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Implementing Gender-Responsive Treatment for Women in Prison: Client and Staff Perspectives

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OVER THE PAST TWO decades, the overall number of female prisoners in the United States has grown substantially. While the number of women in prison remains lower than the number of men, women are entering prisons at a faster rate than men. From 1995 to 2005, the total number of female prisoners increased 57 percent compared with a 34 percent increase in male prisoners (Harrison & Beck, 2006). The increase of the number of women in the nation's prison population has largely been due to incarceration for drug-related offenses. Zero tolerance policies related to addiction have created a greater demand for substance abuse treatment for men and women within a prison setting.

The prison-based therapeutic community (TC) treatment model has become the preferred method of substance-abuse treatment in American prisons over the past two decades (DeLeon, 2000). Rehabilitation in the TC environment focuses on a global change in lifestyle involving abstinence from drugs, elimination of antisocial activities, and the development of employable skills and pro-social attitudes and values (DeLeon, 2000). However, traditional TC programs were initially tailored to treat substance-abusing men. When studies analyze data for men and women separately, findings have shown that men and women have very different pathways to crime, addiction, and recovery (Grella & Joshi, 1999; Messina, Burdon, & Prendergast, 2003). Women's patterns of drug abuse have been shown to be more socially embedded than men's and primarily revolve around interpersonal relationships (Bloom, Owen, & Covington, 2003). Among women, histories of sexual and physical abuse in childhood are major indicators of pre-existing conditions to subsequent addiction and criminality (Messina & Grella, 2006). The trauma that results from early

victimization also increases the risk of mental and physical health problems and interpersonal violence in women's adolescent and adult relationships (Bloom, Chesney-Lind, & Owen, 1994; Messina et al., 2003; Messina & Grella, 2006), all of which are directly linked to recovery from drugs and alcohol for women (Grella & Joshi, 1999).

While researchers have reported some success in using the TC model to treat women in prison (Wexler et al., 1990; Inciardi et al., 1997), the ability of programs to fully meet the specialized treatment needs of drug-dependent women offenders remains in question, particularly within an institutional setting. Even though offenders have similar categories of needs with regard to addiction, mental health issues, and vocational/educational training, men and women manifest these needs differently. Research on drug-dependent women and men offenders suggests major differences in the degree of intensity of these needs and the ways in which treatment programs should address them to reduce the risk of relapse and recidivism (Covington, 1998; Henderson, 1998; Peters et al., 1997; Prendergast & Wellisch, 1995). In response to these differences, many have advocated for gender-specific substance abuse treatment for incarcerated women.

Theoretical models that focus on addiction and recovery for women have emerged in recent years. One approach to placing women's needs within a conceptual framework is relational theory, originally proposed by Miller (1976) and developed more recently by Jordan and colleagues (1991) and by Covington (1998) in her work on drug-abuse treatment for women offenders. Relational theory recognizes the different ways in which women and men develop psychologically and the centrality of relationships in women's lives (Miller, 1976). Relational theory views women's psychological development as growth with an emphasis on connection rather than on the separation that more traditional theories of psychology emphasize (Miller, 1976). It suggests that women develop a sense of self-worth when their actions arise out of connections with others (Covington, 2002; Jordan et al., 1991). Therefore, healthy connections with other people are fundamental to women's psychological well-being. From this perspective, psychological problems, drug abuse, and other antisocial behaviors can be traced to disconnections within women's past relationships that characterize the childhood experiences of most women offenders (Bloom et al., 2003). Women who have not had healthy, growth-fostering relationships in the past will often repeat their patterns of neglect and abuse (Covington, 2002; Jordan et al., 1991). These women often use drugs to connect with a drug-dependent partner, to deal with pain in their relationships, or to alter themselves to fit a relationship.

Relational theory could provide guidance to create the kinds of programs in the criminal justice system that will be most effective for drug-dependent women offenders. The expectation is that programs that focus on women's specific needs, guided by a theoretical understanding of women's psychological development, are in a better position to meet these needs than programs using the typical TC approach. The authors of this article are evaluating a women-focused treatment program implementing curricula based on relational theory to determine its relative effectiveness compared to a standard prison therapeutic community (TC) treatment program.

