Evaluation Report:
Reducing Violence and Recidivism Through VRP Aftercare and CBI Open Groups

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The Nebraska Board of Parole (NBOP)
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Contents

Executive Summary

This report evaluates two innovative programs implemented by the Nebraska Division of Parole Supervision (DPS) under the FY2019 Innovative Supervision Program grant, funded by the Bureau of Justice Assistance (BJA): the Cognitive-Behavioral Interventions for Anyone (CBI4NE1) program and the Violence Reduction Program—Community Aftercare Pathway (VRP-CAP). These programs were designed to address the criminogenic needs of high-risk parolees in Nebraska, reduce recidivism, and support long-term desistance. This evaluation assesses the development, implementation, and outcomes of these initiatives, offering insights into their effectiveness and identifying opportunities for improvement.

The CBI4NE1 program, created by DPS, was designed as an open-group intervention allowing participants to join sessions on a rolling basis. This model offered flexibility, particularly beneficial in rural areas with logistical challenges to service delivery. While the program faced hurdles during implementation, including challenges in maintaining program fidelity and managing logistical barriers, participants who successfully completed CBI4NE1 demonstrated lower rates of recidivism and new arrests compared to non-completers. Comparisons between treatment and control groups revealed modest improvements overall, with technical violations contributing significantly to returns to prison. These results underscore the potential of the program while highlighting areas for refinement.

The VRP-CAP program, developed by Canadian clinicians Gordon and Wong, sought to extend the in-prison Violence Reduction Program (VRP) into a community-based setting. The program focused on addressing criminogenic needs such as antisocial attitudes, anger management, and impulsivity. Despite its strong foundation in evidence-based practices, VRP-CAP was not operationalized during the grant period due to several challenges. These included systemic issues such as limited numbers of eligible participants, clinician shortages, and external disruptions, including the COVID-19 pandemic. DPS worked diligently to address these barriers, exploring alternative providers and seeking technical assistance, but broader structural and logistical factors limited the program's implementation.

This evaluation identifies several themes that impacted both programs. While barriers such as technical violations and logistical challenges created obstacles, the findings also highlight the promise of structured, evidence-based approaches to reducing recidivism and supporting desistance. Enhanced training for facilitators and parole officers, paired with strategies that emphasize rehabilitation and learning opportunities, can strengthen program delivery and outcomes.

The evaluation emphasizes the importance of ongoing collaboration, adaptive management, and structural reforms to address systemic barriers. By focusing on these areas, programs like CBI4NE1 and VRP-CAP can more effectively achieve their goals of promoting successful reintegration and reducing recidivism among high-risk individuals. This report provides actionable recommendations to guide the development and implementation of future initiatives, ensuring alignment with rehabilitative goals and evidence-based practices.

Evaluators

The Nebraska Center for Justice Research (NCJR), housed in the School of Criminology and Criminal Justice at the University of Nebraska Omaha, is dedicated to developing and sustaining research capacity within the state. NCJR provides expertise in evaluation, research, and policymaking to support evidence-based practices in corrections. The center focuses on reducing recidivism, promoting public safety, and guiding legislative decisions. Committed to evaluation excellence, NCJR adheres to national standards, ensuring methods and reports are accurate, comprehensive, and free from bias. Their work emphasizes collaboration with stakeholders, open communication, and the integration of cultural competence and justice principles. NCJR's evaluations are designed to not only assess programs but also translate findings into actionable insights that enhance effectiveness, promote cost efficiency, and align with broader public safety goals.

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Acronym List

- **AITT**: Adjusted Intent-to-Treat

- **AIR**: American Institutes for Research

- **APPA**: American Probation and Parole Association

- **BJA**: Bureau of Justice Assistance

- **CBI**: Cognitive-Behavioral Intervention

- **CBI4NE1**: Cognitive-Behavioral Interventions for Anyone

- **CBT:** Cognitive-Behavioral Therapy

- **CCS**: Criminogenic Cognitions Scale

- **DPS**: Nebraska Division of Parole Supervision

- **IPW**: Inverse Probability Weighting

- **NBOP**: Nebraska Board of Parole

- **NCJR**: Nebraska Center for Justice Research

- **NDCS**: Nebraska Department of Correctional Services

- **ORAS**: Ohio Risk Assessment System

- **PSI**: Pre-Sentence Investigation

- **RNR**: Risk-Need-Responsivity model for corrections

- **SPO**: Specialized Parole Officer

- **STRONG-R**: Static Risk Offender Needs Guide—Revised

- **VRAG**: Violence Risk Appraisal Guide

- **VRP**: Violence Reduction Program

- **VRP-CAP**: Violence Reduction Program—Community Aftercare Pathway

Background

The Nebraska Board of Parole (NBOP) and Nebraska Division of Parole Supervision (DPS) launched this project under the FY2019 Innovative Supervision Program grant, funded by the Bureau of Justice Assistance (BJA). The primary objective for the project was to reduce recidivism and support successful community reintegration (Latessa et al., 2009). This grant enabled NBOP and DPS to design and implement a novel cognitive-behavioral intervention (CBI) targeting the criminogenic needs of high-risk parolees. It also funded an established CBI focused on violence and implemented in the community.

The project's core interventions included the novel Cognitive Behavioral Interventions for Anyone (CBI4NE1) program and the Violence Reduction Program—Community Aftercare Pathway (VRP-CAP) (Gordon & Wong, 2022). These initiatives embodied the application of evidence-based practices to address the significant challenges of supervising individuals at high risk for violent behavior or previous failure under community supervision. During the grant period, NBOP and DPS sought to develop, pilot, and implement these programs, assess their effectiveness, and establish sustainable practices for ongoing delivery.

The evaluation of correctional interventions has, for decades, been a focus of policy and academic research, focused on efforts to reduce recidivism among high-risk populations. This report analyzes the development and implementation of VRP-CAP and the CBI4NE1. While both programs encountered notable implementation difficulties during the grant period, the CBI4NE1 program demonstrated a well-structured approach to community-based interventions. Using facilitator materials, administrative data, and detailed process records, this report provides an in-depth review of the programs' development, implementation, and resulting outcomes.

The sections that follow detail the purpose of the project, describe the VRP-CAP and CBI4NE1, then transitions into a process evaluation of each program separately. The report then presents outcomes for participants of CBI4NE1 and compares it to a similar group of individuals who did not receive the program. The report concludes with a discussion of best practices for community-based CBI delivery, offering recommendations for future programming.

