgery, reasoning that failure to do so constituted cruel and unusual punishment under the Eighth Amendment. Norsworthy was not provided with gender-affirming surgery but rather granted parole, and consequently obtained gender-affirming surgery while living in the community (*In re: Norsworthy*, 2020). In 2019, a three-judge panel of the Ninth Circuit Court of Appeals upheld a district court decision that ordered Idaho to provide gender-affirming surgery to Adree Edmo after finding prison authorities deliberately indifferent for failing to do so (*Edmo v. Corizon, Inc.*).

The past 20 years of jurisprudence clearly shows that gender-affirming care can be considered necessary under certain conditions, and failure to provide such care may be considered medical malpractice or potentially even unconstitutional. These more recent cases highlight a split between the appellate courts regarding whether gender-affirming surgery is in fact required under the Eighth Amendment to treat a serious medical condition. The US Supreme Court has yet to take up this issue. For the first time, the federal Bureau of Prisons has been ordered to provide gender-affirming surgery for an incarcerated individual, Christina Igelisias, although as of the date of publication, the surgery had not yet been provided (Iglesias v. Federal Bureau of Prisons et al., 2022). Notably, however, no federal court to date has found an individual entitled to gender-affirming care absent a diagnosis of gender dysphoria (*Edmo v. Corizon, Inc*., 2019).

The national landscape on treatment and management of incarcerated TGD individuals can also be seen by the changes in correctional policy. The United States Prison Rape Elimination Act (PREA) of 2003 is perhaps the most explicit change

made at a national level, emerging in response to findings that "incidents of sexual abuse against incarcerated persons have not been taken as seriously as sexual abuse outside prison walls" (28 CFR Part 115, p. 37106), partly due to "confinement facilities, where significant barriers exist to the reporting and investigating of such incidents" (28 CFR Part 115, p. 37107). The law established a commission ordered to develop and promulgate standards that acknowledge the increased vulnerability of TGD individuals with respect to abuse and exploitation. For example, PREA Prisons and Jail Standards §115.41 requires that facility staff identify individuals "perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming" within 72 hours of admission to a correctional facility. Standards §115.42 then requires that staff keep "separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive," ensure their ability to "shower separately," and give "serious consideration" to their own views with respect to their safety in their placement. Critics have charged that the standards themselves have loopholes and the auditing process utilized to assess facility compliance appears to be inadequate. For example, there is often insufficient attention by auditors to the purpose of standards that were specifically developed to protect transgender individuals, and facilities are not required to bring in trainers from outside agencies that specialize in LGBTQ issues to conduct trainings for facility staff (Witness to Mass Incarceration, 2019).

The policy implications stemming from PREA are limited in scope, but correctional policies addressing broader needs relevant to TGD individuals have emerged. In a 2008 study of national correctional policies related to incarcerated TGD individuals, most jurisdictions allowed for a mental health assessment of an individual reporting gender identity concerns, and 12 "specifically state that the appearance of external genitalia is the deciding factor" (p.287) for housing placement decisions (Brown & McDuffie, 2009). In 2015, Routh and colleagues found eighteen states had no identifiable policy on incarcerated transgender individuals, although some had PREA policies that addressed some topics relevant to this population. Many states (37) allowed for counseling related to gender identity, 21 allowed the continuation of hormone therapy, 13 allowed initiation of hormone therapy, and 7 allowed gender-affirming surgery (see Table 1 in Routh et al. for a more detailed review of state policies). Notably, 20 states explicitly denied continuation of hormone therapy that had been started prior to incarceration (Routh et al., 2017). The range and variety of these policies between state correctional systems highlights the difficulty correctional psychologists face in making individual level care decisions given the historic vulnerability of this population, the history of mistreatment and concomitant mental health needs, and the minimal expectations imposed by law.

Frequency and Prevalence

Transgender and gender-diverse individuals are by no means a new nor a Western phenomenon, as TGD individuals have been documented across cultures and over time, using a variety of labels and experiencing varying degrees of social

acceptance versus rejection, pathologization, and marginalization (Butler, 2004; Herdt, 1996; Schuller, 2018). In recent assessments of frequency, most studies have found a prevalence rate under 1% for transgender individuals (Flores et al., 2016; Reisner et al., 2016), but the research literature is still somewhat nascent, and researchers use a variety of methodologies and definitions that can make it challenging to generalize or summarize findings[2] (Ghorbanian et al., 2022). In addition, there have been no national surveys that include information on both assigned sex at birth and gender identity, which would offer a better understanding of prevalence of TGD individuals (Badgett et al., 2014; Morgan et al., 2020).

TGD individuals are overrepresented in carceral settings, with an estimated 15–20% of transgender individuals experiencing incarceration (James et al., 2016) compared to about 3–6% of the general public (Bonczar, 2003). There are a number of factors contributing to this overrepresentation, from familial rejection resulting in unhoused status, to job discrimination leading to unemployment and illegal survival work such as drug sales or sex work (Hagner, 2010; James et al., 2016). Unfortunately, TGD individuals in carceral settings are understudied (van Hout et al., 2020), in part due to the topic only recently drawing significant interest from researchers and the public and in part due to the constraints of collecting data about gender and related topics (e.g., sexuality and sexual behavior, abuse and exploitation, discrimination) in carceral settings because of their protected status as a vulnerable group.

Clinical Diagnoses

There is an essential distinction between a person's gender *identity* and the presence or absence of the *condition* of gender dysphoria (Knudson et al., 2010). Not all TGD people experience "clinically significant distress or impairment" and therefore do not meet criteria for a mental health diagnosis. Clinicians should be alert to maintaining awareness of the distinction between gender identity and a gender-related mental disorder. Furthermore, the aim of treating individuals with gender dysphoria is not to "cure" them of being transgender or gender-diverse, but rather to alleviate the pain the person experiences (APA, 2015, p. 451), including suffering that occurs as a result of both intrapsychic factors (e.g., internalized transphobia) and sociopolitical factors that cause TGD individuals to be socially marginalized and victimized (James et al., 2016).

In prior versions of the *Diagnostic and Statistical Manual* (DSM), an individual's gender identity and expression was the focus of diagnosis, for example, Gender Identity Disorder in the DSM-IV-TR (APA, 2000).[3] This approach resulted in

[2] For an overview of these issues and suggested queries to use in research, see GenIUSS Group. (2014). *Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys*. eScholarship, University of California.

[3] For an overview of the history of gender-related diagnoses in the *Diagnostic and Statistical Manual*, see Drescher J. (2015). Queer diagnoses revisited: The past and future of homosexuality

criticism that psychologists and psychiatrists conceptualized transgender identities as a mental disorder by definition. However, mental health diagnoses are often required in order to secure access to treatment and to obtain insurance coverage for dysphoria-reducing and gender-affirming interventions. In the DSM-5 (APA, 2013) and DSM-5-TR (APA, 2022), the term used is Gender Dysphoria, which places less emphasis on gender nonconformity itself and increases focus on the distress that may co-occur. However, the current diagnostic model is still largely predicated on a categorical and binary gender framework that has been criticized for inadequately capturing the reality of the lived experience of gender minority individuals (Lloyd, 2005; Colopy, 2012). The research on gender and sexuality often identifies sexual and gender minority identities as deviations from norms predicated on gender binaries and heterocentrism (Shuster, 2021). In other words, much of the psychological research on the topic has aimed to explain being transgender or gay, for example, without corresponding investigation of the causes of being cisgender or straight (Hegarty, 2009).

Co-occurring Conditions

TGD individuals are at increased risk of developing symptoms of mental disorders, particularly trauma-related disorders, depression, anxiety, suicidal ideation and attempts, and non-suicidal self-injury (Kuper et al., 2020; María et al., 2021). Suicide is a particularly prominent and pressing concern; the 2015 Transgender Health Survey (James et al., 2016) found that transgender respondents had nine times the rate of attempted suicide compared to the general population. Transgender individuals also often experience medical comorbidities including chronic medical conditions (Downing & Przedworski, 2018; Hanna et al., 2019) and face serious health disparities, many of which arise from stigma and discriminatory attitudes and practices by care providers (Kachen & Pharr, 2020). Recent research suggests possible increased rates of autism spectrum disorder (ASD) among individuals presenting for gender-affirming treatment, though the nature[4] and the strength of any relationship between gender variance as ASD is not yet well understood (Warrier et al., 2020). The stressors associated with living as a gender-diverse person in cultures that stigmatize such variance appear to contribute to the emergence and persistence of mental health difficulties, such as substance use problems (Nuttbrock et al., 2011). TGD individuals are also at increased risk of developing posttraumatic stress

and gender diagnoses in DSM and ICD. *International Review of Psychiatry*, *27*(5), 386–395. https://doi.org/10.3109/09540261.2015.1053847

[4] For example, there may be the same prevalence of transgender and gender-diverse individuals among people with and without ASD, but people with ASD may be better positioned to identify their gender identity, and/or may be less inhibited by stigma when speaking to care providers and researchers. Or, there could be features of living as a transgender person that could expand or strengthen ASD-associated features.

disorder (Valentine & Shipherd, 2018). To be clear, it does not appear that a gender nonconforming or transgender identity directly causes mental disorder or is an outgrowth or consequence of mental disorder. Rather, the social rejection and lack of resources that many TGD people experience contribute to poverty, violent victimization, and other risk factors for both developing mental disorders and for arrest and incarceration (APA, 2015).

Theoretical Models Relevant to Service Delivery

Correctional Healthcare Standards

Criminological theory and practice have an inevitable impact on healthcare service delivery in carceral settings. "Constitutionally adequate" care has been the defining factor in determining minimum necessary care provision (*Estelle v. Gamble*, 1976), while the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) have created standards of care that serve as "best practices" for correctional policy in both correctional facility management and correctional healthcare. The legal concept of "evolving standards of decency" is a helpful reminder that care and management decisions regarding incarcerated TGD individuals that may have seemed appropriate only a few years ago are quickly becoming considered violations of Eighth Amendment requirements surrounding minimum necessary care.

The NCCHC position statement on Transgender and Gender Diverse Health Care in Correctional Settings, originally published in 2009 and updated in 2020, provides additional guidance on ensuring "the physical and mental health and well-being of people in their custody" and to adequately provide care for the biomedical and psychological needs of the transgender person who is incarcerated. The position statement broadly encourages gender-affirming care, mental health screenings, and individualized assessment and care couched in determinations of medical necessity. The statement also explicitly identifies the role of healthcare staff in drawing facility leadership's attention to the clinical benefits of providing commissary and undergarments consistent with the individual's gender identity (principle 16) and healthcare staffs' roles in consultation for custodial placement decisions (principle 21).

Minority Stress Model

Stigma, discrimination, and prejudice are examples of social stressors that disproportionately impact those who fall into a minority group and negatively impact health outcomes. Building on Allport (1979), Clark et al. (1999) examined the impact of racial and ethnic discrimination on health. Meyer (2003) sought to expand

these models for LGBTQ+ individuals, identifying both proximal (internal) and distal (external) stress processes, as well as coping factors, that can impact mental health outcomes in LGB communities. This was then expanded again in 2013 to reflect the specific experience of transgender and nonbinary individuals (Hendricks & Testa, 2012). In 2015, Testa and colleagues developed the Gender Minority Stress and Resilience (GMSR) model, which is based on nine constructs, including distal factors (gender related discrimination, gender-related rejection, gender-related victimization, non-affirmation of gender identity) and proximal or internal factors (internalized transphobia, negative expectations for the future, concealment of one's identity), as well as two resilience factors: community connectedness and pride (Testa et al., 2015).

Importantly, research on the negative impact of both proximal and distal stress factors are becoming clearer. For example, stigma and/or perceived discrimination has been correlated with depression, poor overall mental health, suicide attempts, and non-suicidal self-injury (Bockting et al., 2013; McCarthy et al., 2014; Veale et al., 2017). Gender-related victimization has been related to the use of alcohol and other drugs, disordered eating, and other maladaptive behaviors and mental health symptoms (Lombardi et al., 2002; Reisner et al., 2015; Watson et al., 2017).

With regard to proximal stress factors, researchers found that internalized transphobia predicted anxiety and depression symptoms (Scandurra et al., 2017). Concealment of one's identity has also been related to increased psychological distress, especially among transgender women (Bockting et al., 2013). It is not uncommon for TGD individuals to modify their gender expression depending on the environment to decrease victimization. Hypervigilance regarding one's safety and the chance of being victimized can also act as an added stressor and impact behavioral performance and well-being (Levitt & Ippolito, 2014). While individuals can certainly benefit in many ways from disclosing their identity by receiving affirmation and support, they also run the risk of experiencing adverse consequences from disclosing, such as discrimination and victimization (Grossman & D'augelli, 2006). On the other hand, acceptance of, and pride in, one's gender identity and sexual orientation has been related to less depressive symptoms in adolescents and adults (McCarthy et al., 2014; Scandurra et al., 2018).

Gender-Affirming Care

Gender-affirming models, rooted in the belief that each individual seeking healthcare should be respected, believed, treated nonjudgmentally, and affirmed, has received increasing attention in recent years. Although specific definitions of what constitutes gender-affirming approaches may differ (King & Gamerel, 2021), emphasis is placed on providing TGD individuals seeking care with social recognition and support for their gender identity and expression (Sevelius, 2013). Although "care" often refers to medical or mental health interventions, gender-affirming care is often conceptualized more broadly and includes four core areas of affirmation:

social (choice of name and pronoun, interpersonal and institutional acknowledgment and recognition), psychological (internal felt sense of self-actualization, validation of gendered self, internalized transphobia), medical (pubertal blockers, hormones, surgery, other body modification), and legal (legal name change, legal change of gender marker designation) (Reisner et al., 2016). Given historical stigma and barriers to healthcare experienced by TGD individuals (Bradford et al., 2013; Cicero et al., 2019), this model is critical not only in providing appropriate care to this population, but in establishing trusting relationships between TGD individuals and medical and mental health providers. In correctional environments, these areas of affirmation are often dictated by nonclinical policy, giving correctional psychologists an avenue for advocacy for this population with correctional administration.

Many correctional healthcare systems require a mental health provider to "verify" an incarcerated individual's transgender identity, or to confirm the need for affirming hormone therapy through a previous medical provider's prescription. Because many transgender individuals may not have had prior gender-affirming care or may have relied on illicit "street" hormones, their claims may be disregarded in current correctional practice. Gender-affirming care decenters the providers' expertise in determining these issues and instead focuses on the patient's claims and seeks ways to collaboratively provide the interventions the patient is requesting.

Informed Consent Model

Informed consent models are an emerging theoretical perspective that decenter provider expertise and center patient claims. Although gender dysphoria remains a pathologized, diagnosable mental health disorder, the Informed Consent model criticizes the current model of clinicians' "gatekeeping" of medical services and encourages the provision of gender-affirmative care to require assurance of informed consent, rather than authorization and validation from a mental health provider (Ashley et al., 2021; Schulz, 2018). Schulz further argues that within the current pathology-treatment model, (1) distress may not be the result of pathology, but of social nonacceptance and discrimination, (2) the diagnosis of gender dysphoria reinforces a gender binary and diminishes the authenticity of the therapeutic relationship, and (3) pathologization of gender identity suggests psychotherapy should occur prior to affirming medical treatment, which may pose an unnecessary financial burden to patients.

The Informed Consent model is described as an approach that "seeks to better acknowledge and support patients' right of, and their capability for, personal autonomy in choosing care options without the requirement of external evaluations or therapy by mental health professionals" (Cavanaugh et al., 2016, p. 1149). As such, mental health providers are not placed in the position of authenticating a transgender identity or levels of clinical distress in order to write medical letters of treatment recommendation, but instead ensure patients understand the risks, benefits, and limitations of medical intervention, and offer recommendations for remediating

knowledge gaps or accommodations that can promote sufficient understanding. This approach assesses the person's knowledge and decisional capacities rather than determining only if a given condition is present or absent and can be conducted in a similar fashion to other comparable types of assessments (e.g., assessing competency to consent to medical interventions, guardianship evaluations). Importantly, this theoretical model may be difficult to enact in a correctional environment that is based on minimal constitutionally adequate care for serious medical needs.

Tension Between Care Models

These models highlight an inherent tension between existing standards of correctional care and emerging treatment models; specifically, correctional healthcare has traditionally been premised on providing treatment for diagnosed health conditions, with a goal of reducing symptoms. Eighth Amendment protections that necessitate "minimally necessary care" decisions are premised on a medical model of disease that views mental health conditions as disorders that can be "cured," or at least ameliorated, with appropriate treatment. Gender-affirming care models, as discussed above, refocus treatment from individual, internal pathology that can be "cured" with interventions and focus more on social conditions that disrupt otherwise healthy development of gender identity. Correctional psychologists should be aware that current gender-affirming care models focus far less on diagnosis and treatment plans than traditional healthcare models emerging from *Estelle v. Gamble*.

Diagnosis, Assessment, and Interventions

Importance and Scope of Assessment

Given these varying models that inform care intervention and the current landscape of correctional policy, correctional psychologists must understand the critical role of diagnostic assessment and treatment planning. The ability to assess and make differential diagnoses is a crucial skill correctional psychologists need when working with incarcerated TGD individuals and developing treatment plans, which may greatly impact subsequent access to medical intervention and correctional accommodations. WPATH Standards of Care (SOC) support the importance of assessment, and although the implementation of policy and delivery of gender-affirming care vary widely across correctional facilities, these standards inform correctional practice across the country (Routh et al., 2017). The frequency with which gender-affirming services are only available to incarcerated individuals after a diagnosis of gender dysphoria has been given by a qualified professional (Schulz, 2018) speaks to the importance of diagnostic assessment.

Researchers have identified concerns with the "gatekeeping" role psychological assessments play in TGD care (Ashley, 2019; Dewey & Gesbeck, 2017). Available draft versions of the newest version of the WPATH Standards of Care (Version 8; expected late 2022) instead focus on ensuring a diagnosis of gender incongruence (*International Classification of Disease, Version 11*; World Health Organization, 2019) is established in those regions that require a diagnosis as a prerequisite for gender-affirming interventions. Although the SOC do not take an explicit stance on whether they support or oppose such a model of access to care, they do note that a severe level of distress regarding gender identity is not required, and the *ICD-11* diagnosis of gender incongruence is less stringent and detailed than the *DSM-5-TR* diagnosis of gender dysphoria. Given the recency of these SOC changes, it is yet to be seen how this may influence subsequent correctional policy and court decisions pertaining to medical necessity determinations for incarcerated TGD individuals.

Not every TGD individual will necessarily have a diagnosis of gender dysphoria, but an assessment may still identify mental health concerns and other correctional-related needs. In keeping with WPATH Standards of Care and the NCCHC Position Statement on TGD healthcare in correctional settings (Principle #6), an assessment focuses on the whole person in order to identify the entire scope of treatment needs; exploring gender identity may or may not be determined to be a focus of clinical care. Version 7 of the WPATH Standards of Care focuses on the need for co-occurring mental health conditions to be "managed" (WPATH, 2012, p. 34), which inevitably led to questions about *whether, how,* and *how much* any particular condition must be managed before proceeding with desired gender-affirming interventions. Publicly available drafts of Version 8 of the SOC (WPATH, 2022), by contrast, emphasized the functional impairment caused by the co-occurring condition and the nexus between that impairment and the person's ability to proceed with gender-affirming interventions. For example, the draft Version 8 chapter on Mental Health that was published and circulated by WPATH for public comment indicates mental health professionals should consider whether the condition interferes with the person's capacity to consent to treatment (Recommendation Statement 1), the negative impact symptoms may have on the outcome of gender-affirming surgery (Recommendation Statement 3), and the individual's support system (Recommendations Statements 4 and 8). Psychotherapy may be considered but not mandated (Recommendation Statement 9). Nonetheless, having a reasonably well developed therapeutic rapport with an institution-based behavioral health professional may serve as an important support for an incarcerated TGD person (Austin & Craig, 2015; Bockting et al., 2013; Richmond et al., 2012), particularly if the individual plans to take significant steps regarding their identity for the first time while incarcerated (e.g., coming out to staff or residents, initiating gender-affirming hormones). "Conversion therapy" or gender identity change efforts (aimed at aligning the person's gender identity with their sex at birth) is inappropriate, discriminatory, and harmful (see APA Resolution on Gender Identity Change Efforts, 2021).

An assessment may result in treatment recommendations that require the cooperation of medical and/or security staff and is an opportunity to develop a multidisciplinary team if one has not already convened. Consultation with medical providers

can be essential to rule in or rule out conditions that may impact treatment (e.g., cardiovascular disease; see Connelly et al., 2019), especially if gender-affirming medical interventions are sought by the patient. An array of clinical consultations may be needed in particular cases to assess the stability of medical or behavioral health conditions before proceeding with care. Rather than framing co-occurring conditions as an automatic contraindication for gender-affirming intervention, a more prudent approach involves examining the functional impairment of the co-occurring condition, the correlation or directionality of the condition with the person's gender identity, and the relevant overlap with the specific requested intervention. It is important to also recognize that gender-affirming interventions often improve the mental health conditions that the WPATH SOC use as criteria to determine patient appropriateness for surgical intervention (Alamazan & Keuroghlian, 2021; Nguyen et al., 2018), so careful clinical consideration and interpretation of the SOC is merited in recommending medical intervention and explaining the recommendation.

In addition to clinical aspects of a treatment plan, consultation with security staff through a multidisciplinary treatment team can engender support for nonclinical accommodations to correctional policy. For example, allowance for alternate undergarments, preferred gender of officers to perform physical searches, or gender designation in correctional records is not traditionally considered clinical areas, but they can be of critical importance for the well-being of the TGD individual. This support is not always readily available with security staff, so correctional psychologists should endeavor to enlist broader administrative support required to implement many potential interventions. Finally, clinicians will need policy direction from administration before they start the assessment in order to provide complete informed consent regarding procedural aspects, such as how the assessment information will be shared and how certain requests are handled.

Conducting the Assessment

Many referrals to correctional psychologists begin with either the incarcerated individual or a staff member identifying a particular concern to be addressed. Assessment referrals for TGD individuals are much more likely to arise because (a) the individual self-identified as transgender during intake procedures, (b) the individual has asked for a non-routine intervention (such as gender-affirming hormones), or (c) because staff are under the impression that anyone identifying as transgender should be "seen by mental health" for no other reason than because of their gender identity. Regardless of how the referral is initiated, the assessing psychologist must determine the goal of the assessment. Some situations require a traditional diagnostic evaluation, while others may require a stronger emphasis on treatment planning (either concurrent to or separately from the diagnostic evaluation), or instead an emphasis on whether the individual understands the risks and benefits of a particular

intervention and can provide complete informed consent, especially for treatments with potentially irreversible effects.

In the event a diagnostic evaluation to assess for gender incongruence or gender dysphoria is needed, there are a variety of initial competencies needed to conduct the evaluation. These include foundational knowledge about gender and culture as related to TGD individuals, the impact of stigma and institutional barriers to accessing care in the TGD population, the role of gender-affirming care and gender expression on social and emotional health, and the benefits of an interdisciplinary approach (APA, 2015). Similarly, psychologists will need to be knowledgeable in diagnosis and familiar with different taxonomies (*ICD-11*, *DSM-5-TR*), be able to make differential diagnoses with co-occurring conditions, be able to assess for capacity to consent to treatment, and engage in continuing education pertaining to the TGD population (WPATH, 2012).

This base of competencies related to the TGD population provides a natural framework for the biopsychosocial interview. While psychologists are generally well trained in biopsychosocial assessment, correctional practitioners are often less trained in what and how to ask the individual about their transgender or gender-diverse identity and relevant experiences related to that identity. A necessary conversation at the beginning of the evaluation includes reciprocal introductions with names and pronouns. Depending upon the background and experiences of the person being interviewed, they may need additional education about pronouns and gender identity at this early stage, although this should not be assumed, but instead explored as part of the informed consent process. Miller et al. (2018) provide some examples of specific topics that may be helpful to address in the interview, such as onset of discomfort with gender identity, reaction to puberty, healthcare experiences, and actions taken toward coming out or making changes in gender expression. Further questions regarding experiences with discrimination, internalized messages about gender identity, and coping mechanisms are also recommended (APA, 2015).

The evaluator will need to become comfortable asking new, unfamiliar, and sometimes quite sensitive questions. While these questions should be asked in a forthright manner, they need to be done with an underlying sense of compassion and understanding for the reasons they are being asked. A well-intentioned question can quickly shut down an evaluee if it comes across as being asked solely out of curiosity or with skepticism that questions the "genuineness" of the individual's self-report (Price et al., 2021). We also recommend querying the evaluee directly about what procedures or strategies may make the evaluation process more tolerable for them (e.g., frequent breaks, enabling the evaluee to write accounts of past trauma rather than speaking about it), as well as ensuring that the individual has access to support and a plan for crisis intervention should they find the evaluation process (particularly questions related to past trauma history) emotionally distressing.

In addition, the WPATH Standards of Care, although relevant to correctional settings, do not necessarily address all the unique issues that arise in correctional settings. Assessment of the person's daily routine (and functional impairment) is altered in an institutional setting where choice and agency can be significantly

curtailed and where the home living environment may be unsafe. The WPATH draft of the Standards of Care Version 8 includes a significantly expanded chapter specific to institutional settings, the implications of which have yet to be seen in practice.

Finally, any assessment will result in a written report. Documenting the referral question, informed consent process, self-report, testing (if relevant), and collateral data lay the framework for diagnostic impressions, treatment recommendations, and any other relevant conclusions (e.g., capacity to give informed consent, recommendations for nonclinical interventions). However, that is not to say the assessment report is the "end" of the psychologist's involvement. To the contrary, the contribution of clinical staff to the ongoing care and management of TGD individuals over time is essential. Assessment updates are not uncommon, especially as the individual progresses in treatment, responds to prior interventions, stabilizes co-occurring conditions, has disciplinary problems, and experiences stigma or discrimination, or there is a host of other possible factors that may impact either correctional management and/or healthcare recommendations.

Depending on local practices, the psychologist may want to develop a much shorter summary of the assessment report with less detail outlining the conclusions that will be important to share beyond treatment providers, including facility administration or other decision makers that have an impact on nonmedical interventions or accommodations (e.g., housing, access to additional commissary items, gender-affirming undergarments). Even if there is a separate written document, the correctional facility will benefit from having their own template for documentation of such meetings (in the administrative file, not just the health record) that outlines what information or expertise was considered, what were the questions or requests that were addressed, the particular outcome of those requests, and the reason for reaching that decision. For each request, it is essential the incarcerated person's preference is not only referenced, but truly considered, as part of the discussion (PREA Standard § 115.42). This decision making process can be facilitated by asking the question of "What specific, articulable reason is there not to agree with the person's request" rather than starting with an assumption their request will not be granted unless there is overwhelming data to support it.

Special Considerations in Assessment

Language matters when delivering and documenting psychological services to TGD individuals. In conjunction with the informed consent process, the psychologist should have an explicit conversation with the individual being assessed about how the person's identity, preferences, and concerns will be disclosed in the final written report or other official communications (NCCHC, 2020; WPATH, 2012). Correctional policy may require the psychologist to use the individual's legal name on official documents, even if the individual considers that to be a "deadname" or inappropriate to their current identity. Psychologists who work with such

requirements should explain their position to the individual, as well as what steps they can reasonably take within allowable policy (e.g., explicitly noting the chosen name next to the legal name in the report). Pronouns and other gendered terms can become more complicated when contacting collateral sources of information for the assessment. The psychologist will want to first talk to the TGD individual about whether they have come out to the other person, or what pronouns they prefer the psychologist use with that specific contact.

Although the literature on psychological testing with TGD populations has expanded in recent years, a number of questions remain. The first involves clarifying the aim and referral questions for the psychological testing. In the correctional environment, assessment of response style will often be at the top of the list of priorities (see, e.g., Melton et al., 2018). Still, it is important to understand the limitations of currently available instruments as well as the risks of test misinterpretation.

Perhaps, one of the most researched and widely used psychological assessment tools in history, the Minnesota Multiphasic Personality Inventory, is still in its infancy when it comes to identifying normative samples for TGD populations (Bryant et al., 2021). Non-gendered norms were first used in the MMPI-2 and MMPI-2-RF (Sellbom, 2019); however, the use of non-gendered norms is not the same as ensuring representation of TGD individuals in constructing the normative sample. Psychopathology findings (from the MMPI or other instruments) may differ for the same individual depending upon the person's status regarding degree and length of gender-affirming care (Borgogna et al., 2019; Keo-Meier et al., 2015; Keo-Meier & Fitzgerald, 2017).

Consideration of gendered norms is even more critical, however, when research supports gender differences based upon biological sex, such as with some cognitive abilities or violence risk (Keo-Meier & Fitzgerald, 2017). In the absence of test norms for TGD populations in those situations, test selection and clinical judgment become crucial. When using norms that are stratified by gender, Keo-Meier and Fitzgerald (2017) recommend scoring and interpreting both sets of norms, as well as use a comparable test of the same domain that does not use gendered norms for further comparison.

Some relevant psychological assessments include explicit discussion of gender minority populations in their manuals. For example, the Static-99R (Phenix et al., 2017), developers recommended that this risk tool is appropriate for use with transgender women up until they have lived at least two years as a woman *and* have completed penectomy (p. 16). The tool is not recommended for use with adult women, or transgender men, at all. These frameworks depend on a gender binary and can be difficult to parse when the individual does not fit into a gender binary. Additionally, the research literature related to gender minority individuals and violence recidivism risk is relatively new, with a relatively small population of individuals (i.e., transgender and gender-diverse subpopulations who have charges/convictions for sex offenses), which creates methodological challenges for estimating recidivism probabilities (i.e., a low frequency population within a group with a low base rate of recidivism).

Interventions at the Individual Level

Institutional policy is often a major driver of authorized interventions, unless and until the policies and staff interpretation of those policies are challenged. As states slowly move toward more gender-affirming policies, an important consideration is the difference between providing the individual with *accommodations* versus offering specific *treatments*. Accommodations generally refer to exceptions to correctional policy, while treatments refer to medical or mental health interventions.

Developing a treatment plan for a TGD individual triggers a discussion of what interventions are medically necessary. Many states still require a diagnosis of gender dysphoria in order to initiate many gender-affirming interventions (Routh et al., 2017); however, close reading of the policy should ensue to determine whether such a gatekeeping diagnosis is only needed for potentially irreversible interventions or if it is written more broadly. Referrals may include in-facility medical staff for consultation and possible initiation of gender-affirming medical interventions, or to mental health providers for individual and/or group therapy. If medical interventions are recommended and implemented, these interventions should be accompanied by periodic clinical multidisciplinary team discussions (WPATH, 2012). Each specialist will need updated information from others to inform their next steps. For example, when an individual who has received a diagnosis of gender dysphoria and approval from administration to initiate gender-affirming hormones expresses their frustration in therapy at how slow the process has been, it is important for the therapist to know if the medical provider is in the process of conducting consultation with an outside expert to address concerns about any contraindications with their current medication regimen.

Regardless of whether gender dysphoria has been diagnosed, there are a number of nonclinical interventions (or accommodations) that can support the TGD individual during their incarceration. These accommodations are often small requests that are easily accessible in the free world and are only restricted in carceral settings due to security rationales with traditionally concrete and inflexible rules. Common interventions may include access to different underwear options (e.g., bras, chest bindings, choice of underwear), commissary items that are not available because of gendered housing (e.g., items may be offered for individuals in female facilities but not male facilities), or changes to property limits (e.g., ability to exchange razors more frequently due to shaving needs). Here, too, the importance of a multidisciplinary team is paramount (Kendig et al., 2019; Miller et al., 2018). When a request for a particular item or allowance is supported, that can be well documented as having been reviewed by all members with relevant expertise, including security staff, PREA officers, clinical staff, and unit team members. Alternatively, when a request or allowance is denied, the documentation should clearly reflect the data that was considered (including the individual's preference) and a justification for why the request could not be met.

Beyond property considerations, other types of accommodations may need to be considered on an individual case basis. For example, when searches of an

individual's person or body are required, questions arise as to who on staff will conduct the search. When inputting the individual's information into an administrative or healthcare record, how will gender or sex be identified and how might this differ depending upon whether the individual has shared their transgender identity widely in the institution versus selectively with only a few key personnel? The process of answering these questions should include meaningful input from the TGD individual, as they will have vital information about past experiences and their expectancies for particular settings and circumstances.

Future Implications

Correctional psychologists should expect their role with incarcerated TGD persons to continue to evolve and change in coming years, as standards of care are updated and future legal decisions shape care and management decisions. Understanding key principles of transgender care can assist psychologists in shaping future policies, both clinical and correctional. Brömdal et al. (2019) suggest a "whole-incarceration-setting" policy that encourages all staff members to share responsibility in developing an "inclusive, gender-affirming, dignified, safe, and secure living environment." While many correctional psychologists today doubtless work in environments that seem far from attaining such a goal, psychologists are uniquely equipped to advocate for appropriate nonclinical policy pertaining to TGD individuals who are incarcerated.

In a correctional setting, psychologists' leadership role means advocating for (and sometimes facilitating) training for all correctional staff, from frontline correctional officers to policy-making administrators (Hughto & Clark, 2019). NCCHC (2020) principle 30 specifies this should include training for correctional staff in gaining "awareness, understanding, and sensitivity to critical issues of health, mental health, and safety." Furthermore, correctional staff should be provided training in distinguishing between gender dysphoria and transgender/gender-diverse identity, as well as understanding differentiation from sexual deviancies such as transvestism. Additional valuable training should be provided on the role of psychological trauma in mental health of TGD individuals and safety strategies to aid transgender and gender-diverse individuals in correctional settings. Further, psychologists and other mental health professionals are likely to be viewed as "experts" by other correctional staff when it comes to pronoun usage and terms that may be unfamiliar. Helping staff members acquire the language for how to ask an individual about their pronouns may be a high-value educational effort for the psychologist.

The Ethical Principles of Psychologists and Code of Conduct (APA, 2017) calls psychologists to "seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons" (Principle A) while recognizing "fairness and justice entitle all persons to access to and benefit from the contributions of psychology" (Principle D). As such, correctional psychologists are uniquely placed to aid corrections systems in moving toward a gender-affirmative

correctional environment through reviewing and reforming a wide range of relevant policies, developing professional competencies for themselves and their behavioral health teams, advocating for and implementing targeted facility-wide staff training, and conducting or facilitating research with incarcerated TGD populations.

References

Almazan, A. N., & Keuroghlian, A. S. (2021). Association between gender-affirming surgeries and mental health outcomes. *Journal of the American Medical Association: Surgery, 156*(7), 611–618. https://doi.org/10.1001/jamasurg.2021.0952

Allport, G. W. (1979). *The nature of prejudice (25th Anniv. ed.)*. Perseus. (Original work published 1954).

American Psychiatric Association. (2000). *Diagnostic and statistical manual, fourth edition, text revision*. Author.

American Psychiatric Association. (2013). *Diagnostic and statistical manual, fifth edition*. Author. https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2009). *Report of the task force on gender identity and gender variance*. Author.

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832–864. https://doi.org/10.1037/a0039906

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Author.

American Psychological Association. (2018). *Demographics of the U.S. psychology workforce: Findings from the 2007–16 American Community Survey*. Author.

