GLOBAL CORRECTIONS GROUP

THE EFFECTIVENESS OF CORRECTIONAL PROGRAMS IN THE FEDERAL BUREAU OF PRISONS: A SYSTEMATIC EVIDENCE-BASED REVIEW OF RESEARCH (2000-2022)

CHAPTER 13 – WOMEN'S PROGRAMS

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WOMEN'S PROGRAMS

In this chapter, we review a series of additional prison-based women's programs. Unlike the women's programs reviewed in other chapters of this report, these programs are offered exclusively to women, with no comparable programs offered to men in the Federal Bureau of Prisons (BOP). In general, these programs focus on two intertwined components of women's pathways to prison - self-esteem and interpersonal relationships. The BOP offers nine such First Step Act (FSA) approved programs – three programs classified as Evidence-Based Recidivism Reduction (EBRR) Programs, and six programs classified as Productive Activity (PA) Programs. We begin by describing these BOP programs for women, briefly noting the application of needs assessment procedures addressed in other chapters of this report. We then describe out study identification procedures, provide a review of evaluations conducted both inside and outside of the BOP, compare BOP programs to evaluated programs in other jurisdictions, and offer an assessment of the effectiveness of each BOP women's program based on our review. For readers with a broader interest in women's programs, we also provide a synopsis of our findings related to the women's programs addressed in other chapters of this report. We then conclude this chapter with recommendations for future women's programming initiatives.

13.1 Overview of Women's Needs and Women's Programs

As noted above, the BOP offers a series of gender-responsive women's programs. The programs in this chapter of our report are uniquely focused on women's issues and do not fall clearly into the other programming categories. These programs include a residential treatment program – the Female Integrated Treatment (FIT) Program and a series of other nonresidential, gender-specific programs. The FIT Program includes programs reviewed in other chapters of this report, i.e., the Residential Drug Abuse Program (RDAP) (Chapter 8), Resolve Program (Chapter 6), and Vocational Training Program (Chapter 3); however, in this instance these programs are offered in an integrated, institution-wide treatment setting. The FIT Program is specifically described in *Program Statement 5240.01 Female Integrated Treatment*, whereas the other programs in this section are more generally referenced in *Program Statement 5200.07 Female Offender Manual* (WSPB, 2022; WSPB, 2022).

Incarcerated women represent approximately 7% of the BOP's population. Research suggests incarcerated women present with different risk factors, to include higher rates of mental health problems, serious mental illnesses, trauma, and substance use disorders (Green et al., 2005; James & Glaze, 2006; Stead et al., 2009; Lynch et al., 2012). Recognizing these issues, the BOP

offers gender-specific programming in these areas, as noted in previous chapters of this report. In addition, the BOP also offers this group of gender-responsive programs, focused largely on women's self-esteem and interpersonal relationships. The following quotation from the Council of State Government Justice Center's resource guide, *Adopting a Gender-Responsive Approach for Women in the Justice System*, summarizes the rationale for implementing these specific types of correctional programs:

"Women often get into and out of the criminal justice system in the context of unhealthy relationships (e.g., a male partner who encourages substance use or prostitution) or familial obligations. Research on female psychological development illuminates how women's identity, self-worth, and sense of empowerment are defined by and through their relationships with others. In contrast, men's major developmental issues are achieving autonomy and independence." (Fleming et al., 2021, p. 10).

Women's programs are primarily supported by the Women and Special Populations Branch (WSPB) in the Reentry Services Division (RSD), although the Psychology Services Branch (PSB) and Education Services Branch (ESB) play a significant role in supporting the FIT Program. In BOP institutions, staff from different departments may facilitate women's programs. Specific staffing requirements for each program are noted in the program descriptions.

13.1.1 Identifying Women's Needs

The women's programs in this chapter address a wide range of needs. Procedures for assessing each of these needs have been described in other chapters of this report. Of note, the BOP relies on the same needs assessment tools for both men and women. No gender-responsive needs assessment tools are utilized. Readers are referred to the following chapters to learn more about assessment procedures for needs addressed in these programs: work (Chapter 3), mental health (Chapter 5), trauma (Chapter 6), antisocial peers and cognitions (Chapter 7), substance use (chapter 8), family/parenting (Chapter 10), finance/poverty (Chapter 11), recreation/leisure/ fitness (Chapter 12).

13.2 Women's Program Descriptions

As noted above, the women's programs in this chapter include an intensive residential treatment program and eight nonresidential programs. These programs serve different target populations with unique programming needs, all of which are approached from a gender-responsive perspective.

The below table outlines key features of the BOP's nine women's programs addressed in this chapter, including the target population, needs addressed, and program dosage. In addition, the table notes the number of institutions offering the program and the number of individual participating in the program at the close of FY 2023. Lastly the table provides an estimate of the percentage of the target population served by the program to date. Specifically, this estimate compares the total number of program participants and graduates in custody to the total number of individuals in custody with a potential need for such a program. This estimate represents an educated guess, as we did not have access to data allowing for perfect one-to-one comparisons of needs and programs. Following the table, each education program is described in detail.

Women's Programs

Program	Target Population	Need(s)	Dosage	Institutions at FY23 End	Participants at FY23 End	Estimated % of the Target Population Served as of 1/15/2020
FIT Program (EBRR)	Women with multiple treatment needs	Substance Use, Cognitions, Antisocial Peers, Mental Health, Trauma, Work	500 hours	3	200	2.48% of women
Foundation Program (EBRR)	Newly designated women	Cognitions, Education, Mental Health, Work	15 hours	11	144	10.83% of women
Change Plan Program (PA)	Newly designated women who have completed the Foundation Program	Cognitions, Education, Mental Health, Work	15 hours	5	32	3.92% of women
Assert Yourself for Female Offenders Program (EBRR)	Women with a need for assertiveness training	Cognitions, Family/Parenting	8 hours	14	177	18.10% of women
Women's Relationships I Program (PA)	Women with relationship issues	Antisocial Peers, Cognitions, Family/Parenting	5 hours	4	37	7.26% of women
Women's Relationships II Program (PA)	Women with relationship issues who have completed Women's Relationships I Program	Antisocial Peers, Cognitions, Family/Parenting, Trauma	74 hours	9	189	7.95% of women
Understanding Your Feelings (PA)	Women with self-esteem issues	Cognitions, Mental Health, Trauma	7 hours	13	146	18.88% of women

Square One Essentials for Women Program (PA)	Lower functioning women with basic needs	Finance/Poverty, Mental Health, Recreation/Leisure/ Fitness	12 hours	4	50	10.92% of women
Women's Reflection Group (PA)	Women experiencing stressful transitions	Antisocial Peers, Cognitions	36 hours	10	75	2.30% of women

Residential Treatment Program

13.2.1 Female Integrated Treatment Program

The Female Integrated Treatment (FIT) Program is classified by the BOP as an EBRR Program. This institution-wide residential program provides integrated treatment for women, offering cognitive-behavioral therapy (CBT) for substance use disorders, trauma-related disorders, and other mental disorders, as well as vocational training, in a modified therapeutic community (MTC) setting (BOP, 2022). The program was developed by the BOP in 2016 to provide integrated care for women. The program was originally implemented at FCI Danbury, CT and later expanded to SFF Hazelton, WV and FCI Tallahassee, FL (BOP, 2023). Although not referenced in the most recent edition of the FSA Approved Programs Guide, the BOP's internal website notes an additional Spanish-speaking program at FMC Carswell, TX is launching in 2023 (BOP, n.d.). A primary stated goal of the program is "to create a holistic, female-specific community that addresses priority needs for women, including trauma informed care, other types of mental health treatment, substance use treatment, and educational/vocational skills" (WSPB, 2022). The target population for the program is women with multiple needs, i.e., antisocial peers, cognitions, mental health, substance use, trauma, and/or work.

The FIT Program is a 500-hour, trauma-informed, gender responsive treatment program. Typically, participants receive at least 15 contact hours of treatment per week, although participants may receive fewer hours based on their needs and stage in treatment (WSPB, 2022). Program length is determined individually based on the participant's needs and interest in treatment. Typically, intensive, half-day programming lasts from 9-12 months and participants may remain in mental health or maintenance programming indefinitely (BOP, n.d.). As noted above, the residential program is integrated into the entire institution and operate as an MTC. The program is multidisciplinary and incorporates multiple interventions into a single treatment model. Participants in the programming unit must be engaged in the program, either by actively participating, waiting for admission, or having completed the program. Three stand-alone programs are incorporated into the FIT Program – the RDAP, the Resolve Program, and a Vocational Training Program. To learn more about these programs components we refer readers

to Chapters 8, 6, and 3 respectively. To participate in these individual program components, participants must meet admission criteria outlined in the applicable policies. The program also addresses criminal thinking, by identifying criminal thinking errors and promoting prosocial interactions with staff and peers (BOP, 2022). In addition, the Vocational Training Program opportunities include work as peer companions, leading to employment as a Peer Specialist in the community. Individuals at non-FIT Program institutions are informed about the program, and transfer requests are authorized for interested and qualified individuals.

The FIT Program includes the following core elements: assessment via a psychosocial interview, development of an individualized treatment/goal plan, cognitive-behavioral interventions using program journals and protocols, targeting of criminogenic needs and vocational needs, trauma-informed care, and the MTC as described in *Program Statement 5330.11 Psychology Treatment Programs* (WSPB, 2022; PSB, 2016). Supportive interventions consistent with *Program Statement 5310.16 Treatment and Care of Inmates with Mental Illness* and *Program Statement 5200.06 Management of Inmates with Disabilities* are also available as applicable. Individuals enrolled in the program are eligible for achievement awards if they fulfill all programming requirements.

The program has dedicated staff facilitators – program coordinators and treatment specialists. Staff facilitators are provided with training consistent with the interventions they deliver. As noted above, the program is explicitly described in BOP policy, specifically in *Program Statement 5240.01 Female Integrated Treatment*, as well as in *Program Statement 5330.11 Psychology Treatment Programs*. Program resources are available on the BOP's internal website, including guidance related to programming schedules, SENTRY assignments, referrals, forms, and supplemental resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) and other sources (n.d.). Specific Program Review Guidelines are associated with the program to ensure fidelity to the model. Successful completion of the program is based on attendance, participation, and achievement of treatment plan goals. In addition to improving institutional adjustment and reducing symptoms of mental illness and substance use disorders, the program's anticipated outcomes are a reduction in misconduct and a reduction in recidivism. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the FIT Program is described as available at 3 female institutions – FCI Danbury, FCI Hazelton and FCI Tallahassee - and at the close of FY 2023 the program was available at all 3 institutions (BOP, 2023). In calendar year 2021, 155 individuals were enrolled in the program and 57 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 200 individuals participating in the program, up from 156 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 2.48% of women in the BOP either (1) are enrolled in the program or (2) have completed the program

since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

Non-Residential Women's Programs

The BOP offers a series of non-residential programs targeted to the needs of women. One of these programs is explicitly referenced in policy – the Foundation Program, whereas the remaining programs are not directly referenced. While these additional programs are not explicitly referenced in policy, they do meet policy requirements associated with programming for female offenders. Programming for women is generally referenced in *Program Statement 5200.07 Female Offenders Manual* (WSPB, 2022). Institutions are required to offer a minimum of one gender-responsive program per quarter and these programs are noted to meet this requirement. However, institutions are provided considerable latitude, in that they may choose not to implement a particular program.

13.2.2 Foundation Program

The Foundation Program is classified by the BOP as an EBRR Program (BOP, 2022). The program is "designed to assist women in assessing and advocating for their individual needs and translating results of that assessment into the selection of programs and plans to meet their reentry goals (BOP, 2022). The program was originally developed by the BOP in 2015, and program content was subsequently refined in collaboration with The Change Companies. The program was developed as an enhanced admissions and orientation program for women, to raise awareness about programming opportunities and encourage participation in these opportunities as appropriate. The stated goal of the program is to help women chart a healthy path for themselves during their incarceration. The target population for the program is newly designated women and the program is delivered at the beginning of an individual's sentence. Needs addressed in the program include cognitions, education, mental health, and work (BOP, 2022).

The Foundation Program is a 15-hour program aimed at exploring issues facing women. Per the BOP (2022), in this program women "have the opportunity to identify positive changes that will lead to a successful reentry, and consider programs and services within the facility that can help them make these changes." Program modules address the following topic areas: pathways to prison, the psychology of women, women and addiction, women and relationships, women as caretakers, women in the workforce, women's health, women's fitness, and women as returning citizens. In each module, participants learn more about potential risk factors and the needs of incarcerated women, to include BOP resources available to address these issues. In a final session, participants develop and review their personal priority plans. The personal priority plan is based on each individual's understanding of their personal risks and needs and the means

available to address these needs. The curriculum is provided via a facilitator guide, a series of Powerpoint presentations, and an interactive participant journal developed by the Change Companies. Of note, the Change Plan Program, detailed below, is a follow-up PA Program focused on addressing goals established in the Foundation Program.

The program does not have dedicated staff facilitators. According to the BOP, the program may be facilitated by a special populations coordinator, social worker, or reentry affairs specialist (BOP, 2023). In addition, subject matter experts in the institution may serve as guest presenters addressing their areas of expertise. No special training is provided for facilitators. The program is briefly described in *Program Statement 5200.07 Female Offender Manual* (WSPB, 2022). Specifically, this policy notes the program is "designed to assist women in assessing their individual needs and translating that information into attainable goals while building a supportive community". The policy also notes the program is to be offered at least once annually at minimum, low, administrative, and pretrial facilities for women. It is to be used for women at the beginning of the service of their sentences to help them plan future program choices. Successful completion of the program is based on attendance and participation in 90% of sessions, completion of 90% of homework assignments, and completion of a personal priorities plan and group community service project. In addition to improving institutional adjustment, the program's anticipated outcomes are a reduction in recidivism. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Foundation Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 11 institutions (BOP, 2023). In calendar year 2021, 428 individuals were enrolled in the program and 569 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 144 individuals participating in the program, up from 121 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 10.83% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.3 Change Plan Program

The Change Plan Program is a PA Program and follow-up program to the Foundation Program. At the conclusion of the Foundation Program, participants identify three positive changes they want to make via a personal priorities plan. The Change Plan Program focuses on one of these changes, "guiding participants through 10 evidence-based strategies they can apply to this change" (BOP, 2022). The program was developed by the BOP in collaboration with The Change Companies. The stated goal of the program is to facilitate positive change. The target population for the program is women who have completed the Foundation Program and are ready to begin working toward

their goals. Needs addressed in the program include cognitions, education, mental health and/or work need.

The Change Plan Program is a 15-hour, program consisting of a combination of lectures, class discussions, and homework assignments. Program modules address the following topic areas: how we change; learn the facts; get involved; notice your effect on others; explore your feelings; look within; make a commitment; reward yourself; think, feel and act in responsible ways; avoid triggers; ask for help; and my change plan. Resources for the Change Plan Program include an interactive journal and facilitator guide, developed by The Change Companies, as well as a supplemental DVD.

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a variety of staff, including Education, Health Services, Psychology, or Unit Team Staff, special programs coordinators, and contractors or volunteers. No formal training is required to facilitate the course, nor does the agency provide any formal training to facilitators, apart from the facilitator guide. Successful completion of the program is based on attendance and participation. The program's anticipated outcome is the acquisition of skills required to meet established goals. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Change Plan Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 5 institutions (BOP, 2023). In calendar year 2021, 149 individuals were enrolled in the program and 272 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 32 individuals participating in the program, down from 81 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 3.92% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.4 Assert Yourself for Female Offenders Program

The Assert Yourself for Female Offenders Program is an EBRR Program promoting interpersonal effectiveness and targeting behavior that can lead women to feel helpless about their lives (BOP, 2022). The program was developed by Centre for Clinical Interventions (2019), a component of the government of Western Australia. The BOP adapted the program for a correctional population. The stated goal of the program is to teach women to be assertive, while respecting the boundaries of others. The target population for this program is women, especially survivors of abuse who struggle with low self-esteem. Per the BOP, needs addressed by this program are cognitions and family/parenting.

The program is an 8-session psychoeducational course consisting of a combination of lectures, class discussions, skills practice, and homework assignments. Program modules address the following topic areas: what is assertiveness; how to think more assertively; how to behave more assertively; how to say no assertively and how to complement assertively; how to deal assertively with criticism; how to deal with disappointment assertively; and putting it all together (WSPB, n.d.). Resources for the program include a facilitator guide and participant manual, made available to institutions via Sallyport.

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a variety of staff, including special programs coordinators, case managers, and correctional counselors. No formal training is required to facilitate the course. Successful completion of the program is based on attendance and participation in 88% of the sessions, as well as completion of homework assignments and pre-/post-program surveys. The program's anticipated outcome is a reduction in symptoms of low self-esteem and passivity, which in turn is expected to improve institutional adjustment, reduce misconduct, and reduce recidivism. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Assert Yourself for Female Offenders Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 14 institutions (BOP, 2023). In calendar year 2021, 680 individuals were enrolled in the program and 929 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 177 individuals participating in the program, down from 214 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 18.10% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.5 Women's Relationships I Program

The Women's Relationships Program is a PA Program designed to assist "women in identifying and developing healthy, prosocial relationships with friends, family, and acquaintances" (BOP, 2022). The program was developed by the BOP. The stated goal of the program is the development of a greater understanding of one's relationships. The target population for this program is women with relationship issues and a need in one of these three areas: antisocial peers, cognitions, and family/parenting.

