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Therapeutic Substance Abuse Treatment for Incarcerated Women

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Abstract

The purpose of this qualitative systematic review was to explicate attributes of optimal therapeutic strategies for treating incarcerated women who have a history of substance abuse. An expansive search of electronic databases for qualitative research reports relating to substance abuse treatment for incarcerated women was conducted. Nine qualitative research reports comprised the sample for this review. Findings from these reports were extracted, placed into a data analysis matrix, coded, and categorized. Memos were written, and strategies for treating incarcerated women with alcohol problems were identified. Therapeutic effects of treatment programs for incarcerated women with substance-abuse problems appear to be enhanced when trust-based relationships are established, individualized and just care is provided, and treatment facilities are separate from the general prison environment.

Keywords

Incarceration; substance abuse treatment; systematic review; therapeutic communities; women

It is estimated that 114,852 women are incarcerated in the United States (Sabol et al. 2010). Of this number, approximately 56.6% are thought to be drug dependent; and 43.8% are believed to be alcohol dependent. Poly-substance dependence is estimated to hover around 65.4% (Lewis, 2006). Women prisoners appear to be significantly more likely than their male counterparts to have severe substance abuse histories, including the use of intravenous drugs (Messina et al. 2006). These findings draw clear attention to the prevalence of drug and alcohol problems among incarcerated women and the need for effective jail and prison-based substance abuse treatment programs.

Gender-specific substance abuse treatment programs are encouraged due to situational and psychological differences between women and men prisoners. For example, women's crimes are frequently linked to prostitution, the unlawful activities of their intimate partners, and financial problems. Conversely, violent crimes are more commonly linked to men (Eliason, 2006; Lewis, 2006; Messina et al. 2006; LaMoure et al. 2010).

From a mental health standpoint, many incarcerated women come from situations in which psychological and physical trauma are prevalent. Consequently, in addition to substance abuse problems, it is common for them to suffer from mood and anxiety disorders, including depression and/or post-traumatic stress disorder. They are also apt to exhibit signs of borderline personality disorder. In contrast, incarcerated men are more likely to be classified

as having problems associated with anti-social personality disorder (Eliason, 2006; LaMoure et al. 2010).

Unlike male prisoners, it is not unusual for imprisoned women to have been engaged in parenting activities prior to being incarcerated and upon their release. Despite the added responsibility of childrearing, women who serve time in prison tend to have fewer housing options, and they are more limited in terms of job prospects than men. They also tend to be less well educated than their male counterparts (Eliason, 2006; LaMoure et al. 2010).

Despite gender-specific criminal histories, mental health problems, parenting responsibilities, and barriers to resources; many prison-based substance abuse treatment programs for women resemble those that were originally created for men (Eliason, 2006; Lewis, 2006). Most notably, institutional mores of restraint and suppression predominate, and the trauma and mental health needs of incarcerated women tend to be ignored (Moloney & Moller, 2009). Consequently, it is perceived that many of these programs do not adequately meet the needs of women (Eliason, 2006). Given these circumstances, the question guiding this investigation was how can prison-based substance abuse treatment programs be adapted to more effectively meet the needs of women prisoners?

Findings from quantitative research are generally considered to be well suited for determining whether a treatment program *is or is not* effective. In contrast, findings from qualitative research are most useful when researchers are trying to understand *why* certain interventions are or are not effective (Grypdonck, 2006). Expressed differently, qualitative findings are best suited for determining how interventions can be made most applicable (i.e., “salient,” “acceptable,” “appropriate” and “satisfying” [p. 86]) for use within unique clinical contexts (Booth, 2010). For purposes of this systematic analysis, qualitative research findings were used to further explicate the therapeutic and non-therapeutic attributes of existing substance abuse treatment programs for incarcerated women and draw inferences relating to how these programs can be improved.

Method

A systematic analysis of findings from qualitative research reports was conducted. Qualitative systematic review is an emergent research methodology that includes over ten formative approaches that interrelate and overlap (Hannes & Lockwood, 2011; Ring, Ritchie, Mandava, & Jepson, 2011). The current investigation aligns with Pawson’s approach (2006) and uses Corbin & Strauss’s (2008) constant-comparison methods.