American Psychological Association. (2021a). *Inclusive language guidelines*. Author. https://www.apa.org/about/apa/equitydiversity-inclusion/language-guidelines.pdf

American Psychological Association. (2021b, February). *Resolution on gender identity change efforts*. https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Ashley, F. (2019). Gatekeeping hormone replacement therapy for transgender patients is dehumanising. *Journal of Medical Ethics, 45*(7), 480–482. https://doi.org/10.1136/medethics-2018-105293

Ashley, F., St. Amand, C. M., & Rider, G. N. (2021). The continuum of informed consent models in transgender health. *Family Practice, 38*(4), 543–544. https://doi.org/10.1093/fampra/cmab047

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice, 46*(1), 21. https://doi.org/10.2105/AJPH.2018.304500

Badgett, M. L., Baker, K. E., Conron, K. J., Gates, G. J., Gill, A., Greytak, E., & Herman, J. (2014). *Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys (GenIUSS)*. The GenIUSS Group, UCLA Williams Institute.

Bockting, W. O., Miner, M. H., Romine, R. E. S., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951. https://doi.org/10.2105/AJPH.2013.301241

Bonczar, T. P. (2003). *Prevalence of imprisonment in the U.S. population, 1974–2001*. U.S. Department of Justice, Bureau of Justice Statistics.

Borgogna, N. C., McDermott, R. C., Aita, S. L., & Kridel, M. M. (2019). Anxiety and depression across gender and sexual minorities: Implications for transgender, gender nonconform-

ing, pansexual, demisexual, asexual, queer, and questioning individuals. *Psychology of Sexual Orientation and Gender Diversity, 6*(1), 54. https://doi.org/10.1037/sgd0000306

Bouman, W. P., Schwend, A. S., Motmans, J., Smiley, A., Safer, J. D., Deutsch, M. B., Adams, N. J., & Winter, S. (2017). Language and trans health. *International Journal of Transgenderism, 18*(1), 1–6. https://doi.org/10.1080/15532739.2016.1262127B

Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative Study. *American Journal of Public Health, 103*(10), 1820–1829. https://doi.org/10.2105/AJPH.2012.300796

Brömdal, A., Clark, K. A., Hughto, J. M. W., Debattista, J., Phillips, T. M., Mullens, A. B., Gow, J., & Daken, K. (2019). Whole-incarceration-setting approaches to supporting and upholding the rights and health of incarcerated transgender people. *International Journal of Transgenderism, 20*(4), 341–350. https://doi.org/10.1080/15532739.2019.1651684

Brown, G. R., & McDuffie, E. (2009). Health care policies addressing transgender inmates in prison systems in the United States. *Journal of Correctional Health Care, 15*(4), 280–291. https://doi.org/10.1177/1078345809340423

Brown, S., Kucharska, J., & Marczak, M. (2018). Mental health practitioners' attitudes towards transgender people: A systematic review of the literature. *International Journal of Transgenderism, 19*(1), 4–24. https://doi.org/10.1080/15532739.2017.1374227

Bryant, W. T., Livingston, N. A., McNulty, J. L., Choate, K. T., & Brummel, B. J. (2021). Examining Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) scale scores in a transgender and gender diverse sample. *Psychological Assessment, 33*(12), 1239–1246. https://doi.org/10.1037/pas0001087

Butler, J. (2004). *Undoing gender*. Routledge.

Cavanaugh, T., Hopwood, R., & Lambert, C. (2016). Informed consent in the medical care of transgender and gender-nonconforming patients. *American Medical Association Journal of Ethics, 18*(11), 1147–1155. https://doi.org/10.1001/journalofethics.2016.18.11.sect1-1611

Cicero, E. C., Reisner, S. L., Silva, S. G., Merwin, E. I., & Humphreys, J. C. (2019). Health care experiences of transgender adults: An integrated mixed research literature review. *Advances in Nursing Science, 42*(2), 123–138. https://doi.org/10.1097/ANS.0000000000000256

Clark, K. A., White Hughto, J. M., & Pachankis, J. E. (2017). "What's the right thing to do?" Correctional healthcare providers' knowledge, attitudes and experiences caring for transgender inmates. *Social Science & Medicine, 193*, 80–89. https://doi.org/10.1016/j.socscimed.2017.09.052

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist, 54*(10), 805–816. https://doi.org/10.1037/0003-066X.54.10.805

Colopy, T. W. (2012). Setting gender identity free: Expanding treatment for transsexual inmates. *Health Matrix: The Journal of Law-Medicine, 22*(1), 227–272.

Connelly, P. J., Marie Freel, E., Perry, C., Ewan, J., Touyz, R. M., Currie, G., & Delles, C. (2019). Gender-affirming hormone therapy, vascular health and cardiovascular disease in transgender adults. *Hypertension, 74*(6), 1266–1274. https://doi.org/10.1161/HYPERTENSIONAHA.119.13080

Dewey, J. M., & Gesbeck, M. M. (2017). (Dys) functional diagnosing: Mental health diagnosis, medicalization, and the making of transgender patients. *Humanity and Society, 41*(1), 37–72. https://doi.org/10.1177/0160597615604651

Donaldson, S. (2001). A Million Jockers, Punks, and Queens. In *Prison Masculinities* (pp. 118–126). Temple University Press.

Downing, J. M., & Przedworski, J. M. (2018). Health of transgender adults in the US, 2014–2016. *American Journal of Preventive Medicine, 55*(3), 336–344. https://doi.org/10.1016/j.amepre.2018.04.045

Edmo v. Corizon, Inc., No. 19–35017 (9th Cir. 2019).

Edmo v. Corizon, Inc., No. 19–35017 (9th Cir. 2020).

El-Hadi, H., Stone, J., Temple-Oberle, C., & Harrop, A. R. (2018). Gender-affirming surgery for transgender individuals: perceived satisfaction and barriers to care. *Plastic Surgery, 26*(4), 263–268. https://doi.org/10.1177/2292550318767437

Estelle v. Gamble, 429 US 97 (1976).

Farmer v. Brennan, 511 US 825 (1994).

Flores, A. R., Herman, J. L., Gates, G. J., & Brown, T. N. T. (2016). *How many adults identify as transgender in the United States*? Los Angeles, CA: The Williams Institute.

Ghorbanian, A., Aiello, B., Staples, J. (2022). Under-representation of transgender identities in research: The limitations of traditional quantitative survey data. *Transgender Health, 7*, 261–269. https://doi.org/10.1089/trgh.2020.0107

Grossman, A. H., & D'augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*(1), 111–128. https://doi.org/10.1300/J082v51n01_06

Hanna, B., Desai, R., Parekh, T., Guirguis, E., Kumar, G., & Sachdeva, R. (2019). Psychiatric disorders in the US transgender population. *Annals of Epidemiology, 39*, 1–7. https://doi.org/10.1016/j.annepidem.2019.09.009

Hagner, D. (2010). Fighting for our lives: the DC Trans Coalition's campaign for humane treatment of transgender inmates in District of Columbia correctional facilities. *Georgetown Journal of Gender and the Law, 11*, 837.

Hegarty, P. (2009). Toward an LGBT-informed paradigm for children who break gender norms: Comment on Drummond et al. (2008) and Rieger et al. (2008). *Developmental Psychology, 45*(4), 895–900. https://doi.org/10.1037/a0016163

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice, 43*(5), 460–467. https://psycnet.apa.org/doi/10.1037/a0029597

Herdt, G. H. (1996). *Third sex, third gender: beyond sexual dimorphism in culture and history*. Zone Books.

Hughto, J. M. W., & Clark, K. A. (2019). Designing a transgender health training for correctional health care providers: A feasibility study. *The Prison Journal, 99*(3), 329–342. https://doi.org/10.1177/0032885519837237

Iglesias v. Federal Bureau of Prisons, et al., Case No. 19-CV-415-NJR (S.D. IL 2022).

In re: Norsworthy, Application for Executive Clemency, 2020.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender survey*. National Center for Transgender Equality.

Jenness, V., Sexton, L., & Sumner, J. (2019). Sexual victimization against transgender women in prison: Consent and coercion in context. *Criminology, 57*(4), 603–631. https://doi.org/10.1111/1745-9125.12221

Johnson, A. H., Hill, I., Beach-Ferrara, J., Rogers, B. A., & Bradford, A. (2020). Common barriers to healthcare for transgender people in the U.S. Southeast. *International Journal of Transgender Health, 21*(1), 70–78. https://doi.org/10.1080/15532739.2019.1700203

Johnston, C. D., & Shearer, L. S. (2017). Internal medicine resident attitudes, prior education, comfort, and knowledge regarding delivering comprehensive primary care to transgender patients. *Transgender Health, 2*(1), 91–95. https://doi.org/10.1089/trgh.2017.0007

Kachen, A., & Pharr, J. R. (2020). Health care access and utilization by transgender populations: A United States transgender survey study. *Transgender Health, 5*(3), 141–148. https://doi.org/10.1089/trgh.2020.0017

Kcomt, L., Gorey, K. M., Barrett, B. J., & McCabe, S. E. (2020). Healthcare avoidance due to anticipated discrimination among transgender people: A call to create trans-affirmative environments. *Social Science & Medicine – Population Health, 11*, 100608. https://doi.org/10.1016/j.ssmph.2020.100608

Kendig, N. E., Cubitt, A., Moss, A., & Sevelius, J. (2019). Developing correctional policy, practice, and clinical care considerations for incarcerated transgender patients through collaborative stakeholder engagement. *Journal of Correctional Health Care, 25*(3), 277–286. https://doi.org/10.1177/1078345819857113

Keo-Meier, C. L., & Fitzgerald, K. M. (2017). Affirmative psychological testing and neurocognitive assessment with transgender adults. *Psychiatric Clinics, 40*(1), 51–64. https://doi.org/10.1016/j.psc.2016.10.011

Keo-Meier, C. L., Herman, L. I., Reisner, S. L., Pardo, S. T., Sharp, C., & Babcock, J. C. (2015). Testosterone treatment and MMPI–2 improvement in transgender men: A prospective controlled study. *Journal of Consulting and Clinical Psychology, 83*(1), 143. https://doi.org/10.1037/a0037599

King, W. M., & Gamarel, K. E. (2021). A scoping review examining social and legal gender affirmation and health among transgender populations. *Transgender Health, 6*(1), 5–22. https://doi.org/10.1089/trgh.2020.0025

Knudson, G., De Cuypere, G. & Bockting, W. (2010). Process toward consensus on recommendations for revision of the DSM diagnoses of gender identity disorders by the World Professional Association for Transgender Health. *International Journal of Transgenderism, 12*, 54–59, https://doi.org/10.1080/15532739.2010.509213

Kolodziejczak, O., & Sinclair, S. J. (2018). Barriers and facilitators to effective mental health care in correctional settings. *Journal of Correctional Health Care, 24*(3), 253–263. https://doi.org/10.1177/1078345818781566

Kosenko, K., Rintamaki, L., Raney, S., & Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. *Medical Care, 51*(9), 819–822. https://doi.org/10.1097/MLR.0b013e31829fa90d

Kosilek v. Maloney, 221 F. Supp. 2d 156 (D.Mass. 2002)

Kosilek v. Mici, Opposition to Plaintiff's Motions, C.A. No. 18–11838 (D. Mass. 2022).

Kosilek v. Spencer, 744 F.3d 63 (1st Cir. 2014).

Kosilek v. Spencer, 889 F.Supp.2d 190 (D. Mass. 2012).

Kuper, L. E., Bismar, D., & Ryan, W. (2020). Transgender mental health. In E. D. Rothblum (Ed.), *The Oxford handbook of sexual and gender minority mental health* (pp. 283–295). Oxford University Press.

Lehmann, K., Rosato, M., McKenna, H., & Leavey, G. (2021). Dramaturgical accounts of transgender individuals: Impression management in the presentation of self to specialist gender services. *Archives of Sexual Behavior, 50*(8), 3539–3549. https://doi.org/10.1007/s10508-021-02028-2

Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: Navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly, 38*(1), 46–64. https://doi.org/10.1177/0361684313501644

Lloyd, A. W. (2005). Defining the human: Are transgender people strangers to the law. *Berkeley Journal of Gender Law & Justice, 20*, 150–195.

Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality, 42*(1), 89–101. https://doi.org/10.1300/J082v42n01_05

María, P.-O., Antonio, B.-F., Gilberto, P.-L., & Domingo, L.-P. (2021). A 2020 review of mental health comorbidity in gender dysphoric and gender non-conforming people. *Journal of Psychiatry Treatment and Research, 3*(1) https://doi.org/10.36959/784/425

McCarthy, M. A., Fisher, C. M., Irwin, J. A., Coleman, J. D., & Pelster, A. D. K. (2014). Using the Minority Stress Model to understand depression in lesbian, gay, bisexual, and transgender individuals in Nebraska. *Journal of Gay & Lesbian Mental Health, 18*(4), 346–360. https://doi.org/10.1080/19359705.2014.908445

McCauley, E., Eckstrand, K., Desta, B., Bouvier, B., Brockmann, B., & Brinkley-Rubinstein, L. (2018). Exploring healthcare experiences for incarcerated individuals who identify as transgender in a Southern jail. *Transgender Health, 3*(1), 34–41. https://doi.org/10.1089/trgh.2017.0046

Melton, G. B., Petrila, J., Poythress, N. G., Slobogin, C., Otto, R. K., Mossman, D., & Condie, L. O. (2018). *Psychological evaluations for the courts: A handbook for mental health professionals and lawyers* (4th ed.). Guilford Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Miller, S. L., Hodges, R. M., & Wilner, L. L. (2018). Transgender inmates: A systems-based model for assessment and treatment planning. *Psychological Services, 17*(4), 384–392. https://doi.org/10.1037/ser0000305

Morgan, R. E., Dragon, C., Daus, G., Holzberg, J., Kaplan, R., Menne, H., & Spiegelman, M. (2020). Updates on terminology of sexual orientation and gender identity survey measures (FCSM 20–03). Federal Committee on Statistical Methodology.

National Commission on Correctional Health Care (2020) Position Statement: Transgender and Gender Diverse Health Care in Correctional Settings. https://www.ncchc.org/filebin/Positions/Transgender-and-Gender-Diverse-Health-Care-in-Correctional-Settings-2020.pdf

Neal, T. M. S. (2018). Forensic psychology and correctional psychology: Distinct but related subfields of psychological science and practice. *American Psychologist, 73*(5), 651–662. https://doi.org/10.1037/amp0000227

Neal, T. M.S. (2021, August 11). Summary of results. Forensic Psychology Income Survey (for Gender Project). https://doi.org/10.17605/OSF.IO/5PZYT.

Norsworthy v. Beard, No. 15–15712 (9th Cir. 2015).

Nuttbrock, L., Bockting, W., Mason, M., Hwahng, S., Rosenblum, A., Macri, M., & Becker, J. (2011). A further assessment of Blanchard's typology of homosexual versus non-homosexual or autogynephilic Gender Dysphoria. *Archives of Sexual Behavior, 40*(2), 247–257. https://doi.org/10.1007/s10508-009-9579-2

Nguyen, H. B., Chavez, A. M., Lipner, E., Hantsoo, L., Kornfield, S. L., Davies, R. D., & Epperson, C. N. (2018). Gender-affirming hormone use in transgender individuals: Impact on behavioral health and cognition. *Current Psychiatry Reports, 20*(12), 110. https://doi.org/10.1007/s11920-018-0973-0

Pepping, C. A., Lyons, A., & Morris, E. M. J. (2018). Affirmative LGBT psychotherapy: Outcomes of a therapist training protocol. *Psychotherapy, 55*(1), 52–62. https://doi.org/10.1037/pst0000149

Phenix, A., Fernandez, Y., Harris, A. J., Helmus, M., Hanson, R. K., & Thornton, D. (2017). *Static-99R coding rules, revised-2016*. Public Safety Canada= Sécurité publique Canada. https://saarna.org/download/static-99r-coding-rules-revised-2016/

Powitzky, R. (2011). Comparison of correctional and community mental health service delivery models. In *Correctional mental health: From theory to practice* (pp. 37–55). Sage.

Price, M. A., Bokhour, E. J., Hollinsaid, N. L., Kaufman, G. W., Sheridan, M. E., & Olezeski, C. L. (2021). Therapy Experiences of Transgender and Gender Diverse Adolescents and Their Caregivers. *Evidence-Based Practice in Child and Adolescent Mental Health*, 1–15.

Rafter, N. H. (1983). Prisons for women, 1790-1980. *Crime and Justice, 5*, 129–181.

Redclay, A., Bergquist, K., & Luquet, W. (2021). On the basis of gender: A medical-legal review of barriers to healthcare for transgender and gender-expansive patients. *Social Work in Public Health, 36*(6), 615–627. https://doi.org/10.1080/19371918.2021.1942378

Reisner, S. L., Radix, A., & Deutsch, M. B. (2016). Integrated and gender-affirming transgender clinical care and research. *Journal of Acquired Immune Deficiency Syndromes, 72*(3), S235–S242. https://doi.org/10.1097/QAI.0000000000001088

Reisner, S. L., Vetters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health, 56*(3), 274–279. https://doi.org/10.1016/j.jadohealth.2014.10.264

Reiter, K., & Blair, T. (2015). Punishing mental illness: Trans-institutionalization and solitary confinement in the United States. In *Extreme Punishment* (pp. 177–196). Palgrave Macmillan.

Richmond, K. A., Burnes, T., & Carroll, K. (2012). Lost in trans-lation: Interpreting systems of trauma for transgender clients. *Traumatology, 18*(1), 45–57.

Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2019). Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. *American Psychologist, 74*(8), 912–924. https://doi.org/10.1037/amp0000545

Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial Inequality in Psychological Research: Trends of the Past and Recommendations for the Future. *Perspectives on Psychological Science, 15*(6), 1295–1309. https://doi.org/10.1177/1745691620927709

Rold, W. J. (2008). Thirty years after Estelle v. Gamble: A legal retrospective. *Journal of Correctional Health Care, 14*(1), 11–20. https://doi.org/10.1177/1078345807309616

Ross, K. A. E., Law, M. P., & Bell, A. (2016). Exploring healthcare experiences of transgender individuals. *Transgender Health, 1*(1), 238–249. https://doi.org/10.1089/trgh.2016.0021

Routh, D., Abess, G., Makin, D., Stohr, M. K., Hemmens, C., & Yoo, J. (2017). Transgender inmates in prisons: A review of applicable statutes and policies. *International Journal of Offender Therapy and Comparative Criminology, 61*(6), 645–666. https://doi.org/10.1177/0306624X15603745

Safer, J. D., & Tangpricha, V. (2008). Out of the shadows: it is time to mainstream treatment for transgender patients. *Endocrine practice: Official Journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists, 14*(2), 248–250. https://doi.org/10.4158/EP.14.2.248

Scandurra, C., Amodeo, A. L., Valerio, P., Bochicchio, V., & Frost, D. M. (2017). Minority stress, resilience, and mental health: A study of Italian transgender people. *Journal of Social Issues, 73*(3), 563–585.

Scandurra, C., Bochicchio, V., Amodeo, A. L., Esposito, C., Valerio, P., Maldonato, N. M., et al. (2018). Internalized transphobia, resilience, and mental health: Applying the psychological mediation framework to Italian transgender individuals. *International Journal of Environmental Research and Public Health, 15*(3), 508.

Schulz, S. L. (2018). The informed consent model of transgender care: An alternative to the diagnosis of Gender Dysphoria. *Journal of Humanistic Psychology, 58*(1), 72–92. https://doi.org/10.1177/0022167817745217

Sellbom, M. (2019). The MMPI-2-Restructured Form (MMPI-2-RF): Assessment of personality and psychopathology in the Twenty-First Century. *Annual Review of Clinical Psychology, 15*, 149–177. https://doi.org/10.1146/annurev-clinpsy-050718-095701

Sevelius, J. M. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles, 68*(11–12), 675–689. https://doi.org/10.1007/s11199-012-0216-5

Sevelius, J., & Jenness, V. (2017). Challenges and opportunities for gender-affirming healthcare for transgender women in prison. *International Journal of Prisoner Health, 13*(1), 32–40. https://doi.org/10.1108/IJPH-08-2016-0046

Sexton, L., & Jenness, V. (2016). "We're like community:" Collective identity and collective efficacy among transgender women in prisons for men. *Punishment & Society, 18*(5), 544–577. https://doi.org/10.1177/1462474516642859

Shuster, S. M. (2021). *Trans medicine: The emergence and practice of treating gender*. New York University Press.

Statement of Interest of the United States, *Diamond v. Owens, et al.*, Case No. 5–15-cv-50-MTT-CHW (M.D.GA 2015).

Swendiman, K. S. (2012). Health care: Constitutional rights and legislative powers (CRS Report R40806). At https://www.everycrsreport.com/reports/R40846.html.

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65–77. https://doi.org/10.1037/sgd0000081

United States. (2003). *Prison Rape Elimination Act of 2003*. U.S. G.P.O.

Valente, P. K., Schrimshaw, E. W., Dolezal, C., LeBlanc, A. J., Singh, A. A., & Bockting, W. O. (2020). Stigmatization, resilience, and mental health among a diverse community sample of transgender and gender nonbinary individuals in the U.S. *Archives of Sexual Behavior, 49*(7), 2649–2660. https://doi.org/10.1007/s10508-020-01761-4

Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review, 66*, 24–38. https://doi.org/10.1016/j.cpr.2018.03.003

Van Hout, M. C., Kewley, S., & Hillis, A. (2020). Contemporary transgender health experience and health situation in prisons: A scoping review of extant published literature (2000–2019). *International Journal of Transgender Health, 21*(3), 258–306. https://doi.org/10.1080/26895269.2020.1772937

Veale, J. F., Peter, T., Travers, R., & Saewyc, E. M. (2017). Enacted stigma, mental health, and protective factors among transgender youth in Canada. *Transgender Health, 2*(1), 207–216. https://doi.org/10.1089/trgh.2017.0031

Vitulli, E. S. (2018). Dangerous embodiments: Segregating sexual perversion as contagion in US penal institutions. *Feminist Formations, 30*(1), 21–45.

Warrier, V., Greenberg, D. M., Weir, E., Buckingham, C., Smith, P., Lai, M. C., Allison, C., & Baron-Cohen, S. (2020). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature Communications, 11*(1), 1–12. https://doi.org/10.1038/s41467-020-17794-1

Watson, R. J., Veale, J. F., & Saewyc, E. M. (2017). Disordered eating behaviors among transgender youth: Probability profiles from risk and protective factors. *International Journal of Eating Disorders, 50*(5), 515–522. https://doi.org/10.1002/eat.22627

White Hughto, J. M., Clark, K. A., Altice, F. L., Reisner, S. L., Kershaw, T. S., & Pachankis, J. E. (2017). Improving correctional healthcare providers' ability to care for transgender patients: Development and evaluation of a theory-driven cultural and clinical competence intervention. *Social Science & Medicine, 195*, 159–169. https://doi.org/10.1016/j.socscimed.2017.10.004

Witness to Mass Incarceration (2019). *Sexual violence against LGBTI people in confinement: There is no #metoo movement behind bars*. Retrieved from: https://www.prearesourcecenter.org/resource/sexual-violence-against-lgbti-people-confinement-there-no-metoo-movement-behind-bars

World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). https://icd.who.int/

World Professional Association for Transgender Health. (2012). *Standards of care for the health of transsexual, transgender, and gender nonconforming people [7th Version].*. https://www.wpath.org/publications/soc.

World Professional Association for Transgender Health. (2022). *Standards of care for the health of transsexual, transgender, and gender nonconforming people [8th Version]. (Publication pending).*

Wylie, K., Knudson, G., Khan, S. I., Bonierbale, M., Watanyusakul, S., & Baral, S. (2016). Serving transgender people: Clinical care considerations and service delivery models in transgender health. *The Lancet, 388*(10042), 401–411. https://doi.org/10.1016/S0140-6736(16)00682-6

Chapter 11
Medications for Opioid Use Disorder (MOUDs): What Psychology Service Providers Should Know to Improve Correctional Care

Shayna S. Bassett and Daniel J. Delaney

Introduction

According to provisional data from the US Centers for Disease Control and Prevention (CDC), overdose deaths rose to historic levels in 2021, where approximately two-thirds of these deaths involved synthetic opioids such as fentanyl (Ahmad et al., 2021). As opioid use in the United States has transitioned from prescription medications to illicit drugs, an increasing number of people with opioid use disorder (OUD) have entered our correctional facilities (O'Donnell et al., 2017). More specifically, the odds of legal involvement are 52% for individuals who reported using prescription opioids and 77% for those who reported using heroin, compared to 16% for those who reported no past-year opioid use (Winkelman et al., 2018). The odds of becoming involved in the legal system are significantly higher for individuals who use opioids, and these odds increase with the severity of opioid use after controlling for other risk factors such as sociodemographic variables, mental and physical health problems, and other substance use (Winkelman et al., 2018).

Individuals with OUD are at increased risk of overdose death, particularly within the first two weeks following release from jail or prison (Merrall et al., 2010; Ranapurwala et al., 2018). With opioid overdose rates 10–40 times greater for individuals released from correctional facilities compared to the general population (Ranapurwala et al., 2018), drug overdose was found to be the leading cause of

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death among previously incarcerated persons (Bingswanger et al., 2013; Bingswanger et al., 2007).

The recommended best practice for treating OUD is combining medication with psychosocial interventions (Sofuoglu et al., 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). To date, the Food and Drug Administration (FDA) has approved three medications for the treatment of OUD (MOUDs)—methadone, buprenorphine, and naltrexone. Methadone is a Schedule II opioid agonist administered orally only at federally certified Opioid Treatment Programs (OTPs) and acute inpatient settings for OUD treatment. Correctional facilities are able to become certified OTPs, or contract with community-based OTPs, to provide methadone treatment. Additionally, buprenorphine is a Schedule III partial opioid agonist (e.g., Suboxone) that can be dissolved under the tongue (i.e., sublingually), in the cheek (i.e., buccal), administered via implant placed underneath the skin (e.g., Probuphine), or injected under the skin for extended release (e.g., Sublocade). Qualified providers who satisfy federal requirements may receive a waiver to prescribe buprenorphine outside of OTPs. Lastly, naltrexone is an opioid antagonist administered orally or via intramuscular injection for extended release (e.g., Vivitrol). Naltrexone is not a scheduled medication and can be prescribed and administered by physicians, nurses, physician assistants, or pharmacists.

All three of these medications have been approved for use in tandem with psychosocial interventions to treat OUD. A systematic review conducted by Dugosh et al. (2016) found that combining psychosocial interventions with a MOUD typically led to improved clinical outcomes for patients. Some randomized controlled studies have not found that adding psychosocial interventions to MOUD treatment had a significant impact on treatment retention or illicit opioid use (e.g., Schwartz et al., 2012; Weiss et al., 2011). Therefore, it has been argued that individuals who are not interested in or able to engage in psychosocial interventions should not be denied MOUD treatment (SAMHSA, 2019) as medical management may be sufficient to treat OUD among some individuals (Carroll & Weiss, 2017). However, MOUD treatment is likely not enough to facilitate sustained recovery or meaningful lifestyle changes for most people. Psychosocial interventions that increase and maintain patients' motivation for change and treatment adherence (e.g., motivational interviewing) may lead to greater MOUD treatment retention. Furthermore, individuals with OUD commonly have comorbid psychiatric and substance use conditions that cannot be adequately treated by medication alone (Sofuoglu et al., 2019) and require formal therapy (e.g., cognitive behavioral therapy, dialectical behavior therapy, trauma-focused treatments, relapse prevention skills). A common request among participants of the Rhode Island Department of Corrections (RIDOC) MOUD program was increased access to recovery services beyond MOUD such as individual and group counseling (Brinkley-Rubinstein et al., 2019). This suggests that incarcerated MOUD patients desire and find value in psychosocial interventions to treat OUD.

Effectiveness of MOUD in Correctional Settings

Several meta-analyses and systemic reviews have demonstrated the effectiveness of using MOUDs in jail and prison settings, as well as during reentry to the community following release (e.g., Hedrich et al., 2012; Moore et al., 2019; Sharma et al., 2016). Using a three-tiered rating system, SAMHSA (2019) rated the evidence base for each of the FDA-approved medications for OUD in treating withdrawal, cravings, treatment entry and retention, illicit opioid use, criminal recidivism, overdose risk, and health risk behaviors (e.g., sharing syringes, unprotected sex with multiple partners). A summary of the findings is displayed in Table 11.1.

Below is a summary of the evidence in support of maintaining and initiating MOUD treatment while incarcerated to lower rates of illicit opioid use and recidivism and increase rates of engagement in community treatment post-release.

Illicit Opioid Use

A longitudinal study conducted in a large jail setting found that individuals who initiated methadone treatment in jail remained in methadone treatment at higher rates and reported lower rates of heroin use than individuals who were detoxed from methadone in jail (Magura et al., 1993). Although too few randomized controlled trials and quasi-experimental studies examining the effectiveness of buprenorphine and naltrexone delivered in jails or prisons had been conducted at the time of publication to meta-analyze, Moore et al. (2019) determined both medications were superior to methadone and placebo, or at least as effective as methadone in decreasing illicit opioid use post-release based on a review of these studies.

Table 11.1 Level of effectiveness of MOUDs in correctional settings

	Medication for OUD			
Intervention	Methadone	Buprenorphine	Oral Naltrexone	XR-Naltrexone
Withdrawal	R	R	U	U
Cravings	R	R	U	P
Treatment entry and retention	R	R	U	U
Illicit opioid use	R	R	P	R
Criminal recidivism	U	U	P	P
Overdose risk	P	P	U	P
Health risk behaviors	P	U	U	P

Notes: R Reliable benefits (effectiveness reported in at least two meta-analyses, systemic reviews, or randomized controlled trials in correctional settings), *P* Potential benefits (effectiveness reported in randomized experiments conducted outside of correctional settings or in correlational studies involving legally-involved persons), *U* Unproven benefits (insufficient testing or unproven effectiveness)

Recidivism

Receiving MOUD treatment while incarcerated has been shown to reduce recidivism in some studies, and lower odds of felony arrest were found for individuals retained in methadone maintenance treatment long term (Deck et al., 2009). Rich et al. (2015) conducted a randomized clinical trial that compared methadone continuation to a methadone dose taper among individuals on methadone treatment at the time of arrest. At follow-up, individuals who were continued on methadone while incarcerated were found to have significantly higher rates of reentering treatment and significantly lower rates of reincarceration, illicit opioid use, and intravenous drug use compared to those who were required to taper off methadone. Similarly, a natural experiment examining outcomes across two Massachusetts jails found offering buprenorphine to individuals with OUD, while incarcerated was associated with lower rates of re-arraignment and reincarceration, independent of other factors (Evans et al., 2022). Although a meta-analysis and systematic review did not find MOUD treatment during incarceration to be consistently related to a reduction in recidivism, this finding may have been impacted by the wide variation in follow-up periods used in the studies examined (Moore et al., 2019).

Treatment Engagement

In one randomized clinical trial, individuals who initiated methadone treatment and counseling while incarcerated were more likely to continue treatment following release and showed lower rates of opioid use and reoffending during the 6 months following release compared to individuals who only received counseling (Gordon et al., 2008). A meta-analysis and systematic review examining the effectiveness of MOUD treatment in correctional settings found that individuals who received methadone while incarcerated were eight times more likely to engage in community substance use treatment, 78% less likely to use illicit opioids, and 74% less likely to engage in intravenous drug use following release (Moore et al., 2019). Moreover, initiation of buprenorphine while incarcerated was found to be feasible and associated with longer retention in community treatment compared to the initiation of the medication post-release (Zaller et al., 2013). Similar results were found from a RCT on buprenorphine with those initiating treatment in-facility more likely to connect to community treatment following release (Gordon et al., 2014).

Economic Considerations

Research suggests correctional MOUD treatment is more cost-effective than incarceration alone. A cost-effective analysis of a jail-based methadone maintenance treatment (MMT) program in New Mexico found that individuals who enrolled in the MMT program had significantly fewer days of incarceration due to recidivism

than individuals with OUD who did not enroll; providing MMT within the jail was found to cost less than the costs associated with the higher recidivism rates (Horn et al., 2020). Similarly, offering extended-release naltrexone prior to release from incarceration was found to lead to higher financial returns following investment in corrections-based addiction treatment in two states. Following improvements in healthcare costs, relapse rates, overdoses, and recidivism rates, Kentucky saw a return of $4.52 for every dollar spent on correctional treatment, while Massachusetts reported a return of $6.27 for every dollar spent (SAMHSA, 2019).

Legal and Regulatory Considerations

In 1976, the US Supreme Court ruled that ignoring an incarcerated person's serious illness constitutes cruel and unusual punishment, thus violating the Eighth Amendment (Marshall & The Supreme Court of the United States, 1976). It has been argued that failing to provide MOUDs in correctional facilities is a violation of the Eighth Amendment and the Americans with Disabilities Act of 1990 (ADA), which protects the civil rights of individuals with disabilities including OUD if they are not actively using illicit drugs (Bowlin, 2020). Nearly 25 years ago, the National Institutes of Health (1997) recommended that methadone maintenance treatment be available to all individuals with OUD under legal supervision. Similarly, the World Health Organization (2009) has advocated for incarcerated persons with OUD to have access to opioid agonists (i.e., methadone and buprenorphine) for detoxification or maintenance treatment and for these medications to be initiated prior to release from incarceration to prevent overdose deaths and illicit opioid use.

More recently, the Department of Justice (DOJ) published guidelines in April 2022 regarding how the ADA protects individuals with OUD, including those engaged in MOUD treatment. According to these guidelines, correctional facilities prohibiting the use of MOUDs would be in violation of the ADA (U.S. Department of Justice, 2022).

Frequency and Prevalence

Despite the effectiveness of MOUDs in treating OUD and calls from the legal and medical communities to offer these medications to individuals incarcerated with OUD, the use of MOUDs in correctional facilities remains relatively rare. A national study conducted in 2009 found that only 14% of state and federal prisons offered buprenorphine and 55% provided methadone (Nunn et al., 2009). Furthermore, over half of the facilities that did provide these medications offered it exclusively to pregnant women or chronic pain patients (Nunn et al., 2009).

In 2018, only 27% of US jurisdictions offered methadone or buprenorphine in their correctional facilities, 76% offered injectable naltrexone prior to release, and

only the State of Rhode Island provided all three FDA-approved MOUDs (Vestal, 2018). A more recent survey found that 61% of prisons continue to fail to provide any form of MOUD with only 7% offering all three types (Scott et al., 2021). Most prisons that offer MOUD continue to do so with specific conditions and focus on individuals nearing release (81%), pregnant women (81%; 14% provide MOUD only to pregnant women), individuals admitted already on MOUD (38%), and those court ordered to be on MOUD (29%). Notably, only 29% of prisons offer MOUD to any individual with an OUD (Scott et al., 2021).

Theoretical Model(s) Relevant to Service Delivery

Harm reduction is a strategy and philosophy aimed at reducing the impact of drug use on individuals and communities. MOUDs have been considered a form of harm reduction due to mounting evidence that they are effective at reducing illicit substance use and increasing treatment engagement (Brinkley-Rubinstein et al., 2017).

Harm reduction approaches are particularly relevant for individuals in correctional settings given the potential to address inequities in health and access to health care (Pauly, 2008). Individuals who are arrested are predominately from low-income, non-White, and medically underserved communities, resulting in higher rates of physical and mental illness among correctional populations (Dumont et al., 2012). Multiple barriers to accessing health care in the community for these populations have been identified. Those living in poverty often struggle to cover the costs associated with transportation, childcare, and prescriptions. Additionally, the stigma individuals who use drugs often face within the healthcare system can lead to negative healthcare experiences and impact care (Pauly, 2008). Correctional facilities have the ability to connect those who are medically underserved to healthcare, including MOUDs, thereby providing a counterbalance to inequities in health and access to health care. Support for this comes from Schwartz et al. (2019), who found that individuals who began methadone treatment in jail were less likely to be White, reported more days of illicit drug use and other criminal activity prior to incarceration, and had lower global quality of life compared to individuals who initiated methadone treatment through community-based programs.