The 5-hour educational program consists of a combination of lectures and class discussions. Program modules address the following topic areas: relationships and communication, setting healthy boundaries, relationship with self, relationships inside prison, relationships outside

prison, and relationships in transition. Resources for the program include a facilitator guide and participant manual developed by the Change Companies. Each program module includes new material, an activity, group discussion, and a behavioral or practical homework assignment which is discussed in the next session.

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a variety of staff, including special programs coordinators, Education staff, contractors, and volunteers. No formal training is required to facilitate the course, nor does the agency provide any formal training to facilitators, apart from the facilitator guide. Successful completion of the program is based on 100% attendance and participation, as well as completion of the program survey. The program's anticipated outcome is a reduction in the symptoms of unhealthy relationships. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Women's Relationships I Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 4 institutions (BOP, 2023). In calendar year 2021, 424 individuals were enrolled in the program and 547 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 37 individuals participating in the program, consistent with 37 individuals participating in the program at the close of FY 2022. At present, 7.26% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.6 Women's Relationships II Program

The Women's Relationships II Program is a PA Program examining the relationships of incarcerated women (BOP, 2022). This program is a follow-up to the Women's Relationships I Program. The program was developed by the BOP, in collaboration with the Change Companies. The stated goal of the program is to further understand and improve relationships. The target population for this program is women with needs in these four areas: antisocial peers, cognitions, family/parenting, and trauma.

The program is a 7-part gender-responsive and trauma-informed series for women. The program consists of 74 hours of programming, including a combination of lectures and class discussions. The program "explores self-image, connections with others, building healthy relationships, communication techniques and the transitioning of relationships" (BOP, 2022). Resources for the program include a facilitator guide and participant manual, available to institutions from the Change Companies. The 7 interactive journals include: (1) Women's Relationships, which explores and strengthens relationship inside and outside of prison, (2) Whom Am I? which strengthens one's relationship with themselves, (3) How I Connect with Others, which addresses

past and present relationships including strategies to create and connect relationships, (4) My Closest Relationships, which examines experiences in five areas of closeness and how to strengthen these areas, (5) How I Think and Feel, which looks at patterns of thinking and how to manage feelings, (6) How I Communicate, which focuses on listening skills, body language, and speaking style, and (7) Who I Am Becoming, which address progress and future goals (WSPB, n.d.). The entire program is completed within 12 months.

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a variety of staff, including special programs coordinators, Education staff, contractors, and volunteers. No formal training is required to facilitate the course; however, experience with group facilitation is desired. Successful completion of the program is based on attendance and participation. The program's anticipated outcome is a reduction in the symptoms of unhealthy relationships. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Women's Relationships II Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 9 institutions (BOP, 2023). In calendar year 2021, 358 individuals were enrolled in the program and 591 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 189 individuals participating in the program, down significantly from 489 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 7.95% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.7 Understanding Your Feelings: Shame and Low Self-Esteem Program

The Understanding Your Feelings: Shame and Low Self-Esteem Program is a PA Program aimed at helping women "evaluate the role of shame and low self-esteem in their lives" (BOP, 2022). The program was developed by Phoenix Resources and is available for use in the BOP based on a site-specific license. The program aims to increase individuals' understanding of the factors underlying shame and low self-esteem, as well as their ability to manage these feelings and improve their sense of self-worth. The target population for this program is women with needs in the following areas: cognitions, mental health, and trauma.

The 7-hour program relies on an interactive journal and group discussion. According to the BOP (2022), "risk factors are identified for each individual, and coping skills to improve self-worth are learned and practiced." Resources for the program include a participant workbook from A New Freedom: Phoenix Resources entitle Understanding Your Feelings: Shame and Low Self-Esteem,

which is made available to institutions via Sallyport. The workbook explores the origins of feelings of shame and low self-esteem, triggers for these feelings, and cognitive-behaviorally based strategies to modify these feelings (Phoenix Resources, 1996).

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a variety of staff, including special programs coordinators, Education and Health Services staff. No formal training is required to facilitate the course. Successful completion of the program is based on attendance and participation. The program's anticipated outcome is a reduction in the symptoms of shame and low self-esteem. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Understanding Your Feelings: Shame and Low Self-Esteem Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 13 institutions (BOP, 2023). In calendar year 2021, 344 individuals were enrolled in the program and 663 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 146 individuals participating in the program, consistent with 143 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 18.88% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.8 Square One Program

The Square One: Essentials for Women Program is a PA Program "designed to teach female offenders basic life skills (BOP, 2022). Cognitive-behavioral approaches and interactive journaling are incorporated into the program. The program was developed by the BOP. The stated goal of the program is to aid in the development of a basic life skills. The target population for this program is lower functioning women, and/or those who have not lived or worked independently. Needs addressed by the program include finance/poverty, mental health, and recreation/leisure/fitness.

The program is a 12-hour educational course consisting of a combination of lectures, group discussions, and homework assignments. Program modules address the following topic areas: hygiene, nutrition, exercise, housing, childcare, academics, professional skills, and social support and relationships (WSPB, n.d.). Each module begins with a rationale for the importance of addressing the topic, then proceeds to offering options to develop skills and address needs in this area, to include a list of available BOP resources. Each module is delivered via a 90-minute interactive group session, with the presentation of basic educational material by the facilitator and group discussion of this material paired with interactive journaling exercises. Resources for

the program include a facilitator's guide and participant workbook, made available to institutions via Sallyport.

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a variety of staff, including staff from the following departments: Business Office, Education, Health Services, Unit Team staff, as well as special programs coordinators, contractors, and volunteers. No formal training is required to facilitate the course. Successful completion of the program is based on attendance and participation. The program's anticipated outcome is the development of basic life skills for reentry. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Square One Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 4 institutions (BOP, 2023). In calendar year 2021, 220 individuals were enrolled in the program and 387 individuals completed the program (BJS, 2022). At the close of FY 2023, there were 50 individuals participating in the program, down from 63 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 10.92% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.2.9 Women's Reflection Group Program

The Women's Reflections Group Program is a PA Program for "women who are struggling to make good choices, may be transitioning from special housing, or are experiencing difficulty addressing environmental stressors" (BOP, 2022). The program was developed by the BOP. The stated goal of the program is to help members gain insight into their thoughts and behaviors. The target population for this program is women with needs in these areas: antisocial peers and cognitions. The BOP's internal website notes the program is applicable to the following populations: women in restrictive housing, releasing from restricting housing, detention centers, or newly designated following a detention center placement (WSPB, n.d.).

The 36-hour program relies heavily on journaling activities, which may be discussed with a facilitator one-on-one or in an open-ended group, depending on the woman's current placement (WSPB, n.d.). Once a woman releases from restrictive housing, she may enter the open-ended group to complete the journaling activities. The program "gives incarcerated women a safe and comfortable place where they can process problems and emotional concerns they are experiencing and gain tools needed to work toward solving these programs" (BOP, 2022). Topic areas addressed in the reflections journal include accomplishment, courage, choice, self-compassion, wisdom, love and friendship, personal growth, and gratitude (WSPB, n.d.).

Resources for the program include a facilitator guide and participant manual, made available to institutions via Sallyport.

The program does not have a dedicated staff facilitator. According to the BOP (2022), the program may be facilitated by a special programs coordinator or reentry affairs coordinator. No formal training is required to facilitate the course, nor does the agency provide any formal training to facilitators. Successful completion of the program is based on attendance and participation. The program's anticipated outcome is improved institutional adjustment and a reduction in unhealthy choices and their negative consequences. Program outcomes are not formally measured.

In the BOP's FSA Approved Programs Guide, the Women's Reflection Group Program is described as available at all female institutions; however, at the close of FY 2023 the program was offered at 10 institutions (BOP, 2023). In calendar year 2021, no individuals were enrolled in the program and no individuals completed the program (BJS, 2022). At the close of FY 2023, there were 75 individuals participating in the program, up from 49 individuals participating in the program at the close of FY 2022 (BOP, 2023; BOP, 2022). At present, 2.30% of women in the BOP either (1) are enrolled in the program or (2) have completed the program since implementation of the FSA (BOP, 2023). It is not clear whether there is a waiting list for this program.

13.3 Study Identification Procedures

To create our study database, we first attempted to identify all published meta-analyses or systematic reviews of prison-based women's programs published during our review period (2000-2022). Based on this search, we identified four meta-analyses and systematic reviews of the empirical literature on women's programming within correctional settings, including one meta-analysis also included in Chapter 6 of this report. See Appendix Table 13A for an overview of these meta-analyses and systematic reviews. As noted in Chapter 1, a strong argument can be made evaluations of prison-based women's programs operating in the 1990's and earlier are not relevant today, because of changes over time in program design components and incarcerated populations. In fact, the programs addressed in this chapter were developed in the 2000's and later. In addition, many of the studies contained in these meta-analyses and systematic reviews were addressed in other chapters of this report, as they involve programming categories serving both men and women, e.g., trauma programs, substance use treatment programs. As noted previously, this chapter focuses on programming available exclusively to women, for which comparable programming for men does not exist.

We then searched a series of electronic databases in an effort to identify individual studies relevant to this portion of our review. We searched the following databases:

- APA PsycINFO
- Academic Search Premier
- Criminal Justice Abstracts
- MEDLINE
- JSTOR
- Education Research Complete
- ScienceDirect
- Springer Nature Journals
- Political Science Complete

We used the following search terms for our systematic search of electronic databases:

(women OR females) AND (services OR programs OR intervention) AND (prison OR jail OR incarceration OR imprisonment OR correction facilities) AND (recidivism OR reoffending OR repeat offenders) NOT (youth OR adolescents OR children OR teens)

Specific women's programs in this chapter were also keyed into the database search replacing the first two clusters of key words on women's programming with: "FIT Program", "Assert Yourself for Female Offenders", "Foundation", "Change Plan", "Square One Essentials for Women", "Understanding Your Feelings", "Women's Reflection Group", "Women's Relationships I", and "Women's Relationships II". Each unique search yielded 0 new hits.

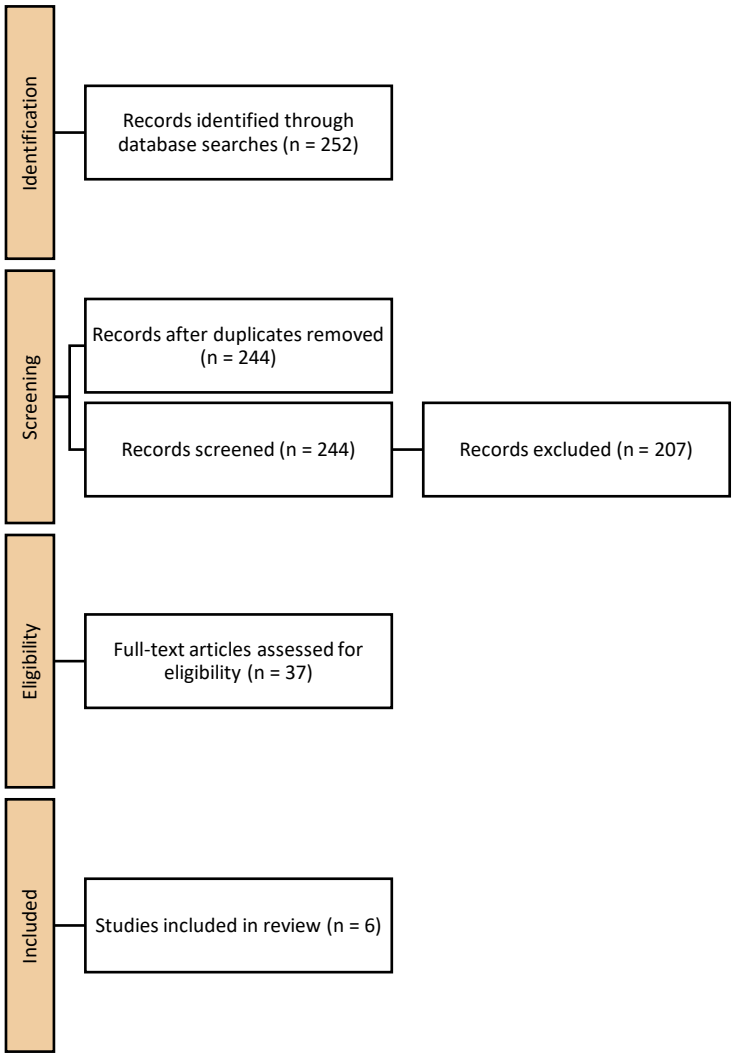
This search yielded 252 hits, but that number was reduced to 244 studies due to duplicates across the databases. Visual inspection of the titles and abstracts by the research team further reduced the number of potential studies to 37 requiring in-depth review. Specifically, we focused on studies that included one of the outcomes measures described in Chapter 1, identified a control group for comparison, and addressed the type of programming contained in this chapter, e.g., relationships, communication skills, understanding feelings. A number of the studies identified in this search were identified in previous searches involving programming addressed in other chapters of this report. For this reason, they were not considered relevant to this chapter.

The majority of the 37 studies we examined in-depth did not meet our review criteria and were excluded. A total of six studies addressing programming consistent with this chapter were identified for inclusion in our review.

Based on our review of the studies included in the four meta-analyses and systematic reviews highlighted in Appendix Table 13A along with the results of our searches of electronic databases, we identified six evaluations of prison-based women's programs relevant to this chapter from

the period 2000 to 2022 that meet our review criteria (see Appendix Table 13B for an overview of each study, as well as overviews of women's program studies more broadly).

Flowchart of Study Identification Procedures



13.4 Evaluations of Women's Programs in the BOP

We did not identify any recent internal of external evaluation research (2000-2022) that examined the effects of participation in one or more of BOP's women's programs. Recognizing the lack of evaluation on its current program offerings, the BOP—with research funding support from the National Institute of Justice (NIJ)—has contracted with the Research Triangle Institute (RTI) and the Urban Institute to conduct an external evaluation of the following two women's programs: the FIT and Foundation Programs. The research was initiated at the end of FY 2022, and the study has an anticipated completion date of FY 2027. Researchers plan to measure both the in-prison effects of the program (e.g., reduction in mental health crises and disciplinary actions), and post-release recidivism outcomes. In addition, BOP has indicated that it plans to contract with an external evaluator to assess its third EBRR Program in this area, the Assert Yourself for Female Offenders Program. This contract has an anticipated award date of FY 2025. One final note: since the start of our review, BOP has created five new women-focused programs[1], but we would place only one of these programs in this substantive category: the Women's Life Skills Program. It is classified by the BOP as an EBRR program. As we highlight in the following section, there is very little evaluation research conducted outside BOP on the effectiveness of these four types of women's programs.

13.5 Evaluations of Women's Programs Outside BOP

In this section, we review the small body of recent research (2000-2022) related to the evaluation of the specific types of women's programs currently operated by BOP that were conducted in other settings (e.g., in state prisons across the USA, or in the prisons systems of other countries). We are only focusing on a subset of all available women's programming in this chapter: programs that resemble one of BOP's 3 EBRR Programs for women, which includes one multi-modal residential treatment program (the FIT Program), targeting substance use, trauma, and work needs; and two low dosage (8 and 15 hours) nonresidential women's programs targeting cognitions. We will also examine evaluations of programs that appear to be similar to the five nonresidential, low dosage programs (ranging from 5-74 hours) for women classified by the BOP

[1] The new programs include the following: Women's Career Skills listed as an EBRR Program (We classify it with Vocational Training Programs); Women's Sexual Safety listed as an EBRR Program (we classify it with Health and Wellness Programs), Reach Out, Stay Strong, Essentials for Mothers of Newborns and Your Guide to Labor and Birth both classified as PA Programs (We classify them under the heading Special Populations - Parents).

as PA Programs. These programs focused on a variety of needs, including anti-social peers, family/parenting, and cognitions.

Appendix Table 13A highlights the findings from four separate systematic reviews of the broad body of research evidence on the effectiveness of women's programming in institutional settings, while Appendix Table 13B includes six evaluations of the specific types of programs included in this review area, along with the 50 plus evaluations we have reviewed elsewhere in this report, including 1 evaluation of a prison industry program for women, 14 evaluations of trauma programs for women, 7 evaluations of CBT programs for women that address mental/behavioral disorders, 10 evaluations of substance use programs for women, 3 evaluations of faith-based programs for women, 5 evaluations of health and wellness programs for women, and 18 evaluations of special population programs for women. While these evaluations cover program areas we review elsewhere, they are included here for those readers interested in the effects of a full range of programs offered for women.

