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TAPESTRY PROGRAM

Trudy Kilian, M.S.
Social Services Consultant
2599-108 Easton Lane
San Jose, CA 95133

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TAPESTRY: OVERVIEW AND HISTORY

Tapestry is described in program materials as a therapeutic community "designed to provide treatment to approximately 80 female alcohol and/or drug dependent inmates at the Ohio Reformatory for Women (ORW) at Marysville, Ohio." The program is located in "Elizabeth Cottage" within the prison grounds.

Tapestry first started receiving clients in December of 1990. Since the program began, more than 400 women have participated. In August of 1991, CompDrug took over. The program's daily capacity is 80 and there are no plans to increase the number of participants at this time. Its initial capacity was 120, but it never reached that number due to competition from other programs and there was insufficient program staff. The "New Cottage," where the program was previously, was not as amenable for a program as the new site. In addition to dorms, there were two women to every room; now there are 40 single-bed rooms plus dorms. This arrangement helps to support the therapeutic community's privilege system.

Participant orientation materials describe Tapestry as a therapeutic community where people who have similar problems, including substance abuse, live and work together to better their lives. "The structure is set up like a large family, with the staff representing the 'parent' or authority figures." There is a hierarchical chain of command, with "all residents striving to earn better jobs, privileges, and status within the community."

Candidates are only considered post-sentencing. Judges may recommend or tell the client, "I expect you to go to Tapestry." The typical length of stay in the program is 8 months. Program staff report the ideal for a therapeutic community is 9 to 12 months. But, due to the determinate sentencing laws ("flat time"), by the time an inmate gets into Tapestry, she will have already served 2 or 3 months in the county and 3 to 4 weeks in the admissions unit (at prison).

The caseload size is 15-20 each. Clients are predominantly African-American. This is consistent with the general female prison population in ORW. Some care is taken to ensure that caseloads are "racially balanced." Also, clients may be assigned to a particular counselor based on which phase of the program she is in. Since some staff have expertise in particular issues, if a client has problems with that issue (for example, sexual abuse), she may be assigned to that staff person.

The participant's weekday starts with a 5:30AM wake up call, followed by breakfast. Next, is 4 hours of work or school assignments within the ORW followed by lunch and a return to the program cottage for community activities that end at 8PM weekdays. These activities include crew tasks, seminars, group and individual counseling, individual assignments and recreation.

Client Characteristics

According to program evaluation materials, the average age of Tapestry clients is 31.1, compared to the ORW average of 33.5. At the time of an evaluation study (2/92) over 63% of Tapestry residents were African-American. This compares to 58% of ORW prisoners. Caucasians comprise 36% of Tapestry clients and 42% of the ORW population. Single woman

comprised 55% of the current Tapestry clients and 20% were divorced. Less than 10% were married.

Of a cohort of 77 women in the program at the time of the report 11 had no children, 13 had 1 child, 47 had 2 to 5 children, and 6 had between 6 and 8 children. The educational level of clients ranged from 4th grade to one college graduate. Almost one half had not graduated from high school (44%), a third (32%) were high school graduates or had GEDs, and 20% had attended some college.

According to program materials, 80% of the inmates at the ORW have a history of alcohol or other drug abuse. According to self-report data, cocaine was the primary drug of choice for 44% of all Tapestry clients (from 12/90 - 2/26/92) and opiates were the first choice of 20% of the clients. Seventeen percent reported alcohol as their drug of choice. According to the preliminary data report, "there is no data on polydrug abuse."

Of the 90% of all Tapestry participants who completed the question about prior treatment, 64% percent had received prior substance abuse treatment, not including mental health treatment.

Most of the chemically dependent ORW inmates had either committed a crime to procure drugs or were under the influence at the time of the crime resulting in their drug-related sentencing. Of all Tapestry participants, 63% were incarcerated due to property crimes, 24% due to drug crimes (this does not include the percentage of other crimes committed in the procurement of drugs or while under the influence) and 13% due to person crimes. Less than one percent were in custody due to escape. Of 70 women responding to whether they were victims of incest or domestic violence, 33% reported they were incest victims and 75% percent reported being victims of domestic violence. Program staff feel that the incest percentages are grossly under-reported. Inmates, once they have had a chance to participate in and trust the program, revealed a rate of more than two-thirds being incest victims.

