

Women in Re-entry: Treatment Issues

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Alvis

- ▶ A non-for profit agency who specializes in separate re-entry programs for male and female offenders, children and family programs and employment services
- ▶ Get funding at the federal, state and local levels and through agency fund raisers and private donations
- ▶ Flexible agency who services individuals with developmental disability and offensive behaviors

What does Gender-Responsiveness Mean?

- ▶ Understanding and taking account of the differences in characteristics and life experiences that men and women bring to institutional corrections and community supervision and adjusting strategies and practices in ways that appropriately respond to those conditions.

Bloom, Owen, and Covington, 2003

Common Problems of Incarcerated Women

- ▶ Pathway of early trauma are found to be tied to problems with substance abuse and, seemingly as a result, criminal behavior (Green et al. 2005)
81% of incarcerated women have experienced 5 or more traumatic events in their lives
- ▶ Behavioral Health Issues:
Many experience Posttraumatic Stress and co-occurring Substance Use Disorders (Harner, et al. 2013)

Common Problems of Incarcerated Women

- ▶ Many have non- violent index crimes (drug related)
- ▶ Many struggle with depression and trust issues (trauma counseling)
- ▶ Many, in Canada, engage in much criminal behavior prior to being federally incarcerated
- ▶ Re-entry: need supports in the community when they leave prison- housing, mental health, personal benefits, child care, job placement, and so on...

Common Problems of Incarcerated Women

- ▶ Important link between drug and alcohol use and experiences of trauma impacting recidivism
- ▶ Many have young children to raise and need assisting in learning about and providing for Child Development issues
- ▶ Many have male partners who remain embedded in the criminal justice system
- ▶ Many are victims of domestic-violence or have experienced trauma tied to their partner

Common Problems, cont'd

- ▶ In 2012 women represented 26% of 12.4 million arrested for serious crimes (FBI stats)
- ▶ Population of criminally involved women is increasing but there are limited re-entry programs for women in Canada and the United States
- ▶ Without community re-entry programs half of parolees will be reincarcerated within 3 years (Travis, 2005)
- ▶ In Canada, women are supported by the Elizabeth Fry Society (where it is active, which is not the case in all provinces)

Video Clip

- ▶ How has your past trauma impacted you?
- ▶ How has your past substance abuse impacted you?
- ▶ How has your past mental health problems impacted you?
- ▶ What things give you hope for your future?
- ▶ What things have been different for you this time? What is new for you?
- ▶ What programs at Alvis House have most assisted your recovery?

Common Pathways to Prison

- ▶ Women's most common pathways to crime are based on survival of abuse, poverty and substance abuse. The relationship between these factors is complex and significant. Physical, sexual and emotional abuse is very common in the life histories of offenders
- ▶ These same dynamics need to be addressed upon leaving prison and integrating back to the community

Specific Pathways to Prison

- ▶ Childhood victimization- physical and sexual often leads illegal drug use, selling, prostitution and street survival
- ▶ Victimization connected to mood disorder and self-medicating through drug use
- ▶ Poverty leads to drug trade and prostitution and non-drug crimes to make money
- ▶ Poverty leads desire for illegal ways to make money to buy possessions

Mental Health Issues

- ▶ Co-occurring disorders- Post-traumatic Stress Disorder very high among substance abusers- 12-34% AND FOR WOMEN WITH SUBSTANCE DISORDERS-30-59%
- ▶ Female offenders high rates of depression, anxiety and other personality and mood disorders= HIGH DRAMA

Treatment Issues- Integrated Approach

View substance abuse as being intertwined with all the major facets of a woman's life. It is not an isolated problem. Areas to be addressed include the impact of physical and sexual abuse during childhood, depression, domestic violence, the drug and alcohol abuse of her partner, relations with her children, and the guilt, shame and low self-esteem and confidence that her life experience has produced."

The Center for Substance Abuse Treatment

Life Areas Addressed in Treatment

- ▶ Food, clothing and shelter
- ▶ Transportation
- ▶ Job counseling and training
- ▶ Legal Assistance
- ▶ Literacy training and educational opportunities

Life Areas- Continued

- ▶ Parenting Training
- ▶ Family Therapy
- ▶ Couples Counseling
- ▶ Medical Care
- ▶ Child Care

Life Areas, Cont'd

- ▶ Social Services
- ▶ Social Supports
- ▶ Psychological assessment and mental health care
- ▶ Assertiveness Training
- ▶ Family Planning Services

Relationship with female clients is Underemphasized- why?