After reviewing the systematic reviews included in Appendix Table 13A, we found that they provided moderate evidence of the effectiveness—both for in-prison and post-release outcomes-- of a wide range of prison programs. However, these reviews provided little or no research evidence regarding the types of women's programs currently being offered by the BOP. For example, Tripodi et al. (2011) focused on 24 studies examining the effects of interventions for incarcerated women; none of these studies evaluated programs like the BOP women's programs under review. Similarly, both Bartlet et al. (2015) and Galway et al. (2022) focused on evaluations that we reviewed in other chapters of this report; none of the evaluations they reviewed were relevant to programs in this review area. Only Gobell et al. (2016) included one study that was applicable to this review area. We include this study (Schram & Morash, 2002) in Appendix Table 13B.

Appendix Table 13B includes six studies that appear similar—in their focus on psychosocial support-- to BOP's nonresidential programs for women described earlier in this chapter; but only two of these studies met our minimum review standard (level 3 or above quality rating). These two studies are highlighted below.

Fernandez et al. (2022) conducted a small (n=96), randomized control trial (RCT) that examined the in-prison effect of a 16-session Emotional Education and Health program offered in one Spanish prison. Researchers reported pre-post improvements in several quality-of-life measures (self-esteem, resilience, assertiveness, emotional intelligence). The unique feature of this program is that program was centered on the provision of support services by nurses. Fernandez and colleagues (2022, 107), offer the following rationale for this nurse-centered intervention:

"Specific intervention programs of emotional education for prisoners conducted by nursing professionals are difficult to find, and studies that provide results on the degree of efficacy of these programs on the clinical variables of these patients are even scarcer. Because of the lack of studies about these topics, combined with the knowledge that a nurse is very often the only health support provider for the prisoner (Kristofersson & Kaas, 2013), it is believed that the implementation of an emotional education program coming from the area of nursing would be beneficial for the health of the prisoners, who in their professional roles, are their patients".

The second study (Torkaman et al., 2020) conducted a small (n=84) randomized control trial (RCT) of the[2] impact of a short-term (including eight 90-minute sessions) transactional analysis program on the self-esteem of incarcerated women in a prison in Southeast Iran. The research was described as follows: "The TA trainings were presented by the first researcher, a psychologist, a nursing PhD, and a psychiatric nurse using educational slides, lectures, group discussions, as well as questions and answers. The control group received no training during the study period." 2020,3). While the study had several limitations, the results appear to support strategies designed to improve the self-esteem of women in prison.

Although none of the evaluations we reviewed included multi-modal women's residential programs, we decided to classify the effects of the FIT program as ***mixed***, because two of three individual components of the FIT program (RDAP and Vocational Training Program) have been classified as ***effective***[3] elsewhere in this review (see Table 13B for an overview of these studies). The evaluation results for the nonresidential women's programs we reviewed identified in-prison effects only. With only two studies meeting our review criteria, we classify the in-prison effects of the nonresidential women's programs as ***promising***. The post-release effects of these nonresidential programs are classified as ***unknown*****.**

We direct readers with an interest in the evidence base for women's programming more broadly core programming chapters contained in this report. In addition, the below table summarizes our findings related to gender-responsive women's programs in other programming categories.

[2] One limitation noted by the research team was that pre-test measures of self-esteem were significantly different in treatment and control groups; but they were still low in both groups.
[3] The trauma component, Seeking Safety, was classified as ***ineffectiv***e. See study summaries in Table 13B.

The Effectiveness of Gender-Responsive Women's Programs

Program	Status of BOP Evaluations	Evidence Rating: BOP Evaluations	Evidence Rating: Outside Evaluations In-Prison Outcomes	Evidence Rating: Outside Evaluations Post-Release Outcomes	Comparability Assessment	EBRR Program Classification
Women's Career Exploration Series Program	Planned for FY 2025	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Resolve Program	Ongoing Evaluation	Unknown	***Ineffective***	Unknown	Somewhat Comparable	Not an EBRR Program
Seeking Safety/Seeking Strength Program	Ongoing Evaluation	unknown	***Ineffective***	Unknown	Very Comparable	Not an EBRR Program
Anger Management Program	Ongoing Evaluation	Unknown	***Promising***	Unknown	Somewhat Comparable	*Provisional* EBRR Program
Basic Cognitive Skills Program	Evaluated Planned for FY 2023	Unknown	***Effective***	Unknown	Somewhat Comparable	*Provisional* EBRR Program
Criminal Thinking Program	Evaluated Planned for FY 2028	Unknown	***Effective***	Unknown	Comparable	EBRR Program
Emotional Self-Regulation Program	Evaluated Planned for FY 2026	Unknown	***Effective***	Unknown	Comparable	EBRR Program
Residential Drug Abuse Program	Ongoing Evaluation	Unknown	Unknown	***Effective***	Comparable	EBRR Program
Nonresidential Drug Abuse Program	Ongoing Evaluation	Unknown	***Mixed***	***Effective***	Somewhat Comparable	*Provisional* EBRR Program
Sex Offender Treatment Program - Nonresidential	Ongoing Evaluation	Unknown	Unknown	***Ineffective***	Not Comparable	Not an EBRR Program
Life Connections Program	Ongoing Evaluation	***Promising***	***Promising***	***Mixed***	Comparable	*Provisional* EBRR Program
Threshold Program	Ongoing Evaluation	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Women's Basic Financial Literacy Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
National Parenting from Prison Program	Evaluation Planned for FY 2025	Unknown	***Effective***	Unknown	Comparable	EBRR Program
Women in the 21st Century Workplace Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A
Trauma Education Program	Ongoing Evaluation	Unknown	***Ineffective***	Unknown	Somewhat Comparable	N/A
ACCESS Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A
Beyond Violence Program	No Evaluation Planned	Unknown	Unknown	***Not Promising***	Very Comparable	N/A
Pu'a Foundation Reentry Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A

Circle of Strength Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A
START Now Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A
Drug Education Program	Ongoing Evaluation	Unknown	Unknown	Unknown	N/A	N/A
A Healthier Me Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A
Women's Aging Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	N/A

13.6 Women's Programs Comparability Assessment

In this section, we compare the BOP's specialized women's programs to evaluated women's programs in other jurisdictions. With respect to the FIT Program, we returned to our comparability assessments of the components of this program - the RDAP, Resolve, and Vocational Training Programs. We found the RDAP to be comparable to evaluated residential substance use treatment programs in other jurisdictions with respect to a number of key features - the MTC model, CBT-based interventions, focus on relapse prevention, duration and dosage, staffing, and community-based aftercare. We found the Resolve Program to be somewhat comparable to evaluated programs in other jurisdictions. Most of the Resolve Program components were developed outside of the BOP and adopted by the BOP in a manner consistent with their developer's model. Although our review did not identify prison-based evaluations of all the Resolve Program components, we did find evaluations supporting a rating of somewhat comparable for this program. Lastly, with respect to the Vocational Training Program, we found this program to be very comparable to evaluated programs, serving a similar target population, with similar program curricula, instructor qualifications, program content and dosage, and skills-based outcome measures. Therefore, we concluded the FIT Program is comparable to evaluated programs in other jurisdictions.

For the remaining programs in this chapter, there were only two program evaluations to consider, and only one of the evaluated programs bears some similarity to a BOP Program. The Emotional Education and Health Program evaluated by Fernandez et al. (2022) shares some similarities with the BOP's Assert Yourself for Female Offenders Program. Both programs address assertiveness training, to include the underpinnings of assertive behavior. Both programs are relatively low dose interventions, although the BOP's Assert Yourself for Female Offenders Program at 8 programming hours is half the dose of the Emotional Education and Health Program at 16 programming hours. Other important differences between the two programs include the target populations and staffing of the programs. The BOP's Assert Yourself for Female Offenders serves a broader target population of women in need of assertiveness training, whereas the

Emotional Education and Health Program focuses on women with an identified pathology. The Emotional Education and Health Program is staffed by nurses, whereas the BOP's Assert Yourself for Female Offenders may be facilitated by a variety of staff, but nurses are not identified as one of the staffing options. For these reasons, we rate the two programs as only somewhat comparable.

The other evaluated program in our review, the Transactional Analysis Group Training Program evaluated by Torkaman et al. (2020), is not like any of the BOP programs in this category. None of the BOP programs rely on this intervention - transactional analysis.

13.7 Women's Programs Recommendations

In addition to conducting a review of the evaluation research and offering an assessment of whether specific programs should be designated as either EBRR Programs or PA Programs, the *Global Corrections Group* is tasked with "informing future First Step Act program updates/revisions". To this end, we offer the following recommendations.

Some of the women's programs discussed in this chapter are very low dose interventions - the Assert Yourself for Female Offenders (8 hours), Understanding Your Feelings: Shame and Low Self-Esteem (7 hours), and Women's Relationships I (5 hours) Programs. It is very unlikely such low dose interventions will produce lasting behavioral change. Consequently, it raises the question whether these programs are a cost-effective use of the BOP's limited resources. In addition, classifying Assert Yourself for Female Offenders as an EBRR Program may be problematic, as the limited empirical support found for this type of programming involved twice the dosage of the BOP's program. At such a low dosage, it is unlikelihood this program will produce lasting behavioral change and/or impact the risk of recidivism. Perhaps bundling these low dose programs into a more comprehensive gender-based, self-esteem, relationships, and communication skills intervention would yield more favorable results. These programs share some common themes, which might be integrated into a single higher dose program, especially if paired with more opportunities for skills-based practice.

The Foundation and Change Plan Programs are unique interventions designed to encourage participation in additional programming, targeted to an individual's specific needs. This pre-treatment intervention may have value, by ensuring individuals are motivated for treatment and directed to programs appropriate for their specific needs. However, we did not find support for its classification as an EBRR Program. The Foundation Program is presently under evaluation, and this evaluation will inform the BOP's classification of this program as an EBRR Program. We would note incarcerated women often participate in programming at relatively high rates, as compared to men. For example, Crittenden and Koons-Witt (2017) found higher rates of participation for

women than men in the following programming areas: educational programs, vocational training programs, mental health programs, parenting programs, and life skills programs. Given these findings, empirical support for the Foundation Program may be muted by already high levels of program participation by women. Also of note, Crittenden and Koons-Witt found gender differences in program availability as well, with women's prisons more likely to offer a higher level of programming, which adds complexity to the findings regarding higher program participation by women.

As we consider the Foundation Program, we believe the BOP may want to explore implementing a gender-responsive version of this program for men. Implementing this type of pre-treatment, motivational program for men may serve to significantly increase program interest and participation. The BOP has already developed a closely related program model for men, i.e., the Circle of Strength Program (see Chapter 7). This program appears to share similarities with the Foundation and Change Plan Programs, in that it aims to encourage participants to identify and address their programming needs. At present, this program is offered primarily in detention centers. The BOP might implement the Circle of Strength Program more broadly, as a pre-treatment, motivational program for newly designated men. A wise plan might be to pilot this type of intervention using a randomized control trial design to evaluate its effectiveness.

Some of the nonresidential women's programs in this chapter lack outcome measures. These programs could benefit from the addition of pre/post-test measures to determine if participants make substantive changes in their self-esteem, interpersonal relationships, and assertiveness skills. For example, these measures might include psychological inventories, such as the Rosenberg Self-Esteem Inventory, or a behavioral assessment of assertiveness skills.

As noted in other chapters of this report, the BOP should work to incorporate these programs more fully into policy. At present, only two of the programs in this chapter are described in policy. Incorporating the remaining programs in policy will support the availability of these programs, as well as their quality.

13.8 Summary of Results

Three of the BOP's women's programs examined in this report are currently classified by the BOP as EBRR Programs. Based on our review of the evaluation research conducted on these programs published between 2000 and 2022, we find support for *provisionally* classifying the FIT Program as an EBRR Program, based on the classification of two program components as ***effective.*** We found ***promising*** support for the impact of women's programming aimed at psychosocial issues, but only one of the BOP's programs in this area is sufficiently comparable to an evaluated program. We find support for *provisionally* classifying the Assert Yourself for Female Offenders

Program as an EBRR Program, although we do have concerns about the low dosage of this program. We cannot support classification of the Foundation Program as an EBRR Program, because it is not sufficiently comparable to evaluated programs in our review.

We were also asked to assess the remaining six programs, which are currently classified as PA Programs – the Change Plan, Understanding Your Feelings, Square One Essentials for Women, Women's Reflection Group, Women's Relationships I and II Programs. For these programs, our review did not find sufficient research to make any determination about their PA Program designation. Once again, the necessary research with a correctional population has not been conducted.

The table below provides a summary of the results of our research review.

The Effectiveness of Prison-Based Women's Programs
Summary of Program Rankings

BOP Program	Status of BOP Evaluations	Evidence Rating: BOP Evaluations	Evidence Rating: Outside Evaluations - Intermediate Outcomes	Evidence Rating: Outside Evaluations - Post-Release Outcomes	Comparability Assessment
FIT Program (EBRR)	Ongoing Evaluation Anticipated Completion FY 2027	Unknown	**Mixed: 2 of 3 individual components have been classified as effective**	**Mixed: 2 of 3 individual components have been classified as effective**	Comparable
Foundation Program (EBRR)	Ongoing Evaluation Anticipated Completion FY 2027	Unknown	**Promising for psychosocial improvement; Unknown for prison misconduct**	Unknown	Not Comparable
Change Plan Program (PA)	No Evaluation Planned	Unknown	Unknown	Unknown	N/A

Assert Yourself for Female Offenders Program (EBRR)	Evaluation Planned for FY 2025	Unknown	**Promising for psychsocial improvement; Unknown for prison misconduct**	Unknown	Somewhat Comparable
Women's Relationships I Program (PA)	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Women's Relationships II Program (PA)	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Understanding Your Feelings (PA)	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Square One Essentials for Women Program (PA)	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Women's Reflection Group (PA)	No Evaluated Planned	Unknown	Unknown	Unknown	N/A

APPENDICES

Table 13A: Summary of Meta-Analyses & Systematic Reviews of Prison-Based Women's Programs

Study (Year)	Program Type	Review Period	Review Criteria	Number of Studies	Key Findings
1) Tripodi et al. (2011) Meta-Analysis **See also Chapter 6 - Trauma Treatment Programs.**	Interventions for incarcerated women, including risk reduction studies (using TC for substance abuse) that look at recidivism outcomes, and enhancement studies (using group-based CBT) that focus on psychological and physical well-being.	1988-2008 All relevant studies identified were included in other chapters of this report.	Level 1 or above studies. Studies including both women and men in sample were included only if separate results for women were reported.	24 studies: 8 RCTs, 7 quasi-experiments, 9 used one-group pretest-post-test designs. 6 risk reduction model studies 18 enhancement model studies 2 had outcomes for both risk reduction and enhancement.	9 studies included in this meta-analysis examined psychological well-being outcomes for females (6 RCTs and 3 quasi-experiments). Moderate effect sizes noted. Authors reported that "overall, our systematic review showed that women who participate in correctional-based interventions tend to improve their psychological well-being as compared to women who did not participate in such programs." (25) In terms of recidivism reduction, they found that "the three studies with the largest demonstrated reduction in recidivism were evaluations of prison-wide therapeutic community programs designed to reduce substance abuse." (27) While substance abuse programs in both the enhancement and risk reduction studies showed particular promise, those initiatives seeking other outcomes (such as HIV-infection prevention and parenting skills) were not as successful.
2) Bartlett et al. (2015) Systematic Review & Meta-Analysis	Interventions for adult women offenders in both forensic health services and criminal justice system settings, with a focus on mental health gains.	1998-2013 All relevant studies identified were included in other	To be included, studies had to include a comparison group, analyze data separately for women if men were included in the	17 studies in the systematic review, with 11 of these studies used in the meta-analysis. 6 studies addressed depression, 8 studies	"There is a modest, but increasing, body of evidence for the utility of some interventions, notably those addressing the consequences of earlier trauma, including interventions which also address comorbid substance misuse." (133)

