

**Drug Treatment for Women Offenders:
Research Agenda**

**Criminal Justice Treatment Programs for Women Offenders
92-IJ-CX-K018**

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**DRUG TREATMENT FOR WOMEN OFFENDERS:
RESEARCH AGENDA**

The recommendations presented here for needed research in criminal justice treatment for drug-abusing women offenders are based upon work conducted in the performance of the project "Criminal Justice Drug Treatment Programs for Women Offenders" (NIJ 92-IJ-CX-K018) and a preceding project, "A Comprehensive Analysis of Treatment within the Criminal Justice System" (NIJ 91-IJ-CX-K009), together with the extensive experience in research on treatment for women represented by the participating staff of the UCLA Drug Abuse Research Center and National Development and Research Institutes, Inc. Our recommendations focus on those issues and areas that we believe should have the highest priority for limited research funds because they offer the greatest promise for improving treatment for women offenders.¹ In addition, the recommendations encompass both research and policy since research informs the development of policy and policy, in turn, raises questions for research to answer.

Research Areas

Based on our research on drug abuse treatment for women in the criminal justice system, especially the national survey of community-based and custodial programs and the case studies, we have identified a number of areas that should be explored in order to improve drug treatment for women offenders. These areas include:

Estimates of treatment need. In most communities, even those with linkages and vestigial systems of treatment, only a fraction of the women in CJS who need services are being treated. State and local policy makers and planners need better information on the extent of drug problems among women offenders, the number of women who are in need of treatment, and the availability of treatment slots for women offenders. The prevalence estimation model described in Hser et al. (1994) and developed as part of this project provides one approach for estimating the number of arrestees who use drugs. It uses available data sets and standard statistical methods to derive such figures for the 200

largest U.S. cities. The model represents a preliminary effort and needs to be refined through validation studies, particularly for suburban and rural areas. It also needs to incorporate more accurate estimates of treatment need. Other approaches to providing better estimates are possible and should be explored using different data sets and different estimation techniques (see Hser & Anglin, 1993).

Expanding treatment availability. Better estimation techniques will provide more confidence in whatever figures are developed, but currently there is sufficient evidence that the availability of treatment for women offenders falls far short of the need for treatment. What can be done to significantly increase the number of women offenders in treatment? Although this is largely an issue of funding, careful consideration needs to be given to how additional funding should be allocated among the various options (e.g., community-based, institution-based; residential, outpatient, day treatment; short-term, long-term; statewide systems, local programs) in order to promote optimal treatment outcomes and cost effective use of resources. Research can contribute to such allocation and planning decisions in a number of ways, including development of needs assessment methods; primary evaluation and secondary analysis of treatment effectiveness within and between treatment modalities; process and outcome studies of established and emerging systems linking criminal justice, drug treatment, and other relevant organizations; and policy studies, based on research findings and other considerations, laying out the options available for expanding treatment through additional funding.

Given the current fiscal situation in most jurisdictions, it may be unrealistic to rely on additional funding as the source for a significant increase in the number of slots for women offenders in need of treatment. Changes in the way that treatment is organized and delivered may be a way to increase the availability of treatment. One possibility has to do with the duration of treatment programs. Research studies have found that persons must stay in treatment programs some minimal amount of time (usually three months) before there is any benefit, and that beyond that minimum, outcome is positively related to time in

treatment (Hubbard et al., 1989; Simpson et al., 1968). What we know about time-in-treatment, however, is largely based on research that has looked at treatment programs that were designed to be of fairly long duration and, in large measure, treated a population with somewhat different characteristics (including gender) than we are concerned with here. Identifying or developing effective short-term treatment models would seem to be of utmost importance since intensive programs of long duration are expensive to operate and provide too few slots to serve much of the population in need of services.

There are two issues here that research can address. One has to do with the effectiveness of existing programs: How effective are treatment programs of short duration? For which women offenders are they most effective? What are the "active ingredients" of those programs that are shown to be effective? The second issue has to do with designing and evaluating intensive treatment modalities and programs that are explicitly intended to be short term (rather than short term because of funding constraints): Which combinations of behavioral techniques, pharmacotherapies, organizational structures, or other treatment approaches produce effective results in intensive, short-term programs? For which types of clients are short-term programs effective? Where would such programs fit into an overall system of continuing care? What practical considerations are important in successful short-term programs (e.g., staff experience and training, assessment procedures, transition to less intense treatment)?