- ▶ We get caught up in curriculum learning
- ▶ Fidelity - presenting curriculum by the manual instructions while ignoring group dynamics
- ▶ Look at recidivism gains as the key measure- what contributed?
- ▶ Staff feel undervalued and disliked by female clients=drama!

Relationship Defined

- ▶ Rapport- converse on regular basis
- ▶ Minimal trust
- ▶ Willingness to disclose- therapeutic
- ▶ Time spent in rehabilitative activities- take risks

Paramilitary Concepts Kill Relationship

- ▶ Make offenders Controlling
- ▶ Rigid Must do it my way
- ▶ Punitive No values
- ▶ Obedience not teaching
- ▶ Thinking errors of staff
- ▶ Lack of choice
- ▶ Canned programs

Therapeutic Concepts Invite Relationship

- ▶ Listened to
- ▶ Choices given
- ▶ Meaningful relationships
- ▶ Positive reinforcement of behavior
- ▶ Hope
- ▶ Constructive feedback
- ▶ Caring staff
- ▶ Replacement thinking (RAPP)

Relationship building is vital in creating a "Clinical Culture"

- ▶ Gives staff and inmates common ground to relate and work together
- ▶ Helps inmates stay engaged in programs and complete programs
- ▶ Helps with morale on the units
- ▶ May be the most important element to keep clients motivated

What does "Clinical Culture" look like?

- ▶ Clients and staff have basic respect for one another
- ▶ Power struggles are minimized
- ▶ Antisocial beliefs and behaviors get challenged – common language
- ▶ Clients held accountable for all thoughts and behaviors

Importance of Line Staff

"Line staff can be the most consistent and influential element in the offender's life. They will make or break your program"

Randy Shively

Importance of Line Staff

- ▶ Often know the clients the best: consistent, frequent and lengthy interactions with clients
- ▶ Best equipped to enact good behavior programming and cognitive programming
- ▶ On site to model de-escalation for clients
- ▶ Can gain accurate documentation of behaviors/ changes

Obstacles to Therapeutic Relationship

- ▶ Time not made to "know client" up front
- ▶ Therapists frequently fail to identify failing cases (Norcross, 2009)
- ▶ We fail to seek client's buy-in
- ▶ We get into power struggles with clients
- ▶ Sometimes "our system" gets in the way

Obstacles to Relationship, Cont'd

- ▶ Attitude of staff- affects climate
- ▶ Lack of activities to engage clients
- ▶ Viewing program as us (staff) vs. them (clients)
- ▶ Not taking interest in their success - only a statistic

Ways to Build Therapeutic Alliance

- ▶ Importance of time spent up front with clients
- ▶ Relationships are important hidden rule of those coming out of Poverty (Bridges out of Poverty)- develop rapport prior to hard work
- ▶ Find ways to work in agreement with client on goals- programs

Ways to Build, Cont'd

- ▶ Meet the clients' immediate needs when possible to build trust
- ▶ Have an intentional plan in "interacting with clients"
- ▶ Invest in clients' trust banks with a positive balance – deposits vs. withdrawals

How staff respond is key

"I've come to the frightening conclusion that I am the decisive element in the consumer's life. It's my personal approach that creates the climate; it's my daily mood that makes the weather. I possess a tremendous power to make a consumer's life miserable or joyous. I can be a tool of torture or an instrument of inspiration; I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a consumer humanized or dehumanized"

Haim Ginott

Prison: Fosters Negativity

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- ▶ Prison was not a place where a person changed for the better, it was a toxic environment
- ▶ Many felt that other prisoners or staff rarely cared about them but others developed positive relationships with staff
- ▶ Desistance was thought near impossible to be learned in prison;
- ▶ Instead, prison was thought to teach criminality, create criminal alliances, and ensure people learn how to navigate conning while simultaneously learning how to excel at conning in life.

Special Issues: Personality Changes

- ▶ Untrusting of friends and authority figures
- ▶ Isolated, opting to remain friendless
- ▶ Hot-headed and open to "going back"
- ▶ Some changed, turning away from criminal activity
- ▶ Positive change not a result of the environment or experience; rather it was attributed to self

Change From Within and Holding on to Yourself

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- ▶ former prisoners felt change had to come from within:
 - ▶ *And I'll tell you right now unless you have your mind made up that you want to change, you ain't gonna...*
- ▶ Thus, strength was both in ability to physically handle oneself and in psychological growth in character:
 - ▶ *In a way, I'm still the same person but stronger now because I know I've been in prison... [it] makes you stronger so you could survive whatever situation you have to face in life.*
- ▶ These parolees also talked about a turning point where they felt remorseful about their own past criminality and regret hurting people with their criminal actions.

