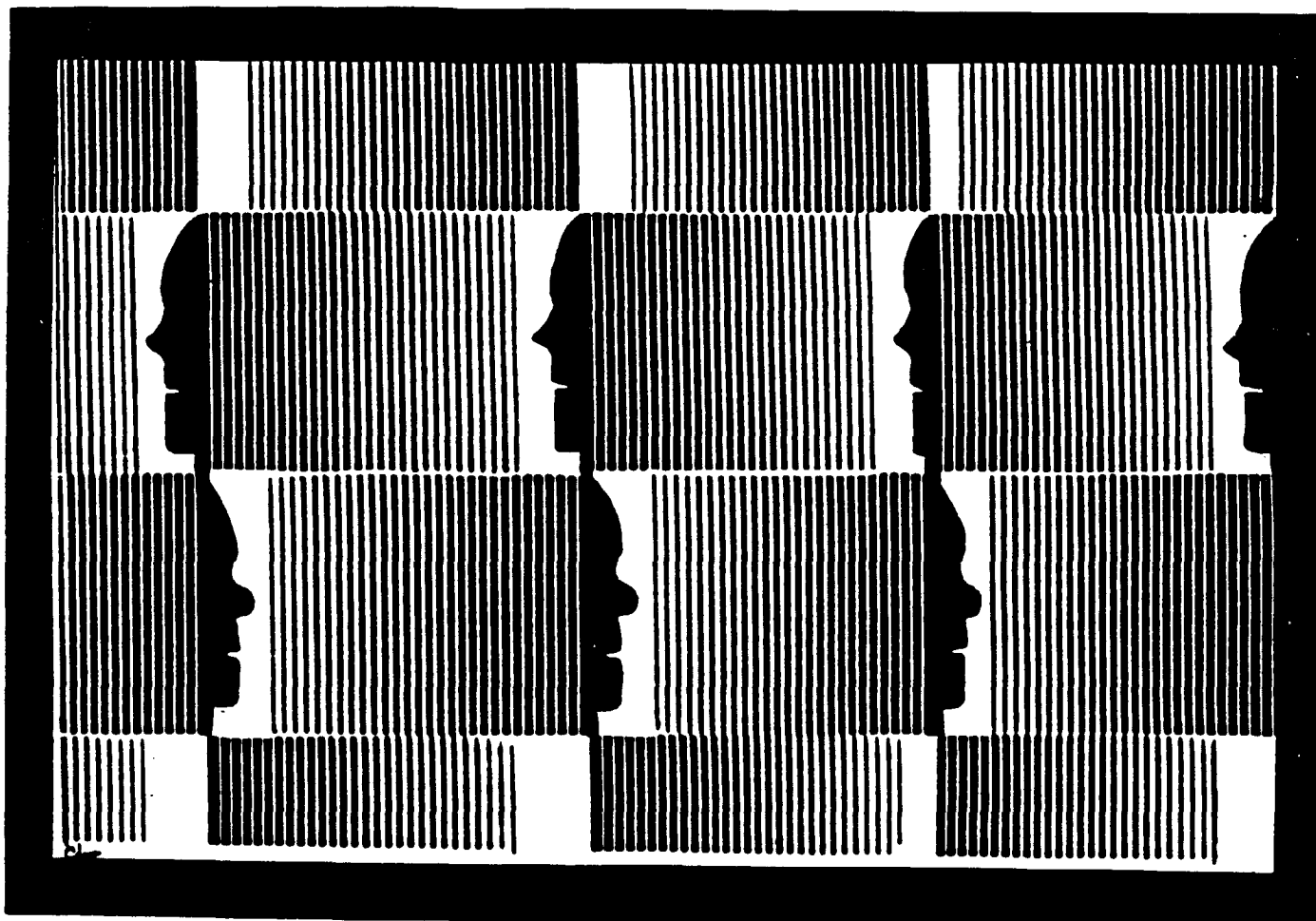




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# PROFILES of Correctional Substance Abuse Treatment Programs

## Women and Youthful Violent Offenders



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January, 1994

Dear Practitioner:

We hope that this document, Profiles of Correctional Substance Abuse Treatment Programs--Women and Youthful Violent Offenders, is helpful for you in designing and administering substance abuse treatment programs for women and youthful violent offenders. It was designed to accompany the videoconference, "Treating the Drug Dependent Offender A Comprehensive Approach," jointly offered by the National Institute of Corrections and the Federal Bureau of Prisons on February 24, 1994.

The purpose of this document is to provide brief overviews of substance abuse programs currently serving women and youthful offenders. While many programs exist for the general offender population, there are relatively few focused on the unique treatment needs of these two populations. Although several programs were identified for women offenders, only two were found specifically focusing upon youthful violent offenders. It is our hope that more future programs will be designed to address the needs of these growing special offender populations.

We thank Paula Wenger of the NIC Information Center for her work with the Academy staff, especially Dr. Mary Flannigan, in conducting the survey and compiling the results for this document. If you need additional information related to correctional treatment programs, please contact the NIC Information Center.

Sincerely,

A handwritten signature in cursive script, reading "Dianne Carter", is positioned above the typed name.

Dianne Carter, Ed.D.  
President, NIC Academy



**PROFILES OF CORRECTIONAL  
SUBSTANCE ABUSE TREATMENT PROGRAMS  
Women and Violent Youthful Offenders**

**Prepared for the National Institute of Corrections Academy by  
US, Inc.,  
Longmont, Colorado**

**January 1994**

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The Information Center maintains a computerized bibliographic database of its library, which specializes in unpublished materials developed by state and local agencies. The Information Center also works closely with other organizations, clearinghouse services, and operating agencies to find the most accurate, current, and useful information.

The information service is free to practitioners. When writing or calling the Information Center, requestors should indicate:

- The materials or information they are seeking;
- Why the information is needed (if it would help the Information Center staff gain perspective on a broad topic area);
- How soon the information is needed;
- In the case of requests for specific publications, the author, date, title, and publisher, if known.

# Contents

<b>Introduction</b> .....	1
<b>Program Index</b> .....	5
 <b>Part I. Substance Abuse Treatment Programs for Women</b>	
O P T I O N S	
Philadelphia Prison System .....	8
W I N G S	
Tutwiler Women's Facility Alabama Department of Corrections .....	14
Forever Free California Institution for Women California Department of Corrections .....	21
Marilyn Baker House Niantic Correctional Institution Connecticut Department of Corrections .....	27
Turning Point, Cornerstone, Pregnant/Post-Partum, and Group treatment for inmates Oregon Department of Corrections .....	35
Booneville Treatment Center for Women Missouri Department of Corrections .....	42
Women's Recovery Program King County Corrections Seattle, Washington.. ..	47

Women's Addiction Services Minnesota Correctional Facility, Shakopee Minnesota Department of Corrections . . . . .	64
Dos Pasos Program Pima County Sheriff's Department Tucson, Arizona . . . . .	61
Stepping Out and Pregnant inmate Program Las Colinas Detention Facility San Diego Sheriff's Department . . . . .	69
New Image Milan Women's Center Georgia Department of Corrections . . . . .	76

**Part II. Substance Abuse Treatment Programs for Violent Youthful Offenders**

Cook County Day Reporting Center Cook County Department of Corrections Chicago, Illinois . . . . .	84
Substance abuse treatment for violent youthful offenders Lee Arrendale Correctional Institution Georgia Department of Corrections . . . . .	91



## Introduction

The profiles contained in this document grew out of the planning phase for a live satellite videoconference designed under the joint direction of the National Institute of Corrections Academy and the Federal Bureau of Prisons, Instructional Systems Design Unit. The videoconference, *Treating the Drug-Dependent Offender: A Comprehensive Approach*, was developed by expert practitioners in the field of substance abuse to present the critical elements that should be included in all substance abuse treatment programs. The critical elements—systems management, identification and assessment, treatment strategies, and case management—were demonstrated to viewers through scenes taped at corrections sites where substance abuse treatment includes specific attention to special needs offenders.

To widen the resources available through the videoconference, the NIC Academy drew upon the survey capabilities of the NIC Information Center to identify and describe a number of substance abuse treatment programs addressing the needs of special offender populations. Rather than seeking “model” programs, the Academy focus was to explore the variety of programs currently at work

To find working programs, the Information Center first conducted a brief screening survey from an Academy mailing list of 140 agencies: sixty departments of corrections, sixty-eight large jails, and twelve probation agencies in major U.S. cities. Of the special needs populations identifiable through the survey, women offenders and youthful violent offenders were selected to complement the videoconference through the examination of contrasting populations. From the screening results, agencies were contacted by telephone to identify those programs that not only treated women or youthful violent offenders, **but** had also specifically designed programs or elements of programs to meet the special needs of either population. Of the agencies contacted, ten had programs specifically designed for women, one had a program specifically designed for youthful violent offenders, and one had programs designed for both populations.

The agencies profiled here participated voluntarily in extensive telephone interviews lasting an average of one hour. As preparation for the interview, each contact person for the substance abuse treatment program organized responses to a twenty-three question survey designed to generate a comprehensive description of the program. For all thirteen program profiles contained here, interview information is organized under the following sequence of headings:

## **Program Summary**

### **Program Highlights**

- Primary reasons the program was established
- Client referral
- Client assessment
- Aspects of the assessment process that are unique for the special population
- Treatment/intervention modalities
- Aspects of the treatment strategy that are unique for the special population
- Sharing of offender information
- Continuity of care
- special support for program

### **Personnel**

- Certification of treatment staff
- Inservice training of treatment staff
- Cross-training of non-substance abuse treatment staff
- Staffing
- use of volunteers
- Use of ex-offenders

### **Program Effectiveness**

- Program evaluation
- Variables contributing to program effectiveness
- Variables causing difficulties

**Additional Notes** (observations on programs and substance abuse by program contacts)

Program contacts also reviewed the Information Center program writeups for accuracy and completeness, making changes or adding information as necessary.

## **Program Trends**

Based on the reported experience of those involved in the programs profiled here, a few observations can be made about trends in correctional substance abuse treatment. Most programs are centered on some form of therapeutic community, combined with twelve-step groups, education, and aftercare. Programs tend to be based on treating the whole person to address the cognitive, lifestyle, and environmental factors that perpetuate the cycle of drugs and crime. The common approach is to find an effective mix of group responsibility and individual programming, with an early emphasis on planning a bridge back into the community, which is considered critical to the long-term impact of treatment

Most programs are conducted in cooperation with contractors, often under complex structures that draw on the specialty areas of several service providers. Program administrators are also actively pursuing structures that bring offenders into contact with the same treatment personnel who will carry out the post-release program. The variety of program signs indicates inventiveness in using--or developing ways to obtain-space, staffing, funding, and administrative or legislative support.

Staffing emerges as the most critical variable. Although staff numbers and training are considered important, the most vital variables are commitment to individual offender progress as well as to program goals. Insight into human behavior and belief that behavior can change tend to outweigh training as variables in effective staffing.

The importance of the human factor is also implied in the emphasis on cooperation among agencies, contractors, and program participants. Information sharing, for instance, involves not only a variety of agreements and practices among agencies and contractors, but also cooperation from participants in self-reporting, contributing to their own program development, and signing confidentiality waivers that can provide the continuity of information necessary for effective aftercare. Although many programs profiled here are gaining in both financial and administrative support, obstacles persist, and are often mitigated by individual commitment and cooperation.

Although evaluation is signed into all programs profiled here, there is less commonality in approaches to evaluation than in approaches to treatment. The feedback that program contacts consider most indicative ranges from voluntary contact by past participants to a computerized tracking system. If the program contacts were gathered together, the selected indicators would be a matter for debate. For the most part, evaluation systems for the programs profiled are new (offering limited data for drawing conclusions) or in development.

There is general frustration over finding effective ways to address the problem of drug dealers who sabotage the programs.

### **Women's programs**

The common impetus for designing substance abuse treatment programs for women was the rising rate of incarcerated women, particularly those convicted of drug-related crimes. Creating parity with men's programs was also a common catalyst. In response to the trends, women's substance abuse treatment programs have evolved recently under increased recognition from agency administrators and funding sources.

Although a number of the women's programs profiled here were originally modeled on men's programs, the quality of women's special needs has in many instances transformed the approach to therapeutic communities as well as individual and group work. Women's programs tend to part first from the confrontational elements of men's programs, recognizing that a central issue for substance-abusing women is abusive backgrounds, continued in unhealthy relationships with men. Because most women offenders are mothers whose incarceration, significantly more so than men's, is marked by trauma over dependent children, parenting issues are an integral part of treatment. Related issues

addressed in programs are pregnancy, women's self-image, and gender differences in communication styles.

### **Programs for youthful, violent offenders**

Results of the survey conducted as the basis for the program profiles indicate that separate and special attention to the substance abuse treatment needs of youthful, violent offenders is just emerging. In the early stages of Surveying to identify programs, many agencies who serve youthful offenders indicated that given limited program space, violent offenders are screened out in favor of offenders more likely to show long-term benefits of treatment.

The two programs profiled here were established by institutions housing a high number of youthful, male offenders convicted of violent, often drug-related crimes. Overcrowding, coupled with public concern over the increase in violent crime by young men, prompted measures to identify offenders who could benefit from early and intensive interventions. The link between offense patterns and drug abuse, and between gang involvement and abusive backgrounds, prompted treatment that emphasizes anger management and violence intervention. To accomplish this, both programs focus on self-awareness, constructive forms of dignity and accomplishment, and taking responsibility.

### **Acknowledgements**

The profiles represent considerable time, effort, and skill on the part of participating agencies, who unanimously and enthusiastically recognized the value of sharing their experience with their colleagues in the field. The Federal Bureau of Prisons Instructional Systems Design Unit, the National Institute of Corrections Academy, and the National Institute of Corrections Information Center would like to thank the program contacts for their willingness to contribute so extensively and congenially to creating this resource, and for volunteering to make themselves available to other practitioners.

# Program Index

## Part I. Women Offenders

<b>Program and Agency</b>	<b>Assessment Process Includes Aspects Unique for Women</b>	<b>Treatment Strategy Includes Aspects Unique for Women</b>	<b>Agency Contact</b>
<b>OPTIONS</b> Philadelphia Prison System	No	Yes (p. 10)	Deborah Raddock OPTIONS Director (215) 335-7127
<b>WINGS</b> Tutwiler Women's Facility Alabama Department of Corrections	No	Yes (p. 16)	Dr. Merie Friesen Director, Alabama Department of Corrections (205) 242-9177
<b>Forever Free</b> California Institution for Women California Department of Corrections	No	Yes (p. 23)	Jim L'Etoile Assistant Director, California Department of Corrections (916) 327-4474
<b>Marilyn Baker House</b> Niantic Correctional Institution Connecticut Department of Corrections	Yes (p. 28)	Yes (p. 29)	Frank Hall Alcohol/Drug Treatment Manager, (203) 566-5855; Kathy Mayer Substance Abuse Program Director, (203) 566-7170
Treatment programs for women Oregon Department of Corrections	Yes (p. 36)	Yes (p. 37)	Gary Field, Ph.D. Alcohol and Drug Services Manager (503) 378-5718
<b>Booneville Treatment Center for Women</b> Missouri Department of Corrections	Yes (p. 43)	Yes (p. 44)	Scott Johnston Chief of Substance Abuse Services (314) 751-2389
<b>Women's Recovery Program</b> King County Corrections Seattle, Washington	Yes (p. 49)	Yes (p. 50)	Amanda Stone Program Analyst (206) 296-7670
<b>Women's Addiction Services</b> Minnesota Correctional Facility, Shakopee	Yes (p. 55)	Yes (p. 57)	Barbara Landoe Program Coordinator (612) 496-4484
<b>Dos Pasos Program</b> Pima County Sheriff's Department Tucson, Arizona	Yes (p. 62)	Yes (p. 63)	Elaine Gray Director of Criminal Justice Services COPE Behavioral Services (602) 884-0707
<b>Stepping Out and Pregnant Inmate Program</b> Las Colinas Detention Facility San Diego Sheriff's Department	Yes (p. 71)	Yes (p. 72)	Benny McLaughlin Facility Commander (619) 258-3184
<b>New Image</b> Milan Women's Center Georgia Department of Corrections	No	Yes (p. 78)	Billie Erwin Coordinator of Research and Development (404) 656-6448

## Part II. Violent Youthful Offenders

<b>Program and Agency</b>	<b>Assessment Process Includes Aspects Unique for Youthful, Violent Offenders</b>	<b>Treatment Strategy Includes Aspects Unique for Youthful, Violent Offenders</b>	<b>Agency Contact</b>
Cook County Day Reporting Center Cook County Department of Corrections, Chicago, Illinois	Yes (p. 86)	Yes (p. 87)	Marty Boldin Clinical Director, TASC (312) 890-7943
Substance abuse treatment for violent youthful offenders Georgia Department of Corrections	Yes (p. 92)	Yes (p. 93)	Billie Erwin Coordinator of Research and Development (404) 656-6448

Further information on the programs profiled in this document may also be obtained by contacting the NIC Information Center.

## Part 1. Substance Abuse Treatment Programs for Women Offenders

# OPTIONS (Opportunities for Prevention and Treatment Interventions for Offenders Needing Support) Philadelphia Prison System

Contact: Deborah Raddock, OPTIONS Director  
8301 State Road  
Philadelphia, Pennsylvania 19136  
(215) 335-7127

## **Program Summary'**

The Philadelphia Prison System (PPS) currently operates a seventy-bed, inpatient program of substance abuse treatment for women offenders using a modified therapeutic community that offers a corrective living environment. The program gives particular emphasis to self-image, overcoming abusive backgrounds, and parenting. A fifty-bed outpatient program has recently been implemented

## **Program Highlights**

### **Primary reasons the program was established**

- Increasing numbers of women offenders entering the system.
- The observation that a higher percentage of women offenders than men offenders have substance abuse treatment needs.
- A desire on the part of agency staff to make women's substance abuse programming equal to that of men. (The women's treatment program was less sophisticated and was staffed by only one part-time person.)
- The need to comply with a court order mandating that drug and alcohol treatment services be provided to any sentenced inmate who seeks treatment, and that programming be equitable for women and men.



## **client referral**

Clients are referred to the program by stipulations from the court, self-referrals (based on staff descriptions of the program during new inmate orientation and/or advertising about program within the institution), or referrals by staff or social workers.

## **Client assessment**

The assessment process determines whether the offender has a drug or alcohol problem and if she is interested in treatment. Assessment is done primarily through interviews by program staff, using a modified (unstandardized) version of the Addiction Severity Index, which distinguishes between drug and alcohol issues. The interview also seeks to determine the severity of any psychiatric problems and the woman's ability to handle the contact-intensive nature of the therapeutic community. The psychiatric unit provides consultations when needed. Self-evaluation of treatment needs also contributes to the assessment process.

Clients who are released from jail and re-incarcerated may request readmission to the program. A re-entry committee composed of program members and staff conducts a special, more intensive admission interview to assess the appropriateness of readmission. Client input is honored in the process, but the outcome is always determined by staff.

Assessments, forms, and staffing are undergoing revision as the agency seeks ways of best matching inmates' clinical needs with available programming.

## **Aspects of the assessment process that are unique for women**

On occasion, the director of the program and a program veteran are present at the initial interview. This provides the potential participant a client's-eye view of the program, including advantages and disadvantages of treatment, as well as affording the veteran client an opportunity to reinforce her feeling of accomplishment in treatment and sobriety.

## **Treatment/Intervention modalities**

The therapeutic community is the primary treatment format. Group therapy within the TC is the primary mode of treatment and is used in regular therapy groups, special groups, and sanction groups. Treatment also includes individual counseling—each participant has the opportunity to see a social **worker** and/or psychologist, but not necessarily every week. Women can also be referred for psychiatric treatment when they request it or staff assess the need.

The overall treatment approach is based on four cycles, each with its own curriculum. Originally designed to last ninety days in duration, the cycles were redesigned in eight-week phases to speed reinforcement of participants' achievement and to fit better within offenders' often brief length of stay in treatment. Program participants can stay for as many eight-week cycles as they think they need. Though the cycles are progressive, new program participants begin working in whatever cycle the remainder of the community is engaged in. A newcomer's group is offered during each cycle to provide orientation to the Program.

