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Substance Abuse Treatment, Anticipated Maternal Roles, and Reentry Success of Drug-Involved Women Prisoners

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This article reports analyses of recidivism and relapse experiences of substance-abusing women inmates as they reenter the community. Outcomes are compared for women who completed a work-release therapeutic community program, women who entered but did not complete the program, and those who did not receive work-release therapeutic community treatment. Additionally, this article compares women who anticipated living with their children following release to those who did not have children with whom they expected to live. Women who completed the treatment program were more likely to remain arrest-free during the first 18 months following prison, and they used drugs less frequently. Women who expected to live with their minor children were significantly more likely to enter the treatment program, but maternal role expectations had no direct effect on reentry outcomes once treatment experience and background factors were controlled.

Keywords: *female offenders; correctional substance abuse treatment; family and reentry*

Of the nearly 1.5 million inmates held in U.S. federal and state prisons at the end of 2004, nearly 7% were women (Harrison & Beck, 2005). That may seem a small percentage, but it belies the fact that between 1995

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and 2004, the number of female prisoners increased at a rate 65% higher than that of male prisoners. Feminist criminologists commenting on the rise of female prisoners conclude that women have been disproportionately affected by our nation's "war on drugs," with its increased arrest and prosecution for drug offenses and its mandatory minimum sentences, even for possession of relatively small quantities of drugs (Bloom, Owen, & Covington, 2004; Chesney-Lind, 1997, 2002; Radosh, 2002). In 1997, 74% of women in federal prisons and 35% of those in state prisons were sentenced for drug crimes (Mumola, 2000). Although the percentage of women in state prisons for drug crimes dropped slightly by 2004 to 32%, that number is still 52% greater than the percentage of men sentenced for drug crimes (Harrison & Beck, 2005). These drug crimes tended to be possession and low-level dealing-and-delivery activities. According to the Bureau of Justice Statistics (2000; see section entitled "Persons Under Correctional Supervision"), drug offenders accounted for almost twice the total growth among female inmates (33%) as compared to male inmates (19%).

In some respects, the female inmate population mirrors the male inmate population. Both male and female inmates are disproportionately Black and Hispanic; they tend to have less than a high school education; and they were usually unemployed or in low-paying jobs before their incarceration (Brewster, 2003; Danner, Blount, Silverman, & Vega, 1995). In other important ways, however, female inmates tend to have unique life experiences and treatment needs when compared to male prisoners (Danner et al., 1995; Greene, Haney, & Hurtado, 2000; Holtfreder & Morash, 2003; Peugh & Belenko, 1999; Radosh, 2002; Weitzman, 1998). Female inmates have more often grown up in families strained by violence and parental substance abuse (Gilfus, 1992; Snell, 1994). Many more women inmates report having been physically and/or sexually abused before their incarceration (Marcus-Mendoza & Wright, 2003; Moon, Thompson, & Bennett, 1993; Owens, 1998; Pelissier & Jones, 2005; Singer, Bussey, Song, & Lunghofer, 1995; Snell, 1994). Most significant, women inmates are likely to have been custodial parents of their children just before their incarceration, and they anticipate resuming care of their children upon release from prison, an anticipation not always realized (Bloom, 1993; Government Accounting Office, 1999; Harm & Phillips, 2001; Mumola, 2000; Pelissier & Jones, 2005). Given these personal histories, it is not surprising that substance-involved women inmates often have comorbid psychiatric conditions of depression, anxiety, and posttraumatic stress (Anderson, 2003; Marcus-Mendoza & Wright, 2003). The women inmates interviewed by Greene et al. (2000) often stated that they became heavy alcohol and drug users in

an attempt to deaden the pain associated with these traumatic life experiences. However, their substance use only caused further pain in the form of economic marginality, entrapment in abusive relationships, criminal justice involvement, and separation from their children.

Researchers and policy leaders have called for gender-specific correctional treatment programs to address the needs of incarcerated substance-abusing women, and they have emphasized the need for programs focused on women's statuses as mothers and caregivers (Alemagno, 2001; Chesney-Lind, 2002; Enos, 2001; Farrell, 1998; Greene et al., 2000; Koons, Burrow, Morash, & Bynum, 1997; Pelissier & Jones, 2005; Peugh & Belenko, 1999; Radosh, 2002). Unfortunately, correctional treatment availability for drug and alcohol problems falls far short of the documented need for treatment in general (Lurigio, 2000), and there are far fewer treatment programs provided in women's correctional facilities than in men's (Anderson, 2003; Baugh, Bull, & Cohen, 1998; Belknap, 2000; Chesney-Lind, 1997).

Finally, there have been few evaluation studies of correctional substance abuse treatment for women. Consequently, we know little about what programs are effective, and we know even less about how female offenders' roles as mothers may interact with their substance abuse treatment and reentry experience (Brewster, 2003). The result has been that programs offered to women tend to be transplants of programs developed for male offenders, with little or no adaptation to the special needs and circumstances of women, especially, those who are mothers.