The purpose of this qualitative systematic review was to aggregate and interpret qualitative research findings relating to substance abuse treatment for incarcerated women. Investigations of this sort are important for making qualitative research findings more generalizable and accessible for use by clinicians, policymakers, educators, researchers, and theorists (Ring et al., 2011).

Sample

An expansive search of the research literature was conducted using several electronic databases. In alphabetical order, these databases included ETOH Archival Database, Ovid MEDLINE, National Criminal Justice Reference Service, ProQuest Dissertations and Theses Database, PsycINFO, PubMed, Social Services Abstracts, and Social Work Abstracts. To take full advantage of each unique database, an expert reference librarian developed custom search strategies to use with each one. A representative search strategy is included in Table 1.

A search of the electronic databases listed above resulted in the identification of 2,237 unique reports. Titles and abstracts were reviewed, however, when decisions to include or exclude a report in the sample could not be made based on this cursory examination, entire documents were secured. Documents were excluded if at least one of the following was true.

1. Reports were published in a language other than English or prior to 1980. This year was a natural cut-off, since qualitative research studies were rare prior to 1980, and historical perspectives were not a focus of this review.
2. Report findings were not generated from qualitative research.
3. The focus of the research was not adult women who participated in gender-specific substance abuse treatment while they were incarcerated.

Based on these criteria, nine qualitative research reports met the criteria for inclusion in this systematic analysis. Six were published in peer-reviewed journals, 1 appeared in a book, 1 was a component of a government report, and 1 was a doctoral dissertation.

Data Extraction and Analysis

Each report was carefully read and important information and qualitative findings were highlighted and extracted. Information relating to study frameworks, purposes, settings, geographic locations, and data collection methods were entered into a matrix. Demographics relating to each study sample and attributes of each substance abuse treatment program were also entered (see Table 2). This information was carefully reviewed and summarized for inclusion in the findings section of this article. Inconsistent reporting prevented more sophisticated analysis of these data.

In congruence with qualitative systematic review methods, qualitative findings were limited to researcher interpretations and did not include raw data in the form of quotations (Finfgeld, 2003). Qualitative findings (e.g., Table 3) that pertained to therapeutic and non-therapeutic attributes of substance abuse treatment programs for women were highlighted and extracted from each report. These data were entered into a data analysis matrix and served as the primary focus of this analysis.

Several rounds of constant comparison coding and categorizing were carried out and in vivo and concrete codes were initially attached to the data. This was followed by the application of metaphorical and abstract categorical codes (e.g., Table 3). Memo writing started almost immediately, and writing and re-writing ensued until all major coding categories were explicated. Well developed memos were subsequently rewritten and categorizing continued in an iterative manner until four major categories of findings relating to therapeutic and non-therapeutic attributes of substance abuse treatment programs for incarcerated women were explicated (Corbin & Strauss, 2008). These four categories (i.e., trust-based relationships, individualized care, separation from the general prison population, and treatment outcomes) are discussed in the findings section.

Validity

Qualitative reports were not assessed in their entirety for quality. Rather, as suggested by Pawson (2006), each finding was evaluated for truth value within the context of the report in which it originated and also within the context of the findings that emerged from this systematic analysis. Since two of the reports were published as long ago as 1998, findings were assessed for currency within the context of the emergent findings.

In the end, all findings relating to the therapeutic and non-therapeutic attributes of substance abuse treatment for incarcerated women were entered into the database for analysis. After

data entry, however, several disparate findings were excluded from further consideration when it became clear that they could not be more fully substantiated or integrated into the emergent coding categories (Pawson, 2006). For example, incidental findings relating to bureaucratic conflict and confusion at administrative levels were excluded. Exclusion of these findings (i.e., data) is examined further in the discussion section.

Findings

Demographic Information

Nine reports of qualitative studies of prison ($n = 8$) or jail-based ($n = 1$) treatment programs for women with substance abuse problems comprised the sample for this investigation. The reports were published between 1998 and 2009 and included findings relating to therapeutic and non-therapeutic aspects of treatment, primarily from the perspectives of women inmates. Two reports included findings inferred from staff (McCorkel, 1998; Mosher & Phillips, 2006).

