

Massachusetts Department of Correction

An Innovative Treatment Approach for Female Offenders

Jaileen A. Hopkins, Director of Programs Services
Prepared by:
Program Services Division

Introduction:

The Massachusetts Department of Correction (Department) endeavored to implement an evidence-based, gender-specific and trauma-informed reentry continuum for female offenders a decade ago under the leadership of the MCI-Framingham Superintendent and administration. The Department currently operates two facilities that house female offenders.

Gender-specific and trauma-informed training was considered a fundamental and critical component of the transformation. The training model featured the “universal precaution” approach to ensure trauma-informed care was the standard approach across all disciplines when interacting with and providing treatment to female offenders. The development of a comprehensive trauma-informed mental health continuum, responsive to the unique needs of female offenders, reinforced the shift from the strict security setting of a correctional institution to a treatment oriented facility. Mental health services were shifted from a one-to-one approach to a group model and expanded beyond the traditional approach of crisis management to include the creation of specified units that provide critical, specific programming to women identified with serious mental health issues and/or serious substance use disorders. The integration of trauma-informed care and the expanded mental health services led to a reduction in disciplinary reports, staff assaults, use of force, administrative restricted housing placements, self-injurious incidents, and mental health watch days. The decade leading up to the development of the Pathways Model for female offenders provided the Department with the foundation, experience and confidence to take the next step in the development of a truly integrated trauma-informed, gender-specific continuum. Through the introduction of Pathways, a new approach to assessing, classifying, housing and treating female offenders was implemented. The Pathways Model allows the Department to provide evidence-based treatment designed to address each offender’s specific pathway, streamline treatment services, and reallocate its’ limited resources.

MCI-Framingham has always been on the cutting edge of innovative programming. A comprehensive continuum of trauma-informed and gender-responsive programming included:

- Residential and non-residential substance abuse programming focusing on relapse prevention and overdose prevention;
- Family engagement program focusing on parenting education and building and sustaining healthy family bonds and reunification;
- Academic education focusing on the achievement of high school diploma equivalency;
- Post-Secondary education provided by a local university;
- Vocational programs designed to provide female offenders with both the soft and technical skills necessary to secure employment post release;
- Volunteer supported greenhouse providing female offenders the opportunity to learn horticultural skills while beautifying the grounds with seasonal gardens;

- National Education for Assistance Dog Services and the American Vets Dog programs were introduced in 2005 and 2008 respectively to serve the mutually beneficial goals of training service dogs and softening the environment by providing the offender population with opportunities to utilize their inherent strengths in the areas of nurturing. Currently there is a capacity for up to 20 puppies to be paired with female offender trainers living within MCI-Framingham.

The implementation of these early innovative programs laid the foundation for the introduction of the Pathways for female offenders.

Program Development and Assessment of Evidence Based Principles

The research guiding the development and implementation of Pathways for Female Offenders is well established. In 2003, Bloom and Covington defined gender responsiveness in the criminal justice system as:

Creating an environment through site selection, staff selection, program development, content, and materials that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multi-dimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice systems. These approaches address social (e.g., poverty, race, class, and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. They provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy.

A 3-year study sponsored by the National Institute of Corrections provides a thorough background on defining and implementing gender responsiveness in the criminal justice system. Authors Bloom, Owen & Covington reviewed multidisciplinary literature, conducted extensive focus groups, interviewed experts from a variety of criminal justice backgrounds and analyzed a wide range of technical reports and documents to develop guiding principles and strategies for improving the criminal justice system's response to female offenders. Their landmark report *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* established the following guiding principles to support effective change to the criminal justice system:

- Acknowledge that gender makes a difference – Equal treatment does not necessitate the same treatment for women as men.
- Create an environment based on safety, respect and dignity – Due to patterns of emotional, physical and sexual abuse, women respond more favorably in safe, supportive correctional environments.
- Develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others and the community – The role of relationships in women's lives is fundamental; integrating this concept enhances the effectiveness of the overall system.
- Address substance abuse, trauma, and mental health issues through comprehensive, integrated and culturally relevant services and appropriate supervision – Three critical and interrelated concerns in the lives of women, which can and should be treated as a whole.
- Provide women with opportunities to improve their socioeconomic conditions – Education and training programs afford women a chance to become self-sustaining.
- Establish a system of community supervision and reentry with comprehensive, collaborative services – Holistic reentry services draw upon a myriad of coordinated community partnerships.

Research clearly delineates the importance of understanding the differences between female and male offenders and the impact of those differences on developing a gender-responsive criminal justice system. Toward that end, the Department explored the use of the COMPAS Women's Pathway Typology (Brennan, Breitenback, Dietrich, Salisbury, & VanVoorhis, 2012) in their aim to ensure a gender responsive assessment and treatment approach at MCI-Framingham and South Middlesex Correctional Center. The principal authors of the COMPAS Women's Pathway Typology integrate research on responses to factors such as abuse, neglect, trauma, behavioral problems, school adjustment issues, family factors, economic factors, educational factors, self-efficacy, parental stress, and peer associates to develop clusters, or typologies, based on similarities of presence and response.

<p>HIGHLIGHTED PROGRAM COMPONENTS</p>
--

The Pathways Model is an integrated approach to managing and providing treatment services to the Department's female offender population. It is based on a gender-responsive assessment and classification system. The goal is to reduce the likelihood of recidivism by addressing the unique issues associated with female offenders such as trauma, abuse, relationship dysfunction, parental stress, self-efficacy, substance abuse and mental illness. All offenders participate in a primary pathway group that is designed to address additional need areas the offender has as it relates to her core issues.