- The first cycle is designed to develop trust among members, facilitate the adjustment to community living, and provide an opportunity to learn and practice new communication skills. Group therapy exercises trace women's "lifelines," with special attention, to the first use of alcohol and/or drugs and first criminal activity, patterns in usage and relapse, and the universality of difficulties often experienced in isolation, such as abuse, domestic violence, and problems with parenting.
- Group therapy continues in the second cycle, supplemented by voluntary adjunct groups in areas related to recovery-anger management, spirituality, mother/daughter issues, vocational training, art therapy, relaxation, discharge planning, and a sexual abuse survivor's support group.
- During the third cycle; only selected women participate in ongoing group therapy while most participate in additional adjunct groups. Added groups address food issues, self-image, and concerns of women over the age of thirty-five.
- The fourth cycle focuses on the nature and progression of addiction and relapse. Autobiographical work, exercises, and readings are assigned.

Participants spend four to five hours per day in treatment, not including time in twelve-step programs. The day's events include committee and family meetings, education, therapy, and twelve-step groups. Committees provide participants opportunities for leadership, cooperation, and realization of their creative potential within a specific program area. Program committees include parenting enrichment, the recovery journey, the whole woman, the twelve-step fellowship, and a special project committee that involves all the women in, for example, a play, a booklet, or an organized "family day" event.

A twelve-week educational curriculum is being developed, and a computer program on drugs, alcohol, and parenting is being offered by another prison department. It will probably be required for those entering the therapeutic community. An extensive recovery library is provided.

### **Aspects of the treatment strategy that are unique for women**

- The overall program focuses on issues unique to women, such as food issues/eating disorders, body image, empowerment, sexual abuse, and parenting. For example, many of the women in the program used drugs to reduce their weight. Because of their abusive backgrounds, most need help in feeling comfortable as a parent. Those who became pregnant through prostitution, rape, or while they were high have complex emotional responses to parenting. Participation in the parenting group, which runs in twelve-week cycles, is mandatory for all women.
- Most of the women in the program have very poor self-image. Most have been abused; 99 percent of the women have said they believe women like to be abused. Self-esteem problems are compounded by the prison experience and the stigma of incarceration. All of these factors increase the possibility of relapse.

- The therapeutic community approach has been modified by removing its usual system of individual progress through several levels. Women are more comfortable with a communal, non-competitive approach rather than the framework of levels.
- Sanctions and rewards are unique. Whereas traditional sanctions for men are work details, effective sanctions for women have included 1) having the women write essays about pertinent emotional/thinking issues, such as their problems with anger, 2) using “get-around sheets,” the buddy system, and group feedback to get the women to open up to one another, and 3) imposing extra groups, which the women like because they get benefits from participating. Rewards include recognition and, occasionally, assistance in getting a job in the institution. Allowing women to wear more personal things as a reward has not been approved.
- The program currently uses an all-female staff to supplement the empowerment focus by acting as role models. Though there were early accusations of discrimination, the value of female role models was considered important.

### **Sharing of offender Information**

PPS can obtain the women’s pre-sentence reports but usually has better information by the time the reports arrive. The agency does not gather information on offenders from their previous placements. On request and with client consent, PPS provides other agencies information concerning offenders’ treatment on release.

### **Continuity of care**

PPS is working on developing treatment linkages with other agencies, particularly probation/parole. A full-time staff person works on community resource development Program staff would like to start a hotline for women to call in to the program after they leave, if related security concerns can be addressed

### **Special support for program**

PPS has received one grant from the state government and provides special training and development opportunities for staff. Some staff have attended national conferences on women offenders’ issues. Trainers from other agencies provide some cross-training.

## **Personnel**

### **Certification of treatment staff**

- CAC certification is not required of treatment staff; social workers must meet civil service requirements.
- Treatment staff are required to have at least a bachelor’s degree; some are working toward their master’s.

### **Inservice training of treatment staff**

No inservice substance abuse training is required, but inservice training is offered at least monthly.

### **Cross-training of non-substance abuse treatment staff**

No systematic cross-training is provided. The Department of Human Services provides some training to both custody and therapeutic staff. Custody staff receive less than ideal training because the program doesn't have much control in either selection or training.

### **Staffing**

For the program's seventy inpatient clients, there are three full-time social workers, a masters-level psychologist, a director of counseling and group therapy, an administrative technician, and two full-time prison social **workers who** are working toward master's degrees. A social worker will administer the outpatient program with fifty clients.

### **Use of volunteers**

Volunteers provide services such as a psychodrama program, religious programming, and the parenting program.

### **Use of exoffenders**

A recovering ex-offender provides parenting classes on a volunteer basis.

## **Program Effectiveness**

### **Program evaluation**

A process evaluation provides verification for funding authorities that the program is performing as specified in the grant proposal. An evaluation plan was developed during the grant proposal process but has not been implemented

### **Variables contributing to program effectiveness**

- Staff attitudes are at least as important as education and skill level. The staff must be willing to work hard and must care.
- Program rules should be clearly defined and sanctions executed, as appropriate, in a timely manner.
- Staff need to be aware that treatment, especially in a therapeutic community, is a process. Staff should not become panicked or discouraged by particular events, such as a fight or a series of rule i&actions.
- Because women coming to the program need to work through a lot of hostility, much of which is vented on the staff, staff need to be able to accept it without personalizing it.

- Staff need to be good at keeping boundaries.

### **Variables causing difficulties**

- Some problems have developed with correctional staff undermining the process of reinforcing offenders' responsibility for their own behavior. Program staff have little control over selection or training of non-treatment staff assigned to the unit
- Drug dealers in the program are a big problem-they sabotage the program and constantly scheme to sell more drugs to the clients. They enter the program inappropriately by pleading to lesser counts and agreeing to get treatment as part of their plea bargains.
- Continuity of care is hampered by **uncertainty** about when the women will be leaving the program, and by the paucity of community placements, particularly for women who have custody of their children.

### **Additional Notes**

All pregnant women in the facility live in the unit-all have substance abuse issues-and are encouraged but not required to participate in the substance abuse program.

OPTIONS is working so well, staff who work with men want to emulate it.

In October 1993, the program celebrated its one-year anniversary. Family members were permitted to enter the jail for the graduation, a privilege not granted to inmates in the general population. Six program graduates returned for the ceremonies as honored guests.

One women who spent considerable time in the program overdosed within days of her release. Staff facilitated a community meeting about this emotionally charged issue, and the women held a memorial service for her on the unit.

# WINGS (Women Incarcerated Getting Straight) Tutwiler Women's Facility Alabama Department of Corrections.

Contact: Dr. Merle Friesen, Director  
Alabama Department of Corrections  
50 Ripley Street  
Montgomery, Alabama 36130  
(205) 242-9177

## **Program Summary**

The Alabama Department of Corrections (DOC) drug abuse treatment program for women is based on an eight-week, twelve-step-based inpatient treatment phase followed by aftercare. Developed simultaneously with a program for men, the women's program uses the same format and strategies, slanted to address environmental factors more frequently found among women offenders.

## **Program Highlights**

### **Primary reasons the program was established**

- To improve women offenders' outcomes.
- To reduce drug use and its consequences among addicted women offenders.
- To reduce prison overcrowding.

### **Client referral**

Every woman entering Tutwiler has a complete psychological workup, is seen by a psychologist, and has a battery of tests. To facilitate the continuum of care, screening identifies vocational deficits, educational deficits, human relation deficits, mental illness, and sexual maladjustment as well as addictions. A standard set of information is collected on drug history.

## **Client assessment**

The psychological workup includes a drug abuse history using an abbreviated form of the Addiction Severity Index developed by the agency. The workup also provides an assessment of treatment needs, including self-report of prior substance abuse treatment.

## **Aspects of the assessment process that are unique for women**

None; assessment is the same for men and women.

## **Treatment/Intervention modalities**

Drug abuse treatment is provided in an eight week program in a separate unit. Programming includes twelve-step models, concepts from the therapeutic community, and rational behavioral techniques. There is a strong block on relapse prevention and an emphasis on a lifelong daily recovery plan. Limited individual counseling supplements treatment but is not used as a treatment model

The program proceeds through five phases:

- Understanding addiction and the consequences of drug use;
- Understanding the addiction cycle;
- Understanding the recovery cycle;
- Developing a specific recovery plan, usually corresponding to the first four steps of the twelve-step approach; and
- Aftercare planning.

Approximately thirty hours per week are spent in structured time in actual groups; including homework and meetings, the structured time amounts to fifty hours per week. Homework is not monitored, but it forms the basis of the next day's activities. Women who don't meet minimum requirements of the course fail treatment.

Structured as pass/fail, the program encourages mutual support by eliminating class ranking and de-emphasizing competition. However, the educational and cognitive aspects of programming are structured on progressing levels. Formal evaluations take place in mid-course and at the end of the program. Ceremonies to recognize and motivate achievement are an integral part of the treatment approach.

Following the eight-week program, the women may move to an aftercare dormitory, where they stay for as long as they're in the institution and as long as they'll commit to working in the program. Weekly recovery groups, including but not limited to NA and AA, are the basis for extended aftercare. Groups outside the twelve-step model, such as New Beginnings, seem to appeal more to some women. On completing the drug treatment, the women may progress to vocational or other education programs.

The opportunity to live in the recovering dormitory is a very strong motivator because it is quieter and has a more positive atmosphere. Still a greater motivator is the interest of the parole board and the classification committees, which can move addicts in solid recovery to less restrictive custodies or to release. Sanctions for poor performance include unfavorable notations describing these failings that are entered in offenders' official files.

### **Aspects of the treatment strategy that are unique for women**

- The treatment routine includes morning aerobics in the morning to address women's physical conditioning.
- Videos and other resources are selected to respond to the needs of women.

### **Sharing of offender information**

Program staff receive information from the criminal justice system-arrest records and presentence investigation reports-but don't routinely pursue more detailed treatment data because the effort is greater than the value of information obtained. Records of previous drug treatment are seldom available because of confidentiality laws.

Participants are required to sign waivers of confidentiality so that information generated in the system can be shared after the offender's release. The program shares information on the results of treatment and offenders' levels of participation with the parole board, community supervisors, wardens, and the classification committees. Records on women's progress in the program is deliberately provided to those who deal with clients after program completion. Emphasis is on holding program clients responsible for keeping up with aftercare plan commitments.

### **Continuity of care**

With the inpatient program well underway, the DOC now is directly addressing continuing recovery programs in institutions; parole, and the community. Many linkages already exist:

- A computerized record system tracks inmates from the treatment center to other institutions, providing a record of which treatment graduates participate in a daily recovery program. A copy of the inmate's recovery plan moves with the inmate. Wardens track participation and update the computer record.
- Continuation at release begins with a three-day seminar provided in the last month of residence. One day is devoted to transition for people with continuing drug treatment aftercare needs. In a six-hour program, a drug treatment provider from the community covers continuing care support opportunities (NA, AA) and means of accessing further treatment if necessary, and strongly encourages people to reenter society as a drug-free, recovering person.
- The DOC has worked with the institutional committees of AA and NA and maintains contacts statewide, occasionally providing seminars at area assemblies.



Outside AA/NA members chair treatment groups in the institutions, and people nearing release are asked to contact groups for a temporary sponsor on release.

- The DOC conducts seminars with probation and parole officers and Vocational Rehabilitation Services that explain the treatment program and describe the after-care plan process, reiterating the need to integrate the recovery plan into the parole Plan
- Linkages have also been established with some halfway houses.

### **Special support for program**

The commissioner and associate commissioner of corrections are actively involved in the DOC's drug treatment programs and regularly speak at program ceremonies. The central office also provides supplies, videos, literature, audio-visual equipment, and furnishings-substance abuse is the best-supported program in the DOC. The agency has developed a series of videos on the drug treatment program for a variety of uses. As part of his official duties, the DOC director serves on the board of directors for the state's drug treatment credentialing agency and is on the planning committee for Alabama's annual school of alcohol and drug studies, which the DOC co-sponsors.

## **Personnel**

### **Certification of treatment staff**

Staff qualifications are based on the state merit system. Drug counselors must have five years of post-high school preparation, including a combination of college and experience providing direct services as an addiction specialist. At least one year must be direct drug treatment experience.

The agency encourages staff to have state certification but does not require it. Nearly half of the fifty treatment staff are certified; most of the remainder are probably working toward it. One of Alabama's two statewide credentialing efforts has just added a criminal justice sub-certification.

### **Inservice training of treatment staff**

There are no inservice training requirements except to maintain certification, although the agency encourages training and makes opportunities available. Fifty percent of treatment staff attend a week-long statewide education program that the DOC co-sponsors. Credentialing agencies put on their own training, as do hospitals and universities. Because of funding limitations, the DOC recommends rather than requires further training. Staff must pay for part of their training expenses.

## **Cross training of non-treatment staff**

A block on drug treatment is included in corrections academy training. Efforts toward cross-training also have included a series of regional seminars, including a week-long seminar on controlling drugs in institution and training on “what is drug treatment?” for facility administrators and supervisors.

## **Staffing**

Three full-time drug treatment professionals work in the women’s programs and provide inpatient treatment. Two of these positions are “drug treatment counselor” and the other is “drug program specialist” These are merit system titles that did not exist until the DOC created these positions.

## **Use of volunteers**

Volunteers conduct the twelve-step groups, and many recovering people lead groups and provide guest speaking events. Halfway house volunteers continue the reintegration process during the transition period on release. University student interns have co-led groups, done individual counseling, and conducted research projects. Good support has come from religious organizations. Volunteers typically come in for graduation ceremonies bringing food, refreshments, and gifts for the graduates. In another program, volunteers bring the women’s children to visit their mothers in prison.

## **Use of ex-offenders**

Ex-offenders, particularly treatment graduates, are frequent guest lecturers and speakers at ceremonies. The DOC also employs ex-offenders as full-time drug treatment staff. The men’s eighteen-month therapeutic community has a formal intern program wherein offenders who complete two years in the therapeutic community plus a junior college program with a major in drug/alcohol counseling can be attached to a drug treatment counselor for year as “student teacher.” This new program will be a very effective means of staff development.

## **Program Effectiveness**

### **Program evaluation**

“Soft studies”-informal reports based on incomplete data-have indicated good results. For a more scientific evaluation, the DOC is developing a computer program that will examine data from three groups within the inmate population: 1) successful treatment completers; 2) those who failed treatment; and 3) people diagnosed as needing treatment but still on a waiting list. The program will quantify differences between these populations on six dimensions:

- Rate of rule infractions.
- Rate of positive drug testing results.

- Speed of movement to less restrictive custody, (Do classification committees and parole people believe in treatment enough to let participants get out of prison earlier?)
- Rate of return to custody after release in community.
- Rate of return to custody with new crimes.
- Longitudinal dimension for group I-Do rates of disciplinary action and drug positives differ pre- and post-treatment?

### **Variables contributing to program effectiveness**

Same as for men's programs-

- Top management support for resources allocation.
  - ‘Existence of the resources to hire treatment staff (primarily C.S.A.T. and Bureau of Justice Assistance [BJA] funds).
- An optimal staff includes both professional and recovering people-they “keep each other honest.” Former inmates provide a strong role model and prevent the feeling that treatment staff can't really know what the offender is going through.

### **Variables causing program difficulties**

- Funding limitations hamper allocation of resources to the program.
- The federal “war on drugs” has crowded Alabama's prisons. At the same time, of the \$20 million in federal drug program dollars Alabama receives, \$1 million funds school anti-drug education programs, \$6 million aids law enforcement, and \$13 million funds direct drug treatment through the state mental health service. None goes to correctional drug treatment (except \$490,000 in BJA funding, which requires matching funds equalling a 25 percent of the grant, is limited to four years, and will expire in 1994), yet corrections provides more inpatient drug abuse treatment than any public or private group outside the prisons.
- Nonproductive confidentiality laws and procedures make it difficult to set up aftercare plans and track program effectiveness through research, and also have the effect of preserving therapist staff from oversight by their supervisors.

### **Additional Notes**

There are several advantages to delivering drug treatment in correctional institutions:

- Corrections can control drug traffic better than a community-based program.

- Offenders can be kept abstinent for weeks or months before treatment begins, allowing the chemicals to fully leave the system.
- Confidentiality is less of an issue once people are in the program.
- Participants need not be convinced to leave their jobs or families to participate in treatment; similarly, most inmates are happy to leave the general population and move to the treatment wing.
- The incentive of parole release keeps the dropout rate low.
- Treatment is much cheaper in institutions. The Alabama DOC's eight-week program costs about \$300 extra per participant, in addition to the \$1,000 per month the DOC already spends to incarcerate each inmate. Comparable inpatient treatment outside prisons Costs \$12-14,000 dollars per month because the programs charge hospital rates, yet these programs are where federal dollars are routed.

Alabama uses a fully automated drug testing system in its facilities. The system performs the test, feeds the results to a computer, and prints notification letters. The system also selects random test dates for personnel.

The DOC's substance abuse treatment programs for men-which are similar to those for women-are nationally prominent. The program at the Ventress facility is participating in the National Treatment Improvement Evaluation Study (NTIES), a comprehensive national study coordinated by the Rand Corporation and the National **Opinion** Research Center. The DOC's drug treatment and testing program was a winner in the Council of State Governments' Innovations Award Program.

Drug sentencing and drug programs have a disproportionate impact on blacks-male or female-and the underclass. For example, penalties for crack, favored by blacks, are more strict than penalties for powdered cocaine, favored by whites. In addition, more whites are sent to treatment for drug offenses and more blacks are sent to prison.

A unique Alabama statute permits judges to assess convicted drug dealers for an additional \$1,000 fine, funds from which are routed to the DOC for drug treatment. Two small treatment programs are now funded through this statute, and the DOC hopes that proceeds Will increase in the future.

# Forever Free California Institute for Women

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## **Program Summary**

Forever Free is a modified therapeutic community for women with an identified need for substance abuse treatment, offered at the California Institute for Women (CIW). Continuity of treatment in the community upon release from the institution is the basis of the program structure. In addition to substance abuse treatment, the program addresses abusive backgrounds and parenting through group counseling and aggression replacement. The program is coordinated by the Office of Substance Abuse Programs and delivered by a private-sector contractor.

## **Program Highlights**

### **Primary reasons the program was established**

- To increase women's access to treatment and to establish continuity of care after release. The DOC focused on institutional treatment because of difficulties getting women into community-based treatment. The likelihood of retention in treatment programs is increased if treatment begins with institutional exposure, followed by community treatment on release.
- The DOC wanted treatment depth for women beyond its offering of twelve-step groups

### **Goals**

- The overall objective was to create a women-oriented program with components addressing women's issues: histories of physical and emotional abuse, parenting concerns, and the need for aggression replacement training.

- Specific objectives included reducing drug use in prison and the community, reducing parole revocation rates, and improving in-prison misconduct.

## **Client referral**

There are three levels of screening for inclusion in the program:

- Women may submit to CIW applications for the program from any of the DOC's three institutions for women.
- During the orientation process at the CIW reception center, program staff describe the program and application procedures. Staff are also involved in screening candidates during this process.
- Using a statewide database for corrections counselors, staff can scan for women throughout the DOC who meet the criteria for program entry. Women can be transferred to CIW to fill program vacancies.

## **Client assessment**

Assessment is provided by contractor staff rather than DOC personnel. The current psychosocial evaluation is not clinically oriented; it covers the following criteria: history of abuse; physical, mental, and/or sexual victimization; history of substance abuse; criminal history; and adjustment to institutional life. In the next few months, a new and more clinical assessment will be implemented, with the goal of identifying cognitive deficits-educational, social, and emotional. The DOC intends to expand the scope of the current program and provide additional clinical services.

For research purposes, the agency has used the Beck Depression Inventory and the Tennessee Self-Concept Scale, with results that indicate severe clinical depression and low self-esteem among women entering the program.

## **Aspects of the assessment process that are unique for women**

The current program has no assessment techniques that are unique to the women's program. The new, more clinical assessment process will sharpen the focus on the cognitive deficits frequently identified in substance abusing women.