Participant anonymity is a concern when sample sizes are small, and omission of transparent demographic information is common within qualitative research reports, (Morse, 2007, 2008). Consequently, demographics were not consistently included in the studies that comprised the sample for this investigation, and the exact number of women inmates involved in the original research could only be gleaned from 7 of the 9 reports. Three hundred and fifty-two women participated in 7 studies and included no less than 85 (25%) Blacks, 82 (24%) Caucasians, 11 (3%) Chamorros (indigenous people of Guam), and 9 (3%) Native Americans. The mean age of the participants was noted to range from 31 to 40 in four reports. Twelve staff participated in one study (McCorkel, 1998), and an unidentified number took part in a second investigation (Mosher & Phillips, 2006).

Treatment Programs

Of the 9 treatment programs that were studied, 6 were classified as therapeutic communities (TC) (McCorkel, 1998; McCorkel et al. 1998; Garrison, 2002; McDonald, 2006; Mosher & Phillips, 2006; Owen, 2009). Another program shared many of the attributes of a therapeutic community, but the label TC was not used by the researchers (Strauss & Falkin, 2000). Only one program was based in a jail versus a prison, and it was specifically designed to help incarcerated mothers avoid substance abuse relapse (Kissman & Torres, 2004). The final program consisted of a women-focused support group, which was housed within a prison-based substance abuse treatment program on the Pacific Island of Guam, an unincorporated territory of the United States (Twaddle et al. 2006). Except for this treatment program, all of the others were located in the Continental United States. Additional attributes of each program are listed in Table 2.

Within therapeutic communities, substance abuse is generally cast as a complex disorder that involves the whole person. Substance abuse is perceived to affect women's values, beliefs, feelings, and attitudes; and it frequently leads to destructive behaviors. To resolve substance abuse problems, incarcerated women are expected to change in almost every way, including how they think, feel, and behave (McCorkel, 1998; McCorkel et al. 1998; McDonald, 2006; Mosher & Phillips, 2006; Owen, 2009).

Treatment within therapeutic communities tends to be interpersonally driven. Relationships between staff and clients and among clients are hierarchical in nature, and a woman's position within the hierarchy is based on her longevity and successful completion of programmatic stages. Promotion to higher stages is coupled with behavioral compliance and adherence to rules; and it generally leads to more privileges, esteem, and responsibilities. Not only are individuals held responsible for themselves, but they are also expected to help

mentor newcomers to the program (McCorkel, 1998; Mosher & Phillips, 2006; Owen, 2009).

Within therapeutic communities, women are frequently expected to monitor each others' behavior and to notify staff when peers do not follow the rules. Deviant behavior is commonly addressed in encounter-groups, where rule breakers are publically censured by inmates and staff who have higher status (McCorkel, 1998). This style of interaction conflicts with customary communication patterns within prisons where peer censorship is generally forbidden, and inmates are encouraged to stay focused on themselves (Garrison, 2002).

In contrast to the six programs that were clearly labeled as therapeutic communities, the three remaining substance abuse treatment programs included in this systematic analysis tended to use fewer confrontational approaches and were characterized as more woman-centered. In addition to group and peer counseling, one-on-one and family counseling were offered in one program (Strauss & Falkin, 2000). In another, coping and skills training were available, and the management of past trauma was a focus (Kissman & Torres, 2004). The third program was based on a feminist framework, and empowerment approaches were used to assist women to explore the social roots of their problems, confront gender-related issues, and actively shape their personal growth (Twaddle et al. 2006).

Therapeutic Elements of Substance Abuse Treatment Programs

Trust-based relationships—Within treatment programs that are designed to help women who are incarcerated to overcome substance abuse problems, therapeutic relationships with both staff and other women inmates appear to be key. Women who successfully complete treatment programs tend to have a trusting and respectful relationship with at least one staff member (McCorkel et al. 1998; Strauss & Falkin, 2000). These types of relationships are created when staff are consistently sensitive to women's situations and their desire to protect and control personal information. Without these types of trust-based relationships, women tend to be unwilling to take full advantage of therapeutic opportunities, especially when self-disclosure is involved (McCorkel et al. 1998; Twaddle et al. 2006). When trust is absent, women may choose to leave a treatment program and rejoin the general prison population (McCorkel et al. 1998).

