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Therapeutic Communities Continue to Expand in State Prisons
Adding More Beds for Substance Abusing Inmates

Prison therapeutic communities within the RSAT grant program have expanded to provide more available beds for substance abusing inmates. In January the Level I (minimum) security **Brunswick Work Center** in Lawrenceville, changed to a full service TC instead of a Phase IV transitional program as previously planned. It quickly filled approximately 76 of its 100 beds with women from both within the institution and from other women's prisons, due to reductions in security levels of women in these other institutions. The **Fluvanna Correctional Center for Women**, a level III (maximum) security institution in Troy, VA added a second 56-bed dorm for its TC program. As these institutions and the TCs at **Pocahontas Correctional Unit #13**, and the **Virginia Correctional Center for Women** which doubled their beds late last year continue to go through their growing pains, some common issues have had to be addressed. These are:

- (1)How to develop an effective superstructure that provides for the exchange of information that both the staffs and TC inmates need and maintains a level of connectivity between the families to make them feel part of the larger TC community.
- (2)As TCs become larger, relationship issues become more of a factor and programs need to be in place that help maintain a family atmosphere without causing relationship frictions to develop.
- (3)How to maintain an effective appreciation for the use of pull-ups and bookings to help inmates to see their destructive behavior and how it must be changed.

Programs dealing with family molding, to improve relationships have been tried at VCCW. A marathon was conducted at Fluvanna to make the women look at the TC and how they could make it better. Self-bookings are dealt with in a variety of ways in the jail and prison programs. Some programs don't allow self-bookings.

Others discourage it because inmates should not feel that they can do something and then confess and its all right, or they should be able to stop the behavior before it starts. Others recognize that inmates may catch themselves doing something they shouldn't early in the program (phase I) but by the time they are a mature phase II or a phase III, they should be able to control their behavior. These differences in the programs will continue as all strive for excellence and the development of that ideal program model that will make Virginia an example to the Nation.

SAMSA Issues New Guides for Design of Treatment Programs for Substance Abusing Juvenile and Women Offenders

The Substance Abuse and Mental Health Services Administration's (SAMSA) Center for Abuse Treatment has issued a guide to help communities design treatment programs for substance abusing juvenile offenders. The guide is called "Strategies for Integrating Substance Abuse Treatment and the Juvenile Justice System: A Practical Guide". The guide emphasizes that programs should be holistic, effective, culturally relevant and gender-specific treatment. Programs need to involve juvenile justice, substance abuse treatment, faith communities, schools, community-based organizations and other providers of health and social services. SAMSA Administrator Nelba Chavez, Ph.D. noted that "our programs have shown the clear link between substance abuse and juvenile delinquency. We have to start thinking of crime related to substance abuse as a public health crisis that requires public health solutions. That means that while we work to build a comprehensive approach to assist juvenile offenders, we must also invest resources in reaching children and adolescents before they first use drugs, enter the criminal justice system, or before problems compound."

The guide outlines factors necessary for the development of effective programs for juveniles. These include:

(1) Focusing treatment on risk factors associated with criminal behavior, such as antisocial attitudes and peers, rather than on risk factors that are not particularly associated with criminal behavior, such as self esteem.

(2) Concentrating more intensive services on those who are at risk of re-offending.

(3) Offering comprehensive treatment that addresses all related behaviors, especially the need for academic and vocational education and work skills training; health and sexuality education that emphasizes HIV and pregnancy prevention; medical and dental services; parenting education; and utilization of creative approaches, including art, dance, theater, and wilderness experience.

Another publication issued in July, 1999 focuses on treatment programs for women who are incarcerated and have a substance abuse treatment need. The guide, "Substance Abuse Treatment for Women Offenders" is Number 23 in the Center for Substance Abuse Treatment's (CSAT) Technical Assistance Publication Services (TAPS). This guide emphasizes the need for a continuity of care, from the pre-sentencing period through in-custody treatment and continuing treatment in the months following release. This allows a woman to develop the skills needed to live without drugs.

The publication emphasizes the need for the development of gender-specific treatment programs. Programs designed for men cannot just be transferred to women.

The New Jersey Department of Corrections compiled a profile of a typical substance abusing woman offender in that state's correctional system. The woman is 30 years old, spends \$1,000 per week to support her addiction and has been addicted for nine years. She is most likely to be a daily user of cocaine or heroin, and also uses alcohol and illicit drugs. She is typically a single head of household with minor, dependent children and has experienced emotional, physical or sexual abuse. Eighty-five percent of the women in the New Jersey Department of Corrections institutions are incarcerated for offenses related to drug use.

Dr. Nelba Chavez, Ph.D., SAMHSA's Administrator has indicated that "women-centered approaches to alcohol and drug addiction treatment can empower women and give them some control over their lives. They often focus on bonding with women for support and developing skills in parenting, controlling anger and stress, identifying warning signs of relapse and managing budgets."