Pathways to treatment. How do women enter treatment? For women offenders, the motivation is usually external through various types of compulsion or inducement. But women offenders do have some choice in the matter--such as whether they will accept an offer of diversion, whether they will volunteer for the prison treatment program, which community-based program they will apply to, whether they will remain in treatment, whether they will become fully engaged in the treatment process. In addition, women encounter barriers to entering treatment, such as the need for child care or transportation to the program. A combination of qualitative and quantitative studies would provide

answers that could, in turn, be used to improve engagement strategies, remove barriers to treatment, and promote retention in treatment.

Centralized needs assessment and referral. How well do existing centralized referral systems work? What conditions are necessary for such systems to be effective? What number and types of treatment options are needed to make it effective? Does centralized assessment and referral to a panoply of options provide greater cost efficiency? How precise do matching procedures have to be in order to be effective? What are the special needs groups within the population of women offenders that must be identified (e.g., dual diagnosis, pregnant women, women with children, violent women, HIV+ or AIDS symptoms)?

Individualized services. To what extent do programs tailor the design and delivery of services to the individual needs of clients? To what extent do programs tend to serve women with common needs? What are the advantages and disadvantages of having women with varied needs and characteristics within the same program? Presumably, programs do needs assessment in an effort to individualize treatment--how common is this? To what extent does individualization of treatment affect outcomes? In what ways does the recovery process differ for women and men, and how can programs tailor their services and treatment approach to accommodate these differences?

"Empowerment." This concept informs many of the treatment programs that provide services to women offenders, particularly those that are for women only; it expresses the philosophy of the program and provides a rationale for the selection of the specific services offered and the manner in which they are delivered. While empowerment would seem more relevant to women's rehabilitation than treatment philosophies that reinforce dependency, does one philosophy of treatment (and the associated services) in fact produce better outcomes than another for these clients? Is there agreement among different programs as to what attitudes, services, activities, etc., fall within the concept of empowerment? Can an empowerment philosophy be effectively implemented in mixed-ex

programs, as well as in women-only programs? In a related issue, are women-only programs more effective than mixed-sex programs in terms of bringing about desired outcomes? Do measures of outcome or effectiveness differ for women-only programs and mixed-sex programs?

Vocational training and jobs. Employment is a prosocial goal for women offenders. What kinds of vocational training programs are currently available? To what extent do women offenders in treatment participate in such training? To what extent are women who receive vocational training and/or job counseling able to find work? What kinds of jobs do they hold and at what wages? Are there alternative approaches to help these women become employable?

Cultural/ethnic sensitivity and relevance. What approaches are programs using to be culturally and ethnically competent for their women clients? How are these strategies devised and implemented? What impact do these strategies have on treatment outcomes?

Family planning and contraception. Since drug-exposed babies create misery for all and drain limited medical and social resources, it would seem that education in contraception and family planning should be included in women's programs. To what extent are such components provided? How much time is devoted? What are the effects of such programs on women's behavior?

Impact of treatment. Little is known about the long-term effects of treatment on the drug use, criminal behavior, and social functioning of women offenders. What happens to women after they leave treatment (for completers and dropouts)? After they quit drugs? Are there pre-treatment characteristics that will "predict" which women will succeed in treatment and which will not? What techniques, conditions, or supports enable women who have left treatment to avoid or limit relapse? What is the nature of the treatment career of women offenders in terms of number of treatment episodes, length of involvement, types of treatment, perceived benefits of different types of treatment, etc.?

Policy Areas

The above list of research questions tends to be focused on the traditional areas of research in criminal justice treatment, namely, clients and programs. We do need to know more about the static and dynamic characteristics of drug user in and out of treatment; we also need a better understanding of what works in treatment programs, for which clients, under what circumstances, with what expected outcomes, etc. But we also believe that major improvements in addressing the drug abuse and other problems of women offenders that the focus of research and treatment planning be broadened beyond individuals and programs and include treatment systems at the local and state level and inter-agency federal cooperation to support such systems. The following discussion addresses some of the key issues and research questions in this broader perspective.