In addition to having trust-based relationships with staff, incarcerated women also contend that trust-based relationships with peers are salutary. In particular, they value opportunities to safely share past experiences in all-women groups (Strauss & Falkin, 2000; Kissman & Torres, 2004; McDonald, 2006; Mosher & Phillips, 2006; Twaddle et al., 2006). Women-only groups are preferred because men are perceived to be insensitive and judgmental, especially when interpersonal abuse and victimization are discussed (Twaddle et al. 2006). Examination of these types of experiences is thought to help women understand their abusive use of substances and how they came to be incarcerated (McCorkel, 1998; Twaddle et al. 2006).

Gender-specific groups are perceived to provide women with the type of security and support that is required for them to fully benefit from growth promoting therapy (Twaddle et al. 2006). In groups that foster personal growth, participants are encouraged to talk freely, stay in the present, and contain negative feelings such as guilt, self-loathing, and self-blame (Strauss & Falkin, 2000; Kissman & Torres, 2004). In addition, women are urged to reframe victimization and relinquish grievances (Kissman & Torres, 2004). In encounter-type groups, women may be confronted in uncompromising ways about attitudinal and behavioral changes that are needed in order to resolve substance abuse problems (McCorkel et al. 1998).

Individualized care—In keeping with many complex and dynamic clinical situations; absolute prescriptions for therapeutic practice are difficult, if not impossible, to establish (Mosher & Phillips, 2006). Thus, there is a need for practitioners, who are good critical thinkers and problem solvers, to make well-calculated decisions in the context of emergent situations. In prison-based substance abuse treatment settings, there appear to be two inter-related areas in which this type of sophisticated decision-making is critical. The first pertains to the calculated establishment of and adherence to rules (McCorkel, 1998; McCorkel et al. 1998; Strauss & Falkin, 2000), and the second relates to the measured use of interpersonal confrontation (McCorkel, 1998; McCorkel et al. 1998).

In jail and prison-based treatment settings, women fear powerlessness and lack of autonomy (McCorkel et al. 1998). In some cases, these concerns metamorphose into worries about permanent damage to one's personal dignity and self-esteem and, ultimately, a complete loss of self (McCorkel, 1998). These perceptions are putatively inspired by overly punitive and judgmental treatment and uncompromising criticisms that are in excess of what is customary, even within jail and prison settings (McCorkel, 1998; McCorkel et al. 1998). Women's nihilistic perceptions are also provoked by unfair and overly rigid adherence to rules of conduct and restrictions on freedom (Strauss & Falkin, 2000).

In reality, women who genuinely commit themselves to prison-based substance abuse treatment programs knowingly submit themselves to the culture and mores of the treatment setting. At the same time, they persist in seeking thoughtful and measured criticism and a balanced approach to restricting personal freedom and autonomy (McCorkel et al. 1998; Strauss & Falkin, 2000). Of note is the fact that women do not ask for unfettered freedom or a loosely structured treatment setting. In fact, individuals with high expectations for treatment are disappointed by such milieus. Instead, they request an individualized care approach versus generic and expansive restrictions, confrontations, or cynicism (McCorkel, 1998; McCorkel et al. 1998; Strauss & Falkin, 2000).

A non-therapeutic consequence of treating incarcerated women in overly restrictive and uncaring ways is the formation of impenetrable alignments among the women. To protect themselves from unjustified confrontations, invasions of their privacy, and unreasonable restrictions on their freedom; incarcerated women have been known to create closed alliances with their peers in which they clandestinely interact and support each other (McCorkel, 1998; Twaddle et al. 2006). Women in similar situations have also been known to overtly resist authority and break the rules (McCorkel, 1998).

Separation from general prison population—The general prison culture and that found within prison-based substance abuse treatment programs generally differ. Within traditional prison environments, individuals are encouraged to focus on themselves and not get involved in others' problems. Within the context of substance abuse treatment programs, women are encouraged to do just the opposite. They are expected to orient newcomers; monitor, report, and make judgments about others' behavior; and empathize and support one another (McCorkel, 1998; Mosher & Phillips, 2006; Owen, 2009). Given these cultural dichotomies, physically separating women who are in prison-based substance abuse treatment programs from the general prison population is advised to avoid confusion and ambivalence (Owen, 2009).