In this article, we report outcome evaluations of a substance abuse treatment program provided to women in a 6-month work-release program following their release from prison in Delaware. We examine drug use and rearrest in the year following release from custody. In addition to exploring treatment effects, we consider whether women who expect to resume mothering roles are more or less successful in completing treatment and remaining drug-free and arrest-free. Before describing the treatment program, we review literature on women's substance abuse treatment in corrections and the effect of maternal roles on substance abuse treatment of female offenders.

Research on Substance Abuse Treatment for Incarcerated Women

Despite extensive research literature on female offenders' citing pervasive substance abuse problems and the need for appropriate correctional treatment programs, remarkably few studies have evaluated the effectiveness

of such treatment (Kendall, 1998). A recent meta-analytic review of the correctional treatment literature for female offenders could identify only four substance abuse treatment evaluations of adult female offenders (Dowden & Andrews, 1999). Surprisingly, in that meta-analysis, substance abuse programming was not associated with reduced recidivism. That finding, however, was limited not only by the small number of evaluations but also by the combining of evaluations of intensive substance abuse treatment with less intensive substance abuse education programs.

Wexler, Falkin, and Lipton (1990) compared rearrest rates of women parolees in New York who had experienced a prison therapeutic community (TC; Stay'n Out), prison drug counseling, or no treatment. A simple chi-square test indicated no significant differences in recidivism. The TC treatment group had a significantly lower probability of rearrest than the counseling group did (18% versus 29%) but did not fare significantly better than the group who received no treatment (24%). These results do not provide a resounding endorsement of substance abuse treatment for female offenders. However, the small size of the no-treatment comparison group ($n = 38$) may have biased the results. It is also possible that the study was biased by the lower education and worse criminal history of the treatment groups relative to the no-treatment group. Multivariate analyses controlling for these risk factors for recidivism might have revealed more positive treatment effects. Finally, the evaluation was limited to rearrest and parole discharge status data. It did not report outcome data on alcohol or drug use.

Prendergast, Wellisch, and Wong (1996) found that women who completed the Forever Free substance abuse treatment program at the California Institute for Women and entered a 6-month community residential treatment program upon their release on parole had lower drug use and more successful parole outcomes than did women who completed only Forever Free or a comparison group of California Institute for Women inmates who had applied for and qualified for Forever Free but who, for administrative reasons, were not admitted to the program. Women who experienced only the Forever Free in-prison program did no better than the no-treatment comparison group. The results suggest that substance abuse treatment may reduce drug use and recidivism among female offenders if it is delivered in sufficient intensity and duration over the reentry experience. However, given that the community residential phase of treatment was voluntary, the favorable outcomes may reflect participants' greater commitment to recovery rather than actual treatment effects.

More recently, a comparison of Forever Free participants to women who entered a less intensive drug education program in prison revealed greater

reentry success for the Forever Free clients during a 12-month follow-up (Hall, Prendergast, Wellisch, Patten, & Cao, 2004). Controlling for other risk factors, Forever Free clients were less likely than women in the comparison group to report that they used illegal drugs, and they had a decreased risk of reincarceration. Days of postrelease treatment were positively associated with employment at the 12-month follow-up.

Dowden and Blanchette (2002) explored the effectiveness of substance abuse programming in reducing recidivism for a sample of 98 federally sentenced female offenders in Canada. Of these women, all whose intake screening identified substance abuse problems, the 58 who received substance abuse programming had lower recidivism rates in a follow-up period averaging 21 months. This study was limited, however, in that the researchers were not able to evaluate actual postrelease substance abuse. Moreover, their data did not allow them to identify types of treatment or program characteristics. The 58 treated women experienced a variety of treatment modalities, which were delivered in many different institutions across Canada. The authors note the need for further research to go beyond this "black box" approach to identify specific elements of treatment effectiveness.

Pelissier, Camp, Gaes, Saylor, and Rhodes (2003) analyzed 3-year probation officer reports of rearrest and urinalysis test results for 1,842 men and 473 women released from U.S. federal prisons. They found that for both men and women, those who received substance abuse treatment in prison had longer survival times. As in the Dowden and Blanchette (2002) study, the treatment received was delivered in a variety of modalities across multiple sites.

Children and Substance Abuse Treatment

The research literature on children and substance-abusing female offenders tends to be descriptive, and it offers somewhat contradictory impressions on whether children facilitate or hinder substance abuse recovery. Some accounts emphasize that maternal roles can be a major motivating factor for entering treatment and achieving sobriety. Other accounts suggest that children create barriers to entering treatment and/or complying with the demands of treatment programs.