PHILOSOPHY, GOALS, AND OBJECTIVES

According to Program documents, during the incarceration period, staff consider it a "practical and moral imperative to therapeutically address alcohol and drug addictions in conjunction with criminal behavior." (Tapestry Mission Statement, 10/16/91, page 1). Tapestry's mission is to develop intensive programming that effectively meets inmates' recovery and developmental needs. It also seeks to provide women at ORW with an effective, pro-social, therapeutic environment. The vision is to help the participant begin a "new life as a productive, pro-social member of her family and the community, and to assist society in reducing the recidivism rates thereby making our communities safer and stronger." (Mission Statement, *op.cit.*, page 1).

The Tapestry concept is modeled after the New York based Stay 'N Out prison program wherein the "inner person" is viewed as good but the addict has an unrealistic view of reality and a negative perspective about themselves and their relationship to society as a whole. This perspective is learned and as the addiction progresses, so the perspective intensifies.

For Tapestry, the task of the therapeutic community is to create an environment whereby the inmates negativity (demonstrated in behavior and perspectives) is transformed through the

internalization of pro-social concepts and through practice into positive behavior. Learning such concepts as compassion, empathy, concern for others and "aspiring for the ideal," helps the client begin to "break the chains of anger, oppression and addiction."

The goal of "treatment is to assist the participants in developing the skills they need to maintain a drug-, alcohol-, and criminality-free life-style and to develop a psychological, intellectual and behavioral immunity to pre- incarceration patterns of thinking and being. Tapestry's mission is to be a supportive, learning community where this can occur." (Mission Statement, *op.cit.* page 2.)

Tapestry's program is based on five assumptions:

1. "Recovery depends on sustained motivation to change;
2. Recovery/rehabilitation is a process that occurs within the context of the individual's interaction with the therapeutic environment;
3. The transformation of the individual's perspective of herself, society, and life depends upon her active participation in the learning process with the community itself serving as teacher;
4. Recovery requires global changes for the individual resulting in the successful integration of pro- social and self-affirming physiological, spiritual, and social goals;
5. Recovery is a life-long learning and growing process, and treatment is only a brief phase in this journey."

OUTREACH, REFERRAL, AND SCREENING PROCESS

Candidates learn about the program by weekly presentations at the admissions unit by Tapestry staff and selected program participants. Institutional staff learn about the program at in-service training. Female defendants tell judges, probation, parole, other CJS about the program. In addition, the Adult Parole Authority is familiar with Tapestry through the Parole Board. In fact, sometimes clients are denied parole because the Board wants them to spend an additional 6 to 18 months in the program.

Tapestry staff give presentations when other agencies take tours of the facilities. There is a flyer that has been designed as well. This has been distributed to other institutional staff at the schools and psychological services departments. Program staff have asked for a formal procedure for involvement with outreach. However, staff have not yet been able to allocate the time to sufficiently perform such activities.

Clients may volunteer for the program. Also, custody staff (institutional caseworkers, psychologists, admissions unit, prison employment office, sergeants, captains) may refer a client. Judges, probation, parole and attorneys also make referrals to the program. There is no formal enrollment request form to be completed by the client. Instead, the inmate sends a "kite" (intra-institutional note) stating she wants to be admitted to the program.

Screening and Eligibility Requirements

The institutional staff are not very involved in pre-screening candidates. Formerly, Recovery Services (institutional staff) would screen candidates and a three-page drug screening form would be completed. Also, initially, there was a Tapestry staff person solely assigned to the intakes. However, when this person accepted an outside assignment, the position was left vacant due to short staffing elsewhere in the program.

The Program Supervisor does most of the screening interviews. These individual interviews take approximately 15 minutes apiece. There is a check list ("Tapestry Therapeutic Community Screening Form") that was adapted from the Stay N' Out program. Items on the checklist include: criminal history (current custody status, number of times incarcerated, when, how long, why, crime of commitment); eligibility criteria (history of drug/alcohol abuse, motivation, time left to serve, etc.); and any additional considerations (if the individual is a sex offender or on special medications). The form concludes with comments and recommendations for acceptance, deferred decision, or nonacceptance.