Both publications may be ordered from SAMHSA's National Clearing house for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Book Review

Therapeutic communities have spread in prisons within the United States, United Kingdom and Germany. *Therapeutic Communities for Offenders* [Cullen, E. (1997) edited by Cullen, Jones and Woodward. Chichester: Wiley] edited by three British prison psychologists each working in a different prison TC demonstrates that therapeutic communities are being taken seriously by the prison authorities, who see in them at the very least a way of containing violent and disruptive prisoners and as a way of rehabilitating offenders who have some motivation to change. In the United States the TC model of choice for dealing with prison populations is the hierarchical model developed by Daytop and Phoenix House and other drug rehabilitation centers. In the United Kingdom the democratic/psychodynamic model (for understanding one's response to situations), developed by Maxwell Jones and others has been used. For both models a higher level of success has been found when the prison based TC experience is followed up with further treatment and employment in the community. The authors highlight an interesting discrepancy between inadequate staff training and supervision leading to poor quality programs, and the apparent success in research terms and the governments willingness to increase the TCs available to prison inmates. Their interpretation of this is that the models used are sufficiently robust to be effective even under less than optimal conditions.

Tom Wilkinson's observations of the RSAT prison and jail TCs operating in Virginia shows greater training resources for treatment and security personnel in prisons than in jails. This does effect program quality, however, in both the prison and jail TCs the staffs appear to be dedicated, hard working and have the best interests of their inmate clients in the forefront. The level of programming is enhanced by this commitment. Hats off to Virginia's dedicated treatment staffs!

Tom Wilkinson, in his visits to Virginia's TCs, saw a family atmosphere where personal disclosure and group cohesion is a total contrast to the normal prison or jail life for the general population. A major need in maintaining the effectiveness of the TCs may be to ensure that the boundaries between the treatment program inmates and the general population remain strong.

Observations of Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMSA)

In an interview for the Therapeutic Communities of America News (1999), Dr. Clark made the following observations:

(1)TCs play a major part in deciding what their future role will be. TCs can be adapted to the changing marketplace.

(2)Dr. Clark talked about "domains of function" which he defined as the range of services that encompass education, medical services, rehabilitation services and vocational services that play a part in raising the addict's level of functioning.

(3)Dr. Clark emphasized the importance of parenting education and the enhancement of skills parents need to help their children grow up without any kind of emotional deprivation beyond what they have already experienced.

(4)Dr. Clark encouraged TCs to remain assertive while being advocates for pre-trial diversion so that addicts aren't convicted on felony violations. The stigma of felon denies recovering addicts opportunities afforded to others. Dr. Clark said that "in the end, if all that happens is that they [ex-offenders] go out and all the doors shut in their faces because the computer comes up felon or criminal, then our purpose is ultimately defeated".

(5)When asked what can TCs do to help addicts obtain a higher level of functioning, Dr. Clark responded that "TCs already address a broad spectrum of the client's life and work skills that fit within the domains of functioning categorization. Additionally, TCs isolate from the toxic environment of substance abuse". Studies now have shown that the neuropsychological effects of chronic addiction persist for six months to two years. The prison or jail TC allows inmates to reconstruct their lives over a sufficient period of time in order to regain their neuropsychological functioning.

Publications Available on Substance Abuse and Mental Disorders

National Gains Center Publications

For information on any of these brochures contact **1-800-311-GAIN**.

1. *Addressing the Specific Needs of Women with Co-Occurring Disorders in the Criminal Justice System.*

This brochure contains help for meeting the needs of female offenders. It emphasizes the need for creating gender-specific programs and services for female offenders.

2. *Treatment of People with Co-Occurring Disorders in the Justice System.* Summarizes the key points surrounding treatment issues for people with co-occurring mental health and substance abuse disorders in criminal justice settings.

3. ***Screening and Assessment of Occurring Disorders in the Justice System.*** This brochure deals with the importance of screening, diagnosis and assessment. It discusses what information should be included in screenings and at what stages screenings should be conducted in the justice system.

4. ***Developing New Perspectives on Managing Co-Occurring Mental Health and Substance Abuse Disorders in the Criminal Justice System.*** This brochure presents information collected from two regional forums by the GAINS Center that examined strategies for "planning mental health and substance abuse services for jail detainees in the era of managed behavioral health care".

5. ***Screening and Assessment of Co-Occurring Disorders in the Justice System.*** This brochure discusses various screening, diagnosis and assessment approaches that consider critical indicators of mental health and substance abuse problems for use in the criminal justice system.

6. ***Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System.*** This paper provides a special focus on the unique needs of young female offenders.

7. ***Improving Policy and Practice for Adolescent Girls with Co-Occurring Disorders within the Juvenile Justice System.*** A follow up to the previous paper, that provides specific recommendations for providing gender-specific, culturally and developmentally sensitive policy and practice for programming for female juvenile offenders.

8. ***Intervention Strategies for Offenders with Co-Occurring Disorders: What Works?***

An identification of offenders at high risk and the appropriate screening and assessment for this population.