## **Treatment/Intervention modalities**

The program is based on a modified therapeutic community and lasts from four to six months. Participants live in a single housing unit within CIW where most program activities are conducted. Each participant has an assigned case manager who coordinates release planning and transition into community services. The women have work assignments outside the unit and so are not segregated from the general population.

Substance abuse treatment is delivered through five program components; participants spend an average of just over twenty hours per week in program activities. Groups are interactive and responsive, not confrontational. Program components include:

- Substance abuse education/psychopharmacology.
- Relapse prevention, following the Gorsky model-the major treatment emphasis.
- Aggression replacement training to address anger management needs, involving extensive role playing.
- Twelve-step groups--AA and NA.
- Small group counseling, plus individual counseling as arranged through meetings with the case manager.

Treatment is supplemented by standard educational offerings within the institution. Vocational programming is not incorporated into the program but is available,

That many of the women have dependent children is very significant-it can work for or against the woman in treatment. The desire to be with her children can motivate a woman toward recovery. However, through the program's emphasis on parenting practice, a woman may also experience the pressure of being with her children and becoming a mother when she may not have been involved with them before.

### **Aspects of the treatment strategy unique to women**

The DOC has attempted to make the program specifically woman-oriented in small-group and individual counseling. For example, to prevent relapse, one workshop teaches women to recognize the characteristics of post-acute withdrawal as related to premenstrual syndrome. Aggression replacement also receives considerable focus-teaching women to manage their pent-up frustration and anger stemming from long-term socialization to shut up, sit down, and accept abuse.

### **Sharing of offender information**

The DOC is involved in a collaborative effort with several agencies and organizations at the state and local level, which frequently provide good information. The main agencies involved are the California Department of Alcohol and Drug Programs (DADP), the state parole division, and the nine contracted community service providers who receive women on release. Through these providers, the drug and alcohol administrations in four counties that are involved in the program also get offender information. The counties are Grange, Riverside, Los Angeles, and San Bernardino.

All incoming women sign a waiver of confidentiality. Information on institutional and program performance is filed and included in the case history that is passed along. Since the DOC collects specific substance abuse and developmental history, community treatment providers can obtain this information to build the treatment plan.

## **Continuity of care**

Continuity of treatment is the basis for the program. The collaborating agencies have a monthly steering meeting discussing in-depth such issues as the referral process, procedures for women's release, and transportation from prison to facilities. This is breaking new ground in terms of institutional operations: how the DOC releases people and how other agencies are brought into the case planning process.

The alliance with DADP has been particularly valuable-the DOC has accessed that agency's data to track retention rates in treatment. Working with DADP has helped the DOC to look at its substance abuse treatment programs differently. The DOC is beginning to use a similar collaborative process in other areas.

## **Special support for program**

The project is administered through the DOC's Office of Substance Abuse Programs (OSAP), which provides oversight and overall project management and funds two staff positions. OSAP is also involved in grant writing for additional funding. OSAP staff routinely offer technical assistance and training to the institutions and to providers in community. For community providers, the emphasis is on the unique characteristics of the correctional populations they treat.

## **Personnel**

### **Certification of treatment staff**

By contract, all treatment staff are required to have state certification from DADP.

### **Inservice training of treatment staff**

Inservice training is the contractor's responsibility, except for a DOC-required orientation to institutional operations. The contractor requires ongoing inservice training for treatment staff, which is delivered via a weekly update, and regularly sends people to relapse prevention seminars.

### **Cross-training of non-treatment staff**

Non-treatment staff receiving training include:

- The parole agent, who must be familiar with program goals in order to effectively place participants in the community.
- Correctional counselors I and III, who need to understand how substance abuse treatment relates to offenders' other assignments in the program.
- Correctional officers assigned to the housing unit receive an orientation that covers their role in supporting the program and outlines behaviors that tend to distinguish program inmates from non-program inmates. The DOC has found that



women are more verbal than physical and become even more verbal in this kind of program. Staff must be trained to handle this constructively—they can sabotage progress by “getting in the women’s faces” and challenging them when they don’t need to. It is particularly critical that correctional officers who are temporarily assigned to the program buy into the treatment approach.

### **Staffing**

- Contracted staff include a regional coordinator (one-third of the position), a contract program coordinator, a secretary, and nine counselors.
- DOC staff at the prison who were added to the unit for the program include a parole agent II and a correctional counselor III. Ten percent of a program administrator position oversees both.
- The Office of Substance Abuse provides 15 percent of the position of Assistant Director, a correctional counselor II at 50 percent, and a research analyst II at 100 percent

### **Use of volunteers**

No volunteers are assigned to the program. The institution offers twelve-step groups that involve volunteers, but it is not specific to this program.

### **Use of ex-offenders**

Seven of the nine counselors in the unit are ex-offenders; all but one are former substance abusers. They offer positive role models and demonstrate the chance for change.

## **Program Effectiveness**

### **Program evaluation**

A research/evaluation design was set up when the program was established. The DOC identified a control group for interested women who for some reason couldn’t enter the program and is comparing their parole performance to that of women who finished the program. Among program participants, the DOC is comparing parole performance for women who have participated in community treatment and those who have not, as well as those who have returned to their families and those who have not. A process evaluation including demographic data has also been developed.

### **Variables contributing to program effectiveness**

- Care must continue on parole. Preliminary study links the length of time in treatment with success on parole. Women who receive six months of institutional programming and four months of community treatment complete parole or are

maintained on parole without revocation at much higher rates than women who receive only the institutional program or who drop out of the program,

- The use of ex-offenders as counselors helps program effectiveness more than anything else.

### **Variables causing difficulties**

- Program evaluations have been limited by focusing on recidivism alone. However, interviews of program graduates who were returned to prison determined that their levels of substance abuse were reduced or eliminated. Parole revocation occurs for a range of reasons; substance abuse is only one of them.

### **Additional Notes**

- Women who recidivate most often do so for reasons other than relapse into substance abuse. Almost always, the cause is related to a relationship that led to violence, theft, or some other problem. This indicates a need to bring broader issues into the program to significantly affect recidivism, an approach the DOC intends to pursue.
- The interagency relationships between state and county- agencies notably strengthens the program. The DOC has not tried to start a separate system for substance abusing offenders; instead it focuses on integrating women back into the community, where programs already exist,
- Because more than 70 percent of the women in the program have dependent children, linkage with children and reunification on parole is a major concern. Only a superficial treatment of parenting issues is currently provided-women can examine how they were raised and work on parenting effectiveness, but they can't apply what they've learned because their children visit only briefly. Social services helps women develop family reunification plans, but strengthening is needed so women can be paroled to a specific facility for Perinatal programming or to a safe environment where they can practice parenting. Legislation pending in California would create a sentencing alternative for pregnant women or first-time offenders with young children, involving a sentence to a non-secure facility providing substance abuse treatment, including Perinatal treatment While some similar private facilities now exist, the legislation would enable construction of new facilities by reallocating construction bond funds.
- DOC data indicate that long-term heroin addicts have a better rate of success than cocaine users. Among the substance abusing inmate population, the drug of choice has shifted from heroin to crack cocaine; the crack users are harder to reach in the treatment program.

# The Marilyn Baker House Niantic Correctional Institution Connecticut Department of Correction

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## **Program Summary**

Since September 1992, the Connecticut Department of Correction has operated a thirty-two bed residential treatment program for women, which is based on a modified therapeutic community model. The DOC is currently planning an expansion in space and staffing for this program. The Marilyn Baker House program emphasizes a balance of twelve-step and cognitive restructuring strategies, supported by a deliberate diversity of backgrounds among staff members. Correctional officers are actively involved in the program. The program is funded in part by a three-year demonstration grant from the Center for Substance Abuse Treatment.

## **Program Highlights**

### **Primary reasons the program was established**

- It was determined through the agency's objective classification system that 80 percent of incarcerated women need substance abuse treatment.
- To improve treatment effectiveness, agency staff sought to supplement the facility's centralized outpatient substance abuse treatment by creating a residential, inpatient substance abuse treatment program.

- Observation of a residential program in Georgia convinced the Program Director of the changes offenders can make when given an opportunity to participate in a structure & intensive program.

## **Goals**

- Specific outcomes desired for participants are to remain alcohol and drug free, to understand the causes of their addiction, and to comprehend the effects of substance abuse on their lives.
- The program motivates participants to recognize and build on their strengths, in order to increase self-esteem and develop a greater sense of power and autonomy over their life choices.
- The program acknowledges the uniquenesses of women in treatment by addressing individual health, education, and family needs.

## **Client referral**

Participants can be self-referred or directed to the program by facility counselors. Program staff also review computerized background information on offenders.

## **Client assessment**

Program staff conduct interviews with those inmates whose backgrounds suggest an alcohol/drug problem and fulfill eligibility criteria. Computerized background information, as well as an offender's behavior during the interview, are factored into the assessment.

During the interview process, the agency learns the offender's perspective on any prior treatment program placement. Women with a more serious need for treatment are strongly encouraged to enter the inpatient program. Currently, the program director conducts all interviews, which are modified to accommodate the limited staffing. A new, more intensive interview instrument is being developed for use by a treatment team. The new assessment process will also include a tour of the program.

Both the current and the new assessment processes are designed to wait-list inmates with discipline problems. Exceptions are women whose behavior is connected to intoxication. Unsentenced women will be admitted to the program if their time in custody is not too short to complete the program.

## **Aspects of the assessment process that are unique for women**

Through the general assessment process, staff identify the family situation of each offender-whether children are involved, legal status, etc.-in light of the effect such issues have on a woman's treatment and incarceration experience.

## **Treatment/Intervention modalities**

For entry into the therapeutic community program, participants must make a commitment to complete the program. The inpatient program is provided through residential treatment in a therapeutic community setting, which involves individual and group therapy, education, and access to twelve-step groups such as AA and NA. The program is designed to create a balance between twelve-step approaches and cognitive skills development, with an emphasis on issues particular to women. The three-phase program covers cognitive skills practiced in process groups, community development carried out in encounter and probe groups, and relapse prevention.

Participants' daily schedules are highly structured, Monday through Friday. Plans are underway to extend programming over the weekend. The women rise at 6:15 am. After committee meetings, treatment groups begin, continuing from 9:00 a.m. until 3:00 p.m. Elective classes are provided between 3:00 and 5:00 p.m. In the evenings, the women participate in groups with the general population, primarily twelve-step meetings and Alanon, many of which are conducted in Spanish as well as English.

Twelve-step groups are an integral part of treatment. Support groups, such as a weekly grief and loss program, are popular outside the unit. A family counseling program is currently being developed.

To avoid hard-concept methods that could be demeaning, staff emphasize teamwork, problem-solving, and taking responsibility. Although treatment strategies are not culturally specific, the staff is culturally aware and will be developing a new program component to address cultural issues early on. The program is deliberately **eclectic**, sustained by a staff including people in recovery, people who have experience in domestic violence issues, and people with **experience** in the creative arts.

Outpatient substance abuse treatment is also provided in the Niantic female facility at large. Length of involvement in that program averages sixty-one days.

Because most offenders in the program haven't completed high school, educational programming is a priority. In the near future, the facility is planning to make education a part of the treatment plan and available two hours a day, five days a week.

Program graduates attend group sessions on Friday evenings. Counselors sometimes help alumni through difficult times on the outside; relapse, when it happens, is viewed as part of the recovery process rather than an occasion of failure. Community programs are essential in helping the women find an alternative lifestyle and free themselves from unhealthy relationships.

## **Aspects of the treatment strategy that are unique for women**

The program is designed to address women's issues, particularly parenting, body image, and self-esteem. Sensitive to the pressures of single parenting and to histories of domestic violence, male staff make a point of providing positive role models and

avoiding conduct that could potentially cue behavior patterns of manipulation and seduction.

The correctional officer assigned to the unit participates in such activities as recreation, group sessions, and community meetings. Input from officers is invaluable in complaint/problem solving meetings. One correctional officer helped devise a sanction board system. All staff, including the correctional officers, meet every other month to identify effective and ineffective aspects of the program.

### **Sharing of offender Information**

Although the DOC receives little information from other agencies, staff can access PSI information when available.

Confidentiality regulations have not been a significant factor in acquiring offender information. Participants are asked to sign waivers of confidentiality, particularly for exchange of counseling information between the substance abuse and mental health programs. To emphasize holistic treatment, staff work with participants individually to explain why information from each area is needed and how it will be used as staff and the offender jointly make decisions about her treatment plan.

For each participant, data are entered in the state Client Information Collection System (CICS), a requirement of the Department of Public Health and Addiction Services. Data collection occurs both on admission and at discharge and includes prior drug history, employment, education, level of completion of program, and an indication from the counselor whether the client showed a reduction in substance use, improved employability, and/or educational achievement. The Community Addiction Services program records the same information, which enables agency staff to compare data over time to assess offender change. Information that the DOC obtains is shared with private residential service providers, the Parole Board, and the DOC's Community Addiction Services outpatient treatment program.

### **Continuity of care**

The DOC contracts with a number of private agencies to provide residential and non-residential treatment services. The DOC's Community Addiction Services program provides outpatient drug and alcohol abuse treatment services in five urban areas within the state. Women who live outside these delivery areas may be referred to other programs. In the near future, a community liaison will **work** even more closely with community programs, assisting in the movement of women from the institutional program into community centers.

### **Special support for program**

Upper-level support includes training opportunities and cooperation with the state's Department of Public Health and Addiction Services, which operates the Institute of Addiction Studies. DOC staff can access that agency's training--offered through a college-like curriculum--on a year-round basis.

**Marilyn Baker House  
Niantic Correctional Institution  
Connecticut Department of Corrections**

## **Personnel**

### **Certification of treatment staff**

Alcohol and drug abuse counseling certification by the state is not required, but it is strongly encouraged. For certification, staff must have 6,000 hours of work experience, of which 2,000 hours are in alcohol and drug counseling. Three hundred and forty- (340) hours of training in key areas are also required. As an incentive, the DOC has been attempting to change civil service regulations so that people who gain certification can be credited a year's work experience.

### **Inservice training of treatment staff**

Forty hours of comprehensive inservice training in issues related to substance abuse are required annually. Most inservice training is provided through the Institute for Addiction Studies, operated by the state's Department of Public Health and Addiction Services (DPHAS), which funds all of Connecticut's alcohol and drug abuse treatment programs.

### **Cross-training of non-treatment staff**

All new employees receive training that includes a three-hour block on the addiction services program, addiction theory, and treatment. At first, many correctional officers perceived the program as an elitist, "soft" setting, but they have learned that disciplinary action is needed in the same situations as in other units. Many correctional officers have attended training at the Institute of Addiction Studies. The DOC is planning a two-week intensive training session on substance abuse topics for new addiction services staff.

### **Staffing**

- Program staff include the Program Director, one secretary, ten inpatient unit counselors, and a classification counselor. A total of ten counselors and one clerical position will be funded by the grant.
- A total of six correctional officers are assigned to the program, two for each of three shifts.

The Connecticut civil service provides for a position of correctional treatment officer that is at a higher pay grade than the correctional officer position. This is predicated on the position's enhanced treatment responsibilities. Program management is seeking the reclassification of their program positions to that of correctional treatment officer.

### **Use of volunteers**

The agency is assisted by approximately seven full-time volunteers who contribute in the areas of twelve-step groups, arts and crafts, exercise, a book review club, and inmate sponsoring. An HIV counselor conducts a workshop on a volunteer basis. In another program, a volunteer trained participants to make blankets for newborns and then brought back pictures of the babies in the blankets. A high school group provided an effective program involving skits on life issues, followed by audience questions answered in character.

Volunteer programs require the commitment of agency time, in areas such as educating the volunteers and getting the participants to follow through with attendance.

### **Use of ex-offenders**

Though program graduates want to become involved, the program lacks staff to coordinate this effort. A community liaison position will play a role in such involvement. Currently, a group called "The Winner's Circle" provides an opportunity for addiction services graduates who have remained clean and sober for a year after release to work with inmates. However, the program was initiated at an all-male facility, and to date only four women have participated. The DOC will be making a concerted effort to enhance women's participation.

Ex-offenders are eligible for hire by the DOC after three years of sobriety in the community, provided they are no longer under any type of probation or parole supervision.

## **Program Effectiveness**

### **Program evaluation**

The agency's two-prong approach to program evaluation includes an annual audit of all addiction services, which evaluates treatment environment, program schedules, staff training, treatment documentation, level/types of programming provided, and quality of programming.

An outcome evaluation specific to the Marilyn Baker House program is also under development, which will track client outcomes one year after program completion using DPHAS CICS data. The DOC also examines recidivism of program graduates using its own client information system and a computer linkage with the state police. This allows the DOC to track arrests, pretrial detention, or a subsequent sentence to the institution.

### **Variables contributing to program effectiveness**

- The program must have the full support of managers at the agency and facility levels.
- Program managers must convey a clear and consistent treatment philosophy that is understood and applied by all staff.
- All staff should consistently enforce program rules.
- Clinical staff require direction from a trained supervisor who understands the important processes in group counseling and will regularly review client treatment files to ensure appropriate completion.



- Staff need comprehensive training in correctional practices and in substance abuse issues and topics.
- The program should be staffed by a combination of recovering persons and those with a more extensive academic background.
- Aftercare in the community is essential
- A positive relationship must exist between custodial staff and program staff.
- Program participants should be subject to random urinalysis.
- Program participants as well as the general population should have access to regular twelve-step fellowship meetings, especially within the facility.
- Halfway houses are needed to provide program participants a structured and supportive setting for the transition into the community.
- Staff should convey a positive attitude about offenders' recovery process and should be supportive role models.
- Correctional officers assigned to or selected for the unit should be well versed or trained in the mission and philosophy of the program.

#### **Variables causing difficulties**

- Consistency among staff can be difficult to achieve, and its absence can lead to problems. Communication is critical. Uncooperative staff can reverse treatment progress overnight
- Lack of adequate space can lead to participants living in extremely close quarters. Shortages of office or parking space, a lack of program and meeting space, and a lack of recreational opportunities can also be problematic.
- Competition between treatment programs has caused the abrupt movement of participants out of the program before their treatment was completed. A new facility housing its own substance abuse treatment program was opened to women to relieve overcrowding; female offenders who meet the security criteria have been moved to the new location to fill the beds. This is hard on the program participants affected, disrupts the treatment atmosphere, and undermines commitment, ultimately damaging the program.
- Disruptive offenders cannot be allowed to take over the therapeutic community and cause it to lose focus. Anticipating more counseling staff, the program expects to better handle troubled offenders who have a difficult adjustment. This problem

requires careful management. For example, some people who do well in outpatient treatment may not be able to handle the closeness of the therapeutic community.

### **Additional Notes**

Temporary program assignments have provided a viable way of screening correctional officers for permanent assignment, and some have requested permanent assignment. Union constraints prevent program management from choosing officers for fill-in assignments, but program staff can interview officers for permanent assignment. Some correctional officers are interested in the program because they are in recovery themselves. When officers are not handling custody matters, they participate in program activities.

A workshop for the Connecticut Parole Board will share information on the program. Goals are to enhance awareness of the program and to share information.

Turning Point  
Cornerstone  
Pregnant/Postpartum Project, and  
Group treatment for inmates  
Oregon Department of Corrections

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### **Program Summary**

The Oregon DGC offers four substance abuse treatment programs of varying intensity, including two therapeutic communities for women inmates. All substance abuse programs are operated by contractors. The DGC emphasizes continuity of treatment by initiating services with post-release providers before program participants leave the facility. The Oregon legislature's practice of continuing to support programs that were established using grant funds encourages granting agencies to provide start-up resources.

### **Program Highlights**

#### **Primary reasons the program was established**

- Dramatic increases were being observed in the number of women offenders generally-in community supervision and in prison.
- A higher percentage of women than men was being sentenced for drug offenses.
- Feedback from staff and others recommended an emphasis on substance abuse programming. For example, the alcohol and drug task force of the Department of Human Resources recommended more services for women in corrections.