Separation of the general prison population from women who are in substance abuse treatment programs is also encouraged to clearly differentiate individuals who are engaged in treatment versus those who are not. Given the importance of trust-based interpersonal relationships to therapeutic outcomes (Strauss & Falkin, 2000; Kissman & Torres, 2004; McDonald, 2006; Mosher & Phillips, 2006; Twaddle et al. 2006), having individuals who

are uncommitted to treatment in a therapeutic environment can greatly detract from the goals of therapy (Mosher & Phillips, 2006). Thus, to prevent uncommitted and possibly disruptive women, from lingering in a therapeutic setting, it is recommended that they be allowed to return to the general prison population without penalty (Strauss & Falkin, 2000; Mosher & Phillips, 2006).

Treatment outcomes

Based on data from this investigation, it appears that women who complete jail or prison-based substance abuse treatment programs gain a greater sense of equanimity about themselves and their pasts (McDonald, 2006). Their problem-solving and coping skills are generally improved, and they appear to be better able to establish relationships with family and other support persons outside of jail or prison (Kissman & Torres, 2004).

Discussion

To optimize treatment of women with substance abuse problems in jails and prisons, staff are encouraged to avoid recreating the types of unjust circumstances and abusive relationships that many of them have experienced in the past. Ideally, jail and prison-based programs offer social-learning milieus in which women have the opportunity to explore trust-based relationships with staff and peers. In addition, staff are encouraged to provide individualized care and mete out corrective measures in caring and well-calculated ways.

On the surface, trust-based relationships, individualized care, and physical separation from the general prison population may sound like relatively easy changes to institute. With further consideration, however, it is clear that such initiatives require more one-on-one time with clients, well educated and talented staff, and altered or even new physical facilities. If nothing else, these types of initiatives add financial stress to justice systems that are already economically-strapped.

Consistent with qualitative criteria for rigor; incidental findings relating to bureaucratic conflict and administrative confusion were excluded from further analysis when they could not be more fully substantiated and incorporated into the emergent core categories. This does not mean that these findings are invalid. It merely means that they do not meet the criteria of fittingness (Lincoln & Guba, 1985) based on the identified topic and within the context of the current findings. This situation is not unusual in situations where the research topic is well defined, continued theoretical sampling is not practical or feasible, and the database is finite (Corbin & Strauss, 2008). It is recommended that these excluded data (i.e., findings) be investigated further; perhaps from a management versus a treatment perspective.

Evidence-based findings relating to the unique physical needs of incarcerated women with substance abuse problems were not prevalent within the qualitative reports that constituted the sample for this analysis. Despite this, special efforts are needed to manage the physical complications of alcohol and drug abuse, which women are particularly susceptible to. These include cirrhosis, hypertension, and fatty liver (Lewis, 2006). It is also recommended that the reproductive health needs of these women be carefully assessed and ameliorative steps taken. For example, among a sample of 484 incarcerated women, 83.6% (n = 405) reported having unplanned pregnancies, and 49% (n = 237) acknowledged having a sexually transmitted disease (Clarke et al. 2006).

This qualitative systematic review of substance abuse treatment among incarcerated women is largely framed within the context of the American experience. That said, the World Health Organization (2009) reports that similar treatment environments and conditions exist

throughout Europe, and a call has been issued for improved gender-specific substance abuse treatment programs for incarcerated women in European countries. In turn, more research is needed across the globe to fine-tune such programs and to examine their long-term effectiveness.

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Table 1

Search Strategy: Ovid PsycINFO search, limited to English language, 1980-September week 1, 2010 (columns linked with AND; rows linked with OR)

female criminals/or female delinquency/		drug abuse/or alcohol abuse/or alcoholism/or binge drinking/or drug dependency/ or drug addiction/ or heroin addiction/ or inhalant abuse/ or glue sniffing/ or polydrug abuse/ or addiction/ or drug usage/ or alcohol drinking patterns/ or alcohol intoxication/ or acute alcohol intoxication/ or chronic alcohol intoxication/ or social drinking/ or intravenous drug usage/ or drug abstinence/ or sobriety/ or drug rehabilitation/ or alcohol rehabilitation/ or alcoholics anonymous/ or methadone maintenance/ or twelve-step programs/ or drug seeking/	Limit to adulthood <18+ years> OR NOT Limit to (childhood <birth to 12 years> or adolescence <13 to 17 years>)
prisoners/ or criminal rehabilitation/ or probation/ or incarceration/ or correctional institutions/ or prisons/ or reformatories/ or maximum security facilities/ or penology/ or SATOP.mp. or criminals/	human females/ or female\$1.mp. or (women or woman or pregnan\$ or lesbian \$).mp.	[same as above]	[same as above]
(prison\$ or felon\$ or convict\$2 or excon\$1 or offender\$ or criminal\$ or incarcerat\$ or "ex con" or "ex cons" or jail\$2).ti.id.sh.	[same as above]	[same as above]	[same as above]