Racial disparities common among many facets of healthcare are also observed in OUD treatment, with Black individuals significantly less likely to initiate MOUD treatment in the community than White individuals (Wu et al., 2016). Racial inequities in incarceration rates have been found to explain part of the variation in the relationship between race and MOUD initiation. A study conducted by Hollander et al. (2021) found that each day in jail was associated with a 0.3% decrease in MOUD initiation. As long as non-Hispanic Black Americans continue to have 3.5 times the jail incarceration rate of non-Hispanic White Americans, providing MOUD treatment in correctional settings will be a critical step in reducing racial disparities in MOUD treatment (Hollander et al., 2021). Additionally, forced withdrawal from opioid agonists while incarcerated disproportionately affects people of color and individuals with low income; those who are arrested and unable to afford

bail experience forced withdrawal, while those who can make bail are released and continue their medication (Fiscella et al., 2018).

Harm reduction, as a philosophy, shifts the primary goal from "fixing" individuals toward reducing harm. It also shifts the perspective from rationing resources based on deservedness toward seeing everyone as deserving of care (Pauly, 2008). According to this principle, MOUDs should be offered to all incarcerated individuals with OUD, rather than specific subgroups of individuals (e.g., pregnant women, individuals with chronic pain). Additional recommendations made to address the significant risk of overdose among individuals recently released from incarceration with a harm reduction approach, include (1) offering all three FDA-approved MOUDs as the standard of care in correctional settings, (2) screening all individuals for OUD at intake, (3) continuing and initiating MOUD while incarcerated, and (4) providing linkage to community MOUD providers upon release from incarceration (Brinkley-Rubinstein et al., 2017). Additionally, the authors recommend establishing peer-based reentry programs (e.g., recovery coaches, peer specialists, community health workers) employing previously incarcerated persons in recovery from substance use disorders to increase trust and help facilitate treatment engagement post-release (Brinkley-Rubinstein et al., 2017).

Diagnosis, Assessment, and Interventions

Several resources have been published to guide and standardize the clinical decision-making process for prescribing MOUD. In 2018, SAMHSA first published the "Treatment Improvement Protocol (TIP) 63: Medication for Opioid Use Disorder," which provides extensive guidelines for healthcare workers for prescribing MOUD. These guidelines were updated in July 2021 (SAMHSA, 2021). The American Psychiatric Association also published guidelines for prescribing buprenorphine (Renner et al., 2018). Although not specific to correctional settings, these recommendations are applicable to the correctional workforce for guidance in conducting adequate screening and assessment to inform decisions such as diagnosis, whether or not to prescribe MOUD and which medication to prescribe. The following will provide an overview of these guidelines, while taking into account special considerations for the current practice in correctional settings. Furthermore, the possible role of psychology service providers in MOUD implementation in correctional settings will be considered.

Screening and Diagnosis of OUD

Screening and thorough assessment of whether incarcerated individuals meet criteria for OUD or opioid withdrawal according to the Diagnostic and Statistical Manual, fifth edition (DSM-5) is a necessary first step (SAMHSA, 2021).

Standardized screening tools are the optimal method to correctly identify those with possible OUD or substance use disorders (SUD) compared to providers' subjective impression (Ducharme & Moore, 2019). SAMHSA recommends the use of several drug screening tools such as the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and the Tobacco, Alcohol, and Prescription Medications and Other Substance Use Tool (TAPS Tool). Of note, screening tools such as the TAPS were developed and standardized for use in primary care settings (McNeely et al., 2016), and the validity and reliability of some of these measures have yet to be assessed for use in correctional settings. Although screening tools are still likely superior to subjective impression, these measures should be interpreted more cautiously in correctional settings.

However, there is currently one screening tool that has been developed for specific use in correctional settings. Wickersham et al. (2015) were successful in validating a screening tool for OUD for use in correctional settings with the intent of identifying those in need of MOUD. The Rapid Opioid Dependence Screen (RODS) is a brief, eight-item measure with good psychometric properties when used with incarcerated individuals (Wickersham et al., 2015).

After screening and identifying individuals with possible OUD, a comprehensive structured assessment should be completed to determine OUD diagnosis, severity of OUD, and other information relevant to prescribing decisions (see *Assessment for Prescribing and Dosing Decisions* below). To establish OUD diagnosis, SAMHSA recommends that the prescriber collect a full substance use history, including patterns of drug and alcohol use, consequences experienced as a result of opioid (and other substance) use, treatment history, family mental health and SUD history, and social history.

Comprehensive and standardized screening and assessment is particularly important to accurately identify those with OUD. In fact, the use of International Classification of Diseases (ICD) codes denoting OUD, despite lack of sufficient evidence that the patient meets DSM-5 criteria, was found to be alarmingly prevalent among a national sample across VA hospitals (Lagisetty et al., 2021). Although this study did not focus on correctional settings, it highlights how often poor diagnostic decisions are made due to insufficient evidence.

The extent to which correctional facilities offering MOUD follow the standards noted above is unclear. State-run MOUD programs in Rhode Island, Vermont, Missouri, Pennsylvania, and Massachusetts were noted to screen individuals for SUD to determine eligibility for the program (Beckman et al., 2018; SAMHSA, 2019). However, screening and assessment procedures for many of these different programs do not appear to be published. For example, Vermont's MOUD program is noted to be an Interim Maintenance Treatment Program (ITP) versus an Opioid Treatment Program (OTP)—one key difference being that ITPs do not have to complete an initial biopsychosocial evaluation and physical exam to prescribe MOUD. Although some of these programs may be utilizing adequate screening and assessment, it is difficult to ascertain the robustness of methods these programs use to make decisions on who may qualify for MOUD. In turn, individuals in particular need of treatment may go without, which may mean higher rates of overdose,

mortality, and recidivism. Likewise, those who are incorrectly diagnosed with OUD may be offered MOUD, which is wasteful of resources and increases the risk of diversion.

MOUD programs in correctional settings may also take other factors into account to determine program eligibility. For instance, New Hampshire's program requires that potential candidates make a commitment to sobriety to receive services, whereas Vermont's program requires that individuals have already received MOUD in the community prior to incarceration (Beckman et al., 2018). Extraneous factors determining the prescribing decisions likely exclude individuals who could still greatly benefit from MOUD. Likewise, many MOUD programs in correctional settings only screen for, and offer, MOUD just prior to release (Beckman et al., 2018; SAMHSA, 2019). This decision likely leads to forced withdrawal at the beginning of incarceration for many individuals with OUD. Forced withdrawal during incarceration has been found to deter individuals from initiating MOUD in the community (Fiscella et al., 2018) and may also be a contributing factor to significant racial disparities in MOUD initiation.

Correctional psychologists and/or psychology service providers may be able to play a key role in the screening and assessment process. Given their training in screening in assessment, psychologists can select valid and reliable tools to better screen for OUD and ensure proper administration of these measures in correctional settings. Likewise, psychologists would be especially apt for completing biopsychosocial assessments to provide accurate OUD diagnoses. In turn, psychologists could be in a crucial position to correctly identify individuals in need of MOUD. Given the benefit of screening and assessing OUD and prescription of MOUD upon admission into the correctional setting, correctional psychologists can also advocate this need to policymakers and administrators within their setting.

Assessment for Prescribing and Dosing Decisions

After determining OUD diagnosis, medical providers must take a range of factors into account to determine appropriateness of MOUD, dosing, and which specific medication to prescribe. These considerations include risk factors for adverse side effects, past response to MOUDs, potential harmful interactions with other medications, lung and liver functioning, co-occurring mental health disorders, physical dependence, current withdrawal, patient preference, and patient's occupation, to name a few (SAMHSA, 2021). Furthermore, substances such as benzodiazepines, alcohol, or barbiturates can put the individual at risk for overdose or increased sedation, and therefore, patients with co-occurring SUDs may not be appropriate for certain MOUDs (SAMHSA, 2021).

These numerous considerations make evident that there is no "one size fits all" for MOUD and that the most effective approach is one that is highly flexible. However, as noted above, the vast majority of MOUD programs in correctional settings do not offer all three FDA-approved medications, and many only offer one,

which makes this flexible approach difficult to bring to reality. In a survey of 538 prisons across 21 systems, only 7% offered all three medications, 39% offered one or more of the medications, and 61% did not offer MOUD at all (Scott et al., 2021). In fact, Rhode Island is the first and only state that offers all three MOUD options across all state correctional facilities (Clarke et al., 2018; SAMHSA, 2019). In addition, most of the programs that do offer MOUD only offer naltrexone (Beckman et al., 2018; SAMHSA, 2019), which has the least evidence supporting its effectiveness across outcomes (see Table 11.1 above). In sum, most correctional MOUD programs are currently incongruent with best clinical practices.

Although psychology service providers do not prescribe or make decisions regarding dosing of MOUD, they may play a helpful role in increasing patient motivation to initiate MOUD or facilitating medication adherence. Psychology service providers trained in behavioral or motivational interventions may help patients increase willingness to engage in OUD treatment (MOUD and/or behavioral interventions), explore decisions regarding MOUD, and dispel myths regarding MOUD use. In addition, psychology service providers can collaborate with prescribers if they notice the patient experiencing adverse side effects.

Psychosocial Interventions Used in Conjunction with MOUD

Most correctional facilities providing MOUD also offer, if not require, psychosocial interventions as part of a larger substance use treatment program (Beckman et al., 2018; SAMHSA, 2019). Substance use treatment programs in correctional settings offer daily to weekly group therapy, which include psychoeducation, cognitive behavioral therapy, and/or 12-step programming (Beckman et al., 2018; SAMHSA, 2019). Many programs offer participants weekly to monthly individual sessions with a counselor (Beckman et al., 2018; SAMHSA, 2019). Furthermore, many MOUD programs in correctional settings (e.g., Vermont, Missouri, Rhode Island, New Jersey, etc.) also connect patients with psychosocial services in the community for post-release care (Beckman et al., 2018; SAMHSA, 2019).

Combining MOUD with psychosocial interventions appears to be effective across correctional substance use treatment programs in the United States (Beckman et al., 2018; SAMHSA, 2019). For instance, the Rhode Island Department of Corrections MOUD program (participants must also attend weekly therapy groups) saw over a 60% reduction in overdose deaths (Green et al., 2018). In an evaluation of Kentucky's program "Recovery Kentucky," only 5% of participants in the program reported illegal drug use at 6-month follow-up, versus 83% at intake (Logan et al., 2018). In addition, 76% of participants were employed at follow-up compared to 46% at intake (Logan et al., 2018). Likewise, Missouri's substance use treatment program—which includes weekly group therapy, at least monthly individual therapy, a vivitrol injection upon release, and connection to SUD treatment services (including MOUD) post-release—was found to cut recidivism rates in half (40% for nonparticipants versus 20% for participants; Beckman et al., 2018). In sum, the

holistic approach of combining MOUD with psychosocial interventions in correctional facilities appears to be effective across a variety of outcomes.

Unfortunately, due to variation in the type, intensity, and frequency with which psychosocial interventions are provided in correctional MOUD programs and research studies, the incremental efficacy of adding psychosocial interventions to MOUD treatment is largely unclear (Dugosh et al., 2016). Additionally, few studies have included a medication only control group. Therefore, there is a dearth of information regarding which medications should be paired with which psychosocial interventions to treat OUD most effectively for which patients (Dugosh et al., 2016), and little data exists to help practitioners identify which patients would be most appropriate for medical management only. As a result, it has been recommended practitioners consider less intensive treatment first, with increased intensity provided to patients who struggle early in treatment (Carroll & Weiss, 2017). This approach would require close coordination between the medical staff who prescribe MOUD and the psychology service providers who provide the psychosocial interventions in the facility.

Barriers to MOUD Treatment in Correctional Settings

Although a recent study found increased MOUD use in state prison systems compared to earlier studies (e.g., Nunn et al., 2009), many of the reported barriers to the implementation of MOUD treatment remained the same (Scott et al., 2021). The majority of barriers that have been identified for the implementation of MOUD in correctional settings fall under two main categories. The first is inadequate or incorrect information about MOUDs among correctional administrators and staff. Despite evidence of effectiveness, system preference for abstinence-based treatment remains a significant barrier to the adoption of MOUD in correctional facilities (Nunn et al., 2009; Scott et al., 2021). Some individuals misunderstand how MOUDs work and perceive their use as replacing one drug for another. Similarly, others believe an individual must withdraw and abstain from all substances to live a "clean lifestyle" (Friedmann et al., 2012; Nunn et al., 2009). Notably, a survey of US state and federal correctional facilities found the most endorsed reason for not offering methadone or buprenorphine in facility or providing referrals to community-based MOUD providers upon release was a facility preference for a drug-free detox (Nunn et al., 2009). Over a third of state prison systems most impacted by the opioid epidemic cited a preference for abstinence-based treatment. However, forced withdrawal from opioid agonist medications initiated in the community upon incarceration causes physical and emotional agony and increases the risk of death (Fiscella et al., 2018). Additionally, fearing rearrest and forced withdrawal, individuals may refrain from resuming MOUD treatment upon release to the community, thus placing them at greater risk for illicit opioid use, overdose, and death (Fiscella et al., 2018).

The second category of barriers pertains to insufficient resources to provide MOUD safely and securely in jails and prison. Many correctional facilities do not

have the medical personnel necessary to provide substance use treatment to incarcerated individuals (SAMHSA, 2019). As a result, some facilities only have the capacity to provide MOUD to detox individuals from opioids and/or to select groups of individuals (e.g., pregnant women). Staffing and capacity issues also prevent correctional facilities from meeting the requirements necessary to register as an OTP with the US Drug Enforcement Agency, which is required for the facility to offer methadone. Limited financial resources restrict systems from being able to hire more medical personnel and afford the cost of medications. Lastly, some facilities limit or prohibit the use of methadone or buprenorphine out of concern for security and the risk of diversion (Friedmann et al., 2012; Nunn et al., 2009). Bandara et al. (2021) conducted semi-structured interviews with informants representing 19 correctional systems that initiate and maintain MOUDs to identify implementation barriers and facilitators to correctional MOUD programs. Program adoption was largely challenged by stigma among staff but reduced over time as staff became more familiar with the program. Significant challenges to program implementation were restrictive regulations regarding licensing requirements and prescribing limits. Coupled with concerns about diversion, some facilities reported deviating from evidence-based protocols by limiting opioid agonists to low doses, mandating counseling for participation, and requiring detoxification before medication initiation. Despite these challenges, informants felt strongly that methadone and buprenorphine should be offered more widely among US jails and prisons and that legislation and litigation may soon require an expansion of MOUD programs in correctional systems.

Future Implications

Unfortunately, MOUD treatment is unlikely to become more widely implemented in correctional settings until many of the barriers noted above are attended to. To address the most frequently endorsed barriers to implementing MOUD in correctional settings, researchers have offered the following solutions: (1) provide education and training about the benefits of MOUD for individuals with OUD and community members to offset incorrect information and negative attitudes about MOUD, (2) increase funding and resources available to correctional institutions for MOUD treatment, and (3) improve linkage to community treatment for individuals on MOUD post-release (Friedmann et al., 2012).

Addressing Educational Barriers

Among criminal justice agency respondents operating within sites not offering MOUD, 70% said it would be possible to introduce methadone and buprenorphine, and 65% said it would be possible to introduce naltrexone, if evidence showed that

MOUD was effective at improving criminal justice outcomes (Friedmann et al., 2012). While some nuances exist with regard to which criminal justice outcomes are consistently impacted (e.g., recidivism), the available evidence strongly supports the use of MOUD in correctional settings. As a result, significant efforts should be made to properly educate correctional administrators and staff about the medications to offset inadequate information and negative attitudes about MOUD. To advance staff knowledge, SAMHSA (2019) made the following recommendations: (1) provide ongoing staff training on the proven benefits of MOUD and address its common misconceptions, (2) develop working groups composed of representatives from corrections and local community MOUD providers to discuss concerns and address barriers to MOUD services and referrals, (3) offer peer supervision and/or mentoring to keep staff informed and educated, and (4) identify change agents who can advocate for systems-level support needed to implement and sustain MOUD. Relevant professional societies (e.g., National Commission on Correctional Healthcare) could be engaged to educate correctional administrators and staff about the utility of MOUD treatment to improve the health of individuals who are incarcerated, facilitate successful transitions to the community, and reduce risks of opioid use, overdose deaths, and recidivism. Research supports the use of staff training to address educational barriers around MOUD treatment. Friedman et al. (2015) provided a 3-hour training to staff from community corrections and community health agencies that included information on the neurobiology of addiction, provided an overview of the FDA-approved medications, discussed the compatibility of MOUDs with behavioral interventions, and reviewed the availability of MOUD treatment in the local area. Following completion of the training, staff reported greater familiarity with MOUD treatment and knowledge of where to refer patients in the community.

Addressing Financial Barriers

Strategies for expanding the adoption of MOUD in correctional facilities have been posited by Scott et al. (2021). The first included developing and/or modifying federal grant programs to incentivize prison systems to implement MOUD treatment. This strategy would help offset another frequently endorsed barrier, which is a lack of funding, to cover the cost of medical staff and medications. Additionally, correctional systems could request discounted MOUD rates through state block grants or negotiate for reduced costs directly from pharmaceutical companies (SAMHSA, 2019). Federally Qualified Health Centers (FQHCs) offer buprenorphine at discounted costs to low-income and uninsured individuals (National Sheriffs' Association & National Commission on Correctional Health Care, 2018) and could be utilized to facilitate ongoing care upon release to the community. Insurance-driven strategies include altering versus terminating Medicaid coverage that is allowed during incarceration or allowing community providers to bill insurers for in-reach services offered to prepare individuals for release from incarceration

(SAMHSA, 2019). For example, legislation could be enacted to allow Medicaid to provide pretreatment funding 30 days prior to release to cover the costs and support initiation of MOUD treatment prerelease (Fiscella et al., 2018).

Addressing Regulatory Barriers

Federal and state guidelines regulating MOUD treatment changed during the COVID-19 pandemic, and this change also affected incarcerated individuals. Prior to the pandemic, patients were required to present to an OTP daily due to safety and diversion concerns with take-home doses (THD). In March 2020, SAMHSA recommended providing 14 THDs to patients deemed "unstable" and 28 THDs for patients deemed "stable" to reduce crowding and risk of exposure to COVID-19 (SAMHSA, 2020). Additionally, relaxed federal telemedicine regulations during the pandemic allowed jails and prisons to initiate buprenorphine for individuals without an initial in-person visit with a clinician (Drug Enforcement Administration, 2020). Instead, individuals were able to meet with a clinician waivered to prescribe buprenorphine for OUD via telemedicine encounters with audio and video capabilities using a computer (Duncan et al., 2021).

Moreover, methadone regulatory changes during COVID-19 altered workflows within correctional facilities offering MOUDs. For example, a prison in Puerto Rico no longer received daily methadone doses from the partnering OTP. Instead, the prison received a week's worth of THDs from the OTP to be dispensed to individuals by a prison nurse (Wyatt et al., 2022). Additionally, THDs were prescribed at release to facilitate connection to community-based OTPs. At 30-day follow-up from release to the community, the 33 individuals who had been released remained connected to an OTP and did not report adverse outcomes from the THDs (Wyatt et al., 2022). This is consistent with other recent studies that found increasing THDs during the COVID-19 pandemic were not associated with an increase in methadone-related overdoses (Brothers et al., 2021) or diversion (Figgatt et al., 2021).

Suen et al. (2022) advocate for a reassessment of the restrictive regulations typically applied to methadone treatment based on these findings to increase the acceptability of providing this treatment in correctional systems. Additionally, loosening regulations would address some of the barriers to implementing methadone and buprenorphine treatment programs in US jails and prisons identified by Bandara et al. (2021). Support for this speculation comes from Dadiomov et al. (2022) who found the availability of MOUDs in jails and prisons significantly increased in the month immediately following the onset of the COVID-19 pandemic and continued to increase throughout the pandemic. Similar changes were not observed among hospitals, clinics, or long-term care facilities during the pandemic. The relaxation of regulations during the COVID-19 pandemic, particularly for buprenorphine prescribing, appears to be one of the driving forces behind the increases in MOUD availability. As a result, it has been argued that these relaxed restrictions should be continued following the pandemic due to the notable effects on access to MOUDs

in jails and prisons (Dadiomov et al., 2022; Duncan et al., 2021). Lastly, allowing the short-term dispensing of opioid agonists in correctional facilities for individuals prescribed methadone or buprenorphine prior to arrest, similar to the exemptions allowed to hospitals providing inpatient care to individuals with OUD, would address another important regulatory barrier (Fiscella et al., 2018).

Addressing Linkage to Community Treatment

Whether MOUD programs in correctional settings are effective hinges on whether MOUD treatment is successfully transitioned to a community provider following release (SAMHSA, 2019). A cohort study conducted by Degenhardt et al. (2014) found mortality rates following release from prison were highest among individuals who did not receive opioid substitution therapy and lowest among those who continued to receive opioid substitution therapy following release from prison. Furthermore, while receiving opioid substitution therapy while incarcerated provided mortality protection in the short term, receipt in the four weeks following release from prison reduced mortality risk by 75%. Additionally, individuals who continued methadone treatment following release were found to have a 65% lower rate of returning to custody compared to those who discontinued methadone treatment post-release and individuals with OUD who did not initiate methadone treatment prior to, or following, release (Farrell-MacDonald et al., 2014).

Unfortunately, some formerly incarcerated persons have difficulty identifying or connecting with community treatment post-release due to logistical barriers (e.g., availability of MOUD in their local community, transportation issues, access to same-day MOUD treatment). Individuals maintained or initiated on methadone or buprenorphine while incarcerated are at increased risk for illicit opioid use, overdose, and death following release to the community if connections to follow-up care are not made (SAMHSA, 2019). As a result, the ethicality of providing MOUDs to individuals while incarcerated has been questioned due to the challenges they may face when trying to establish continuity of care with a community provider post-release (Scott et al., 2021).

Correctional systems without the licensing or medical providers required to offer MOUDs may consider partnering with community-based providers to provide MOUD within the facility. This strategy was employed by the Rhode Island Department of Corrections (RIDOC) through a partnership with CODAC Behavioral Health to provide all three FDA-approved medications to all individuals with OUD in custody. Following the implementation of the MOUD program in 2017, overdose deaths among individuals released from incarceration fell by 60.5% (Green et al., 2018). Additionally, in partnering with CODAC Behavioral Health, Rhode Island established 12 Centers of Excellence throughout the state to permit formerly incarcerated persons to continue MOUD treatment regardless of their location following release from jail or prison. As a result, 82.4% of individuals surveyed post-release who participated in the RIDOC MOUD program while incarcerated reported

continuing MOUD treatment post-release (Martin et al., 2019). Establishing partnerships with community providers creates opportunities to smoothly transition MOUD treatment following release to the community. These transitions have been shown to be the most important factor in distinguishing successful from unsuccessful correctional-based MOUD programs (Moore et al., 2019).

Conclusions

MOUDs are effective at treating OUD, preventing illicit drug use and overdose deaths, and increasing treatment engagement post-release, yet most correctional facilities do not offer them, or only offer them under certain circumstances. From a harm reduction and health equity perspective, MOUDs should be maintained and initiated in all jail and prison systems to anyone with OUD. Furthermore, this would be consistent with federal guidelines (e.g., ADA), constitutional and civil rights (e.g., Eighth Amendment) and would help address racial inequities in the initiation of MOUDs. The ideal correctional MOUD program would be modeled after Rhode Island's, which provides MOUD treatment upon arrival to the facility for up to a year and for 90 days following release (Bowlin, 2020). All levels of detainees should be screened for OUD at intake using an empirically validated screen. A positive screen should then be followed by a structured assessment to determine whether the individual meets diagnostic criteria for an OUD. All three FDA-approved MOUDs should be offered with psychosocial interventions to address the unique treatment needs of each patient, taking the availability of each MOUD in the patient's community upon release into account.

Several barriers to the implementation of MOUDs in correctional systems have been identified. However, actualizing solutions to these barriers is bound to take significant cooperation and collaboration across correctional staff and administrators, community treatment providers, professional societies, policy makers, and federal regulatory departments. Of primary importance in building a successful MOUD treatment program in corrections is fostering partnerships with community MOUD providers. This would provide opportunities to address staffing issues hindering the implementation of MOUD in-facility and create meaningful linkages to community treatment for patients upon release. The COVID-19 pandemic created opportunities to determine the potential impact of alleviating regulatory barriers on the availability of MOUDs in jails and prisons. Merely loosening regulatory restrictions, particularly for buprenorphine prescribing, appeared to increase the availability of MOUDs in jails and prisons during the pandemic in ways not observed in other care settings. Moreover, available research suggests fears regarding diversion and MOUD-related overdoses associated with increased THDs during the pandemic were unfounded.

By declaring that correctional facilities prohibiting the use of MOUDs would be found in violation of the ADA in April 2022, the DOJ set the stage for MOUD treatment to expand considerably in US jails and prisons in the coming years,

particularly if the regulatory changes to prescribing MOUDs during the COVID-19 pandemic are retained. Such a cultural shift would be evidence-based, save lives, address health inequities, and reduce the human and economic costs of OUD on individuals, families, and communities.

References

Ahmad, F. B., Rossen, L. M., & Sutton, P. (2021). *Provisional drug overdose death counts*. National Center for Health Statistics.

Bandara, S., Kennedy-Hendricks, A., Merritt, S., Barry, C. L., & Saloner, B. (2021). Methadone and buprenorphine treatment in United States jails and prisons: Lessons from early adoptors. *Addiction, 116*(12), 3473–3481. https://doi.org/10.1111/add.15565

Beckman, N., Bliska, H., & Schaeffer, E. J. (2018). *Medication-Assisted Treatment programs in Vermont state correctional facilities: Evaluating H.468 through a state by state comparison* (Rep. No. PRS Policy Brief 1718–03). Dartmouth College. Available from https://rockefeller.dartmouth.edu/sites/rockefeller.drupalmulti-prod.dartmouth.edu/files/matpfinal_022018b.pdf

Bingswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern, M. F. (2013). Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of Internal Medicine, 159*(9), 592–600.

Bingswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison – A high risk of death for former inmates. *The New England Journal of Medicine, 356*, 157–165. https://doi.org/10.1056/NEJMsa064115

Bowlin, S. (2020). Resolving the overlooked tragedy in correctional facilities: Medication assisted treatment access for inmates. *Lincoln Memorial University Law Review, 8*(1), 358–398.

Brinkley-Rubinstein, L., Cloud, D. H., Davis, C., Zaller, N., Delaney-Brumsey, A., Pope, L., Martino, S., Bouvier, B., & Rich, J. (2017). Addressing excess risk of overdose among recently incarcerated people in the USA: Harm reduction interventions in correctional settings. *International Journal of Prisoner Health, 13*(1), 25–21. https://doi.org/10.1108/IJPH-08-2016-0039

Brinkley-Rubinstein, L., Peterson, M., Clarke, J., Macmadu, A., Troung, A., Pognon, K., Parker, M., Marshall, B., Green, T., Martin, R., Stein, L., & Rich, J. D. (2019). The benefits and implementation challenges of the first state-wide comprehensive medication for addictions program in a unified jail and prison setting. *Drug and Alcohol Dependence, 205*(1), 107514. https://doi.org/10.1016/j.drugalcdep.2019.06.016

Brothers, S., Viera, A., & Heimer, R. (2021). Changes in methadone program practices and fatal methadone overdose rates in Connecticut during COVID-19. *Journal of Substance Abuse Treatment, 131*, 108449. https://doi.org/10.1016/j.jsat.2021.108449

Carroll, K. M., & Weiss, R. D. (2017). The role of behavioral interventions in buprenorphine maintenance treatment: A review. *The American Journal of Psychiatry, 174*(8), 738–747.

Clarke, J. G., Martin, R. A., Gresko, S. A., & Rich, J. D. (2018). The first comprehensive program for opioid use disorder in a US statewide correctional system. *American Journal of Public Health, 108*(10), 1323–1325.

Dadiomov, D., Trotxky-Sirr, R., Shooshtari, A., & Qato, D. M. (2022). Changes in the availability of medications for opioid use disorder in prisons and jails in the United States during the COVID-19 pandemic. *Drug and Alcohol Dependence, 232*, 109291.

Deck, D., Wiitala, W., McFarland, B., Campbell, K., Mulluly, J., Krupski, A., & McCarty, D. (2009). Medicaid coverage, methadone maintenance, and felony arrests: Outcomes of opiate treatment in two states. *Journal of Addictive Disorders, 28*(2), 89–102. https://doi.org/10.1080/10550880902772373

Degenhardt, L., Larney, S., Kimber, J., Gisev, N., Farrell, M., Dobbins, T., Weatherburn, D. J., Gibson, A., Mattick, R., Butler, T., & Burns, L. (2014). The impact of opioid substitution therapy on mortality post-release from prison: Retrospective data linkage study. *Addiction, 109*(8), 1306–1317. https://doi.org/10.1111/add.12536

Dugosh, K., Abraham, A., Seymour, B., McLoyd, K., Chalk, M., & Festinger, D. (2016). A systematic review on the use of psychosocial interventions in conjunction with medications for the treatment of opioid addiction. *Journal of Addiction Medicine, 10*, 93–103.

Drug Enforcement Administration. (2020). *COVID-19 prescribing guidance*. https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf. Accessed date: 19 Apr 2022.

Ducharme, J., & Moore, S. (2019). Opioid use disorder assessment tools and drug screening. *Missouri Medicine, 116*(4), 318–324.

Dumont, D. M., Brockmann, B., Dickman, S., Alexander, N., & Rich, J. D. (2012). Public health and the epidemic of incarceration. *Annual Review of Public Health, 33*, 325–339. https://doi.org/10.1146/annurev-publhealth-031811-124614

Duncan, A., Sanders, N., Schiff, M., & Winkelman, T. N. A. (2021). Adaptations to jail-based buprenorphine treatment during the COVID-19 pandemic. *Journal of Substance Abuse Treatment, 121*, 108161. https://doi.org/10.1016/j.jast.2020.108161

Evans, E. A., Wilson, D., & Friedmann, P. D. (2022). Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug and Alcohol Dependence, 231*, 109254. https://doi.org/10.1016/j.drugalcdep.2021.109254

Farrell-MacDonald, S., MacSwain, M.-A., Cheverie, M., Tiesmaki, M., & Fischer, B. (2014). Impact of methadone maintenance treatment on women offenders' post-release recidivism. *European Addiction Research, 20*(4), 192–199. https://doi.org/10.1159/000357942

Fiscella, K., Wakeman, S. E., & Beletsky, L. (2018). Implementing opioid agonist treatment in correctional facilities. *JAMA Internal Medicine, 178*(9), 1153–1154. https://doi.org/10.1001/jamainternmed.2018.3504

Figgatt, M. C., Salazar, Z., Day, E., Vincent, L., & Dasgupta, N. (2021). Take-home dosing experiences among persons receiving methadone maintenance treatment during COVID-19. *Journal of Substance Abuse Treatment, 123*, 108276. https://doi.org/10.1016/j.jsat.2021.108276

Friedmann, P. D., Hoskinson, Jr., R. Gordon, M., Schwartz, R., Kinlock, T., Knight, K., Flynn, P. M., Welsh, W. N., Stein, L. A. R., Sacks, S., O'Connell, D. J., Knudsen, H. K., Shafer, M. S., Hall, E., & Frisman, L. K. for the MAT Working Group of CJ-DATS. (2012). Medication-assisted treatment in criminal justice agencies affiliated with the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS): Availability, barriers, & intentions. *Substance Abuse, 33*(1), 9–18. https://doi.org/10.1080/08897077.2011.611460

Friedmann, P. D., Wilson, D., Knudsen, H., Ducharme, L., Welsh, W., Frisman, L., Knight, K., Lin, H., James, A., Albizu-Garcia, C., Pankow, J., Hall, E., Urbine, T., Abdel-Salam, S., Duvall, J., & Vocci, F. (2015). Effect of an organizational linkage intervention on staff perceptions of medication-assisted treatment and referral intentions in community corrections. *Journal of Substance Abuse Treatment, 50*, 50–58. https://doi.org/10.1016/j.jsat.2014.10.001

Gordon, M. S., Kinlock, T. W., Schwartz, R. P., Fitzgerald, T. T., O'Grady, K. E., & Vocci, F. J. (2014). A randomized controlled trial of prison-initiated buprenorphine: Prison outcomes and community treatment entry. *Drug and Alcohol Dependence, 142*, 33–40. https://doi.org/10.1016/j.drugalcdep.2014.05.011

Gordon, M. S., Kinlock, T. W., Schwartz, R. P., & O'Grady, K. E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. *Addiction, 103*, 1333–1342. https://doi.org/10.1111/j.1360-0443.2008.002238.x

Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D. L., Alexander-Scott, N., Boss, R., & Rich, J. (2018). Postincarceration fatal overdoses after implementing medications for addiction treatment in a statewide correctional system. *JAMA Psychiatry, 76*(4), 405–406.

Hedrich, D., Alves, P., Farrell, M., Stöver, H., Møller, L., & Mayet, S. (2012). The effectiveness of opioid maintenance treatment in prison settings: a systematic review. *Addiction, 107*, 501–517.

Hollander, M. A. G., Chang, C. C. H., Douaihy, A. B., Hulsey, E., & Donohue, J. M. (2021). Racial inequity in medication treatment for opioid use disorder: Exploring potential facilitators and barriers to use. *Drug and Alcohol Dependence, 227*, 108927. https://doi.org/10.1016/j.drugalcdep.2021.108927

Horn, B. P., Li, X., McCrady, B., Guerin, P., & French, M. T. (2020). Cost-effectiveness analysis of a large jail-based methadone maintenance treatment continuation program in New Mexico. *Journal of Substance Abuse Treatment, 115*, 108042. https://doi.org/10.1016/j.jsat.2020.108042

Lagisetty, P., Garpestad, C., Larkin, A., Macleod, C., Antoku, D., Slat, S., Thomas, J., Powell, V., Bohnert, A., & Lin, L. A. (2021). Identifying individuals with opioid use disorder: Validity of International Classification of Diseases diagnostic codes for opioid use, dependence and abuse. *Drug and Alcohol Dependence, 221*, 108583. https://doi.org/10.1016/j.drugalcdep.2021.108583

Logan, T., Miller, J., Cole, J., & Scrivner, A. (2018). *Findings from the recovery center outcome study annual report*. Retrieved from http://www.kyhousing.org/Specialized-Housing/Documents/2018%20Annual%20RCOS%20report.pdf.

Magura, S., Rosenblum, A., Lewis, C., & Joseph, H. (1993). The effectiveness of in-jail methadone maintenance. *Journal of Drug Issues, 23*, 75–99.

Marshall, T. & The Supreme Court of the United States. (1976). *U.S. Reports: Estelle v Gamble, 429 U.S. 97.* [Periodical] Retrieved from the Library of Congress, http://www.loc.gov/item/usrep429097/

Martin, R. A., Gresko, S. A., Brinkley-Rubinstein, L., Stein, L. A. R., & Clarke, J. (2019). Post-release treatment update among participants of the Rhode Island Department of Corrections comprehensive medication assisted treatment program. *Preventative Medicine, 128*, 105766. https://doi.org/10.1016/j.ypmed.2019.105766

McNeely, J., Wu, L., Subramaniam, G., Sharma, G., Cathers, L. A., Svikis, D., Sleiter, L., Russell, L., Nordeck, C., Sharma, A., O'Grady, K. E., Bouk, L. B., Cushing, C., King, J., Wahle, A., & Schwartz, R. P. (2016). Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for substance use screening in primary care patients. *Annals of Internal Medicine, 165*(10), 690–699. https://doi.org/10.7326/M16-0317

Merrall, E. L. C., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., Hutchinson, S. J., & Bird, S. M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction, 105*, 1545–1554. https://doi.org/10.1111/j.1360-0443.2010.02990.x

Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M., Oberleitner, L. M., & McKee, S. A. (2019). Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment, 99*, 32–43.