## **Goals**

- Staff are committed to providing appropriate services that are gender-specific and gender-relevant.
- The DOC seeks to link its treatment services to reductions in recidivism through continuity of care and the treatment of both criminality and addiction.

## **Client referral**

During initial screening of all incoming inmates, an information-gathering instrument is used as the basis for classifying people by level of substance abuse treatment need: serious, moderate, or none/minimal. The level indicates likely program assignments. For inmates already in the system, the inmate herself or staff can initiate referral to programs.

## **Client assessment**

The screening/assessment continuum proceeds with an interview by a social services counselor, which involves review of the offender's PSI and history: family history, legal status, and employment. Typically, women inmates are aggressively referred to treatment programs. On referral, they receive a thorough clinical interview and evaluation by Program staff.

## **Aspects of the assessment process that are unique for women**

Staff who conduct assessments are specialists in providing services for women. While the screening and assessment include some gender-specific questions, questions regarding legal status, employment, and family issues are the same for women and men. For the approximately 6,500 men in Oregon's prisons, a fairly standard evaluation system is used, but because there are only about 300 women inmates, the evaluation process is much more personalized.

## **Treatment/Intervention modalities**

Two residential therapeutic communities offer substance abuse treatment to women. General education is not a strong emphasis in either community; the DOC tries to get substance abusers through a program of general education before they enter treatment.

The Turning Point therapeutic community program is offered to men and women in separate units at the Columbia River Correctional Institution. Capacity is fifty inmates in each program. Turning Point has been in operation for two and one-half years. Program duration is usually about six months but can extend as long as fifteen months. Participants receive from thirty-five to forty hours of treatment weekly, defined broadly to include group meetings, recreational therapy, etc.

The program incorporates a full range of treatment strategies-group treatment, relapse prevention, cognitive restructuring, treatment of criminal thinking, rewards and sanctions, as well as others-g geared to be responsive to the needs of women offenders. To support the development of parenting skills, for example, the program provides education and counseling, visitation, and a children's playroom

with staff observation and coaching. Programming also emphasizes education and development of work skills to improve employment opportunities.

Treatment of criminal thinking is stressed, particularly in conjunction with relapse prevention. Criminal thinking and behavior are identified as part of the relapse cycle-drug issues can undermine the women's ability to remain crime-free, and criminal thinking can lead to relapse.

- Cornerstone is a coeducational therapeutic community with a program length of eight to eighteen months. It offers more treatment hours than Turning Point; treatment is provided in two shifts per day. Men and women are separated in the early stages of treatment; only five or six women are in the program at any one time. Some women prefer its more confrontational style and longer term.
- A group for pregnant and postpartum women offers a less intensive treatment experience. Group treatment is provided in two-hour segments once a week with a case manager who also does intensive work with the women on an individual basis, for a total of approximately six hours of treatment per week. The case manager also coordinates transition back into the community.

The group usually includes about twelve women who are pregnant or within four months of having given birth. The length of time women receive treatment is contingent on turnover, but averages about four months. Most of the pregnant women in the DOC's custody are within six months of parole. Women in the program tend to be those with short sentences, because women with longer sentences don't have the opportunity to become pregnant while incarcerated. Programming includes well-baby and child care work, which ties into the DOC's general perinatal program.

- The group treatment component is a six-month program that provides group counseling about two hours per week. Advanced group treatment is also available for an additional six months.
- The DOC also offers a ten-hour alcohol and drug education workshop that lasts four weeks. The women's version has a slightly different curriculum for women and uses different videos and other resources.

### **Aspects of the treatment strategy that are unique for women**

The overall substance abuse treatment structure is the same for women and men, but is modified at each level to address the specific needs of women. For instance, since **women** tend to be the primary caretakers of their children, the programs emphasize parenting skills and breaking generational cycles of abuse. Personal empowerment is also emphasized.

## Sharing of offender Information

Information received on intake is useful, though past budget cuts have reduced the number and the value of the PSIs that are performed. The DOC requires program participants to complete a release of information form.

The DOC shares information generally with community corrections agencies, but has worked to establish particularly strong linkages between institutional substance abuse treatment and substance abuse treatment on parole. Data on every person who enters the treatment program is entered in a statewide progress monitoring system that is also used in community programs. This creates the potential for following people in the community, although the DOC has not yet done so.

## Continuity of care

The residential treatment and the pregnant/postpartum programs are very aggressive about treatment continuity. A women's day treatment program, currently under development, will also emphasize continuity and linkage. The DOC's philosophy is that post-release service providers should establish contact early by starting services before the person leaves the facility.

- The continuity of care approach in Oregon has been shaped by the “revolving door’ of parole and revocation. On revocation, all treatment requirements of parole usually dissipate. The DOC is trying to establish a system whereby the same parole agent will supervise an offender throughout the whole cycle, so that expectations remain in place.
- Transition to community treatment is networked heavily. Women being released following the Turning Point program can be sent directly to a specific treatment agency, and some community providers enter the facility to work with the women before they are released. Turning Point funding includes \$400 per graduate to cover two months of care in the community; the Turning Point contractor transfers the funds to a community subcontractor. Because community agencies have long waiting lists, this \$400 resource moves program graduates to the top of the list.
- Transition is being incorporated into plans for a women's day treatment program. The planned program, based at the women's prison, is being developed with grant funds and will provide fifteen to twenty hours of treatment **per** week. The twenty-five-bed day treatment center will focus on parent/child skill training. In cooperation with the state children's services division, offenders' children will be brought in more frequently for visits. Consistent with DOC practice, post-release service providers will establish services while the women are still at the facility.

## Special support for program

DOC administration is directly involved in supporting the substance abuse treatment programs. Staff are provided special training, conference, and workshop opportunities. The DOC Alcohol and Drug Services manager is involved in monitoring programs,

particularly facility/contractor licensing in conjunction with the state alcohol/drug office. Institutional superintendents take a very active role in day-to-day management of the programs.

The Alcohol and Drug Services Manager plays an important role in public relations for the agency's substance abuse programs, pursuing support for them from legislators, granting entities, and others. Few programs have been started with state funds; the DOC has obtained several grants over the last few years to begin new substance abuse treatment programs. Once the funded programs are established, the administration works with the legislature to secure continued funding and provides program studies to document the programs value. To date, 85 percent of treatment slots and 95 percent of dollars that were begun with federal funds during the past five years have been continued by the state.

## **Personnel**

### **Certification of treatment staff**

Contractors are required to provide personnel with a bachelor's degree or equivalent, relevant **experience**. The DOC does not emphasize certification of treatment staff but rather certification of contract agencies. In the absence of a strict staff certification requirement, the agency has the flexibility to select staff from a broad pool of talented people who can be developed specifically along the lines of the program. DOC personnel often participate in contractor hiring of upper-level staff.

### **Inservice training of treatment staff**

The DOC requires contractors to provide a reasonable training plan that is updated annually, but it does not specify training hours or content. State alcohol and drug licensing also carry training requirements.

### **Cross-training of non-treatment staff**

Because substance abuse services are a conjoint effort of treatment and security personnel, the DOC ensures that cross-training takes place on regular basis. Turning Point has developed specific training for correctional officers assigned to therapeutic communities. Cross-training is provided at the beginning of the program and intermittently throughout. Correctional officers also contribute to the training of new treatment staff.

## **Staffing**

- The DOC provides approximately three administrative staff positions that are spread throughout its alcohol and drug treatment programs.
  
- Contract staff include nine positions in the Turning Point program, one-third of an FTE in the pregnant/postpartum group, and one-third of an FE in the group counseling program for women.

### **Use of volunteers**

Volunteers are usually involved only in the twelve-step groups, amounting to three people in the two institutions.

### **Use of ex-offenders**

Approximately half of the contract staff are ex-offenders, functioning as trainers and counselors

## **Program Effectiveness**

### **Program evaluation**

An internal process evaluation is conducted as part of the state's licensing and review. An outcome study of Turning Point program graduates has been undertaken, but the recent start-up of the program limits the results.

To evaluate program effectiveness, staff examine progress in client self-esteem and functional ability as well as data on recidivism as reflected by arrests and convictions. Although no data are available on outcomes for participants at the group treatment level, client satisfaction is assessed.

### **Variables contributing to program effectiveness**

- Gender relevance.
- Continuity of services.
- Family orientation.

### **Variables causing difficulties**

- Short sentences with rapid turnover in the correctional system reduce the time women can be maintained in institutional treatment. Research indicates that nine to twelve months is optimal for substance abuse treatment and that ninety days or less shows little effect. In admitting women to Turning Point, the DOC sometimes compromises by accepting women with only four or five months to go before parole. This puts more pressure on having continuity in community treatment to complete a second four to five months.
- Program space can be difficult to set aside for specific programs:

### **Additional Notes**

The DOC collects aggregate data, such as those gathered through the alcohol/drug screening form, to develop semiannual profiles of the general offender population.



Oregon has a strong licensing system for facilities. All agencies must meet state certification standards, which produces substantial quality control.

Most DOC inmates are fairly short-term stay, and most women are even shorter stay. The women bifurcate more than the men: a much smaller number of women are incarcerated for long sentences.

# Booneville Treatment Center for Women Missouri Department of Correction

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## **Program Summary**

The Booneville treatment program was developed to provide a treatment alternative to incarceration following revocation of probation for reasons of technical violation. Higher in security level than a halfway house or residential community-based treatment center but technically not a commitment to prison, the 120-day treatment program contributes toward the agency's continuum of offender placements. To be eligible, women must have received prior community-based substance abuse treatment that was unsuccessful. The program is provided outside the grounds of a men's prison and is completely separate from it. Capacity is sixty beds.

## **Program Highlights**

### **Primary reasons the program was initiated**

Recognizing women's need for services, the DOC implemented the program based on its experience with a similar program for men. Many women were being sentenced or re-sentenced to prison for technical violations of probation related to substance abuse, and this contributed to facility crowding. The courts and the Missouri probation and parole agency supported development of the program.

### **Goals**

- To 'provide a comprehensive residential substance abuse treatment program for women as an alternative to traditional incarceration.
- To assist female offenders in discovering a rewarding way of life free from alcohol and drugs.

- To provide an effective offender management strategy by utilizing a shock incarceration statute to route technical violators to treatment rather than prison.
- Goals for individual participants include program completion, recidivism control, and sobriety.

### **Client screening**

As specified by statute, all referrals are **made by the courts**. The program is designed as a final stop before actual revocation for a specific target population of women who have received community-based treatment that was unsuccessful. Candidates are first identified by the judge and the probation/parole officer, who determine whether the woman has a substance abuse problem and certify that treatment efforts in the community have failed. While this criterion is generally being met, some women are sent to the program because the judge believes they can benefit from the program's structure or because treatment isn't available where they live.

### **Client assessment**

Program entrants receive a medical and psychological screening at the DOC's reception and diagnostic center. Medical and mental classification instruments are used to ensure that the women are physically and mentally capable of participating in group therapy and treatment. Dual diagnosis, active psychosis, and reliance on major psychotropic drugs are grounds for elimination from the program. Women must not have an ongoing need for medical attention, but women with low-risk pregnancies with an anticipated due date after the 120-day program period may participate. DOC staff also review each woman's file to confirm that the placement is appropriate.

On arriving at the treatment center, women undergo an intake assessment and interview conducted by an assigned substance abuse counselor. The DOC uses an assessment instrument, the Substance Abuse Assessment Questionnaire/Adult Probation, and supplements this data with case history information.

### **Aspects of the assessment process that are unique for women**

The assessment targets pregnancy status, as well as focusing on women's sexual abuse histories and self-esteem.

### **Treatment/Intervention modalities**

Treatment is based on the belief that behavior change occurs through changing thinking patterns. The program functions as a modified therapeutic community of only twelve weeks' duration. The twelve-step oriented program emphasizes group counseling using a combination of cognitive and reality-based approaches supplemented by rational emotive therapy. AA and NA are available. The reality therapy component emphasizes responsibility and honesty, and the need to accept the consequences of one's behavior. Groups provide ongoing confrontation and feedback regarding thought patterns and behavior. Criminal behavior patterns and the criminal personality are additional areas of focus.

offenders' days are highly Structured, with a specific plan to be followed each day. The weekday schedule consists of an 8:00 a.m. communications group and a topical lecture, followed by community groups, study groups, and group therapy. Treatment totals five to six hours per day, plus a nightly AA meeting. Saturdays feature a one-hour movie in the morning on topics such as recovery and life skills, followed by AA meetings at night.

program regimentation is further emphasized through strict rules, discipline, Limited property privileges, and limited overall privileges as compared with main institutions.

### **Aspects of treatment that are unique for women**

As recommended by counseling staff, the program includes a special focus on self-esteem. A special track on interpersonal relationships is provided. Parenting, anger, and aggression are covered in men's as well as women's programs, but through inservice training and evaluation the DOC has learned to emphasize aspects specific to women. For example, though the DOC uses the same presentation material for men and women when covering the self-esteem and anger components of the programming, staff are particularly sensitive to women's greater likelihood of victimization and codependency experiences.

The agency prefers to hire women for positions in the program, which has caused some difficulties in recruiting. A woman runs the program, the top counselor is a woman, and some correctional officers are women.

### **Sharing of offender Information**

On intake, the program receives the woman's PSI from probation/parole and her medical and educational workups from the reception/diagnostic center. Participants sign releases of information. Following program completion, the program releases a court report and a discharge summary to the court and to the probation/parole office that will supervise the offender. Participation and progress in treatment are documented, as is the woman's plan for treatment on release. The discharge summary is also provided directly to subsequent treatment programs when that connection is made.

### **Continuity of care**

The DOC works closely with the Division of Probation and Parole and the Division of Adult Education to arrange continued treatment. Treatment center placements feature multidisciplinary staffing with probation officers, caseworkers, and substance abuse counselors. The DOC is also working with the Division of Alcohol and Drug Abuse to further develop linkages with aftercare/continued care providers in the community.

### **Special support for program**

The DOC support the program by stressing administrative involvement, by providing public relations activity and staff training, and by seeking grants and technical assistance.

## **Personnel**

### **Certification of treatment staff**

The Chief of Substance Abuse Services is working with the Division of Alcohol and Drug Abuse to establish standards. Currently, treatment staff must meet state merit system regulations. Requirements for Substance Abuse Counselor III include three years of experience in alcohol/substance abuse treatment and a college degree with an emphasis in psychology or substance abuse counseling. Substance Abuse Counselor II requires a college degree two years' experience. The DOC does not require counselors to be licensed, but many treatment staff are licensed through the state certification system for substance abuse counselors.

### **Inservice training of treatment staff**

Inservice training requirements are being developed. Currently, the DOC's counselors can attend a comprehensive journeyman substance abuse training course operated by Probation/Parole. The DOC also brings people in to deliver courses such as dealing with the resistant/involuntary client, group therapy techniques, relapse (using the Gorsky model), as well as more traditional areas, e.g., group therapy, individual counseling, the addictive personality, the criminal personality, cultural sensitivity, and substance abuse. NIC technical assistance was used to improve training at Booneville in areas including homosexuality, self-esteem, and the effects of withdrawal on the treatment process.

### **Cross-training of non-treatment staff**

All staff are provided the training described above. Corrections officers and the corrections classification assistant receive additional training specific to substance abuse, such as understanding addiction and the treatment process. A current priority is to establish core training requirements' for new staff.

### **Staffing**

- The sixty-bed program includes two substance abuse counselors, three corrections caseworkers, one institutional parole officer, and one corrections classification assistant. A ratio of one counselor to fifteen women is considered ideal.
- The position of Corrections Officer III oversees five Corrections Officer II's and twenty corrections officers who work in the women's treatment program or a shock incarceration program and can move between the two.

### **Use of volunteers**

Volunteers (who may include ex-offenders) facilitate AA and NA meetings, including weekend groups. Some guest lecturers are also volunteers.

### **Use of ex-offenders**

In its women's and men's programs, the DOC has hired suitable ex-offenders. Though the staff may include some ex-offenders, they aren't identified as such. AA and NA leaders may include ex-offenders.

## **Program Effectiveness**

### **Program evaluation**

Standards being developed in cooperation with the Division of Alcohol and Drug Abuse will be used as the basis for future evaluation. A process evaluation was recently undertaken as part of NIC technical assistance.

### **Key variables for program effectiveness**

- Having a good staff that is well trained, well motivated, and well qualified; being able to recruit and retain good people. In hiring for the program, the agency seeks candidates who are 1) qualified; 2) women; and 3) ex-offenders, if possible. At the same time, however, the DOC maintains a mix of men and women on the staff, recognizing that some participants will respond better to staff of the opposite sex.
- Effective cross-training of custody staff.
- A total team approach among staff.
- Isolation of the treatment group from other offender populations.
- Good environment and resources.

### **Additional Notes**

The DOC also operates a twenty-bed facility in St. Louis for women who are released on inmate status or on parole and violate their status. This program is sited in a community/work release center and includes two treatment phases: six weeks of residential treatment, and six weeks that combine establishing community links (jobs, aftercare, family, and AA meetings) and attending group therapy and counseling at the facility. The program employs two counselors and a clerk-typist, Volunteers conduct groups on sexual abuse and self-esteem. (It is easier to find volunteers in St. Louis than in Booneville.)

To encourage greater awareness and understanding of the program by judges, the DOC holds conferences and sends outreach letters.

The DOC is also working with the Division of Alcohol and Drug Abuse to provide inservice training and to develop linkages with aftercare/continued care providers in the community, as well as to develop standards for substance abuse treatment in corrections.

# Women's Recovery Program North Rehabilitation Facility, King County Corrections King County, Washington

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## **Program Summary**

Under a grant awarded in October 1993, the agency will implement a comprehensive treatment program developed in response to a program analysis conducted early in the year. The new program will refine and expand on the established program, which offers options of intensive treatment, core/fast track programming, or educational and referral services. Client-centered assessment and individualized treatment plans are designed to address inmate needs within the brief sentences characteristic of jails. In particular, facility programs and services will be more directly connected to community services under the new program.

## **Program Highlights**

### **Primary reasons the program was Initiated**

- An agency-wide program assessment identified a gap in services for women.
- The program is the outgrowth of an evaluation built into a model program-enhanced drug abuse treatment-that ran for two and one-half years.
- The agency sought to respond to the clearly different issues women face in experiences such as incest, rape, molestation, and domestic violence. Focus groups with women inmates revealed their discomfort with discussing such issues in treatment groups **that** included men.

- The agency sought to provide effective treatment during the shorter sentences women tend to receive, particularly in a jail setting.
- The program analyst recognized that intensive treatment in a correctional facility that does not have a strong tie-in to community services is wasteful. The program is designed to strengthen connections to the community by bringing in community providers to work with program participants while they are still incarcerated.

### **Goals**

- To increase collaboration and continuity of support for women both inside and outside the correctional facility, including a linkage to community services.
- To increase the accessibility and relevancy of treatment by emphasizing clients' involvement with and commitment to their own treatment.
- To maintain and increase family unity and community support for incarcerated women.
- To provide health education and medical services that are responsive to women.
- To provide culturally relevant and gender-specific life and survival skills.

### **Client screening**

Intake to the King County Jail, a minimum security jail, includes screening, which is essentially a classification process. Only low-risk women are transferred to North Rehabilitation Facility, where they are assessed for treatment, including substance abuse treatment.

### **Client assessment**

A client-centered assessment process runs on a continuum designed for customizing treatment according to an offender's needs and time in jail. The initial assessment allows women to identify their own needs and preferences in treatment. Based on the self-assessment, a counselor further assesses treatment needs, using interviews with the inmate as well as data that identify specific addictions and substance abuse patterns. Women also receive a health screening and physical examination. Assessment information is tied into later monitoring of inmate progress in treatment.

Through the assessment process, inmates work with counselors to select from program options that include intensive treatment, a "core" or "fast track" program, and educational services. Women with high levels of need enter the intensive program if they have enough jail time. A woman is admitted to the core program, a condensed version of intensive treatment, if she wants and needs treatment but will not remain in the facility long enough to complete the intensive program. With new staffing resourced by the recently awarded grant, the core program will also serve as an umbrella for "fast tracking" women serving especially brief sentences; staff will & sign short-term, individualized programs of daily



counseling that might also involve journaling, education, and anger management. For the general population-women who may be in the facility only one day-the assessment is used to identify relevant referral information. No woman leaves the facility without some type of counseling or treatment.