Overview of Research Reports

Table 2

Report	Research Theoretical Framework	Purpose(s)	Setting	Geographic Location	Attributes of Treatment	Sample	Data Collection
Garrison (2002)	Not identified	Assess what participants think about the treatment program Determine if the women think the program meets their needs, specifically based on gender	TC in a women's prison (Baylor Women's Correctional Institute, KEY Village)	Delaware	Multi-stage TC Hierarchical system Established rules, consequences, and rewards Philosophical differences between TC and corrections	N = 76 women <ul style="list-style-type: none">Caucasian = 31 (41%)African American = 43 (57%)	Focus groups
Kissman and Torres (2004)	Not identified	Explore mutual support groups for women who are mothers	Pilot program aimed at substance abuse relapse prevention for mothers incarcerated in a city jail	United States	Aim to strengthen coping skills to reduce substance abuse relapse Cognitive-behavioral group interventions to strengthen skills related to: <ul style="list-style-type: none">Conflict resolutionCommunicationAnger managementParentingCoping with past traumas and depression	N = 30 mothers	Qualitative data collected during group sessions
McCorkel (1998)	Goffman's Total Institution Framework	Explore relationships among organizational identity claims, institutional mechanisms of social control, and the dynamic possibilities of the self	Project Rehabilitate Women (PRW), a drug treatment program housed in an isolated unit of a state prison for women	Eastern United States	TC based on social control Problems viewed holistically Hierarchical system Treatment influenced by moral frameworks Strict rules and prohibitions No unregulated, private places. Discouraged from having private thoughts or memories. Required to censure each others' behavior Encounter groups Early release incentive Dropouts (75%) face loss of privileges, temporary assignment to maximum security, increased sentences	N = 72 <ul style="list-style-type: none">Current or former residents of the PRW program = 60Current counselors = 3Former counselors = 5Current director = 1Current correctional officers = 3	Interviews
McCorkel et al. (1998)	Social Constructionist Paradigm Grounded Theory	Explore the significance of constructions of treatment on residents' experiences in the program Examine the processes that lead some clients to reject the TC	Prison-based program for drug-involved women inmates	New Castle, Delaware	TC Participants help monitor and develop peers Treatment components: <ul style="list-style-type: none">Milieu therapyConfrontationEncounter groups	N = 50 women <ul style="list-style-type: none">Dropouts = 32Graduates = 18Caucasian = 16 (32%)	Semi-structured interviews

Report	Research Theoretical Framework	Purpose(s)	Setting	Geographic Location	Attributes of Treatment	Sample	Data Collection
		modality, while others are able to successfully embrace it			<ul style="list-style-type: none">Feelings groupsSelf-disclosure seminarsSelf-run NA and AA groups	<ul style="list-style-type: none">African-American = 34 (68%)	
McDonald (2006)	Johnson's Conceptual Model of Mature Coping	Examine a therapeutic community for substance abusing female inmates and assess its impact on their coping abilities	TC in a minimum-security prison	Pennsylvania	Multi-stage TC Problems viewed holistically Self-help model Coping and problem solving skills taught: <ul style="list-style-type: none">Breathing and thinking exercisesPhysical exerciseJournalingPrayerReading the Bible or other religious material	N = 22 women Mean age = 38	Face-to-face interviews
Mosher and Phillips (2006)	Not indentified	Examine the day-to-day operations of a prison-based therapeutic community for women offenders, with a particular focus on external constraints on the community	TC in a pre-release minimum security facility	Northeast Washington	Multi-stage TC Problems viewed holistically Program components: <ul style="list-style-type: none">Peer encounter groupsBehavior modificationSocial and problem skills trainingRational emotive, cognitive, and assertiveness trainingAnger and aggression managementEducational training	Staff (n = undefined) Program participants (n = undefined)	Telephone and email exchanges with treatment supervisor, facility superintendents, and treatment correctional staff Group and individual face-to-face interviews with staff and program participants Observation of community meetings and individual program components
Owen (2009)	Symbolic Interactionism	Explicate accounts of change and resistance among women prisoners in a therapeutic community	Prison-based TC, Phoenix House Model	Portland, Oregon	Multi-stage TC Problems viewed holistically Highly-structured hierarchical system Guiding principles: <ul style="list-style-type: none">Centrality of honestyFocus on here and nowValue of social responsibilityResponsible concernYou are what others see Focus on immersion in the therapeutic community	Women (N = undefined) <ul style="list-style-type: none">Caucasian = 33%African American = 33%Hispanic/Latina < 25%	Participant observation Focus groups