Community Corrections

- ▶ Developing trust
- ▶ Need for proactive positive interactions
- ▶ Employment is key to social and economic reintegration

Women's Research Project at Alvis - #1

- ▶ **Women Reentering the Community: Understanding Addiction and Trauma-Related Characteristics of Recidivism**
- ▶ **Authors:** Andrea Cimino- School of Nursing, John Hopkins University
Nafasha Mendoza and Kara Thielemann-School of Social Work, Arizona State University
Randy Shively and Kami Kunz- Alvis House

Research Facts

- ▶ Data taken from January 2010 to September 2011 in program. Dependent variable was recidivism taken in March 2014.
- ▶ Although 104 women participated in the program only those enrolled in trauma group (N=57) were included for this article
- ▶ In literature important linkages are found between alcohol and drug use, experienced trauma and recidivism

Treatment Groups for Women

- ▶ Occurred in a small residential facility in the community (capacity=28)
- ▶ Trauma Symptom Inventory (TSI) 100 item questionnaire used to decide inclusion in a trauma group. Used curriculum from Helping Women Recover (Stephanie Covington)
- ▶ Used a Substance Abuse Subtle Screening Inventory to look at those with high probability of a serious substance use disorder

Research Findings

- ▶ Women who recidivated had greater alcohol dependence than on those who did not.
- ▶ Women who recidivated had less sexual dysfunction and fewer sexual concerns than women who did not recidivate

Implications

- ▶ Alcohol Use Disorders are a considerable risk factor among women in re-entry programs. Relapse potential greater with a PTSD diagnosis. More treatment options need to be offered as well as Relapse Prevention planning
- ▶ Alcohol use may enhance sexual pleasure among women and may have greater arousal when under the influence of alcohol thus reporting fewer sexual concerns.

Conclusions

- ▶ Alcohol misuse is a considerable risk factor for women in re-entry programs. Relapse much higher for women with post-traumatic diagnosis
- ▶ Less sexual dysfunction and concern can be explained by alcohol use increasing sexual pleasure and often report greater arousal (Peugh and Belenko, 2001). Sexual health programs may be a key necessity to a treatment program. Much more research needed related to sexual issues

Alvis – Research Women's Project - #2

- ▶ Same data used for analysis from Project #1- N= 104 women enrolled in Alvis residential treatment program
- ▶ Looked at Examining Trauma and Readiness to Change with Latent Profile Analysis
- ▶ Michael Killian, Ph.D., Andrea Cimino, Ph.D., Natasha Mendoza, Ph.D., Randy Shively, Ph.D. and Kami Kunz, LPCC

Objective of Study

- ▶ Posttraumatic Stress Disorder and co-occurring Substance Use Disorders are common among women who are incarcerated. The purpose of this study was to identify classes of women based on trauma indicators and to examine the relationship between trauma and readiness to change substance use behaviors

Methodology

- ▶ Profiles of the 104 women were conducted using latent profile analysis using the Trauma Symptom Inventory and the University of Rhode Island Change Assessment to look at call membership and readiness to change substance use behaviors

Findings

- ▶ Two class solution was found
- ▶ Class 1: N= 59; High levels of trauma across all indicators; older women; County probation cases; Higher Pre-contemplation scores and a trend to take greater action with their Substance Use
- ▶ Class 2: N=44; Lower levels of trauma across trauma indicators; Younger women; Under transitional control; Less action to address Substance Use

Implications

- ▶ Women who experienced more trauma experienced more resiliency taking more steps for change even when facing uncertainty and ambivalence
- ▶ Further studies need to measure resiliency in measurement and assessment as it may be prognostic for women with trauma and substance abuse
- ▶ Need to tailor interventions if include motivational components that are also trauma-informed

Summary

Assessment is very important in identifying levels of trauma and substance use prior to treating women

Relationship building is very important to women in correctional programs and staff need to find ways to tap into prosocial relationships

Programs need to be gender specific with curriculum that is evidenced based and addresses many life areas that relate to substance use

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