Once a woman enters a program, a counselor reviews her screening and assessment data for serious problems she might not have identified or listed as a treatment preference. Problems that require immediate or priority attention-such as mental health or medical problems-are addressed before further treatment is initiated

Under the new grant-funded program; the commitment from mental health will be doubled to ensure that assessment as well as treatment include more support from the mental health community. This will involve mom coverage of clinical issues such as depression during the assessment process. The assessment process will also be supplemented by personal&d phases designed to link directly into available programs and services.

### **Aspects of the assessment process that are unique for women**

The general assessment gathers comprehensive information on women's substance abuse and treatment history, as well as data on their victimization and any experience with domestic violence. (The agency has found that many of these subjects, originally added for women's assessment, are illuminative for men as well.) Unique to women are assessment issues centered on pregnancy, as well as a woman's slant on drug-related careers such as prostitution. Under the new grant, in-depth interviews will address issues such as mental health status, substance abuse, links to depression, legal status and location of any children, and whether the woman has had contact with her children since arrest.

### **Treatment/Intervention modalities**

Recovery is the overriding principle in the treatment program. Based on the perspective that women use drugs out of shame, anger, and guilt, the program's holistic, total healing approach honors women's need for collateral services and support on the outside. Treatment is currently provided through individual and group counseling, education, and self-help in recovery. As the new program is activated, new formats will be added, such as peer counseling based on deliberate counselor training and an intensive Information Assessment and Referral (IAR) component for the fast track program. Under the new program, family therapy will be expanded.

Currently, women in the intensive program receive approximately twenty hours of treatment per week, including group, one-to-one, and individual counseling and/or treatment referrals. Individual inmate hours devoted to any of the program plans, particularly those selected from the core/fast track and twenty-four-hour programs, can vary widely, depending on the length of stay. Modalities include gender-specific relapse prevention, a special group addressing the physical effects of addiction on women, information groups, and self-help groups such as NA, DA, and AA. The education component addresses links between criminal thinking/behavior and substance abuse.

On completing the program, women earn certificates of participation for the intensive and core programs. Certificates foster a sense of achievement and self-esteem.

#### Aspects of treatment that are Unique for women

A number of Women's Recovery treatment strategies are different in content from similar strategies used with men. For instance, the agency has observed that cognitive therapy seems to work more effectively with women in terms of changing their affective orientation. In women, criminal behavior tends to be an outgrowth of a lack of assertiveness, which is in turn connected to unhealthy relationships with men. The program is geared toward making women offenders more aware of domestic violence, guilt, and family structure issues. Women learn to empower themselves and to recognize that abuse is not a sign of love.

Treatment also addresses lifestyle issues that bring women into encounters with drugs. It attempts to reconstruct women's criminal thinking in a way that is specific to women's patterns of criminality, such as engaging in prostitution to support a drug habit,

Treatment is designed to address health care issues unique to women. The facility receives pregnant women who need prenatal care and who frequently carry guilt about cocaine use while pregnant.

The program recognizes that the greatest loss faced by incarcerated women is lack of access to their families. Because women offenders are custodial parents far more often than men offenders, coverage of family issues is critical to recovery. Women with dependent children are motivated by their hope of regaining custody. To address the particular pressures this creates for women, the program provides longer visiting opportunities as well as therapy designed to increase women's confidence as parents. Visitation begins a renewed bonding process prior to the mother's release while lowering her level of tension during incarceration.

#### Sharing of offender Information

Most information is obtained directly from clients; corroborative information may be requested from agencies that the women report as having provided prior treatment.

Treatment, medication, and mental health information gathered through the program is passed along to community placements as part of the aftercare referral process. To facilitate this, program participants sign an information release form. Upon request, an aftercare summary is provided to the court and to attorneys, as well as documentation of participation in education and treatment groups. The certificates awarded for completion of intensive and core programs also serve to document treatment. Because the facility is minimum security, there is no need to send criminal records to agencies that serve the women after release.

## Continuity of care

The program provides a continuum Of care that includes aftercare referral to inpatient or outpatient treatment, based on interviews with inmates prior to release. Some women are released to inpatient placements on “questionable mental health” status for reasons of substance abuse treatment needs or psychotropic medication dependence. Other placement options include an outpatient facility, an intensive twenty-eight-day program for women, and Oxford House, which provides a safe zone to enhance recovery.

However, in spite of a well-defined model, to date continuity of care has been flawed. Clients have been transferred among facilities without sufficient information sharing. Despite the referral process, only a small percentage of releasees have actually received services. Implementing a new model, the agency is now bringing community providers into the facility to establish personal links between service providers and inmates prior to release. The agency also found that an emphasis on follow-up by case managers increased the likelihood that program participants would pursue aftercare. This has met with some resistance because of workload issues, as well as reluctance among some case managers to play a role in tracking inmates beyond the in-jail phase of treatment

## Special support for the program

The treatment program has received no supplemental aid from jail management, although the general attitude is one of support Once the grant-funded program is implemented, program staff will be in a better position to raise awareness levels and consolidate administrative commitment.

## Personnel

### Certification of treatment staff

Counseling staff must have a license to practice in Washington, must be registered with the state, and must be state-certified in alcoholism and drug treatment.

The program imposes no academic requirements on treatment staff. However, state certification requirements are stringent and include sixty hours of training in a two-year period as well as 2,000 hours of experience, partly in an apprenticeship under a certified counselor. Because of the state’s academic requirements, people on staff often have at least an associate of arts degree, and some staff have master of arts degrees.

### Inservice training of treatment staff

A consortium of agencies provides training to treatment staff on relevant topics such as mental health, substance abuse and addiction, and prenatal care. Cross-training is pursued between counseling staff from different facilities. Counseling as well as security staff receive approximately eighteen hours per year of mandatory inservice training to address the legal aspects of maintaining a residential program in areas such as AIDS, occupational health and safety, the Americans with Disabilities Act, records confidentiality, and

cultural diversity. An additional thirty hours of continuing education are also required in topics that staff select. These may be taken through the agency or an academic institution. For example, several staff recently selected eight hours of training in treatment planning.

### **Cross-training of non-treatment staff**

Security staff in the program are atypical. All treatment-oriented, they include recovering people and counselors. Security staff receive the same mandatory substance abuse treatment training as counseling staff. Clerical staff also receive training and are closely associated with the program.

### **Staffing**

Currently, no staff are exclusively dedicated to the women's substance abuse treatment programs; a total of approximately two and one-half positions provide services. Staff include a lead counselor, providing direct services to women at 60 percent; a chemical dependency counselor at nearly 100 percent; and a number of people who lead groups.

The grant will fund program staff totalling four full-time and four part-time staff positions: three chemical dependency counselors; one part-time program manager; one nearly full-time mental health specialist; one community resource liaison plus two more half-time equivalents; and one half-time health educator under contract with the King County Department of Public Health.

### **Use of volunteers**

The women's self-help groups are expected to be assisted by approximately ten volunteers.

### **Use of ex-offenders**

Under the new grant, ex-offenders will be involved a support group, the Consortium for Incarcerated Women. Ex-offenders have contributed toward developing the new program.

## **Program Effectiveness**

### **Program evaluation**

Systems to support later evaluation of the project are currently being planned and implemented. Outcome information will be collected on community follow-up, successful linkage with treatment, family reintegration, criminal recidivism, and other factors. Process efficiencies and appropriateness of service levels provided to clients will also be **examined**.

### **Key variables for program effectiveness**

An agency should monitor programs with respect to recidivism, but this cannot be the central variable in evaluation.

- Placement and retention in community treatment are of key importance.
- Family unification/reunification are central to women's recovery.
- Women need education, employment skills, and life skills that include an understanding of the appropriate USC of public support.
- Programs should meet client needs rather than agency needs. Programs cannot be "canned" to mainstream program participants in terms of education and employment, because most participants do not have mainstream histories. Cultural differences mean differences in values. Job training must identify the kinds of employment that are viable. If employment is not possible because of minor children, survival could mean learning to tap into social services agency support, to avoid reverting to a lifestyle connected to drugs.

**Key variables causing difficulties**

- Inadequate follow-up on offender reporting to their community referrals undermines program planning.
- Differences in the degree of staff support for program goals must be addressed, especially when new programming is being implemented.

# Women's Addiction Services Minnesota Correctional Facility, Shakopee Minnesota Department of Corrections

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## **Program Summary**

Minnesota's addiction programming for incarcerated female felons operates at the Shakopee facility under the title Women's Addiction Services. These services have evolved over more than ten years. To meet the special needs of the population, the program emphasizes flexibility in programming as well as staff who are alert to alternative treatment methodologies; institution administrators encourage exploration, and the entire staff of the institution are supportive agents of change. Currently, women leave their units within the general population to participate in programming that ranges from education and recreation therapy to individual and group counseling. Services and staff are located in the institution's core building. In 1994, the treatment program and its participants will move to a separate unit to create a live-in program based on a therapeutic community.

## **Program Highlights**

### **Primary reasons the program was established**

- As the-state correctional facility for women, Shakopee has historically recognized dependency/addiction as a challenge for women that interfaces with other life issues, such as relationships, sexuality, vocational and educational choices, cultural and spiritual beliefs, and mental and physical well-being.

Women's Addiction Services  
Minnesota Correctional Facility, Shakopee  
Minnesota Department of Corrections

- Addiction services expanded as the number of women coming to prison increased. The multiplicity of treatment concerns for these women underscored the need for addiction treatment services, which was acknowledged at an administrative level where funding decisions are made.

### **Goals**

- To influence the total woman and improve her quality of life by assisting her to understand chemical abuse and its consequences and to support her efforts toward lifestyle change.
- To provide client-centered services in a safe, structured, supportive environment that maximizes self-determination, self-esteem, and dignity.
- To support community reintegration by challenging criminal/addictive thinking and behaviors through comprehensive, interdisciplinary services.
- To support the development of adaptive behaviors and improved independent **and** interpersonal skills.

### **Client screening**

On entry to the institution, women undergo a two-week orientation process. In that time, each woman is interviewed by a corrections behavior therapist assigned to conduct a chemical health assessment. For each inmate, a summary of the assessment and diagnosis becomes a part of the information forwarded to the institution's program review team for their analysis and programming recommendations.

### **Client assessment**

The assessment is based on an instrument developed by staff to identify treatment concerns in life areas that affect substance abuse patterns for women. Questions are targeted to solicit exact information that will express a woman's familial, financial, legal, social, vocational, recreational, and spiritual concerns. Mental and physical health histories are reviewed as well as extensive data on client chemical use. The very sensitive issue of abuse-physical, emotional, verbal, and sexual-is also carefully documented. The assessment instrument is periodically reviewed and revised as needed

### **Aspects of the assessment process that are unique for women**

The agency's philosophy is that chemical use/abuse is secondary to women's primary challenges, which are rooted in societal and life issues. The screening instrument looks at issues particular to women, noted above, and the assessment process provides the women with a one-to-one; private opportunity to discuss these issues. Often, this is the first occasion that has allowed a woman to safely disclose her experiences.

### **Treatment/Intervention modalities**

Treatment participants, currently housed with the general population, come from their units to the core building for all programming. The women spend seven and one-half

hours per day, four days per week in program activities; on Fridays participants are provided individual counseling. One ten-week treatment cycle takes place each quarter.

Addiction treatment uses a broad and comprehensive range of techniques and strategies: abstinence, chemical health education, cognitive restructuring (RET), structured group work, social thinking skill development, leisure activities, and recreational therapy. Experiential therapies include art, music, and psychodrama. Acupuncture and acupressure are adjuncts to the more physical activities of the day. All services reflect a commitment to meeting each client at her level of need. Self-help groups such as AA, NA, and Women for Sobriety are also available.

Specific therapeutic approaches include:

- Adlerian psychology - Shakopee is a master's-level supervised internship site for the Alfred Adler Institute of Counseling Psychology. This addition of individual and group counselors enhances the treatment experience for everyone involved. Adlerian principles advance respect for self and others, individual responsibility, equality, and the ability to break free from the past. Two consultants working with the treatment team are Adlerian-based, licensed counseling psychologists.
- Acupuncture and acupressure - Acupuncture, provided by a certified acupuncturist, is available to the general population as well as treatment participants three days per week. Acupuncture treatment eases chemical withdrawal symptoms, reduces stress and depression, and appears to calm the anxiety and hyperactivity of crisis. Program participants have reported significant relief. Acupressure techniques are demonstrated and taught by a certified acupressurist to treatment participants. The specific techniques assist clients to more fully participate in their self-healing.
- Recreation therapy-Recreation therapy for the treatment group is designed and assisted by the institution's recreation director, who is a certified recreation therapist. Games, exercises, and play activities are structured to build confidence in self and others, to facilitate self-trust and trust of others, to promote cooperation and team spirit, and to energize body and mind.
- Experiential expressive therapy-This therapy uses a multisensory approach involving sight, hearing, speaking, and touch. Tasks in art, music, and psychodrama facilitate positive feelings of self-worth in the individual and positive social interaction, while also providing safe opportunities for self expression. Concrete participatory activities work well with the population.

Materials using terms that are concrete and familiar to the client are planned, prepared, and presented by consultants and staff working together as the treatment team. Information that builds from one concept to another is presented in small portions. The team



provides frequent positive feedback and creates opportunities for success, making learning fun.

The current quarterly treatment sessions serve ten to twelve women Per quarter, or forty to forty-eight women per year in a facility with an average population of 153. Future expectations are to serve a larger number of women through a very concentrated therapeutic community approach The planned unit's thirty-two bed capacity will accommodate open-ended programming of three to nine months. A small core group of inmates with long-term sentences who are program graduates will be ongoing unit residents to stabilize the unit's turnover in population. The therapeutic community will provide treatment participants an opportunity to "live" an alternative lifestyle, ultimately improving their chances for adjustment after release. To ease the transition to a therapeutic community in 1994, program staff have extended the length of current programming.

The program presently targets, first, women whose supervised release date is most current. Next, selections are made, from a waiting list of longer-termed inmates. Groups are capped at ten to twelve participants; past experience indicates that small groups are ideal,

Women who are ineligible for addiction treatment because their sentences are too short to complete the cycle are recommended to the self-help groups in combination with the relapse prevention, education, and recovery series components.

### **Aspects of treatment that are unique for women**

Women's treatment historically has avoided a heavy-handed, confrontive approach. Treatment team members are encouragers and guides through the recovery process, which builds on strengths rather than magnifying weaknesses. Women's Addiction Services is eclectic in its approach to treatment, tailoring service strategies to the special needs and level of the client population

### **Sharing of offender Information**

Information in each woman's base file includes the PSI. The program shares information about program participants only if they are willing to sign an authorization for release of information. Once this has been formalized, the program can provide the participant's assessment or treatment information to agencies on request. Requestors must ask for specific information, and the woman must specifically authorize the exchange.

### **Continuity of care**

Program staff assist participants in locating continuing care providers prior to release. Data for planning a woman's access to services are shared with the institution's work release coordinator, who works with other agencies involved in case management, such as parole and probation. The DOC contracts with an outside agency to provide institutional pre-release programming, which extends these services into the community.

only minimal transitional housing is available for ex-offenders, particularly women in recovery with children. Two years ago, a small, twenty-four-unit program was made possible through Housing and Urban Development funds. Managed by Perspectives, Inc., this program is very successful.

### Special support for the program

The DOC and institution administration are sensitive to the need for the program and supportive of its goals. The administration encourages program enrichment through experiential techniques and modalities. Administrators place confidence in staff expertise, supporting exploration in program development and treatment techniques.

## Personnel

### Certification of treatment staff

Staff must pass a state examination and have been graduated from a certified chemical dependency program. Program staff have recently been reclassified to the job title of corrections behavioral therapist, which involved meeting state educational and work experience requirements. The new classification better describes the program staffs work with both addictive and criminal thinking.

### Inservice training of treatment staff

The DOC requires forty hours of in-service training each fiscal year, including mandatory institution training and continuing education. Staff are free to choose training on any issues relevant to the field of addiction and to seek out a variety of training experiences they then bring back to their colleagues. In this manner, the program gets the broadest possible exposure to new ideas. Examples of areas in which staff have pursued training are rational-emotive therapy, eating disorders, and mental illness/CD. The institution's program staff-Including staff of the parenting program, the personal development program, the chaplain's program, and addiction services-work together and hold biweekly meetings for information exchange.

### Cross-training of non-treatment staff

Corrections officers receive program information through staff training sessions held quarterly. Program staff also work closely with the recreational therapist/coordinator and the chaplain Coordinators responsible for a variety of facility programs share speakers and other resources. Non-program staff consistently express interest and frequently request more training.

### Staffing

The program is staffed by three full-time counselors/therapists:

- n A corrections behavior therapist specialist, the program coordinator, co-facilitator of the treatment groups;

- A corrections behavior therapist, the assessor, who has additional responsibility for relapse programming; and
- A chemical health counselor, who serves as treatment group co-facilitator.

Treatment programming also includes funding for six part-time community consultants; an Adlerian psychologist who conducts group sessions on sexuality; a certified acupuncturist; a certified acupressurist; a certified chemical health counselor who addresses women and addiction; and an ordained minister who presents successful living skills.

Cultural diversity is an important program consideration. African-American and Native American consultants 'create recognition and a higher level of client comfort by their inclusion in the treatment process.

### **Use of volunteers**

For many years Perspectives, Inc., has provided the funds and volunteers for the Friend-to-Friend program, which matches an inmate in recovery with a friend from the outside community. The alliance has been an invaluable resource for participants.

Many benefits have resulted from college internship placements in the program. Several colleges have provided student interns, who lead group work and conduct one-to-one counseling with staff supervision.

### **Use of ex-offenders**

Ex-offenders and women in recovery are an integral part of addiction programming. Two consultants are ex-offenders, and five consultant/staff are women in recovery who daily model life after crime and drugs, conveying a message of empowerment.

## **Program Effectiveness**

### **Program evaluation**

Staff look not only for abstinence, but for changes in behavior and thought. The program maintains internal records, including summaries of individual progress during the ten-week sessions. Individual participation reviews are conducted every thirty days. Attendance and tracking forms create a record of participation and notable interaction. A formal evaluation process is being developed

### **Key variables contributing to program effectiveness**

- Program participants need to know that the staff genuinely care about them and believe they can change, because this counters the message they have heard most of their lives. Combatting hopelessness is a central issue to recovery.

- Women and ex-offenders from the community who are living the program outside the facility are valuable role models. It is important for program participants to have contact with someone who can exemplify the reasons for hope, even when the women cannot feel it.
- Flexibility to make adjustments and improvements in the program and being open to constant change keeps the program vital.

### **Variables causing difficulties**

- Program impact is limited by the shortness of time available to enter the women's lives. The program can provide information and a safe place for women to explore program ideas, but cannot provide an adequate opportunity for the women to "live" the ideas. The outside environment may not be safe for or conducive to a change in lifestyle.

### **Additional Notes**

Program staff need to stay tuned to women in treatment to discern their true needs. Treatment providers are wise to avoid approaching their task with fixed ideas of what treatment participants should know or do. Feedback on what the women find they need once they reenter their communities is valuable in developing and refining approaches to treatment.

Treatment expectations need to be realistic. Program staff cannot expect to systematically program these women and return them to the community "fixed"

Recovery is a process, and change occurs as the client is ready. Progress is most evident in their social skills and in their verbalization of hope for a future.

Dos Pasos Program  
Pima County Sheriff's Department  
Tucson, Arizona

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### **Program Summary**

The Pima County Sheriff's Department has received grant funds for a demonstration project to provide contracted treatment linkage and case management for substance abusing women who are either pregnant, recently postpartum, or at high risk for pregnancy. COPE Behavioral Services, Inc., a social services contractor, operates the DOS Pasos program as well as a residential treatment program for severely mentally ill adults and the PASSAR program of adult outpatient drug and alcohol treatment.