Report	Research Theoretical Framework	Purpose(s)	Setting	Geographic Location	Attributes of Treatment	Sample	Data Collection
					Treatment stages with increased levels of personal and social responsibility Mutual self-help philosophy Peer mediated to promote assimilation of pro-social skills and behavior Participants viewed as family Convict code conflicts with TC norms, particularly those concerning snitching, privacy, and trusting prison staff. Program components <ul style="list-style-type: none">• Group therapy• Encounter group heightens self-awareness of negative behavior by means of confrontation• Community-based learning• Games• Role-play		
Strauss and Falkin (2000)	Grounded Theory	Determine why some women in the criminal justice system complete drug user treatment and others leave early	Prison-based drug user treatment program	Portland, Oregon	Strict program rules Hierarchical system Penalized for dropping out early (e.g., lose good time) Counseling: <ul style="list-style-type: none">• One-on-one,• Group,• Family	N = 101 Non-completers (n = 46) <ul style="list-style-type: none">• Caucasian = 71.1%• African-American = 10.9%• Native American/Alaskan Native = 15.2%• Latino = 0%• Other = 2.2% Completers (n = 55) <ul style="list-style-type: none">• Caucasian = 87.3%• African-American = 5.5%• Native American/Alaskan Native = 3.6%• Latino = 3.6%• Other = 0%	Face-to-face interviews with clients within the first 2 weeks of their entry into the treatment program Face-to-face interviews with clients approximately 12 months after they left treatment program
Twaddle et al. (2006)	Feminist	Evaluate the effectiveness of the Women's Group to	Adult correctional facility	Pacific Island of Guam	Feminist support group that is a component of substance abuse treatment program Sensitive to Pacific Island cultures	N = 13 women <ul style="list-style-type: none">• Caucasian = 1 (8%)	Interviews

Report	Research Theoretical Framework	Purpose(s)	Setting	Geographic Location	Attributes of Treatment	Sample	Data Collection
		help participants address traumatic experiences from their pasts, cope with the stress of incarceration, and prepare for life in the community after release			Participants empowered to: <ul style="list-style-type: none">• Confront issues specific to gender• Take an active role in determining the direction of the group and facilitating personal growth• Express and explore emotions and work through painful feelings• Explore social roots of problems (personal, socioeconomic, political)	<ul style="list-style-type: none">• Chamorro = 11 (85%)• Asian = 1 (8%)• Age = 27–59• Mean age = 40	

Table 3

Example of Data and Formative Codes/Categories

Source	Data and Formative Codes/Categories	Coding Legend
Kissman and Torres (2004)	Therapeutic Group Strategies <ul style="list-style-type: none"> • Healing support of shared experiences, stories, poetry, and staying in the present (s) • Group members assist each other to contain negative feelings such as guilt, self-loathing, self-blame (ps) • Reframe victimization and relinquish grievances (r) • Present moment awareness (sp) 	<ul style="list-style-type: none"> • Sharing = s • Peer support = ps • Reframe = r • Stay in present = sp
	Positive Outcomes <ul style="list-style-type: none"> • Spiritually uplifted (su) • Improved problem solving (ips) • Improved family relationships (ifr) • Self-acceptance (sa) • Break emotional isolation (bei) 	<ul style="list-style-type: none"> • Spiritually uplifted = su • Improved problem solving = ips • Improved family relationships = ifr • Self-acceptance = sa • Emotional isolation ended = bei