Stephens (1991) described the street addict role as a master role characterized by attitudes, behaviors, and relationships, which are fundamentally incompatible with those of the parent role. These include lack of social concern, manipulative interpersonal relationships, financial exploitation, and a

preference for interaction with other addicts. Stephens proposed that addicts reduce or cease their drug use when they experience strain in the street addict role. Parental responsibilities can produce such strain.

Anderson and Bondi (1998) interviewed men and women in Alcoholics Anonymous, Narcotics Anonymous, and a substance abuse treatment program to explore variations by race and gender in exiting the street addict role. Women, especially Black women, described their mothering roles as a primary motivation for wanting to quit the addict role. Their first doubts about their substance abuse were often prompted by problems in meeting their parental responsibilities and their fears that their children would be taken away from them. Similarly, many of the women inmates interviewed by Enos (2001) cited reunification with their children as their primary incentive to end their involvement with drugs and crime. Some of the women acknowledged regrets for the problems that their drug use had caused their children. Others, however, maintained that their mothering was not impaired by their drug involvement. To support this assertion, these women reported that they had managed to conceal their drug use from their children or had used drugs only while their children were in the care of other adults. Several of the women whom Enos interviewed even avowed that their substance use enhanced their mothering (e.g., by boosting their energy or improving their degree of patience). Nevertheless, even the women who denied that their substance use adversely affected their children saw participation in treatment programs as a means to demonstrate to authorities their fitness to resume maternal roles.

Prendergast et al. (1996) reported that women who applied for residential treatment after being paroled from the Forever Free substance abuse treatment program at the California Institute of Women had lower drug use rates and were more likely to be successfully discharged from parole than were women who did not get any residential treatment. In that study, women with children under the age of 17 were less likely to volunteer for continued residential treatment upon parole from the prison-based treatment program. It may be that their desire to be more quickly reunited with their children deterred them from participating in an aftercare program that could aid in their long-term recovery.

A study by McCorkel, Harrison, and Inciardi (1998) suggests that prison-based substance abuse treatment for women may be more successful in retaining clients who see it as a means to early release and reunification with their families. The process evaluation of the TC referred to as BWCIVillage (for the Delores J. Baylor Women's Correctional Institution) revealed high rates of program attrition (over 50%). The program dropouts

complained that they had not received treatment and that the TC modality did not meet their expectations for therapy, which they anticipated as being a one-on-one relationship with a professional counselor. Women who managed to complete the TC also reported that the program did not meet their initial expectations concerning treatment. Despite this perceived deficiency, they were able to persevere to complete the program. Surprisingly, as compared to dropouts, the completers tended to report different motivations for enrolling in BWCI. Whereas most of the dropouts (72%) stated that their primary motivation for entering the program was to receive treatment for their drug problem, the majority of program completers (83%) frankly stated that their primary motivation had been a reduction in sentence length.

Although maternal roles may motivate substance-abusing female offenders to attain sobriety, substance abuse recovery is itself a demanding role that can compete with maternal responsibilities. This dilemma is illustrated by a 26-year-old mother in Richie's (2001) study of community reintegration of incarcerated women. This mother described the stress of juggling work, drug-testing appointments, a job training program, attendance at Alcoholics Anonymous meetings, meetings with her parole officer, and visitations with her children (whom she hoped to regain custody of), all while using unreliable public transportation and facing the threat of revocation for any non-compliance. Richie summed up this woman's predicament by stating, "This is a situation that is setting [her] up to fail" (p. 381). The competing demands of parenting and employment were also cited by Brewster (2003) as a possible explanation of why women inmates (in Oklahoma prisons) who completed job-training programs were more likely to be reincarcerated.

In sum, although maternal roles have paradoxically been described as both an incentive for and a hindrance to substance abuse recovery, the literature is not as contradictory as it first appears. Maternal roles appear to be a motivating factor for female offenders to participate in correctional substance abuse treatment if that treatment will not delay family reunification. Upon release from prison, however, maternal role responsibilities may conflict with women's continued treatment involvement even while they still serve as a motivation for achieving sobriety.

Overview of Delaware Work-Release Treatment Program

The correctional treatment program evaluated in these analyses is the CREST Outreach Center, a TC for men and women conducted in the 6-month

work-release period required of most inmates who are being released from Delaware prisons. After an orientation, those on work release can work for pay or attend school in the community, but they spend their nonworking hours in the community-based work-release facility or halfway house. This graduated release is intended to ease community reintegration, but it poses risks and temptations for offenders with serious substance abuse histories. The increased freedom may expose inmates to old groups and behaviors that can easily lead back to substance abuse, criminal activities, and reincarceration. As a TC, CREST seeks to facilitate personal growth through the modification of deviant lifestyles and behavior patterns. CREST clients are segregated from the rest of the work-release population. CREST clients have a longer orientation period than that of regular work release, and they participate in treatment when not working.