Purpose of the Project

The primary purpose of this project was to provide targeted support for high-risk parolees through structured cognitive-behavioral interventions designed to address criminogenic needs, reduce recidivism, and support long-term desistance from criminal behavior (Paternoster & Bushway, 2009; Giordano et al., 2002). The VRP-CAP was intended to serve individuals at high risk of violent reoffending, offering a community-based continuation of the in-prison Violence Reduction Program (VRP) (Gordon & Wong, 2013). In contrast, the CBI4NE1 program was tailored to parolees who had struggled to comply with supervision conditions or were at risk of revocation. Both programs were grounded in the principles of Risk-Need-Responsivity (RNR), emphasizing the importance of aligning interventions with participants' specific risks, needs, and responsivity factors (Andrews & Bonta, 2010).

These programs aimed to achieve several interconnected goals: reduce recidivism, increase successful parole completions, and address criminogenic needs to foster personal transformation and long-term desistance. The CBI4NE1 program was developed "in-house" by DPS administrators and delivered by various external and internal facilitators in an innovative open-group model. This open-group model allowed participants to join groups on a rolling basis rather than waiting for large cohorts to form. This flexible format was particularly advantageous in rural areas, where logistical challenges often made assembling a sufficient number of individuals difficult.

The VRP-CAP, developed by Canadian clinicians Wong and Gordon, extends the in-prison VRP into a community setting, providing continued support for individuals at high risk of violent reoffending. Grounded in cognitive-behavioral principles, it addresses criminogenic needs such as anger management, impulsivity, and antisocial attitudes. The program promotes pro-social skills, problem-solving, and non-violent behaviors through tailored therapeutic interventions. Participants in VRP-CAP were selected based on their completion of the VRP in prison and a propensity for violent behaviors, aiming to sustain and build upon the progress they achieved toward desistance while incarcerated. The plan was to provide one-on-one or small group sessions to participants and provide a safe space to practice the skillsets learned in VRP in prison. Successful implementation relied on collaboration among correctional institutions, community supervision agencies, and mental health providers, ensuring participants receive comprehensive support during reintegration (Gordon & Wong, 2022).

CBI4NE1, on the other hand, was designed as an open-group intervention to meet the needs of high-risk parolees who may not have participated in or completed cognitive-based structured programming during their incarceration. The open-group format enabled participants to begin programming shortly after their release, minimizing the risk of recidivism associated with delays in service provision. This format also accommodated the varied schedules and needs of parolees, enhancing accessibility and ensuring that more individuals could benefit from evidence-based cognitive-behavioral programming.

Implementing these programs required significant collaboration among the NBOP, DPS, the evaluators at the Nebraska Center for Justice Research (NCJR), the technical assistance providers at the American Institutes for Research (AIR) and the Center for Effective Public Policy (CEPP), multiple external programming providers, and VRP-CAP clinical service PROVIDER A (Note: PROVIDER A will remain unnamed in this report for confidentiality purposes). VRP-CAP and CBI4NE1 represented complementary yet distinct approaches to addressing recidivism and violent behavior. Though successful participants from CBI4NE1 demonstrated lower rates of recidivism and new arrests compared to non-completers, neither VRP-CAP nor CBI4NE1 is currently operational, and there are no immediate plans for reinstatement. The legislative decision to merge DPS back into NDCS disrupted administrative oversight and program continuity, which may have affected the program's ability to continue.

Process Evaluation

The project necessitated an evaluation of the process and outcomes of the programs. The current section presents results from the project's process evaluation. It underscores the need for adaptive, collaborative, and evidence-based approaches in delivering and evaluating reentry programs to meet their intended objectives effectively (Andrews & Bonta, 2010; Ward & Brown, 2004).

VRP-CAP Process Evaluation

The Violence Reduction Program—Community Aftercare Pathway (VRP-CAP), developed by Gordon and Wong (2013), was designed as an evidence-based intervention for high-risk individuals in the justice system. Grounded in cognitive-behavioral principles and the Risk-Need-Responsivity (RNR) framework, the program addressed criminogenic needs by targeting dynamic factors such as distorted thinking, impulsivity, and maladaptive coping. It emphasized participant selection and intervention intensity through validated tools like the Violence Risk Appraisal Guide (VRAG) (Quinsey et al, 1998) and the Ohio Risk Assessment System (ORAS) (Latessa et al., 2009), integrating seamlessly with existing correctional resources. Collaborative management, ongoing training, and feedback mechanisms were central to ensuring program fidelity and continuous improvement among facilitators, administrators, and evaluators.

Key features of VRP-CAP included comprehensive facilitator training, focused on managing group dynamics, applying CBT techniques, and fostering pro-social behaviors in participants. Gordon and Wong's program directions highlighted structured, individualized treatment plans, emphasizing positive reinforcement, pro-social modeling, and de-escalation techniques to drive behavioral change and reduce violence risk sustainably. The program also stressed creating supportive, culturally inclusive environments to enhance engagement and outcomes (Maruna, 2002; Giordano et al., 2002). Data-driven decision-making, clear communication among stakeholders, and robust feedback loops were critical to refining implementation. Attention to logistical and systemic elements, including well-equipped session spaces, were planned to ensure the program's effectiveness.

PROVIDER A was expected to play a crucial role in the implementation of the VRP-CAP by leveraging their clinical expertise to address the complex needs of high-risk participants. However, the program encountered significant barriers that prevented its successful operation. Despite multiple efforts by NDCS, NCJR, AIR, and CEPP to establish services, the VRP-CAP program could not be implemented, with no participants receiving the intended interventions. Challenges related to service provision, collaboration, and systemic factors contributed to the program's inability to achieve its intended outcomes.

PROVIDER A faced difficulties in adapting some of the key recommendations from Gordon and Wong. One issue was their reliance on the psychoeducational nature of NDCS's Violence Reduction Program (VRP) as partial justification for a limited pool of eligible participants, suggesting that few individuals had progressed to an appropriate Stage of Change (Prochaska et al., 1992). This interpretation was met with differing perspectives within the implementation team, who believed it may have overlooked opportunities to tailor interventions to participants' criminogenic needs. Additionally, PROVIDER A did not fully utilize validated tools such as the Ohio Risk Assessment System (ORAS), the Static Risk Offender Needs Guide Revised

(STRONG-R), and NDCS's offender behavioral reports, including Relapse Prevention Plans and Final Treatment Plans. These tools could have been instrumental in assessing participants' needs and aligning them with appropriate program interventions.