Frequently, program staff do not know if a woman is on medication or anything about her background other than what she says. Sometimes Tapestry participants may see the woman waiting for an interview. If they know something about her, this information may be volunteered to program staff to assist in the screening process. Prior to the screening interview, candidates will have generally heard about the program structure from other inmates. If she wants more information about the program, this is discussed at the screening interview.

Criteria used to screen the referrals include: age (must be 18), mental alertness (must be able to "pay attention") and time remaining on sentence (the ideal candidate has at least six months left to serve, however staff say, "we'll take someone with four months if they've had no prior treatment. Maybe they're trying to get their kids back and they have nowhere to go when they get out." Length of sentence doesn't matter, but they prefer to take clients when they are closer to a release date. However, staff feel that women entering into the program who have a longer sentence could be used as role models. A candidate does not necessarily have to be a drug user to be accepted into the program. If the offense is drug related, this may be enough.

Motivation for change is a criterion. A candidate with a history of violent behavior would be counseled about what appropriate behavior is expected and the consequences of violent behavior. (The Program Director remarked, "we've only had two fights on the unit since I've been here.")

Clients who are diagnosed as mentally ill and/or on psychotropic medications are admitted if they are stabilized. Staff feel there is an increase in dual diagnosis cases and that "sometimes these women do well."

Custody status may exclude a candidate. Individuals classified as "maximum" or "close" (one step below maximum) cannot be admitted. These individuals are considered too high a security and behavioral risk. In some cases, these higher risk candidates could be reclassified to a lower security rating if recommended by custody staff. Pregnant women are ineligible for the program and are housed separately in pre-release community corrections facilities. Staff indicate that women on psychotropic medications may fear being denied access to the program

and lie about their medication status or they may not even be aware of the types of or reasons for the medications they are taking. Staff say, "we interview so many women we don't check all the time."

Admission may be delayed if the program staff "have some doubts" about the candidate. Staff conduct a more thorough screening before admitting "doubtful" candidates. They will check with others that have had contact with the client (prison psychiatrist, medical doctor, etc).

Priority admission is given to court referrals. Program staff don't know of an inmate's HIV or AIDS status unless she self-disclosed, but would likely give such a candidate priority.

There is usually a waiting list and the size and length of the list varies. Other barriers include people not knowing about the program, competing interests and the belief (among some candidates and institutional staff) that therapeutic community programs "brainwash you." Custody staff may be reluctant to support a client entering the program. There is a perception (among some institutional staff) that there is too much freedom and this is against the norm of the structure-minded custody staff.

Sometimes an inmate will have put in a "kite" to come into the program and because there is a waiting list, she will have decided not to pursue her interest. In that case, if the program knows this ahead of time, the inmate may still be interviewed to discuss her reasons for not wanting to come into the program.

According to program staff the prison classification system gives points against drug and alcohol abuse. These points may be the ones to put the person over the edge into the "close" or maximum security level. As a result, during the prisons admissions procedure, women may lie about their involvement in drugs and, as a result, not be referred to the program.

Assessment and Intake Procedures

Monthly, 75 to 80 women are interviewed. Of these, approximately 15 are admitted, another 22 are placed on a waiting list and the remainder are not selected due to lack of interest, custody status, their enrollment in other prison programs/services, or inappropriateness for the program. If accepted into the program, the inmate is placed on a waiting list and moved into the program cottage "as soon as possible". While on the waiting list, she is allowed to attend some group activities within the program.

After admission, a three-page instrument, the "Substance Abuse Program Screening Instrument," which identifies the level of substance abuse, is completed by the inmate, and reviewed and signed by staff. By completing this instrument, the inmate describes her history and level of use of alcohol or other drugs, including types of drugs, routes of administration, frequency of use, age at first use, and assessment of level of impairment.

The client identifies whether her present incarceration had to do with alcohol or drugs (categories include: trafficking, illegal possession, committed under the influence or in a blackout, illegal sales, committed crime to obtain alcohol/drugs, not related to AOD). The inmate checks which (if any) family member have abused AOD. She checks off previous treatment program admissions by category (12-step, inpatient, outpatient, in-custody, community, etc.). Additionally, she is asked about voluntary or involuntary terminations prior to completion

from any prior programs. Finally, the inmate is asked to state what level of substance abuse programming she is interested in during her incarceration period. The candidate may write in additional comments at the end of the form. Results from this form are used in treatment planning.