Like other therapeutic communities, CREST is intended to provide a total treatment environment in which a drug user's transformations in behavior, attitudes, emotions, and values are introduced and inculcated. Clinical staff include professionally trained counselors and former drug users who were TC clients. Some staff are dually "credentialed." Although clinical staff manage the TC and provide some counseling services, the essential dynamic in the TC is mutual self-help (De Leon, 1986, 1997). Through repetition and reinforcements as part of the daily regimen of community roles and community life, the TC process seeks to create a new, drug-free lifestyle for the client.

Because CREST emphasizes group counseling and milieu therapy of incarcerated men and women in work release, it did not originally focus on the maternal roles of women in the program (*milieu therapy* means that the entire environment, including routines of daily living, is intended to be therapeutic). Like many programs, it began as a program for males and eventually enrolled female clients. After a few months, however, the program began to evolve, with a woman director for several years, more female staff, and increased female beds. As the program has evolved, the needs of mothers and their children have been incorporated into the treatment experience to some degree. After several orientation weeks, children are allowed to visit their parents at CREST, and parents may visit their children during home furloughs. Occasionally, children and other family members are included in therapy sessions with the CREST client and his or her individual counselor. Parenting issues are addressed as they come up during group meetings, though this more often occurs in women's groups than in mixed-gender or men's groups.

Surprisingly, although a number of studies have concluded that correctional-based TCs reduce recidivism and postrelease substance abuse of prisoners (Inciardi, Martin, & Butzin, 2004; Knight, Simpson, & Hiller, 1999; Martin, Butzin, Saum, & Inciardi, 1999; Wexler, Melnick, Lowe, & Peters, 1999), no published studies have established that TCs can produce these benefits specifically for female offenders. Nearly all evaluation studies have included only male offenders (cf. Field, 1992; Knight et al., 1999; Wexler et al., 1999). Several earlier reports on CREST outcomes included male and female clients, but included gender as only a control covariate (Butzin, Martin, & Inciardi, 2002; Inciardi, Martin, Butzin, Hooper, & Harrison, 1997; Martin et al., 1999). An initial analysis of 79 female CREST clients did not find reductions in drug use or recidivism (Farrell, 2000), but the small sample lacked statistical power to detect modest effects. Knight et al. (1999) found that a correctional TC and aftercare for male offenders in Texas reduced recidivism only for those with high-severity crime and drug-related problems. If female offenders tend to have less serious drug and crime involvement, the TC model may be less appropriate for them.

In the absence of conclusive outcome evaluations, some observers have raised questions about the suitability and efficacy of the TC treatment modality for female offenders (Coletti et al., 1997). Some TC advocates even suggest that programs be modified to attract and retain women clients and address their unique life histories and treatment needs (Stevens, Arbiter, & McGrath, 1997; Winick & Evans, 1997). One important suggested adaptation involves allowing children to reside with their mothers during treatment, while providing parenting training to the mothers and therapeutic child care to their children. Knight and Wallace (2003) report that when mothers are allowed to have children with them in residential drug treatment, families are more likely to remain intact following treatment. Coletti and colleagues (1997) also recommend that the abuse histories, self-esteem issues, and comorbid mental health conditions of many substance-abusing women necessitate a less confrontational and more supportive therapeutic environment than that of the traditional TC.

In the evaluation by McCorkel and colleagues (1998), the majority of those entering a women's prison-based TC, WCI Village (Women's Correctional Institution), did not complete the program. The dropouts complained about the lack of personal counseling provided in the TC and objected to the emphasis on group self-help and milieu therapy. The treatment dropouts also complained about surveillance and confrontation that they perceived to be destructive rather than therapeutic. One inmate even likened this to past experiences of abuse in her family.

Women inmates' greater likelihood of having experienced sexual abuse, along with their being in the numerical minority, may complicate their adjustment to a mixed-gender treatment program. Observers of the CREST work-release TC have noted the sexually charged environment, in which women clients are greatly outnumbered by men (Mello, Pechansky, Inciardi, & Surratt, 1997). Interactions between male and female residents are a source of problems and frequent discussion in group meetings. Some residents confuse boundaries of friendship and sexual relationships. Many of the residents have a history of childhood sexual abuse and know of one kind of relationship with the opposite sex, a sexualized interaction that is abusive, aggressive, and manipulative. Gender-specific group meetings provide an opportunity to address these issues, but they are never completely resolved. Sexual contact between clients is a violation of program rules and can result in expulsion from the TC. Nevertheless, it occurs. It should be mentioned that Delaware opened an all-women work-release TC in 2006 that may remedy some of these problems.

Study Hypotheses

In the following analyses we test three hypotheses.

Hypothesis 1: Women who expect to live with their minor children upon release from prison will be more likely to enter and complete the CREST therapeutic work-release program than will women who do not anticipate living with children following prison.