The Pathways Model is predicated on a comprehensive assessment developed by North Pointe Inc. The COMPAS Pathways assessment process requires the close collaboration of mental health, correctional program officers, education and other staff. The assessment identifies each offender's specific pathway into the criminal justice system and individual criminogenic risk and need areas. The assessment process also guides the offender's placement, program recommendations, and treatment intensity.

Treatment matching in the behavioral health field is a recognized and well regarded approach to determining what services offer the best opportunity for individual success. Client characteristics, need areas and levels of severity are considered when matching a client to a program and research has shown better outcomes when these matches occur (De Leon, G., Melnick, G., & Cleland, C. M. 2010; McLellan, A. T., Grissom, G. R., Zanis, D., Randall, M., Brill, P., & O'Brien, C. P. 1997). The Pathways Model similarly matches individuals to needed services and intensity levels. Upon assessment, women are strategically placed together in housing units where resources are designed for and personnel are trained to understand and respond to the risks and needs of women with that particular pathway. Each pathway is assigned a name and housing unit which itself is important to avoid stigmatization. Flexibility and input from each woman in determining her schedule and level of participation is an integral aspect of the program model. Gender responsive treatment recognizes the importance of choice and voice in empowering women recovering from histories of trauma and abuse. As one's individual treatment plan is created, using a strengths based approach, counselors present the recommended treatment interventions and accommodate women's readiness and capabilities to balance the many life areas (vocational, educational, mental health, substance abuse) where programming is offered.

Specific treatment components were determined to focus on the similar needs within each pathway. These components are described in brief in the chart below:

Assessed Pathway	Brief generalized description of their treatment
Life in Recovery	In general, these women present as lower risk to recidivate. The treatment focus involves basic substance abuse treatment, such as relapse prevention and general substance abuse education. Women in this group have access to parenting programming, education and job development to build self-efficacy and reentry planning.
Building Positive Connections	In general, these women are at a moderate risk to recidivate. The treatment focus for these women relates to past trauma or abuse and how that can impact current relationships and substance abuse. An important part of their treatment plan also includes parenting programming, education and job development skills. Their Reentry Planning also includes safety planning in addition to the standard reentry needs.
Healthy Living Community	In general, these women are at a higher risk to recidivate than the previous two pathways. They have several needs that are addressed through a community-based program that focuses on criminal thinking, anger management, and negative or unhealthy relationships. Treatment goals also discuss how these issues are related to one's substance abuse and life choices. Parenting and reentry planning are also large components of this group, but the most important piece of this treatment program is the community itself. Building a positive community is essential in their pathway to reduce recidivism.
Healing for the Future	In general these women are at highest risk to recidivate. They have several needs that are addressed through a community-based program which focuses on criminal thinking, anger management, and negative or unhealthy relationships and how these are related to substance abuse and life choices. The distinction between this Pathway and the Healthy Living Community Pathway is the consideration of past trauma and mental health that has affected one's life and its impact on criminal behavior. Building a positive community is essential in their pathway to reduce recidivism.

CONCLUSION

The Pathways for Female Offenders approach has been incorporated into the framework of treatment services for female offenders. This offers the opportunity for improved alignment of services with treatment needs. Additionally, integrated and well-coordinated care across all disciplines has been enhanced with the implementation of the Pathways approach.

Adoption of the COMPAS Women's Pathway Typology is part of a larger vision of the Department in ensuring a holistic, evidence-based and gender-responsive approach. The implementation phase of an untested model striving to overcome challenges and obstacles associated with innovation, and converting theory, science and research into action requires a level of commitment and perseverance. The commitment is to the vision of a therapeutic and healing environment that engages all parties and integrates all services in the pursuit of

rehabilitation. The perseverance lies in the ability to stay true to evidence based practice while laying the foundation for a new way of conceptualizing operations of a women's correctional facility.

It appears that the Pathways Model is a promising practice. Since the inception, there has been a significant increase in program participation. The Department continues to build upon the evidence-based principles and practices to integrate and refine all aspects of services for female offenders in its care.

References

Bloom, B., Owen, B., & Covington, S. (2003). Gender-responsive strategies. Research, practice and guiding principles for women offenders, 31-48.

Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E. J., & Van Voorhis, P. (2012). Women's Pathways to Serious and Habitual Crime A Person-Centered Analysis Incorporating Gender Responsive Factors. *Criminal Justice and Behavior*, 39(11), 1481-1508.

De Leon, G., Melnick, G., & Cleland, C. M. (2010). Matching to sufficient treatment: Some characteristics of undertreated (mismatched) clients. *Journal of addictive diseases*, 29(1), 59-67.

McLellan, A. T., Grissom, G. R., Zanis, D., Randall, M., Brill, P., & O'Brien, C. P. (1997). Problem-service 'matching' in addiction treatment: A prospective study in 4 programs. *Archives of General Psychiatry*, 54(8), 730-735.

This brief was written and prepared by the Program Services Division.
Any comments or questions can be addressed by e-mail: Jaileen.hopkins@massmail.state.ma.us.
Copies of publications from the Office of Strategic Planning & Research can be found at
<http://www.mass.gov/doc>.

Publication No. 18-109-DOC-01. 6 pgs. April 19, 2018
Authorized by: Gary Lambert, Assistant Secretary for Operational Services.