Despite delays and limited progress in service delivery, PROVIDER A continued to invoice DPS for services, raising questions about financial transparency. Observations by implementation team suggested that individuals completing VRP in the facility were screened for aftercare but were never formally enrolled in the community-based treatment component. While Gordon and Wong emphasized proactive collaboration and communication with key stakeholders, PROVIDER A's engagement efforts often focused on lower-level NDCS administrators, which limited opportunities for actionable results. The lack of direct communication with senior decision-makers further complicated efforts to address implementation barriers.

Communication challenges and delays in meeting evaluation requirements also posed difficulties. Outreach from evaluators and DPS staff often required repeated follow-ups to secure responses. PROVIDER A's approach to determining program eligibility emphasized Pre-Sentence Investigation (PSI) reports, which provide historical insights but may not reflect current circumstances or align with clinical assessment practices. Although PSI reports can offer some insights, they are often outdated, conducted by non-clinical professionals, and lack updates post-incarceration. Validated tools such as ORAS and STRONG-R, which are regularly updated and widely regarded for their predictive validity in recidivism (Hamilton et al., 2016; Latessa et al., 2009), were not utilized to their full potential. While PROVIDER A considered tools like the VRAG, they ultimately cited time constraints as a barrier to its implementation and questioned its relevance given participants' readiness levels.

PROVIDER A argued that participants needed to be in the action or maintenance stages of the Stages of Change model to benefit from the program, asserting that many were not yet ready for such interventions. While the Stages of Change framework emphasizes tailoring interventions to participants' readiness for behavioral change, this rationale appeared to rely on informal assessments without sufficient supporting evidence, further delaying implementation efforts.

Concerns regarding billing practices also arose, as PROVIDER A continued to invoice DPS despite limited evidence of substantial service delivery. DPS, without a dedicated accounting department, relied on NDCS for financial oversight, adding layers of complexity to maintaining transparency and accountability. These challenges reflected broader systemic barriers that impacted the implementation and progress of the program.

DPS made extensive efforts to address these gaps by seeking alternative clinicians and exploring remote and local options, leveraging networks like the American Probation and Parole Association (APPA) and technical support from American Institutes of Research (AIR) and the Center for Effective Public Policy (CEPP). However, these efforts were thwarted by pandemic-related challenges, which strained the clinical workforce and increased telehealth demands, by a limited number of available clinicians in the small state of Nebraska, and by the specialized nature of the program, which made it difficult to attract qualified providers. Additionally, the program's group-based structure required that parolees be located within the same general area and have access to a willing and capable provider, further limiting feasible implementation options. The reintegration of DPS back into NDCS in 2024 further complicated operations. This legislative restructuring occurred before the grant's no-cost extension ended, causing

administrative disruptions and gaps in institutional knowledge as key personnel resigned or were reassigned.

While DPS demonstrated extraordinary efforts and a commitment to evidence-based practices, systemic challenges—including the pandemic, legislative changes, and a strained clinician workforce—ultimately prevented the VRP-CAP from becoming operational. This experience highlights the critical importance of collaboration, adaptive management, and consistent communication in achieving the objectives of federally funded programs. It also underscores the need for financial accountability and reliance on validated tools like ORAS and STRONG-R to ensure efficient and evidence-based service delivery.

CBI4NE1 Process Evaluation

The CBI4NE1 program was developed to address the criminogenic needs of high-risk parolees who previously struggled to comply with supervision conditions or were at high risk of revocation. Guided by principles of cognitive-behavioral therapy (CBT) and the RNR framework, CBI4NE1 aimed to reduce recidivism and support long-term desistance by targeting dynamic risk factors associated with criminal behavior. This process evaluation review examines the program's development, implementation, and operational challenges, based on available documentation and program records.

Program Design and Objectives

CBI4NE1 was designed as an open-group intervention, allowing participants to join sessions on a rolling basis rather than waiting for a fixed cohort to form. This flexible approach was particularly advantageous for rural and low-population areas, where logistical challenges often preclude the assembly of large groups. The program utilized evidence-based curricula and structured group sessions to facilitate cognitive restructuring, problem-solving skills, and pro-social behavioral development (Gordon & Wong, 2022; Lipsey et al., 2007). Key objectives included:

1. Reducing recidivism by addressing criminogenic thinking patterns.

2. Increasing successful parole completions by providing structured support.

3. Enhancing participants' ability to identify and modify harmful behaviors through CBT techniques.

4. Accommodating the varied schedules of parolees to ensure accessibility.

Training Facilitators

There were three trainings on content, all led by the DPS director since the program was developed in-house. The first training was designed for a small group of external providers under contract with DPS to deliver the programming. These providers included local non-profits focused on assisting justice-involved populations, one for-profit organization, and a community college. Many of these providers were already engaged in similar work through other state contracts. This training was intended for the pilot phase of the program and focused on equipping these providers with the foundational knowledge and skills necessary to implement CBI4NE1 effectively.

The second training expanded trainees to include the existing external providers, potential new external providers, evaluators, and Specialized Parole Officers (SPOs) interested in becoming facilitators. The addition of new providers and parole officers was discussed during implementation meetings with evaluators, DPS, and AIR, the technical assistance provider assigned to this grant. These meetings highlighted the need for additional providers to meet the target number of individuals receiving the program during the grant cycle. Existing providers reported difficulties maintaining attendance due to the lack of explicit incentives for parolees, such as reduced parole time, and the absence of punishments for non-compliance, such as failure to attend, participate, or complete homework assignments. Collaboration between the external providers and parole officers became essential to ensure their parolees participated in the program.

The third training focused exclusively on SPOs, aiming to enhance their skills and boost their competency as facilitators. It also included new officers interested in facilitating the program. This training had a larger attendance because the implementation team determined that having a co-facilitator in the sessions was necessary to track participants' progress and ensure compliance and order within the group. The decision to include co-facilitators stemmed from discussions during implementation meetings, emphasizing the value of additional facilitators in maintaining group dynamics and operational efficiency. Prior to this training, grant conditions were amended to allow federal funds to be used as overtime pay for officers, further incentivizing officers to become facilitators.