### **Program Highlights**

#### **Primary reasons the program was initiated**

- The Pima County Sheriff's Office became concerned with the problem of children being born to substance-abusing mothers, particularly those who are involved with the criminal justice system. Among women in the jail at any time, 93 percent are in their childbearing years (between the ages of eighteen and forty-four). The agency-obtained funding from the National Center for Child Abuse and Neglect (NCCAN) to develop an advocacy program for mothers and their children.
  
- The Dos Pasos grant from the U.S. Department of Health and Human Services enabled the creation of the sheriff department's treatment program.

#### **Goals**

- The demonstration project is intended to develop a replicable model for contracted case management and treatment linkage.

- The program provides community service linkage for substance-abusing pregnant women who are involved in the criminal justice system.
- The program also seeks to provide education and counseling for substance-abusing women who remain incarcerated.

#### Client referral

Referrals are initiated at three points:

- At the Pima County Pretrial Services Prerelease Office at the jail, where arrestees are taken prior to booking to see if they can be released instead of booked. An interview during this process can include referral to the program.
- During booking at the jail, where staff screen incoming women for pregnancy.
- In the women's units, where corrections staff can identify women in need of services who were not referred through the earlier screenings. This screening takes place after booking and before a woman's initial appearance in court.

#### Client assessment

An in-depth, one-to-one clinical interview is conducted by a trained substance abuse outreach worker. The assessment does not involve use of a formal instrument or drug testing. Instead, an interview process emphasizes gathering thorough information to help in pairing women with treatment and interventions that meet their specific needs. A woman's capacity for self-help, her need for relapse prevention, and her patterns of criminal thinking are covered in the assessment evaluation process and shape outreach and liaison activity on her behalf. The court also provides considerable input on what it sees as treatment needs.

#### Aspects of assessment that are unique for women

The assessment interview takes into account the woman's reproductive history, her current health and pregnancy status, any previous pregnancies, and matters involving her children, if any-whether they are with her family, with Child Protective Services (CPS), or in foster care.

#### Treatment/Intervention modalities

The DOS Pasos program does not offer treatment but provides outreach and referral to services. Approximately six programs are used as referrals for treatment. Most provide group counseling and periodic one-to-one work; one provides a therapeutic community. The amount of treatment a woman receives depends on the program; if the referral is to a residential program, treatment is almost continuous. The PASSAR outpatient drug and alcohol program provides at least four hours of treatment per week, supplemented by any support groups women attend on the outside. In-jail treatment includes one hour of education per week, plus parenting and codependency groups for two hours a week. Other referrals are made to help the women meet basic survival needs, such as the community

food bank, the Salvation Army for furniture, ministries that provide housing, and agencies that provide employment and vocational training. There is a strong education component for women in and out of custody.

Program staff believe that women with children avoid treatment because of barriers that make it hard to survive and to care for their children, and because the women fear they will lose custody of their children if they admit to drug use. The program supports women in keeping their children whenever possible, through advocacy and liaison with agencies, including a very strong relationship with CPS. Staff also attempt to minimize the number of forms women have to complete and, to overcome transportation barriers to treatment provide bus passes, taxi money, and gasoline vouchers.

The program's bias is to be constantly working to bring criminal justice and treatment sources to address the whole person. Because behavior in each area feeds off the **other**, program action is based on the premise that it is a disservice to the client if justice and treatment needs are fragmented. Each party to the woman's custody, release, and treatment are encouraged to value the role of the other parties.

Case managers are committed to doing whatever it takes to meet women's needs as they arise. One acted as the birth coach for a client, and another facilitated a reconciliation between a pregnant woman and her boyfriend, who eventually married. Frequently, past program participants return for a visit-clean, with a healthy baby.

### **Aspects of treatment that are unique for women**

Under the NCCAN grant, COPE has collaborated with other treatment agencies in the community to develop specific programs for women, including a day treatment program where women can take their children; a day treatment center where babies go to a nursery for the first six months and are checked for any developmental effects of drug use in pregnancy; residential beds at a women's alcohol detoxification center where children are brought on weekends so that mothers can learn to interact with them while sober in preparation for eventually living with them; and a drug treatment community that has long-term residential beds for women and their children. Outside of programs developed under the original NCCAN grant, another treatment community is available for women and their children, but it is not a first choice for referral because its treatment strategy is not considered to be in the best interests of the children.

### **Sharing of offender Information**

Self-report is the main source of data on new clients. If a client is a referral from CPS or another treatment agency, the program can access information from those agencies. Women sign releases of information at intake to facilitate information-sharing between social services agencies and the criminal justice system. As needed, the program makes use of offender information that is public record.

For women being referred to treatment, Dos Pasos provides a summary of treatment or other needs as well as family history. When reports to probation or the courts are

required, the program provides summary information and a contact name rather than its exhaustive internal reports. Similarly, treatment contacts are primarily interested in the summary rather than the detailed reports.

### **Continuity of care**

Continuity begins with the DOS Pasos outreach services, case management, and referrals to treatment and programs. To sustain the program focus, the case manager knows the client and her needs and maintains a continuous working relationship with all the available referral sources. Staff remain in contact with each client as long as any service needs exist. Cases that have been closed can be reopened.

### **Special support for the program**

COPE's Director of Criminal Justice Services maintains a close link with the sheriff's department, training correctional officers in the management of mentally ill as well as substance abusing offenders. Through community presentations, the director is also active in encouraging probation staff, pretrial services staff, and judges to work together. Interdisciplinary meetings conducted through the misdemeanor Court system educate attorneys, police, and magistrates, emphasizing an awareness of the humanity of offenders that is common among jail staff with popular direct experience, but less common among police and prosecutors. The meetings emphasize specific areas of need, particularly needs connected to poverty, which is widespread among Arizona's Native American population.

COPE recently created an outreach program for women from Native American tribes. Through an IHS contract, COPE provides a caseworker for the Tohono O'odham tribe as well as training in case management for pregnant substance abusing women. COPE is also working with a Yaqui tribal judge who wants to replicate the program in her courts.

One administrator, primarily connected to the county attorney's office and state juvenile justice commission, generates notably strong support for the program. A clinical psychologist, the administrator is actively involved in the program, locating additional funding by working with the legislature to preserve funding and exploring foundations and federal sources for continued or increased funding.

## **Personnel**

### **Certification of treatment staff**

Instead of specific certification requirements, case management staff are required to have experience in substance abuse treatment and with women's issues. COPE management has found that exposure to the human condition prepares case managers more effectively than university education. DOS Pasos case managers must be willing to work "down and dirty"-entering the community and homes to work with indigent people and those who receive publicly funded services. The COPE hiring policy-based on the premise that knowing why needs occur is not as important as the will and ability to act-attracts a



range of talent. One case manager, who has an associates degree in substance abuse counseling, is also an exceptional teacher, covering self-esteem and methods to avoid \*‘using\*’ behavior. Another case manager, who has no formal university experience, speaks a Native American language and is certified to teach about fetal alcohol syndrome and fetal alcohol effects. On the other hand, one case manager, who is bilingual, holds a master’s degree in history and teaches Hispanic culture in a local community college.

### Staffing

- COPE Director/Dos Pasos Clinical Supervisor. Clinical psychologist; Ph.D. in child development. Assigned at 20 percent, although actual time exceeds that amount
- COPE Director of Criminal Justice Services/Dos Pasos Direct Supervisor. M.A. in clinical psychology. Full time.
- Two full-time case managers.
- One half-time case manager dedicated to the reservation.
- One quarter-time educator/instructor.

### Inservice training of treatment staff

Staff receive six to eight hours of training each month. The content of training is determined by need and opportunity. To gain full use of a limited training budget, COPE may send one staff member to training who in turn conducts an inservice for other staff. COPE also takes full advantage of volunteer trainers from other agencies. Weekly cost-free training is available as well through the Pima County Health Authority/Arizona Center for Clinical Management; the task for the agency is to match training to staff within a heavy workload. Because COPE is a combination of three agencies staffed for a range of well-developed capabilities, inservices are often delivered by internal staff.

Topics covered in standard inservice training for all staff include:

- Required training on substance abuse issues, particularly new treatment techniques. Staff awareness of the nationwide trend in health care-brief treatment and quick intervention or therapy-is especially important for the Dos Pasos population, who rarely receive medical attention. Staff are particularly vigilant about fetal development.
- Cultural sensitivity. Training emphasizes appropriate behaviors within specific cultures to help staff avoid misinterpreting cues from clients.
- Referral agencies and their methods and services. Inservices on established agencies and startups are cultivated through cross-training of jail and hospital staff.

- Jail philosophy and procedures. This training is aimed at avoiding any intrusion into jail routines, particularly actions that could endanger people.

### **Cross-training of non-treatment staff**

Cross-training in substance abuse treatment issues is provided for people who have direct contact with clients: jail staff, probation personnel, and CPS staff. For example, CPS staff working with families of clients need training in substance abuse issues such as codependency and relapse. Relapse training can help keep families together by emphasizing the support a woman needs to get out of the relapse cycle, the fact that relapse is expected and possibly even beneficial in treatment, and that if a woman relapses her treatment should not be considered a failure or her child removed. The DOS Pasos staff also receive broad cross-training in meeting offenders' disparate needs. For example, training in codependency helps a case manager understand the obstacles to a woman giving up her partner in a codependent relationship.

Although DOS Pasos sometimes trains supervisors in referral agencies, the management staff of those agencies are not directly trained. When a policy changes, supervisors are educated about the issue and can bring it to the attention of agency management.

### **Use of volunteers**

The program has found it difficult to recruit volunteers, possibly because of some moral judgment in the community that the women are not just pregnant and in need, but pregnant, substance-abusing, and convicted of a criminal offense. The repetitive nature of the needed volunteer services, such as filing, has contributed to a high turnover.

### **Use of ex-offenders**

Ex-offenders are rarely used in the program, though they occasionally help in picking up and sorting donations. This role can be difficult for volunteers who have lost a child through court intervention or death.

## **Program Effectiveness**

### **Program evaluation**

Evaluation of treatment effectiveness is only on a case-by-case basis. Case evidence shows that a significant number of clients are helped, have healthy babies, complete their court requirements, and are successful on probation or parole.

A process is underway to evaluate the structure of DOS Pasos as a demonstration program and to identify the steps required in implementing a civilian program in a corrections setting. In a separate evaluation supported by a three-year grant, the agency is measuring whether voluntary or stipulated treatment is more effective by comparing outcomes for two tracks of participants. In the first year, staff entered the jail to identify women who would voluntarily enter the program for referrals to treatment. In the second

year, staff met with court officials and judges at an offender's initial appearance and sentencing to request stipulated treatment. By January 1994, evaluation results will be used to determine the model for the last eight months of the program.

As a corollary, this evaluation will determine when stipulated treatment is best imposed-whether at arraignment or as a sentencing option. -Women will be tracked according to the initial referring source, whether they follow through if recommended for stipulated program entry, and whether they enter the program voluntarily if treatment is not stipulated. In the pretrial phase, some women are released without being booked but with a paper referral; response is measured by whether or not they contact the agency.

### **Key variables for program effectiveness**

- Court involvement is helpful. Women may enter the program with serious objections, but with court backing they stay and benefit
- Length of time in treatment is a critical factor.
- Having healthy babies can be a powerful motivator for women. This can be particularly true if a woman previously has given birth to a less healthy baby and can tell the difference. Some women have previously experienced having their newborns taken away in the hospital by social services without prior notice.
- The status of a woman's other children can cause preoccupation with issues such as custody battles and DCS involvement, affecting her attitudes and participation in treatment and programs.

### **Variables causing difficulties**

The attitude of the judge can determine whether a woman receives services. By law, the only relevant condition for pretrial release is whether an offender will return for her next court hearing, and some judges feel no obligation to impose a treatment condition. Other judges, appreciative of the program's involvement, process treatment conditions into the court order.

Language barriers between criminal justice and social services-in their acronyms, focus, and philosophy-can lead to misunderstandings if terms are not mutually understood. An example is the use of word "recommendation," which judges can hear as counselors telling them how to do their jobs. Case managers must be clear in communicating with the court in terms of its option to use the recommendation.

### **Additional Notes**

The goal of the case manager and the program at large is not to have a woman offender's charges dismissed, but to minimize time in jail for speedier release into the

community, where she can do something productive and obtain treatment. Community alternatives also reduce pressure on a constantly-crowded jail system.

Women who have been in and out of the criminal justice system may resist the treatment referral process because they know how they can evade it. The more naive women are more responsive and more appreciative of the educational and other opportunities.

# Stepping Out and Pregnant Inmate Program Las Colinas Detention Facility San Diego Sheriff's Department

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## **Program Summary**

Stepping Out, the facility's substance abuse treatment program for women, is a modified therapeutic community that is not wholly separate from the general population. Treatment includes aspects of the therapeutic community model, group and one-on-one counseling, and education. Treatment strategies are designed to promote the personal growth of the inmate, inhibiting or reducing the physical, mental, and social impairment and criminal behavior that result from substance abuse. Through the Pregnant Inmate Program (PIP), which has been in operation for one year, pregnant women receive the substance abuse treatment available to all women in the facility, supplemented by classes in pregnancy health, birthing, and infant parenting. Stepping Out, designed to serve a maximum of twenty women, averages fifteen participants. PIP, which has no set limit, serves a varying number of participants. Both programs are operated by a combination of agency and contractor staff, drawing on different vendors for different program elements.

## **Program Highlights**

### **Primary reasons the program was established**

- The agency recognized women's unique problems-the social and family issues that affect the total person and that need to be addressed for substance abuse treatment to be effective.

- No substance abuse treatment was being offered to women, despite the fact that 80 percent of women in the facility were there for drug-related crimes.

## **Goals**

- To reduce recidivism and crime.
- To provide intensive drug and alcohol treatment and recovery services in a supervised, safe, and supportive recovery environment for parolees with drug abuse and criminal law problems, and to engage individuals in recovery through support groups specifically addressing denial, relationships, criminal justice issues, and other themes in recovery.
- To achieve positive changes in the inmate's behavior, health, feelings, and/or relationships and to alleviate problems resulting from drug and alcohol misuse and abuse.
- To identify and alleviate the causes of alcohol and drug misuse and abuse and thus decrease drug taking and criminal behavior.
- To minimize the incidence and impact of alcohol and drug use, misuse, and abuse and of criminal behavior through the implementation of intensive drug treatment and recovery strategies designed to promote the personal growth of the inmate at risk and thereby inhibit or reduce the physical, mental, and social impairment and criminal behavior that result from the abuse of alcohol and drugs.

## **Client referral**

The Stepping Out program services the women's population at large, supplemented when appropriate by PIP classes designed for pregnant women. Each offender's current charge and criminal history profile provide flags for screening. Women eligible for substance abuse treatment are those within approved security levels who have an anticipated sentence length sufficient for participation. Offenders who fit the profile or who voice an interest in treatment are screened by the program coordinator and facility counseling staff using a sixteen-point questionnaire. Assessment interviews following the questionnaire phase ensure profile matching.

Acceptance into the Pregnant Inmate Program is automatic for all pregnant women, whether they are eligible for substance abuse treatment or not. A small percentage of pregnant women qualify for Stepping Out; those who do not are programmed in other ways to cover pre- and post-pregnancy issues. Pregnancy tests are initiated by the inmates. A woman's term of pregnancy has no effect on her acceptance into either Program.

## **Client assessment**

Assessment begins with a one-on-one counselor interview lasting five minutes. A client readiness scale is then completed covering motivation, previous treatment history, and

expectations of treatment. The next step is completion of an application intake form that collects demographic information, data on the offender's family history, work history, and offense history, as well as information on previous attempted and completed treatment. A follow-up gathers specific information on the offender's family and establishes a record of who is likely to know the offender's whereabouts after her release.

A psychosocial assessment follows up and expands on information in the areas of offender motivation, family history, drug history, previous treatment attempts, education and employment history, sexual orientation and background, lifestyle background, and parenting status. Women are then accepted into the program; by this time, they are usually certain that they want to participate.

### **Aspects of the assessment process that are unique for women**

The assessment collects data on sexual orientation and sexual history, particularly whether the woman has engaged in prostitution related to drug use habits, and whether the woman has other children.

### **Treatment/Intervention modalities**

Treatment through Stepping Out is provided in a therapeutic community setting with group therapy (including AA and NA), education, and weekly one-on-one counseling at a scheduled time every week. One-on-one counseling is also available as needed. A "hybrid" therapeutic community is currently in operation in the women's dormitory; the women are not segregated from non-treatment participants, instead sharing a common dayroom and yard. Current capacity is eighteen to twenty participants. The agency plans to create a separate therapeutic community using grant funds.

The community culture is non-confrontational. Topics addressed in treatment include post-acute withdrawal syndrome, identifying signs of relapse, intervention techniques, staged recovery, training for process of addiction, family function/dysfunction, denial and how to break through it, letting go of high-risk behavior, treatment of criminal thinking, and cognitive restructuring. Cultural- and gender-specific strategies are employed. For each participant, an individual program plan is developed for treatment and educational classes. Program providers track the overall treatment plan.

Educational opportunities include a GED program, HIV/AIDS education, a parenting class, and life skills. Some classes are assigned and others are selected by the inmate. Women interested in these opportunities tend to need less direction than those who show facility population.

Programming totals approximately thirty hours per week. A typical day includes a group meeting followed by classes, educational groups such as HIV and parenting, and an exercise group coordinated by an aerobics instructor who conducts classes for the entire facility population.

## **Aspects of the treatment strategy that are unique for women**

Some aspects of family dysfunction counseling and education are addressed, with an emphasis on the woman's perspective. PIP classes cover health, birthing, and infant parenting issues for women in treatment for substance abuse. Although most pregnant inmates give birth after release, those who deliver while in custody participate in the selection of a birthing coach and a foster parent, both provided through PIP. Foster parents bring infants to the facility for contact visits with the mothers after their return from the hospital.

## **Sharing of offender Information**

Program staff try to get as much information as possible voluntarily from the women, obtaining verification when needed from outside agencies such as the county mental health department. The goal is to build the most thorough profile possible for each participant, ideally before treatment begins.

A release form and linkage agreement form enable staff to work within confidentiality requirements. The program has established linkage agreements with a range of different groups to support constant information-sharing. Bureaucracy can hamper data exchange, however, data on HIV infection, for example, can be difficult to obtain.

Because treatment providers within the program are typically the same groups that provide follow-up care, information-sharing for continuity of care is not an issue. When the women transfer to the care of other providers, they typically provide treatment information voluntarily.

## **Continuity of care**

The program incorporates referrals to private providers, each funded in part by the agency. (Providers such as the MacAlister Institute and Community Connection also contribute to PIP and Stepping Out.) Approximately twenty outside providers serve in a variety of specialty areas. Selection is based on cost, availability of space, and individual treatment needs. Examples of available placements include the following.

- The MacAlister Institute provides drug treatment through several treatment programs for women and men. These include residential programs, day treatment, and other formats. MacAlister also provides the program's HIV/AIDS training.
- Community Connection provides a day treatment program called "Solutions" as well as other programs.
- Community Resources And Self-Help (CRASH) is a county-funded drug rehabilitation program.
- Crossroads offers residential treatment for women with histories of alcohol abuse.
- Turning Point is a residential alcohol/drug treatment center for women.



- Stepping Stone is a treatment center for gays and lesbians.
- House of Metamorphosis offers a therapeutic community.
- Other providers include South Bay Drug Abuse Services, Mid-City Drug Abuse Services, and North City Drug Abuse Services.

### **Special support for program**

The agency administration provides funding, space, counseling support staff, and some clerical support. Administrative involvement is limited to facilitation, approval, and report review. A private film company is now working with the sheriff's department to prepare a documentary on women in jail that will be aired on PBS. This may create positive publicity and benefit grant-seeking.

