

Drug Treatment and Reentry For Incarcerated Women

By Doris Wells and Laurie Bright

Author's Note: Points of view expressed in this article do not represent the official position or policies of the U.S. Department of Justice.

For many years, corrections officials applied the same drug addiction treatment programs to women as they did to men. During the past several years, the number of women inmates has increased (and continues to increase at a faster rate than that of men).¹ Research now indicates that many female inmates and parolees have physical, emotional and social needs that are different from men and thus may require different treatment programs. For example, women tend to have stronger attachments to their children (thus more separation anxiety), more childcare responsibilities and parenting issues, and have histories of sexual and physical abuse more often than men.

Two recent National Institute of Justice studies of drug addiction treatment and rehabilitation programs for female inmates, KEY/ CREST² and Forever Free,³ found that a much higher percentage of participants in these two programs remained drug-free and arrest-free at three- and one-year follow-up periods, respectively, than the comparison groups. Results from both studies show that treatment programs that provide aftercare, and recognize and address issues unique to female inmates can help to reduce recidivism.

KEY/CREST in Delaware

KEY is a women-only residential therapeutic community drug rehabilitation program at Baylor's Women's Correctional Institute in New Castle, Del. CREST is a coed work release therapeutic community (TC) at Sussex Correctional Institute in Georgetown, Del. Prison TCs separate participants from

the general prison population and place them in an environment where they can develop positive behavioral, mental and emotional changes that can help them reduce or stop drug use.

Prior research has demonstrated that the therapeutic community model, which was originally designed for men, can be effective for treating women if redesigned in a more female-oriented format that, for example, helps build trust and is less confrontational.⁴ Women respond to a program that emphasizes repairing their abusive relationships with men and teaches them how to build positive ones, shows them how to deal with family relationships and child care responsibilities, and helps them sort out their histories of sexual and/or physical abuse and other personal issues, including mental-health problems such as depression.

The process evaluation of KEY/ CREST showed that the environment and curriculum of both programs addressed the physical, emotional and social needs of women, but the researchers recommended changing CREST to a single-sex program. They suggested that the presence of men and the confrontational methods used in the program could combine to provide a psychologically threatening environment for women.

However, CREST participants expressed mixed views about the proposed change. Some women said that the program was gender appropriate and that they did not feel unsafe or threatened by the presence of men. Some women wanted less hostility in the encounter groups, others wanted more female-only encounter groups, and still others wanted to keep parts of the program coed to help them learn how to relate to the opposite sex in nonsexual ways. Although some participants saw a need for male

involvement, they all seemed to indicate a preference for a program that focused more on female issues.

A three-year follow-up study of KEY/CREST produced positive results. The study found that 69 percent of inmates completing KEY/ CREST and aftercare remained arrest-free, compared with 55 percent of those completing CREST only, 28 percent of CREST dropouts and 29 percent of the control group. The study also found that 35 percent of inmates completing CREST and aftercare remained drug-free, compared to 27 percent who completed CREST only, 17 percent who dropped out and 5 percent of the comparison group.⁵

Forever Free in Calif.

Forever Free is a four-to six-month residential drug addiction treatment and reentry program for women at the California Institution for Women in Frontera. Women participate in Forever Free for four to six months while they are incarcerated and for up to six months while under supervised parole. It offers a cognitive-behavioral curriculum that emphasizes preventing relapse and views addiction as a disease. It teaches women how to identify and confront withdrawal symptoms. Like KEY/CREST, Forever Free addresses issues especially important to women such as self-esteem and addiction, anger management, assertiveness training, healthy relationships, physical and psychological abuse, post-traumatic stress disorder, co-dependency, parenting, and sex and health.

The Forever Free study showed that the program had positive results. Participants had fewer arrests and convictions during the one-year post-release evaluation period than those in the comparison group who attended an eight-week, three-hour per-day substance abuse education course.

Forever Free participants also reported significantly lower drug use, better psychological functioning, better parenting experiences, better use of community services and improved treatment readiness scores. The program successfully treated women's drug addiction and criminal offense issues and also effectively addressed other important areas of their lives, including employment and relationships with children.