National Institutes of Health, U.S. Department of Health and Human Services. (1997). *Effective medical treatment of opiate addiction*. Retrieved from https://consensus.nih.gov/1997/1998treatopiateaddiction108html.htm

National Sheriffs' Association & National Commission on Correctional Health Care. (2018). *Jail-based medication-assisted treatment: Promising practices, guidelines, and resources for the field.* Available from https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf

Nunn, A., Zaller, N., Dickman, S., Trimbur, C., Nijhawan, A., & Rick, J. D. (2009). Methadone and buprenorphine prescribing and referral practices in US prison systems: Results from a nationwide survey. *Drug and Alcohol Dependence, 105*(1–2), 83–88. https://doi.org/10.1016/j.drugalcdep.2009.06.015

O'Donnell, J. K., Halpin, J., Mattson, C. L., Goldberger, B. A., & Gladden, R. M. (2017). Deaths involving fentanyl, fentanyl analogs, and U-47700—10 states, July–December 2016. *Morbidity and Mortality Weekly Report (MMWR), 66*(43), 1197–1202. https://doi.org/10.15585/mmwr.mm6643e1

Pauly, B. (2008). Harm reduction through a social justice lens. *International Journal of Drug Policy, 19*, 4–10. https://doi.org/10.1016/j.drugpo.2007.11.005

Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., & Marshall, S. W. (2018). Opioid overdose mortality among former North

Carolina inmates: 2000-2015. *American Journal of Public Health, 109*(9), 1207–1213. https://doi.org/10.2105/AJPH.2018.304514

Renner, J. A., Levounis, P., & LaRose, A. T. (2018). *Office-based buprenorphine treatment of opioid use disorder* (2nd ed.). American Psychiatric Association.

Rich, J. D., McKenzie, M., Larney, S., Wong, J. B., Tran, L., & Clarke, J. (2015). Methadone continuation versus forced withdrawal on incarceration in a combined US prison and jail: a randomised, open-label trial. *Lancet, 386*(9991), 350–359.

Scott, C. K., Dennis, M. K., Grella, C. E., Mischel, A. F., & Carnevale, J. (2021). The impact of the opioid crisis on U.S. state prison systems. *Health and Justice, 9*(17). https://doi.org/10.1186/s40352-021-00143-9

Schwartz, R. P., Kelly, S. M., Gwin Mitchell, S., Gryczynski, J., O'Grady, K. E., & Jaffe, J. H. (2019). Initiating methadone in jail and in the community: Patient differences and implications of methadone treatment for reducing arrests. *Journal of Substance Abuse Treatment, 97*, 7–13. https://doi.org/10.1016/j.jsat.2018.11.006

Schwartz, R., Kelly, S. M., O'Grady, K. E., Gandhi, D., & Jaffe, J. H. (2012). Randomized trial of standard methadone treatment compared to initiating methadone without counseling: 12-month findings. *Addiction, 107*(5), 943–952. https://doi.org/10.1111/j.1360-0443.2011.03700.x

Sharma, A., O'Grady, K. E., Kelly, S. M., Gryczynski, J., Gwin Mitchell, S., & Schwartz, R. P. (2016). Pharmacotherapy for opioid dependence in jails and prisons: Research review update and future directions. *Substance Abuse and Rehabilitation, 7*, 27–40. https://doi.org/10.2147/SAR.S81602

Sofuoglu, M., DeVito, E. E., & Carroll, K. M. (2019). Pharmacological and behavioral treatment of opioid use disorder. *Psychiatric Research & Clinical Practice, 1*(1), 4–15. https://doi.org/10.1176/appi.prcp.20180006

Substance Abuse and Mental Health Services Administration. Opioid Treatment Program (OTP) Guidance. Published March 16, 2020. Available at: https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf

Substance Abuse and Mental health Services Administration. TIP 63: medications for opioid use disorder. (2021). Available at: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002

Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

Suen, L. W., Coe, W. H., Wyatt, J. P., Adams, Z. M., Gandhi, M., Batchelor, H. M., Casetllanos, S., Joshi, N., Satterwhite, S., Pérez-Rodríguez, R., Rodríguez-Guerra, E., Albizu-Garcia, C. E., Knight, K. R., & Jordan, A. (2022). Structural adaptations to methadone maintenance treatment and take-home dosing for opioid use disorder in the era of COVID-19. *American Journal of Public Health, 112*(S2), S112–S116.

U.S. Department of Justice, Civil Rights Division. The Americans with Disabilities Act and the opioid crisis: Combating discrimination against people in treatment or recovery. Published April 5, 2022. Retrieved from https://www.ada.gov/opioid_guidance.pdf

Vestal, C. (2018). *New momentum for addiction treatment behind bars*. Retrieved from https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/04/04/new-momentum-for-addictiontreatment-behind-bars

Weiss, R. D., Sharpe Potter, J., Fiellin, D. A., Byrne, M., Connery, H. S., Dickinson, W., Gardin, J., Griffin, M. L., Gourevitch, M. N., Haller, D. L., Hasson, A. L., Huan, Z., Jacobs, P., Kosinski, A. S., Lindblad, R., McCance-Katz, E. F., Provost, S. E., Selzer, J., Somoza, E. C., Sonne, S. C., & Ling, W. (2011). Adjunctive counseling during brief and extended buprenorphine-naloxone treatment for prescription opioid dependence: A 2-phase randomized controlled trial. *Archives of General Psychiatry, 68*(12), 1238–1246. https://doi.org/10.1001/archgenpsychiatry.2011.121

Wickersham, J. A., Azar, M. M., Cannon, C. M., Altice, F. L., & Springer, S. A. (2015). Validation of a brief measure of opioid dependence: The Rapid Opioid Dependence Screen (RODS). *Journal of correctional health care: The official journal of the National Commission on Correctional Health Care, 21*(1), 12–26. https://doi.org/10.1177/1078345814557513

Winkelman, T., Chang, V. W., & Binswanger, I. A. (2018). Health, polysubstance use, and criminal justice involvement among adults with varying levels of opioid use. *JAMA Network Open, 1*(3), e180558. https://doi.org/10.1001/jamanetworkopen.2018.0558

World Health Organization. Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. : World Health Organization: Department of Mental Health, Substance Abuse, World Health Organization, International Narcotics Control Board, United Nations Office on Drugs, and Crime; 2009.

Wu, L., Zhu, H., & Swartz, M. S. (2016). Treatment utilization among persons with opioid use disorder in the United States. *Drug and Alcohol Dependence, 169*(1), 117–127. https://doi.org/10.1016/j.drugalcdep.2016.10.015

Wyatt, J. P., Suen, L. W., Coe, W. H., Adams, Z. M., Gandhi, M., Batchelor, H. M., Casetllanos, S., Joshi, N., Satterwhite, S., Pérez-Rodríguez, R., Rodríguez-Guerra, E., Albizu-Garcia, C. E., Knight, K. R., & Jordan, A. (2022). Federal and state regulatory changes to methadone take-home doses: Impact of sociocultural factors. *American Journal of Public Health, 112*(S2), S143–S146.

Zaller, N., McKenzie, M., Friedmann, P. D., Green, T. C., McGowan, S., & Rich, J. D. (2013). Initiation of buprenorphine during incarceration and retention in treatment upon release. *Journal of Substance Abuse Treatment, 45*(2), 222–226.

Chapter 12
Correctional Psychology and Technology: Past, Present, and Future

Jeffrey E. Pfeifer

Introduction

Although sectors such as education, health, and business have a long and consistent history of incorporating technology into their operations, an examination of the corrections sector[1] demonstrates a somewhat different trajectory. While the sector has exhibited a sustained interest in identifying and adopting effective technological advancements, this involvement has predominantly been directed toward issues of safety and security as opposed to psychological issues such as rehabilitation and the provision of mental health services (see e.g., Bulman, 2009). Specifically, the literature provides numerous examples of how technology has been successfully employed to assist with issues across a myriad of operational areas such as facility security and safety (see e.g., Abraham et al., 2020), electronic monitoring (see e.g., Belur et al., 2020), drug/substance detection (see e.g., Vaccaro et al., 2022), and offender information systems (see e.g., Mbatah et al., 2020). In contrast, less empirical attention has been paid to the uses of technology for correctional psychology

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[1] For the purposes of this chapter, the corrections sector refers to any justice-related agency or organization. Correctional psychology refers to services or programs designed to address the psychological and/or rehabilitative needs of those who have been convicted of an offence.

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issues such as the delivery of services and programs relating to mental health, education, and criminogenic needs (Kaun & Stiernstedt, 2020).

There are several potential factors that may explain the comparatively slower uptake of technology as an avenue for increasing the effectiveness of correctional psychology programs and services. The first revolves around the enhanced level of responsibility corrections has regarding safety and security compared to sectors such as education and health. In addition to the basic safety and security requirements guiding the use of technology in schools and hospitals to protect students and patients, prisons are also tasked with the difficult responsibility of ensuring that technology does not negatively impinge on the safety and security of offenders, staff, and the community at large (Jarvelainen & Rantanen, 2021). This is an especially poignant challenge given public perceptions regarding the perceived risk that offenders will use technology for criminal or antisocial purposes (Hadlington & Knight, 2022; Jewkes & Reisdorf, 2016; Toreld et al., 2018).

It has also been suggested that the adoption of technology within a correctional psychology context may be impeded by a host of organizational challenges including staff attitudes (see e.g., Mufarreh et al., 2022), budgeting/financial issues (see e.g., Pattavina, 2004), and facility preparedness (see e.g., Ticknor, 2019). Jewkes and Johnston (2009), for example, argue that the use of technology by prisoners is hampered by prison staff attitudes reflecting a belief that access is a privilege to be earned rather than a right. Interestingly, research indicates that this exact issue (i.e., prison staff attitudes) was also identified as a challenge for the implementation of prison education programs decades earlier (Vacca, 2004).

A final factor that may explain the slow uptake of technology revolves around a debate regarding the issue of legal access and the potential misuse of offender information (see e.g., Pattavina, 2004). McKay (2018), for example, argues that within the Australian legal context, there is an interesting balance that needs to be struck between the rights of an incarcerated individual to access technology for the purposes of things such as maintaining family relationships (e.g., virtual visits) and the potential use of technology to track and punish offenders. This concern about the potential misuse of technology may also explain the differential uptake between safety and security issues versus the use of technology for therapeutic and rehabilitative efforts. McKay (2022, p. 100) suggests that while the potential misuse of technology in prisons for security/surveillance purposes has received some attention, the increased use of technology to "directly benefit people in prison and their rehabilitation" brings with it a host of legal/human rights issues.

Although the above provides insight into the relatively slow implementation of technology in correctional psychology, there is one challenge that appears to supersede these. Prisons and other correctional facilities are, for the most part, simply not digitally prepared for the uptake of technological advancements (i.e., digitalization[2]), especially when compared to educational and health facilities (McDougall

[2] Within the correctional psychology literature, *digitalization* (also known as digitalizing the landscape) refers to the process of ensuring that a facility is prepared for the implementation of technological equipment (e.g., wiring, mainframe access, access to tablets), while *digitization*

et al., 2017). Despite empirical evidence that digitalization of the correctional landscape is a primary and necessary step toward the implementation of effective technology-based initiatives, progress remains slow (Jewkes & Johnston, 2009; Jewkes & Reisdorf, 2016). Van De Steen and Knight (2017), however, argue that although progress is hampered by a myriad of infrastructure, security, and fiscal challenges, there are viable solutions that should be pursued, especially given the potential benefit of digitalization from a rehabilitation/reintegration perspective. Evidence for this contention is also found in the work of McDougall et al. (2017) who compared rates of institutional disciplinary proceedings and recidivism across 13 prisons in the United Kingdom before and after digitalization. In addition to benefits such as digital literacy and comfort with technology, the authors report that the digitalization of these prisons also led to fewer disciplinary proceedings and a reduction in recidivism rates.

It may be argued that the above factors, especially digitalization of correctional landscapes such as prisons, may have continued to constrain the infusion of technology as a viable option for the delivery of psychological services but for the impact of the COVID-19 (Hewson et al., 2020). In addition to causing significant challenges for correctional agencies and facilities (see e.g., Chin et al., 2021; Vest et al., 2021), the pandemic also highlighted the need to investigate ways of increasing the use of technology for the delivery of rehabilitative and therapeutic services to offenders (see e.g., Maycock, 2022). According to Montenegro (2021), COVID-19 policies and practices had a significantly negative impact on education programs for prisoners and highlighted the need for a focus on the increased use of technology to deliver these services moving forward. Correctional facilities responded to this situation through a variety of means, including a significant increase in the use of tablets as well as other initiatives (such as kiosks) aimed at expanding the limited current technological infrastructure (see e.g., Palmer et al., 2020). Though alleviating some aspects of service delivery such as therapeutic sessions, these initiatives tended to be limited in effectiveness due to a lack of available software programs aimed specifically at offender programming.

Although it may be argued that the COVID-19 pandemic provided an unexpected push toward the digitalization of correctional facilities, the incorporation of technology specifically into correctional psychology services may still be defined as an emerging field. Therefore, it is useful to identify the current state of the literature and practice as well as provide direction for future development. As such, this chapter provides an overview of the existent literature for each of the four major approaches to implementing technology in correctional psychology (i.e., remote delivery, digitization, assistive technology, and virtual reality). In addition to presenting the literature relating to each of these approaches, suggestions are made for future research opportunities. Following this section, the chapter discusses several considerations which may impede on the uptake of technology in correctional

(discussed later in the chapter) refers to the process of transferring records and data into a digitized format.

psychology and offers direction regarding how research may play an impactful role in overcoming these potential obstacles.

Approaches to Technology Implementation in Correctional Psychology

A review of the literature on the use of technology in correctional psychology indicates at least two clear conclusions. First, the literature may be described as sparse at best, especially regarding empirical studies which demonstrate the direct impacts of technology on the delivery of correctional psychology services. Although numerous articles identify the potential benefits of incorporating technology to increase the effectiveness of mental health and rehabilitative services, few provide direct data confirming this assertion (see e.g., Kaun & Stiernstedt, 2022; Kois et al., 2021; Jewkes & Johnston, 2009; Ticknor, 2019; Van De Steen & Knight, 2017). To date, the majority of the literature on this issue appears to revolve around the argument that empirical evidence on the use of technology for the successful treatment of non-forensic populations (e.g., telepsychology) should be employed as a basis for extending this initiative to forensic populations who are experiencing similar psychological challenges (e.g., depression, anxiety, PTSD) (see e.g., Nicholls et al., 2018). Although important as a demonstrative intermediary step, additional empirical evidence remains wanting in terms of demonstrating the specific impact of technology-based initiatives on forensic clients.

The second conclusion that is clear from the literature on technology and correctional psychology is that the work conducted to date may be categorized into four approaches to implementation. Not surprisingly, these approaches reflect those found in other human service delivery sectors such as education and health and include the following:

- *Remote delivery*: the development and implementation of technology-based adaptations for providing services (including educational and therapeutic services) to isolated or inaccessible locations.
- *Digitization*: the transformation of records and information into a digital format to assist with accuracy, organization, and big data analysis.
- *Assistive technology*: the development, implementation and uptake of technology-based programs or products to aid in the delivery of services to those experiencing physical, educational, or psychological challenges.
- *Virtual reality*: the development, implementation and uptake of virtual simulation technology to assist with a variety of educational, training, and rehabilitative initiatives, especially in situations where actual interaction poses a risk.

Each of these approaches is discussed below in terms of its specific application to correctional psychology. Included in each description is a correctional psychology-centered definition for the approach, an overview of the existent literature including empirical impacts and challenges, and suggestions for future research considerations.

Remote Delivery

From a correctional psychology perspective, remote delivery may be defined as the development and implementation of technology-based products or programs aimed at achieving an impactful dialogue between a forensic practitioner (e.g., therapist, program facilitator, teacher/instructor) and client (e.g., prisoner, staff, those on parole, probation or community corrections orders, victims, families of offenders), especially in situations where the client is in a remote or isolated location. Literature on the use of remote delivery in correctional psychology indicates that, despite the plethora of potential applications, research in this area has been all but limited to two specific domains: education and delivery of mental health/therapeutic services.

Education

One of the earliest areas identified as a viable option for introducing technology into the delivery of correctional services involved initiatives aimed at providing prisoners with access to educational programs (Chappell & Shippen, 2013). This is unsurprising given the fact that educational facilities have demonstrated a long-standing commitment to identifying ways of employing technology to assist with replacing antiquated approaches to remote delivery such as postal correspondence courses (Kentnor, 2015). One important offshoot of this commitment has been the use of advances in technology to provide a more cost-effective and impactful delivery of educational services for populations which had traditionally been under-serviced (e.g., remote communities, individuals unable to attend traditional educational institutions), including those incarcerated in correctional facilities.

Although it is not at all surprising that education represented one of the first remote delivery initiatives embraced by correctional facilities (Chappell & Shippen, 2013), early programs were based on an implementation model which did not account for the challenges of remote delivery in a secure facility, such as access to the internet and library resources (Harmes et al., 2019). The identification of these unique challenges eventually led to several advances in remote delivery correctional education, including the potential impact on issues such as risk and recidivism (see e.g., Farley et al., 2014). Farley and Pike (2016), for example, suggest that in addition to assisting with basic literacy skills and general knowledge, remote delivery education for prisoners also provides increased digital literacy and comfort with technology, two important factors that may assist them to navigate their reintegration journey more successfully.

Although remote delivery of correctional education services has achieved several successes, there remain some significant gaps and limitations that may be addressed by future research. To begin with, despite the fact that technology can provide a useful avenue for the delivery of educational services across the spectrum of knowledge (i.e., primary education, secondary education, tertiary education), the area is significantly skewed toward the use of this approach for tertiary knowledge (i.e.,

university and college qualifications) with comparatively little attention paid to how it may be employed to assist with primary (basic literacy and numeracy) and secondary knowledge (i.e., high-school equivalency). This limitation is an especially important one given research indicating that some of the most effective uses for technology-based remote delivery of correctional education services revolve around teaching basic literacy and life skills (Pfeifer, 2017). As such, it is suggested that future research should pay increased attention to identifying how technology may be employed as a remote delivery conduit for educational programs aimed at primary and secondary education as well as life skills.

One final gap in this literature relates to the empirical examination of how technology-based educational programs for prisoners can overcome the identified challenges of remote delivery within correctional facilities. That is, it may be argued that the pedagogical online education challenges identified in the remote delivery literature for non-forensic populations (e.g., engagement, motivation, knowledge transference) are likely to be similar, if not exacerbated, when it comes to forensic populations. Yet, despite this, the empirical literature on meeting these challenges within a correctional context remains all but silent with only limited attention paid to the issue from a tertiary perspective (see e.g., Farley et al., 2014; Farley & Pike, 2016). Although the non-forensic literature on initiatives for meeting the pedagogical challenges of remote delivery for non-forensic populations may be helpful, it is incumbent upon researchers to empirically examine these issues from a correctional perspective.

Delivery of Mental Health/Therapeutic Services

The literature indicates that the use of remote delivery may also be a useful approach for the provision of psychological services to prisoners. Although the idea of employing remote delivery as an avenue for psychological interventions is not a new one (see e.g., Magaletta et al., 1998), the issue has recently received increased attention due to at least two identifiable contributors. First, the fallout of the COVID-19 pandemic served to accelerate research on the effective development of remote delivery health-related services through technology (i.e., telehealth) (Monaghesh & Hajizadeh, 2020), including its application to correctional facilities (see e.g., Kois et al., 2021). Second, a small but nonetheless important pre-COVID-19 line of research had already begun to identify the potential extension of telehealth to the delivery of prisoner psychological services. Magaletta et al. (1998), for example, were among the first to argue that the definition of telehealth (Bashur & Armstrong, 1976) was not only applicable to the correctional environment but could also provide important direction regarding the delivery of psychological services (i.e., telepsychology). In addition to the positive results garnered in their pilot study, these authors identified several ways telepsychology may be employed in prisons, including teletherapy, telediagnostics, and offender support.

Similar findings were reported by Cruser et al. (2000) who examined the use of telepsychology at remote rural prisons in West Texas. According to the authors, the

results of the study provided evidence that the use of telepsychology allowed for increased attention to be paid to the needs of prisoners in remote locations as well as assisting to identify which specific services were most conducive to this delivery mode (e.g., screening, assessment, intervention). The authors also conducted a staff survey to assess perceptions of the initiative and found that although there was support for the effectiveness of the technology (including a positive impact on staff efficiency), there was less confidence in the ability of telepsychology to assess and treat serious psychological conditions.

Since the COVID-19 pandemic, increased empirical attention has been placed on identifying the specific benefits and challenges related to the use of telepsychology as an avenue for the delivery of services to prisoners (see e.g., Hewson et al., 2021; Kirschstein et al., 2021). For example, in their study of Finnish prisoners, Järveläinen and Rantanen (2021) found that although the use of remote delivery provided several therapeutic benefits (e.g., perceived anonymity on the part of prisoners), there were also several challenges, including the lack of social interaction and its association with desistance. Other researchers have also identified a series of implementation and usage challenges relating to the delivery of telepsychology in prisons, many of which are similar to those encountered by telehealth delivery including computer literacy and comfort, connectivity, and engagement (see e.g., Tian et al., 2021).

It is suggested that future research not only continue to examine the specific implementation and delivery challenges of telepsychology as an avenue for correctional services but also seek to identify how this approach may be expanded beyond its therapeutic application (e.g., delivery of cognitive and other programs such as drug and alcohol and anger management). In addition, research in this area must continue to acknowledge the importance of ensuring that therapeutic and educational remote delivery initiatives do not exacerbate feelings of social isolation experienced by prisoners, especially given the results of studies on the negative impacts of replacing face-to-face interactions with technology-based interactions (see e.g., Kreijns et al., 2003; Pandya & Lodha, 2021). Empirical attention should especially be paid to the potential negative consequences of replacing live prison visitations with remote technology-based interactions (see e.g., Johnson et al., 2021). Although previous research indicates that prison visitation plays a significant role in reducing feelings of social isolation (see e.g., Cochran & Mears, 2013), relatively little is known about how this issue may be negatively or positively impacted through remote visitation initiatives.

Digitization

In terms of correctional psychology, digitization refers to the process of converting information into a digital format which is conducive to a variety of uses related to the rehabilitation, treatment, and reintegration of offenders. Although sectors such as education and health have long recognized the importance of digitization, uptake

in corrections has been somewhat slower, with the conversion of administrative information receiving the bulk of attention (Ajah & Thompson, 2019). This situation is evidenced by the fact that a large proportion of the literature is still aimed at providing rationales for *why* the process should be more actively embraced within corrections rather than examining the impacts of implementation (see e.g., Jewkes & Reisdorf, 2016; Kaun & Stiernstedt, 2020; Kerr & Willis, 2018).

Digitization hesitance within corrections is puzzling given the emerging empirical evidence supporting the importance of the process from an organizational efficiency and responsiveness perspective. Berk and Bleich (2013), for example, found that the increased use of digitization provides a more effective avenue for measuring the risks of offenders as well as informing responsive treatment plans. Similarly, Nicholls et al. (2018) suggest that the digitization of forensic assessment tools may also lead to enhanced levels of reliability and validity by assisting with greater control over a variety of assessor challenges (e.g., recall bias, interviewer bias, input errors). In addition, the current trend toward the use of big data and Bayesian analysis to gain insight into organizational issues is heavily dependent upon ensuring that information is available in a digitized format (Constantinou et al., 2015).

A review of the literature in this area indicates that although there is empirical evidence indicating the need for digitization in correctional psychology, there has been little attention paid to identifying the specific reasons for the hesitancy in digitizing aside from a small number of articles identifying legal issues (see e.g., Pattavina, 2004). Future research should be aimed at identifying the specific barriers that are impinging on the implementation of digitization in correctional psychology and provide potential solutions (e.g., attitudes, digital literacy of staff, resources). In addition, it would be useful to gain insight into how the uses of big data and Bayesian analysis may assist correctional agencies and facilities in more effectively meeting their responsibilities. This information may be helpful as an avenue for leveraging increased enthusiasm for digitization as it is a foundational step in the process of big data analysis. Finally, it may be argued that empirical attention should be placed on identifying the direct and indirect therapeutic and rehabilitative impacts that may be enhanced through digitization.

Assistive Technology and Gamification

Although assistive technology was originally coined as a term to describe the use of technological advancements to assist individuals with physical disabilities and challenges (e.g., developments in prosthetics, visual and hearing aid devices, and accessibility enhancements) (see e.g., Fernando & Ohene-Djan, 2022; Goodwin et al., 2022), the concept has since been expanded to include educational (see e.g., Akpan & Beard, 2013) and mental health applications (see e.g., Devlin et al., 2019). As such, within the context of correctional psychology, assistive technology may be defined as any technological product or initiative which assists with the rehabilitation, treatment, or reintegration of those who are involved with the justice system, including offenders, staff, victims, and others.

Despite the breadth of potential applications, a review of the correctional psychology literature indicates that the preponderance of attention has focused on identifying how assistive technology may be employed to positively impact the mental health of offenders (see e.g., Kowal et al., 2021; van Rijn et al., 2017). This narrow scope is perhaps understandable given increasing empirical evidence that the use of assistive technology may play a beneficial role in the treatment of a variety mental health issues such as schizophrenia and depression (see e.g., Fairburn & Patel, 2017; Fernández-Aranda et al., 2012; Köhnen et al., 2021).

The literature also indicates that the use of assistive technology for the treatment of mental health issues is heavily oriented toward gamification (i.e., the use of a game or gaming scenario). For example, in a recent study on commercial video gaming as an alternative form of treatment for depression and anxiety, Kowal et al. (2021, p. 1) found that "commercial video games show great promise as inexpensive, readily accessible, internationally available, effective, and stigma-free resources for the mitigation of some mental health issues in the absence of, or in addition to, traditional therapeutic treatments." Studies have also identified a myriad of potential therapeutic mental health applications for gaming-based assistive technology (see e.g., Fleming et al., 2017; Mandryk & Birk, 2017). Brown et al. (2009), for example, suggest that the use of "serious games" with offender populations provides the potential for increased engagement and effectiveness. A study by van Rijn et al. (2017) found that prisoner engagement in therapeutic programming was significantly enhanced by the incorporation of gamification due to the fact that the initiative provided users with a storyline (i.e., narrative) as well as the ability to demonstrate their uptake of knowledge through the decisions they made regarding their avatar. A similar finding was identified by Ribbens and Malliet (2015) who reported a positive impact on the psychological health of male prisoners who were provided with a program employing a digital gaming experience. Finally, Pfeifer (2017) reported on the effectiveness of a cognitive skills program for offenders, which included a gaming component called *Outside*, allowing participants to guide their avatar through decisions relating to their successful re-integration (e.g., seeking employment, meeting judicial release conditions, etc.).

Despite the promising results identified regarding the use of assistive technology (especially gamification) as an aid to correctional psychology and the fact that the approach is responsive to a myriad of forensic therapeutic challenges (e.g., engagement, motivation, access, cost), there continues to be very little empirical movement in the area. Future research should not only continue to identify how gamification may be employed to assist with the delivery of services and programs but also how it might be expanded to aid in areas beyond mental health. Pfeifer (2023), for example, refers to the development of a technology-based program (*Tree of Me*) aimed at Australian Aboriginal prisoners to promote interest in their cultural and genealogical background. Future research should also be aimed at identifying other assistive technology initiatives besides gamification that may be useful for correctional psychology. Finally, additional empirical interest should be directed toward identifying how assistive technology may be effectively employed across the range of corrective services, especially community corrections (e.g., technology to assist re-integration efforts).

Virtual Reality

Within the context of correctional psychology, virtual reality refers to the development, implementation, and uptake of virtual simulation technology to assist with a variety of educational, training, and rehabilitative initiatives, especially in situations where actual interaction poses a risk. Although in some ways an extension of gaming and computer-simulated learning, this approach differs in that it provides the user with a more immersive experience (Ticknor, 2019).

The literature indicates that although virtual reality is one of the more recent technological advances to be actively embraced by sectors such as health and education, its adoption within a forensic context has been somewhat more constrained despite the small yet promising literature identifying its potential benefits as a forensic tool (Kirschstein et al., 2021). Nicholls et al. (2018), for example, argue that there is increasing empirical evidence that virtual reality may be employed as an effective avenue for working with a variety of correctional populations including sex offenders as well as those with psychiatric, anxiety, and mood disorders. This contention is supported by studies indicating that virtual reality may assist with many of the psychological challenges faced by forensic clients including anxiety, suicidal ideation, PTSD, and depression (see e.g., Noor et al., 2018; Powers & Emmelkamp, 2007).

Despite the burgeoning literature on the uses of virtual reality as a correctional rehabilitation approach, few studies have been published in the area. Among the research that has been conducted is a recent pilot study on the use of virtual reality with juvenile offenders in the United States which reported that participants indicated a higher level of motivation for engagement in the program and facilitators commented on the positive impact the program had on feedback and behavior management (Ticknor, 2019). Similarly, McLauchlan and Farley (2019) reported that the use of virtual reality positively enhanced the numeracy and literacy of prisoners in New Zealand. More recently, Teng and Gordon (2021) have identified the positive impact of employing virtual reality as a mechanism to aid in the re-entry of women prisoners. Interestingly, researchers have also begun to investigate the use of virtual reality as an avenue to assist victims of crime with their psychological recovery (see e.g., Cardenas-Lopez et al., 2016).

All indicators appear to suggest that the development and implementation of virtual reality initiatives to assist with psychological rehabilitative efforts is likely to continue its current upward trajectory as a proposed means for increasing the experiential delivery of programs. As such, it is imperative that future research ensure that this trajectory includes identifying how the technology may best be adapted to work within a correctional psychology context (i.e., forensic populations and within forensic facilities). Foremost of the areas requiring attention is research that empirically demonstrates the significant and specific impacts that virtual reality initiatives may have on the traditional markers of success employed by justice agencies (e.g., recidivism, risk, desistance). Although there is certainly a mounting literature demonstrating impacts through pilot and preliminary studies (see e.g., Ticknor, 2019) as

well as the delineation of other potential forensic applications (see e.g., Barnes et al., 2022 who argue that virtual reality may be employed to assist with perpetrators of intimate partner violence), additional empirical investigation into the direct positive impacts of virtual reality on correctional populations would be helpful.

Research Considerations for Assisting with the Implementation of Technology

As indicated above, a review of the literature on technology and correctional psychology reveals that the field is in significant need of additional empirical attention, especially given the positive indicators demonstrated to date. Despite the paucity of research, there is at least some suggestion that subsequent scientific inquiry may be most effective if aligned with specific areas that relate to both ensuring the effectiveness of technology-based initiatives as well as providing guidance aimed at assisting with the identified challenges for implementation. These areas are discussed below.

Digitalizing the Landscape

No matter how compelling the research on the positive impact of technology for correctional psychology, uptake of these initiatives will continue to stall until correctional facilities and organizations are able to increase their level of digitalization (i.e., the modification of facilities to allow for the implementation of technology-based initiatives) (Pike & Adams, 2012). Though an important part of the journey toward the increased use of technology, the literature provides little insight into why the progression of digital landscaping has lagged so far behind sectors such as education and health.

Insight into this question may be found in the small, yet important, literature aimed at identifying the myriad of challenges, which may be contributing to the progress of digitalization. Van De Steen and Knight (2017), for example, argue that the digital transformation of prisons in the United Kingdom has been inhibited by architectural and design issues as well as organizational and governmental challenges. In Australia, Kerr and Willis (2018) argue that despite the broad range of effective technology-based initiatives that may positively impact the day-to-day experience of prisoners (e.g., family relationships, education, employment), the digitalization of facilities has been hampered by issues related to safety and security, cost, and public perceptions (e.g., a belief that prisoners should not have access to technology devices and programs). Similarly, in the United States, Pattavina (2004) argues that despite the ample evidence for the positive impact of technology on offenders both while in prison as well as during re-entry, there has been a lag in

the digitalization of facilities due to a host of organizational (e.g., cost, technological literacy of staff, resistance to change) and legal (e.g., information access, intersectoral data sharing) challenges.

More specific insight into some of the identified challenges is provided by a number of empirical studies such as the one conducted by Mufarreh et al. (2022), which found that prison staff who work in facilities that provide prisoner access to technology are more likely to believe that technology is a viable and valuable avenue for rehabilitation and prisoner management. Based on their findings, the authors suggest that although the digitalization of prisons may be inhibited by the attitudes of staff, these perceptions can be positively impacted through a structured approach to the introduction of technology, which supports comfort with digital innovation.

Additional empirical insight into this issue is found in a study by Hadlington and Knight (2022), who analyzed the results of a public survey using the Attitudes Toward Digital Technology in Secure Environments (ATD-ISE) scale and found that although public support was moderate, there were a variety of opportunities identified for assisting to better inform and educate the public on the issue. One such avenue has been identified by Kaun and Stiernstedt (2022) who suggest that the digital transformation of prisons may be enhanced by engaging in a strategic public marketing approach which begins by providing a coordinated presentation to justice and prison sector representatives that clearly identifies the educational, safety, and therapeutic benefits of implementing technology in custodial institutions. According to the authors, this approach will assist in providing these representatives with information and supporting evidence which they can then employ to assist with changing public attitudes toward the issue.

Examination of the above literature suggests that researchers and others interested in assisting with accelerating the progress of digital landscaping in corrections (and more specifically prisons) may wish to consider providing decision-makers with empirical direction regarding how the identified challenges may be met. Though sparse, the literature is clear that digitalization of prisons brings with it a host of benefits for both offenders and staff and that there are several clearly identified and internationally consistent barriers (e.g., infrastructure, cost, security, attitudes). What remains absent in the literature, however, is empirical insight into how these challenges may be met. Without research and direction on this issue, there is every indication that the digitalization of corrections will maintain a somewhat slow pace. As such, it is incumbent upon researchers to provide useful, specific, and applicable direction that responds to overcoming these barriers.

Technological Literacy, Comfort, and Usage

There is also a significant gap in the literature aimed at providing specific direction on how to assist with technological innovations being embraced by both offenders and staff. The importance of this issue is demonstrated by the work of Rantanen et al. (2021) who found that the use of technology by Finnish prisoners was directly

related to their comfort with digital technology as well as their digital literacy. This finding is supported by the work of Ticknor (2019) and Czaja et al. (2006), who suggest that the increased use of virtual reality in corrections is dependent upon ensuring that participants and staff are comfortable with the technology.

Despite the above findings, correctional psychology research on how to increase user perceptions of technological capability is virtually absent. One of the few empirical insights into this issue comes from a program aimed at increasing the engagement and comfort of Australian Aboriginal prisoners with technology through a program named *italk* (Pfeifer, 2019). The *italk* program provides prisoners with the opportunity to create computer-based narratives aimed at assisting Aboriginal prisoners to better understand issues related to their incarceration (e.g., the need for healing). In addition to increasing computer literacy, the program also appears to positively impact cultural awareness as well as motivation to engage in subsequent programming.

Given the above, it is suggested that future research on increasing the use of technology within correctional psychology should seek to empirically identify the specific challenges that may impinge on the engagement of users as well as those delivering programs (e.g., counsellors, client service personnel). Although there is a fairly substantial literature identifying and providing direction for responding to issues of user engagement with technology, it is also clear that there are additional issues that may apply to users within a forensic context (e.g., access to the internet). It is incumbent upon researchers to begin empirically investigating these issues and challenges to better enable organizations and staff to ensure that any technological innovations are best situated to be embraced by the forensic populations they are designed for and by the forensic staff delivering them.