## **Personnel**

### **Certification of treatment staff**

Treatment providers are required to be staffed by counselors certified by the California Association of Drug and Alcohol Abuse Counseling (CADAAC). Some care providers, such as Community Connection, prefer to hire people with a bachelor's degree in counseling, human behavior, or psychology in addition to CADAAC certification. The sheriff's department works with treatment providers to ensure that staffing is appropriate and contributes to the screening of treatment staff. The MacAlister Institute for Treatment and Education provides personnel for PIP through Options for Recovery.

### **Inservice training of treatment staff**

The contract for treatment provision requires an entire inservice training curriculum that includes HIV/AIDS, custody orientation training, CPR, understanding families and recovery, curriculum training in three stages, multicultural strategies in counseling, advanced group dynamics, treatment and assessment planning, understanding case reviews, community resources, and sexual addiction and dysfunction. Of these topics, the sheriff's department itself provides training in CPR and orientation to custody.

### **Cross-training of non-treatment staff**

- **contractors** provide training for the position of employment counselor case manager to facilitate vocational training and employment placement during offender follow-up.
- Custody staff receive twenty-four hours of state-mandated training yearly. The broad curriculum includes drug abuse recognition and treatment program needs and focuses. Additional training is provided during a thirty-minute line-up at the beginning of each shift. A portion of this time is allocated to correctional counselors and program providers for delivering updates on the treatment programs.

## **Staffing**

- Contract staff include one full-time case manager, who conducts workshops and provides group therapy and one-on-one counseling. Three part-time assistants (two at 25 percent and one at 15 percent) work at the provider's central office, supporting the case manager through follow-up and statistical analysis.
- The sheriff's department provides three correctional counselors to the program. One is assigned directly to the program provider and devotes about 20 percent toward the drug abuse program. The other two correctional counselors are available as needed.

## **Use of volunteers**

Following an unsuccessful attempt to use volunteers in the program, the agency terminated their use.

## **Use of ex-offenders**

One ex-offender contributes to a re-entry workshop.

## **Program Effectiveness**

### **Program evaluation**

A program evaluation is currently underway. The agency attempts to track recidivism through county probation and/or parole and the courts, but finds it difficult to locate program participants after they complete their follow-up programs. The agency philosophy is that the truest evaluation of the program is the length of time women stay clean, sober, and out of the criminal justice system. Feedback from former participants indicates that the program is effective.

### **Variables contributing to program effectiveness**

- The service mixture in this program, combining different types of classes and options for recovery work, allows treatment to be tailored to individual needs.
- The modified therapeutic community approach is effective, particularly its focus on recovery and re-entry with post-discharge aftercare placements. Program staff have observed significant progress by program participants in the aftercare phase.

### **Variables causing difficulties**

- A lack of space limits the program, particularly given the agency's classification strictures. Offenders are classified into one of six levels in terms of crime sophistication and severity as well as likelihood of assault or escape. Housing assignments are determined by classification level, which determines the mix of women who can be in the program. Level Two women can't be effectively housed with Level

**Stepping Out and Pregnant Inmate Program**  
**Las Colinas Detention Facility**  
**San Diego Sheriff's Department**

Four, *for example*. If more space were available, the facility could operate more groups with appropriate security mixtures.

### **Additional Notes**

In the program's first year of operation, obstacles to implementation have been encountered, including a period of triple-bunking during a renovation and a drop to twelve participants when sufficient space was unavailable. A federal grant will be used to expand the program space and treatment options; program capacity will be increased to approximately sixty beds. A former temporary men's facility with 600 beds will be renovated to house the substance abuse program.

# New Image Milan Women's Center Georgia Department of Corrections

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## **Program Summary**

The Georgia Department of Corrections (GDC) provides substance abuse treatment in three levels; the New Image pilot, created with Bureau of Justice Assistance (BJA) funds, is a Level III intensive program. New Image is a sixty-bed therapeutic community within an institution housing 250 women. Treatment averages nine months and emphasizes group therapy in fostering individual responsibility and self-sufficiency to break generational patterns of relationship and chemical dependency. Treatment is closely linked to aftercare on parole.

## **Program Highlights**

### **Primary reasons the program was established**

- Agency data indicate clear links between women's drug and alcohol problems and criminal activity. Examples include forging prescriptions for tranquilizers-a pattern among women who are abusing harder drugs-and trading sex for drugs.
- Women offenders have patterns of dependency on men, many of whom are involved in drug dealing. Relationship dependency and chemical dependency are characteristic of the women offender population.
- Women have more significant medical needs, as evidenced by depression, diet problems, and problems with self-medication using prescribed drugs.

- More than 94 percent of women in Georgia prisons report that they have one or more children, and a generational cycle of crime and substance abuse patterns is known to exist. In contrast, just 76 percent of men inmates report having children, but the actual number may be much larger. Male inmates may acknowledge their children less readily, perhaps fearing liability for child support.

### Goals

- To help women achieve a drug-free lifestyle.
- To improve women's self-image and their skills for decisionmaking.
- To increase employability after release.
- To break generational patterns of substance abuse and crime, incorporating parenting and family counseling into a holistic approach.

### Client referral

The GDC is in its second year of using an intake assessment developed by Dr. Ron Jemelka of Washington State University, which is standard for men and women. This may flag an offender for substance abuse treatment, which can affect institutional assignments after security level has been satisfied as a priority. Substance abuse program planning has a goal of assuring that appropriate levels of programming are available at locations that house all security levels. Counselor referrals to New Image can occur during intake or once the woman has reached her assigned housing unit. Offenders can also request placement in the program.

### Client assessment

After referral, women participate in a clinical interview. Recently a sample of fifty women who were candidates for New Image were evaluated using the MADST and a computerized assessment developed by Behavior Systems, Ltd., under Dr. Herman Lindeman. The data will be used to compare the results of the different assessment methodologies.

### Aspects of the assessment process unique for women

No aspects of the standard assessment process currently in use by the GDC are unique for women. Researchers are, however, observing the South Carolina DGC's experience with the Quay instrument. Feedback from South Carolina indicates that the agency has found that this instrument has not proven as effective for women as for men, and the agency is participating in a pilot to redesign the instrument with variations especially for women offenders.

### Treatment/Intervention modalities

The New Image program is a segregated therapeutic community that involves an average treatment period of nine months. Women enter and leave the program as individuals, not as contained groups, leaving the program when they have fulfilled their require-

ments for completion. The therapeutic community emphasizes the group process over individual counseling. Modalities include group confrontation and a twelve-step approach to counseling. Development of parenting skills is emphasized. Cognitive restructuring has been used to some extent.

New Image programming is a twenty-four-hour per day process. The length of treatment is determined by the speed with which women meet the goals of each phase. Goals include personal development, accepting responsibility, and making decisions with an emphasis on a drug-free and independent life. Participants must meet all goals to graduate from the program.

Each therapeutic community develops its own incentives and rewards within the GDC's broad disciplinary procedures. Formalized aftercare plans are being implemented for the first graduates of this program.

### **Aspects of the treatment strategy that are unique for women**

Because women's patterns of chemical dependency are related to patterns of dependency in relationships, treatment emphasizes the fostering of a self-image centered on independence and personal responsibility.

Georgia's therapeutic communities are administered similarly for men and women, except for aspects controlled by the communities themselves. New Image's emphasis on parenting skills is carried out in part through a weekly family day featuring observed parent/child interaction. New Image does not yet have the sophisticated play lab that is available through Project BEACH at a larger women's facility. Project BEACH is an experimental program in which women participate in intensive parenting classes; their children visit for play labs viewed by counselors behind one-way glass. Counselors can observe actual interactions between the mothers and their children. Later discussion relates class content to its application in real life.

### **Sharing of offender information**

New Image obtains very little information from sources outside the GDC's own intake diagnostic process. The GDC uses consent forms and formal and informal communications to share data with other agencies and placements and encourages participants to voluntarily share information on their treatment during future job interviews or contacts with treatment providers. Reports from parole officers provide updates on program graduates' employment status and any relapses that could affect her family relations, job, or criminal behavior.

### **Continuity of care**

An exit interview provides a record of the expectations of program graduates in employment, continued treatment, and drug use status. A full-time staff position in the GDC's central office ensures that linkage occurs between institutional treatment in Georgia's three therapeutic communities (at Milan, the Lee Arrendale facility for youthful offenders, and the Larmore community corrections detention center) and the Parole and

Probation Division. Another member of the GDC staff ensures that treatment referrals are carried out and tracks therapeutic community graduates until they exit parole.

Computerized tracking is maintained for all releasees using the National Crime Information Center and Georgia networks to assess subsequent arrests, convictions, and/or returns to prison. Therapeutic community graduates are also tracked for employment, treatment contacts, dirty urines, or other signs of relapse to substance abuse.

Treatment and support are provided by the Georgia Board of Pardons and Parole, the Department of Human Resources, the Department of Labor, and a wide variety of referral sources that may be Publicly or privately funded. The Board of Pardons and Parole has very competent substance abuse counselors.

The GDC operates two transitional centers for women as well. The first month at a transitional center includes in-house substance abuse counseling, employment planning, life skills education, and health care planning. Residents then apply for classification for a job in the community. A three- to four-month period living in the center on a work-release basis follows, during which home visitation is permitted

### **Special support for program**

Currently funded through a BJA grant, the therapeutic community has strong support from GDC administrators. The administration provides leadership in seeking to gain state funding through the state Criminal Justice Coordinating Council. The recently-appointed GDC commissioner has a background in education and rehabilitative counseling and has worked with the media in support of GDC programming. A new Deputy Commissioner of Offender Services, a medical doctor and licensed psychiatrist, is expected to be an effective voice for gaining legislative support for substance abuse treatment programming.

## **Personnel**

### **Certification of treatment staff**

The position of chief counselor is within merit system, which requires a master's degree in counseling plus experience.

Because the therapeutic community is grant-funded, its staff are not within the state merit system. Staff offer a variety of qualifications and experience, and some are in substance abuse recovery themselves.

### **Inservice training of treatment staff**

All staff complete a forty-hour departmental basic orientation program. Training is intense and covers a variety of issues, such as basic counseling in substance abuse and therapeutic community training. Additional training is provided through on-site observation of other therapeutic communities and speakers who address aspects of clinical coun-

seling, relapse prevention, and other specialty areas. At least eighty hours of inservice training are provided annually.

#### Cross-training of non-treatment staff

Correctional officers who work in the therapeutic community receive basic training in the goals and strategies of the community concept. This training is provided after they complete the basic correctional officer training course, which in Georgia is very challenging and leads to peace officer certification. Officers are invited to participate in other training that would increase their understanding of substance abusers; participation depends on the warden's discretion in making staff available to attend.

Volunteers who participate in the program also receive training in areas such as facility orientation and confidentiality. A statewide coordinator of volunteer services monitors standards and training for volunteers.

#### Staffing

New Image has ten full-time staff, including four correctional officers dedicated to the therapeutic community, a director, a senior counselor, three additional counselors, and an operations analyst.

#### Use of volunteers

Volunteer numbers vary. Volunteers contribute throughout all institutions to NA and AA groups, recreational activities, and crafts. Volunteers from the business community help with development of job and interview skills through the World of Work program. Volunteers are used extensively at New Image.

#### Use of ex-offenders

Ex-offenders are used as appropriate.

### Program Effectiveness

#### Program evaluation

A process evaluation of the therapeutic community has been funded by NA. The agency also plans to continue tracking outcomes for a performance evaluation that will track participants for three years. Files are kept on all releases, and the agency is strengthening its processes of obtaining aftercare information. Tracking of 1992 therapeutic community graduates, both men and women, is underway for ninety-two subjects. While references in the literature indicate that length of time in treatment is the primary factor in treatment effectiveness, the GDC intends to examine treatment modalities as they relate to differing offense types and to other demographic characteristics and drug use history.



### **Variables contributing to program effectiveness**

- Offenders ability to obtain and keep employment after release has proven to be critical, particularly for women as a means of establishing independence. Other variables will be analyzed through outcome evaluation.

### **Variables causing difficulties**

- Overcoming women's dependency is a significant objective for treatment. Dependence allows women to be victimized in many ways, as in sexual abuse and domestic violence. Many women cling to a familiar pattern of using their bodies to get their needs met. Treatment must combat years of cultural experience that contributes to a dependent mindset. This challenge must be met by changing how women feel about themselves, their bodies, and their sexuality. A primary goal is that women learn alternative means of Satisfying their needs. Stereotyping, internalized through generations and through culture, may be more severe for southern women.
- Men on the staff are aware of the need to respond appropriately in all situations and to be perceptive of behaviors by inmates that may reflect patterns of manipulation and/or using sexual innuendo to get what they want. In general, women tend to be more self-disclosing and more open about their need for support and caring. Men staff exercise caution to assure that clinical support and empathy is not misinterpreted by inmates.

### **Additional Notes**

Basic substance abuse education is provided in all Georgia institutions. Level I totals one hour per week; this level of programming is designed to break through offenders' denial. If an inmate needs a more intensive program, he or she will be recommended by a counselor for appropriate assignment. Level II comprises four hours per week for six months, or 112 hours total. Another format in Level II in two institutions consists of eight hours of training per day for twenty-eight days, with group living providing twenty-four-hour peer support for the entire twenty-eight days.

The GDC also operates a women's group called Genesis at a larger institution. This program is evolving into a therapeutic community, but the group does not have segregated housing, work assignments, and other activities. Programming totals eight hours per week. Genesis has a large staff, with two counselors working intensely with the group. Project REACH, involving development of parenting skills, has been implemented in the largest women's institution, with four counselors involved.



## Part II. Substance Abuse Treatment Programs for Violent Youthful Offenders

# Cook County Day Reporting Center

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## **Program Summary**

The Cook County Day Reporting Center (DRC) was developed by the Sheriff's Department and a contractor, Treatment Alternatives for Special Clients (TASC), in response to chronic overcrowding at the Cook County Jail. The DRC serves selected arrestees from the jail population and immerses them in a variety of rehabilitative programs. Participants are required to report to the center during the day, where they go through such programs as violence prevention training, AIDS/HIV education, substance abuse treatment, family counseling, and life management workshops. The program operates under the authority of the Cook County Department of Community Supervision and Intervention (DCSI), which was established in 1992 to administer community-based criminal justice programming in Cook County. TASC coordinates the services within the DRC, including comprehensive assessment of clients' treatment and service needs, assignment of clients to the center's services and resources, drug testing, client tracking, and reporting of client progress to the court.

## **Program Highlights**

### **Primary reasons the program was initiated**

- Cook County is under federal mandate to reduce crowding in its facilities. The program was developed to divert pretrial detainees from jail.
- The youthful offender population was identified as having problems with chemical dependency, gang affiliation, unemployment, and a lack of education.
- TASC wanted a unique approach to treatment that would provide comprehensive, seamless programming for youthful offenders awaiting trial. The DRC program links pretrial offenders with community-based providers that will continue to

provide treatment if the offender is adjudicated to the community. Treatment continuity is also a goal for participants who are later sentenced to jail.

## Goals

- To intervene with drug abuse and drug dependency, not only on an individual treatment level for people who are dependent or abusive with chemicals, but also on the community level. As such, treating drug dealers is an area of emphasis.
- To provide basic skills through GED and life skills training.
- To provide participants violence intervention and violence prevention techniques.
- To ensure participants' appearance for their court dates and that criminal justice agencies have adequate information on participants' location and status.
- Overall, to reduce jail crowding.

## Client screening

Booking into the jail includes a screen for risk factors that determine eligibility for the DRC program. Ineligible are detainees with an inappropriate current charge, a history of severe violence (such as murder or rape), mental illness, or an indictment bond of \$150,000 or more. The Cook County system is unique in that the Sheriffs Department can bond offenders for release as a population management tool. Participants must have an economically stable family situation, as their living quarters must have a telephone for purposes of electronic monitoring.

Between 60 and 80 percent of offenders entering the DRC are between the ages of seventeen and twenty-five. Most have been detained on drug charges, generally possession or possession with intent to deliver. Few have lengthy criminal histories. Approximately 80 to 85 percent have a substance abuse or substance dependency problem, and from 25 to 50 percent are chronically dependent on drugs.

## Client assessment

Clinical staff conduct assessment interviews and testing, including a toxicology screening; assessment processes are still under development. TASC currently uses a modified ASI scale that examines seven psychosocial ranges and is now investigating the use of standardized tests such as Carousel, SASSI, VERN, RAATE, and GOLF to learn as much as possible about the participants. Assessment processes are being designed to meet the criteria of the American Society of Addictions Medicine (ASAM) and the -specific needs of the program. Criminal history and acculturation issues are addressed.

Educational testing is conducted by contracted educational providers to ensure that participants actually have basic skills, even if they report having a diploma or equivalent. Once participants are stabilized in terms of their drug problem, they enter programming to address their educational needs on a prescriptive level.

## Aspects of assessment unique for violent youthful offenders

Data on a participant's history of violence and violent behavior allow for more specificity in the program's conflict resolution and violence intervention processes. The assessment examines participants' histories with abuse-physical, psychological, sexual, and emotional-including their perpetration of violence against others, their own victimization, and any self-directed violence.

The assessment also examines issues related to gang involvement, which can be significant in referrals to community-based treatment. If a participant needs a community-based service that is provided in the territory of a rival gang, a different referral should be substituted to avoid personal danger to the participant.

## Treatment/Intervention modalities

The DRC program is based on a "track system" with two distinct phases of involvement. The first phase is a fifteen-day assessment, education, and orientation period. During this phase, the participant's behavior is monitored and reviewed against toxicology results, and he has contact with many different staff members. At the end of the period, all DRC staff collaborate on an evaluation of the participant's needs and a plan for treatment referrals. Treatment referrals are then pursued in the second phase in a case-management approach. The case manager needs to know the whole picture of available services and their intensity to provide each participant the most appropriate linkages.

Available drug treatment services includes

- The inpatient therapy program and the detoxification treatment program-both operated by contract at the South Campus site-and offsite halfway house placements all provide twenty-four-hour treatment, seven days per week
- Outpatient therapy, providing four hours of treatment per week
- Intensive outpatient therapy, in which participants receive twelve hours of treatment per week.

Participants are also linked with religiously affiliated groups and self-help groups including AA, NA, and CA. Referrals to these and other specialized groups are made with consideration of cultural sensitivity issues. Culturally appropriate treatment is emphasized, and the DRC program works with African-American and Hispanic treatment providers. A "Rites to Passage" group, based on traditions common among some African tribes, emphasizes community linkages and mutual responsibility among community members.

Treatment is delivered in multiple formats, including experiential group therapy, reality-based therapy, behavior modification, humanistic therapy, drama, and individual counseling. Some aspects of the therapeutic community concept apply here; for instance, participants hold community meetings and are responsible to the group for their behavior.

Acupuncture has proven very useful for participants, not only for stress management but also for detoxification, and participants are taught t'ai chi as a stress management tool. Additional programming includes job readiness and vocational training services.

The program focuses not only on engaging participants in DRC-referred treatment and the DRC itself but engaging them with the treatment providers they will continue to work with after they are based to the community or incarcerated in the state penal system. Cognitive dissonance therapy and drama are used to engage participants and to gain an understanding of the participant's complete environment to provide support for recovery.

The DRC referral system is dynamic rather than rigid. Participants are assigned a treatment and programming track, but it may be adjusted for those who progress well. Positive reinforcement comes through reducing the time participants are required to be in the program and lessening the intensity of the services participants are required to receive. Participants that demonstrate stabilized and appropriate behavior in the facility may be granted more freedom in the community, which both reinforces appropriate behavior and allows the DRC to take on more cases. Also, because the DRC program reports to the court, good behavior can lead to a more favorable disposition at adjudication.

Individuals in the program are referred to as "participants." The average length of stay in the DRC is difficult to determine since it has been in operation only six months, but it appears to be thirty to sixty days.

### **Aspects of treatment unique for violent youthful offenders**

As part of the orientation to the DRC, each participant goes through the violence interruption process (VIP). The VIP addresses culture, race, gender, and feelings of oppression. This process is instrumental in helping participants see drug abuse as a form of internalized violence. By taking the process one step further, participants can begin to see the impact of drug abuse on the community. Cognitive dissonance is used to trigger new thinking about chemical abuse as an issue of community survival rather than simply a personal issue. This provides a framework for treating not only drug users, but drug dealers. This approach recognizes that individuals may become addicted not only to drugs but to the culture of drugs, in which dealers are role models.