As part of this evaluation, focus groups were conducted with the staff and clients of the women-focused program to determine which elements had the greatest impact on participants during treatment, the degree to which the women-focused treatment met the needs of women offenders and the barriers to successfully implementing a women-focused program in a prison setting. Focus groups have mainly been used in the business and marketing fields as a way to get opinions on products and services but are increasingly being used in substance abuse research to elicit information about satisfaction with a particular service or program, service needs, and barriers (Connors & Franklin, 2000; Howell & Chasnoff, 2004), because they can provide more in-depth information and a deeper understanding of a particular topic than surveys or questionnaires. The purpose of this article is to describe the results of the focus group discussions and to communicate new insights into providing appropriate substance abuse treatment to women in a prison setting.

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Materials and Methods

The treatment protocol and specific curricula of the women-focused program (i.e., "*Helping Women Recover*," Covington, 1999; "*Beyond Trauma*," 2003) are based on clinical experience and

relational theory. The manualized, multi-faceted curriculum is specifically designed to be relevant to the needs of drug-dependent women in correctional settings, although it is widely used in community programs as well. The Helping Women Recover program is organized into four modules that address the areas that researchers have identified as necessary for women to work on in order to facilitate recovery and to avoid relapse: self, relationships, sexuality, and spirituality.

1) *Self module*: Women discover what the “self” is; learn that addiction can be understood as a disorder of the self; learn the sources of self-esteem; consider the effects of sexism, racism, and stigma on a sense of self; and learn that recovery includes the expansion and growth of the self.

2) *Relationship module*: Women explore their roles in their families of origin; discuss myths and realities about motherhood and their relationships with their mothers; review relationship histories, and consider how they can build healthy support systems. To assist the participants' growth, counselors role-model healthy relationships among themselves and with the participants.

3) *Sexuality module*: Women explore the connections between addiction and sexuality; body image, sexual identity, sexual abuse, and the fear of sex when clean and sober. Women may enter recovery with arrested sexual development, because substance abuse often interrupts the process of healthy sexual development. Many also struggle with sexual dysfunction, shame, fear, and trauma that must be addressed so that they do not return to addictive behaviors to manage the pain of these difficulties.

4) *Spirituality module*: Women are introduced to the concepts of spirituality, prayer, and meditation. Spirituality deals with transformation, connection, meaning, and wholeness. Each woman is given an opportunity to experience aspects of spirituality and to create a vision for her future in recovery.

During the Beyond Trauma curriculum, women begin a process of understanding what has occurred in their past (i.e., sexual or physical abuse, or other victimization) that has been traumatizing. They explore how this abuse has impacted their lives and learn coping mechanisms, while focusing on personal safety, using a strengths-based approach. In addition, women-focused program elements are delivered within the safety and comfort of a same-gender environment, encompassing non-confrontational and nonhierarchical learning experiences. Other elements include groups on parenting techniques and child custody issues, perinatal services, health and hygiene, grief and loss, and decision-making skills.

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Implementation of the Curriculum

The present study was conducted at a California State Prison for Women. This prison had two TC programs, which provided approximately 6–24 months of substance abuse treatment. Inmates with a history of substance abuse are transferred into the programs near the end of their prison sentence under California Department of Corrections and Rehabilitation (CDCR) mandate. The two programs maintained separate counseling staff, treatment facilities, and housing units for participants in each program.

One of the programs was transformed into the women-focused program by incorporating the Helping Women Recover and Beyond Trauma curricula into their programming. The female counseling staff took part in a series of training workshops at the prison, which were led by Dr. Stephanie Covington.