PROGRAM DESCRIPTION

Variety of Services/Programming Offered

Program services are provided 7.5 hours per day during the week. Saturdays and Sundays there is a morning "Community Meeting" and conflict resolution sessions are sometimes held on weekends.

Some services provided either on site or by referral are available to all inmates in the facility while others are specific to Tapestry clients. Services available to all inmates include: medical care (primary, acute, medical examinations, HIV/AIDS and TB testing, medical detoxification; chemical dependency counseling and education; self-help groups; random urine testing; academic services; job training; parenting skills training; anger management; case management and case coordination services (including information and referral to post-release resources and assistance in locating affordable housing); transportation; legal assistance/services; and, social outings/gatherings (including a kids/parents day).

Within the Tapestry program, clients receive: substance abuse education and counseling; individual and group psychotherapy; AIDS counseling; peer support groups; psychoeducation; case management and case coordination services (shared with custody staff); peer led seminars; institutional and outside speakers; a learning lab to help candidates obtain their GED; job readiness training; social, practical, and parenting skills services; anger management training; and other life-skills services such as dealing with codependency, domestic violence, rape prevention, self-esteem, and empowerment.

Treatment Planning

The initial treatment plan is developed within 30 days of admittance. The assigned counselor and client participate in the initial treatment planning. The clients help develop the content and timeline for achieving goals, sign the plan, and receive a copy of it. Clients are allowed to request revisions before plans are finalized. A treatment supervisor or the program manager review the plan before it is completed.

The plan is reviewed every 90 days but may be reviewed more frequently when new issues arise or when the candidate is moved into another phase. The client, the primary counselor and the program supervisor are all involved in reviewing and revising treatment plans.

Program Content

The program is organized into four phases. *Phase I* is an intensive orientation period lasting at least two weeks and is used to help the new community member learn rules, expectations and the structure of the program and get used to the routine. Movement to phase II depends on the participant demonstrating that she understands and follows program rules, goals and values and is willing to work on herself in an honest and cooperative manner.

Phase II begins a more in-depth examination of behavior. Learning tasks, individual counseling and education is geared toward achieving the goals of identifying drug taking behaviors and values. One to two nights of external education are allowed in this Phase.

Movement to *Phase III* depends on the participant demonstrating an improved self-awareness, better problem-solving skills, increased honesty and an increased desire for change. A decrease in anti-social behavior and an increase in demonstrating socially acceptable values is also required. Phase III adds greater programmatic and community responsibilities and assists the individual in increasing her investment in the community while continuing to pursue personal goals. Outside educational or vocational opportunities may be pursued/continued in this phase.

Movement to *Phase IV* is permitted during the later stages of the inmate's stay in the program when the participant begins the re-entry process. The focus in Phase IV is on strengthening decision-making and self-management skills, the completion of treatment goals, and the use of support networks to promote ongoing recovery.

Activities in the program include varied group participation (see below), educational seminars, individual counseling and recreation. The main program activities are described below.

Encounter Group. The peer-facilitated Encounter group (also called, "the Game") is considered the "cornerstone" of group process in Tapestry. The group uses a confrontational approach to help individuals become aware of attitudes or behavior patterns that should change and teach them to "encounter themselves and others in a productive, caring, responsible manner that facilitates change." The group is composed of 8 to 12 residents. There are definite rules of behavior that must be followed. Once the "game" is opened by a counselor, a group member will ask to make an "indictment" in which she shares her perceptions/ opinions about another group member. Other group members may add perspectives. The person under scrutiny must be attentive, listen and not argue. She then has an opportunity to share her feelings about what's been said and to talk about what's really going on with her. There are several tools members learn to use as part of the Encounter. These include: hostility, engrossment (exaggerating the situation to help the person "see" it), identification, compassion, imitating, empathy, "karom shot" (an indirect method of confrontation), a "lug" (a one-liner which may nudge someone to talk) and projection. There are also a list of "do's and "don'ts" regarding the Encounter group activity.