Although the research literature has paradoxically described motherhood as both an incentive for and a barrier to substance abuse treatment, we believe that the barriers are removed and the incentives are enhanced in this particular treatment program. Mothers may often be unable to enter treatment programs because there is no one to care for their children and they fear that revelation of a substance abuse problem will cause them to lose custody. For women entering work release, their children are already in the care of others; reunification with their children will not be delayed by treatment participation; and completion of treatment is a tangible way to demonstrate fitness to resume maternal roles. Although our multivariate analyses of recidivism and substance use during the follow-up include the variable of anticipated maternal roles, we do not hypothesize an effect independent of substance abuse treatment experience. In other words, substance abuse treatment may be necessary for drug-involved mothers to realize their aspirations to live a life free from crime and substance abuse.

Hypothesis 2: Women who complete the CREST TC work-release program will be less likely to be rearrested during the follow-up period than will women who do not receive CREST treatment.

Hypothesis 3: Women who complete the CREST therapeutic work-release program will be less likely to use illegal drugs and will report lower mean levels of drug use during the follow-up period than will women who do not receive CREST treatment.

We do not make predictions for women who enter but do not complete CREST. It is possible that they will benefit from the limited treatment that they do receive and will therefore demonstrate intermediate levels of recidivism and relapse. However, they may have left CREST because of program non-compliance and will therefore be at increased risk of postrelease problems.

Analyses

Sample and Measures

The data for the current study originated with two research demonstration projects funded by the National Institute on Drug Abuse and awarded to the University of Delaware, with James A. Inciardi as the principal investigator. Between summer 1990 and 1997, Delaware prison inmates eligible for parole or work release were interviewed just before leaving prison. This report examines outcomes for 276 female respondents who were followed up 18 months after their release from prison (approximately 12 months after their completion of work release). TC treatment completers, noncompleters, and a comparison group of drug-abusing female offenders not receiving treatment were all followed. Interview data were collected on drug use and sexual activities, criminal history, drug abuse treatment history, psychosocial and mental health status, and sociodemographics. HIV and drug testing were also done at follow-up. Participants were paid \$25 for completing the questionnaire and \$25 for giving a blood and urine sample. Respondents were assured confidentiality under protection from a federal grant of confidentiality issued to the principal investigator. Participation was voluntary. Over 95% of eligible women agreed to participate in the study at baseline. Of these, 85% participated in the 18-month follow-up.

All baseline measures are self-reported items from the interviews. Race/ethnicity is measured by a dummy variable, scored 1 for African American or Latina and 0 for White. A measure of frequency of past drug use was an index derived from baseline questions asking the frequency of

use of each of a series of drugs before entering prison: cocaine, heroin, other opiates, speed, crack, PCP, and hallucinogens. The maximum reported use of any of these substances was recorded on an ordinal scale of 0 (*no use*) to 6 (*used more than once a day*). In addition to race and past substance use, control variables include number of prior arrests, highest grade of education completed, and age at baseline interview.

The three dependent variables for the analyses are two dichotomous measures of behaviors—relapse and recidivism and a continuous measure of extent of drug use during the follow-up. Each dependent variable combines information from repeated self-report and objective criteria. The criteria for *drug-free* involve whether the respondent reported no use of any of the illegal drugs at any time in the follow-up period and tested negative at the two testing points in the follow-up period. In this analysis, we examine findings from interviews conducted 1 year after leaving work release (18 months after leaving prison). If the respondent reported no illegal drug use and tested negative, her drug status was coded as 1; any positive response or test result was coded as 0. This is a conservative measure that might fail to detect treatment effects that produce reductions in drug use rather than complete abstinence. Therefore, we also examined an index of the extent of illicit drug use during the follow-up period. The scale includes the same substances and is measured in the same manner as the control variable for prior drug use. That is, 0 indicates *no use*, and 6 indicates *use two or more times per day*. The criterion for *no arrest* included no self-reports of arrest or no records of arrest for new offenses since release from prison. It does not include parole violations. Arrest status is coded as 1 for no arrest for any new crime and as 0 if there is any arrest for a new crime.

Maternal responsibilities are measured by a dichotomous variable scored 1 if a respondent indicated in the baseline interview that she had any children under age 18 with whom she expected to live when she got out of prison. This seemed an appropriate measure to examine in conjunction with treatment experience given that the research literature emphasizes that women often cite their desires to be reunited with their children and to become better parents as major motivations for substance abuse recovery. This measure allowed us to examine whether women who expected to assume maternal responsibilities upon release were more likely to enter and complete the CREST treatment program and remain arrest- and drug-free. In analyses of drug use and arrest outcomes, we examined main effects of maternal responsibilities and interaction tests to see whether maternal responsibilities moderate the effects of CREST treatment.