Promote Interagency Linkages and Treatment Systemization in Community-Based Treatment

On the basis of our study of treatment for women offenders, we have concluded that local jurisdictions need to establish treatment systems with a range of programs and service options in order to provide treatment cost effectively, to match clients to appropriate programs or services, and to ensure continuity of care. We have identified a number of conditions that need to be present in order to treat women effectively:

- * Multiple services should be provided in order to address the multiple medical, family, psychosocial, financial, and vocational problems, in addition to drug abuse, that women offenders typically exhibit. Certain services such as medical and psychiatric assessment, may be more effectively provided in a central facility rather than in individual programs;
- * Treatment should be individualized to take into account that fact that women offenders in need of treatment are in different life stages (e.g., pregnant or with young children to care for); in different phases of their addiction, criminal, or treatment careers; at different cognitive levels; and have different aptitudes and coping skills.

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- * Local systems should have a range of treatment options that differ in modality, setting, services, and intensity;
- * In order for the above conditions to be met, firm linkages should be established between criminal justice agencies, drug treatment programs, and the various other services that women offenders need to become rehabilitated (or, in many cases, habilitated); such linkages would help to ensure continuity of care for clients within the system of treatment.

Although our research has identified these conditions as important in providing effective drug treatment for women offenders, continued research is needed to determine how best to develop and implement this approach to integrated, community-based treatment. Models that meet some of these conditions include Treatment Alternatives to Street Crime (TASC) (Inciardi & McBride, 1991; Wellisch et al., 1994), which has been active since the early 1970s, and the more recently developed drug courts (Finn & Newlyn, 1993; Tauber, 1993). Both of these models are currently being evaluated either nationally (TASC) or locally (drug courts), and the results of these evaluations should provide important information on the overall effectiveness of these two models and on the specific elements that promote treatment improvement and reductions in recidivism.

Instances of other innovative systems of linkages need to be evaluated using both process and outcomes measures. Such evaluation would identify the "effective ingredients" of such systems and document their operation for replication or adaptation elsewhere. Most evaluations of criminal justice treatment have focused on specific programs and have used traditional program evaluation methodologies that involve experimental or quasi-experimental designs. Assessing linkages and systems within community settings (which may embrace part or all of an entire city or county) will probably require additional or different evaluation strategies, such as multiple-case designs (Yin, 1984).

Promote Statewide Systems of Drug Treatment for Women Offenders That Include Custodial Programs and Transition to Continuity of Care in the Community

The great majority of women in the care or custody of the criminal justice system are located in the community--in diversion, probation, or parole status. Even women who are incarcerated are returned to the community, usually after a relatively short jail or prison sentence. Thus, the primary focus of research and program development regarding treatment for women offenders needs to be on treatment within the community and on transition from custodial treatment to community-based treatment. The panoply of needed services--health, education, training--indicated above for women in the community applies equally to those who are incarcerated, and most or all of these services can be provided within the custodial institutional framework. However, a broad range of available treatment options is less easily supplied within the institutional framework for a variety of reasons, but mainly because of the relative insulation of custodial institutions in most states and the separateness of treatment programs within jails and prisons. In other words, in most states, custodial treatment programs are not part of a custodial-based, state-wide treatment system. There are exceptions, however, which may suggest the direction in state systems of criminal justice treatment heading. Oregon, for example, has a statewide system in which offenders are moved from one custodial institution to another to comply with a statutory requirement for different treatment services and in preparation for transition into the community (Falkin, 1993); Colorado's newly established Cooperative Plan promises to develop into a statewide system that provides treatment alternatives within custody, and is tied to a system of community-based treatment (*Treatment Improvement Exchange*, 1993); and Texas is developing a system of state prisons that are given over entirely to treatment and can offer various treatment options within the single facility.