Caseload Group. Caseload groups help the participant focus on feelings that are usually hidden from themselves and others. Feelings are processed and emotional growth is nurtured within the safe, confidential environment of this counselor-facilitated group.

Educational Seminars are conducted by both staff and inmates. Topics range from job interviewing to values clarification, conflict resolution, and training in the encounter tools used in Tapestry. Program participants also engage in debates on topics such as gay parenting, smoking, and the distribution of condoms in schools.

Group Therapy/Feelings Groups are staff-facilitated and are held at least twice weekly. These groups are seen to contribute highly to individual treatment planning. Empathy, support, understanding and self-disclosure are practiced to help individuals understand themselves, decrease isolation, increase trust and openness. An inmate may "tell her story" as part of the this group process. The decision to participate in this manner is decided by the staff and the Program Supervisor.

House/Community Meetings are facilitated by the Chief Expeditor (a program participant). (See crew descriptions, below.) Community issues are discussed and members are given the opportunity to give both negative and positive "pull-ups," express gratitude, and make announcements.

Hierarchical Community Management

The operation of the therapeutic community is maintained by the residents under the supervision of staff. Participants are assigned to various Crews (described earlier) that are arranged in a hierarchy "according to seniority, individual progress and productivity. The system is one of upward mobility, where the individual begins with responsibilities that are menial tasks and may go to levels of coordination and management." (Mission Statement, *op. cit.*, page 2). Once admitted to the program, an inmate is assigned to a "Crew" that has certain job functions consistent with the smooth running of the program. Crew assignment is often based on the level of the individual's performance in the program and her placement amidst the Program Phases.

The assignments are both educational and therapeutic in that they teach residents new skills, how to get along with others and how to meet job expectations. There is generally a hierarchy within each crew as well - denoted by such titles as "department head," and "ram rod." Movements from one Crew to another denote job progress and also "personal growth or lack thereof."

All Tapestry participants start out on the Service Crew which is involved in the general housekeeping activities. Other Crews include: the Education Department (organizes meetings, seminars and debates); the Archives Crew (develops displays); the Expeditor Crew (tracks inmate movements between activities); the Orientation Department; the Welcome Crew; the Community Liaison Crew (collects, presents information and assists inmates with post-release planning, tracks discharge/board dates); the Recreation Crew; the Learning Lab Crew; the Library Education Crew (researches topics and leads seminars); and the Personal Pride Crew (washes clothes, gives seminars on hygiene and grooming, and provides information on such women's health issues).

The highest level crew is called the "Coordinators Department" which is responsible for the scheduling of all Unit activities, acts as go-between for staff and residents and are the

"pulse of the Unit." These crew members are also responsible for keeping track of any individual behavioral issues, and interpersonal conflicts that may need to be addressed.

There are also three individual work assignments within the Program. The Unit Clerk is on an equal level with the Coordinators and prepares inter-departmental correspondence, inventories equipment, and collects and disseminates reports. The Staff Aide relays information back and forth from the Staff Director to the Senior Coordinator and helps in the decision making process in the absence of the staff. The Troubleshooter is responsible for room checks and coordinating conflict resolution sessions.

Communication and Linkages with CJS Providers and Others

Staff perceive that institutional staff (Recovery Services) and Tapestry (program) staff as frequently "not being on same page." Examples given included: (a) information not being put in or available in clients folders (so Tapestry staff give clients an additional copy); (b) information being sent to the Parole Board and the Board not getting it; (c) medical staff often not consulting with program staff about placement decisions, the course of the client's medical treatment or changes in medication. Program staff indicate that they are not allowed to talk directly to judges, parole, etc., due to "liability issues." They can, however, write reference letters to the client's attorney who then can present it to the judge.

A monthly steering committee meeting is the major source of linkages with outside providers. This committee includes staff from the Ohio Reformatory for Women, Parole and Rehabilitation Services (Corrections), the Ohio Department of Drug and Alcohol Services and CompDrug (the vendor managing the Tapestry program).

Such contacts are used for placement, technical assistance, and to access emergency funds for clients. Since there aren't sufficient residential programs for women, these efforts help to maximize the utilization of the available post-release programs. (It is interesting to note that a staff person assigned to coordinate women's treatment programming within the State of Ohio is not normally part of the steering committee, nor does she communicate regularly with staff in the same office who are assigned to monitoring the Tapestry program.)