Despite initial attempts to randomly assign women to TC treatment and nontreatment comparison groups, a pure experimental comparison was not possible. Some of the women who were not assigned to CREST treatment did, on their own, obtain substance abuse treatment following their prison release, and a number of them also participated in Alcoholics Anonymous and Narcotics Anonymous self-help groups during and after work release. Moreover, some CREST clients did not remain in the program for more than a few weeks. The mean number of days of treatment was, of course, much higher for CREST assignees, but it was not zero for the comparison group. Finally, random assignment to CREST and comparison groups was not maintained, because the initial demonstration grants that were funding treatment ended and the State of Delaware assumed responsibility for the treatment program. Because the number of women in need of treatment continues to exceed the availability of CREST slots, it is still possible to compare women who did and did not experience the CREST work-release TC.

With these limitations to a true experimental evaluation noted, we present analyses for three groups of women—CREST graduates, CREST non-completers, and a comparison group of drug-involved women who did not participate in a work-release TC. Because of the real-world limitations on the field experiment described above, our regression analyses control for possible differences in demographics, drug use history, and criminal history of women in the three groups.

Results

Table 1 reports descriptive statistics for all variables in the analysis. The average age of the women was about 31. Most were non-White (68% Black and 4% Latina). The women's average education level was slightly less than 11th grade of high school. The women had experienced an average of 7.6 prior arrests, and their mean drug use in the year before entering prison (4.6) corresponds to using drugs nearly every day. Chi-square tests for differences in percentages and *F* tests for differences in means indicate that the CREST graduates, CREST noncompleters, and the no-CREST comparison group did not differ significantly on any of these background variables.

The groups did differ, however, in their maternal role expectations. CREST clients (combining those who completed and did not complete CREST) were significantly more likely than the no-treatment comparison group to report that they planned to live with minor children upon release from prison (66% vs. 53%; $\chi^2 = 4.6$; $p < .05$). It appears that through either

Table 1
Descriptive Statistics for Sample

Variable	Total	All CREST Members	CREST Graduates	CREST Noncompleters	Comparison Group
Age at baseline	30.7	30.8	31.2	30.0	30.6
Non-White	71.7%	73.1	74.1	71.2	69.8
Past drug use	4.7	4.7	4.8	4.4	4.8
Highest grade completed	10.7	10.7	10.9	10.3	10.7 ⁺
Previous arrests	7.6	7.5	7.3	8.0	7.7
Expect to live with children	60.9%	66.3	65.7	67.3	53.4 ⁺
Drug-free at 18-month follow-up	27.9%	35.6	41.7	23.1	17.2***
Arrest-free at 18-month follow-up	72.1%	76.3	80.6	67.3	66.4*
Drug use between baseline and follow-up	2.4	1.9	1.5	2.7	3.1***
<i>n</i>	276	160	108	52	116

Note: All reported figures are means, unless denoted as percentages. Bivariate significance tests reported are ANOVA *F* tests for difference in means or chi-square tests for difference in percentages comparing CREST graduates, CREST noncompleters, and the comparison group, which did not receive therapeutic community treatment during work release.

⁺*p* < .10. **p* < .05. ****p* < .001.

self-selection or correctional staff selection, mothers were more likely to enter CREST work-release treatment. Among CREST clients, graduation rates were about equal for women who expected to live with their children (67%) and those who did not expect to live with children upon release (68%). Thus, enrollment and completion rates provide only partial support for Hypothesis 1 (that maternal roles encourage substance-abusing women offenders to enter and complete substance abuse treatment). We also tested Hypothesis 1 in multivariate binomial logistic regression models controlling for demographic variables, arrest history, and extent of previous drug use, and we found the same results. None of the background factors significantly predicted entering the CREST program, and anticipated maternal roles were positively ($p < .05$) related to entering CREST. Among those who entered CREST, education was positively related to completing the program, but neither anticipated maternal roles nor other background variables significantly predicted completion.

Logistic regression analyses of recidivism are reported in Table 2. The results support Hypothesis 2. Women who completed CREST were significantly more likely than women in the comparison group to remain arrest-free

Table 2
Logistic Regression Analysis: No Arrest During 18-Month Follow-Up

	<i>B</i>	<i>SE</i>	Wald	Exp (<i>B</i>)
Age at baseline	0.050*	0.025	4.157	1.051
Non-White	0.163	0.312	0.274	1.177
Past drug use	0.097	0.069	1.949	1.102
Highest grade completed	-0.166 ⁺	0.088	3.526	0.847
Previous arrests	-0.031 ⁺	0.017	3.209	0.970
CREST noncompleter	0.012	0.370	0.001	0.988
Completed CREST	0.852**	0.331	6.628	2.344
Expect to live with children	0.182	0.292	0.386	1.199
Intercept	0.517	1.197		
χ^2	20.200***			
<i>df</i>	8			
Cox and Snell <i>R</i> ²	.072			

Note: $n = 272$. Dependent variable = no arrest during 18-month follow-up. For CREST non-completer and completed CREST dummy variables, the reference category is the comparison group, which did not receive work-release therapeutic community treatment.