	Interventions included: "psychological, art or drug therapies." (135) Due to the anticipated lack of evidence in the field, the review was not restricted to RCTs.	chapters of this report.	study, include a post-intervention measure, and report a mental health outcome.	addressed trauma outcomes, 4 studies addressed global mental health outcomes,	"Interventions resulting in improvements in post-traumatic symptoms and in depression were of greatest significance." (149-150) The authors note: "This does not amount, to date, to a robust evidence base." (133) Also, authors acknowledge the lack of quality research on interventions targeted to women with "multiple mental health issues and complexities" (151); the result being programs that have demonstrated efficacy with other populations are provided to women offenders without evidence of applicability.
3) Galway et al. (2022) Systematic Review	Offense-specific interventions with adult women, with a focus on interventions aimed at reducing risk and recidivism.	2002-2020, all studies had to be conducted in the UK or US. All relevant studies identified were included in other chapters of this report.	To be included, studies had to focus on women, or include separate findings related to women. The interventions must focus on an offense, such as arson, as opposed to a need of the individual, such as a personality disorder. Offenses addressed in identified programs included interpersonal violence, general violence, and firesetting.	7 studies addressing recidivism as an outcome and an additional 10 studies addressing other outcomes, e.g., violence in prison and self-reported negative outcomes. 1 RCT and 6 quasi-experimental studies addressed recidivism as an outcome. Study quality overall was noted to be low.	"The review highlighted a lack of evidence for the efficacy of offense-specific interventions facilitated with women and limited use of recidivism as an outcome measure within the literature, despite often being a key aim of the interventions." (291) The researchers noted "…there is less emphasis in the literature on the use of offence-specific interventions with women who offender and greater emphasis on interventions directly addressing the criminogenic needs of women including trauma, mental health, and substance misuse." (314) The researchers also noted few programs were developed specifically for women, thus testing offense-specific interventions for women has led to low quality studies due to lack of comparisons with benchmarks or accepted percentages. (314).
4) Gobeil et al. (2016)	Correctional interventions for women, both gender-	2000-2013	To be included studies had to include at least 10	37 studies representing 22,000	This review contains perhaps the most compelling evidence for the effectiveness of gender-informed programming correctional

Meta-Analysis	neutral and gender-informed, with recidivism as an outcome measure.	The meta-analysis included 1 study applicable to this review chapter.	adult women, a minimum of one comparison group, and a measure of recidivism after program completion.	women and 38 unique effect sizes. 11 studies were rated as high quality RCTs. Studies had to be rated 3 or above on the SMS to be considered.	programming to reduce recidivism for female offenders. Results point to the need for tailored programming for women with distinct criminogenic needs. "…women who participated in correctional interventions had 22% to 35% greater odds of community success than non-participants." (301) "Overall in more than three quarters of the studies (29 of 38) the intervention group recidivated at a lower rate than the comparison group." (308) The researchers noted correctional interventions for women are at least as effective as published rates for men. When analyses were limited to studies with higher methodological quality, "gender-informed interventions were significantly more likely to be associated with reductions in recidivism." (301)

Table 13B: An Overview Prison-Based Women's Programs Evaluation Research (2000-2022)				
Author(s)	**Program Under Review (State)**	**Research Design & Sample Size**	**Quality Ranking: Low (1) – High (5)**	**Key Findings**
1) Fernandez et al. (2022)	Emotional Education and Health Program based on a model by Mayer & Sluyter (1997) A 16-session program addressing the following skills: social skills, assertiveness, self-esteem, emotional expression, feelings, emotional intelligence, emotional facilitation of thought, relaxation, problem resolution, self-concept, self-esteem, emotional regulation, development of positive thinking, facing situations of anger, resilience, emotional understanding, and emotional regulation. (Spanish Prison)	48 program participants compared to a control group of 48 non-participants. To be eligible, participants had to have a prevalent pathology (e.g., chronic illness, mental illness, substance use disorder, infectious disease). They could not be participating in other programs at the time. Outcome measures: Trait Meta-Mood Scale, Connor-Davidson Resilience Scale, Rosenberg Self-Esteem Scale, Rathus Assertiveness Questionnaire, and Short Form Health Survey.	**5 -** RCT longitudinal study with pre/post-test repeated measures with a control group. Limitations: Outcome measures were not validated on a prison population.	Quality of life was noted to improve among program participants as compared to the control group on dimensions of self-esteem, resilience, assertiveness, and emotional intelligence. Implications of these results of a nursing intervention program for the incarcerated population are significant given the primary role nurses play in prison health care and overall well-being. "Nursing can and has the obligation of, caring for, preventing, and treating the prisoners in a holistic manner, including their emotional and physical health. Therefore, socioemotional programs are of importance for the comprehensive care of this population." (114) "The intragroup, preintervention and postintervention comparisons in the study group showed improvements in self-esteem ($p = 0.00$, $r = 0.51$), resilience ($p = 0.00$, $r = 0.42$), assertiveness ($p = 0.00$, $r = 0.46$), and emotional intelligence in its dimensions of repair ($p = 0.00$, $r = 0.32$) and clarity ($p = 0.02$, $r = 0.22$) as well as in most of the quality of life dimensions. Significant intergroup differences were also found in all of these variables, except for attention and emotional clarity dimensions." (106)
2) Torkaman et al. (2020)	Transactional Analysis (TA) Group Training Program For incarcerated women The program consisted of 8 90-minute sessions	76 women randomly allocated to the intervention (n=35) and control (n=41) groups. Outcome measure: Rosenberg self-esteem	**3 –** Randomized pre/post-test design, but with significant uncontrolled for pre-intervention differences between	Assessment of the study population prior to intervention showed that females suffered from low self-esteem. The issue is exacerbated by isolation from family and the carcerative environment. While the pre-intervention measure found low levels of self-esteem for both the intervention and control groups, the two groups differed

	teaching TA, to include strengthening the adult and controlling negative aspects of the parent. The program also focused on the application of TA to make healthy relationships. (Southeast Iran)	scale administered prior to the intervention and 1 month after the intervention.	the intervention and control group.	significantly from one another, with significantly lower self-esteem in the control group. The intervention group showed a significant improvement in self-esteem, from low to moderate, after participating in the program (p=0.001, t=17.15). The authors recommend prison administrators conduct TA group-trainings with the assistance of mental health professionals (e.g., psychologists and psychiatric nurses) to improve women's self-esteem. (6)
3) Einhorn et al. (2008)	Prevention and Relationship Enhancement Program (PREP) The program consists of 2-hour weekly sessions for 6 weeks, with videos, discussions, handouts, and homework. The program targets "communication skills, affect management, commitment, positive connections, fun, and friendship." (344) (Oklahoma DOC)	254 incarcerated individuals - 116 males and 138 females. A PREP for individuals, as opposed to couples, was included. Outcome measures: item from the Kansas Marital Satisfaction Index, Confidence Scale, Communication Skills Test, questions about relationship dedication, friendship, loneliness, negative interactions, and participant satisfaction with the program.	**2 -** Single group, pre/post-test design, with analysis to rule out attrition-related differences. Limitations: reliance on self-report data and no long-term follow-up period.	"Participants reported substantial gains in all variables and in overall satisfaction with their relationship after completing the program, regardless of their gender and racial/ethnic background." (341) "…significant differences from pre to post were observed for all variables. There was no evidence of significant gender by time interactions, consistent with our expectations that males and females would similarly benefit from the program." (349) The most significant effect sizes were noted for improvements in communication skills and negative interactions, though improvements were also seen in relationship confidence and satisfaction as well as overall loneliness. (351)
4) Schram & Morash (2002)	Life Skills Program offered both pre and post-release.	37 treatment group participants (parole eligible in 6-9 months) compared to 23 control	**1 -** Quasi-experimental, non-random pre/post-test design, with significant attrition	There were no significant differences between the program participants and comparison group members on pre/post-test measures of self-esteem, locus of control, anger, conflict management, and problem solving.

	3-hour group sessions held at least 3 days/week, over 6 months. The curriculum addressed: problem solving, stress management, anger management, money and time management, self-esteem, negotiation skills, parenting, and employability skills. The program also included a 60-day aftercare element with supportive services and limited financial assistance during transition to the community. (Michigan DOC)	group members (parole eligible in 3 months). Outcome measures: Self-Esteem Questionnaire, Emotional Empathy Scale, Locus of Control, State-Trait Anger Expression Inventory, Thomas-Kilmann Conflict Mode Instrument, Coping Resources Inventory, Problem Solving Inventory, Parenting Stress Index, Income Management, Money Attitude Scale, and Well-Being Scale, as well as evaluation-specific measures developed to assess health and nutrition, general employment, pre-employment, and time management.	and pre-treatment group differences. Significant group differences were noted in the sentencing courts, pre-incarceration employment, and substance use. Limitations: unvalidated outcome measure.	Program participants, in contrast to the comparison group, did show an improvement in the cognitive dimension of the Coping Resources Inventory. Participants were more likely to use coping resources to handle stress than prior to the program. Surprisingly to the investigators, the comparison group was noted to have improved emotional empathy, but the participant group did not. The authors report issues with program implementation that may have negatively impacted both treatment provision and measured outcomes. Limitations with both design and program delivery illustrate the difficulties of undertaking field experiments in a prison setting.
5) Grills et al. (2005)	Choice Theory Connections (CTC), a gender-tailored pre-release intervention based on Choice Theory (CT). CT is "a non-coercive, behaviorally based theory of psychological processes driving behavior, while	96 female participants enrolled in an introductory (n=58) or advanced (n=38) course. Outcome measures: Perceived Stress Scale, Philadelphia Mindfulness Scale, Difficulties in Emotion Regulation Scale, Multidimensional Well-Being Assessment,	**1 -** Single group design with self-report data gathered pre/post-intervention.	"CTC significantly improved perceived stress, mindfulness, emotion regulation, impulsivity, and well-being on completion; effects were stronger for the introductory cohort, but significant effects also emerged for the advanced cohort." (757) "CTC reduced perceived stress for both Phase 1, $t(57) = 6.87$, $p < .001$; $d = .90$, and Phase 4, $t(37) = 3.60$, $p = .001$; $d = .58$, cohorts according to the PSS (H1)." (764) "CTC appeared to improve mindfulness according to the PHLMS. CTC improved awareness for Phase 1 cohort only,

	emphasizing the essentiality of good relationships with others." (759) Participants are taught to "behaviorally actualize five basic needs: (a) survival, (b) love and belonging, (c) power, (d) freedom, and (e) fun." (761) The entire program consists of 140 hours of skill-based training delivered in 5 phases. Only phase 1 and phase 4 were evaluated in this study. (California DOC)	and Depression/Happiness Scale.		t(57) = −3.25, p < .001; d = −.43, and acceptance for both Phase 1, t(57) = −5.94, p = .002; d = −.78, and Phase 4, t(37) = −2.80, p =.008; d = .03, cohorts (H1)." (764) "CTC reduced emotion dysregulation (i.e., inability to regulate emotions and behaviors) for both Phase 1, t(57) = 6.62, p < .001; d = .93, and Phase 4, t(37) = 4.63, p <.001; d = .68, cohorts according to the DERS (H1)." (764) "CTC improved well-being according to the MWA and the D-HS. CTC resulted in improved emotional-experiential well-being, t(57) = −5.12, p < .001; d = −.68, greater pro-social behavior, t(57) = −4.23, p < .001; d = −.56, and improved depressive thoughts for Phase 1 cohort only, t(57) = −7.37, p < .001; d = −1.00 (H1). Change on the D-HS among Phase 1 participants was significantly greater than that of Phase 4 participants, t(94) = 4.12, p < .001; d = .88. The Phase 4 cohort reported greater emotional-experiential well-being, t(95) = 2.86, p = .005, d = −.59, and lower depression, t(95) = −4.21, p < .001, d = −.87, at baseline (H2), demonstrating lasting effects of prolonged engagement with CTC (H2)." (765) "In addition, the authors were unable to formally assess recidivism rates specifically for the women in this evaluation. However, since the inception of CTC program at the prison, all women who received any CTC training and were subsequently released (n = 175) were tracked post-release over a 2-year period. These data revealed that only 2.9% recidivated post-release, compared with the general recidivism rate for women in the state of 57% (SOMS, 2011)." (767)
6) Harcourt et al. (2017)	Relationship Education Program known as Together We Can (TWC).	122 incarcerated adults. Outcome measure: questionnaires consisting	**1 -** Single group, pre/post-test design, with significant post-test attrition (65/187	"…results indicated change on five of the eight outcome variables examined." (75). The five domains showing improvements were: negative interactions, individual

	TWC is an educational program for lower literacy populations addressing core relationship skills for adults: positive coparenting relationships, stress and conflict management strategies, family strengths, ongoing involvement of both parents, and healthy decisions about romantic and couple relationships. TWC includes core components described as such: "(a) choose (being intentional in relationships), (b) know (having knowledge of one's partner), (c) care (being kind, affectionate, and supportive in relationships), (d) care for self (maintaining and enhancing one's own health and wellness), (e) share (developing friendship and a sense of togetherness), (f) connect (engaging social support, ties to the community, and finding personal	of 160 items assessing "behaviors, experiences, beliefs, and attitudes regarding their individual functioning, relationships, and family." (80).	failed to complete the post-test).	empowerment, depressive symptoms, parenting efficacy, parenting stress: visitation, and parent-child contact. Gender was considered as a variable in the study, with only one noted gender difference: "Analyses also revealed significant time X gender interaction effects on measures of individual empowerment, $F(1,98) = 6.51$, $p < .01$. Univariate models and individual t tests indicated that males reported a significant increase in individual empowerment, while females did not report change from pre- to posttest." (84) Certain measured outcomes of relationship education programming that approached but did not achieve significance may have been attenuated by post-test attrition, and thus final sample size, as the trend was for change in the desired direction on these dimensions.

	meaning), and (g) manage (using engagement and interaction strategies to handle differences, stresses, and safety issues)." (80) 12-hour program (North Carolina DOC)			
Evaluations from Chapter 4 - Prison Industry Programs				
7) Richmond (2014) **See also Chapter 4, Prison Industry Programs**	Federal Prison Industry Program (Federal Bureau of Prisons)	Retrospective quasi-experimental design. A cohort of 1,685 female FPI participants were compared to a matched group of 1,685 female non-participants on recidivism outcomes (rearrest, return to prison, time to arrest / recommitment).	**3** – Adequately designed quasi-experiment with propensity score matching on key demographic and sentence and criminal history background characteristics. Only individuals with at least 1 year in FPI were included in these analyses, which removes a significant group of individuals from the original cohort. The non-participant group only includes individuals who were never in FPI. No information included about the types of FPI programs that women	This study only provides follow-up data on recidivism outcomes. Rearrest rates 3 years post-release were 14.4% for FPI participants of at least 1 year vs. 15.8% for non-participants; return to prison rate for FPI participants was 7.8% vs. 8.5% for non-participants. These differences were not statistically significant. Separate analyses of the potential impact of length of time in FPI employment on recidivism did not reveal any significant impact of length of employment on post-release recidivism. According to the author. "This suggests that a longer length of employment…does not provide an added benefit in terms of reducing the likelihood of recidivism upon release." (740).

			completed, or whether these participants were also involved in other programming while incarcerated. This is a significant study limitation.	
Evaluations from Chapter 6 - Trauma Programs				
8) Ford et al. (2013) **See also Chapter 6, Trauma Programs**	TARGET program "A group psychotherapy designed to enhance affect regulation without trauma memory processing—Trauma Affect Regulation: Guide for Education and Therapy (TARGET)—was compared to a supportive group therapy (SGT) in a randomized clinical trial with 72 incarcerated women with full or partial PTSD." (262) Study setting was York Correctional Institution in Connecticut.	Randomized Control Trial (RCT): "Randomized Control Trial with two groups (72 participants total). To achieve a randomized design, participants were placed in cohorts of N= 10–12 as they enrolled in the study, and cohorts were randomly assigned to first receive one of the two group therapies. After completing the assigned group therapy, participants in each cohort were re-tested for the posttreatment assessment, and then provided the other group therapy. Posttreatment data collected following the first type of group therapy that each participant received are reported in order to	**5**: "Of 197 women screened, 80 were eligible and randomized (by a study assessor with numbers concealed in sealed envelopes prepared by another study staff who used an Excel random number generator)" (265). 38 Participants received the TARGET therapy first, 32 participants went through SGT therapy first. Results were compared after the first therapy was completed.	"Dropout rates were very low (5%) compared to those reported in prior studies of group therapy with incarcerated women (approximately 33%). However, full remission from PTSD occurred for only 12% to 23% of participants. The reduction, on average, in CAPS PTSD severity was comparable to that reported by Zlotnick and colleagues (2009), i.e., approximately 12 to 13 points, but only half the amount of improvement reported in studies of TARGET as a one-to-one therapy for women and girls." (271) "TARGET did not achieve greater improvement in affect regulation than SGT. The small increase in Negative Mood Regulation (NMR) scores achieved on average by TARGET recipients suggest that the gains in affect regulation from brief group therapy may not be sufficient to reverse the trend of worsening affect dysregulation that has been documented among incarcerated women over time." (271) "TARGET participants' increase in sense of forgiveness (while SGT participants reported a decrease). This finding suggests that a therapeutic focus on affect regulation may provide a basis for incarcerated women with PTSD to achieve a greater sense of emotional resolution in relation to past victimization or betrayal." (271)

		avoid a confounding of the effects of the two therapies. Participants were informed during the consent process that they would receive two group therapies believed to be helpful for women coping with stress, with a 50-50 chance of receiving either type of group therapy first." (264)		
9) Kubiak et al. (2016) **See also Chapter 6, Trauma Programs**	Beyond Violence (BV) program Assessment of Beyond Violence (BV) — a 20-session curriculum-based intervention for women. The program "has a core goal of preventing recidivism and further violent behavior by women who have already engaged in violence; it also aims to improve women's mental health and anger expression and reduce substance use." (663) Study setting was a female-prison in a midwestern state.	Randomized Control Trial: "At the point of prison treatment, a randomized control trial was designed, assigning women to receive one of two treatments in 1:1 ratio. Randomization selection criteria for the intervention study included conviction of a violent offense, substance abuse dependency or positive drug screen during incarceration, no serious mental health issue that specifically involved housing on the mental health unit, and eligibility for release on parole within 18 to 24 months." (664-5)	**4**: RCT design, relatively small sample size. "35 women were included in the analysis, with the independent variable being treatment condition (TAU *n* =16; BV *n* = 19). Of the women involved in this study, there were no differences in measures of mental health (i.e., depression, anxiety, PTSD) at pretest. All of the women in the BV condition completed the treatment intervention (defined as 75% or more of the sessions), but 5 of the women in the TAU condition did not complete treatment.	The study "found no differences between the treatment groups on demographic characteristics of age at offense (M= 30.26, SD = 9.17), age at time of treatment (M = 33.66, SD = 8.91) or race (46% White, 54% African American). Although all women had a current or previous offense categorized as an assaultive felony, there was a greater period of time between prison treatment admission and release onto parole status for women in the BV condition as compared to the TAU (562 days vs. 378 days; *t* = 2.88, *p* =.007)." (667) "In terms of recidivism, no woman from either condition returned to prison during the 12-month study period, which suggests that none of the women in the sample committed any serious offense or parole violation. When using arrest as an outcome, 11% (*n* = 2) of BV women and 38% (*n* = 6) of TAU women had evidence of a new arrest (*x2* = 3.58; *p* = .06)." (667) "There were no significant differences between groups on any of the variables associated with relapse. Of the 34 women, 13 had at least one positive drug screen during the 12-month post incarceration period; 5 (26%) were from the BV condition, and 8 (50%) were from the TAU group (*x2* = 2.09; *p* =.15)." (669)