Codesign Orientation

Despite clear empirical support for the importance of including end-user input in the conceptualization, design, and production of games and other technological products (see e.g., Maheu-Cadotte et al., 2021), there is little indication that the development of initiatives within the correctional context is reflective of a codesign orientation. Specifically, there is scant evidence that the conceptualization, development, and implementation of technology-based rehabilitative/therapeutic correctional programs are informed by a structured and formal process for gathering the input of those in corrections, including offenders themselves. This gap in the literature is especially puzzling given that several authors have identified the importance of ensuring that the development of technology-based forensic initiatives must be guided by the input of both offenders as well as those delivering the programs (see e.g., Van De Steen & Knight, 2017). Kaun and Stiernstedt (2020) go so far as to argue that the insight and knowledge of prisoners is an essential element in the conceptualization of rehabilitation programs and that the inclusion of prisoners at the earliest stages of an initiative leads to increased engagement and uptake.

The importance of ensuring that the development of technology for correctional psychology employs a "user/offender-centric approach" (Van De Steen & Knight, 2017) has recently been highlighted by Pfeifer (2023) in his work on the development of technology-based programs for Aboriginal prisoners. The article provides researchers and others who are involved in the development of these programs with a set of guidelines to ensure that these initiatives are not only codesigned but also co-conceptualized. Ironically, there appears to be no equivalent guidance available for the development of technology-based programs for non-Aboriginal prisoners, nor other important forensic populations such as women and youth. As such, it is suggested that future research includes efforts to ensure that end-user (i.e., those who the product is built for) insight, knowledge, and advice be routinely included as part of the design, development, and delivery of technology-based interventions for forensic populations.

Aligning Technology and Need

As indicated above, there are a variety of technological approaches that have been utilized within the correctional psychology context including remote delivery, digitization, assistive technology, and virtual reality. Although there is evidence that each of these approaches has had some success in terms of positively enhancing the rehabilitation of offenders, there appears to be a gap in the literature to assist researchers and others to identify the most effective approach for any given need. For example, if there was interest in developing a technology-based initiative to aid in the delivery of substance use programs, how would one decide which approach is best suited? How would one decide whether to opt for remote delivery, assistive technology, or virtual reality? As technological approaches continue to be developed, it will become increasingly important to make evidence-informed decisions about which of these techniques is best suited for any given correctional psychology initiative. Future research should ensure that guidelines and frameworks are in place to assist with these decisions.

Conclusion

The burgeoning literature on technology and correctional psychology provides compelling evidence that this issue is one that merits additional empirical investigation for a variety of reasons. To begin with, an increased level of empirical proof is paramount to ensuring that these initiatives meet the "evidence-based" threshold which guides program adoption decisions made by correctional agencies. In addition, it is clear that although the COVID-19 pandemic restrictions have eased, the experience has led to an increase in the availability of tablets and other devices in prisons. As a result, there is likely to be more interest in the development of

software programs to utilize these devices for a variety of purposes, including the delivery of psychological services and programs. McKay (2022) for example, provides a description of the numerous tablet applications which have been developed and implemented by the Singapore Prison Service to assist with programming and rehabilitation. Finally, research indicates that digital literacy is an important contributor to lower recidivism, re-entry success, and desistence, which is likely to attract the attention of politicians, justice officials, and correctional agencies.

Given the above, it is suggested that future research aimed at advancing the effective infusion of technology into correctional psychology be guided by an overarching mandate to ensure that the process is comprehensive, inclusive, and responsive. In terms of comprehensiveness, it is worth noting that the majority of research on technology and correctional psychology to date revolves around either clinical therapeutic delivery of forensic services or educational opportunities for incarcerated individuals, with less empirical attention paid to other potential applications. This situation was recently highlighted by an international study on the use of telehealth for the delivery of correctional services which found that although the uptake of telepsychology increased post-COVID, other clinical advanced technology applications remained limited in use (Kirschstein et al., 2021). While there is some evidence that the use of technology may be extended to assist with other forensic issues such as substance use programs, there remains little indication that consideration has been given to other important rehabilitation areas such as life skills, cognitive skills, decision-making, and anger management, despite positive indicators. Pfeifer (2017), for example, reported that offenders who participated in a cognitive skills gaming program called *Level-Up* significantly increased their scores on a host of dimensions including decision-making, empathy, problem-solving, and resilience. Importantly, both participants and staff reported that the impact of the program was attributable to the fact that the gaming activities provided an opportunity to apply the skills learned during the sessions.

It is suggested that the infusion of technology in correctional psychology will be assisted by a more comprehensive approach which identifies the myriad of rehabilitative, psychological, and re-integration issues that may be addressed. By identifying these issues, not only will the movement be more likely to attract the attention of additional forensic agencies (e.g., community corrections, parole, probation), it will also more readily reflect the expanding definitions of correctional and forensic psychology.

In terms of inclusivity, a review of the literature indicates that although correctional psychology has the potential for applications, which span the entire journey of those who come into contact with the justice system (e.g., incarceration, probation, parole, community corrections, re-integration, desistance), the vast majority of research has been aimed at those who are incarcerated. This trend is readily apparent across all four technology implementation approaches, and while it may be perhaps more understandable when it comes to remote delivery and digitization, there is less clarity as to why the use of assistive technology and virtual reality have not been more vigorously explored as avenues for the delivery of forensic services beyond custody. This situation is even more puzzling given that offenders who are

serving community sentences as well as those on parole and probation tend to have increased access to technological devices such as tablets and mobile phones, yet few forensic applications have yet to be developed for this population (Russo et al., 2019).

Finally, in terms of responsivity, a review of the existent literature on technology and correctional psychology demonstrates a significant absence of research on women, minority offenders, and perhaps most surprisingly young offenders. Almost without exception, research has focused solely on White male prisoners despite overwhelming empirical evidence indicating the importance of gender and cultural responsivity in correctional initiatives as well as the continued over-representation of minority groups in the justice system in many jurisdictions (Pfeifer et al., 2018). The need to expand research into the innovation and implementation of technological initiatives in correctional psychology specific to women and minorities is underscored by the small yet telling literature on gender, culture, and forensic technology. Davis and Ostini (2019), for example, point out that the technology experiences of post-release women prisoners indicate a need for increased digital literacy and exposure to technology during their incarceration. The authors report that women face a series of post-incarceration challenges that limit their use of technology including low levels of technology literacy, lack of access to devices, and a limited level of understanding about how technology might enhance their lives. On a related note, Scott et al. (2013) argue that the use of mobile phone technology can provide additional recovery support for women offenders recently released from prison.

In terms of cultural responsivity, even fewer studies identify specific issues and challenges of integrating technology within correctional psychology (see e.g., Cruser et al., 2000; Kirschstein et al., 2021; McDougall et al., 2017; Pike & Adams, 2012; Ribbens & Malliet, 2015). One exception appears to be Pfeifer (2023) who has provided a set of guidelines for the development and implementation of technology for Aboriginal prisoners, which include the use of an educational framework, the importance of cultural knowledge and lore, the need for co-conceptualization and development, and the importance of narrative. Interestingly, the work of Brown et al. (2009) also provides a set of informal guidelines for the use of gaming by prisoners with disabilities. A review of the literature on technology and correctional psychology does not appear to yield any similar set of guidelines for any other specific forensic populations.

There is a clear need to ensure that the continued development of an empirical literature on technology and correctional psychology reflects the responsivity needs of all forensic populations (e.g., women offenders, Aboriginal offenders, minority offenders, offenders with learning disabilities). This assertion should be unsurprising to the forensic community given the comprehensive uptake of the Risk-Need-Responsivity model that has been adopted by correctional agencies across the world and is infused within the correctional psychology literature. Despite the extensive literature on the importance of responsiveness in the delivery of correctional services (especially from a Risk, Need, Responsivity perspective), relatively little research has been conducted on how this may be accomplished (Pfeifer, 2017). This appears to especially be the case regarding cultural and gender responsiveness as well as ensuring that the unique needs of youth who have come into contact with the

justice system. Ironically, the literature even suggests that very little empirical effort has been placed on ensuring that remote delivery (as well as traditional delivery) educational programs are responsive to the needs of those with learning difficulties, despite the significant number of offenders diagnosed with cognitive and/or learning impairments (Skues et al., 2019).

Finally, as we move toward increased technology in correctional psychology, we must be aware of not only the positive aspects but also the potential negative consequences. For example, there is some evidence that increased access to technology in prisons may increase the ability of prisoners to engage in criminal activities (Jewkes & Reisdorf, 2016; Toreld et al., 2018). It is argued that a comprehensive approach to the issue of technology and correctional psychology should ensure that both the positive impacts and potential drawbacks are identified. As McKay (2018) states, it will be interesting to see "whether the automated, smart or digital prison offers a utopian vision of safe detention and rehabilitation or a dehumanised and punitive dystopia." Perhaps only time will tell.

References

Abraham, A., Rohith, V. V., & Nisha, P. (2020). Surveillance and security for correctional facilities. *International Journal of Scientific Research in Computer Science, Engineering and Information Technology, 6*, 283–286. https://doi.org/10.32628/CSEIT206265

Ajah, B. O., & Thompson, O. J. (2019). Digitization as a solution to the problem of awaiting-trial inmates in Ebonyi State, Nigeria. *International Journal of Criminal Justice Studies, 14*, 199–207. https://doi.org/10.5281/zenodo.3713205

Akpan, J. P., & Beard, L. A. (2013). Overview of assistive technology possibilities for teachers to enhance academic outcomes for all students. *Universal Journal of Educational Research, 1*, 113–118. https://doi.org/10.13189/ujer.2013.010211

Barnes, N., Sanchez-Vives, M. V., & Johnston, T. (2022). On the practical use of immersive virtual reality for rehabilitation of intimate partner violence perpetrators in prison. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.787483

Bashur, R. L., & Armstrong, P. A. (1976). Telemedicine: A new mode for the delivery of health care. *Inquiry, 13*, 233–244.

Belur, J., Thornton, A., Tompson, L., Manning, M., Sidebottom, A., & Bowers, K. (2020). A systematic review of the effectiveness of the electronic monitoring of offenders. *Journal of Criminal Justice, 68*, 1–18. https://doi.org/10.1016/j.jcrimjus.2020.101686

Berk, R. A., & Bleich, J. (2013). Statistical procedures for forecasting criminal behaviour: A comparative assessment. *Criminology & Public Policy, 12*, 513–544. https://doi.org/10.1111/1745-9133.12047

Brown, D. J., Shopland, N., Battersby, S., Tully, A., & Richardson, S. (2009). Game on: Accessible serious games for offenders and those at risk of offending. *Journal of Assistive Technologies, 3*, 13–25. https://doi.org/10.1108/17549450200900012

Bulman, P. (2009). Using technology to make prisons and jails safer. *National Institute of Justice Journal, 262*, 38–41. https://www.ojp.gov/pdffiles1/nij/225764.pdf

Cardenas-Lopez, G., de la Rosa-Gomez, A., Figueroa, R. D., & Baca, X. D. (2016). Virtual reality exposure for trauma and stress-related disorders for city violence crime victims. *International Journal of Child Health and Human Development, 9*, 315–322. https://www.proquest.com/scholarly-journals/virtual-reality-exposure-trauma-stress-related/docview/1841114289/se-2

Chappell, C., & Shippen, M. (2013). Use of technology in correctional education. *The Journal of Correctional Education, 64*, 22–40. http://www.jstor.org/stable/26508098

Chin, E. T., Ryckman, T., Prince, L., Leidner, D., Alarid-Escudero, F., Andrews, J. R., Salomon, J. A., Studdert, D. M., & Goldhaber-Fiebert, J. D. (2021). COVID-19 in the California state prison system: An observational study of decarceration, ongoing risks, and risk factors. *Journal of General Internal Medicine, 36*, 3096–3102. https://doi.org/10.1007/s11606-021-07022-x

Cochran, J. C., & Mears, D. P. (2013). Social isolation and inmate behavior: A conceptual framework for theorizing prison visitation and guiding and assessing research. *Journal of Criminal Justice, 41*, 252–261. https://doi.org/10.1016/j.jcrimjus.2013.05.001

Constantinou, A. C., Freestone, M., Marsh, W., Fenton, N., & Coid, J. (2015). Risk assessment and risk management of violent reoffending among prisoners. *Expert Systems with Applications, 42*, 7511–7529. https://doi.org/10.1016/j.eswa.2015.05.025

Cruser, D. A., Sperry, K., & Harper, S. (2000). Delivering mental health services in rural prisons: Technology meets tradition. *Journal of Correctional Health Care, 7*, 209–236. https://doi.org/10.1177/107834580000700203

Czaja, S. J., Charness, N., Fisk, A. D., Hertzog, C., Nair, S. N., Rogers, W. A., & Sharit, J. (2006). Factors predicting the use of technology: Findings from the Center for Research and Education on Aging and Technology Enhancement (CREATE). *Psychology and Aging, 21*, 333–352. https://doi.org/10.1037/0882-7974.21.2.333

Davis, K., & Ostini, J. (2019). *Understanding the post-release technology experiences of women ex-prisoners: Do they have the access and literacies to support employment and study*? Project Report – Digital Life Labe, University of Queensland. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/87daf927-1546-4027-a4ac-7fe2b87f1d11/davis-women-ex-prisoners-full-report.pdf?ETag=ff12e3a361f2935634d7b18f597d7b3d

Devlin, H., Nolan, C., & Turner, N. (2019). Assistive technology and schizophrenia. *Irish Journal of Occupational Therapy, 47*, 124–136. https://doi.org/10.1108/IJOT-12-2018-0024

Fairburn, C. G., & Patel, V. (2017). The impact of digital technology on psychological treatments and their dissemination. *Behavior Research and Therapy, 88*, 19–25. https://doi.org/10.1016/j.brat.2016.08.012

Farley, H., & Pike, A. (2016). Engaging prisoners in education: Reducing risk and recidivism. *Advancing Corrections, 1*, 65–73.

Farley, H., Murphy, A., & Bedford, T. (2014). Providing simulated online and mobile learning experiences in a prison education setting: Lessons learned from the PLEIDES pilot project. *International Journal of Mobile and Blended Learning, 6*, 17–32. https://doi.org/10.4018/ijmbl.2014010102

Fernández-Aranda, F., Jiménez-Murcia, S., Santamaría, J. J., Gunnard, K., Soto, A., Kalapanidas, E., Bults, R. G., Davarakis, C., Ganchev, T., Granero, R., Konstantas, D., Kostoulas, T. P., Lam, T., Lucas, M., Masuet-Aumatell, C., Moussa, M. H., Nielsen, J., & Penelo, E. (2012). Video games as a complementary therapy tool in mental disorders: PlayMancer, a European multicentre study. *Journal of Mental Health, 21*(4), 364–374. https://doi.org/10.3109/09638237.2012.664302

Fernando, S., & Ohene-Djan, J. (2022). A computer aided drawing system evaluation with early and late blind users. *Assistive Technology, 34*, 392–401. https://doi.org/10.1080/10400435.2020.1829745

Fleming, T. M., Bavin, L., Stasiak, K., Hermannson-Webb, E., Merry, S. L., Cheek, C., Lucassen, M., Lau, H. M., Pollmuller, B., & Hetrick, S. (2017). Serious games and gamification for mental health: Current status and promising directions. *Frontiers in Psychiatry, 7*, article 215. https://doi.org/10.3389/fpsyt.2016.00215

Goodwin, B. M., Olney, C. M., Ferguson, J. E., Hansen, A. H., Eddy, B., & Goldish, G. (2022). Visualization of user interactions with a pressure mapping mobile application for wheelchair users at risk for pressure injuries. *Assistive Technology, 34*, 444–453. https://doi.org/10.1080/10400435.2020.1862938

Hadlington, L., & Knight, V. (2022). Public acceptability of prisoners' access and use of technologies in the UK. *The Prison Journal, 102*, 237–255. https://doi.org/10.1177/00328855221079290

Harmes, M., Hopkins, S., & Farley, H. (2019). Beyond incarcerated identities: Identity, bias and barriers to higher education in Australian prisons. *International Journal of Bias, Identity and Diversities in Education, 4*(1), 1–16. https://doi.org/10.4018/IJBIDE.2019010101

Hewson, T., Shepherd, A., Hard, J., & Shaw, J. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners. *The Lancet, 7*(July), 568–570. https://doi.org/10.1016/S2215-0366(20)30241-8

Hewson, T., Robinson, L., Khalifa, N., Hard, J., & Shaw, J. (2021). Remote consultations in prison mental healthcare in England: Impacts of COVID-19. *British Journal of Psychology (Open), 7*(2), e49. https://doi.org/10.1136/bmjopen-2020-046547

Järveläinen, E., & Rantanen, T. (2021). Incarcerated people's challenges for digital inclusion in Finnish prisons. *Nordic Journal of Criminology, 22*, 240–259. https://doi.org/10.1080/2578983X.2020.1819092

Jewkes, Y., & Johnston, H. (2009). Caveman in an era of speed-of-light-technology: Historical and contemporary perspectives on communication within prisons. *The Howard Journal of Criminal Justice, 48*, 132–143. https://doi.org/10.1111/j.1468-2311.2009.00559.x

Jewkes, Y., & Reisdorf, B. C. (2016). A brave new world: The problems and opportunities presented by new media technologies in prisons. *Criminology and Criminal Justice, 16*, 534–551. https://doi.org/10.1177/1748895816654953

Johnson, L., Gutridge, K., Parkes, J., Roy, A., & Plugge, E. (2021). Scoping review of mental health in prisons through the COVID-19 pandemic. *BMJ Open, 11*, e046547. https://doi.org/10.1136/bmjopen-2020-046547

Kaun, A., & Stiernstedt, F. (2022). Prison tech: Imagining the prison as lagging behind and as a test bed for technology advancement. *Communication, Culture and Critique, 15*, 69–83. https://doi.org/10.1093/ccc/tcab032

Kaun, A., & Stierstandt, F. (2020). Doing time, the smart way? Temporalities of the smart prison. *New Media & Society, 22*, 1580–1599. https://doi.org/10.1177/1461444820914865

Kentnor, H. (2015). Distance education and the evolution of online learning in the United States. *Curriculum and Teaching Dialogue, 17*, 21–34. https://digitalcommons.du.edu/cgi/viewcontent.cgi?article=1026&context=law_facpub

Kerr, A., & Willis, M. (2018, October). Prisoner use of information and communications technology. *Trends & Issues in Crime and Criminal Justice, 560*. Australian Institute of Criminology. https://www.aic.gov.au/publications/tandi/tandi560

Kirschstein, M. A., Singh, J. P., Rossegger, A., Endrass, J., & Graf, M. (2021). International survey on the use of emerging technologies among forensic and correctional mental health professionals. *Criminal Justice and Behavior*. https://doi.org/10.1177/00938548211042057

Köhnen, M., Kriston, L., Härter, M., Baumeister, H., & Liebherz, S. (2021). Effectiveness and acceptance of technology-based psychological interventions for the acute treatment of unipolar depression: Systematic review and meta-analysis. *Journal of Medical Internet Research, 23*(6), e24584. https://doi.org/10.2196/24584

Kois, L. E., Cox, J., & Peck, A. T. (2021). Forensic e-mental health: Review, research priorities, and policy directions. *Psychology, Public Policy, and Law, 27*(1), 1–16. https://doi.org/10.1037/law0000293

Kowal, M., Conroy, E., Ramsbottom, N., Smithies, T., Toth, A., & Campbell, M. (2021). Gaming your mental health: A narrative review on mitigating symptoms of depression and anxiety using commercial video games. *JMIR Serious Games, 9*(2), e26575. https://doi.org/10.2196/26575

Kreijnsa, K., Kirschner, P. A., & Jochems, W. (2003). Identifying the pitfalls for social interaction in computer-supported collaborative learning environments: A review of the research. *Computers in Human Behavior, 19*, 335–353. https://doi.org/10.1016/S0747-5632(02)00057-2

Magaletta, P. R., Fagan, T. J., & Ax, R. K. (1998). Advancing psychology services through telehealth in the Federal Bureau of Prisons. *Professional Psychology: Research and Practice, 29*, 543–548. https://doi.org/10.1037/0735-7028.29.6.543

Maheu-Cadotte, M. A., Dubé, V., Cossette, S., Lapierre, A., Fontaine, G., Deschênes, M. F., & Lavoie, P. (2021). Involvement of end users in the development of serious games for health care professions education: Systematic descriptive review. *JMIR Serious Games, 19*, e28650. https://doi.org/10.2196/28650

Mandryk, R. L., & Birk, M. V. (2017). Toward game-based digital mental health interventions: Player habits and preferences. *Journal of Medical Internet Research, 19*(4), e128. https://doi.org/10.2196/jmir.6906

Maycock, M. (2022). Covid-19 has caused a dramatic change to prison life: Analysing the impacts of the Covid-19 pandemic on the pains of imprisonment in the Scottish Prison Estate. *The British Journal of Criminology, 62*, 218–233. https://doi.org/10.1093/bjc/azab031

Mbatah, L. S., Luthuli, L. P., & Masenya, T. M. (2020). Prison breakthrough: Use of information systems in correctional facilities. *Journal of the South African Society of Archivists, 53*, 54–64. https://doi.org/10.4314/jsasa.v53i1.4

McDougall, C., Pearson, D. A. S., Torgerson, D. J., & Garcia-Reyes, M. (2017). The effect of digital technology on prisoner behavior and reoffending: A natural stepped-wedge design. *Journal of Experimental Criminology, 13*, 455–482. https://doi.org/10.1007/s11292-017-9303-5

McKay, C. (2018). Digital access to justice from prisons: Is there a right to technology? *Criminal Law Journal, 42*, 303–321.

McKay, C. (2022). The carceral automaton: Digital prisons and technologies of detention. *International Journal for Crime, Justice and Social Democracy, 11*, 100–119. https://doi.org/10.5204/ijcjsd.2137

McLauchlan, J., & Farley, H. (2019). Fast cars and fast learning: Using virtual reality to learn numeracy and literacy in prison. *Journal of Virtual Worlds Research, 12*, 1–11. https://doi.org/10.4101/jvwr.v12i3.7391

Monaghesh, E., & Hajizadeh, A. (2020). The role of telehealth during COVID-19 outbreak: A systematic review based on current evidence. *BMC Public Health, 20*, 1193. https://doi.org/10.1186/s12889-020-09301-4

Montenegro, D. (2021). Reaching at-risk student populations during a pandemic: The impacts of Covid-19 on prison education. *Frontiers in Communication, 6*, 604963. https://doi.org/10.3389/fcomm.2021.604963

Mufarreh, A., Waitkusm, J., & Booker, T. A. (2022). Prison official perceptions of technology in prison. *Punishment & Society, 24*, 410–432. https://doi.org/10.1177/1462474521990777

Nicholls, T. L., Butler, A., Kendrick-Koch, L., Brink, J., Jones, R., & Simpson, A. I. F. (2018). Assessing and treating offenders with mental illness. In M. Ternes, P. R. Magaletta, & M. W. Patry (Eds.), *The practice of correctional psychology* (pp. 9–37). Springer. https://doi.org/10.1007/978-3-030-00452-1_2

Noor, A. M., Smolenski, D. J., & Reger, G. M. (2018). Effects of prolonged exposure and virtual reality exposure on suicidal ideation in active duty soldiers: An examination of potential mechanism. *Journal of Psychiatric Research, 103*, 6974. https://doi.org/10.1016/j.jpsychires.2018.05.009

Palmer, E. J., Hatcher, R. M., & Tonkin, M. J. (2020). *Evaluation of digital technology in prisons*. Ministry of Justice Analytical Series. http://www.justice.gov.uk/publications/research-and-analysis/moj

Pandya, A., & Lodha, P. (2021). Social connectedness, excessive screen time during COVID-19 and mental health: A review of current evidence. *Frontiers in Human Dynamics, 3*, 684137. https://doi.org/10.3389/fhumd.2021.684137

Pattavina, A. (2004). The emerging role of information technology in prison reentry initiatives. *Federal Probation, 68*, 40–44.

Pfeifer, J. E. (2017). Level-*Up: Using technology and gaming as an educational tool for offender decision-making*. Paper presented at the annual meeting of the Australasian Corrections Education Association, Canberra, Australia.

Pfeifer, J. E. (2019). Education, technology and Indigenous prisoners: Examining the impact of a culture-specific program on work readiness, skill development and cultural identity. *Journal of Australian Indigenous Issues, 22*, 31–44.

Pfeifer, J. E. (2023). Technology and Indigenous prisoners: Guiding principles for the development of effective and responsive programs. *Journal of Australian Indigenous Issues, 5*, 75–89.

Pfeifer, J. E., Winterdyk, J., Hutton, F., Monod de Froideville, S., Banks, C., & Trounson, J. S. (2018). Indigenous youth and crime: An international perspective. In B. H. Bornstein & M. K. Miller (Eds.), *Advances in psychology and law* (Vol. 3, pp. 247–284). Springer. https://doi.org/10.1007/978-3-319-75859-6_8

Pike, A., & Adams, A. (2012). Digital exclusion or learning exclusion? An ethnographic study of adult male distance learners in English prisons. *Research in Learning Technology, 20*(4), 363–376. https://doi.org/10.3402/rlt.v20i0.18620

Powers, M. B., & Emmelkamp, P. M. (2007). Virtual reality exposure therapy for anxiety disorders: A meta-analysis. *Journal of Anxiety Disorders, 22*, 561–569. https://doi.org/10.1016/j.janxdis.2007.04.006

Rantanen, T., Järveläinen, E., & Leppälahti, T. (2021). Prisoners as users of digital health care and social welfare services: A Finnish attitude survey. *International Journal of Environmental Research and Public Health, 18*, 5528. https://doi.org/10.3390/ijerph18115528

Ribbens, W., & Malliet, S. (2015). Exploring the appeal of digital games to male prisoners. *Poetics, 48*, 1–20. https://doi.org/10.1016/j.poetic.2014.10.007

Russo, J., Woods, D., Drake, G. B., & Jackson, B. A. (2019). *Leveraging technology to enhance community supervision: Identifying needs to address current and emerging concerns*. US Department of Justice. Available at: https://www.ojp.gov/ncjrs/virtual-library/abstracts/leveraging-technology-enhance-community-supervision-identifying

Scott, C. K., Johnson, K., & Dennis, M. L. (2013). Using mobile phone technology to provide recovery support for women offenders. *Telemedicine and e-Health, 19*, 767–771. https://doi.org/10.1089/tmj.2012.0309

Skues, J., Pfeifer, J. E., Oliva, A., & Wise, L. (2019). Responding to the needs of prisoners with learning difficulties in Australia. *Journal of Bias, Identity and Diversities in Education, 4*, 113–121. https://doi.org/10.4018/978-1-6684-3542-7.ch070

Teng, M. Q., & Gordon, E. (2021). Therapeutic virtual reality in prison: Participatory design with incarcerated women. *New Media and Society, 23*, 2210–2229. https://doi.org/10.1177/1461444821993131

Tian, E. J., Venugopalan, S., Kumar, S., & Beard, M. (2021). The impacts of and outcomes from telehealth delivered in prisons: A systematic review. *PLoS, 16*(5), e0251840. https://doi.org/10.1371/journal.pone.0251840

Ticknor, B. (2019). Virtual reality and correctional rehabilitation: A game changer. *Criminal Justice and Behavior, 46*, 1319–1336. https://doi.org/10.1177/0093854819842588

Toreld, E. M., Haugli, K. O., & Svalastog, A. L. (2018). Maintaining normality when serving a prison sentence in the digital society. *Croatian Medical Journal, 59*(6), 335–339. https://doi.org/10.3325/cmj.2018.59.335

Vacca, J. S. (2004). Educated prisoners are less likely to return to prison. *The Journal of Correctional Education, 55*, 297–305. http://www.jstor.org/stable/23292095

Vaccaro, G., Massariol, A., Guirguis, A., Kirton, S. B., & Stair, J. L. (2022). NPS detection in prison: A systematic literature review of use, drug form, and analytical approaches. *Drug Testing and Analysis, 14*, 1350–1367. https://doi.org/10.1002/dta.3263

Van De Steen, S., & Knight, V. (2017). Digital transformation for prisons: Developing a needs-based strategy. *Probation Journal, 64*, 256–268. https://doi.org/10.1177/0264550517723722

van Rijn, B., Cooper, M., Jackson, A., & Wild, C. (2017). Avatar-based therapy within prison settings: Pilot evaluation. *British Journal of Guidance & Counselling, 45*, 268–283. https://doi.org/10.1080/03069885.2015.1068273

Vest, N., Johnson, O., Nowotny, K., & Brinkley-Rubenstein, L. (2021). Prison population reductions and COVID-19: A latent profile analysis synthesizing recent evidence from the Texas state prison system. *Journal of Urban Health, 98*, 53–58. https://doi.org/10.1007/s11524-020-00504-z

Chapter 13
The Future of Violence Prevention and Reduction: Making Better Use of Correctional Psychology Practices

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In conversations about correctional management and intervention, predicting and curbing violence is frequently a top priority. Not only do correctional institutions detain individuals who have engaged in serious acts of violence, but many current policies, systemic structures, and other factors associated with the institutional climate can mitigate or maintain a cycle of violence. Despite their best efforts, jails and prisons may struggle to reduce violence for myriad reasons including, but not limited to, staffing shortages, facility overcrowding and high densities of violent individuals, limited therapeutic resources, reliance on ineffective management strategies, lack of training, and inadequate housing conditions. This chapter begins by highlighting the prevalence of violence in general and in carceral settings, including differences among subgroups. We then summarize theories about the development and maintenance of violent behavior, discuss clinical approaches to predicting and intervening with individuals who are violent prone, and end with considerations for the future role correctional psychology and psychologists can play in violence prevention. While our focus is on psychological practices, siloed efforts to reduce violence in institutions will fall short; all correctional staff must be involved in the implementation of these initiatives.

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Frequency and Prevalence

Violence in the Community Versus the Carceral Setting

According to the 2020 US Department of Justice Criminal Victimization report, the aggregate national crime rate decreased 22% between 2019 and 2020, primarily due to fewer incidents of serious nonsexual violent crimes and simple assaults (Morgan & Thompson, 2021). Internationally, rates of homicide have also shown a downward trend over the past 25 years, yet the Americas account for the highest number of homicide deaths (many of which are firearm-related) at 37% of the global average (United Nations Office on Drugs and Crime, 2019). In the United States, both men and women are experiencing less violent victimization overall (Morgan & Thompson, 2021); however, estimates suggest people who identify as trans or gender nonbinary are four times more likely to be victims of violence than their cisgender counterparts (Flores et al., 2021). Further, rates of violent crime victimization differ by race, ethnicity, and socioeconomic status. While violence against White and Hispanic Americans has declined, victimization rates for Black Americans remains steady (Morgan & Thompson, 2021). Although violence in the United States is also declining across income levels and region (Morgan & Thompson, 2021), communities with less economic opportunity, more gang-related activity, and fewer access to resources (e.g., housing, healthcare) experience more violent crime than communities that do not face these issues (Monahan et al., 2001).

The likelihood of exposure to violence while incarcerated is, unsurprisingly, higher than in the community. In one study of over 8000 people incarcerated in a state prison system, peer-on-peer rates of physical violence by facility ranged from 12.9% to 34.6% and did not differ significantly for men versus women (Wolff et al., 2007). Physical violence perpetuated by staff against people who were incarcerated ranged from 8.3% to 32.1%, with men being victimized more often than women (Wolff et al., 2007). Incarcerated transgender and gender diverse individuals are especially vulnerable to victimization (Hughto et al., 2022). Experiencing violence firsthand and witnessing violence between incarcerated persons is also prevalent among correctional workers and is associated with job burnout (Konda et al., 2012; Isenhardt & Hostettler, 2020). An estimated 56% of incidents against staff occur on segregation units, which are often used to isolate violent or violence prone individuals, and 29% occur in or around the person's cell (McNeeley, 2021). Some data suggest staff assaults requiring more than basic first aid are relatively infrequent and that individuals who are younger, gang members, and/or serving time for violent offenses tend to perpetrate more serious assaults (Sorensen et al., 2011).

Violence and Mental Illness

Counter to the efforts of mental health researchers, practitioners, and advocates, society has long drawn a false link between mental illness and violence. The belief that individuals with serious mental illness are more likely to be violent than those without mental illness has largely been maintained by public sensationalism typically following a horrific act of violence. Unfortunately, such misconceptions often lead to misguided social policies and legislation. In reality, a small percent of violent offenses are directly attributed to serious mental illness (Stuart & Arboleda-Flórez, 2001), about 90% of people with mental illness who become involved in the legal system do so for some reason other than their illness (Skeem et al., 2011), and people with serious mental illness are more often victims than perpetrators of violence (Desmarais et al., 2014; Monahan et al., 2017).

Despite a relatively weak relationship between mental illness and violence, certain conditions and circumstances can increase the likelihood individuals with serious mental illness will be violent (Harris & Lurigio, 2007). People experiencing symptoms such as persecutorial delusions, grandiosity, and mania are at an elevated risk compared to those with no known psychiatric disorder (DeAngelis, 2021; Douglas et al., 2009). However, most acts of violence by people with serious mental illness occur when they are not receiving or adhering to appropriate treatment services (e.g., not taking psychotropic medications as prescribed; Taylor, 2008). Violence also appears more likely during an individual's first psychotic episode, when there is comorbid substance misuse, and/or when individuals lack insight into their mental health difficulties (Short et al., 2013; Elbogen & Johnson, 2009). Further, psychopathology can converge with other socio-environmental factors, such as homelessness and exposure to trauma, to significantly increase violence risk (Elbogen & Johnson, 2009; Monahan et al., 2017; Swanson et al., 2002).

In the carceral setting, people with serious mental illnesses are disciplined more frequently for engaging in verbal and physical violence toward correctional staff and other incarcerated people than those without mental illness (Bronson & Berzofsky, 2017; McNeeley, 2021). However, the risk of these incidents may be associated with inadequate treatment options in institutions or a lack of understanding about how to manage behavioral symptoms of mental illness. Further, and consistent with community-based findings, people with serious mental illness are more often victims of violence while in prison (Blitz et al., 2008). The relationship between mental health and violence for correctional employees is also worth recognizing, as exposure to violence on the job has been associated with depression, alcohol abuse, post-traumatic stress disorder, sleep disorders, and suicidal ideation (Carleton et al., 2021; Lavender & Todak, 2021; Lerman et al., 2022). In turn, unmanaged emotional or physiological distress among staff may increase aggressive or violent responses to incarcerated people, thereby modeling hostility and increasing the likelihood of triggering further violence against them. However, the development of staff mental health issues may be prevented or reduced by

organizational support and a sense of equity within the institution (Lerman et al., 2022; Taxman & Gordon, 2009).

Theoretical Models Relevant to Violence Intervention

The Two-Factor Model of Conceptualizing Violence

Many long-term interventions developed by psychologists and other mental health professionals for reducing violent behavior follow a cognitive-behavioral framework in which clients are taught to identify aggressive thoughts and stop or alter these thoughts before they become violent actions. These programs typically fall under the umbrella of anger management and are effective in reducing general and violent recidivism (Henwood et al., 2015). Such programs have also shown promising results for specific groups including incarcerated women and persons with intellectual disabilities (Kubiak et al., 2016; Taylor et al., 2016). While these programs often discuss aggressive thought processes broadly as the antecedent to violence, aggressive thinking has been conceptualized as a two-factor model that includes proactive and reactive forms (Dodge & Coie, 1987). Violence driven by proactive cognitions is premeditated, is calculated, and often conveys emotional callousness and amorality on the part of the perpetrator. People who engage in proactive thinking typically become violent because there is a perceived instrumental gain for which they feel confident achieving (Walters, 2005).