⁺ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. Two-tailed tests.

during follow-up. Women who entered but did not complete CREST did not differ from the comparison group in their likelihood of rearrest.

Multivariate models examining Hypothesis 3 are reported in Table 3 (for drug abstinence) and Table 4 (for extent of drug use). Women who completed CREST were much more likely to remain drug-free ($p < .001$) and used drugs less extensively ($p < .001$) during their first 18 months out of prison. Although not statistically significant, some reductions in drug use were observed among women who entered but did not complete CREST.

When we controlled for CREST treatment, demographic, and criminal history variables, we found that women who expected to live with their minor children upon release were not significantly less likely to be rearrested or relapse to drug use, nor did they use drugs less extensively. We also tested interaction effects of CREST treatment and maternal expectations to explore the possibility of any group-specific effects (these results available upon request). None of these tests reached statistical significance, but there was a nonsignificant trend for women who expected to resume maternal roles to be drug-free during follow-up if they also completed CREST. This interaction suggests a synergistic effect of treatment and anticipated maternal roles.

Table 3
Logistic Regression Analysis: No Drug Use During 18-Month Follow-Up

	<i>B</i>	<i>SE</i>	Wald	Exp (<i>B</i>)
Age at baseline	0.024	0.023	1.066	1.024
Non-White	0.417	0.338	1.528	1.518
Past drug use	-0.158*	0.069	5.178	0.854
Highest grade completed	0.107	0.092	1.360	1.113
Previous arrests	0.007	0.017	0.154	1.007
CREST noncompleter	0.467	0.417	1.255	1.595
Completed CREST	1.240***	0.325	14.556	3.457
Expect to live with children	0.314	0.305	1.060	1.368
Intercept	-3.322	1.288		
Model χ^2	28.400***			
<i>df</i>	8			
Cox and Snell R^2	.098			

Note: $n = 275$. Dependent variable = no drug use during 18-month follow-up. For CREST non-completer and completed CREST dummy variables, the reference category is the comparison group, which did not receive work-release therapeutic community treatment.

* $p < .05$. *** $p < .001$. Two-tailed tests.

Several of the demographic and criminal history control variables were significant predictors of reentry outcomes. In the 18 months following prison, older women were less likely to be rearrested, and they used drugs less extensively. As expected, women who used illegal drugs more frequently before their incarceration were more likely to use drugs, and they used them more often following their release from prison. Women with more prior arrests were slightly more likely ($p < .10$) to be rearrested during follow-up. Surprisingly, highest grade of schooling completed was negatively related ($p < .10$) to remaining arrest-free. Race/ethnicity was unrelated to the reentry outcomes.

Discussion

Consistent with Hypotheses 2 and 3, these results indicate that completion of a work-release TC leads to reduced substance abuse and lower recidivism rates in the year following female offenders' release from custody. This evaluation is limited to a single-treatment modality in a single setting, that is, a work-release TC treatment. The full continuum of correctional substance abuse treatment in Delaware includes a prison-based TC

Table 4
**Ordinary Least Square Multiple Regression Results for Extent of
 Drug Use During 18-Month Follow-Up**

	<i>B</i>	<i>SE</i>	<i>B</i>
Age at baseline	-0.054*	0.023	-0.138
Non-White	-0.062	0.321	-0.011
Past drug use	0.207**	0.073	0.167
Highest grade completed	0.094	0.087	0.065
Previous arrests	-0.002	0.019	-0.005
CREST noncompleter	-0.309	0.399	-0.048
Completed CREST	-1.560***	0.317	-0.308
Expect to live with children	0.091	0.298	0.018
Intercept	2.723	1.223	
<i>R</i> ²	.136***		

Note: *n* = 275. For CREST noncompleter and completed CREST dummy variables, the reference category is the comparison group, which did not receive work-release therapeutic community treatment.

p* < .05. *p* < .01. ****p* < .001. Two-tailed tests.

followed by work-release TC and community aftercare. As more women experience this range of treatment, we will be able to evaluate their experiences and outcomes more fully. The efficacy of correctional TCs for female offenders should be replicated in other studies. It would be especially interesting to compare mixed-gender and single-sex programs.

Further evaluation of corrections-based substance abuse treatment for female offenders should explore a variety of treatment modalities and whether certain modalities are more or less effective depending on the varying mental health and substance abuse profiles of participants (Baugh et al., 1998; Kendall, 1998). Two of the several evaluation studies demonstrating efficacy of correctional substance abuse treatment for female offenders employed a cognitive-behavioral treatment program rather than the TC model (Hall et al., 2004; Pelissier et al., 2001). The TC dropouts in the McCorkel et al. study (1998) expressed a preference for individual counseling. However, without extensive comparative research on a variety of correctional treatments, we cannot know whether a cognitive-behavioral model or more individualized treatment would produce more favorable outcomes. Another important avenue for further research on substance abuse treatment for female offenders involves diversion into community-based outpatient treatment or residential treatment in a noncorrectional setting (Dougherty, 1998). Drug courts facilitate such diversion and treatment

while retaining criminal justice oversight and accountability. This middle ground may be especially appropriate in maintaining mother–child bonds and incorporating parenting issues into substance abuse treatment.