Pre-release and Aftercare Activities

Program staff indicate that they tend to keep a participant in the Tapestry program beyond her 9-12 month planned stay rather than release her to the general population where continued recovery may be impaired. Staff say, "how will they survive? If there was an alumnae dorm, it might work."

The "Community Liaison Crew" keep track of post-release referrals and resources and includes this information in a resource book for the clients. However, "so many of the women just don't have anywhere to go when they get out." This crew also keeps track of when parole hearings or releases are due. A mock parole hearing is held using one counselor and two Tapestry participants as the "Parole Board." ORW staff may or may not sit in on the process.

Follow-up counseling by program staff is done on an informal basis. A woman may call or send a letter. Staff try to develop a network of communications with released participants. Both program and custody staff may be involved in referring individuals to support groups. The Institutional staff determine what pre-release and aftercare activities are appropriate for the individual client. Some clients will go to halfway houses or pre-release furlough facilities. Tapestry program graduates may get priority admissions to half-way houses.

Once a definite "out" date is known, program staff are notified. They prepare an aftercare packet with the women. The packet includes suggestions regarding networking, plans for continued sobriety within the community. This plan is initiated several months before release.

Some of the women were in CompDrug's outpatient programs before they came to prison, and efforts are made to provide post-release services through this same vendor. In other cases, Amethyst or Hitchcock Center (community-based treatment programs) are used.

Compliance Issues

Participants are given a "rules and expectations" guide that explains the acceptable boundaries for behavior in the program. There are a set of "Cardinal," "House" and "Basic," and "Group" rules that govern sanctions in the program.

Cardinal Rules include: no physical violence or threats, no stealing, no drug/alcohol use and/or trafficking and no sexual activities.

House Rules include: no breaking confidentiality, no gambling, no lying, no walking out of group without permission, respect other's rights and property, and be responsible for your actions.

Basic Rules cover such areas as cleanliness, punctuality, attire, participation, and orderliness. A set of Group rules is used to set up the parameters of participation in group activities. These include: maintain confidentiality, no side conversations, no food or drinks, no name calling, etc.

Infractions and behavior problems are usually handled by a series of sanctions and actions including self-disclosures, confrontation in group, and discussion in individual counseling sessions. Other sanctions include behavioral contracts, suspension or discharge from the program. Sanctions include verbal and written "pull-ups," Encounter/Concern slips (complaints about a specific behavior, including the time and place it occurred). These slips are used as part of the Encounter Group experience. Clients may be also be assigned learning experiences such as wearing signs, "I don't say no; Please help me", or doing additional tasks.

There are three types of dismissals: parole, release, and against staff advice (ASA). A disciplinary dismissal means that the individual is not conforming to the program. A positive urine test is an automatic dismissal as are threats or violence toward staff or residents. Sexual activity is against institutional regulations. If there is an attraction between two inmates, program staff will "try to work on" the attraction. Stealing may or may not mean dismissal. For instance, "if a participant is stealing sugar, we may work with them."

If a participant is dismissed, she is rarely denied re-entry after being out of the program for a period of time. According to "Tapestry Progress Report: Interim Evaluation Summary," by Robert L Fine, dated March 12, 1992, of a total of 86 clients terminated between December 1990 and February 1992:

- 26% left voluntarily "against staff advice";
- 21% were transferred to a Pre-Release Center because their sentences were almost completed;
- 15% were expelled for violating program rules;
- 8% were released due to changes in legal status;
- 7% were released to home due to sentence completion;
- 7% were removed for violating prison rules;
- 7% were removed because they had a mental condition that prevented them from participating in the program;
- 2% went to a lower security setting; and,
- 1% each: left to complete a college education or for 1% health reasons.

PROGRAM ACCOUNTABILITY

Program goals include having a fully functioning therapeutic community (as determined by comparing program design to active program features). Client progress goals include: (1) 90% of new admissions complete the Orientation program; (2) 80% complete Phase I; (3) 70% complete Phase II; and (4) 60% complete phase III. Other goals include having 75% of successful program graduates remain drug-, alcohol-, and criminality-free for two years.