The facilitation manual utilized in the CBI4NE1 program, *A Facilitator's Guide: Classroom Behavior Management* from the Turning Leaf Project, served as a foundational resource for training facilitators to learn how to effectively manage group dynamics and deliver the curriculum with fidelity. This guide emphasizes practical strategies for fostering a productive and engaging classroom environment, critical for justice-involved populations who often exhibit varied levels of readiness, resistance, and engagement.

Turning Leaf Project Key Principles and Approaches. The training focused on the following:

1. **Pro-Social Modeling**
   Facilitators were trained to model the behavior and attitudes expected from participants. By demonstrating accountability, respect, and problem-solving, facilitators created an environment that reinforced positive behavioral norms (Turning Leaf Project, 2019; Walters, 2012).

2. **Behavioral Expectations and Consistency**
   The manual highlighted the importance of setting clear, consistent behavioral expectations from the outset. This included establishing ground rules, ensuring all participants understood the structure and purpose of the sessions, and addressing deviations promptly.

3. **Positive Reinforcement**
   Encouraging desired behaviors through praise and recognition was a central theme. Facilitators were instructed to identify and reinforce even small steps toward pro-social thinking and behaviors, helping participants feel validated in their efforts.

4. **Managing Resistance**
   The manual provided strategies for addressing resistance, a common issue among justice-involved participants. Techniques included active listening, reframing negative statements, and redirecting disruptive behaviors toward constructive discussion.

5. **De-Escalation Techniques**
   Facilitators were taught de-escalation tools to handle conflicts or heightened emotions within the group. The manual emphasized the importance of maintaining a calm demeanor, using neutral language, and resolving conflicts without derailing the session.

Practical Applications. Guidance was given to help organize sessions:

1. **Pre-Session Preparation**
   Facilitators were advised to prepare thoroughly before each session, including reviewing materials, anticipating potential challenges, and setting up a classroom environment conducive to learning.

2. **Engaging Participants**
   Interactive methods such as role-playing, group discussions, and scenario-based problem-solving were recommended to maintain participant engagement. Facilitators were also encouraged to adapt these techniques to suit the specific needs and dynamics of their group.

3. **Monitoring Group Dynamics**
   Observing participant interactions and identifying emerging issues were critical components of the facilitator's role. The manual provided guidance on addressing group conflicts and ensuring that all participants felt included and valued.

4. **Ongoing Feedback and Self-Reflection**
   Facilitators were encouraged to seek feedback from participants and peers to refine their approach. Self-reflection on what worked and what needed improvement after each session was emphasized as a best practice.

Challenges and Considerations. The manual acknowledged the challenges facilitators might face, including high levels of participant resistance, attendance inconsistency, and varying levels of cognitive readiness. It provided tailored strategies for navigating these issues while maintaining fidelity to the program. The facilitation manual was instrumental in establishing a standardized approach to delivering the CBI4NE1 curriculum. By equipping facilitators with practical tools and evidence-based techniques, the guide contributed to fostering an environment conducive to learning and personal growth, essential for achieving the program's objectives.

Participant and Facilitator Surveys

The CBI4NE1 program utilized two distinct survey platforms to gather data: SurveyMonkey for facilitator tracking, developed by DPS, and Qualtrics for participant feedback, designed by the evaluators. These tools served complementary purposes but encountered unique challenges in their implementation.

Surveys via SurveyMonkey. DPS initially developed and administered a weekly survey on SurveyMonkey to track participant attendance, engagement, and progress. Facilitators were required to complete the survey for each participant following every session, capturing data on

attendance, session participation, module completion, comprehension, and engagement levels. While these surveys provided a structured mechanism for monitoring, they were deprioritized as the project progressed. The transition away from SurveyMonkey occurred almost instantaneously as DPS shifted focus to the Qualtrics surveys designed by evaluators. The immediate uptake of Qualtrics survey administration reflected DPS's tireless efforts to instill in officers and facilitators the importance of these surveys for program evaluation.

Surveys via Qualtrics. Evaluator-designed surveys, hosted on the Qualtrics platform, were created to assess participants' criminogenic thinking, engagement, and satisfaction with the program. These surveys were administered at specific intervals to evaluate program effectiveness and participant progress. The CBI4NE1 Thinking Survey (Pre) was given during the first week of programming and adapted from the validated Criminogenic Cognitions Scale (CCS) (Walters, 2012). It assessed baseline cognitive patterns such as entitlement, failure to accept responsibility, and negative attitudes toward authority. The CBI4NE1 Participant Survey (Post) was conducted during the final week of programming, focusing on participants' self-reported satisfaction, engagement, and perceptions of the program's impact. Additionally, the CBI4NE1 Thinking Survey (Post), identical to the pre-program Thinking Survey, was administered at the program's conclusion to measure cognitive changes. This survey included a prompt for participants to specify their progress in the program, enabling evaluators to track individual and group-level changes.

DPS made significant efforts to ensure the Qualtrics surveys were administered consistently and effectively. They prioritized these surveys over the SurveyMonkey facilitator surveys, recognizing their importance for evaluating program outcomes. To instill the importance of survey completion, DPS sent weekly reminders via email and incorporated discussions about survey administration into regular officer/DPS meetings. Despite these proactive measures and the agency's dedication to supporting the evaluation process, officers and facilitators frequently failed to administer the surveys as instructed. This non-compliance resulted in low response rates and limited the ability to comprehensively evaluate participant behavioral changes and program outcomes. The administration of Qualtrics surveys also faced challenges related to participant accessibility. Many participants encountered barriers to completing online surveys due to limited access to technology, which further reduced response rates and data reliability.

Group Observations

The evaluation team conducted eight observations of CBI4NE1 sessions during the early, mid, and late stages of implementation. Facilitators informed participants of planned evaluations at least two weeks in advance, obtaining verbal consent and offering those who did not consent the option to skip the session. This ensured transparency and participant comfort throughout the process.

Observation Tools. Two evaluation tools were employed:

- **Programming Observation Checklist**
  This tool assessed facilitator performance and program adherence, including preparedness, rapport, group management, curriculum fidelity, and the accommodation of diverse learning needs. Scores ranged from 0 (not in place) to 2 (fully in place), accompanied by qualitative comments to identify strengths and areas for improvement.

- **Site Observation Checklist**
  Evaluators examined session environments, rating factors such as seating, lighting, privacy, cultural inclusivity, and interruptions. Facilitator techniques like motivational interviewing and the overall welcoming atmosphere were also assessed. Sessions were expected to last 30 to 90 minutes, with deviations recorded.