In addition to these few statewide attempts to systematize treatment, many local custodial programs have established formal or informal linkages with community-based programs so as to provide transition and continuity of care for released inmates. Some custodial programs, particularly jail programs, see their role as almost entirely one of

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identifying those women who require treatment, orienting the women to treatment, and facilitating their entrance into community treatment following release from jail.

In treating women offenders in the community and in jails and prisons, *linkages* and *systemization* are meaningful concepts that describe cost effective methods for meeting the treatment needs of women who are in the care or custody of the criminal justice system. In support of building more linkages and a more systematic approach to treatment for women, research is needed in the following areas:

- * Analysis of various ways by which women offenders can be identified and recruited into treatment (in addition to already established programs such as TASC and drug courts);
- * Identification of decision points within the criminal justice system where effective linkages can be made between criminal justice, drug treatment, health care, and other social systems;
- * Identification of institutional barriers that prevent or make it difficult for women offenders to enter treatment programs that are appropriate to their needs;
- * Development of operational descriptions of examples of successful coordination, especially examples of three-way (or four-way) linkage at the local level (criminal justice, drug treatment, and public health, including mental health);
- * Descriptions and assessments of instances of systemization of treatment within the community, within custodial institutions, and in systems that encompass both;
- * Systematic evaluations of multi-service treatment programs for women offenders, including analyses of how linkage is initiated and maintained between substance abuse treatment and other types of services and how effective such linkages are in promoting effective treatment;
- * Development of analytical methods for evaluating programs in terms of the treatment needs they fulfill within the local community's treatment offerings rather than only in terms of how well they do what they do; and

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- * Cost-benefit analyses of including non-traditional treatments into the arsenal of criminal justice treatment strategies.

Establish Cooperation and Coordination among Relevant Federal Agencies Concerned with Treatment for Women Offenders

Finally, in order to better coordinate research and policy development in criminal justice treatment, closer ties are needed between the National Institute of Justice and other Department of Justice offices concerned with intervening with drug abuse and its associated problems. Moreover, greater contact and coordination is needed with other federal departments and agencies involved in the treatment of women offenders, including the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration (SAMHSA) (e.g., the Office for Women's Services and the Criminal Justice Systems Branch of the Center for Substance Abuse Treatment). In addition to the basic linkage between criminal justice and drug abuse treatment agencies, closer ties are also needed with education agencies, the health policy research community, and health care services. These linkages across agencies should be established at the highest possible level so that agency heads and high-level administrators can coordinate activities, agree upon policies and directions for research and operations, make arrangements for joint funding, and set up guidelines for interagency cooperation. Interagency agreements among federal agencies concerned with criminal justice treatment will make it more feasible to establish a coordinated research agenda that will emphasize the investigation of key issues, eliminate duplication, facilitate long-term evaluations, and build upon shared experiences and knowledge.

In conclusion, great strides in treatment for offenders in general, and for women particularly, are likely to occur over the next few years. Overcrowding in jails and prisons, the anticipated increase in incarceration rates resulting from new statutory requirements, public reluctance to pay for the construction of more jails and prisons, and the expense of keeping people incarcerated--all these factors may have a salutary effect upon funding for

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drug treatment within the criminal justice system. Within this climate, we believe that in the interests of improving drug abuse treatment for women offenders, research should be directed toward identifying cost-effective methods for systematizing drug treatment, for linking drug treatment to the multiple medical and social services needed by this population, and for ensuring continuity of care as women pass from one treatment setting to another.

NOTES

¹ The recommendations are synthesized, in part, from several main sources of information, including a review of relevant literature, a nationwide survey of treatment programs for women offenders conducted as part of this project (Wellisch, Prendergast, & Anglin, 1993), case studies conducted as part of the two NIJ grants (Falkin, 1993; Falkin et al., 1994), results of secondary analysis to determine drug use prevalence and treatment need among arrestees (Hser, Prendergast, Anglin, Chen, & Hsieh, 1994; Prendergast & Hser, 1992), a policy paper on the treatment of women in jail (Wellisch et al., 1994), and discussions of the need for linkages to other services and for a more systematic approach to treatment (Wellisch et al., 1993, 1994).

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