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Participant Characteristics

The participants in the women-focused program at the time the study was conducted were 53 percent Caucasian, 20 percent African American, 18 percent Hispanic, and 9 percent “other ethnicity.” Of these, 47 percent reported never being married, 36 percent were divorced or separated, 12 percent were married and 5 percent were widowed. The women ranged in age

between 18 and 54 years, with a mean age of 36 years (SD=9.3). They had a mean of 11 years of education (SD=1.7). Approximately 58 percent of the women were not in the labor force in the year prior to incarceration and another 18 percent were unemployed. Women working part time accounted for 14 percent and the remaining 10 percent were employed full time. Additionally, women reported a mean average lifetime period of incarceration of 4.8 years at treatment admission.

Approximately 80 percent of the women entering the program reported experiencing depression in their lifetime. Additionally, 75 percent of the women reported a history of physical abuse and 53 percent reported a history of sexual abuse. Fifty-four percent of the women reported methamphetamine or amphetamines as their primary drug problem, 20 percent reported cocaine or crack, 7 percent reported heroin, 14 percent reported other drugs and 5 percent reported no drug problem. Finally, 49 percent of the women reported daily use of drugs in the 30 days prior to incarceration and 14 percent reported using 3–6 times a week.

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Program Staff Characteristics

The women-focused program was staffed by 16 full-time staff members (i.e., a program director, a clinical manager, two administrative support staff, and three coordinators of services, including orientation, family services, and transitional care). The program direct counseling staff comprised three clinical counselors, three journey-level counselors, and three entry-level counselors (all of them women). The staff group members ranged in age from 25 to 60 years, with a mean age of 43 years (SD= 11.2). The staff was approximately 44 percent Hispanic, 37 percent Caucasian, and 19 percent African American. Half of the program staff members reported a high school diploma as their highest level of education obtained, another 44 percent an associate's degree, and 6 percent reported obtaining a bachelor's degree. The staff members ranged between less than one and seven years in their current position, with a mean of nearly four years. The staff members in the women-focused program reported an average of six and a half total years of experience in the field, and the program staff had a combined 105 years of experience in the substance abuse treatment field.

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Procedures

Two focus group sessions were conducted: one with the staff of the women-focused program and the other with the clients. The primary purpose of the focus groups was to qualitatively assess the staff and client perceptions of the appropriateness of the specific elements of the women-focused curriculum. The focus group interviews were conducted with randomly selected staff who had facilitated the group sessions and client volunteers who had received treatment for at least 4 months. At least two research members were present for each group; one member facilitated the group, the other took detailed handwritten notes. Each session was recorded on audiotape (with participants' permission) to ensure accuracy in the transcription and analysis of the data. Assurances of confidentiality and anonymity were provided to all focus group participants and all participants gave informed consent. All study procedures were reviewed and approved by UCLA General Campus Internal Review Board for research with human subjects.

The topics covered in the focus groups included:

- Client perceptions of their treatment needs and how well the women-focused curriculum addressed their needs;
- Staff and client perceptions of the client's treatment experience;
- Staff and client opinions of the materials for the women-focused curriculum; and
- Staff and client views on barriers to implementation.

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Results

Treatment Needs

Participants in the client focus group identified several issues that they felt were important to address in order facilitate their recovery. There was a general consensus that the top two issues that they needed and wanted to address while in treatment were their drug use and their familial relationships. Many expressed a desire to really understand why they were using drugs. The women who were mothers were very concerned about the effects of their drug use and lifestyle in general on their children. On the other end of the spectrum, some women wanted to deal with their own childhood issues and how relationships with their parents played a part in their drug use.

I think past relationships with your parents...because, as far as me, I feel like it has a very big impact on the way I turned out and about my drug usage and a just a big part of who I am today. And, yeah, but then I know I can't continue to put the blame on them because I become an adult at a certain age, so—I think something like that should be put in there, you know, where you can understand...[Client]

When asked how well the curriculum addressed these issues, the majority of the participants in the client focus group felt that the curriculum did a good job in helping them deal with them.