Facilitator Performance and Program Fidelity. Early sessions, primarily conducted by external providers, revealed issues such as inadequate session durations (sometimes only 20 minutes), inconsistent adherence to the CBI4NE1 curriculum, and challenges tracking participant progress. Mid-implementation sessions led by parole officers often resembled supervision meetings rather than therapeutic programming, reflecting blurred boundaries between roles. Late-stage observations showed improvements in adherence and facilitation, though variability persisted across facilitators.

Session Environments. The physical conditions of session spaces were inconsistent. While some locations were suitable, others lacked essential elements like natural light, comfortable seating, and adequate tables, forcing participants to place materials on their laps or the floor. These deficiencies disrupted session flow and reduced effectiveness. The final observed session, held in a transitional living facility, was marred by frequent noise and interruptions, further highlighting the need for distraction-free environments.

Early Implementation. Low attendance and superficial program adherence characterized early sessions. Facilitators occasionally defaulted to practices from prior interventions, limiting engagement. Observers recommended co-facilitators to address group management and enhance session quality.

Mid-Implementation. Parole officers assumed facilitation roles during this phase, but their dual responsibilities often led to supervision-heavy dynamics that undermined the therapeutic environment. Observers reported participant discomfort and deviations from the curriculum. Retraining efforts were introduced to address these issues.

Late Implementation. Later sessions demonstrated improved adherence to the program structure and increased participant attendance. However, facilitator effectiveness continued to vary, and environmental challenges, such as noisy and public session locations, remained an issue.

The observations highlighted challenges and improvements in CBI4NE1 implementation. Early inconsistencies in adherence, participant engagement, and session environments were gradually addressed, though ongoing variability among facilitators and logistical barriers persisted. These findings underscore the importance of robust facilitator training, clear role separation between supervision and therapy, and the need for consistent, suitable session environments. Insights from these observations can inform strategies to enhance future program delivery and impact.

Participant and Facilitator Interviews

The evaluation team conducted interviews with eight parolee participants: two were reincarcerated and interviewed in prison, while the remaining six were interviewed at the parole office. All interviews were recorded, transcribed, and analyzed thematically. Each parolee provided written consent, acknowledging the risks of participation and their right to confidentiality. Interviewees were randomly selected from a master list maintained by Parole.

The parolee interviewees represented a demographic mix in terms of age and race that was broadly reflective of the program population, although no women were included in the sample.

In addition, the evaluation team interviewed six facilitators. The facilitator interviewees varied in age, were all white, and were predominantly women. Informal feedback was also gathered during and after session observations through casual, unrecorded conversations with both participants and facilitators.

Participant Feedback. Most participants had limited feedback for evaluators. Some expressed concerns that the program closely resembled other cognitive-behavioral interventions they had encountered in prison and throughout their lives, questioning its novelty and value. While some participants praised their facilitators, others felt the group sessions were too similar to regular parole supervision meetings. Several participants reported feeling that the program "talked down" to them or was unrealistic in its approach.

Roleplaying exercises elicited mixed reactions. Some participants were uncomfortable engaging in roleplays with fellow parolees, citing reasons such as encountering each other in public settings, like grocery stores. Others found the exercises overly complex or difficult to relate to. Scheduling also posed challenges. Participants struggled to attend sessions after long workdays, leading the implementation team to adjust group times to evenings. However, this shift created new difficulties for individuals working second shifts or those needing to attend group sessions before starting overnight shifts, limiting their time with family.

Facilitator Feedback. Facilitators generally appreciated the program but noted that it felt generic, with some examples perceived as unrealistic for the target population. They also reported challenges in tracking participants' progress through the program, especially in open-group formats where individuals were at different stages. This issue, corroborated by observation data and anecdotal evidence discussed during implementation meetings, prompted the implementation team to mandate two facilitators per group—one serving as the lead and the other providing support. This adjustment aimed to improve program fidelity and participant engagement while reducing the administrative burden on facilitators.

Case Notes Summary

The case notes highlighted recurring themes and challenges in the implementation of the CBI4NE1 program, particularly in how SPOs facilitated the program and engaged with participants. Scheduling conflicts emerged as a common barrier, with participants often unable to attend due to work obligations or overlapping program requirements. These challenges were not always addressed with adaptive scheduling or accommodations, and in some instances, participants were removed from the program, which may have limited opportunities to support their progress.

Custodial sanctions and absconding behavior added further complexity to program implementation. SPOs often framed these disruptions through a lens of compliance, emphasizing accountability but sometimes overlooking the broader instability faced by justice-involved individuals. In some cases, program participation was tied to compliance, which may have created the perception that CBI4NE1 was a requirement rather than a rehabilitative opportunity. This approach risked detracting from the program's intent to foster meaningful behavioral change.

There were variations in how SPOs assessed participants' risk levels, engagement, and suitability for the program. Case notes indicated that some SPOs interpreted resistant or resentful attitudes toward the justice system as potentially disruptive to other participants, leading to exclusion decisions. While ensuring group cohesion is important, these determinations could inadvertently reduce access for individuals who might benefit from the program, including those with moderate risk levels or mental health challenges. This approach may have narrowed the program's rehabilitative reach.

In some instances, participation in CBI4NE1 was used as a response to parole violations, which may have contributed to a perception of the program as a punitive measure rather than a supportive intervention. Participants mandated to attend under these circumstances may have viewed the program as a consequence rather than an opportunity for growth, potentially influencing engagement and outcomes.

Overall, case notes suggest that the implementation of CBI4NE1 would benefit from clearer alignment with its rehabilitative goals. Addressing systemic barriers such as scheduling conflicts and ensuring that participation is framed as an opportunity for support rather than a requirement could enhance its effectiveness. Consistent training for SPOs on risk assessment, program suitability, and the principles of rehabilitation may further support the program's goals of fostering meaningful change and reducing recidivism.

Process Evaluation Summary

The process evaluation of VRP-CAP and CBI4NE1 highlighted both the challenges encountered and the insights gained during their implementation. The VRP-CAP program faced substantial barriers, including reliance on outdated Pre-Sentence Investigation (PSI) reports instead of validated tools like the ORAS, VRAG, and STRONG-R. Despite concerted efforts by DPS to address these issues—such as exploring alternative clinicians, engaging national networks, and leveraging technical assistance—systemic obstacles, including funding limitations, legislative restructuring, and the pandemic, ultimately prevented the program from becoming operational. These challenges underscore the critical need for evidence-based practices, consistent stakeholder communication, and financial accountability in federally funded initiatives.