### **Sharing of offender Information**

DRC staff receive participants' current criminal records but start from scratch in collecting psychosocial assessment information. Releases are obtained from participants so assessment and treatment information can be shared with future placements. Standard continuation of care plans and progress summaries are provided as appropriate. Information is shared-between TASC and DCSI, and there is a strong partnership among all parties to the treatment array.

### **Continuity of care**

Discharge planning essentially begins in the assessment process, as staff ask, "What will support this participant's recovery?" The DRC works with a growing number of

community-based service providers to enhance the continuum of care for participants released to the community. Major organizations involved are the Human Resources Development Institute (HRDI), Health Alternative Systems, Inner City Youth Foundation, Acu-Plus, Ma'at, Probation Challenge, Safer Foundation, health agencies and hospitals, SSI, the child welfare system, and detoxification units. Letters of agreement fortify the relationship between the DRC and community providers. The CRC is careful to refer only people who are ready to accept and be a part of services in the community-not those who might damage the relationship with the provider.

For participants who receive a sentence to incarceration, program staff make recommendations to the court that they receive jail-based treatment, education, job training, etc., as appropriate.

### **Special support for program**

The Cook County DRC has received a great deal of national interest and recognition. Efforts by the Cook County Sheriff's Office and TASC have facilitated and accommodated this interest. The DRC has been visited by local and state media, county and state policymakers, and the director of the White House Office for National Drug Control Policy.

## **Personnel**

### **Certification of treatment staff**

The DRC staff includes certified drug counselors, licensed social workers, holders of master's degrees, and paraprofessionals who bring a strong understanding of the communities through which the DRC operates. TASC seeks personnel who will add to the staffing continuum through their association with and involvement in the participants' communities.

### **In-service training for treatment staff**

The DRC program is very training-intensive. Staff receive three hours of training every two weeks to address training needs as they arise. Topics have included assessment skills, engaging resistant clients, multiculturalism, cultural competency, case management, time management, and computer skills. Particularly because the DRC program is new, TASC is continually identifying additional areas in which training would enhance staff skills and improve service delivery.

### **Cross-training of non-treatment staff**

Multidisciplinary staffing has led to a pattern of staff cross-training one other. At times, specialized providers from different disciplines may lose the ability to communicate across professional languages. DCSI staff bring a criminological perspective to the program; service providers such as TASC and HRDI staff contribute a psychological and social work perspective; GED professionals, e.g., Safer Foundation staff, bring an educa-



tional perspective; and grass-roots staff such as those from the Inner City Youth Foundation come with a perspective on what is happening “in the hood.” The DRC has emphasized using a common language so that specialized areas do not detract from one other. Together, using reason and a constant focus on what’s best for the participant, staff have developed a common language and common respect for each other’s perspectives.

### **Staffing**

- DCSI staff that contribute to the DRC program include a director, a deputy director, and chiefs who coordinate the activities of staff investigators. Investigators provide tracking of program participants in the community and support them in staying in the program, free from recidivism or technical violation. DCSI staff of the program total thirty positions.
  
- The TASC/DRC staff includes eighteen full-time positions-nine case managers, three program specialists, three toxicologists, one clinical director, one program administrator, and one program supervisor. Three clerical staff also support the service providers.
  
- Service provider staff include approximately twelve full-time positions and ten part-time, to bring, overall DRC staffing to between thirty and forty people.

### **Use of volunteers**

Volunteers contribute to the mentoring program and provide guest speaker events. People seeking accreditation or practicum hours co-facilitate groups and learn about programming and documentation.

### **Use of ex-offenders**

The program staff includes several ex-offenders who contribute at all levels and who are experienced counselors.

## **Program Effectiveness**

### **Program evaluation**

A process evaluation is addressing implementation issues for the overall program and its component parts. Outcome evaluations for all participants track recidivism, drug use, employment rate, and education-essentially examining the services provided under contract Evaluation is more difficult for less concrete programs, such as Rites to Passage.

### **Key variables for treatment effectiveness**

- Program staff believe in treating everyone with dignity and respect, and that they are there to engage and meet of the needs of participants. All players must buy into these principles.

- The DRC program is founded upon prescriptive designs that will meet the specific needs of program participants. Staff and providers are flexible and intuitive to best meet participants' needs.
- The treatment message needs to be palatable, pertinent, and life-affirming for the participant. The criminal justice system demands that offenders be compliant. If, however, treatment focuses too much on compliance--on simply following the rules--the participant learns only the skills he needs to make it through treatment, without learning to transfer those lessons into his life outside in the community. For treatment to be effective, participants must begin to make internal changes as well.
- To make this internal change possible, treatment must help the substance-abusing offender to assume responsibility within himself. The successful treatment graduate chooses appropriate behavior because he has developed a broader, more conscious system of judgment. Without this dynamic, the likelihood is great that substance abuse treatment in incarcerated settings will fail.
- Successfully engaging the participant is also key to treatment effectiveness. In the DRC, the range of approaches and the sheer number of people with whom participants come in contact increases the chances for engagement. A participant who is stabilized but not engaged in his substance abuse therapy may show progress when he builds esteem by being involved in an educational process. Acupuncture may improve a participant's span of attention, thereby enhancing treatment effectiveness.

### **Key variables causing difficulties**

- Because the program offers so many services, there can be difficulty in making sure that staff have as much knowledge as they need about available placements.
- The biggest challenge is in partnership with law enforcement agencies--the burden is on both parties to make it work. To bridge the treatment and the criminal justice perspectives, communication and trust are needed; both sides have to be willing to learn from each other.

# Substance Abuse Treatment for Violent Youthful Offenders Lee Arrendale Correctional Institution Georgia Department of Corrections

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## **Program Summary**

Offenders convicted of violent personal offenses are treated for substance abuse in a voluntary therapeutic community at the Lee Arrendale Correctional Institution, which houses a concentration of adult male offenders under the age of twenty-two. Treatment strategies focus on thinking patterns and life skills, with an emphasis on work and discipline. The pilot program, funded by a BJA grant, is in its fourth year.

## **Program Highlights**

### **Primary reasons the program was established**

The therapeutic community program was established under a BJA grant at the Lee Arrendale Correctional Institution. The concentration of men under twenty-two years of age housed in the facility includes a high percentage of persons convicted of violent, personal offenses. A strong link between their offense patterns and their use of drugs indicated a significant need for treatment directed toward the youthful violent population.

Many youthful male offenders report having been involved in gangs at some point in their lives. In addition to providing opportunities to change behavior and thinking patterns, the therapeutic community is designed to provide them with elements that may have been lacking in their family lives, causing them to gravitate toward gangs. Such elements include a need to belong to a group in a significant sense, as well as needs for loyalty, protection, and connectedness. The therapeutic community attempts to help participants create these elements and experience them in daily life. Many of these youths have never looked beyond their own past experience and have felt desperation about the

lack of safe options for living. As a result, they aligned themselves with street peers who shared the same basic life needs but lacked a safe, directed frame of reference. In the therapeutic community, the “peer group” that develops provides a sense of family with norms and support that can be taken into aftercare and into the community at large. The therapeutic community thus offers another frame of reference for creating connectedness, loyalty, and mutual support.

## **Goals**

- To establish a segregated therapeutic community with a peer group approach to changing behavior patterns.
- To provide habilitation programming to develop life skills for success in the free world through attention to education, vocational needs, thinking patterns, and decisionmaking.
- To engender a connectedness among participants that they will maintain when they leave the therapeutic community.

## **Client referral**

Through the intake process at the GDC’s reception center, all offenders undergo a standard clinical diagnostic process. This includes a battery of psychological tests that provide a cursory screening for substance abuse problems, culminating in classification according to security and psychological needs. A recommendation for substance abuse treatment may also be forwarded to the institution where the offender is assigned

Once the offender reaches the institution, clinical staff conduct an assessment, on the basis of which counseling clinical staff may recommend the offender receive substance abuse treatment. Participation in treatment is voluntary; to enter the therapeutic community, the inmate must either volunteer through the counselor or agree to participate after the counselor refers him. This process can be problematic.

## **Client assessment**

The intake diagnostic process includes use of a modified form of the Michigan Alcohol and Drug Screening Test (MADST). The Addiction Severity Index is not used because it is too time-consuming for the agency’s diagnostic team to accommodate. At the institutional level, some facilities are beginning to use a computerized assessment that rates offenders\* substance abuse needs, alcohol abuse needs, aggressiveness, and truthfulness. The truthfulness aspect relates to offender denial of addiction severity. An additional assessment takes place upon entry to the therapeutic community:

## **Aspects of the assessment process unique for youthful, violent offenders**

No aspect of the assessment is unique for this population. Program staff are interested in improving the assessment, but this would require agency resources that are not presently available, particularly given uncertainties about the effectiveness of various approaches. For example, it would be useful to distinguish drug dealers from drug users,

and in particular to determine the motivation of the dealer-did he sell to support his own habit or to profit from others? Dealers tend to have different management and treatment needs than drug users, compounded by their tendency to disrupt the group process through denial or by seeing addicted people as dependent or contemptible.

### **Treatment/Intervention modalities**

The treatment population has a number of educational and vocational planning needs, but the overarching need is to deal with the thinking patterns and choice patterns that lead to drug use, drug sales, and other criminal activity. The program seeks to increase life skills, pride, self-image, and coping skills for an ideal outcome of a drug- and crime-free lifestyle upon return to the free world

The therapeutic community is the primary approach to treatment. The program design is highly structured but evolves in each community to allow specific group needs come to the forefront. Within the community, participants live and work together and as in a family situation, have responsibilities for supportive or confrontive problem-solving. Twelve-step groups (AA, NA) are integral to programming, as is the Gorsky approach to relapse prevention. Treatment also includes some work toward cognitive restructuring, taking into account that, among those who began using drugs at a very early age, some cognitive abilities may be permanently impaired. Anger management and conflict management are covered in life skills training.

The therapeutic community involves an average treatment period of nine months, length of treatment is determined by the speed with which participants meet the goals of each phase. Goals include personal development, accepting responsibility, and making decisions with an emphasis on drug-free and independent life. Participants must meet all goals to graduate from the program. Participants enter and leave the program as individuals rather than in contained groups, and each leaves the program as he fulfills the requirements for completion.

Each community develops its own system of rewards, incentives, and special sanctions. The GDC prescribes a formal disciplinary procedure, but communities develop their own systems; for instance, some communities have developed color-code systems to indicate a participant's time-out or leadership status. Peer action is a very powerful motivator, as both a control and a support measure.

Within the twenty-four-hour therapeutic community environment, participants spend ten hours per day in group meetings, community meetings, and educational opportunities including GED and college classes. The total approach to treatment ranges from life skills to substance abuse education and treatment. Individual counseling is available but emphasized less than the community approach.

### **Aspects of treatment unique to youthful, violent offenders**

Treatment addresses the aggressive self-image that tends to perpetuate substance abuse and criminal activity in youthful violent offenders. The young men often have associa-

tions with gangs who encourage high levels of pride based on insubstantial concepts of the self. By emphasizing personal development, education, and commitment to the community, treatment seeks to replace destructive forms of pride with a more constructive and enduring sense of self-worth.

Because most youthful offenders are healthy and capable of working for a living, the program strongly emphasizes work and discipline. These are also the focus of a probation-centered program that includes physical training. Both there and in the Arrendale program, physical/recreational aspects are more absolute than for women and are a valued privilege.

### **Sharing of offender Information**

A rap sheet accompanies offenders to the prison, and district attorney files may contain data on offenders' drug use. Additional information is obtained directly from the offender and/or through the intake diagnostic process.

The GDC is committed to observing strict federal guidelines regarding confidentiality and is bound by 42 C.R.F. Part 2. Issues of confidentiality present some problems in after-care tracking. Staff are encouraged to use consent forms that adhere to all the federal requirements when communicating with any outside agencies in regard to offender referrals, assistance, and inquiries. Volunteers are also trained in the federal confidentiality standards. Offender releasees are encouraged to voluntarily share information about themselves with potential employers and other service providers, but self-report information is not dependable for research purposes.

### **Continuity of care**

Followup after release has been greatly emphasize& aftercare is essential to success, given the short length of treatment. Intensive treatment programs are known to be most effective when supplemented by approximately two years of follow-up care. Accordingly, the therapeutic community staff includes a full-time aftercare coordinator, and its releasees are assigned to aftercare that is then tracked by the parole officer for results of urinalysis and continuing treatment needs. A wide range of volunteers who have been trained and screened help offenders with tasks such as getting jobs and making it to AA/NA meetings.

Lines of communication are strong between program staff and the Georgia Board of Pardons and Parole, a separate agency from the GDC. The Parole Board is committed to substance abuse treatment and is very supportive of treatment follow-up and cooperative information-sharing. After offenders are released from the therapeutic community, parole officers a the key persons providing linkage for follow-up care and relapse prevention.

Substance abuse treatment through the state Department of Human Resources is also a strong community linkage. The ability to make other treatment referrals appropriate to individual needs depends on the resources of the community. The GDC has made a significant investment in developing resource networks within local communities by

sponsoring regional and statewide meetings involving agency personnel and private providers. Some local networks have been developed and function on a continuing basis.

### **Special support for program**

Administrative support for the-treatment program is strong, but state funding is not yet allocated to meet program goals. A new deputy commissioner for offender services is expected to play a key role in gaining added support in the Georgia legislature for treatment programs. The current federal grant, which will end in June 1994, supported special training and meetings, including several teleconferences using the sophisticated equipment and techniques of the university public television facilities to present new i&as and prominent speakers through down-linking to local training sites.

## **Personnel**

### **Certification of treatment staff**

The standard merit system counselor position requires a bachelor's degree in behavioral science or psychology. The senior counselor and chief counselor positions require a master's degree or experience. Therapeutic community staff, however, are not hired under the state merit system.

Staff have included people in recovery who met the GDC requirement of five years' success in recovery. Early in the development of the therapeutic communities, an ex-offender was hired and agency policies were reassessed. There is acknowledgement of the possible benefits of using recovering addicts and ex-offenders, but each prospective hire is considered on an individual-case basis. Some individuals have been hired who may have previously been considered to be ineligible but who have experiential qualifications. The willingness to negotiate these issues has indicated an effort to bring balance to the program.

### **Inservice training of treatment staff**

All treatment staff receive an initial forty hours of basic training, followed by training in the specific curriculum and program approach. After this, treatment is ongoing, and grant-funded staff receive more special training than merited counselors normally get. Merit-system substance abuse treatment staff receive standard training for counselors plus some special additional training. Those who lack the academic background of merit-system, certified employees receive training in specific areas as appropriate.

Program staff have been sent to observe other therapeutic communities in action. As the therapeutic community evolves, the GDC learns what the treatment needs are and responds with training. For example, which sex offenses emerged as a training need, the agency brought in several highly regarded experts in the area. Such training is not required for staff, program staff must negotiate with institution administrators to deter-

mine how many staff can be freed to attend these events. Training in cultural diversity is also an area of emphasis.

### **Cross-training of non-treatment staff**

Cross-training is a critical aspect of the program. When the therapeutic community was first established, correctional officers received training along with the treatment staff. Unfortunately, correctional officers are reassigned, the program loses those who have received training specific to the therapeutic community. Deputy wardens have attended treatment training, particularly special training events.

### **Staffing**

The Arrendale program is staffed by seven full-time staff including a director, a chief counselor, a counselor of offender rehabilitation, and four correctional officers in rotation. A part-time pre-release coordinator as well as volunteers also contribute to the program.

Because this offender population is predominantly African American, the GDC hires a representative number of African Americans as counselors and administrators. Staff of the therapeutic community are diversified with a predominance of African Americans. Ex-offenders and recovering addicts are similarly represented.

### **Use of volunteers**

Volunteers are welcomed, but their number varies over time. Usual areas of contribution are AA and NA groups and religious outreach.

### **Use of ex-offenders**

Arrendale has one full-time ex-offender/ex-addict on staff. Post-release groups have included ex-offenders as group leaders, who must meet GDC standards for staying clean for a specified period. The likelihood that offenders will encounter previous associates in drug use or drug sales emphasizes the difficulty of moving beyond former criminal and substance abusing lifestyles.

## **Program Effectiveness**

### **Program evaluation**

NIJ funded an initial outcome evaluation that began as soon as the therapeutic community was implemented. However, this became more of a process evaluation since so few participants made up the available sample for evaluation. The program maintains records which it checks -for three years against Georgia Crime Information Center data for arrests or other violations, but following up on treatment continuity and drug-free status cannot be pursued for more than one year.

In a separate follow-up now underway, the aftercare coordinator is comparing recommendations for treatment on release with data from probation/parole officers on the actual



aftercare status of individuals, including treatment participation, employment, and relapse. The 1992 releasees are the first cohort to be tracked in this manner, another year is needed before the tracking data will be meaningful.

The GDC also seeks to determine if those who complete the program perform better than those who did not. A difficulty in this analysis is the lack of a control group; at program outset, the GDC had anticipated randomly assigning volunteers to treatment, thus creating a control group of non-participants, Staff also hope to demonstrate that the program is useful for people with violent backgrounds.

#### Variables contributing to program effectiveness

- Length of time in treatment is the strongest indicator of success, and program staff are lobbying for a nine-month program, corresponding to Wexler's findings.
- Employment history and employability are major factors in success-a reason for program emphasis on education and employment. Quick placement in a job is key, which can prove difficult for low-skills releasees. Community resources can be helpful sources of information on employment opportunities.
- During the critical period immediately following release, offenders need a direct link to support. An aftercare network is desirable to provide support the releasee probably lacked in the past. To strengthen offender self-determination, the program emphasizes the development of decision-making skills. Confrontation in the therapeutic community aids this process; peers point out when a group member is making excuses and should take responsibility rather than hiding behind circumstance.
- Similarly, safe housing is very important-a return to the family environment may reinforce the offender's old behavior patterns. It is also critical that aftercare planning include safe and supportive housing at an affordable cost.

#### Variables causing difficulties

- The type of offense tends to be a predictor of progress in recovery. Offenders convicted of personal, violent crimes, such as those housed at Arrendale, tend to have longer sentences; therefore, fewer have been released. GDC statistics indicate that substance abusers have a significantly higher rate of recidivism.

#### Additional Notes

GDC is establishing a therapeutic community within a probation detention center housing 150 offenders. This program, originally six months in length and now reduced to four months, provides an alternative to prison based on daily work details and group treatment at night.

Georgia also provides substance abuse treatment in other institutions and in boot camp settings:

- Level I programming is -provided in the state’s ninety-day boot camps, which process a high volume of youthful offenders, as well as in other state institutions. Level I programs consist of twelve hours of substance abuse education and group counseling per day. In actuality, the ninety days is just long enough to accomplish the breakdown of denial. Aftercare coordinators establish linkage with probation or parole authorities who will supervise these offenders after release and make recommendations for needed referrals to further treatment and support.
- Level II, a twenty-eight-day drug and alcohol treatment program, is offered at two institutions. These operate as segregated units in which eight hours per day are devoted solely to substance abuse treatment. Another variation of Level II is provided in several other institutions where inmates are required to work regular work details and participate in substance abuse treatment during the evening hours. At these locations, Level II is a six-month program.

Within the therapeutic community at Arrendale, some issues have arisen involving patterns of self-division along racial lines. During one period, all attendees of voluntary AA groups were white. It was noted that these groups were conducted by white volunteers, but the matter was viewed as a symptom of an internal need for true group melding. These and any other issues that develop are addressed in order to keep the community whole.

Another need has been expanding access to NA volunteers and resources. While in theory the process of addiction is the same regardless of the chemical, many who have used illegal drugs do not feel accepted or understood in AA groups. Sometimes the tone in AA groups suggests that AA is for people who are victims of a disease that relates to a legal substance, and those who are addicted to illegal drugs may be less likely to benefit. NA has expanded its statewide network, and efforts are underway to assure that offenders have the opportunity to choose from a number of groups in order to find a good fit.