Reactive thinking, on the other hand, is impulsive and emotionally clouded and often results in in-the-moment or unanticipated violence (Walters, 2017). Reactive forms of violence are believed to be the consequence of insufficient cognitive resources such as an inability to consider longer-term consequences and overappraising ambiguous situations as hostile (Crick & Dodge, 1996; Walters, 2005). Because most acts of violence are reactive in nature rather than planful (Cornell et al., 1996), anger management programs primarily address reactive styles of thinking. Further, reactive thinking appears more amenable to cognitive-behavioral interventions than proactive thinking (Lester et al., 2022). People who rely on reactive cognitions also tend to lack a desire for social values such as cooperation and empathy, which may play out poorly in the carceral environment where failure to follow rules and structure can have significant consequences (Marcus & Kramer, 2001; Walters, 2005).

The reactive and proactive distinction can be applied to our understanding of different types of violence. For instance, sex offending has been characterized by self-regulation deficits in emotions, which may align more closely to reactive thinking as an individual engages in a sex offense in response to a mood or impulse (Stinson et al., 2008). Violence associated with gang involvement such as weapons acquisition or drug trafficking may be committed to achieve inclusion and intragroup social cohesion, suggesting these behaviors are primarily rooted in proactive cognitions

(Brennan and Moore, 2009). Elements of interpersonal violence (IPV) have also been linked to proactive and reactive thought processes. IPV carried out for purposes power, control, or manipulation tends to be more calculated, while IPV that occurs more spontaneously tends to be the result of low self-control or poor emotional regulation (Walters, 2020). Although distinct, people can perpetrate proactive and reactive forms of violence, and specific acts of violence may have both proactive and reactive components (Walters, 2005).

The Development and Maintenance of Violence

Overview of General Theories Beyond the basic cognitive-behavioral paradigm, an abundance of psychological and criminological theories emerged over the past several decades to help explain the onset and maintenance of violence. Some of the most frequently researched theories include: (1) social learning theory, (2) social disorganization theory, (3) informal social control theory, (4) rational choice theory, (5) general strain theory, and (6) contemporary aggression theory or the general aggression model. Each of these are summarized in Table 13.1. Interested readers are also directed to Silver (2006).

Of these, the theory that seems most directly relevant to violence in the correctional environment is general stain theory (Agnew & White, 1992), which broadly breaks into two competing models: deprivation and importation. Deprivation explains institutional violence as a response to loss of freedoms and privileges while incarcerated; importation assumes individuals essentially bring bad behaviors from the community into institutions. Research has found support for both explanations among incarcerated men (Jiang & Fisher-Giorlando, 2002) and women who engage in institutional violence (Leigey, 2019). As summarized in Blevins et al. (2010), however, prison violence is likely the combined result of deprivation, importation, and an immature approach to coping with strain; thus, these models are more complimentary than they are competing.

These theories are not without flaws. After conducting a meta-analysis on factors associated with desistance from violence, Walker et al. (2013), for example, emphasized that psychological and criminological explanations often neglect to discuss or evaluate protective factors. While informal social control theory incorporates some protective factors such as stable social relationships and secure employment, individual factors that may reduce violence while incarcerated and in the long-term are generally understudied. In an exploratory study of 63 men, Ellis and Bowen (2017) found those who desisted from violence for a year or more in prison endorsed more pro-social attitudes, personal agency (i.e., feeling capable of desisting), and resilience than those who continued to behave violently. Another study found evidence that violence in prison could be managed by increasing protective factors even when important risk factors were not reduced (Belfrage et al., 2004).

Table 13.1 Summary of common violence theories

Theory	Main premise	Theoretical underpinning	Seminal works
Contemporary aggression	Violence develops through some combination of individual, situational, biological, and developmental variables	Biopsychosocial	Anderson and Bushman (2002), Anderson and Carnagey (2004), and DeWall et al. (2011)
General strain	Stressful life events increase the likelihood of negative emotions and maladaptive coping, including violence and aggression	Environmental constraints/ cognitive behavioral	Agnew and White (1992), Blevins et al. (2010), and Mazerolle et al. (2000)
Informal social control	Weak or deteriorating prosocial connections (e.g., loss of employment, relationships) reduces social accountability that typically prevents violent behavior for fear of losing such connections	Social cognitive processing	Bellair (1997), Bursik and Grasmiek (1993), Sampson et al. (1997), and Silver and Miller (2004)
Rational choice	Violence is driven by an instrumental purpose (e.g., revenge, justice, displaying power and control) for which the benefits are judged to outweigh the consequences	Cognitive behavioral	Cornish and Clarke (2014), Felson (2004), and Nagin and Paternoster (1993)
Social disorganization	Violence is a byproduct of disadvantaged neighborhoods (e.g., poverty, lack of cohesion, unemployment, limited controls or resources)	Environmental constraints	Sampson and Groves (1989), Shaw and McKay (1942), and Silver (2006)
Social learning	People learn to be violent by witnessing violence and its associated rewards (e.g., gaining control) and then modeling violence	Behavioral reinforcement	Akers (1973), Bandura (1977), and Pratt et al. (2010)

Age and Gender Trajectories One of the most cited theories explaining early trajectories of violence is Moffit's (1993) life-course persistent theory (LCP). This model separates individuals who engage in violent and illegal activity into two groups: (1) life course persistent (i.e., early onset of violence that continues throughout most of the lifespan) and (2) adolescent limited (i.e., adolescent onset of violence that discontinues upon entering adulthood). The primary difference in these trajectories is the quality of prosocial support systems. This dichotomous theory, however, may be incomplete. For example, O'Connell et al. (2019) identified four distinct violent offending trajectories: (1) high rate persisters (individuals who offended consistently from age 12 to 72 and would be considered life-course persisters in Moffit's model), (2) sporadic offenders (individuals who were inactive in offending most of the time between the ages of 12 and 72), (3) low-rate desisters

(similar to Moffit's adolescent-limited group), and (4) moderate-rate desisters (individuals who desisted in their forties). Although they offended over a longer period, the high rate persister group engaged in fewer violent crimes than sporadic and low-rate desisters. Regardless of their trajectory, all four groups had higher rates of childhood abuse and running away from home than those who committed nonviolent offenses. In general, the risk of violence substantially declines with age (Sampson & Laub, 2005). Likewise, prison assaults are most often committed by younger individuals and are more prevalent in facilities with a higher population of individuals under the age of 25 (Lahm, 2008).

In addition to age-related theories of violence, researchers have investigated gender-based differences among men and women. One longitudinal study found that fewer young women persisted in violent behavior compared to a matched sample of young men (25% vs. 46%, respectively) and that the development of impulse control and stable employment was most associated with violence desistance for women (Caufmann et al., 2017). A history of abuse victimization among women may also play a large role in their later perpetration of violence. In one study, frequency of physical and sexual abuse accounted for 21% of the variance in frequency of violent behaviors by incarcerated women (Byrd & Davis, 2009). However, research has generally identified more similarities than differences between women and men who engage in violence (Carney, et al., 2007). Factors such as neighborhood disadvantage and quality of family support, for example, seem to be gender neutral in predicting violence (Zheng & Cleveland, 2013).

Theories of Violence Containment Behind Bars

Correctional facilities have an obligation to keep staff and those in their custody safe. One way facilities do this is by housing people on blocks or units depending on their custody status; these housing areas are often associated with different levels of security and restriction. When individuals are violent behind bars, especially extreme and/or consistent violence, their behavior often results in seclusion or restraint, also known as solitary confinement, restrictive housing, or segregation (among many other terms). Labrecque (2016) described two general models of segregation: (1) dispersal and (2) concentration. The dispersal model, which often translates to disciplinary or punitive segregation, theoretically aims to reduce prison misconduct by temporarily separating and reducing privileges for incarcerated persons who have committed specific incidents, which can be violent or nonviolent in nature (e.g., possessing contraband, instigating a fight). The concentration model, more commonly associated with administrative segregation, aims to maintain institutional order by keeping individuals who are deemed more dangerous and/or persistently difficulty-to-manage (e.g., gang members, escape risks, seriously mentally ill) isolated for longer and sometimes unspecified lengths of time.

Proponents of restrictive housing practices rely on normalization theory, which asserts that isolation sets an expectation for the kinds of behaviors required to remain within the prison's general population (Pyrooz & Mitchell, 2020). According to this theory, also termed the "prison systems perspective" (Labrecque & Mears, 2019), segregation not only provides immediate safety for staff and other incarcerated persons, but it also deters segregated individuals from committing future acts of violence and allows those in the general population to take advantage of programming and develop healthier relations with staff without being derailed by disruptive peers (Mears & Reisig, 2006). Conversely, the "critics' perspective" of segregation points to its overuse to contain so-called nuisance inmates (i.e., people who are not dangerous but nonetheless create frustrations and/or their behaviors cannot be managed with existing resources). This perspective suggests segregation increases antisocial behavior and emotional distress and deprives incarcerated people of basic human needs (see Labrecque & Mears, 2019). These perspectives, however, are not necessarily mutually exclusive.

Diagnosis, Assessment, and Intervention

Diagnoses Associated with Violence Potential

Several psychiatric and personality disorders are associated with an increased risk of violent and aggressive behavior. However, we again emphasize that mental illness alone is not a strong predictor of violence and most people incarcerated for violent offenses are not seriously mentally ill. Rather, certain factors in combination with certain symptoms can lead to a higher potential for violence. Identifying these factors early in the incarceration period is a good first step toward prevention and intervention. Most research focuses on broad diagnostic categories that are prevalent among individuals who engage in violent behavior while incarcerated rather than parsing out specific symptom-behavior associations. That is, there is limited research examining the link between psychological/psychiatric factors and typologies of violent behaviors (e.g., physical assault, sexual misconduct, destruction of property).

Existing research on justice-involved people in general has historically discussed violence potential in the context of personality disorders, namely, antisocial personality disorder (ASPD) and borderline personality disorder (BPD). However, more acute psychiatric disorders such as post-traumatic stress disorder (PTSD), psychotic spectrum disorders, bipolar disorders, and substance use disorders may increase an individual's violence risk in the carceral environment particularly if left untreated and/or comorbid with other personality traits. One study estimated that more than half of prison admissions who were taking medications while in the community did not receive psychotropic medications during their incarceration (Gonzalez & Connell, 2014). In another study, comorbidity of serious mental illness, personality

disorders, and substance use disorders (dubbed the "unhappy mental illness triad") was found in 32% of incarcerated men and women, with higher prevalence among young men (Mundt & Baranyi, 2020). Gang members, often among the most violent residents in jails and prisons, also report symptoms of paranoia, PTSD, and anxiety than non-gang members (Wood & Dennard, 2017). Understanding more about these disorders and their relation to violence may improve how psychological service providers assess and intervene with clients and help nonmental health staff more accurately identify at-risk symptoms and make appropriate referrals.

Personality Disorders Both ASPD and BPD are more prevalent within incarcerated samples than the general population, and there tends to be a gender discrepancy with men most often diagnosed with ASPD and women most often diagnosed with BPD (Sansone & Sansone, 2009; Werner et al., 2015). The presence of ASPD has been shown to predict number of violent convictions (Kolla et al., 2017); another study found women with serious violent offense histories were four times more likely to have a diagnosis of BDP than women with less serious offenses (Logan & Blackburn, 2009). However, it seems specific factors within ASPD and BPD drive the risk for violence rather than the disorders themselves. Some evidence, in fact, suggests dichotomous ASPD diagnoses (i.e., full criteria are either met or not) cannot predict violent or aggressive infractions in prison (Edens et al., 2015). More specifically, impulsivity has been shown to better predict a persistent pattern of violence than interpersonal or affective traits of antisociality (Camp et al., 2013). This impulsive-antisocial facet has been associated with BPD diagnoses in incarcerated women as well (Sprague et al., 2012). Violent attitudes (e.g., acceptance of violence) may also be more important antecedents to offending behavior than antisocial traits as a cluster (Gudjonsson et al., 2011). Other characteristics of these disorders such as emotional dysregulation or difficulties with distress tolerance may be relevant considerations in assessing and reducing violence (Newhill & Mulvey, 2002). While more research at the symptom-level is need, these data suggest the presence of ASPD or BPD by itself should not be used to determine whether someone will act violently during their period of incarceration. Doing so may not only lead to ineffective management but may also contribute to racial and gender inequities (e.g., Black people are diagnosed more frequently with ASPD than White people; Garb, 2021).

Psychiatric Disorders and Substance Abuse Most research on trauma symptomology focuses on justice-involved women given the high rates of exposure to sexual and physical abuse compared to justice-involved men and women in the general population (Karlsson & Zielinski, 2020). Beyond the typical impacts of trauma on psychological functioning, incarcerated women with more severe abuse histories have been shown to engage in more frequent and serious violent behavior (Byrd & Davis, 2009). One study found both incarcerated men and women who experienced intentional trauma (e.g., abuse, assault, rape), multiple traumas, or trauma before the age of 18 reported more aggressive attitudes than those who did not have these experiences (Molina-Coloma et al., 2022). Symptoms of PTSD have also been

associated with violent and aggressive behavior while incarcerated (Facer-Irwin et al., 2019). In a sample of over 5000 adults in federal prison, childhood trauma was directly associated with violent institutional infractions above and beyond co-occurring mental health symptoms, substance abuse, and criminal convictions as a juvenile; this finding held for men and women as well as those of Aboriginal and non-Aboriginal origin (Martin et al., 2015). However, symptoms of trauma and PTSD may go undiagnosed in carceral settings, especially for men (Gosein et al., 2016). Symptoms of PTSD for incarcerated men tend to include being on guard; having disturbing memories, thoughts, or images from a traumatic experience; and avoiding thinking about the experience (Adams et al., in press). Among incarcerated women with moderate to severe PTSD symptoms, somatic complaints (e.g., chest pains) and sleep problems are common (Harner et al., 2015).

Other acute psychiatric disorders such as psychotic and bipolar spectrum disorders are also often overrepresented in justice-involved populations (Fovet et al., 2015; Walsh et al., 2002). In particular, paranoid thinking may be one of the strongest predictors of aggressive behavior (Felson et al. 2012). Van Beek et al. (2018) also found higher scores on psychotic and manic symptoms among adults in prison were associated with violent behavior. Others have shown that people with bipolar diagnoses tend to spend more time incarcerated than their original sentence due engagement in violent misconduct that likely stems from risk-taking and lack of impulse control (Fovet et al., 2015).

Regarding substance use, approximately 58% of individuals incarcerated at the state level and 63% at the local level meet criteria for dependence or abuse (Bronson & Berzofsky, 2017). In a sample of incarcerated women, the most significant predictor of violent behavior while in-custody was a history of chronic addiction to opiates, alcohol, or cocaine rather than any one specific psychiatric diagnosis (Lewis, 2011). Houser et al. (2012) found that women with co-occurring substance use and mental illness were at a higher risk for misbehavior while incarcerated compared to those with no comorbidities. Among men and women in federal prison, those who were dually diagnosed were more likely to be assaulted in prison than their non-dually diagnosed counterparts but equally as likely to assault others (Wood, 2013). In some cases, such as with PTSD, substance misuse may help explain the relationship between psychiatric symptoms and violence in prison (Howard et al., 2017). Violent behavior while incarcerated has also been linked to recent drug and alcohol abuse (Arbach-Lucioni et al., 2012).

Relevant Violence Risk Assessment Tools

In line with a more individualized approach to violence prevention, a number of validated prediction tools have been developed to aid correctional providers in making triage and treatment decisions. Violence risk assessment has been described as, "the process of identifying risk of future violence and enhancing the accuracy of

predictions of such future violence" (Heilbrun, 2003, p. 127). Early approaches to clinical prediction were left to the clinician's personal judgment (i.e., what they instinctively felt was associated with a given outcome). However, the field shifted after Paul Meehl (1954), an American psychologist, publicly and controversially challenged the efficacy of what is now referred to as unstructured clinical judgment in favor of statistically supported approaches. Currently, violence risk assessment tools tend to fall into one of the three categories: (1) unstructured clinical judgment (which is almost universally not recommended; Grove & Meehl, 1996; Kemshall, 1996), (2) actuarial, and (3) structured professional judgment (Skeem & Monahan, 2011). Both actuarial and structured professional judgment tools are guided by empirically supported risk factors; however, actuarial tools derive a probabilistic estimate of violence by comparing the examinee's score to people in the normed sample with similar characteristics, whereas structured professional judgment tools are more subjective and communicate risk primarily using categorical descriptors. Some violence risk instruments only include static factors (i.e., those that are not amenable to change such as criminal history or victim characteristics), some only include dynamic factors (i.e., those that can be changed through intervention), and some include both. Dynamic risks are further broken down into stable versus acute; stable factors are relatively consistent (e.g., personality traits), while acute factors are subject to change more rapidly (e.g., psychosis, substance abuse). If the goal is to intervene and prevent future acts of violence, tools that only use static factors may have limited value beyond determining how intensive treatment should be. In general, more risk factors mean higher dosages of treatment will be needed (Sperber et al., 2013). Although static factors appear to be stronger predictors of institutional violence (Campbell et al., 2009), an inventory of dynamic risk factors is required to better understand how interventions should be tailored (Abbiati et al., 2019; Hanson, 2005).

Violence risk assessments differ regarding which components they include and how specifically they operationalize violence (e.g., institutional violence vs. in the community). Several risk tools that may be useful for predicting and preventing violence in correctional settings are summarized in Table 13.2. This does not represent a comprehensive list.

Many of these tools were not originally designed to predict violent behaviors explicitly during incarceration but could nonetheless help guide risk management. Some have shown predictive validity for institutional violence in inpatient settings (e.g., forensic hospitals; Hogan & Olver, 2018) that likely generalizes to correctional settings, and a few have evidence directly supporting their use in predicting violent institutional misconduct. In Nijdam-Jones et al. (2021), for example, higher ratings on the Historical Clinical Risk Management-20 (currently on the third version, HCR-20$^{v.3}$; Douglas et al., 2013) predicted engagement in prison violence over a 3-month period. Some studies have also showed mixed findings. Campbell et al. (2009) found the HCR-20 and Level of Service Inventory-Revised (LSI-R, a precursor to the Level of Service/Case Management Inventory; Andrews et al., 2004) were slightly more predictive of institutional violence than the Violence Risk Appraisal Guide (the prior version of the VRAG-R; Rice et al. 2013), while Abbiati et al.

Table 13.2 Risk tools that may be useful in predicting violence in correctional settings

Current version	Type of tool	Primary uses	Seminal works
Historical Clinical Risk Management-20 (HCR-20$^{v.3}$)	Structured professional judgment	Estimate risk of violence, develop risk management plans	Douglas et al. (2013)
Level of Service/Case Management Inventory (LS/CMI)	Actuarial	Identify risk of general recidivism and correctional rehabilitation needs	Andrews et al. (2004)
Ohio Risk Assessment System Prison Intake Tool (ORAS-PIT)	Actuarial	Help prioritize correctional rehabilitation needs while in prison based on the individual's risk of general recidivism	Latessa et al. (2010)
Risk Assessment for Segregation Placement (RASP)	Actuarial	Predict future segregation placement; guide programming decisions aimed at preventing placements	Labrecque and Smith (2019)
Risk of Administrative Segregation Tool (RAST)	Actuarial	Predict future segregation placement; guide programming decisions aimed at preventing placements	Helmus et al. (2019)
Static Risk Offender Needs Guide-Revised (STRONG-R)	Actuarial	Estimate risk of re-offense across four categories: violent, property, drug, and general felony	Hamilton et al. (2014)
Violence Risk Appraisal Guide-Revised (VRAG-R)	Actuarial	Estimate risk of violent re-offending	Rice et al. (2013)

(2019) found the VRAG outperformed the HCR-20 in predicting physically violent misconduct. In a sample of men and women, Warren et al. (2018) found the VRAG and HCR-20 showed good predictive accuracy for threatened, physical, and sexual prison violence using self-reported and officially documented infractions.

Given the frequent use of segregation as a response to violence in prison, several newer risk tools have been developed to help identify and divert individuals at-risk of misconducts that result in segregation placement. Both published in 2019, the Risk of Administrative Segregation Tool (RAST; Helmus et al., 2019) and the Inmate Risk Assessment for Segregation Placement (RASP; Labrecque & Smith, 2019) have shown promise. The RAST uses primarily static factors (a version with dynamic factors is available but was found to be no more predictive than the static-only items) and was developed with a sample of people incarcerated in Canadian prisons. The RASP also relies on mostly static factors and was validated among US incarcerated people. Both tools demonstrated similar predictive power across gender and race or ethnicity. While these instruments may inform the need for preventative programming, their emphasis on static factors limits providers' understanding about what should be addressed in treatment and how. Thus, these tools may need to be supplemented with other measures of treatment need. At the time of this writing, there were no known risk tools to guide decisions about an individual's release

from segregation. In the absence of more objective tools for this purpose, correctional psychologists are likely an essential resource for making informed decisions about release to lesser restrictive environments and transitional needs.

In selecting and using the results of violence risk tools, several general considerations are warranted. First, many standardized risk measures require specialized training to administer, score, and interpret. The HCR-20$^{v.3}$ requires "considerable professional skill and judgement" and is typically completed by a mental health professional (Douglas et al., 2013, p. 38); other tools (e.g., ORAS, RASP) may be completed more quickly by security staff and with less extensive training. Regardless, criminal justice professionals who are trained in violence risk assessments show increased skills in analyzing risk data (Storey et al., 2011). Second, some important factors included on violence and general recidivism risk tools may be influenced by systemic racism, leading people of color to have higher risk estimates than White counterparts (Desmarais & Zottola, 2020). Some studies, for example, have shown that incarcerated Black people have higher rates of disciplinary misconduct (Bonner et al., 2017; Labrecque & Mears, 2019) than incarcerated White people, which could factor into perceptions about their risk for violent misconduct. Yet, it has been argued that differences in infractions may relate to differences in how Black and White people are managed by staff (e.g., more frequent or proactive responding to misconduct by Black people; see Mears & Bales, 2010). Thus, correctional staff responsible for estimating and managing institutional violence must be mindful about the influence of racial bias. Ensuring risk decisions are based on multiple data sources rather than a singular risk score (Vincent & Viljoen, 2020), and engaging staff in regular cultural competency training (Hart, 2016) may be useful. Finally, assessments of dynamic risk factors should be completed on a recurrent basis when appropriate, not just at the front-end of incarceration. Routine assessment helps monitor treatment progress and ongoing needs, ensure resources are being used efficiently, and may reduce long-term stays in segregated housing.

Treatment Implications and Considerations

Forging New Paths Ahead Violence is a complex behavior, and individuals will vary regarding the causes, triggers, and maintenance of violence (Ware et al., 2011). As such, a one-size-fits-all approach is unlikely to work for incarcerated persons at high risk for violence. Although these next sections speak more broadly to intervention considerations, we strongly encourage correctional administrators who are responsible for selecting programs to consider any unique demographics of their incarcerated population (e.g., gender, race, prevalence of serious mental illness or certain offense types) and for providers to individualize their work with clients using structured violence risk assessment tools and other data collection methods (e.g., clinical interviewing, review of offense history and prior behavioral infractions, administering measures of trauma, psychiatric symptomology, or thinking styles). Because correctional interventions are often delivered in a group format,

correctional psychologists may need to individualize services by modifying how violence is conceptualized for each client, how feedback is delivered, what goals clients set, or the coping skills that work best for them.

We also acknowledge many of the programmatic efforts described below are emerging and, therefore, may not have demonstrated generalizability with other populations or across correctional systems. However, we focus our discussion on efforts that are based in established theories of violence, efficacious psychological approaches, and/or sensible policy reform. Systematic evaluation of programs can inform correctional agencies about whether newly adopted interventions are producing desired outcomes or whether they need modification or should be discarded altogether. It is also worth noting that correctional treatment researchers are beginning to take a more nuanced look at program efficacy by applying statistical models of heterogeneity. For example, Lester et al. (2020) re-analyzed data from a sample of incarcerated men who participated in a cognitive behavioral program addressing criminogenic needs. A latent profile analysis identified four subgroups (or profiles) of participants: three were associated with reductions in recidivism and one (labeled the nonresponsive group) was associated with increases in recidivism. The nonresponsive group was characterized by higher pretreatment levels of antisocial traits, criminogenic risk, and negative attitudes toward treatment. Based on these profile distinctions, the authors concluded that the original study (Bourgon & Armstrong, 2005), which treated program completers as a homogeneous group, may have overestimated treatment efficacy for some but underestimated it for others. The study also pointed to unique factors that may require more intensive intervention with certain clients. Research using heterogeneous models is another way of mitigating the one-size-fits-all problem. Correctional agencies may be wise to partner with researchers in academic (e.g., psychology, criminal justice departments) and nonacademic settings who have expertise in program evaluation (see Batastini et al., 2018).

Developments in Violence Prevention Programming Beyond tried-and-true anger management programs, there have been more recent trends and developments in violence prevention that have been or could be applied to incarcerated persons. Here, we highlight a few of these, though this is certainly not an exhaustive discussion.

One promising approach to disrupting violence associated with ASPD and BPD, both commonly diagnosed among incarcerated people, is mentalization-based therapy (MBT). Although MBT—a variant of CBT that combines other therapeutic elements (e.g., psychodynamic, interpersonal processing)—has been discussed for decades as an option in the treatment of BPD, it has more recently been applied to individuals with antisocial and criminal behavior (Bateman et al., 2013). Mentalization describes the internal process of making sense of and being aware of our mental states and the mental states of others. With certain personality disorders, mentalization is thought to become disrupted by rigid or dysregulated cognitive processes, leading to interpretations and subsequent behavioral responses that are

illogical and unhelpful such as violence or attempts to control others (Daubney & Bateman, 2015). The basic goal of MBT is to increase clients' understanding of others. MBT is long term and prioritizes risk assessment and safety planning (Daubney & Bateman, 2015). Mentalization techniques can also be applied within other interventions such as dialectical behavioral therapy (DBT) and trauma-focused therapies. In one study, for example, problems with mentalization helped explain the relationship between childhood maltreatment and violence in adolescence (Taubner et al., 2016). Bateman and Fonagy (2008) provide a case illustration of adapting MBT with a small group of patients with comorbid ASPD and BPD and violent offense histories. MBT has also been applied to individuals with sexually violent histories (Gibbels et al., 2019). More research on MBT in the carceral environment and whether it can reduce violent institutional conduct is needed.

The violence prevention literature for incarcerated populations tends to focus on men. Although violence is less prevalent among women, even those incarcerated, women are not exempt from inflicting serious harm and research on what reduces violence for men cannot necessarily be translated to women. Many programs that address violence with incarcerated women (e.g., *Seeking Safety*; Tripodi et al., 2019) focus on women as survivors not perpetrators. In response to this need, Kubiak et al. (2015) developed *Beyond Violence* (BV), a program that recognizes the complicated relationship between violence exposure and violent offending among women. The 20-session BV curriculum is situated within gender-responsive and trauma-informed[1] frameworks. In randomized control trials, BV performed better than treatment-as-usual on measures of anger and aggression as well as post-release recidivism (Kubiak et al., 2015; Kubiak et al., 2016). Messina et al. (2016) also found support for BV with the use of peer facilitators. Given the association between trauma and violence for all genders, we remind readers that gender-based and trauma-informed violence prevention is not just a women's issue (Miller & Najavits, 2012).

Several novel approaches to violence prevention have involved the integration of technology. Historically, video games had the reputation of encouraging violence (see APA, 2020); however, interactive games and virtual scenarios are becoming a proposed solution to reducing violence. As summarized in Bowman et al. (2020), interactive video games and virtual/augmented reality (VR/AR) technologies can authentically simulate dangerous situations that would otherwise be impossible (and certainly unethical if not illegal) to recreate. Using more detail-rich and immersive environments, individuals who tend to react to situations in violent or aggressive ways can work through their thought processes, test out problem-solving options, and adapt new coping skills without the risk of real harm. In one study of VR, men convicted of domestic violence offenses were immersed in a full body ownership illusion in which their physical bodies were seemingly replaced by a

[1] Trauma-informed care is not a specific intervention protocol; rather, it is a set of guiding principles to increase awareness about trauma and feelings of safety among survivors. For more information, interested readers are directed to https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4420.pdf.

life-sized virtual woman's body that moved synchronously with their own movements (Seinfeld et al., 2018). Following the VR simulation, men were better able to identify fearful faces on women and were less likely to misidentify fearful faces as happy (Seinfeld et al., 2018; see also Barnes et al., 2022). Conversely, VR has been used to help survivors of violence, including military veterans, by creating realistic exposure scenarios in a controlled space where clients can process their experiences with a trained professional (see Rizzo et al., 2021). Freely available mobile applications for the prevention of sexual and interpersonal violence are also emerging (Draughon Moret et al., 2022). Although these technologies have not yet proliferated in the correctional setting, they seem worth exploring, particularly as more correctional systems are embracing technology for other behavioral health purposes (Bureau of Justice Assistance, 2020).

Up to this point, our discussion has focused on interventions for incarcerated clients. Yet, staff have a responsibility to manage their own aggressive behavior and set a precedent for appropriate emotional expression. Correctional officers and other unit staff have significantly more frequent contact with incarcerated persons than clinical service providers and are therefore essential agents of change (Dvoskin & Spiers, 2004). The idea of staff training is, of course, not new (see Ryan et al., 2022 for an international review of this literature). Relevant to violence prevention, correctional officers are routinely trained in basic de-escalation strategies and crisis intervention for mental illness (Kois et al., 2020). Following a growing consensus that violence can be a symptom of trauma and that correctional settings in and of themselves can be re-traumatizing, some scholarship is emphasizing the need to educate staff about trauma and implementing trauma-informed correctional practices (DeHart & Iachini, 2019; Levenson & Willis, 2019; Miller & Najavits, 2012). As Levenson & Willis (2019) put it: "An exclusive focus on…consequences without integrating an understanding of trauma can prevent innovative and effective solutions in crime prevention" (p. 490). Importantly, trauma-informed policies and procedures are not incompatible with security and structure (Miller & Najavits, 2012). In law enforcement, peer bystander training has gained momentum across the country following highly publicized instances of police brutality (see PR Newswire, 2020). The Active Bystander for Law Enforcement (ABLE) program aims to create a culture of accountability and dismantle the "blue wall of silence" that allows misconduct and mistakes to perpetuate. Participants are taught that bystander interventions are a mechanism for protecting their fellow officers and the communities they serve. An adapted version of this program (Heroes Active Bystandership Training) for officers and other first-responders in the correctional environment is underway (J. Dvoskin, personal communication, May 27, 2022) and is likely to have similar harm reduction benefits.

Reforming Segregation Practices Echoing other scholars in the field (e.g., Morgan et al., 2016) and calls for policy reform (e.g., ACLU, 2012; HALT Solitary Confinement Act, S.2836, 2021), we condemn the overreliance on restrictive housing as a form of punishment, particularly for prolonged or indeterminant periods of time and for vulnerable populations including those with serious mental illness,

youth, people who are pregnant, the elderly, and those with disabilities. Unfortunately, extreme acts or threats of violence (e.g., stabbings, throwing bodily fluid) may leave correctional institutions with little to no choice other than the use of temporary seclusion and/or restraint. Jails and prisons that experience significant challenges in recruiting and/or retaining their security and mental health staff, or that experience repeated spacing and funding shortfalls may also struggle to implement more systemic reforms. Tools such as the RAST (Helmus et al., 2019) and RASP (Labrecque & Smith, 2019), which are intended to help triage those at-risk of segregation to preventative programs, have little utility unless the facility has adequate resources to offer such programs for identified individuals.

In departments with sufficient resources, transition-focused (or step-down) programs and alternative therapeutic housing units have been introduced as initiatives to reduce the use of long-term segregation. Step-down programs facilitate transition from the nearly 24-h lockdown of segregation units to the general population while engaging individuals in treatment services. As treatment goals are met, out-of-cell time, privileges, and social contact increase until the individual is approved to return to the general population. In some departments of corrections, these step-down programs take place on or involve the use of specialized transition units. A policy brief disseminated by the Vera Institute of Justice (Vanko, 2019) summarizes recommendations for effective step-down programs and highlights promising practices adopted by various state departments of corrections. At the time of this writing, more than half of all state departments reported some form of transitional programming out of segregation (Resnik et al., 2018). Among these recommendations are the use of continued risk-needs assessment, adequate staff training, availability of meaningful social and therapeutic activities (e.g., conflict resolution training, substance abuse treatment), and a clear and fair process of transition (Vanko, 2019). Step-down programs also appear to be generally well received by correctional staff (Labrecque et al., 2021) and have been effective in reintegrating individuals who committed serious violent acts while incarcerated (Wong et al., 2005). However, as described in Labrecque et al. (2021), the creation of step-down programs and converting space into transitional units can be cumbersome. In the New York jail system, for example, the implementation of an alternative therapeutic unit requires about $1.5 million in additional funding annually (Glowa-Kollisch et al., 2016).

For institutions with limited resources, offering at least some specialized interventions to people in segregation (rather than using segregation itself as the intervention) may help them develop prosocial skills to improve their chances of returning to the general population and engaging in fewer and less serious behavioral misconducts. Programs like *Stepping Up, Stepping Out* (SUSO; Batastini et al., 2019) and *Taking a Chance on Change* (TCC; Folk et al., 2016) can be administered in a self-guided format. SUSO dually targets criminogenic and mental health needs and may be most appropriate for individuals with known mental illness, while TCC focuses primarily on altering antisocial thought processes. Both have shown promising results (Batastini et al., 2021, 2022; Folk et al., 2016). These programs could also be integrated into step-down models and should be supplemented with

other interventions as needed and available (e.g., medication management, behavioral reinforcement contingencies). Further, individuals who participate in these programs and demonstrate improvement must be afforded the opportunity for release.

Avoiding Correctional Quackery In correctional treatment literature, the term "correctional quackery" refers to the implementation of correctional interventions that may seem logical based on common sense, but are not in fact supported by research and may even lead to iatrogenic effects (Latessa et al., 2002). Victim empathy interventions for individuals convicted of sexually violent offenses borders as an example. Although falling short of labeling as correctional quackery, Mann and Barnett (2013) concluded in their review of the literature that such programs have weak evidence for reducing future acts of sexual violence. Military style boot camp programs are another common example of interventions with limited efficacy (Barnett & Fitzalan Howard, 2018), so much so that the National Institute of Justice rates this practice as "no effects" (NIJ, 2013). Despite this, boot camp programs for violence prevention have lingered. In general, programs that are discipline-based, emphasize deterrence, devoid of skills building that help people behave differently in the future, and/or exclusively focused on insight development and psychoeducation are unlikely to produce long-term changes in offending behavior (Barnett & Fitzalan Howard, 2018; MacKenzie & Farrington, 2015). The reliance on deterrence and containment of behavior are likely primary reasons why placements in segregation seem to do little to prevent violent misconduct (Meyers et al., 2021).

However, there is a fine line between dismissing something as quackery and openly considering novel and innovative approaches that may not yet have a strong scientific backing (Lee & Stohr, 2012). In the absence of clear research support for newer interventions, correctional administrators and providers should consider whether the intervention (1) targets well-established dynamic risk factors for violence, (2) is grounded in empirically supported theoretical frameworks (e.g., CBT and its variants), (3) is intensive enough to match the individual's risk level, (4) does not incorporate elements that have evidence of ineffectiveness, and (5) can be adequately delivered given institutional resources (e.g., technology needs, staff availability and training). To this latter point, Barnett and Fitzalan Howard (2018) emphasized that otherwise efficacious programs may be derailed by poor implementation. Therefore, continued assessment of treatment fidelity and participant attrition (often a useful indicator that an intervention is not being well received) are encouraged, regardless of whether the intervention is new or not.