The CBI4NE1 program, designed to address criminogenic needs among high-risk parolees, also experienced significant implementation hurdles. While the program's open-group format offered the flexibility to address logistical challenges in rural areas, maintaining participant engagement proved difficult due to systemic issues such as scheduling conflicts and custodial disruptions. Specialized Parole Officers (SPOs) sometimes framed program participation as punitive rather than rehabilitative, which may have undermined the program's intent to foster behavioral change. Participants also faced logistical barriers, including competing demands from work or family obligations, as well as cognitive challenges in engaging with the material. Facilitators reported additional difficulties managing group dynamics and adhering to program fidelity.

Observations of CBI4NE1 sessions revealed variability in the quality of delivery and adherence to therapeutic principles. Early sessions frequently resembled supervision meetings rather than structured cognitive-behavioral interventions, a deviation that impacted participants' perceptions of the program. Later sessions showed improvements, particularly in facilitator adherence to the program structure, but challenges in distinguishing between supervisory and therapeutic roles

persisted. Physical environments, such as spaces lacking privacy or comfort, often detracted from the program's effectiveness. Participant feedback further highlighted the need for more relatable content and a program delivery style that avoided perceived condescension.

A gap between DPS administrators and SPOs emerged as another key challenge in the program's implementation. DPS administrators emphasized evidence-based practices and the use of validated tools such as ORAS and STRONG-R to align interventions with participants' criminogenic needs. However, case notes suggested that SPOs sometimes prioritized compliance over rehabilitation, framing program participation as a response to infractions rather than an opportunity for growth. This misalignment highlights the need to better integrate rehabilitative goals within program operations and to ensure consistent messaging across all levels of program delivery.

Key lessons from both programs emphasize the importance of collaboration, adaptive management, and comprehensive training. For VRP-CAP, reliance on outdated practices and inconsistent communication underscored the need for robust planning and engagement with stakeholders to align program design with participant needs. For CBI4NE1, training for facilitators and SPOs was critical in clarifying their roles, ensuring separation between supervision and therapy, and fostering participant engagement. Addressing systemic barriers such as scheduling conflicts, logistical challenges, and participant access to technology is also vital to improving program outcomes.

Future implementations should prioritize flexible scheduling options, virtual delivery models, and content that resonates with participants' lived experiences to enhance engagement and attendance. Structured feedback mechanisms and robust data collection systems can further ensure that programs are aligned with rehabilitative goals. Selecting culturally inclusive and well-equipped facilities, automating survey processes, and maintaining clear accountability among stakeholders will also enhance program delivery. By adopting these strategies, rehabilitative programs can better support desistance, reduce recidivism, and foster meaningful change among justice-involved individuals.

Outcome Evaluation

VRP-CAP Outcome Evaluation

The VRP-CAP program faced significant implementation challenges that ultimately rendered it non-operational, preventing an evaluation of outcomes. Despite dedicated efforts by DPS to identify clinicians and overcome logistical barriers, no participants were able to complete the program. The contracted provider encountered difficulties in adapting to the program's requirements, often relying on older methods, such as PSI reports, and citing time constraints associated with the administration of recommended tools like ORAS or STRONG-R. Additionally, the provider faced challenges in identifying eligible participants, which further delayed implementation.

Systemic factors compounded these difficulties. Workforce shortages, pandemic-related disruptions, and coordination challenges with NDCS contributed to gaps in institutional knowledge and operational breakdowns. These combined issues limited service delivery and prevented the collection of outcome data necessary to assess the program's impact on recidivism or participant progress. While the program's goals remained ambitious, these barriers highlight the complexities of implementing innovative interventions in challenging contexts.

CBI4NE1 Outcome Evaluation

The outcome evaluation of the CBI4NE1 program assesses its effectiveness in reducing recidivism and promoting desistance among high-risk parolees. The evaluation examines key outcomes such as changes in criminogenic thinking, levels of participant engagement, and recidivism rates. These measures were analyzed using data collected through facilitator and participant surveys, program observations, and administrative records. The findings are intended to offer a comprehensive understanding of the program's overall impact and to highlight areas where improvements may enhance its effectiveness.

Data for the evaluation were provided in Fall 2024 through a coordinated effort between the Nebraska Board of Parole (NBOP) and the Nebraska Department of Correctional Services (NDCS). This collaboration became necessary after the Division of Parole Supervision (DPS) was absorbed into NDCS near the end of the grant cycle, resulting in the reassignment or resignation of key DPS personnel, which limited DPS's capacity to retrieve data. Subsequently, NDCS supplied data on program participation, recidivism, risk and needs assessments (i.e., ORAS), prior clinical participation, and participant demographic

Participants for this evaluation were selected based on the presence of a referral end date, as individuals with start dates but no end dates were presumed to still be in programming. However, evaluators were informed that the CBI4NE1 program was eliminated from the NDCS curriculum following DPS's absorption on July 1, 2024. As a result, individuals without end dates could not complete or fail to complete the program and were excluded from the analysis. This process yielded an analysis sample of 358 individuals.[1] Program completion was determined using the program data indicator of "Successful Completion." Among the participants, **146** successfully

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[1] These figures may differ from those reported during the grant closeout process due to differences in criteria and methodologies used by DPS and the evaluation team to determine program participation and completion.

completed the curriculum, while **212** did not, resulting in a **40.7%** completion rate. This distinction between completers and non-completers forms the basis for the subsequent analysis of program outcomes.

The CBI4NE1 outcome evaluation revealed differences in key measures between participants who successfully completed the program and those who did not. Among successful completers, **8.2%** were arrested and booked on a new charge, **4.8%** were convicted of a new charge, **24.0%** experienced a revocation of their supervised release, and **25.3%** were reincarcerated. As expected due to one of these outcomes being grounds for program termination, unsuccessful completers had higher rates across all measures, with **17.0%** arrested and booked on a new charge, **9.0%** convicted of a new charge, **53.8%** experiencing revocations, and **52.8%** reincarcerated. Revocations are higher than reincarcerations due to returns being determined by NDCS admissions data and revocations being determined by NBOB data. Further analysis indicated that some individuals were sent back to another jurisdiction following revocation, rather than being reincarcerated in NDCS. Table 1 summarizes these findings.