...I think it would be more like yes, because it talks even about all the feelings and stuff that you're going through... relationships and, and to me, relationships covers all the way from a friend...to your dad, you know... I really believe it does because the fact is that with our group, we get in depth, even with the grandparents, you know. [Client]

...And we cover all the bases of family and children, and how your children are going through it, and what you think that they're going through. [Client]

I'm gonna have to say that it's been real beneficial to me...because on page twenty-eight and twenty-nine, it has the spirals of the outcome from going down spiral on your addiction, and then coming out of your addiction—and then it's got the downward spiral of trauma and coming out and healing. And it just covers every basis of, of how to work with your...emotions and how to understand them, instead of relapsing back to drugs. And I really think that this, that the Beyond Trauma, has helped me more than the SAP program has because I'm understanding how to deal with my emotions better out of reading how to do it, instead of going back to getting a drug to help me just cover up the problem. [Client]

Although many of the participants in the client focus groups liked how the curriculum addressed their drug use, some expressed the desire to go beyond the underlying issues leading to their drug use and learn about their actual addiction.

...I would like to see us talk a little bit more about it than, you know, like the effects that it has on you, you know, the different types of drugs, and what the effects are, and what to look for...that you could see that your kids are using or to realize the signs and stuff like that...and to bring in the films and stuff like that, you know, to show us more stuff like that, you know...this is what it does and, and, you know, this is what the crack does... But yeah, I think they need to start putting more stuff in it like that so that we could see reality, you know... [Client]

Treatment Experience

The results from both focus groups indicate that the women benefited from participating in the women-focused treatment program. The facilitators succeeded in creating a safe environment for the women and noticed many positive changes in the women in their group as a result.

Okay, I facilitate the study group and it's a smaller group, and I've noticed a significant

change and...I can see a difference in their attitudes and the way they present themselves. The one quiet one is now going out and doing opening circle. She's never ever done that. She's never even spoken up in her regular group because I've had her in her regular caseload group. And not that she's jumping up and doing jumping jacks or anything, but she says she feels more confident ...And then the one with the anger problems just said that that section of the book really hit me good, you know, to where we learned how to contain certain things to the appropriate time, and all that... [Staff]

I see those that, that are doing it, they want more out of their recovery. They're not okay with just the surface stuff anymore, but they wanna get deeper in. And then I also have those that they kind of like protect it—they back it up. Like when someone new comes in and they're like, ugh, Beyond Trauma again, or this is stupid—they're like, no, I've learned this and, and they will sell it ...themselves. [Staff]

I've seen a few of 'em where they've let relationships go and it's over with, you know—where they want something different—they want change in their life and a lot of this material has opened them up to where—I don't need that. You know, they don't need the things behind these walls. ... You know, they, they're really changing their, their behaviors, their ways, and I know there's some that even in their rooms, you know, they talk about process... [Staff]

The women-focused curriculum is delivered in a group format. The women who have been randomized to the women-focused program are placed into small groups with the same participants from beginning to end. This development of a peer support group allows the women to talk openly about their personal experiences, including past physical and sexual abuse in a safe confidential environment. One of the staff members noted how the women in her group formed a close-knit bond.

I see them wanting to change—make a better life. And in the study group, they bonded. You know, there's on—, it's a small group, so they bonded a little bit more—it's a little bit more tighter. It's a—people who normally wouldn't talk to each other actually talking to each other, you know, regardless of what goes on in the unit after hours, you know? But in the group itself, they bonded and they really will talk and listen to each other's voices instead of trying to out shout each other, like it has happened... [Staff]

Many of the women in the client focus group reported that they were not comfortable sharing their personal experiences in a group setting. Many of those who had been there for a while were able to overcome this as they got to know the other members of the group and saw that they could trust the other members not to take what is said outside of the group.

...it's necessary to grow. It's just, we don't do this alone, so therefore common sense tells me, if I'm doing this with other people, they've gotta know something about what it is my needs are. [Client]

One woman in particular, expressed how having a female facilitator has allowed her to really talk about the issues that she needs to address.