Consistent with Hypothesis 1, substance-abusing female offenders who planned to live with their minor children following release from custody were more likely to enter CREST. But they were not more likely to complete CREST, and when controlling for treatment experience and other risk factors, their anticipated maternal roles did not significantly predict reentry success. Although previous research has variously described maternal roles as both an incentive for and a barrier to women's participation in treatment programs, our findings suggest that mothers are likely to enter treatment when the treatment will not delay reuniting with their children. However, anticipated maternal roles do not ensure program completion. It is possible that the structure of this treatment program—a coeducational work-release center—did not adequately engage mothers or address their parental concerns.

Reisinger, Bush, Colom, Agar, and Battjes (2003) have suggested that traditional substance abuse treatment outcomes—which focus on discrete measures, such as treatment completion, meeting attendance, and occasions of drug use—do not fully capture the experiences of individuals in these programs. As drug abuse continues to touch the lives of increasing numbers of women, expanded research in formal treatment settings is needed to understand women's experiences of membership in these communities and the ways that their participation supports or impedes personal change. Process-oriented research has the potential to unpack the “black box” of treatment and ultimately improve the delivery of treatment services to women and their families by refining or redesigning the structure of programs and the meanings of participation in these regimens.

One such fundamental redesign in drug abuse treatment that has occurred over the past decade involves the creation and expansion of women and children's residential programs. For many women, children function as a powerful motivating force toward abstinence from drugs. In fact, periods of pregnancy and early motherhood are regarded by drug-dependent women as a primary opportunity to end their use of drugs, given that motivation for change is high among women at these times (Klee, Jackson, & Lewis, 2002). Although there is a growing body of literature describing substance abuse treatment programs for parenting women, there is little published research on the treatment processes and outcomes related to participation in these programs (Connors, Bradley, Whiteside-Mansell, & Crone, 2001). The most consistent finding from this research has been that women will stay in residential treatment longer if they are permitted to have

their children with them (Uziel-Miller, Lyons, Kissiel, & Love, 1998; Wobie, Eyler, Conlon, Clarke, & Behnke, 1997), and studies are beginning to document more positive treatment outcomes for women who resided with their children in treatment (Stevens & Patton, 1998).

Future research with drug-involved women should examine whether and how children are meaningfully integrated into the treatment community as potentially important participants and what impact these factors have on the likelihood of relapse to drug use. Women drug users generally express high levels of commitment to their children and value motherhood as a personally meaningful role (Kearney, Murphy, & Rosenbaum, 1994; Sterk, 1999). For drug-involved women offenders, the integration of children and parenting activities into transitional or reentry treatment environments could meaningfully connect women's roles as recovering individuals with their roles as mothers, and it would likely influence treatment retention and completion in positive ways (Dougherty, 1998).

One limitation of this study is that our measure of maternal responsibility indicates only that a woman intended to live with minor children upon release from custody. Further analyses are needed to examine the actual living arrangements and interactions of mothers and their children following mothers' incarceration. It is likely that many of the incarcerated women in this study were unable to realize their intention to reunite with their children. Enos (2001) found that inmate mothers with serious drug problems face many obstacles in their efforts to reunite with their children. She notes the Catch-22 experienced by mothers whose failure to participate in drug treatment programs may be interpreted as lack of commitment to change their lifestyles but whose participation in treatment may be interpreted as a failure to accept child care responsibilities.

Women released from prison find it nearly impossible to rejoin their children unless they find safe and stable housing. However, laws excluding persons with drug felony convictions from public housing make this extremely difficult (Petersilia, 2003; Rubenstein & Mukamal, 2002). Moreover, housing authorities may evict entire families for the drug involvement of a single member, so families in public housing who allow a woman recently released from prison to live with them may put the entire family's tenancy in jeopardy. Because grandparents and other kin often care for children of incarcerated women (Sharp, 2003), the housing regulations discourage mother-child reunification.

Although much of the literature on female drug offenders emphasizes a mother's motivation to lead a life free from drugs and crime, children may enhance the reentry experience in other ways as well. Children may facilitate

contact between their mothers and other supportive family members, such as parents, siblings, and extended family. Previous research on criminal reoffending has found that supportive family ties help prevent recidivism (Petersilia, 2003; Visser & Travis, 2003). Former inmates who resume maternal roles may be more connected to a variety of community institutions, such as workplaces, faith communities, schools, and health care services. These institutions can provide access to resources that promote reintegration. Further research on the effect of children during the reentry period can examine these family and community connections as mediating variables in avoiding relapse and rearrest.

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