Table 1. CBI4NE1 Recidivism				
Measure	Arrested and Booked on a New Charge	Conviction for a New Charge	Revocation of the Terms of Supervised Release	Reincarceration
Participants still in the program	n/a	n/a	n/a	n/a
Participants who successfully completed the program	12/146 **8.2%**	7/146 **4.8%**	35/146 **24.0%**	37/146 **25.3%**
Participants who unsuccessfully completed the program	36/212 **17.0%**	19/212 **9.0%**	114/212 **53.8%**	112/212 **52.8%**

While these findings suggest that program completion is associated with lower rates of adverse outcomes, underscoring the potential benefits of successful engagement with CBI4NE1, evaluating the success of a program based solely on outcomes for participants who successfully or unsuccessfully completed is a flawed approach that fails to account for selection bias and does not provide a fair measure of program effectiveness. This method disproportionately attributes positive outcomes to successful completers and ignores the fact that these individuals may have been predisposed to better outcomes regardless of program participation (i.e., risk). To determine true effectiveness, a comparison should be made between those who participated in the program and a comparable group of individuals who did not.

Comparative Analysis Method

An Adjusted Intent-to-Treat (AITT) design was used to account for the complexities of real-world program participation, where termination is often tied to the very behaviors the program aims to transform (Rubin, 1974). The AITT approach ensures that outcomes for individuals who started but did not complete the curriculum are included in the analysis. This method incorporates weighting or other techniques to align treatment and comparison groups, addressing baseline differences and providing a more accurate evaluation of the program's impact on outcomes such as recidivism. By avoiding selective comparisons that exclude non-completers, this approach yields a fairer assessment of program effectiveness. To support this design, data were requested from NDCS to include all individuals released on parole during the study period (January 1, 2020, to November 1, 2024).

A quasi-experimental methodology was employed to reduce differences between treatment and comparison groups, recognizing that ethical constraints in applied research often preclude random assignment. In this case, treatment assignment was determined by parole officers based on risk and needs assessments, which likely resulted in participants having higher average risk levels than non-participants. To control for these differences, we applied a propensity score model—a widely used method to balance treatment and comparison groups in observational studies. Propensity score modeling estimates the likelihood of receiving treatment based on observed characteristics, enabling the creation of a balanced comparison group. Using these scores, we calculated inverse probability weights (IPW) to mimic a randomized experimental design. These weights ensured that covariate distributions were similar across treatment and comparison groups, reducing bias and providing an unbiased estimate of treatment effects. IPW scores were computed using the following formulas:

- *Treatment group (Tx): 1/P*
- *Comparison group (Comp): 1/(1−P)*

This weighting approach controls for observed confounding variables, enhancing the validity of treatment effect estimates in observational studies. The propensity score model included variables that are both theoretically and empirically related to treatment assignment and outcomes. These included recoded race (white or not), gender (male or not), pre-treatment ORAS overall risk score, and age at eligibility. Race and gender were incorporated to account for systemic and structural factors potential for influencing treatment eligibility and outcomes. The ORAS risk score provided an evidence-based measure of criminogenic risks and needs, consistent with the RNR framework. Age at eligibility accounted for developmental and life-course factors affecting criminal behavior and treatment engagement.

Eligibility was defined by the referral date for the treatment group and, for the comparison group, by the parole date plus the average time between parole and referral in the treatment group. Race, age, sex, and the closest available ORAS overall risk score prior to eligibility were included in the model to ensure consistency in defining eligibility across groups. This approach facilitated a fair comparison between groups, aligning the evaluation with the program's focus on high-risk individuals.

By incorporating these factors, the model allowed for a robust analysis of program outcomes while addressing key differences between treatment and comparison groups. This design ensures a nuanced understanding of program impact, accounting for observed variables and aligning the evaluation with real-world complexities of implementation.

Results

The treatment and comparison groups were compared on key outcomes using mean difference tests. The primary measures included new charges/arrests, new convictions, revocations, and returns to prison during the study period.

- The **revocation rate** was significantly lower in the treatment group (23.8%; SD = 0.43, SE = 0.007) compared to the comparison group (27.3%; SD = 0.45, SE = 0.007) ($p < .001$).

- For **new charges/arrests**, the treatment group had a lower rate (9.0%; SD = 0.28, SE = 0.005) than the comparison group (10.0%; SD = 0.30, SE = 0.005), which was statistically significant ($p<.05$).

- The **return to prison rate** was 25.8% (SD = 0.44, SE = 0.007) for the treatment group and 26.9% (SD = 0.44, SE = 0.007) for the comparison group, but this difference was not statistically significant.

- Similarly, the **conviction rate** was 5.4% (SD = 0.23, SE = 0.004) for the treatment group compared to 6.1% (SD = 0.24, SE = 0.004) for the comparison group, which was also not statistically significant.

The findings indicate modest improvements in revocation and charge/arrest rates for the treatment group, while differences in returns to prison and convictions were not statistically significant. This suggests the program may have influenced some behavioral outcomes, but its impact on overall return to prison and conviction rates warrants further investigation.

Outcome Evaluation Discussion

The findings from the treatment versus comparison group analysis and the completers versus non-completers analysis demonstrate differences in outcomes that reflect the varying levels of engagement and system responses to participants' behaviors.

For new charges/arrests, the treatment group had a slightly lower rate of 9.0% compared to the comparison group's 10.0%. Among CBI4NE1 participants, completers had the lowest rate at 8.2%, while non-completers showed a higher rate of 17.0%. This discrepancy highlights the challenges faced by non-completers in meeting program expectations, which may have contributed to their elevated rates.

In terms of new convictions, the treatment group had a rate of 5.4%, compared to 6.1% for the comparison group. CBI4NE1 completers had the lowest conviction rate at 4.8%, while non-completers exhibited a higher rate of 9.0%. These differences may reflect the difficulty non-completers experienced in sustaining progress within the program structure, possibly influenced by systemic responses to their engagement struggles.

For revocations, the treatment group demonstrated a lower rate (23.8%) compared to the comparison group (27.3%). Among CBI4NE1 participants, completers experienced a comparable revocation rate of 24.0%, while non-completers had a significantly higher rate of 53.8%. This large disparity suggests that non-completers faced more frequent supervisory interventions, often in response to behaviors the program sought to address.

Finally, for returns to prison, the treatment group showed a rate of 25.8%, slightly lower than the comparison group's 26.9%. CBI4NE1 completers had a similar rate of 25.3%, while non-completers experienced a much higher rate of 52.8%. These findings highlight a significant difference in outcomes between completers and non-completers, underscoring the challenges faced by those who struggled to fully engage with the program.