I kind of have taken some big chances—I've taken two big chances...Three and four are in the same group, and we have that, too. It seems that nothing that, to my knowledge, has been, you know, spread around, gossiped about—what have you...That's important to me, only because I have to live with people and I have to live in the mentality of a prison setting...But, it was very hard for me because—yeah, it, it was very hard for me. I find my issues being a female, that my issues have been easier to deal, to bring up with a female leader, or counselor, if you will, than a male, because it's just the nature of my... my needs right now, or whatever—my things I have to talk about. [Client]

A couple of the women were only comfortable sharing their personal experiences one-on-one with their counselors and preferred to just listen while in group. But even though these women did not feel comfortable talking about their experiences in group, they still felt that they were getting a lot out of this format, because it helped them to see that other women are going through some of the same things as they are.

I like hearing other people process...you know, I'd rather do that, that, I, and I'd like to have a, an one-on-one, I'd feel more comfortable... I have just started, so I like listening to other people's stories, you know...Kinda being a sponge [Client]

It does have an impact on them—I do notice that. We have, in our, in my caseloads, we do have a fish bowl, and I've noticed that some of the stuff that we've covered in Beyond Trauma is ending up in our fish bowl where we, that we want to go more in depth on that certain subject that we, that we covered in Beyond Trauma. I've noticed that some of the ones that were resistant in the beginning are, you know, kind of jumping in and, and participating.... And the ones that, all I do is sit here and observe—I don't say nothing, but I take in—are the ones that are starting to share and, you know, realizing that there are other people that have gone through the same thing, so I believe it does... [Staff]

Materials

As part of the curriculum, the women are given a journal to record what they are learning and feeling throughout their recovery process. All of the women liked this aspect of the curriculum, because it really allowed them to reflect on the lessons that they are learning whenever they wanted to and to write about things they did not feel comfortable talking about in group.

Because we do get to read it and we do get to write in 'em, and we get to take 'em back with us and go over 'em, or we get to take 'em with us and do the homework, if we don't finish it in here. And we just get to, you know, to, to be able to absorb whatever we don't learn because we have the books to take back with us...to look over 'em. And, and like she was saying, like a journal, like it's almost like a journal, also, where when we start thinking about stuff, we could go back and look at it or even we can just, you know, dart down whatever we're going through or whatever at that time. [Client]

There's where you just get to look at the book and write it down in a journal and then you get to work in the book, and I'm working in the book and I really get to learn who I am, and what I've gone through and learn how to deal with it, and it's helped a lot. [Client]

Unfortunately, the focus group revealed that many of the women were not getting the journals. The client and staff participants felt that this was something that all of the women should have because it allows them to continue with their recovery process outside of the group.

I think that maybe having a journal to write in would be helpful, because a lot of times I find myself really going through a lot of like brainstorming, just ideas and things...I want to, you know, just like focus on in the, at a future time, or something...And not having the material readily available to write it down, I really, I forget...And I think that would be helpful because there's so much that we get from these, and to be able to like look back at what some of the key...like the paraphrasing you did, did earlier, like that type of thing...being able to kind of like sum it up and to have that to just, you know, look back on. [Client]

I've had ladies ask me for different types of materials, and ask me about, you know, the curriculum and how they further it—so I've had a few one-on-ones if they want, I, you know, even ladies that have been a step down, you know, and wanna come back. So it's like, it's opened something...and they really—it, it makes a difference in the atmosphere. They're here, but deep down inside it's opened something where they wanna further it. You know, they wanna further it. ... and I think...there should be a way that, you know, they can check them out—the ones that really wanna pursue it. [Staff]

Barriers to Implementation

In addition to lack of materials, the participants in the staff focus group mentioned a number of other things that made delivering the curriculum in a prison setting difficult. One of the challenges reported was not having enough time to cover everything due to the size of the group.

I'm going to agree with that number one, that it's difficult to stay within that time frame,

when I believe that this curriculum was—this is my perception—that it was written for between twelve and fifteen people. We have, sometimes, thirty people in a group and it's real difficult, even the check-in time, it says to give two minutes for everybody to settle in and, and do your meditations and all that. When I do a group that's got thirty in it, I give 'em five minutes, minimum, just because there's so many, it's hard for them to settle down and get situated...[Staff]

All of the staff participants agreed that the number of women in the groups needed to be reduced to a manageable size. A little less than half of the staff participants felt that one way to reduce the size of the group was to exclude the involuntary participants, as they were viewed as being disruptive to the group.