Conclusion

The total and permanent extinction of violence within correctional environments is improbable; however, we must strive to optimize institutional safety for the health and well-being of staff, the incarcerated population, and the communities where

they will eventually return. Interventions must not only work, but they must also be sustainable. This requires consideration of unique environmental constraints, development of simple implementation procedures, and maximization of available resources. Further, violence prevention must be a collective effort by all correctional personnel, regardless of department or position, and not left to the responsibility of mental or behavioral health providers.

References

Abbiati, M., Palix, J., Gasser, J., & Moulin, V. (2019). Predicting physically violent misconduct in prison: A comparison of four risk assessment instruments. *Behavioral Sciences & the Law, 37*(1), 61–77. https://doi.org/10.1002/bsl.2364

Adams, S., Gleicher, L., Reichert, J., Konefal, K., & Cantrell, D. (in press). *Trauma and post-traumatic stress in a sample of men prisoners*. Illinois Criminal Justice Information Authority.

Agnew, R., & White, H. R. (1992). An empirical test of general strain theory. *Criminology, 30*(4), 475–500. https://doi.org/10.1111/j.1745-9125.1992.tb01113.x

Akers, R. L. (1973). *Deviant behavior: A social learning approach*. Wadsworth Publishing Company.

American Civil Liberties Union (ACLU). (2012). *Growing up locked down: Youth in solitary confinement in jails and prisons across the United States.* ACLU. https://www.aclu.org/report/growing-locked-down-youth-solitary-confinement-jails-and-prisons-across-united-states

American Psychological Association (APA). (2020). *Resolution on violent video games*. APA. https://www.apa.org/about/policy/resolution-violent-video-games.pdf

Anderson, C. A., & Bushman, B. J. (2002). Human aggression. *Annual Review of Psychology, 53*(1), 27–51. https://doi.org/10.1146/annurev.psych.53.100901.135231

Anderson, C. A., & Carnagey, N. L. (2004). *Violent evil and the general aggression model. The social psychology of good and evil* (pp. 168–192). The Guilford Press.

Andrews, D. A., Bonta, J. L., & Wormith, S. J. (2004). *LS/CMI: The level of service/case management inventory*. Multi-Health Systems.

Arbach-Lucioni, K., Martinez-García, M., & Andrés-Pueyo, A. (2012). Risk factors for violent behavior in prison inmates: A cross-cultural contribution. *Criminal Justice and Behavior, 39*(9), 1219–1239. https://doi.org/10.1177/0093854812445875

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215. https://doi.org/10.1037//0033-295x.84.2.191

Barnes, N., Sanchez-Vives, M. V., & Johnston, T. (2022). On the practical use of immersive virtual reality for rehabilitation of intimate partner violence perpetrators in prison. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.787483

Barnett, G. D., & Fitzalan Howard, F. (2018). What doesn't work to reduce reoffending? A review of reviews of ineffective interventions for adults convicted of crimes. *European Psychologist, 23*(2), 111–129. https://doi.org/10.1027/1016-9040/a000323

Batastini, A. B., Hill, J. B., Repke, A., Gulledge, L. M., & Livengood, Z. (2018). Approaching correctional treatment from a programmatic standpoint: Risk-needs-responsivity and beyond. In M. Ternes, P. Magaletta, & M. Patry (Eds.), *The practice of correctional psychology*. Springer.

Batastini, A. B., Morgan, R. D., Kroner, D. G., & Mills, J. F. (2019). *Stepping up, stepping out: A mental health treatment program for inmates in restrictive housing*. Routledge Taylor & Francis Group.

Batastini, A. B., Lester, M. E., Morgan, R. D., & Atterberry, E. (2021). Stepping up, stepping out: A program description and preliminary findings. *Psychological Services, 8*(4), 679–688. https://doi.org/10.1037/ser0000430

Batastini, A. B., Davis, R. M., Jones, A. C. T., & Horton, J. (2022). Treating incarcerated women in or at-risk of restrictive placements: A statement of the problem and considerations for practice. *Psychological Services*. Advance online publication. https://doi.org/10.1037/ser0000623

Bateman, A., & Fonagy, P. (2008). Comorbid antisocial and borderline personality disorders: Mentalization-based treatment. *Journal of Clinical Psychology, 64*(2), 181–194. https://doi.org/10.1002/jclp.20451

Bateman, A., Bolton, R., & Fonagy, P. (2013). Antisocial personality disorder: A mentalizing framework. *Focus, 11*(2), 178–186. https://doi.org/10.1176/appi.focus.11.2.178

Belfrage, H., Fransson, G., & Strand, S. (2004). Management of violent behaviour in the correctional system using qualified risk assessments. *Legal and Criminological Psychology, 9*(1), 11–22. https://doi.org/10.1348/135532504322776825

Bellair, P. E. (1997). Social interaction and community crime: Examining the importance of neighbor networks. *Criminology, 35*(4), 677–704. https://doi.org/10.1111/j.1745-9125.1997.tb01235.x

Blevins, K. R., Johnson Listwan, S., Cullen, F. T., & Lero Jonson, C. (2010). A general strain theory of prison violence and misconduct: An integrated model of inmate behavior. *Journal of Contemporary Criminal Justice, 26*(2), 148–166. https://doi.org/10.1177/1043986209359369

Blitz, C. L., Wolff, N., & Shi, J. (2008). Physical victimization in prison: The role of mental illness. *International Journal of Law and Psychiatry, 31*(5), 385–393. https://doi.org/10.1016/j.ijlp.2008.08.005

Bonner, H., Rodriguez, F., & Sorensen, J. (2017). Race, ethnicity, and prison disciplinary misconduct. *Journal of Ethnicity in Criminal Justice, 15*(*1*), 36–51. https://doi.org/10.1080/15377938.2016.1261058

Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a real world prison setting. *Criminal Justice and Behavior, 32*(1), 3–25. https://doi.org/10.1177/0093854804270618

Bowman, N. D., Joon Ahn, S., & Mercer Kollar, L. M. (2020). The paradox of interactive media: The potential for video games and virtual reality as tools for violence prevention. *Frontiers in Communication, 5*. ezproxy.memphis.edu/10.3389/fcomm.2020.580965

Brennan, I. R., & Moore, S. C. (2009). Weapons and violence: A review of theory and research. *Aggression and Violent Behavior, 14*(3), 215–225. https://doi.org/10.1016/j.avb.2009.03.003

Bronson, J., & Berzofsky, M. (2017). *Indicators of mental health problems reported by prisoners and jail inmates, 2011–2012*. Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf

Bureau of Justice Assistance. (2020). *Using telehealth for behavioral health in the criminal justice system*. COSSAP Resource Center—Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). https://www.cossapresources.org/Content/Documents/BriefingSheets/Using_Telehealth_for_Behaviorial_Health.pdf

Bursik, R. & Grasmick, H. (1993). *Neighborhoods and crime: The dimensions of effective community control.* .

Byrd, P. M., & Davis, J. L. (2009). Violent behavior in female inmates: Possible predictors. *Journal of Interpersonal Violence, 24*(2), 379–392. https://doi.org/10.1177/0886260508316475

Camp, J. P., Skeem, J. L., Barchard, K., Lilienfeld, S. O., & Poythress, N. G. (2013). Psychopathic predators? Getting specific about the relation between psychopathy and violence. *Journal of Consulting and Clinical Psychology, 81*(3), 467–480. https://doi.org/10.1037/a0031349

Campbell, M. A., French, S., & Gendreau, P. (2009). The prediction of violence in adult offenders: A meta-analytic comparison of instruments and methods of assessment. *Criminal Justice and Behavior, 36*, 567–590. https://doi.org/10.1177/0093854809333610

Carleton, R. N., Ricciardelli, R., Taillieu, T., Stelnicki, A. M., Groll, D., & Afifi, T. O. (2021). Provincial correctional workers: Suicidal ideation, plans, and attempts. *Canadian Psychology/Psychologie Canadienne*. https://doi.org/10.1037/cap0000292

Carney, M., Buttell, F., & Dutton, D. (2007). Women who perpetrate intimate partner violence: A review of the literature with recommendations for treatment. *Aggression and Violent Behavior, 12*(1), 108–115. https://doi.org/10.1016/j.avb.2006.05.002

Cauffman, E., Fine, A., Thomas, A. G., & Monahan, K. C. (2017). Trajectories of violent behavior among females and males. *Child Development, 88*(1), 41–54. https://doi.org/10.1111/cdev.12678

Cornell, D. G., Warren, J., Hawk, G., Stafford, E., Oram, G., & Pine, D. (1996). Psychopathy in instrumental and reactive violent offenders. *Journal of Consulting and Clinical Psychology, 64*(4), 783. https://doi.org/10.1037/0022-006X.64.4.783

Cornish, D. B., & Clarke, R. V. (Eds.). (2014). *The reasoning criminal: Rational choice perspectives on offending*. Transaction Publishers.

Crick, N. R., & Dodge, K. A. (1996). Social information-processing mechanisms in reactive and proactive aggression. *Child Development, 67*(3), 993–1002. https://doi.org/10.2307/1131875

Daubney, M., & Bateman, A. (2015). Mentalization-based therapy (MBT): An overview. *Australasian Psychiatry, 23*(2), 132–135. https://doi.org/10.1177/1039856214566830

DeAngelis, T. (2021 April). Mental illness and violence: Debunking myths, addressing realities. *Monitor on Psychology*, *52*(3). http://www.apa.org/monitor/2021/04/ce-mental-illness

DeHart, D., & Iachini, A. L. (2019). Mental health & trauma among incarcerated persons: Development of a training curriculum for correctional officers. *American Journal of Criminal Justice, 44*(3), 457–473. https://doi.org/10.1007/s12103-019-9473-y

Desmarais, S. L., & Zottola, S. A. (2020). Violence risk assessment: Current status and contemporary issues. *Marquette Law Review, 103*, 793.

Desmarais, S. L., Van Dorn, R. A., Johnson, K. L., Grimm, K. J., Douglas, K. S., & Swartz, M. S. (2014). Community violence perpetration and victimization among adults with mental illnesses. *American Journal of Public Health, 104*, 2342–2349. https://doi.org/10.2105/AJPH.2013.301680

DeWall, C. N., Anderson, C. A., & Bushman, B. J. (2011). The general aggression model: Theoretical extensions to violence. *Psychology of Violence, 1*(3), 245. https://doi.org/10.1037/a0023842

Dodge, K. A., & Coie, J. D. (1987). Social-information-processing factors in reactive and proactive aggression in children's peer groups. *Journal of Personality and Social Psychology, 53*(6), 1146. https://doi.org/10.1037//0022-3514.53.6.1146

Douglas, K. S., Guy, L. S., & Hart, S. D. (2009). Psychosis as a risk factor for violence to others: A meta-analysis. *Psychological Bulletin, 135*(5), 679–706. https://doi.org/10.1037/a0016311

Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR20V3: Assessing risk for violence—User guide*. Mental Health, Law, and Policy Institute, Simon Fraser University.

Draughon Moret, J., Todd, A., Rose, L., Pollitt, E., & Anderson, J. (2022). Mobile phone apps for intimate partner and sexual violence prevention and response: systematic search on app stores. *JMIR Formative Research, 6*(2), e28959. https://doi.org/10.2196/28959

Dvoskin, J. A., & Spiers, E. M. (2004). On the role of correctional officers in prison mental health. *Psychiatric Quarterly, 75*(1), 41–59. https://doi.org/10.1023/B:PSAQ.0000007560.09475.a0

Edens, J. F., Kelley, S. E., Lilienfeld, S. O., Skeem, J. L., & Douglas, K. S. (2015). DSM-5 antisocial personality disorder: Predictive validity in a prison sample. *Law and Human Behavior, 39*(2), 123–129. https://doi.org/10.1037/lhb0000105

Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between violence and mental disorder: Results from the national epidemiologic survey on alcohol and related conditions. *Archives of General Psychiatry, 66*(2), 152–161. https://doi.org/10.1001/archgenpsychiatry.2008.537

Ellis, S., & Bowen, E. (2017). Factors associated with desistance from violence in prison: An exploratory study. *Psychology, Crime & Law, 23*(6), 601–619. https://doi.org/10.1080/1068316X.2017.1290090

Facer-Irwin, E., Blackwood, N. J., Bird, A., Dickson, H., McGlade, D., Alves-Costa, F., & MacManus, D. (2019). PTSD in prison settings: A systematic review and meta-analysis of

comorbid mental disorders and problematic behaviours. *PLoS One, 14*(9), e0222407. https://doi.org/10.1371/journal.pone.0222407

Felson, R. B. (2004). A rational choice approach to violence. In *Violence: From theory to research* (pp. 71–90). Routledge.

Felson, R. B., Silver, E., & Remster, B. (2012). Mental disorder and offending in prison. *Criminal Justice and Behavior, 39*(2), 125–143. https://doi.org/10.1177/0093854811428565

Flores, A. R., Meyer, I. H., Langton, L., & Herman, J. L. (2021). Gender identity disparities in criminal victimization: National crime victimization survey, 2017–2018. *American Journal of Public Health, 111*(4), 726–729. https://doi.org/10.2105/AJPH.2020.306099

Folk, J. B., Disabato, D. J., Daylor, J. M., Tangney, J. P., Barboza, S., Wilson, J. S., Bonieskie, L., & Holwager, J. (2016). Effectiveness of a self-administered intervention for criminal thinking: Taking a chance on change. *Psychological Services, 13*(3), 272–282. https://doi.org/10.1037/ser0000079

Fovet, T., Geoffroy, P. A., Vaiva, G., Adins, C., Thomas, P., & Amad, A. (2015). Individuals with bipolar disorder and their relationship with the criminal justice system: a critical review. *Psychiatric Services, 66*(4), 348–353. https://doi.org/10.1176/appi.ps.201400104

Garb, H. N. (2021). Race bias and gender bias in the diagnosis of psychological disorders. *Clinical Psychology Review, 90*. https://doi.org/10.1016/j.cpr.2021.102087

Gibbels, C., Kneer, J., Hartmann, U., & Krueger, T. H. C. (2019). State of the art treatment options for actual and potential sexual offenders and new prevention strategies. *Journal of Psychiatric Practice, 25*(4), 242–257. https://doi.org/10.1097/PRA.0000000000000395

Glowa-Kollisch, S., Kaba, F., Waters, A., Leung, Y. J., Ford, E., & Venters, H. (2016). From punishment to treatment: The "Clinical Alternative to Punitive Segregation" (CAPS) program in New York City jails. *International Journal of Environmental Research and Public Health, 13*(2), 182. https://doi.org/10.3390/ijerph13020182

Gonzalez, J. M. R., & Connell, N. M. (2014). Mental health of prisoners: identifying barriers to mental health treatment and medication continuity. *American Journal of Public Health, 104*(12), 2328–2333. https://doi.org/10.2105/AJPH.2014.302043

Gosein, V. J., Stiffler, J. D., Frascoia, A., & Ford, E. B. (2016). Life stressors and posttraumatic stress disorder in a seriously mentally ill jail population. *Journal of Forensic Sciences, 61*(1), 116–121. https://doi.org/10.1111/1556-4029.12874

Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures: The clinical–statistical controversy. *Psychology, Public Policy, and Law, 2*(2), 293–323. https://doi.org/10.1037/1076-8971.2.2.293

Gudjonsson, G., Sigurdsson, J. F., Skaptadottir, S. L., & Helgadottir, þora. (2011). The relationship of violent attitudes with self-reported offending and antisocial personality traits. *Journal of Forensic Psychiatry & Psychology, 22*(3), 371–380. https://doi.org/10.1080/14789949.2011.562913

HALT Solitary Confinement Act, S.2836, State of New York (2021).

Hamilton, Z., Wormer, J., Kigerl, K., Campagna, M., Barnoski, R., Block, L., & Lee, S. (2014). *The STRONG-R recidivism risk assessment*. Tumwater.

Hanson, R. K. (2005). Twenty years of progress in violence risk assessment. *Journal of Interpersonal Violence, 20*(2), 212–217. https://doi.org/10.1177/0886260504267740

Harner, H. M., Budescu, M., Gillihan, S. J., Riley, S., & Foa, E. B. (2015). Posttraumatic stress disorder in incarcerated women: A call for evidence-based treatment. *Psychological Trauma Theory Research Practice and Policy, 7*(1), 58. https://doi.org/10.1037/a0032508

Harris, A., & Lurigio, A. J. (2007). Mental illness and violence: A brief review of research and assessment strategies. *Aggression and Violent Behavior, 12*(5), 542–551. https://doi.org/10.1016/j.avb.2007.02.008

Hart, S. D. (2016). Culture and violence risk assessment: The case of Ewert v. Canada. *Journal of Threat Assessment and Management, 3*(2), 76–96. https://doi.org/10.1037/tam0000068

Heilbrun, K. (2003). Violence risk: From prediction to management. In D. Carson & R. Bull (Eds.), *Handbook of psychology in legal contexts* (pp. 127–142). John Wiley & Sons.

Helmus, L. M., Johnson, S., & Harris, A. J. R. (2019). Developing and validating a tool to predict placements in administrative segregation: Predictive accuracy with inmates, including indigenous and female inmates. *Psychology, Public Policy, and Law, 25*(4), 284–302. https://doi.org/10.1037/law0000201

Henwood, K. S., Chou, S., & Browne, K. D. (2015). A systematic review and meta-analysis on the effectiveness of CBT informed anger management. *Aggression and Violent Behavior, 25*, 280–292. https://doi.org/10.1016/j.avb.2015.09.011

Hogan, N. R., & Olver, M. E. (2018). A prospective examination of the predictive validity of five structured instruments for inpatient violence in a secure forensic hospital. *The International Journal of Forensic Mental Health, 17*(2), 122–132. https://doi.org/10.1080/14999013.2018.1431339

Houser, K. A., Belenko, S., & Brennan, P. K. (2012). The effects of mental health and substance abuse disorders on institutional misconduct among female inmates. *Justice Quarterly, 29*(6), 799–828. https://doi.org/10.1080/07418825.2011.441026

Howard, R., Karatzias, T., Power, K., & Mahoney, A. (2017). Posttraumatic stress disorder (PTSD) symptoms mediate the relationship between substance misuse and violent offending among female prisoners. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 52*(1), 21–25. https://doi.org/10.1007/s00127-016-1293-5

Hughto, J. M. W., Clark, K. A., Daken, K., Brömdal, A., Mullens, A. B., Sanders, T., Phillips, T., Mimiaga, M. J., Cahill, S., du Plessis, C., Gildersleeve, J., Halliwell, S. D., & Reisner, S. L. (2022). Victimization within and beyond the prison walls: A latent profile analysis of transgender and gender diverse adults. *Journal of Interpersonal Violence*. https://doi.org/10.1177/08862605211073102

Isenhardt, A., & Hostettler, U. (2020). Inmate violence and correctional staff burnout: The role of sense of security, gender, and job characteristics. *Journal of Interpersonal Violence, 35*(1–2), 173–207. https://doi.org/10.1177/0886260516681156

Jiang, S., & Fisher-Giorlando, M. (2002). Inmate misconduct: A test of the deprivation, importation, and situational models. *The Prison Journal, 82*(3), 335–358. https://doi.org/10.1177/0032885502082003003

Karlsson, M. E., & Zielinski, M. J. (2020). Sexual victimization and mental illness prevalence rates among incarcerated women: A literature review. *Trauma, Violence & Abuse, 21*(2), 326–349. https://doi.org/10.1177/1524838018767933

Kemshall, H. (1996). *Good practice in risk assessment and risk management* (Vol. 3). Jessica Kingsley Publishers.

Kois, L. E., Hunter, S., Hill, K., Chauhan, P., & Gonzales, L. (2020). Correctional officer mental health training: Analysis of 52 U.S. jurisdictions. *Criminal Justice Policy Review, 31*(4), 555–572. https://doi.org/10.1177/0887403419849624

Kolla, N. J., Meyer, J. H., Bagby, R. M., & Brijmohan, A. (2017). Trait anger, physical aggression, and violent offending in antisocial and borderline personality disorders. *Journal of Forensic Sciences, 62*(1), 137–141. https://doi.org/10.1111/1556-4029.13234

Konda, S., Reichard, A. A., & Tiesman, H. M. (2012). Occupational injuries among U.S. correctional officers, 1999–2008. *Journal of Safety Research, 43*(3), 181–186. https://doi.org/10.1016/j.jsr.2012.06.002

Kubiak, S. P., Kim, W. J., Fedock, G., & Bybee, D. (2015). Testing a violence-prevention intervention for incarcerated women using a randomized control trial. *Research on Social Work Practice, 25*(3), 334–348. https://doi.org/10.1177/1049731514534300

Kubiak, S., Fedock, G., Kim, W. J., & Bybee, D. (2016). Long-term outcomes of a RCT intervention study for women with violent crimes. *Journal of the Society for Social Work and Research, 7*(4), 661–679. https://doi.org/10.1086/689356

Labrecque, R. M. (2016). The use of administrative segregation and its function in the institutional setting. In *Restrictive housing in the US: Issues, challenges, and future directions* (pp. 49–84).

Labrecque, R. M., & Mears, D. P. (2019). Prison system versus critics' views on the use of restrictive housing: Objective risk classification or ascriptive assignment? *The Prison Journal, 99*(2), 194–218. https://doi.org/10.1177/0032885519825492

Labrecque, R. M., & Smith, P. (2019). Reducing institutional disorder: Using the inmate risk assessment for segregation placement to triage treatment services at the front end of prison sentences. *Crime & Delinquency, 65*(1), 3–25. https://doi.org/10.1177/0011128717748946

Labrecque, R. M., Tostlebe, J. J., Useem, B., & Pyrooz, D. C. (2021). Reforming solitary confinement: The development, implementation, and processes of a restrictive housing step down reentry program in Oregon. *Health & Justice, 9*(1), 1–15. https://doi.org/10.1186/s40352-021-00151-9

Lahm, K. F. (2008). Inmate-on-inmate assault. *Criminal Justice and Behavior, 35*(1), 120–137. https://doi.org/10.1177/0093854807308730

Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002). Beyond correctional quackery-Professionalism and the possibility of effective treatment. *Federal Probation, 66*, 43.

Latessa, E. J., Lemke, R., Makarios, M., & Smith, P. (2010). The creation and validation of the Ohio Risk Assessment System (ORAS). *Federal Probation, 74*, 16.

Lavender, L., & Todak, N. (2021). Exploring organizational risk factors for health & wellness problems in correctional officers. *Criminal Justice Studies: A Critical Journal of Crime, Law & Society, 34*(4), 361–379. https://doi.org/10.1080/1478601X.2021.1999115

Lee, L. C., & Stohr, M. K. (2012). A critique and qualified defense of "Correctional Quackery". *Journal of Contemporary Criminal Justice, 28*(1), 96–112. https://doi.org/10.1177/1043986211432203

Leigey, M. E. (2019). Female institutional misconduct: A test of deprivation, importation, and gendered importation theories. *The Prison Journal, 99*(3), 343–362. https://doi.org/10.1177/0032885519837532

Lerman, A. E., Harney, J., & Sadin, M. (2022). Prisons and mental health: Violence, organizational support, and the effects of correctional work. *Criminal Justice and Behavior, 49*(2), 181–199. https://doi.org/10.1177/00938548211037718

Lester, M. E., Batastini, A. B., Davis, R. M., & Bourgon, G. (2020). Is risk-needs-responsivity enough? Examining difference in treatment response among male offenders. *Criminal Justice and Behavior, 7*, 829–847. https://doi.org/10.1177/0093854820915740

Lester, M., Batastini, A. B., Leuty, M. E., Dahlen, E. R., Mohn, R. S., & Morgan, R. D. (2022). Changing criminal thinking: An examination of heterogeneity in treatment effects in a sample of justice-involved persons with dual diagnoses. *Psychological Services*. https://doi.org/10.1037/ser0000675

Levenson, J. S., & Willis, G. M. (2019). Implementing trauma-informed care in correctional treatment and supervision. *Journal of Aggression, Maltreatment & Trauma, 28*(4), 481–501. https://doi.org/10.1080/10926771.2018.1531959

Lewis, C. F. (2011). Substance use and violent behavior in women with antisocial personality disorder. *Behavioral Sciences & the Law, 29*(5), 667–676. https://doi.org/10.1002/bsl.1006

Logan, C., & Blackburn, R. (2009). Mental disorder in violent women in secure settings: Potential relevance to risk for future violence. *International Journal of Law and Psychiatry, 32*(1), 31–38. https://doi.org/10.1016/j.ijlp.2008.11.010

MacKenzie, D. L., & Farrington, D. P. (2015). Preventing future offending of delinquents and offenders: What have we learned from experiments and meta-analyses? *Journal of Experimental Criminology, 10*, 565–595. https://doi.org/10.1007/s11292-015-9244-9

Mann, R. E., & Barnett, G. D. (2013). Victim empathy intervention with sexual offenders: Rehabilitation, punishment, or correctional quackery? *Sexual Abuse: Journal of Research and Treatment, 25*(3), 282–301. https://doi.org/10.1177/1079063212455669

Marcus, R. F., & Kramer, C. (2001). Reactive and proactive aggression: Attachment and social competence predictors. *The Journal of Genetic Psychology, 162*(3), 260–275. https://doi.org/10.1080/00221320109597483

Martin, M. S., Eljdupovic, G., McKenzie, K., & Colman, I. (2015). Risk of violence by inmates with childhood trauma and mental health needs. *Law and Human Behavior, 39*(6), 614–623. https://doi.org/10.1037/lhb0000149

Mazerolle, P., Burton, V. S., Jr., Cullen, F. T., Evans, T. D., & Payne, G. L. (2000). Strain, anger, and delinquent adaptations specifying general strain theory. *Journal of Criminal Justice, 28*(2), 89–101. https://doi.org/10.1016/S0047-2352(99)00041-0

McNeeley, S. (2021). Situational risk factors for inmate-on-staff assaults. *The Prison Journal, 101*(3), 352–373. https://doi.org/10.1177/00328855211010478

Mears, D. P., & Bales, W. D. (2010). Supermax housing: Placement, duration, and time to reentry. *Journal of Criminal Justice, 38*(4), 545–554. https://doi.org/10.1016/j.jcrimjus.2010.04.025

Mears, D. P., & Reisig, M. D. (2006). The theory and practice of supermax prisons. *Punishment & Society, 8*(1), 33–57. https://doi.org/10.1177/1462474506059139

Meehl, P. E. (1954). *Clinical versus statistical prediction: A theoretical analysis and a review of the evidence*. University of Minnesota Press. https://doi.org/10.1037/11281-000

Messina, N. P., Braithwaite, J., Calhoun, S., & Kubiak, S. (2016). Examination of a violence prevention program for female offenders. *Violence and Gender, 3*(3), 143–149. https://doi.org/10.1089/vio.2015.0048

Meyers, T. J., Testa, A., & Wright, K. A. (2021). Managing violence: In-prison behavior associated with placement in an alternative disciplinary segregation program. *American Journal of Criminal Justice*. https://doi.org/10.1007/s12103-021-09634-9

Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: a balance of goals and environment. *European Journal of Psychotraumatology, 3*. https://doi.org/10.3402/ejpt.v3i0.17246

Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy. *Psychological Review, 100*(4), 674. https://doi.org/10.1037/0033-295X.100.4.674

Molina-Coloma, V., Salaberría, K., Pérez, J. I., & Kendall-Tackett, K. (2022). Traumatic events, psychological symptoms, and aggression in male and female prisoners. *Psychological Trauma Theory Research Practice and Policy, 14*(3), 480–487. https://doi.org/10.1037/tra0001039

Monahan, J., Bonnie, R. J., Appelbaum, P. S., Hyde, P. S., Steadman, H. J., & Swartz, M. S. (2001). Mandated community treatment: Beyond outpatient commitment. *Psychiatric Services, 52*(9), 1198–1205. https://doi.org/10.1176/appi.ps.52.9.1198

Monahan, J., Vesselinov, R., Robbins, P. C., & Appelbaum, P. S. (2017). Violence to others, violent self-victimization, and violent victimization by others among persons with a mental Illness. *Psychiatric Services, 68*(5), 516–519. https://doi.org/10.1176/appi.ps.201600135

Morgan, E. R., & Thompson, A. (2021, October). *Criminal victimization, 2020* (Report No. 301775). U.S. Department of Justice. https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cv20.pdf

Morgan, R. D., Gendreau, P., Smith, P., Gray, A. L., Labrecque, R. M., MacLean, N., Van Horn, S. A., Bolanos, A. D., Batastini, A. B., & Mills, J. M. (2016). Quantitative syntheses of the effects of administrative segregation on inmates' well-being. *Psychology, Public Policy, and Law*, 1–23.

Mundt, A. P., & Baranyi, G. (2020). The unhappy mental health triad: Comorbid severe mental illnesses, personality disorders, and substance use disorders in prison populations. *Frontiers in Psychiatry, 11*, 804. https://doi.org/10.3389/fpsyt.2020.00804

Nagin, D. S., & Paternoster, R. (1993). Enduring individual differences and rational choice theories of crime. *Law and Society Review, 27*(3), 467–496. https://doi.org/10.2307/3054102

National Institute of Justice. (2013, September 11). *Practice profile: Adult boot camps*. Crime Solutions, National Institute of Justice. https://crimesolutions.ojp.gov/ratedpractices/5#eb

Newhill, C. E., & Mulvey, E. P. (2002). Emotional dysregulation: The key to a treatment approach for violent mentally ill individuals. *Clinical Social Work Journal, 30*(2), 157–171. https://doi.org/10.1023/A:1015293428307

Nijdam-Jones, A., García-López, E., Merchan-Rojas, L., Ruiz Guarneros, A., & Rosenfeld, B. (2021). Predictive validity of the HCR-20V3 with incarcerated males in Mexico City. *Criminal Justice and Behavior, 48*(10), 1450–1467. https://doi.org/10.1177/0093854821997520

O'Connell, D., Visher, C., & Liu, L. (2019). Violent offending, desistance, and recidivism. *Marquette Law Review, 103*, 983.

PR Newswire. (2020, September 29). *Police departments across country embrace active bystandership to prevent harm*. PR Newswire US.

Pratt, T. C., Cullen, F. T., Sellers, C. S., Thomas Winfree, L., Jr., Madensen, T. D., Daigle, L. E., Fearn, N. E., & Gau, J. M. (2010). The empirical status of social learning theory: A meta-analysis. *Justice Quarterly, 27*(6), 765–802. https://doi.org/10.1080/07418820903379610

Pyrooz, D. C., & Mitchell, M. M. (2020). The use of restrictive housing on gang and non-gang affiliated inmates in US prisons: Findings from a national survey of correctional agencies. *Justice Quarterly, 37*(4), 590–615. https://doi.org/10.1080/07418825.2019.1574019

Resnik, J., VanCleave, A., Bell, K., Harrington, A., Conyers, G., McCarthy, C., …, & Wang, A. (2018). Reforming restrictive housing: The 2018 ASCA-Liman nationwide survey of time-in-cell. *Yale Law School, Public Law Research Paper, 656*.

Rice, M. E., Harris, G. T., & Lang, C. (2013). Validation of and revision to the VRAG and SORAG: The Violence Risk Appraisal Guide—Revised (VRAG-R). *Psychological Assessment, 25*(3), 951–965.

Rizzo, A., Hartholt, A., & Mozgai, S. (2021). From combat to COVID-19—Managing the impact of trauma using virtual reality. *Journal of Technology in Human Services, 39*(3), 314–347. https://doi.org/10.1080/15228835.2021.1915931

Ryan, C., Brennan, F., McNeill, S., & O'Keeffe, R. (2022). Prison officer training and education: A scoping review of the published literature. *Journal of Criminal Justice Education, 33*(1), 110–138. https://doi.org/10.1080/10511253.2021.1958881

Sampson, R. J., & Groves, W. B. (1989). Community structure and crime: Testing social-disorganization theory. *American Journal of Sociology, 94*(4), 774–802. https://doi.org/10.1086/229068

Sampson, R. J. & Laub, J. H. (2005). A life-course view of the development of crime. *Annals of the American Academy of Political and Social Science, 602*, 12–45.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*(5328), 918–924. https://doi.org/10.1126/science.277.5328.918

Sansone, R. A., & Sansone, L. A. (2009). Borderline personality and criminality. *Psychiatry, 6*(10), 16–20.

Seinfeld, S., Iruretagoyena, G., Zapata, L. E., Borland, D., Sanchez-Vives, M. V., Arroyo-Palacios, J., Slater, M., Hortensius, R., & de Gelder, B. (2018). Offenders become the victim in virtual reality: Impact of changing perspective in domestic violence. *Scientific Reports, 8*(1). https://doi.org/10.1038/s41598-018-19987-7

Shaw, C. R., & McKay, H. D. (1942). *Juvenile delinquency and urban areas*. University of Chicago Press.

Short, T., Thomas, S., Mullen, P., & Ogloff, J. R. (2013). Comparing violence in schizophrenia patients with and without comorbid substance-use disorders to community controls. *Acta Psychiatrica Scandinavica, 128*(4), 306–313. https://doi.org/10.1111/acps.12066

Silver, E. (2006). Understanding the relationship between mental disorder and violence: The need for a criminological perspective. *Law and Human Behavior, 30*(6), 685–706. https://doi.org/10.1007/s10979-006-9018-z

Silver, E., & Miller, L. L. (2004). Sources of informal social control in Chicago neighborhoods. *Criminology, 42*(3), 551–584. https://doi.org/10.1111/j.1745-9125.2004.tb00529.x

Skeem, J. L., & Monahan, J. (2011). Current directions in violence risk assessment. *Current Directions in Psychological Science, 20*(1), 38–42. https://doi.org/10.1177/0963721410397271

Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior, 35*(2), 110–126. https://doi.org/10.1007/s10979-010-9223-7

Sorensen, J. R., Cunningham, M. D., Vigen, M. P., & Woods, S. O. (2011). Serious assaults on prison staff: A descriptive analysis. *Journal of Criminal Justice, 39*(2), 143–150. https://doi.org/10.1016/j.jcrimjus.2011.01.002

Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice and Behavior, 40*(3), 338–348. https://doi.org/10.1177/0093854812467942

Sprague, J., Javdani, S., Sadeh, N., Newman, J. P., & Verona, E. (2012). Borderline personality disorder as a female phenotypic expression of psychopathy? *Personality Disorders, Theory, Research, and Treatment, 3*(2), 127–139. https://doi.org/10.1037/a0024134

Stinson, J. D., Sales, B. D., & Becker, J. V. (2008). *Sex offending: Causal theories to inform research, prevention, and treatment*. American Psychological Association. https://doi.org/10.1037/11708-000

Storey, J. E., Gibas, A. L., Reeves, K. A., & Hart, S. D. (2011). Evaluation of a violence risk (threat) assessment training program for police and other criminal justice professionals. *Criminal Justice and Behavior, 38*(6), 554–564. https://doi.org/10.1177/0093854811403123

Stuart, H. L., & Arboleda-Flórez, J. E. (2001). A public health perspective on violent offenses among persons with mental illness. *Psychiatric Services, 52*(5), 654–659. https://doi.org/10.1176/appi.ps.52.5.654

Swanson, J. W., Swartz, M. S., & Essock, S. M. (2002). The social-environmental context to violent behavior in persons treated for severe mental illness. *American Journal of Public Health, 92*(9), 1523–1531. https://doi.org/10.2105/AJPH.92.9.1523

Taubner, S., Zimmermann, L., Ramberg, A., & Schröder, P. (2016). Mentalization mediates the relationship between early maltreatment and potential for violence in adolescence. *Psychopathology, 49*(4), 236–246. https://doi.org/10.1159/000448053

Taxman, F. S., & Gordon, J. A. (2009). Do fairness and equity matter? An examination of organizational justice among correctional officers in adult prisons. *Criminal Justice and Behavior, 36*(7), 695–711. https://doi.org/10.1177/0093854809335039

Taylor, P. J. (2008). Psychosis and violence: Stories, fears, and reality. *The Canadian Journal of Psychiatry, 53*(10), 647–659. https://doi.org/10.1177/070674370805301004

Taylor, J. L., Novaco, R. W., & Brown, T. (2016). Reductions in aggression and violence following cognitive behavioural anger treatment for detained patients with intellectual disabilities. *Journal of Intellectual Disability Research, 60*(2), 126–133. https://doi.org/10.1111/jir.12220

Tripodi, S. J., Mennicke, A. M., McCarter, S. A., & Ropes, K. (2019). Evaluating seeking safety for women in prison: A randomized controlled trial. *Research on Social Work Practice, 29*(3), 281–290. https://doi.org/10.1177/1049731517706550

United Nations Office on Drugs and Crime. (2019, July). *Global study on homicide: Executive summary*. United Nations. https://www.unodc.org/documents/data-and-analysis/gsh/Booklet1.pdf

van Beek, J., Vuijk, P. J., Harte, J. M., & Scherder, E. J. A. (2018). Symptom profile of psychiatric patients with psychosis or psychotic mood disorder in prison. *International Journal of Offender Therapy and Comparative Criminology, 62*(13), 4158–4173. https://doi.org/10.1177/0306624X18757116

Vanko, E. (2019). *Step-down programs and transitional units: A strategy to end long-term restrictive housing*. Vera Institute of Justice.