		"Data were extracted from parole officer case notes and a state-level department of corrections database." (666)	However, women in the TAU condition attended a significantly greater number of sessions, irrespective of their completion status (TAU 33.75 vs. BV 18.47; *t* = 4.57, *p* < .001)." (665-6)	
10) Mahoney et al. (2020) **See also Chapter 6, Trauma Programs**	Survive and Thrive (S&T) Psychoeducation program This study "investigated the efficacy of a pure psychoeducational intervention for complex trauma. A brief 10-session intervention was delivered to n = 44 female prisoners in a compressed format to accommodate short sentence lengths and was compared with usual care (n = 42)." (597) "Survive & Thrive (S&T) is a brief psychoeducational group-based intervention for the stabilization of symptoms associated with complex	Randomized Control Trial (RCT). "The study design utilized a control WL/TAU comparator group. Existing psychotherapeutic and pharmacological treatments (i.e., 'usual care') did not constitute a standardized intervention for interpersonal trauma. S&T is a manualized psychoeducational intervention of 8–10 sessions. Each session focused on a separate symptom or rehabilitative concern often attributed to the distress caused by interpersonal trauma." (599) The S&T experimental group had 44	**4**: RCT design with some limitations due to exclusion of 38% (53/139) of initially eligible cases, leading to significantly smaller *n*'s of program completers in both groups and participants who provided data at multiple collection phases.	"There were few statistically significant differences across the majority of measures in the analyses. Small, non-statistically significant symptom increases for the S&T group were evident for behavioral stability. The behavioral stability total score indicated that the symptom increase was predominantly observed between T1 (M = 69.94, SD = 23.72) and T2 (M = 73.18, SD = 19.84). There were however no statistically significant differences between the groups, and results indicated a wide variance in participant's outcomes, β = 2.99, 95% CI [−10.97, 16.96], p = .668." (603) "As an intervention designed to ameliorate PTSD symptoms, S&T did not produce statistically or clinically significant levels of change compared with a WL/TAU control group. As a psychoeducational intervention, S&T's limited impact on trauma symptomatology was expected. However, as an intervention designed to stabilize symptoms, there are concerns about how effective this intervention might be in a prison setting." (606)

	interpersonal trauma such as childhood sexual abuse (CSA)" (598). "Participants were recruited from two high-security female prison establishments" in Scotland. (599)	participants; TAU had 42 participants.		
11) Tripodi et al. (2019) **See also Chapter 6, Trauma Programs**	Seeking Safety program This study examined the effectiveness of Seeking Safety (SS) with incarcerated women who completed the intervention in medium/maximum security prison in North Carolina	Randomized Control Trial: "This study employed an RCT design with an intended treatment-to-control allocation of 1:1 in order to meet the specific aims and test the hypotheses. A certified Seeking Safety facilitator delivered the intervention to the treatment group (two groups of Seeking Safety), and the control group did not receive Seeking Safety but continued treatment as usual (TAU). TAU programming included residential substance abuse, psychological services, mindful meditation, group intervention, and/or anger management." (282)	**4**: RCT design, with 2 separate experimental groups and one control group. Relatively small sample size: four-month follow-up analyses included 29 total subjects (13 experimental group participants and 16 control group participants). Observed differences between groups despite random assignment possibly a function of the low *n*.	**Depression:** "There was a statistically significant difference in pretest depression scores between the treatment group (M = 27.67, SD = 10.75) and the control group (M = 35.78, SD = 11.32) conditions, $t = 2.10$, $p = .044$. Both groups' depression scores improved from pretest to posttest and from pretest to follow-up. The treatment group's depression scores improved by 10.14 points from pretest to posttest and by 11.82 points from pretest to follow-up, whereas the control group's scores improved by 6.72 points from pretest to posttest and by 8.46 points from pretest to follow-up." (285) **PTSD:** "There was not a statistically significant difference in pretest PTSD scores between the treatment group (M = 53.87, SD = 14.95) and the control group (M = 59.83, SD = 15.04) conditions, $t = 1.14$, $p = .264$. Both groups reduced their PTSD scores from pretest to posttest and from pretest to follow-up. The treatment group improved their PTSD scores by 19.54 points from pretest to posttest and by 23.41 points from pretest to follow-up, whereas the control group improved their scores by 13.66 points from pretest to posttest and by 18.02 points from pretest to follow-up." (286)
12) Valentine & Smith (2001)	Traumatic Incident Recovery (TIR) program	Randomized Control Trial (RCT). "The study used a true experimental design	**4**: Small sample RCT with relatively low mortality. Study had	"The efficacy of TIR in alleviating PTSD, depression, anxiety, and low expectancy of success received support from this study: Statistically significant results were

See also Chapter 6, Trauma Programs	Study examines "the effectiveness of traumatic incident reduction (TIR). It is a brief, memory-based, therapeutic intervention and was used to treat symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, and low expectancy of success (i.e., low self-efficacy)" (40). Study setting was a federal correctional institute located in Florida that housed low- to medium security females.	with a pretest-posttest control condition and a 3-month follow-up. One hundred and twenty-three people met the criteria for inclusion in the study and were randomly assigned either to a treatment or a control condition. In the experimental condition, 56 individuals were pretested, received TIR, and were post-tested a week after treatment. In the control condition, the remaining 67 individuals were pretested and post-tested but did not receive TIR treatment during the study period." (44)	"exclusion criteria represented acute situations that would be counterproductive to the process of TIR" (44), indicating the treatment may have efficacy for a specific type of individual only. Study used "four measures comprised a multidimensional measurement battery of PTSD." (45)	observed on all measures at both posttest and follow-up measurement periods except for the Intrusion subscale of the PTSD Symptom Scale at the posttest interval. However, differences were found at the follow-up testing interval. It appears that the control group's scores remained stable across all three testing periods, whereas the treatment condition's scores decreased steadily." (49) "The treatment condition inmates scored higher on the pretest than did the control condition inmates. The treatment condition inmates' decrease continued over time, and the control condition's mild decrease stabilized." (50)
13) Zlotnick et al. (2009) **See also Chapter 6, Trauma Programs**	*Seeking Safety* (SS) Therapeutic Community treatment program for women with substance use disorder and PTSD Women's Prison (unidentified) Rhode Island	Randomized Control Trial (RCT): 27 women in the TC were compared to 22 women in the treatment as usual (TAU) comparison group. Analyses included 23 of 27 experimental group and all 21 of 22 controls. Seeking Safety (SS) program description: "SS was conducted in group modality for 90 min, typically three times a	**4**: RCT with limitations, such as small sample size and lack of post-program data. Researchers noted the following: "Study limitations include lack of assessment of SS outcomes at end of group treatment; lack of blind assessment; omission of the SS case management component; and possible	No difference between groups. Researchers noted: "The consistent pattern was that women in both SS and TAU improved significantly from intake to each subsequent time point (12 weeks, 3- and 6-month follow-ups) on each category of measurement (e.g., PTSD, substance use, psychopathology)." (331) "Six months after release from prison, 53% of the women in both conditions reported a remission in PTSD." (325)

		week for 6 to 8 weeks while the women were in prison, with three to five women per group. After release from prison, each woman in SS was offered weekly individual 60-min "booster" sessions for 12 weeks to reinforce material from the group sessions." (328)	contamination between the two conditions." (325)	
14) Bradley & Follingstad (2003) **See also Chapter 6, Trauma Programs**	Dialectical Behavior Therapy (DBT) program "This study evaluated effectiveness of group therapy for incarcerated women with histories of childhood sexual and/or physical abuse. The intervention was based on a two-stage model of trauma treatment and included Dialectical Behavior Therapy skills and writing assignments." (337) "Participants were selected from a larger sample of 165 incarcerated women in a medium security prison in a southeastern state." (338)	Randomized Control Trial (RCT): Participants were randomly assigned to treatment or no-contact comparison groups. "Group sessions were 2.5 hr. Nine treatment sessions focused on education about interpersonal victimization and affect regulation (e.g., identifying and naming emotions and precipitating factors; using breathing exercises to decrease distress). The skills were based on Linehan's Dialectical Behavior Therapy (DBT) model (Linehan, 1993) and one of the leaders for each group had completed a 40-hr DBT training. Nine sessions	**3**: RCT design, hampered by small sample size. "Of 24 women initially assigned to the treatment condition; four were paroled or sent to another facility prior to completing the group, two dropped out after the first session, and the rest dropped out after completing the first (n = 3) or second (n = 2) of the sessions focused on writing assignments. Of the 13 women who completed the group, 12 attended at least 15 of the 18 sessions. One participant attended 10 of the 18 We assigned 25 women to the comparison condition.	Dependent variables in the study were (BDI, Beck Depression Inventory; IIP, Inventory of Interpersonal Problems; TSl, Trauma Symptom Inventory). "A repeated measures MANOVA yielded a significant overall Group x Time interaction, Wilk's A = 0.41, $F(9,21) = 3.40$, $p < .01$. Follow-up repeated measures ANOVAs indicated significant interactions on all dependent variables except the TSI Defensive Avoidance scale. The average pre-post effect sizes for the treatment group were in the moderate-to-large range whereas those for the comparison group were in the average-to-small range." (339) Results "provide some support for the effectiveness of a treatment combining psychosocial skills and writing. There were clinically significant decreases in depression (from severely to mildly depressed as measured by the BDI)." (339)

		focused on structured writing assignments. The writing assignments asked women to describe specific times in their lives (e.g., write about your childhood) and included specific prompts (e.g., write about relationships in your family; write about some of the best and worst things that happened to you growing up).” (338)	Five were paroled or sent to another facility and two dropped out.” (338)	
15) Lynch et al. (2012) **See also Chapter 6, Trauma Programs**	Seeking Safety program “Seeking Safety (SS) is an empirically supported cognitive behavioral manualized treatment for individuals with PTSD and substance use disorders.” (88) This study examined the effectiveness of SS with incarcerated women who completed the intervention in an unidentified prison	Quasi-experimental research design: program participants (n= 114) were divided into two groups: those who participated in the program (n=59) and a group that was waitlisted (n=55). SS groups met twice weekly, 2 hrs. per session, for approximately 12 weeks.	**3**: “After an initial interview, participants were assigned to the treatment or waitlist condition on the basis of anticipated release or transfer dates. This method of assignment was chosen because the prison administration could not support keeping all participants (treatment and waitlist) for the 24 weeks necessary to offer waitlist and treatment via random assignment; thus, prison staff ultimately determined which individuals would receive treatment immediately or after a	Participants in both conditions demonstrated improvements in PTSD symptoms. “However, offenders who participated in SS appear to have benefited significantly more than the waitlisted individuals given their decreased symptoms of depression, improved interpersonal functioning, and decreased maladaptive coping.” (98) “Although the treatment gains from the time-limited SS intervention are modest, given the extent of trauma exposure and distress reported by these study participants, these results are promising and suggest the need for further assessment.” (98)

			waitlist period based on estimated release/transfer dates." (93)	
16) Swopes et al. (2017) **See also Chapter 6, Trauma Programs**	HWR/BT program "The present study evaluated an integrated treatment program, Helping Women Recover/Beyond Trauma (HWR/BT), supplemented with additional modules on domestic violence, relapse prevention, and a 12-step program." (1143) "Participants were women recruited from a minimum-security correctional facility in the Midwest." (1146)	Quasi-Experimental Research Design: "The HWR/BT combined treatment program was compared with a matched comparison sample that did not receive the target treatment. Self-report measures were collected from 95 incarcerated women, with 56 women in the completer sample. Women in the treatment condition attended a 4-month group treatment." (1143) "At completion of the study, fidelity checklists indicated that 100% of the required activities were completed across all cohorts and treatment groups for the HWR/BT components." (1149)	**3**: Non-equivalent groups design, with inclusion criteria pre-determined by the prison clinical staff for selection into the treatment group and adopted in the study for compiling the matched comparison sample.	"The hypotheses were largely unsupported, in that of the seven dependent variables, only posttraumatic cognitions showed significant between-group decreases. PTSD symptoms and substance-related self-efficacy demonstrated pre–post, but not between group differences. The present findings are consistent with many previous studies of integrated trauma-focused treatments for PTSD-SUD that have failed to find a unique advantage over comparison groups." (1157) Further, "no pre–post or between-group differences were found for depression, anxious arousal, dissociation, or tension reduction." (1159)
17) Cole et al. (2007) **See also Chapter 6,**	Trauma Treatment program This research "evaluates the efficacy of a time-limited, trauma-focused	Randomized Control Trial (RCT): Researchers "developed and implemented a 16-session trauma focused	**2**: Weak research design – even though randomization was present, due to constraints of time and available	**"**Decreases were found in the mean Trauma Content Inventory scores from the pre- to the post-treatment measure for the experimental group only (Exp. Group = .29 to .07; Control group = .27 to .28). There were no apparent changes from pre- to post-treatment on the Trauma Symptom Inventory. In addition, comparisons between the

Trauma Programs	group intervention with a group of recently incarcerated women volunteers who had experienced childhood sexual assault (CSA)." (97-8) Study was conducted at a secure facility in Washington state and was a program that met bi-weekly for 2.5 hours for a total of 8 weeks.	group intervention with recently incarcerated women who volunteered to participate. It was hypothesized that this brief group intervention would reduce trauma-related symptomatology when compared to a wait-list control group. Two trauma-specific and one general measure were administered pre and post treatment. A randomly selected wait-list control group was given the same measures, and then also offered the treatments after the initial treatment group went through post-tests." (105)	participants, resulting *n*'s for both the experimental and control groups were only 5 and 4, respectively. NOTE: Study authors acknowledge that the sample size is not large enough to draw strongly generalizable conclusions, and results should be considered preliminary.	treatment and the control group also suggest no differences." (113) "Although there were few apparent changes due to treatment found in this study, results did indicate that the 16-session treatment modality utilized may have prevented the exacerbation of symptomatology among participants in the treatment group." (113-4)
18) Heath (2009) **See also Chapter 6, Trauma Programs**	Seeking Safety program. Women prisoners in Idaho PWCC with PTSD and substance use problems were placed in twice weekly groups, 2 hours per session, for approximately 10-12 weeks. (42) "Seeking Safety is a cognitive-behavioral, manualized treatment which is conceptually	Quasi-experimental Design: 46 women were placed in the treatment group were compared to 44 who were placed on the waitlist. No details were provided on the comparability of these two groups. Note: "All participants in this study endorsed a trauma history prior to incarceration and the vast majority, 95.6%,	**2**: weak research design employed with matching on a small number of variables (PTSD symptom level, emotion regulation, and self-efficacy) to assess whether comparison group was like the treatment group in terms of mental health. The authors noted that "the treatment and	No overall difference between the treatment and control group. For both groups, **"**Women in this sample reported significant decreases in PTSD symptoms from pre- to post-treatment." (56) "Results suggest significant decreases in PTSD from pre- to post-treatment and significant increases in self-efficacy and emotion regulation skills. However, these changes do not appear to be superior to waitlist." (xi)

	based on the goals of safety in stage one of Herman's (1992b) model. Thus, it attempts to establish safety via several means (e.g., managing substance use triggers, controlling self-harm behaviors, and managing strong affect." (15)	specifically reported histories of interpersonal violence." (45)	waitlisted conditions may have varied on some variables which were not assessed by this study." (57) Additionally, it was unclear exactly what criteria were used to select participants and separate out these two groups.	
19) Karlsson et al. (2022) **See also Chapter 6, Trauma Programs**	SHARE program "Survivors Healing from Abuse: Recovery through Exposure (SHARE) is a brief, exposure-based group treatment for incarcerated female survivors of sexual violence" (534). "The study was conducted in a 120-bed minimum-security women's prison in a Mid-Southern state." (535)	Women from 27 different SHARE groups (average 4.96 women per group) were recruited. A total of 57 women had at least two data points (pre-test, post-test, and/or follow-up) and were included in the study's analytic sample. No comparison group was used.	**1**: one-group pre-post comparisons on selected outcomes; No control or comparison group. No information if program completers/those who provided information during multiple data collection waves differed from those who did not.	**PTSD:** "Results from a one-way repeated-measures ANOVA indicated a significant effect of time on PTSD symptom severity ($p < .001$) with a large effect size (partial $\eta 2 = 0.78$). Bonferroni pairwise comparisons showed significant reductions in PTSD symptom severity from pre- to posttreatment ($p < .001$), pretreatment to follow-up ($p < .001$), and posttreatment to follow-up ($p = .001$)." (537-8) **Depression:** "Results from a one-way repeated-measures ANOVA also indicated a significant impact of time on depressive symptom severity ($p < .001$) with a large effect size (partial $\eta 2 = 0.75$). Bonferroni pairwise comparisons showed significant reductions in depressive symptom severity from pre- to posttreatment ($p < .001$), pretreatment to follow-up ($p < .001$), and posttreatment to follow-up ($p = .012$)." (538)
20) Black et al. (2013) **See also Chapter 6,**	Evaluation of a manual-based group treatment for persons with borderline personality disorder (BPD) -- Systems Training for	Open trial design, pre-post- comparison with no control/comparison group. Seventy-seven subjects were gauged using self-report	**1**: "STEPPS is a group treatment program for persons with BPD that combines cognitive behavioral elements with skills	"STEPPS produces clinically significant improvement in male and female offenders with BPD. The participants experienced improvements in BPD-related symptoms, mood, and negative affectivity. Importantly, the data show a significant reduction in the number of suicide/self-harm behaviors and disciplinary infractions occurring in prison.