...because a lot, a lot of the participants here have been forced to come to this SAP program...So when you get half of those, roughly, you know—even a hundred of 'em, that don't wanna buy into it, it makes it real difficult for you to implement the program to them...because they're constantly disrupting it, acting out, you know, whatever it is. So you spend a lot of your time putting fires out, when you could be focusing totally on the curriculum. That irritates me. Not, not on anyone's part, it's...just irritating that you have so many in there that don't wanna be there, and it really disrupts the rest of 'em and it hinders their learning process [Staff]

However, over half of the participants in the staff focus group didn't want to exclude the involuntary participants, because they felt that, even though they are resistant in the beginning, the program may help them in some way.

Well, I believe that, you know, I'm gonna agree a little bit with Counselor number three, because I wouldn't wanna take from nobody ...You know, and like Counselor number five says, you know there's some that, you know, they really don't wanna be here, but then they're doing big things today. They're doing a lot and it was just that little bit, you know, that's saying a whole lot because it's very hard facing the fears and all, you know, the things that we come up to. So, I agree...and I would think, you know, I couldn't see taking it from anybody...[Staff]

Well, my own personal opinion... I just think that we should downsize our group...and have a balance of, you know, the ones that are willing, the ones that are not willing, and just have maybe ten people per group—five that's willing, and maybe five that's not willing...you know, and just have a balance like that instead of just knocking all the ones out that don't wanna participate...'cause those are the ones we wanna try to get to. [Staff]

Related to the time issue, participants in the staff focus group also reported that disruptions to programming can make it difficult to cover everything that is required. As a result, disruptions can make things a little inconsistent when the clients don't receive their normal programming due to staffing issues or lockdowns.

...if somebody calls in sick, or two women call in sick, oh my gosh, it is crazy, so we're, we, we don't get consistent with it... I think that that's my greatest challenge with it, is when people, you know, take vacation or whatever...the case may be, you know, and we don't have enough women to run it....And then, you know,...the other counselors, will try to fill in, but they're not really familiar, you know, where we are or—they try to be, but they have other things going on, too, so it's really hard at times when it's just ran by only female staff. And again, time—maybe it needs to be broken down a little bit more for this environment that's...[Staff]

...just inconsistency of, of us, you know, not having the ladies all the time, then sometimes being a lockdown on foggy schedules and other things that we have to do, you know...[Staff]

The clients for the most part were satisfied with the counseling staff and felt that they really contributed to making the program a positive experience. In contrast, both the staff and clients felt that the attitudes and behaviors of the custody staff often had a damaging effect on the women,

sometimes hindering the progress that was being made.

...They don't wanna open the door, sometimes, on time for us. And then, they wanna be just straight, excuse my language, but assholes, you know, and, and where women are just trying to do their program and do what they got to do and get back to what they got to do—the officers is like, you know, they just wanna be assholes...you know, and even though you're trying to do what you're supposed to do, they hinders that...you know, because you get pissed off at them and then there'll go half of your day being pissed off at them... So, if they, because I don't think they treat you as though you're human because you're in prison. And it's like, well, nobody told you to come here no way. Of course, they didn't—we didn't even tell us to come here, but we're here. You know, so why treat us like we're animals or...or we're just numbers, you know? [Client]

I think our officers need to go through this curriculum, or this training, so they can understand what we're trying to do and be a little bit—I know it's two different worlds, you know, we're treatment, they're officers—but I—I think that's hindering, sometimes 'cause they just don't care, and—I can't say that about all, but you know, for the most part—and you know, we're, we want them to be okay when they leave us...you know, and send them back to the trenches and, and to their rooms, and they, they just need so—, some more support, I think, from CDC, I, in an ideal world. [Staff]