Vincent, G. M., & Viljoen, J. L. (2020). Racist algorithms or systemic problems? Risk assessments and racial disparities. *Criminal Justice and Behavior, 47*(12), 1576–1584. https://doi.org/10.1177/0093854820954501

Walker, K., Bowen, E., & Brown, S. (2013). Psychological and criminological factors associated with desistance from violence: A review of the literature. *Aggression and Violent Behavior, 18*(2), 286–299. https://doi.org/10.1016/j.avb.2012.11.021

Walsh, E., Buchanan, A., & Fahy, T. (2002). Violence and schizophrenia: Examining the evidence. *The British Journal of Psychiatry, 180*(6), 490–495. https://doi.org/10.1192/bjp.180.6.490

Walters, G. D. (2005). Proactive and reactive aggression: A lifestyle view. In J. P. Morgan (Ed.), *Psychology of Aggression* (pp. 29–43). Nova Science Publishers.

Walters, G. D. (2017). Proactive criminal thinking and deviant identity as mediators of the peer influence effect. *Youth Violence and Juvenile Justice, 15*(3), 281–298. https://doi.org/10.1177/1541204016636436

Walters, G. D. (2020). Predicting future intimate partner violence with past intimate partner violence: The moderating role of proactive and reactive criminal thinking. *Criminal Justice and Behavior, 47*(8), 943–955. https://doi.org/10.1177/0093854820921549

Ware, J., Cieplucha, C., & Matsuo, D. (2011). The Violent Offenders Therapeutic Programme (VOTP)—Rationale and effectiveness. *Australasian Journal of Correctional Staff Development, 6*, 1–12.

Warren, J. I., Wellbeloved-Stone, J. M., Dietz, P. E., & Millspaugh, S. B. (2018). Gender and violence risk assessment in prisons. *Psychological Services, 15*(4), 543–552. https://doi.org/10.1037/ser0000217

Werner, K. B., Few, L. R., & Bucholz, K. K. (2015). Epidemiology, comorbidity, and behavioral genetics of antisocial personality disorder and psychopathy. *Psychiatric Annals, 45*(4), 195–199. https://doi.org/10.3928/00485713-20150401-08

Wolff, N., Blitz, C. L., Shi, J., Siegel, J., & Bachman, R. (2007). Physical violence inside prisons. *Criminal Justice and Behavior, 34*(5), 588–599. https://doi.org/10.1177/0093854806296830

Wong, S. C. P., Veen, S. V., Leis, T. A., Parrish, H., Gu, D., Liber, E. U., & Middleton, H. L. (2005). Reintegrating seriously violent and personality-disordered offenders from a supermaximum security institution into the general offender population. *International Journal of Offender Therapy and Comparative Criminology, 49*(4), 362–375. https://doi.org/10.1177/0306624X05274501

Wood, S. R. (2013). Dual severe mental and substance use disorders as predictors of federal inmate assaults. *The Prison Journal, 93*(1), 34–56. https://doi.org/10.1177/0032885512467312

Wood, J., & Dennard, S. (2017). Gang membership: Links to violence exposure, paranoia, PTSD, anxiety, and forced control of behavior in prison. *Psychiatry: Interpersonal and Biological Processes, 80*(1), 30–41. https://doi.org/10.1080/00332747.2016.1199185

Zheng, Y., & Cleveland, H. H. (2013). Identifying gender-specific developmental trajectories of nonviolent and violent delinquency from adolescence to young adulthood. *Journal of Adolescence, 36*(2), 371–381. https://doi.org/10.1016/j.adolescence.2012.12.007

Chapter 14
Envisioning the Future of Correctional Psychology: Administration, Training, Practice, and Research

Robert D. Morgan and Mark E. Olver

Introduction

As has been explicated throughout this volume, correctional psychology has a rich history with exciting developments in progress. It is our privilege to complete this section on the *Future of Correctional Psychology* with an eye on policy and administration, the training of correctional psychologists, research, and practice. We enthusiastically look forward from our collective experiences as educators and trainers, researchers (including on the topic of professional development and training for early career and students interested in correctional psychology careers), and practitioner (with over 45 years of clinical work in prisons, jails, and community corrections).

We have structured this chapter utilizing a developmental model such that we start at the beginning—training. In this section, we briefly review historical practices and research on training in correctional psychology to conclude with a proposed model for training future generations of correctional psychologists. Next, we discuss the work of correctional psychologists focusing on practice and research. Here, we outline current crises that will continue to inform correctional psychology for the near future, but we transition to a broader perspective to speculate on future practice models, service delivery modalities, and techniques. We also highlight here the necessity of research to include research partnerships and future directions of critical importance to continue the evolution of correctional psychology.

For some, the correctional psychology career moves from student and trainee, to professional providing service and conducting research, and concluding in

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administration. We can each list numerous colleagues who have traveled this career path to now serve as chiefs, directors, wardens, regional managers, and, in some cases, directors of correctional systems such as Dr. Kathleen Hawk, former Director of the US Federal Bureau of Prisons (Hawk, 1997). Thus, to conclude this chapter, we highlight the professional developmental needs of our future leaders and speculate on policy and administrative structural changes in the future of corrections.

Training and Professional Development in Correctional Psychology

Correctional and forensic psychology remains an area of career interest for a subset of undergraduate and graduate students (see Morgan et al., 2007); however, we submit that issues germane to the assessment and treatment of justice-involved individuals should, at this time, be incorporated into mainstream clinical, counseling, and school psychology training programs. It is well documented that persons with mental illness are overrepresented in the criminal justice system, but what is likely to be less commonly recognized is the prevalence of justice involved individuals in community and public mental health and school settings. For example, recent data from two separate community mental health hospitals suggests that approximately one-half (50%) of consumers in community mental health services are or have been justice-involved (Scanlon et al., 2021). Therefore, it is unlikely that any psychologist providing clinical care will not encounter justice-involved clients; thus, basic principles of criminal risk, criminogenic needs, and effective interventions should be included in generalist training models. This is not to say that graduate coursework in clinical, counseling, or school psychology programs should produce experts in correctional mental health, but just as trauma, identity, and personal biases have become essential training areas in competency-based training programs, so too should the preparation of all psychologists for intervening with justice-involved clientele. This is not to say all psychologists should be experts in correctional psychology, but work with justice-involved individuals necessitates informed care, just as one would be trauma informed when working with survivors of abuse, war, or other traumatic experiences.

The current training model in North America is primarily focused on training at the predoctoral internship level. Although students in about 6% of clinical or counseling psychology doctoral programs have access to correctional or forensic psychology coursework (usually limited to one course when available) and correctional practicum (57% of clinical and counseling psychology doctoral programs, Magaletta et al., 2013), the professional training and development of correctional psychologists typically occurs in the internship year. Specifically, the predoctoral internship training is geared toward training psychologists to provide direct care in correctional settings (e.g., assessment, treatment) with limited access to training or professional development in other aspects of correctional psychology (e.g., research,

correctional leadership/administration, behavioral medicine in correctional care; Ax & Morgan, 2002; Olver et al., 2011).

We submit that graduate coursework is not required for one to pursue a career in correctional psychology. As noted above, however, students with and without interests in corrections should still be exposed to key concepts in the assessment and treatment of justice-involved individuals. Examples of how programs may accomplish this include integrating justice-involved clientele into clinical oriented coursework that focuses on special populations. For example, in assessment courses, in addition to exposing students to measures in specialty areas such as suicide risk assessment and neuropsychology, students might be exposed to assessment measures for malingering and taught principles of criminal risk assessment (e.g., actuarial vs. clinical prediction, specific measures). In Introduction to Psychotherapy/Counseling courses, issues specific to justice-involved individuals (e.g., criminogenic or violence risk) can be included when discussing other specialty populations such as persons with mental illness, elderly clientele, etc. Formal coursework, though, is but one method for educating students. Brown bags, clinical lectures (mirroring medical school grand rounds), or colloquiums that target clinical phenomena not covered in traditional courses could integrate trainings on criminal risk assessment and management and treatment of community-based clients that are justice-involved. As one example, suicide risk assessment is routinely covered in graduate training, and with similar methods and challenges, such training could easily expose students to the concept of violence and criminal risk assessment.

Although formal coursework is not required to pursue a predoctoral internship or career in corrections, correctional and forensic psychology practica is highly recommended. Preparing for a career in corrections during graduate school without relevant experience only to learn upon entry into a predoctoral internship that one actually does not enjoy the work can lead to a very long year. Further, when considering job applicants, correctional agencies, rather for internship, postdoctoral training, or employment, generally prefer a student or early career psychologist who has interacted with incarcerated individuals and navigated the complex social structure of jails and prisons. Such practia are relevant to the student interested in or pursuing a career in correctional psychology. What about students without such interests but who are likely to find themselves in settings (Veterans Affairs, psychiatric hospitals) where about one-half of the clientele will be or has been justice-involved? Where do these students obtain the necessary training? Many doctoral students in clinical and counseling psychology begin their training in in-house psychology clinics before graduating to external practica in specialty settings. In our experience, many in-house training programs exclude justice-involved clients from services. Where such exclusions exist, we recommend reconsideration of such policies much as these clinics do for clients with mental illness and suicide risk—whereby only clients with most severe mental illness (e.g., active psychosis) and suicide risk (imminent risk) are excluded. Clients that are justice-involved without histories of violence, for example, could provide excellent training for the types of cases many psychologists-in-training will see throughout their career.

We have been training correctional psychologists for over 35 years (collectively) and adopted very similar training models for teaching our students correctional and forensic psychology assessment skills. In this model, we provide students with required readings of landmark studies and key theses (e.g., *Psychology of Criminal Conduct*; Bonta & Andrews, 2016). We also expose our students, as early as possible, in the field by way of observing clinical interviews, records review, report writing where appropriate, and court testimony when available. Our model includes students shadowing us for initial assessments, with students conducting psychometric testing and students contributing to the report via the results of psychological testing. Students are trained in all aspects of the evaluation and report writing, with incremental steps of supervised contribution by the students. We have independently found this process of role modeling and then doing, coupled with case discussion and feedback, facilitates excellent integration of multiple forms of data into coherent and defensible reports that reflect thorough case conceptualization.

For students without coursework or practica opportunities, who wish to pursue a career in correctional psychology, we encourage strategic selection of electives and practica opportunities to prepare for the correctional setting and type of clients served and work provided. For example, seek coursework that covers assessment and treatment of clients with severe mental illness, personality disorders, and impulse/behavioral problems. Seek electives in clinical assessment that go beyond standard intelligence, aptitude, and personality/psychopathology assessment. Seek clinical practica that affords opportunities to work in interdisciplinary teams and exposes you to other agencies and professions. Importantly, we recommend you seek clinical experience in a setting with a complex social system such as a VA or psychiatric hospital. Much of the work in correctional psychology is centered around helping correctional clients with the existential crisis of incarceration, which includes navigating a social structure with hierarchies, complex social structures, and oftentimes adversarial relationships with staff. Experience in "systems" will serve one well in corrections.

The predoctoral internship remains the cornerstone of correctional psychology training and entry in North America. Olver et al. (2011) conducted a survey of clinical psychology practicum and internship training in Canada's federal correctional department, Correctional Service Canada (CSC). A number of high-quality training opportunities in assessment, intervention, and consultation were reported across approximately a dozen federal agencies. In most instances, internship training was limited to a single major rotation, but at the time, a new fulltime predoctoral correctional psychology internship funded by CSC was about to be rolled out in Kingston, Ontario. Since then, the program has become accredited by the Canadian Psychological Association (CPA), has one of the highest paid stipends among internships in Canada ($45,000–$47,000; CSC, 2015), and has had dozens of interns complete with several staying on for positions within CSC. The residency/internship is still key recruiting grounds with solid retention, and there remains support within CSC for this. The survey revealed that staff workload and limited incentives to supervise were barriers to providing training, and it is anticipated that this will likely remain the case for the future; however, with formalized internships with

dedicated training staff and resources in place, this should bode well for the future of correctional psychology training.

Elsewhere, agencies in policing and provincial corrections have contributed partial or full internships, sometimes in partnership with CSC and/or health authorities to meet the training demand. Other advances, such as the funding for clinical post docs, serve to continue the tradition of evidence-based practice and to transition likely into a job within their system.

Training does not and should not end at entry however, and the nature of continuing education is drastically changing. Historically, most continuing education programming was done on location by experts brought in to train staff on new developments or new techniques. Alternatively, psychologists obtained their continuing education at conferences (e.g., Canadian Psychological Association, American Psychology-Law Society). Even before, but certainly accelerated by the COVID-19 pandemic, training and continuing education has moved to more mobile platforms to include webinars and remote training via Internet-based meeting technology (e.g., ZOOM). Although such mechanisms lose the more intimate contact and discussions that occur in in-person meetings, these new alternatives allow greater access to experts particularly in remote and rural areas. Each of us, for example, has conducted a number of online Webinars and facility or agency specific training from a distance, and we believe as technology continues to evolve, the capabilities for tele-training will only increase.

We conclude this section on training by noting that not all correctional psychologists set out for a career in corrections. Many correctional psychologists end up working in corrections because of vacancies in geographical areas of interest, or because of the salary structure and benefits (oftentimes including attractive retirement packages). Increasingly, some correctional systems have taken to offering signing bonuses or student-loan forgiveness programs. These can be enticing incentives for non-correctionally minded psychologists. That said, we concur with Magaletta and Verdeyen (2005) who stated, “As the offender population in the United States continues its ascent, there simply is no other population more in need of the best and brightest minds among our best and brightest public service psychologists” (p. 42). In order to accomplish this, we recommend that correctional agencies not wait for the predoctoral internship year to seek recruitment of psychologists. Rather, correctional agencies can work with local doctoral programs to facilitate paid training opportunities, scholarships in exchange for future service, and research fellowships to attract the best-and-the brightest early in their academic training when career plans are being formulated.

The Future of Correctional Psychology Practice

Little has changed in the primary job responsibilities of correctional psychologists with the primary task to be direct or indirect care to include risk assessments (violence risk, suicide risk, future criminal risk), psychological treatment and

correctional rehabilitation, inmate monitoring (e.g., in segregation, on suicide risk assessment), and documenting such services (Boothby & Clements, 2000; Morgan et al., 1999). Although these basic services have not changed significantly over the last 50 years, what is changing is the what and how of these services.

Specifically, we believe technology will be increasingly incorporated into correctional psychology practice. This will be from both a treatment modality perspective but also the use of technology as a component of treatment. Regarding modality, face-to-face services remain a cornerstone of correctional psychology practice; however, even before the onset of COVID-19 as a global pandemic, correctional agencies were integrating technology into service delivery models. For example, the use of telehealth (use of a communication device to facilitate real-time service delivery for clients physically separated from the treatment provider; VandenBos & Williams, 2000) has been used in corrections for over 25 years (see, for example, Gailiun, 1997). Notably, services delivered via telehealth appear no less effective than services delivered face-to-face (Batastini et al., 2016; Morgan et al., 2008; Tian et al., 2021). Typically, this service will be an individual meeting between the provider and client via some type of videoconferencing (see Morgan et al., 2008); however, recent efforts have included the use of videoconferencing for group sessions including in restrictive housing (see Batastini & Morgan, 2016).

Traditionally, the use of telehealth in corrections still necessitated the movement of a client from nontreatment location to a treatment location (e.g., living unit to treatment unit); however, efforts to bring treatment to the inmate (and reduce staff resources) are in progress. In the Maine Department of Corrections, for example, computer monitors were placed in individual segregation cells so inmates could be presented with treatment programming and seen by their mental health provider without them leaving their cell (or the mental health provider leaving the office). This increased efficiency can save hundreds of hours per year for providers and security staff combined to allow for increasing numbers of service contacts, an important consideration given current rates of mass incarceration, particularly in the United States.

With continued improvements in the quality of telecommunication networks and equipment, we can expect an increase in the use of telehealth across corrections; however, we also advocate for the integration of technology into the treatment process. Some examples already exist. The first author has engaged serious video game technology for the development of *Project Choices* (Morgan & King, 2021), a video game designed as an adjunct to correctional rehabilitation programming by assisting game players in evaluating risk and the development of decision-making skills when presented with real-world scenarios. Although beta testing indicated client engagement and satisfaction with the game (Diehl et al., 2023), the game's effectiveness for reducing risk and enhancing community success remains to be studied.

Virtual reality (VR) technology also provides significant potential both as a treatment modality but also by way of rehabilitation efforts. By way of modality, VR can allow for treatment program delivery with virtual therapists, thus saving time and money given the number of incarcerated individuals in need of services and limited resources of available correctional mental health staff. This will be particularly

beneficial if virtual therapists prove more effective at correctional program delivery than paraprofessionals (e.g., correctional officers or unit counselors pulled from correctional duties to deliver programming). Beyond potential increase in access and service utilization, VR can be integrated into treatment efforts to improve outcomes (Liebert & Riva, 2015). In corrections, VR technology offers opportunities to place justice-involved individuals in scenarios they are likely to encounter in their daily lives with the opportunity to monitor their attitudes, thoughts, and physiological reaction with immediate and real-world relevant feedback to help them alter old patterns of behavior in favor new prosocial behaviors. One of the criticisms of psychosocial interventions in corrections is the failure to transport the learning to the real world, but VR can negate this concern by bringing the real world to the treatment room.

We also believe advanced smart devices (e.g., smart watches) will become increasingly relevant and important in rehabilitative efforts. For example, smartwatches are increasingly integrated into behavioral health treatments (e.g., for posttraumatic stress; see Reeder & David, 2016), and the opportunities in corrections are plentiful. For example, justice-involved clients can be trained to attend to heart rate and other bioindicators that precede impulsive or violent behavior. They can learn to implement stress reduction and cognitive restructuring skills in response to the bioindicators to reduce the likelihood of antisocial oriented behavioral activation. Similarly, bioindicators could be used to forewarn clients of periods of boredom, cravings (e.g., substance abuse), or other factors with physiological indicators that are associated with crime, violence, or risky behavior.

Criminal risk prediction remains a primary function for correctional psychologists in North America, and we do not expect this to change significantly. It also remains a challenging enterprise with assessors often not fully comprehending the principles and statistical models driving the instruments of use (see, for example, Hanson, 2022), with limitations in current tools often encountering scrutiny when used for correctional or legal decision-making (e.g., Ewert v. Canada, 2015, 2018; Canada v. Ewert, 2016). A new promising development that may enhance risk prediction models is advancements in machine learning. Although also not without criticisms, machine learning, which is essentially the use of new data analytic tools to analyze very large datasets to inform risk models, is projected to predict outcomes with more precision than traditional clinical prediction tools (Berk & Hyatt, 2015). Although not yet a part of mainstream practice, we predict that machine learning will become increasingly relied upon in predicting correctional related outcomes such as prison violence, community violence, and community success (see Baćak & Kennedy, 2019 for an example of how institutional factors can be factored into risk prediction and, possibly of even greater significance, risk management strategies).

We believe the future of correctional psychology will see a shift in responsibilities and work tasks. Although psychologists have typically been significantly involved in the provision of direct care (see Boothby & Clements, 2000; Morgan et al., 1999), more recent trends suggest a shift in correctional programming to nondoctoral level providers or even paraprofessionals. This, however, does not equate

to the elimination of psychologists from corrections, rather a shift in the areas of contribution correctional psychologists will provide. As correctional programming and some basic clinical services (e.g., counseling, crisis management), which do not require a PhD or PsyD (and without effectiveness data suggesting doctoral level providers provide superior services compared to non-doctoral level providers), are assigned to others, correctional psychologists are being engaged in administration, program development and evaluation, integrated care (including development of integrated care service delivery models), and correctional consultation. Although correctional psychologists will continue to have a role in service delivery, especially psychological and criminal risk assessments, roles within the correctional system are likely to expand.

Future Directions in Correctional Psychology Research

Research is a time-consuming and intensive endeavor that is not typically part of the mission or system values of correctional agencies or individual correctional facilities. This is not to say that correctional administrators and practitioners do not value, rather that they are not in the business of producing research. It is not part of the correctional officer, correctional health care provider, or correctional administrators job description. Yes, science is essential to the advancement of correctional policy and practice, particularly in the subdiscipline of correctional psychology. As correctional psychology practitioners and researchers, our jobs in academia not only allow for such activities, it is an expected part of the job. This is not the case for correctional psychologists whereby we believe the number of nonactive research correctional psychology practitioners far outweighs the research active correctional psychology practitioners. For example, we can think of only a few individuals who routinely published the results of their research during their tenure as full-time correctional practitioners (as just a few examples we list Dr. Phil Magaletta, Dr. Jeremy Mills, Dr. David Simourd, Dr. Glen Walters). We suspect this is not because correctional psychologists are uninterested in research, but because it is not an expected aspect of their job. As previously noted, correctional psychologists spend the majority of their hours in direct and indirect services, with little time for other activities including research. In fact, when asked, correctional psychologists and other mental health professionals state a desire to be engaged in research (see Boothby & Clements, 2000; Morgan et al., 1999). How, then, can this interest of the professional and the need of the field be met?

We propose the commitment to formalized research networks. There are occurrences of academic psychologists collaborating with correctional psychologists, in fact, both of us have done exactly this throughout our career. Most correctional agencies, however, do not have staff Offices of Research and Development, nor do they have collaborations with academic researchers. Creating formalized (e.g., via memorandums of understanding) agreements that serve the needs and interests of the practitioner and correctional agency, and the research faculty member presents

a win-win situation (and as both prisons and institutions of higher learning are typically government funded such collaborations make political and fiscal sense as well). Such collaborations can serve to improve the practitioners work with justice-involved clients, enhance the research opportunities for the academic, reduce information deficits for the field, and facilitate the viability of the field of correctional psychology (Morgan, 2011). We also expect that such efforts will contribute to student interest in corrections as we have both had students uninterested in correctional or forensic careers join our research labs only to gravitate toward a career in corrections. Thus, one unintended outcome that presents a unique recruiting strategy would be to facilitate the research of academicians in correctional agencies to attract students serving as research assistants to the work and potentially the career.

Although individual researcher and institutional interests will continue to drive the focus of research efforts, with the development of data analytic tools for examining large data sets, the next generation of researchers will likely make incredible advancements to our understanding of criminal risk, treatment effectiveness including at the individual level (who benefits from what type of treatment and under what conditions), and the impact of correctional policy and practice. There is a wealth of data in federal and state/provincial agencies from which to examine key variables that cannot be matched by individuals engaged in isolated research projects with research designs, data collection, and data analyses of small individually obtained sample sizes. We predict big data is the wave of the future, and research units, such as the CSC Research Branch and Department of Public Safety in Canada's federal government, will increasingly engage with federal and provincial jurisdictions nationwide to inform practice and policy.

We believe the future of correctional psychology research lies in increasingly advanced and yet practical statistical applications applied to common tasks performed by correctional psychologists (e.g., risk assessment). Hanson (2022), for instance, captures many of these developments in his recent work featuring prediction statistics for psychological assessment. Procedures such as survival analysis and receiver operator characteristic curve analysis have been around for decades, imported from fields such as medicine and epidemiology, to examine the predictive efficacy of risk tools. In recent years, advances in calibration have emerged, such as through use of logistic regression to model recidivism rates as a function of risk variable predictor combinations, or the E/O index to examine the generalizability of recidivism norms across samples and jurisdictions. Products such as the time-free calculator to estimate long-term sexual recidivism risk and risk desistence as a function of each year offense free (Thornton et al., 2021) or the Violence Risk Scale-Sexual Offense version calculator to estimate risk reduction across reassessments to capture change (Mundt, 2015; Olver et al., 2018) are helpful byproducts of these advances. Elsewhere, applications such as machine learning using big data are being employed to optimize the accuracy of some risk assessment measures (Ghasemi et al., 2021). These are but a few developments, and the future holds many new advances applying and refining existing methods in addition to the generation of novel approaches.

Correctional Psychologists as Administrators

Correctional psychologists are well positioned for leadership and administrative positions. The combination of interpersonal skills, effective data-driven decision-making, and crisis management necessary to be successful in corrections translates well to leadership. Correctional psychologists are much more than practicing psychologists; the nature of the work, as outlined in this book, necessitates quick action, decision-making with life and death and legal consequences, and flexibility and creativity to navigate the correctional system. These skills are the foundation from which good leaders are made.

There are many instances of correctional psychologists developing within the prison hierarchy by serving as program coordinators/directors, to serving as a chief and then regional managers and directors of psychological services and health care more broadly. Interestingly, there are also opportunities for correctional psychologists to ascend to the highest correctional ranks as well. There are many instances of psychologists advancing in the correctional ranks to serve as Warden's, but even more impressive are the career paths of clinical psychologists Drs. Nneka Jones Tapia and Kathleen Hawk-Sawyer. Dr. Nneka began working at the Cook County Jail (Chicago) in 2013 and by 2015 was appointed the executive director of the Cook County Department of Corrections. In this position, Dr. Nneka is responsible for the operation of one of the largest jails in the United States with a daily population of approximately 9000 inmates. Dr. Hawk-Sawyer, on the other hand, summarized her career trajectory noting that she began her career as a correctional psychologist in the Federal Bureau of Prisons (BOP) and became a Chief Psychologist, her career goal, within 7-years (Hawk, 1997); however, she rapidly ascended to the position of director of the BOP in 9 years with stops as a senior instructor at the training academy, an associate warden, chief of staff training for the BOP, assistant director and ultimately director from 1992 to 2003 (and again from 2019 to 2020 as a special appointee following the in custody death of Jeffrey Epstein). Dr. Hawk attributes her administrative success to her training as a psychologist, including her time on the front lines as a correctional psychologist (Hawk, 1997). These two outstanding leaders are examples of the type of career trajectory that can result from the experiences and skills developed working in corrections.

Correctional work prepares psychologists for administrative and leadership positions outside of corrections as well. Although we both eventually left the correctional setting for academic positions where we could train future generations of correctional (and forensic) psychologists, our correctional experiences prepared us for leadership in higher education. In our respective academic careers, we have served in several leadership roles including director of training, associate chair, chair, and dean. We agree that our work in corrections, to include working with difficult personalities, navigating the complex hierarchy and social system, crisis management, and decision-making to include complex clinical but also systemic decisions, was excellent preparation for a career in academic (and other mental health settings) systems.

Conclusion

Correctional psychology is tough work. Although rewarding on many levels (to include, in many cases, compensation), it is not easy to give of oneself daily to a clientele and in a system that rarely explicitly or implicitly shows gratitude. Correctional psychologists are in the business of helping, and that means giving of oneself, day in and day out without much external reinforcement. As we like to tell our students, a career in corrections means you are committing yourself to a career of service and of giving of yourself to people that may not thank you. In fact, they may actively work against your efforts to help them. That's a tough job—for anyone! It is why training and continued professional development is so important. Correctional psychologists must be trained not only in the skills of clinical psychology work (e.g., counseling/psychotherapy, psychological assessment, crisis management) but in safely (safety here refers to protecting one's mental health and well-being, not public safety) navigating and coping with the rigors of a career in corrections.

Training does not end at job entry. Webinars and other professional development opportunities are necessary for enhancing the clinical skill set of correctional psychologists, especially with the evolution of technology in clinical practice; however, trainings are also important for the professional networking opportunities that are so important in the fight against burnout (see for example, Senter et al., 2010). Research may also facilitate professional networking that protects against burnout, but more importantly, research is the means for advancing the state of knowledge in corrections, to include correctional mental health. As correctional psychologists have limited time for research, we recommend correctional systems partner with local colleges and universities to develop mutually beneficial research partnerships. Such partnerships allow for the examination of real-world problems encountered in corrections, but for whom the staff do not have time research, by scientists who seek to solve real-world problems, and are in fact paid to do research. As both entities are, in all but the rarest cases such as private prisons, government funded, it really is a win-win at all stakeholder levels.

References

Ax, R. K., & Morgan, R. D. (2002). Internship training opportunities in correctional psychology: A comparison of settings. *Criminal Justice and Behavior, 29*(3), 332–347.

Baćak, V., & Kennedy, E. H. (2019). Principled machine learning using the super learner: an application to predicting prison violence. *Sociological Methods & Research, 48*(3), 698–721.

Batastini, A. B., & Morgan, R. D. (2016). Connecting the disconnected: Preliminary results and lessons learned from a telepsychology initiative with special management inmates. *Psychological Services, 13*(3), 283–291.

Batastini, A. B., King, C. M., Morgan, R. D., & McDaniel, B. (2016). Telepsychological services with criminal justice and substance abuse clients: A systematic review and meta-analysis. *Psychological Services, 13*(1), 20–30.

Berk, R., & Hyatt, J. (2015). Machine learning forecasts of risk to inform sentencing decisions. *Federal Sentencing Reporter, 27*(4), 222–228.

Bonta, J., & Andrews, D. A. (2016). *The psychology of criminal conduct*. Routledge.

Boothby, J. L., & Clements, C. B. (2000). A national survey of correctional psychologists. *Criminal Justice and Behavior, 27*(6), 716–732.

Canada v. Ewert. (2016). FCA 203.

Correctional Service Canada. (2015). *Correctional Service Canada (Ontario Region) pre-doctoral internship in psychology 2015–2016*. Correctional Service Canada.

Diehl K. J., Morgan, R. D., King, C. M., Ingram, P. B., & Mitchell, C. (2023). *Reception to and Efficacy of a Serious Video Game for Correctional Intervention: Project Choices*. Manuscript submitted for publication.

Ewert v. Canada. (2015). FC 1093.

Ewert v. Canada. (2018). SCC 30.

Gailiun, M. (1997). Telemedicine takes off. *Corrections Today, 59*, 68–71.

Ghasemi, M., Anvari, D., Atapour, M., Wormith, J. S., Stockdale, K. C., & Spiteri, R. J. (2021). The application of machine learning to a general risk-need assessment instrument in the prediction of criminal recidivism. *Criminal Justice and Behavior, 48*, 518–538.

Hanson, R. K. (2022). *Prediction statistics for psychological assessment*. American Psychological Association.

Hawk, K. M. (1997). Personal reflections on a career in correctional psychology. *Professional Psychology: Research and Practice, 28*(4), 335.

Liebert, M. A., & Riva, G. (2015). Virtual reality in psychotherapy.

Magaletta, P. R., & Verdeyen, V. (2005). Clinical practice in corrections: A conceptual framework. *Professional Psychology: Research and Practice, 36*(1), 37–43.

Magaletta, P. R., Patry, M. W., Patterson, K. L., Gross, N. R., Morgan, R. D., & Norcross, J. C. (2013). Training opportunities for corrections practice: A national survey of doctoral psychology programs. *Training and Education in Professional Psychology, 7*(4), 291–299.

Morgan, R. D. (2011). If not us, then who? Presidential address. *Psychological Services, 8*(2), 140–150.

Morgan, R. D., & King, C. (2021). *Project choices* [Mobile iOS]. SkylessGames.

Morgan, R. D., Winterowd, C. L., & Ferrell, S. W. (1999). A national survey of group psychotherapy services in correctional facilities. *Professional Psychology: Research and Practice, 30*(6), 600–606.

Morgan, R. D., Beer, A. M., Fitzgerald, K. L., & Mandracchia, J. T. (2007). Graduate students' experiences, interests, and attitudes towards correctional/forensic psychology. *Criminal Justice and Behavior, 34*, 96–107. https://doi.org/10.1177/0093854806289831

Morgan, R. D., Patrick, A. R., & Magaletta, P. R. (2008). Does the use of telemental health alter the treatment experience? Inmates' perceptions of telemental health versus face-to-face treatment modalities. *Journal of Consulting and Clinical Psychology, 76*(1), 158–162.

Mundt, J. C. (2015). *VRS-SO calculator*. Retrieved from: www.psynergy.ca

Olver, M. E., Preston, D. L., Camilleri, J. A., Helmus, L., & Starzomski, A. (2011). A survey of clinical psychology training in Canadian federal corrections: Implications for psychologist recruitment and retention. *Canadian Psychology/Psychologie Canadienne, 52*(4), 310–320.

Olver, M. E., Mundt, J. C., Thornton, D., Beggs Christofferson, S. M., Kingston, D. A., Sowden, J. N., Nicholaichuk, T. P., Gordon, A., & Wong, S. C. P. (2018). Using the Violence Risk Scale-Sexual Offense version in sexual violence risk assessments: Updated risk categories and recidivism estimates from a multisite sample of treated sexual offenders. *Psychological Assessment, 30*(7), 941–955.

Reeder, B., & David, A. (2016). Health at hand: A systematic review of smart watch uses for health and wellness. *Journal of Biomedical Informatics, 63*, 269–276.

Scanlon, F., Morgan, R. D., Mitchell, S. M., Bolaños, A. D., & Bartholomew, N. (2021). Criminal risk and mental illness in psychiatric inpatient units: An opportunity to provide psychological services for unmet criminogenic needs. *Psychological Services*. https://doi.org/10.1037/ser0000612

Senter, A. W., Morgan, R. D., Serna-McDonald, C., & Bewley, M. (2010). Correctional psychologist burnout, job satisfaction and life satisfaction. *Psychological Services, 7*, 190–201. https://doi.org/10.1037/a0020433

Thornton, D., Hanson, R. K., Kelley, S. M., & Mundt, J. C. (2021). Estimating lifetime and residual risk for individuals who remain sexual offense free in the community: Practical applications. *Sexual Abuse, 33*(1), 3–33.

Tian, E. J., Venugopalan, S., Kumar, S., & Beard, M. (2021). The impacts of and outcomes from telehealth delivered in prisons: A systematic review. *PLoS One, 16*(5), e0251840.

VandenBos, G. R., & Williams, S. (2000). The Internet versus the telephone: What is telemental health, anyway? *Professional Psychology: Research & Practice, 31*, 490–492.

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