Trauma Programs	Emotional Predictability and Problem Solving (STEPPS). (124) Participants were male and females supervised by the Iowa Department of Corrections.	assessments included the Borderline Evaluation of Severity Over Time (BEST) to assess thoughts, feelings, and behaviors associated with BPD; the Beck Depression Inventory (BDI) and the Positive and Negative Affect Schedule (PANAS) to assess positive and negative dispositions. NOTE: While the research team developed guided the methodology, the program was administrated, and data were collected by, prison staff.	training but does not involve individual therapy. The program consists of 20 two-hour weekly sessions with therapists who follow detailed lesson plans. (We generally recommend having two co-therapists.) Key elements include psychoeducation about BPD, emotion management skills training, and behavior management skills training. A systems component is unique to the program. For the prison setting, this involved one-time 2-hour evening sessions for system members. In addition to family members and friends, corrections officers and other staff members are in attendance. These individuals are educated about BPD and how best to respond to their relative or friend or an offender with the disorder." (125-6)	Thus, the benefit of STEPPS seems to extend beyond subjective experience, and the program may help correct an individual's behavior. The magnitude of change is consistent with what has been reported for STEPPS programs conducted in the community in the United States, United Kingdom, and Holland." (127) "The data show that STEPPS can be successfully transported to the correctional setting ''as is'' and without modification." (128)
21) Black et al.	An uncontrolled pilot study of a manual-based	Open trial pilot study, pre- post- comparison	**1**: "STEPPS is a manual-based group-	**"**The women who participated in the STEPPS program experienced significant and clinically meaningful

(2008) **See also Chapter 6, Trauma Programs**	group treatment for persons with borderline personality disorder (BPD) -- Systems Training for Emotional Predictability and Problem Solving (STEPPS). Participants were women housed at Mt. Pleasant Correctional Facility in Mt. Pleasant, Iowa, a medium-security facility.	with no control/comparison group. Twelve subjects were gauged using self-report assessments included the Borderline Evaluation of Severity Over Time (BEST) to assess thoughts, feelings, and behaviors associated with BPD; the Beck Depression Inventory (BDI) and the Positive and Negative Affect Schedule (PANAS) to assess positive and negative dispositions.	treatment program for persons with BPD that combines cognitive-behavioral elements with skills training but does not include individual therapy. The program consists of 20 2-hour weekly sessions with facilitators who follow detailed lesson plans. The program involves psychoeducation about BPD, emotion-management skills training, and behavior-management skills training. The first component teaches subjects to replace misconceptions about BPD with an awareness of the thoughts, feelings, and behaviors that define it, and to identify their own schemas (i.e., cognitive filters) that drive their behaviors. The second component teaches skills to better manage the cognitive and emotional effects of BPD: distancing,	improvement across a spectrum of illness-specific measures, in their negative affectivity, and in their mood. These results are encouraging because they suggest that a relatively brief adjunctive program for BPD can deliver "real world" benefit to offenders and improve quality of life. The effect sizes reported herein are simi lar in magnitude to those reported in our RCT.[28] This project also shows that STEPPS can be successfully implemented in a prison setting without modifying the existing manual, and that incarceration is not a barrier to improvement. The STEPPS program helped subjects to better understand their BPD and taught them new skills to better manage their disorder. Of course, the program may have provided social support, hope and therapeutic alliance, factors common to most forms of therapy. The results also suggest that the women were less likely to feel hopeless and helpless or to have negative self-impressions. These changes reflect the emphasis of the program on instructing subjects to self-regulate their intense emotions and maladaptive behaviors. The women also had high levels of satisfaction with the program." (885)

			communicating, challenging, distracting, and problem management. The third component teaches behavioral skills that subjects are encouraged to master: goal setting, healthy eating behaviors, sleep hygiene, regular exercise, leisure activities, health monitoring (e.g., medication adherence), avoiding self-harm, and interpersonal effectiveness." (883)	
Evaluations from Chapter 7 - CBT Programs for Mental/Behavioral Disorders				
22) Sacks et al. (2012) **See also Chapter 7, CBT Programs for Mental/ Behavioral Disorders**	Study comparing incarcerated females with substance use disorders in a prison therapeutic community program with those in a cognitive-behavioral intervention. (258) Study setting was a women's correctional facility in Denver, Colorado.	"A prospective, longitudinal, repeated-measures study with randomization was conducted between January 2002 and January 2006. Inmates identified by the Colorado Department of Corrections as needing treatment for substance abuse who consented to participate in the study were assigned to either	**5 -** Well-designed RCT within a secure facility setting. "The Challenge to Change therapeutic community women's program was located in a separate residential building where therapeutic community program activities were provided 4 hours per day 5 days per week	The authors state "women in the prison system benefitted from both the therapeutic community treatment program and the cognitive behavioral intervention, with the trajectory of gains differing within specific domains over short- and long-term follow-up. The therapeutic community provided a comprehensive model of substance abuse treatment that integrated gender-specific approaches and practices (e.g., positive coping strategies for distress) that, given the strong evidence of co-occurring mental health and trauma needs of incarcerated women, appears to be more effective than the standard correctional cognitive-behavioral substance abuse treatment at improving reincarceration rates, lengthening time in the community before reincarceration and

		the experimental group, the Challenge to Change therapeutic community program (n = 235), or the control group, a cognitive behavioral intervention, intensive outpatient program (n = 192). The groups were unequal due to changes in the randomization procedure from 50/50 to 60/40 for the experimental and control group, respectively, to accommodate differences in the number of treatment slots available in each group. A combined Colorado Department of Corrections and National Development & Research Institutes, Inc., research study steering committee was created to maintain the integrity of the random assignment process" (259).	during a planned 6-month tenure" (260). "Women in both treatment groups had access to facility-wide services for mental health (i.e., psychiatric assessment, medication, individual counseling), education (i.e., GED and adult basic education classes), health care (i.e., medical and dental treatment), vocational training (i.e., computer skills, carpentry, cosmetology, culinary arts), and community reintegration" (260).	improving behavioral and emotional outcomes for the women in the 6 months after prison release." (266) "Furthermore, analyses of time to reincarceration, for those women who were reincarcerated, demonstrated that women treated in the therapeutic community were able to remain in the community longer than those in the control group, which translates into cost savings for the correctional system and into a longer period of stability at home in the community." (266)
23) Sacks et al. (2008) **See also Chapter 7, CBT Programs for Mental/**	Challenge to Change Modified Therapeutic Community Program for Women with mental health and substance abuse problems Colorado Department of Corrections, Denver	Randomized Control Trial (RCT):314 incarcerated females were randomly assigned to one of two treatment groups, a Therapeutic community (experimental group, n=163) or a standard outpatient treatment	**4 -** Overall, a well-designed RCT, but Retrieval rate varied across groups. Only preliminary findings from a modified TC. After random assignment,	No overall statistically significant differences on a variety of short-term outcome measures, but the preliminary results do appear to favor the modified TC program. Researchers reported that "Outcomes six months after their release from prison revealed that women in both the E (TC) and C (IOP) conditions improved significantly on all variables in each of the four outcome domains (mental health, substance use, criminal behavior, and HIV-risk),

Behavioral Disorders	Women's Correctional Facility (DWCF) NOTE: See Program Description for the Challenge to Change modified TC (p. 241-243). "Treatment elements address the issues of trauma and abuse, relationships, education, employment and parenting that are integrated with the woman's substance abuse issues". (242)	program (the control group, n=151). NOTE: "Eligibility criteria required that study subjects have: (1) at least 6 months (and no more than 24 months) remaining until parole eligibility; (2) a CDOC Standardized Offender Assessment (CDOC, 2004) score of 4 or greater indicative of serious substance abuse problems requiring substance abuse treatment; and (3) a security risk level classification of minimum, minimum-restricted, or medium, to permit participation in treatment." (237) SMI: "The majority of individuals were diagnosed with major depression [65%], with other significant diagnoses of PTSD [43%], manic/hypomanic [29%], bipolar 1/11 [27%], generalized anxiety [30%] and ADHD [10%].) On average, the research cohort had two Axis I mental disorder diagnoses according to	experimental group had a higher % of individuals with high school/GED than controls (67.3 vs. 57.6), but NS. Self-report data on pre-post-program changes in psychological symptoms, trauma, substance use, and criminal behavior, 6-month follow-up.	reflecting the effectiveness of both treatment conditions in affecting outcomes positively." (254)

		the DIS-IV. The average Beck Depression Total score was 18, which indicates mild to moderate symptoms of depression." (246).		
24) Zlotnick et al. (2009) **See also Chapter 7, CBT Programs for Mental/ Behavioral Disorders**	*Seeking Safety* (SS) Therapeutic Community treatment program for women with substance use disorder and PTSD Women's Prison (unidentified) Rhode Island	Randomized Control Trial (RCT): 27 women in the TC were compared to 22 women in the treatment as usual (TAU) comparison group. Analyses included 23 of 27 experimental group and all 21 of 22 controls. Seeking Safety (SS) program description: "SS was conducted in group modality for 90 min, typically three times a week for 6 to 8 weeks while the women were in prison, with three to five women per group. After release from prison, each woman in SS was offered weekly individual 60-min "booster" sessions for 12 weeks to reinforce material from the group sessions." (328)	**4 -** RCT with limitations, such as small sample size and lack of post-program data. Researchers noted the following: "Study limitations include lack of assessment of SS outcomes at end of group treatment; lack of blind assessment; omission of the SS case management component; and possible contamination between the two conditions." (325)	No difference between groups. Researchers noted: "The consistent pattern was that women in both SS and TAU improved significantly from intake to each subsequent time point (12 weeks, 3- and 6-month follow-ups) on each category of measurement (e.g., PTSD, substance use, psychopathology)." (331) "Six months after release from prison, 53% of the women in both conditions reported a remission in PTSD." (325)
25) Mak & Chan (2018) **See also Chapter 7, CBT Programs**	Study assesses the impact of both cognitive-behavioral therapy (CBT) and positive psychology intervention (PPI) versus	Quasi Experimental design. "40 female offenders with moderate to high levels of psychological distress were recruited into our	**3 -** "At the outset of the intervention, the treatment participants were randomly assigned to one of two groups. In	"Findings show a clear advantage for psychological interventions with women in prison over TAU, providing minimal support. Differences between eight sessions of CBT and eight sessions of PPI were small, but CBT appeared not only to alleviate distress but also build strengths while PPI appeared not only to enhance

for Mental/ Behavioral Disorders	treatment as usual (TAU) on incarcerated females with psychological distress. Study setting was a female institution in Hong Kong.	study. They had no *specific* treatments other than CBT or PPI. Another 35 female offenders on the waiting list were recruited as comparison women. Given the limited capacity of the facility, it was not feasible to accommodate both treatment participants and comparison participants on the same unit, so the comparison women continued to reside elsewhere in the prison. All women otherwise received TAU, which included officers and clinical psychologists providing supportive counselling to them 2–4 times per month, according to usual practice when women are on the PSY GYM waiting list. None of the comparison women received any CBT or PPI." (161)	one, the women first received eight sessions of CBT, followed by eight sessions of PPI, and in the other they first received eight sessions of PPI, followed by eight sessions of CBT. A battery of self-report measures was distributed to the participants before session 1 (Time 1), after session 8 (Time 2) and after session 16 (Time 3). Comparison between the two groups at each Time point allowed evaluation of effectiveness of the interventions compared with TAU. Comparison between measures at Time 1 and Time 2 in the treatment group only allowed evaluation of the relative effectiveness of CBT and PPI. Comparison between Time 2 and Time 3 in the treatment group allowed us to test for	psychological well-being but also to reduce psychological distress significantly. A longer course of treatment in which women received both forms of intervention had advantages over either separately." (167-8)

			a cumulative effect of the interventions." (165)	
26) Spiropoulos et al. (2005) **See also Chapter 7, CBT Programs for Mental/ Behavioral Disorders**	"The effects of *Problem Solving* (Taymans & Parese, 1998) are compared across small diversion and prison samples for men and women. A second program, *Pathfinders* (Hansen, 1993), was compared to the *Problem Solving* program among incarcerated women offenders to determine whether its focus upon empowerment and relationships enhanced the effects of the more generic program." (69) Setting was a southeastern U.S. state.	The quasi-experimental design of the study "allowed for the comparison of treatment effects for men and women in both community (diversion) and prison settings." (76) 661 total subjects participated in the study across 4 contexts. Each context had at least one experimental group and a comparison group.	**3 -** Experimental groups with comparison groups lacking random assignment. For some of the contexts (e.g., men's prison), sample sizes were smaller than optimal, therefore "results are not as definitive as they might have been with larger samples." (89)	"The *Problem Solving* program did not impact interpersonal conflicts and problems related to work assignments, the program significantly reduced reported misconducts for men and women in diversion and women in prison settings. *Problem Solving* participants also achieved significantly lower depression scores relative to comparison group members in the two diversion settings and in the men's prison. In the women's prison group, *Pathfinders* significantly reduced depression scores over a longer, sustained, period of time, whereas the *Problem Solving* program had no impact." (87-8)
27) Kersten et al. (2016) **See also Chapter 7, CBT Programs for Mental/ Behavioral Disorders**	"This study investigated whether higher attendance in a skills-based group therapy program designed for inmates was associated with fewer rule infractions as reflected in the number of disciplinary reports received in a state correctional system." (37)	Design was a retrospective analysis that included all but the highest risk/need incarcerated individuals. "Inmates were referred by a mental health professional, case worker, or correctional officer, or they were self-referred. No restrictions on primary psychiatric diagnosis or history of	**1 -** Study target population included all incarcerated individuals (male and female) in the state who had participated in the START NOW program between 2010 and 2013. Study had no comparison group.	"Results indicate a significant reduction in the receipt of disciplinary reports in the post program period with a greater number of sessions attended. A 5% decrease in the incident rate of disciplinary reports was found for every session attended. Despite the structural constraints present in correctional settings, such as frequent movement across facilities, this finding suggests that every effort should be made to retain participants in the program." (40-1) "[H]igher risk groups benefited most from more program participation. This suggests that when there is a waiting list of potential program participants, priority should be given