Goals are monitored and evaluated by program and follow-up statistics managed by a data base management system designed by the State of Ohio Department of Alcohol and Drug Abuse Services (ODADAS). Developmental, descriptive, process, and outcome data are being collected.

SUMMARY

The discussion below will include items central to the study that have not been detailed earlier in the report. These include: sensitivity to gender issues in providing services; the use of recovering staff as role models; and the incorporation of social, peer support and peer-oriented activities as part of the program. The final section summarizes the program's stated strengths and weaknesses and needs for improvement.

Sensitivity to Gender Issues

Staff state the program does not have a particularly women's focus and feel that recovery issues are generic. There are some more aspects of the program that are perceived to be more pertinent or applicable to women's recovery. These include: codependency, sexual abuse and domestic violence groups/ sessions; safer sex education; and seminars/ information regarding perinatal issues such as the consequences of drug abuse on the fetus.

Currently, program staff are all females. The Program Supervisor indicates that she would hire a man, but to date all male applicants have been less qualified than female candidates. In addition, there may be a desire to find a "special" person for the first male staff person.

When staff were questioned as to whether empowerment was an issue, they responded. "We believe in responsibility in behavior and actions. Clients learn to "do it for themselves".

Recovering Staff as Role Models

There are staff members with both substance abuse and criminal histories. About half the staff are in recovery from chemical dependency.

Peer Support

The nature of the therapeutic community ensures peer support and interpersonal accountability. The day-to-day operations and many program activities are coordinated and/or conducted by inmates. The progressive "crew" membership helps inmates model increasingly responsible behavior. Also, in the first week of the program, the new participant is assigned a buddy that helps model appropriate behavior and gives advice. Social activities reinforcing appropriate peer interaction are coordinated by unit custody staff and include talent shows, picnics, softball, volleyball and track. Tapestry participants play against the general prison population as well as outside teams that visit the prison.

An idea to develop a program video using program alumnae is being discussed. Also, program staff are trying to get the institution's permission to bring alumnae back in for the December Tapestry talent show that is held for the general prison population. Finally, upon release from prison, Tapestry graduates, unlike other parolees, are given permission to associate with each another in the community.

Program Strengths

Staff identified their experience, education and commitment to the Tapestry population as program strengths. They say, "we have a variety of backgrounds, we know each other's clients as well as our own and we understand the theoretical basis behind our work." They also felt the TC treatment modality with its structure, the confrontational and behavioral format were especially suited for incarcerated women. They felt the hierarchical system of the crew

assignment was a "microcosm of real society." "The power of peers is a lot stronger than authority figures." Client are accountable to each other from the time they arrive (i.e., reporting inappropriate behavior, responsibility for comments).

There is a balance between behavior, responsibility and getting to the root of the problem versus just an emphasis on addiction. Introspection is encouraged. The program helps the client build self-respect and self-esteem. "Women here have a unique opportunity. It is a safe haven, a port in the storm where she can talk about things, without fear of judgment or chastisement."

Institutional support for the program is also seen as a strength. For instance, staff say "the ORW administration is wonderful. They are very treatment oriented. Correctional Officers like to work here [on the Tapestry unit]. It is easier than other cottages where they have to look for someone to do chores, etc. Here, the women are self-policing." In addition, the institutional staff allow program staff to deal with some infractions as part of the therapeutic setting instead of as part of the correctional institution.

Weaknesses and Areas for Improvement

The quality of institutional support and inadequate intra-institutional communications were seen as weaknesses in service delivery. Examples of this included, lack of psychiatric support, "miles of red tape," and a lack of faith by some COs. These deficiencies seem to point to the need for additional program staff and better pre-screening mechanisms.

The fact that some women may be placed in the program for only a short time and then released under the "shock incarceration" dynamic is also seen as a weakness. (An inmate may be sentenced to "shock incarceration" wherein she services 30-60 days in custody as a warning of what she is facing if she doesn't stay out of trouble. Or, sometimes the defendant is ordered into custody and the court predicates a "shock" release upon the clients behavior during her first days in custody. In this case, custody and program staff may have already placed this person in the program, only to have her removed and released within a short period of time.

Better aftercare services for women are needed. Staff also identified the need for additional training in anger management, sexual abuse, and dual diagnosis.