Aftercare And Community Services

Both studies built on previous research that has verified the need to continue the progress made through in-prison drug treatment programs by providing female inmates with aftercare services during parole. For example, the KEY program staff observed that their graduates needed help to continue and maintain the positive changes acquired during the program. So they established the CREST work release program. The researchers found that addicts who attended both programs had lower recidivism rates than those who have been in only one of the programs.

Likewise, the Forever Free program found that continued treatment during parole was extremely important to success. As inmates progressed from receiving no residential treatment to receiving treatment both in prison and during parole, their reincarceration significantly decreased during the one-year follow-up period. In addition, the study found that the Forever Free program had a positive impact on post-release drug use, parenting and psychological functioning, and that women who were in community residential treatment were 15 times more likely to be employed at the follow-up period. Therefore, the researchers recommended that criminal justice policymakers should encourage, if not mandate, community aftercare for women enrolled in prison-based treatment programs.

Providing links to services such as transportation, employment assistance, and medical/dental health care, improves treatment outcomes. The

researchers found large gaps between the services needed and received by both the Forever Free participants and the comparison group, but the gaps were greater among the comparison subjects. Results also showed that female inmates who have children have difficulty finding suitable family residential aftercare services, and they also have a great need for vocational and educational services.

The high levels of unmet service needs probably contributed to the failures of those women who were reincarcerated at the follow-up period. The researchers suggested that one way to increase the success rate would be to identify a woman's needs before she leaves prison and then connect her to community-based programs that offer those services.

Counselors and Staff

The KEY/CREST program study also looked at training of staff and counselors, and noted that in a therapeutic community designed for women, the staff must have expertise in all areas of women's health care and health needs, be knowledgeable and experienced in working with the kinds of emotional, physical and psychological abuse that incarcerated women experience, and be able to reach these women and understand their lives on the streets. The researchers recommended that KEY/CREST give women greater direct access to program counselors and provide more outside training for the staff — a recommendation that could be useful for the Forever Free program and other therapeutic programs as well.

Agreeing on The Differences

The KEY/CREST and Forever Free programs varied in their approaches, but they both recognized the many ways in which the treatment needs of female inmates differ from those of male inmates. Results from both studies show that rehabilitation programs that recognize these differences and focus on women-specific issues can help female inmates successfully reen-

ter society. They add to the continuing research effort to show "that investments in gender-responsive policy and procedures will likely produce long-term dividends for the criminal justice system and the community as well as for women offenders and their families."⁶ Additional resources and publications about reentry can be downloaded from NIJ's Web site at www.ojp.usdoj.gov/nij.

ENDNOTES

¹ Bloom, B., B. Owen and S. Covington. 2003. *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections, Table 1, pp. 2. Available at www.nicic.org/pubs/2003/018017.pdf.

² Garrison, A., A. Rose, W. Rosenbauer, D. Lockwood-Dillard and B. Haslett. 2002. *Process Evaluation Assessing the Gender Appropriateness of the KEY/CREST Program, Final Report*. Available at www.ncjrs.org/pdffiles1/nij/grants/195788.pdf.

³ Prendergast, M., E. Hall and J. Wellisch. 2002. *Outcome Evaluation of the Forever Free Substance Abuse Treatment Program: One Year Postrelease Outcomes*. Available at www.ncjrs.org/pdffiles1/nij/grants/199685.pdf.

⁴ Lockwood, D., J. McCorkel and J. Inciardi. 1998. Developing comprehensive prison-based therapeutic community treatment for women, *Drugs and Society*, 13(1-2):193-212, 195. See also, McCorkel, J., L. Harrison and J. Inciardi. 1998. How treatment is constructed among graduates and dropouts in a prison therapeutic community for women, *Journal of Offender Rehabilitation*, 27(3/4):37-59.

⁵ Martin, S.S., C.A. Butzin, C.A. Saum and J.A. Inciardi. 1999. Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release to aftercare, *The Prison Journal*, 79(3):294-320.

⁶ Bloom, B., B. Owen and S. Covington. 2003.

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