	START NOW is an evidence-informed coping skills therapy designed for incarcerated individuals. The study involved individuals incarcerated in Connecticut's Department of Corrections	infractions were placed on participation beyond exclusion of inmates in segregation. Initially, the data contained 1,112 records. After data cleaning, there were 946 participation events, representing 846 unique inmates." (38)		to members of the groups with higher security risk. All diagnostic groups appeared to benefit from greater participation, although some groups more than others. In particular, inmates with anxiety, personality, and psychotic disorders had the steepest downward predicted number of disciplinary reports with more sessions attended." (41)
28) Wolf et al. (2012) **See also Chapter 7, CBT Programs for Mental/ Behavioral Disorders**	Seeking Safety Program	Open trial design: no comparison group used, but program completers were compared to non-completers. "Of the 111 assigned to Seeking Safety, 74 (67%) completed the program, i.e., they were enrolled at the beginning and end of the intervention (70%). NOTE: "People "completed" the program if they had no more than two unexcused absences (absences were excused for medical, legal, or personal visits, or institutional irregularities that prevented movement) and did not voluntarily drop out of the program." (705)	**1 -** Pre-post comparisons of the total score for the PTSD checklist and Global Severity Index (GSI) for women who completed the SS program. Several limitations of this study were noted by authors, including lack of a control group, high drop-out rate (33%), no measures of substance use, and no post-program follow-up data. (708)	"Clinical results of this open trial offer support for the effective treatment of PTSD among female inmates with PTSD, SUD, and other serious mental illnesses. Treatment completers showed significant improvements from pre- to post-treatment on overall PTSD symptoms and global severity of illness, with medium effect sizes for both domains. On average, for the full sample of completers scores decreased by 8.5 points, a 22% reduction from the baseline average." (708)

29) Zlotnick et al. (2003) **See also Chapter 7, CBT Programs for Mental/ Behavioral Disorders**	Original pilot study of *Seeking Safety* (SS) Therapeutic Community treatment program for women with substance use disorder and PTSD	Pilot study with a sample size of 17 incarcerated women with co-occurring PTSD and SUD. Participants PTSD and substance use was examined at 3-months post program completion; recidivism was also examined at 3-moth post-release.	**1 -** Pilot study with a small sample (n=17) and no control group.	33% return to prison rate 3-months post-release, but improvements noted at 3-month follow-up in PTSD and SUD, as measured by clinical interview and urinalysis. "Overall, our data suggest that Seeking Safety treatment appears to be appealing to incarcerated women with SUD and PTSD and that the treatment has the potential to be beneficial, especially for improving PTSD symptoms. However, these findings are tentative given that there was no control group." (99)
Evaluations from Chapter 8 - Substance Use Disorder Programs				
30) Sacks et al. (2012) **See also Chapter 8, Substance Use Disorder Programs**	Therapeutic Community Treatment for Female Inmates Note: "The 72-bed Challenge to Change therapeutic community women's program was located in separate residential building where therapeutic community program activities were provided 4 hours per day 5 days per week during a planned 6-month tenure." (260) (Colorado Department of Corrections)	Randomized control trial comparing outcomes for female offenders (n=468) assigned to one of two prison-based treatment programs: A treatment group placed in the TC program (n=235) and a control group placed in a cognitive behavioral program (n=192). Note: 'The intensive outpatient program consisted of a 15-module cognitive behavioral substance abuse intervention presented in 2-hour sessions 3 times per week for 16 weeks." (260)	**5 -** Well-designed RCT Despite randomization, statistically significant differences between Tx and control groups found for the variable, motivation for substance abuse treatment. This variable was used as a covariate in subsequent analyses to address this problem. 6 month and 12-month follow-up recidivism outcome data examined using arrest and reincarceration.	Differences in outcomes by treatment group varied by length of the follow-up period, At 6-months post-release, the TC program performed better than the control (the cognitive behavioral program) in four out of five outcomes: arrest (9% vs. 18%), self-reported drug use (19% vs. 27%0, mental health, and trauma exposure. At the 12-month follow-up, the effects of the TC program on crime and mental health outcomes were attenuated. The researchers found that BOTH programs examined in this RCT had beneficial effects on program participants, at least in the short-term.

			Self-report data used for other comparisons.	
31) Zlotnick et al. (2009) **See also Chapter 8, Substance Use Disorder Programs**	Cognitive behavioral therapy for Incarcerated Women with Substance Use Disorder and PTSD *Seeking Safety* (SS) Therapeutic Community treatment program for women with substance use disorder and PTSD. Note: we also include this study in our review of Trauma program evaluations (Rhode Island)	Randomized Control Trial (RCT): 27 women in the TC were compared to 22 women in the treatment as usual (TAU) comparison group. Analyses included 23 of 27 experimental group and all 21 of 22 controls. Seeking Safety (SS) program description: "SS was conducted in group modality for 90 min, typically three times a week for 6 to 8 weeks while the women were in prison, with three to five women per group. After release from prison, each woman in SS was offered weekly individual 60-min "booster" sessions for 12 weeks to reinforce material from the group sessions." (328)	**4 -** RCT with limitations, such as small sample size and lack of post-program data. Researchers noted the following: "Study limitations include lack of assessment of SS outcomes at end of group treatment; lack of blind assessment; omission of the SS case management component; and possible contamination between the two conditions." (325)	No difference between groups. Researchers noted: "The consistent pattern was that women in both SS and TAU improved significantly from intake to each subsequent time point (12 weeks, 3- and 6-month follow-ups) on each category of measurement (e.g., PTSD, substance use, psychopathology)." (331) "Six months after release from prison, 53% of the women in both conditions reported a remission in PTSD." (325**)**
32) Messina et al. (2010) **See also Chapter 8, Substance Use Disorder Programs**	A randomized experimental study of gender responsive substance abuse treatment for women in prison	Randomized Control Trial (RCT) comparing in-program and post-release outcomes for 60 women in the Integrity Prison Program (IPP) and 55 women in the gender-responsive treatment	**4 -** Well-designed RCT with no statistically significant differences reported in background characteristics or motivation and readiness for	No differences between the two groups in pre-post comparisons of psychological well-being; both groups showed improvement, based on ASI psychological composite score and self-efficacy score changes. GRT treatment participants had longer stays in aftercare (4.9 months vs 3.4 months) and were more likely to complete aftercare (54% vs. 36%) than the control group.

	(Valley State Prison for Women (VSPW) in California)	(GRT) program using Helping Women Recover and Beyond Trauma, or the Destiny Prison Program, described by researchers as a standard prison TC program. Measures included changes in psychological well-being, participation in aftercare, post-release drug use, and return to custody. Data collected between 2006 and 2008.	treatment scores. However, researchers noted "practical differences" with regard to race/ ethnicity, marital status, employment, and primary living arrangements prior to incarceration (i.e., homelessness, independent living, or controlled environment over the past 3 years) between the two groups. Results indicated a 10-percentage point or greater difference among the indicators within these variables." (102) Pilot study-small sample size(n=115) Control group also received treatment. Program fidelity measures not included.	No differences between groups in ASI Alcohol or Drug Use Composite scores across time points; however, once differences in demographics were controlled, a significant decrease in scores was identified (See table 2, p. 104). Similarly, no differences between groups in return to prison rates one-year post-release until controls for differences between groups in race/ethnicity, marital status, and living situation (31% GRT vs. 45% control). See table 4, p. 103.
33) Stein et al. (2010) **See also Chapter 8, Substance**	A brief alcohol intervention for hazardously drinking incarcerated women.	Randomized Control Trial (RCT) of a brief intervention to reduce alcohol use and HIV risk among detained women (n=245). 125 treatment	**4 -** Well-designed RCT examining 3-month and 6-month post-release outcomes related to alcohol use.	Researchers did not find any statistically significant differences between the treatment and control groups in either the 3-month or 6-month alcohol use assessments. However, they concluded the following: "In this randomized clinical trial of incarcerated women who reported hazardous drinking prior to incarceration, we

Use Disorder Programs	(Rhode Island)	program participants vs. 120 controls compared. Note: All detained women over a 40-month period from February 2004 to June 2007 were eligible for screening and participation. "Participants were eligible for the clinical trial of interest if they spoke English, had reliable contact information and endorsed having risky sexual behavior (unprotected sex on at least 3 separate days in the 3 months prior to incarceration) and hazardous alcohol consumption [four or more drinks at a time on at least 3 separate days in the previous 3 months." (467)	Attrition was a problem noted by researchers. By month 6, data were available for 79.2% of the treatment group and 78.3% of the control group. Difference in the location of brief interventions (jail vs. community also noted as a limitation.	found that a two-session brief alcohol intervention increased abstinent days during the 3 months after the baseline assessment. The 24% decline in drinking days in the intervention group was associated with decreased SIP scores, suggesting the clinical meaningfulness of these findings." (471)
34) González-Menéndez et al. (2013) **See also Chapter 8, Substance Use Disorder Programs**	Acceptance and Commitment Therapy (ACT) for drug-dependent women (Incarcerated women in a state prison for	Small-scale Randomized Control that compared 18 participants in the ACT program to 19 individuals in a comparison group who received CBT. Data collected between 2010 and 2012 using the Addiction Severity Index-	**3 -** RCT, but small sample size was a limitation; some attrition noted with 18-month comparisons between 14/18 experimental group participants, and 10 of 19 controls.	No differences identified between treatment and control groups. Researchers found that" Both groups reduced their drug use, anxiety sensitivity, and the composite score of the ASI-6, and they increased their psychological flexibility." (26) Recommendation: "ACT seems an adequate treatment option for addictions and co-occurring disorders of incarcerated females. Future research could consider

	women in Villabona, Spain)	6 (ASI-6), the Anxiety Sensitivity Index, the mini-international neuropsychiatric interview, and multi-drug Urinalysis (UA).		including some ACT components in CBT protocols in order to corroborate these results." (26)
35) Lanza et al. (2014) **See also Chapter 8, Substance Use Disorder Programs**	Acceptance and Commitment Therapy (ACT) vs. Cognitive Therapy in the Treatment of Substance Use Disorder with incarcerated Women. (Incarcerated women in a state prison in Asturias, Spain)	Small-scale Randomized Control Trial (RCT) comparing outcomes for two treatment groups (CBT, n=19; ACT, n=18) and a wait list control group (n=13).	**3 -** RCT with problems related to attrition and sample size. NOTE: this is the same RCT described in González-Menéndez et al. (2013).	No recidivism analyses conducted. Both treatment groups showed improvement in various psycho-social indicators at post-release follow-up points. Researchers presented 3-month and 6-month follow-up data on drug use: "With regard to abstinence, the percentage of abstinent women in ACT condition was higher than CBT and CG conditions at all times. Although it is true that all the groups increased their percentages of abstinence over time, the CBT and CG groups had a similar evolution." (651)
36) Dowden & Blanchette (2002) **See also Chapter 8, Substance Use Disorder Programs**	Substance Abuse Programming for Female Offenders (Canada)	Retrospective Quasi-experimental design comparing recidivism outcomes for female offenders with substance use problems who received treatment in prison (n=58) to a control group of women with substance use problems who did not receive treatment (n=40).	**2 -** Limitations include small sample size and limited measures of comparability. A small number of variables were examined to determine the comparability of the two groups; only marital status varied between groups (control 48% vs Experimental 25%).	Lower recidivism rates were reported for women who participated in prison-based substance use treatment (7% returned to custody with a follow-up of 653 days post-release) vs. 25% for with substance use problems who were not treated (609 days post-release).

37) Hall et al. (2004) **See also Chapter 8, Substance Use Disorder Programs**	Forever Free Program: in-prison, residential, substance abuse treatment program employing a cognitive-behavioral curriculum designed for women. "Forever Free program followed a cognitive-behavioral curriculum stressing relapse prevention." (85) **Forever Free Program model**: "The Forever Free program, at the time of subject recruitment, consisted of an intensive 6-month program provided to women inmates near the end of their incarceration period and community-based residential treatment for women who graduated from Forever Free and volunteered for continued treatment on parole." (85) (California Institution for Women)	Quasi-experimental design: Treatment group included 115 women who graduated from the Forever Free program; 47 (46.5%) also attended the aftercare component in the community. The non-equivalent comparison group selected because they had 'similar backgrounds" to the treatment group participants (n=96); 27 (34.2%) also entered community residential treatment while on parole.	**2 -** Limited comparability of treatment and control groups noted by researchers (see p. 99). Differences noted between Tx and control groups in drug treatment history and type of drug used. It was also noted that the two groups both received treatment that was not that much different. Small sample size was also a limitation, especially for the aftercare/community treatment component of this program.	Post-release recidivism reduction effects (rearrest and reconviction) identified: rearrest (50% Tx vs 75% control; reconviction (50% Tx vs 71% control). No significant difference in return to prison rates. (50% Tx vs 62% control). Post-release reduction in drug use noted, although the majority in both groups reported using drugs post-release (50.5% Tx vs. 76.5% control). More women in Tx group employed post-release than in control group (65.3% Tx vs. 44.7% control).
38) Pelissier et al. (2003)	Gender differences in outcomes from prison-	Retrospective Quasi-experimental study comparing treatment	**2 -** No data provided on the size and comparability of the	For males, 3-year recidivism rates were significantly lower (44.2%) for the treatment group than in the comparison group (52.5%). However, no significant differences were

See also **Pelissier (2005).** **See also Chapter 8, Substance Use Disorder Programs**	based residential treatment (Federal Bureau of Prisons)	outcomes for a sample of 1,842 male and 473 female treatment and comparison group subjects.	of the comparison groups. Note: other reports are cited that do provide these details (See Pellissier et al., 2000). They report comparison groups were created for two groups of individuals who self-reported that they were regular drug users: individuals in prisons that offered RDAP; and those in prisoners that did not offer it.	identified in the recidivism rates (24.5% tx vs. 29.6% controls) for female participants in treatment. Significant reductions in post-release substance use were found for men, but not women: "About 59% of untreated men would relapse to drug use compared with 50% of treated men. A similar pattern of reduced drug use associated with in-prison treatment was found among women: 43% of untreated women relapsed compared with only 35% of those women who were treated." (156)
39) Matheson et al. (2009) **See also Chapter 8, Substance Use Disorder Programs**	Women Offender Substance Abuse Programming (WOSUP) (Correctional service of Canada)	Retrospective quasi-experimental study examined 3 distinct groups of women in Canada's federal prison: 318 participants in Intensive Therapeutic Treatment (ITT); 134 participants in either the Engagement and Education, or Relapse prevention and maintenance program; and a pre-WOSAP group (n=108), who participated in the earlier version of	**2 -** Nonequivalent comparison groups with no differences found on 3 demographics (age, education, marital status; but significant variation by ethnicity across these 3 groups: 14% aboriginal, pre, 30% ITT, and 43% other; variations also found for risk level, % of sentence served, and programming intensity, and type including MMTP.	Researchers highlighted the importance of post-release aftercare as a recidivism reduction strategy: "factors. Only 10% of the women who completed aftercare (CRPM) were re-incarcerated compared with 40% of the women who did not have aftercare treatment." (34) While there was no statistically significant difference in recidivism rates across the 3 study groups, researchers reported that "WOSAP treatment programs were associated with a reduced rate of return to custody within the first year after release. The lowest returns observed were among women exposed to ITT (38.7%), the next lowest among women exposed to Other-WOSAP (42.5%) and the highest among women in the pre-WOSAP group (47.2%)." (21)

		the substance abuse program. Recidivism measured by 1-year post-release return to prison rate.		
Evaluations from Chapter 10 - Faith-Based Programs				
40) Brazzell & La Vigne (2008) **This study was also written up as an Urban Institute Justice Policy Center Report by LaVigne et al. (2007).** **See also Chapter 10, Faith-Based Programs**	Faith- and Character-Based Institutions (FCBI) for men and women of varying security levels and different faith groups. Participants volunteer for FCBI placement and may be of any religious faith or none at all. To be accepted into the program, the individual cannot have received a disciplinary report resulting in confinement in the previous 90 days. To remain in the FCBI, individuals must participate in at least one program per week. Programming is provided by numerous community volunteers, under the guidance of the institution's chaplaincy staff. A wide range of programming is included: worship	A process and outcome evaluation of the FCBI in two facilities. This summary focuses on the outcome study, which addressed recidivism rates within 26 months of release. 696 males and 261 females incarcerated on 9/30/04 at two FCBIs were analyzed and compared to individuals in all other Florida prisons on that date (n=74,006 males and 4,802 females). Significant differences between the criminal backgrounds of the male groups were noted, e.g., less violent criminal history, but these differences were not found in the female groups on this variable.	**3 -** Quasi-experimental design with matched controls. Individuals housed at an FCBI on 9/30/04, and released between 2004-2005, and housed in an FCBI for at least 3 months were matched to similar inmates who were not housed in an FCBI using a one-to-one categorical exact matching technique. Matching factors included: gender, age, race, primary offense type, violent or nonviolent offense, number of prior incarcerations, time served, and disciplinary report rate. Limitations: less tangible group	"For both males and females, no statistically significant difference was found in the proportion of FCBI and non-FCBI inmates returned to prison within 12, 18, 24, and 26 months of release." (245) "There was also no statistically significant difference between the treatment and comparison groups in the proportion of inmates who were reincarcerated for a technical violation (i.e., a parole or probation violation) versus a new crime." (245) "Because the sample sizes are relatively small, however, the possibility of a small or moderate effect on recidivism cannot be ruled out. Yet it should be noted that for females, the effect, while not statistically significant, was in the opposite direction from what was expected: a greater proportion of female FCBI inmates were reincarcerated at 18, 24, and 26 months than the inmates from the comparison group." (245) Of note: "Because of this variation in program activity at the facility and individual levels, participation in an FCBI cannot be treated as a fixed experience that is identical for all inmates. The lack of standardized programming should be kept in mind when considering measurements of program effectiveness and opportunities for replicating the FCBI model elsewhere." (240-241)