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Discussion

Differences between male and female offenders have been identified throughout the literature. In general, men tend to have more legal problems (Anglin et al., 1987; Langan & Pelissier, 2001; Messina et al., 2000, 2003; Peters et al., 1997) and engage in more violent and serious types of crime (Grella, 2003; Peters et al., 1997). In contrast to this, women's involvement in criminal activity tends to be drug-related (Bloom et al., 1994). Thus, the average female offender is more likely than her male counterpart to be in prison as a result of her drug use. Drug treatment is seen as a way to stop the cycle of addiction and crime among women offenders. But many researchers believe that drug treatment alone is not enough to make long-lasting lifestyle and behavioral changes (Wellisch, 1996). Programs need to address the underlying problems that are driving women's drug use, which in turn leads to their involvement in criminal activity.

Women tend to define themselves and their self-worth in terms of their relationships, and drug relapses are often related to ongoing and/or failed relationships (Covington & Surrey 1997; Stevens & Glider, 1994). The findings from the client focus groups confirmed that relationships played an important part in the lives of the women in the women-focused program. They all agreed that in order to get their lives on track they had to work through their relationship issues. Thus the curriculum based on relational theory proved to be a good fit for this group of women.

In order for this curriculum to be truly effective, it has to be delivered in a stable, safe, and supportive environment that allows the women to feel comfortable to fully disclose and process what is going on in their lives. This is difficult to do in a prison setting for various reasons. With regard to program stability, many disruptions (e.g., lockdowns) happen in a prison setting that can interfere with the staff's ability to deliver the treatment in a consistent manner. Staffing issues such as staff shortages and high turnover rates often threaten the stability of programming (Burdon et al., 2002; Farabee et al., 1999). The participants in the staff focus group reported that limited staff resources sometimes created problems as a result of the requirement that the curriculum be delivered by a female counselor. This became an issue whenever someone called in sick or went on vacation, because the other available staff was either not trained on the curriculum or did not have time to temporarily take over another group.

The conflicting goals of the treatment and custody staff proved to be another threat to the success of the new program. Consistent with what has been reported in literature, the client and staff participants both reported that the behavior and attitudes of the custody staff towards the female program participants often undermined the progress being made in the group sessions. The failure of the custody staff to support the treatment goals of the women shows the need to include them

more in the treatment process by cross-training both treatment and correctional staff, so that the goals of both are clearly understood and implemented in a way that works for everyone (Burdon et al., 2002; Farabee et al., 1999).

Another issue that made delivering the curriculum in prison challenging was the size of the group. All of the participants felt that the size of the group should be substantially reduced. This brought up the question of whether or not the program should only include clients who volunteered to participate. Farabee et al. (1998) in their article highlighted several issues surrounding the debate between coerced versus voluntary treatment. On one side of the spectrum some researchers have argued that there is very little benefit from forcing an individual who does not really want to be there into treatment (Hartjen et al., 1981; Platt et al., 1988). They believe that motivation is essential to getting people to actively participate and engage in treatment and that it is waste of resources to give a treatment slot to someone who has been coerced into treatment and is unlikely to change. Others believe that coerced treatment is necessary because it gets clients into treatment and keeps them there long enough to allow them to become engaged in treatment and to change their motivation to one of commitment (Anglin & Maugh, 1992; Salmon & Salmon, 1983). The findings indicate that the staff participants tended to support the proponents of coerced treatment. Although limiting participation in the program to voluntary clients would make the groups more manageable, the majority of the staff participants did not want to do so, because they have found that many of their involuntary clients benefit from being part of the women-focused group.

Despite the richness and utility of the data, generalizability from the focus group discussions may be limited due to the small sample size and the fact that the participants were not randomly selected. Thus, the findings from the focus group discussions represent the perceptions of the staff and clients who participated in the focus groups and may not represent those who did not. Nevertheless, in-depth focus group discussions with staff and clients can provide valuable and unique insight into their experiences and concerns regarding the implementation of a new curriculum. The information gathered from these focus groups highlights the need to increase the collaboration between the treatment and custody staff in order to ensure that the goals of the treatment program are not undermined by the conflicting goals of the correctional system.

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