Implications for Identity Change and Desistance

The findings highlight a critical tension between the rehabilitative goals of programs like CBI4NE1 and the punitive responses often employed to manage participant behavior. Non-completers were frequently sanctioned for behaviors and attitudes the intervention was designed to transform. While accountability is an essential component of the desistance process, the current approach risks reinforcing stigmatizing labels and limiting participants' opportunities to internalize a prosocial self-concept, which is critical for identity transformation and long-term behavioral change. Instead of fostering growth, punitive measures for engagement challenges may emphasize failure, undermining the program's rehabilitative intent.

The notably lower rates of new charges and convictions compared to returns to prison and revocations suggest that many of these outcomes are driven by technical violations rather than criminal offenses prosecuted through traditional legal channels. Holding individuals accountable for their actions is important; however, the focus should be on reframing these infractions as learning opportunities rather than solely punitive measures. This reframing would better support the process of identity change by allowing participants to reflect on and correct their behaviors in a constructive manner. Revocations and returns to prison, in contrast, disrupt participants' progress and can erode their confidence in their capacity to change, further entrenching cycles of failure and disengagement.

Reframing Responses to Non-Compliance

The findings underscore the need to reconsider how non-compliance is addressed within rehabilitative programs. Accountability for infractions is necessary, but the emphasis should be on using these moments as opportunities for learning and growth rather than solely as grounds for punitive action. This approach aligns with the goals of identity change and desistance by fostering an environment where participants are supported in overcoming setbacks and reinforcing positive behaviors. Rehabilitative programs should aim to empower participants to better navigate challenges, rather than penalizing them in ways that may reinforce negative self-perceptions.

The disproportionate rates of revocations and returns to prison compared to new charges and convictions indicate that many technical violations, while technically unlawful, are not prosecuted as criminal acts but instead treated as parole infractions. This creates a system of backdoor sentencing that undermines the broader goals of rehabilitation. Addressing these

behaviors as opportunities for learning, rather than as automatic grounds for revocation, could significantly improve program alignment with desistance principles. However, this issue extends beyond programmatic practices. A legislative fix in the criminal code is needed to redefine how technical violations are handled. Without such structural reform, the system will continue to perpetuate high recidivism rates (measured as returns to prison), prison overcrowding, and fiscal inefficiencies. While accountability must remain a priority, punitive approaches that disproportionately penalize technical violations impede participants' ability to rebuild their lives, fostering cycles of incarceration rather than promoting reintegration. By embracing a more constructive framework, programs can help individuals develop the skills and confidence necessary to make lasting changes.

Sustainability and Future Directions

Sustainability is a key consideration for the long-term success of these programs, particularly in light of the outcome results, which highlight areas where current practices may undermine the rehabilitative intent. Efforts are underway to expand the pool of trained facilitators, including parole officers, and to integrate programming into the broader supervision framework. However, the evaluation suggests that any expansion must prioritize aligning facilitator practices with desistance-focused principles to avoid punitive responses that counteract identity transformation. Hybrid delivery models and learning management systems remain promising solutions for addressing accessibility in rural areas, where in-person programming may be limited.

The evaluation has identified several critical areas for improvement, including the need for updated assessments that reflect participants' progress beyond compliance metrics, enhanced data integration to better monitor outcomes, and expanded access to technology to facilitate program delivery and evaluation. These findings emphasize the importance of addressing technical violations as learning opportunities rather than automatic grounds for revocation. Addressing these challenges will require continued collaboration among stakeholders, a commitment to evidence-based practices, and potentially legislative reform to ensure programmatic and systemic alignment with sustainable and effective rehabilitative goals.

Limitations

This evaluation faced several limitations, though steps were taken to mitigate their impact and ensure robust findings. First, as a quasi-experimental design, the study was unable to randomly assign participants to treatment or comparison groups, limiting causal inferences. To address this, we applied propensity score modeling and inverse probability weighting (IPW) to balance observed characteristics between groups, mimicking the conditions of a randomized experiment.

Second, limitations in data availability, particularly the lack of detailed information on participant readiness or unobserved confounders such as motivation, may have influenced outcomes. By incorporating validated risk assessment tools like the ORAS and systematically including pre-treatment risk scores, we attempted to control for baseline differences in risk and need levels.

Third, program data was limited by the incomplete implementation of CBI4NE1 during the grant period, including missing outcome data for some participants. To minimize bias, we excluded individuals without a program end date, ensuring the analysis reflected only those with definitive

outcomes. This approach provided a clearer picture of the program's impact while acknowledging the constraints in available data.

Finally, the evaluation relied on administrative data provided after the DPS-NDCS merger, which presented challenges related to data quality and consistency. With DPS previously responsible for tracking and managing program-related data, the transition of data control to NDCS required adjustments in oversight and integration. Due to the absence of personnel familiar with the program's operational details and per the direction of the NBOP, NDCS was unable to verify program completion status across multiple datasets. This lack of cross-referencing raised concerns about the accuracy of program participation records and limited the ability to precisely align program engagement with recidivism outcomes. While extensive efforts were made to verify and align the data with evaluation needs, limitations in data consistency should be taken into account when interpreting findings.

Evaluation Conclusion

This evaluation highlights the complexities and challenges inherent in implementing and assessing rehabilitative programs like VRP-CAP and CBI4NE1. Despite facing substantial barriers, the findings underscore the potential benefits of cognitive-behavioral interventions for high-risk parolees when delivered with fidelity and aligned with evidence-based principles. The outcome evaluation revealed modest improvements in revocation and charge/arrest rates among treatment participants, suggesting the program's potential to influence certain behavioral outcomes. However, the lack of statistically significant differences in returns to prison and conviction rates points to the need for further refinement in program design, delivery, and evaluation.

Key insights from this evaluation emphasize the importance of addressing systemic and operational barriers to ensure program sustainability and effectiveness. Challenges such as punitive framing, inconsistent program adherence, and inadequate engagement strategies must be addressed to align practices with the principles of desistance and identity transformation. Legislative reforms to redefine the handling of technical violations, coupled with reframing infractions as learning opportunities, could help mitigate high recidivism rates and overcrowding while fostering participant growth. By integrating evidence-based practices, robust data systems, and collaborative stakeholder efforts, future rehabilitative initiatives can better achieve their goals of reducing recidivism, promoting desistance, and supporting individuals in building prosocial identities.

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