	services and scriptural study, relationship building through mentoring and small group activities, character development via parenting and anger management, etc. Participants attend multiple program activities each week. (Florida DOC)	Most individuals spent no more than 1 ½-2 years at the FCBI.	differences were not accounted for in the matching process, no measure of treatment exposure or intensity was available.	
41) Levitt & Booker Lopez (2009) **See also Chapter 10, Faith-Based Programs**	Participation in religious activities by incarcerated females (State Correctional Facility)	213 women, the majority (78.4%) of which screened positive for Cluster B personality disorders participated in the study. Of note, subjects were not randomly selected, but a larger sample of the prison's population (n=789) also scored high on this screening, i.e., 80.9%. A self-report battery related to adjustment in prison was administered: Prison Adjustment Questionnaire, Beck Depression Inventory, Prison Violence Inventory. In addition,	**1 -** A correctional study with limited consideration of comparison group differences and considerable reliance on self-report data. Subjects were classified into 4 groups based on whether they reported participation in spiritual activities and whether they reported receiving support from these activities. Controlled for self-reported support from other institutional activities.	Approximately 70.3% of the women surveyed reported some participation in religious activities. "Inmates who received high-level support from participation in religious activities reported significantly less depression, recounted perpetrating fewer aggressive acts, and committed fewer serious institutional infractions than those who did not attend religious activities as well as those who attended but reported receiving low-level support. In addition, inmates reporting a high level of support through their religious activities reported fewer instances of feeling angry, having arguments with inmates and correctional officers, physical fights, and injury than those who reported no participation in religious activities." (1) With respect to the more objective measure of institutional misconduct: "Inmates who did not indicate religious participation (M 4.48, SD 5.42) and those who attended but reported no or little support (M 4.84, SD 5.85) were significantly more likely to accrue major (200-level) violations than those who reported receiving high support from religious participation (M 2.45, SD 3.83)." (5)

		subjects' misconduct files were reviewed.		
42) Ferszt et al. (2009) **See also Chapter 10, Faith-Based Programs**	Houses of Healing Program 12-session course of weekly 2-hour sessions based on the book *Houses of Healing: A Prisoner's Guide to Inner Power and Freedom.* (Northeast US Women's Prison)	A convenience sample of 36 women - 21 program participants and 15 comparison subjects, recruited between 2004-2005. "Of the 36 participants who were recruited, 7 in the intervention group and 11 in the comparison group completed the program during either of its two administrations." (54) Of note, subjects noted multiple losses and over half the sample were taking one or more psychiatric medications prior to incarceration. Outcome measures included a semi-structured interview, Beck Depression Inventory II (BDI), Rosenberg Self Esteem Scale, Spiritual Perspective Scale, and Hamilton Anxiety Scale.	**1 -** Weakly designed, mixed methods study with a very small convenience sample. Pre-/post program administration of the four questionnaires, as well as a mid-point administration.	"Participants in the groups described positive outcomes in the interviews and in the quantitative measurements of anxiety, depression, and self-esteem. Trends in the data, however, indicated an additional differential effect related to program involvement for depression and anxiety scores. The spirituality scores were high at all times for both groups, with slight increases over the period of the study." (46) "Results indicated decreased anxiety and depression scores over time, $F(1.59, 25.42) = 8.99$, $p = .00$; $F(2, 32) = 15.19$, $p = .00$; respectively, for both the intervention and comparison groups. There were also trends indicating an interaction between time and group for both anxiety and depression, $F(1.59, 25.42) = 2.97$, $p = .08$; $F(2, 32) = 2.57$, $p = .09$; respectively, which suggests that those women who participated in the intervention program had lower depression scores than did those in the comparison groups over time." (56) "In examining the self-esteem scores over time (see Figure 2), results indicated there were significant increases in self-esteem scores for both groups, $F(2, 32) = 4.42$, $p = .02$. However, when examining the program impact on self-esteem (e.g., time and group interactions), no statistically significant difference was found, $F(2, 32) = 1.64$, $p = .21$. This similar pattern of results was also found with spiritual well-being, whereby there was no significant change in spiritual well-being scores over time, $F(1.41, 22.53) = 1.85$, $p = .19$, or interaction between time and group, $F(1.41, 22.53) = 0.01$, $p = .99$, indicating a similar rate of change for both the intervention and control groups over the three time points." (56)

Evaluations from Chapter 12 - Health & Wellness Programs				
43) Cropsey et al. (2008), (2011) **See also Chapter 12, Health & Wellness Programs**	Smoking Cessation Program Group-based mood management training and standard behavioral techniques to prevent smoking relapse. 10-weeks of once/weekly group sessions, as well as nicotine replacement therapy initiated in week 3, with attempts to quit between weeks 3-4. (Virginia DOC)	360 incarcerated women, who smoked at least 5 cigarettes per day and expressed interest in smoking cessation. Treatment group of 250 women; control group of 289 women. Control group was on a 6-month waiting list. Data collected 2004-2006.	**5 -** RCT with 6-month waitlist control group and large sample size.	"The intervention was efficacious compared with the waitlist control group. Point prevalence quit rates for the intervention group were 18% at the end of treatment, 17% at 3-month follow-up, 14% at 6-month follow-up, and 12% at 12-month follow-up, quit rates that are consistent with outcomes from community smoking-cessation interventions." (1894) One week after targeted quit date, there was a significantly greater increase in smoking abstinence for the intervention group compared with the control group. Significance in abstinence between groups remained until 6 months after completion of the intervention. For the intervention group, there was a gradual decline in abstinence from week 5 till the 6-month follow-up point.
44) Gil-Delgado et al. (2011) **See also Chapter 12, Health & Wellness Programs**	Diet and Fitness Intervention Changes to diet by a nutritionist paired with encouragement to increase physical activity over 1 year. (Prison in Huelva, Spain)	Subjects were 139 men and women who had potential cardiovascular risk factors or cachexia due to HCV/HIV or needed special diets. 44 subjects were lost in the follow-up study, and 95 completed the program (7 women and 88 men). Average program stay was 6.6 months.	**2 -** Longitudinal nonrandomized cohort study with a number of objective measures of program success. The specific role of physical activity in this study is not clearly articulated; the focus is primarily on diet changes produced by a nutritionist.	Significant differences compared with baseline for body composition variables and diastolic blood pressure. Non-significant differences compared with baseline for all clinical variables except triglycerides, blood glucose, and glycated hemoglobin. Significant reduction in the number of participants with metabolic syndrome according to IDF criteria.

		Outcome measures included both measures of body fat and blood pressure, as well as blood work. Data collected 2009-2010.		
45) Cropsey et al. (2011) **See also Chapter 12, Health & Wellness Programs**	Waiting List for Nicotine Replacement + Behavioral Therapy Smoking Cessation Intervention (Virginia DOC)	179 females who were wait-listed for 6 months prior to an intervention. Compared two groups based on whether they self-selected to reduce smoking prior to their cessation attempt (n=77) or whether they increased smoking or did not reduce it (n=102). Data collected 2004-2006.	**1 -** Comparison of two groups based on differences in smoking behaviors pre-treatment.	While not a program evaluation per se, this study explored whether motivation to quit or an intent to quit alone was sufficient to produce a change in smoking behavior, independent of program participation. "Participant-initiated pre-cessation smoking reduction may be initially helpful in preparing to quit smoking, or may serve as a marker for participant motivation to quit smoking, but these differences do not sustain over time. More intensive interventions are still needed for successful cessation." (73) "Our study showed that smokers who reduced prior to their quit attempt showed better cessation rates during initial post-quit weeks of the smoking cessation program than did those who did not reduce. However, these effects disappeared by the end of treatment and at follow-up points." (77)
46) Elwood Martin et al. (2013) **See also Chapter 12, Health & Wellness Programs**	6-Week Health and Fitness Intervention Intervention was partly designed by prisoners through a participatory research process and led by a prisoner certified in health and fitness.	16 incarcerated women. Pre-/post-program assessments via a self-administered questionnaire and body measures. Outcomes included weight, body mass index (BMI), waist-to-hip ratio, chest measurement.	**1 -** Pre/post-program measures for a small sample of program participants.	Significant improvement in chest measurement compared with baseline. No significant changes observed for weight, BMI, and wait-to-hip ratio.

	Participants received a food guide and personalized food chart, which were used to help self-monitor eating behavior, and attended a nutrition education session once per week. Participants joined a group circuit class or followed personalized exercise plans. (Canadian Women's Prison)			
47) Tesler et al. (2023) **See also Chapter 12, Health & Wellness Programs**	Participation in 7 Health Promotion Activities: Yoga, Gym, Meditation, Vipassana Seminar, Jangling, Smoking Lectures, and a Healthy Nutrition Seminar. (Israeli Prisons)	522 individuals - 429 males, 93 females, were surveyed in 2019 related to their physical health, subjective health status, and participation in health-promoting activities. Psychical health was assessed based on self-report of moderate to vigorous physical activity including rapid walking, slow walking, running, aerobic training, and gym training.	**1 -** Cross-sectional descriptive study. Limitations: selection bias, lack of clarity regarding the nature of each health promotion activity, and reliance on self-report data.	"Most of the participants (82.37%) did not meet the recommended physical activity level. Half of the participants reported that their physical activity levels decreased since they were in prison compared with 29.50% who reported that their physical activity levels increased. Physical activity and subjective health status were significantly higher among younger male inmates. Furthermore, participation in health-promoting activities was associated with higher levels of physical activity and subjective health status." (1) 43% of study participants did not participate in any health promotion program. 35.63% participated in gym, 22.79% in meditation, 22.03% in yoga, 14.55% in smoking lectures, 13.60% in health nutrition seminar.

Evaluations from Chapter 14 - Special Populations & Unclassified Programs				
48) Burraston & Eddy (2017) **See also Chapter 14, Special Populations and Unclassified Programs**	Parenting Inside Out (PIO): Parent Management Training Program 2.5-hour sessions, 3 times/week for 12 weeks plus at least one individual session. Interventions grounded in social action learning theory. Topics include parenting styles, communication skills, problem solving, play, and rules, rewards, and consequences. (Oregon DOC)	359 incarcerated subjects - 198 mothers and 161 fathers. 182 parents in the program and 177 parents receiving services as usual. Using the same sample/intervention as described in Eddy et al. (2013), researchers examined the potential influence of a theoretically based moderator - living with children before incarceration.	**5** - RCT, with pre/post-test design, to include a 6- and 12-month post release follow-up. Randomization to condition was at the individual level, blocking on sex and on race and ethnicity.	Results support the efficacy of the PIO program for reducing recidivism as defined as well as the positive effects shown on parent-child attachment and family social support. "Participants in the PIO condition who lived with their child before incarceration had 52.2% fewer arrests than participants in the control condition who did not live with their child before incarceration and, although not significant, 23.7% fewer arrests than participants in the control group who lived with their child before incarceration. Similarly, participants in the PIO condition who did not live with their child before incarceration had 53.6% fewer arrests than participants in the control condition who did not live with their child before incarceration and, again, although not significant, 26.3% fewer arrests than the control group who lived with their child before incarceration. There were virtually no differences in postrelease arrests between participants in the PIO condition who lived with their child before incarceration and participants in the PIO condition who did not live with their child previously." (106)
49) Eddy et al. (2013) **See also Chapter 14, Special Populations and Unclassified Programs**	Parenting Inside Out: Parent Management Training Program 2.5-hour sessions, 3 times/week for 12 weeks plus at least one individual session. Interventions grounded in social action learning theory. Topics include parenting styles,	359 incarcerated subjects - 198 mothers and 161 fathers. 182 parents participated in the program and 177 parents continued receiving services as usual. To be eligible for the program subjects had to have at least one minor child, the legal right to	**4** - RCT, with pre/post design, to include post release follow-up. Limitations: Relatively high attrition rates, reliance on self-report data.	Parent Stress: "Controlling for preintervention stress ratings, inmate gender and age, and total family contacts in prison, participants assigned to the intervention condition reported significantly less stress than control participants at the post-intervention assessment (b 1⁄4 .128, p 1⁄4 .03). At the mean levels of the control variables, intervention participants were, on average, 8.8% lower on parental stress at postintervention than controls." (88) Parent Depression: "Controlling for preintervention mood, inmate gender and age, and total family contacts in prison,

	communication skills, problem solving, play, and rules, rewards, and consequences. (Oregon DOC)	contact the child, a role in parenting the child in the past, and less than 9 months remaining on their sentence. Approximately 1/3 of the subjects did not complete the program for a variety of reasons. Outcomes include stress, depression, and engagement measures.		participants assigned to the intervention condition reported feeling significantly less depressed than control participants at the postintervention assessment (b 1⁄4 .112, p 1⁄4 .02). At the mean levels of the control variables, on average, males in the intervention group were 7.4% lower on scores of depressed mood than males in the control group, while females in the intervention group were 7% lower than control females." (89) Positive Parent-Child Interaction: "Controlling for preintervention scores, inmate gender and age, and total family contacts in prison, participants assigned to the intervention condition reported significantly more positive interaction postintervention (b 1⁄4 .254, p 1⁄4 .02). At mean levels of the control variables, participants in the intervention group were 12.4% higher, on average, on positive parent–child interaction than controls." (88-89) Significant main effects for the intervention were not noted for likely to play an active role in the child's life, closeness to caregiver, or ease of relationship with caregiver. Some interaction effects were noted related to these variables.
50) Eddy et al. (2022) **See also Chapter 14, Special Populations and Unclassified Programs**	Parenting Inside Out: Parent Management Training Program See program description in Eddy et al. (2013) (Oregon DOC)	Using the same sample/intervention as described in Eddy et al. (2013), researchers examined post release outcomes. Outcomes included: post release arrests, post release self-reported criminal behavior, and self-reported post release substance use problems.	**4 -** RCT, with pre/post design, to include a 6- and 12-month post release follow-up. Control variables in the analysis included prior arrests, prior criminal behavior, prior substance use problems, years incarcerated, gender, mental health	"Outcomes favoring participants in the intervention condition were found in areas of importance to parents and their children and families and to public health and safety at large." (1) "Parents assigned to the intervention condition were significantly less likely to report problems related to substance use and engaging in criminal behavior post-release." (9) "Controlling for prior arrests, gender, and time in prison, participants assigned to the intervention condition had 37 percent (IRR = 0.63, $p < 0.05$) fewer arrests than control

		Interview participation was 100% at the baseline interview and 83% at the 6-month post-release interview.	problems, and family contact. Limitations: Relatively high attrition rates.	participants through one year after release from prison." (7) "Controlling for prior criminal behavior and gender, intervention condition participants were significantly more likely to report no post-release criminal behaviors (b = 0.40; p < 0.05)." (9) "Controlling for prior substance use problems and gender, intervention condition participants were significantly more likely to report no post-release substance abuse problems (b = 0.44; p < 0.001)." (9)
51) Scudder et al. (2014) **See also Chapter 14, Special Populations and Unclassified Programs**	Parent Child Interaction Therapy (PCIT) adapted for a prison setting. 7-week parenting group consisting of weekly 90-minute sessions teaching PCIT skills through role plays and coaching. PCIT focuses on children's dual needs of nurturance and limits. (West Virginia DOC)	69 incarcerated mothers of children between the age of 2-12, randomized to one of two parenting programs - 39 in the PCIT group and 30 in an existing parent training group. Control group received standard prison-based parenting class, Partnerships in Parenting, an 8-week course consisting of weekly 90-minute group discussion and role plays. Outcome measures: Adult Adolescent Parenting Inventory (AAPI), Parenting Stress Index (PSI), Child Abuse Potential Inventory (CAP), Therapy Attitude Inventory (TAI), and	**4** - RCT comparing PCIT to existing program. Limitation: behavioral observations involved adult research assistants, not the participants' children and significant attribution in the treatment as usual group, relatively small sample size.	PCIT had "medium to large effects…for demonstrated parenting skills and intervention acceptability using behavioral rehearsal during role-play." (244) "At post-treatment, mothers completing the PCIT-based training demonstrated higher levels of parenting skills and reported higher levels of treatment satisfaction than mothers completing the existing facility class. Mothers completing the existing class reported higher levels of parenting knowledge of child development than the PCIT-based class. Following both parenting models, similar decreases were found between groups in parenting stress and child abuse potential." (238)

		behavioral observations of parenting interaction role plays scored using the Dyadic Parent-Child Interaction Coding System-III (DPICS-III).		
52) Kamptner et al. (2017) **See also Chapter 14, Special Populations and Unclassified Programs**	Attachment-Informed Psychotherapeutic Program 48-hour course taught in 4-week cycles by clinical psychologist trainees. Classes meet for 3 hours/day, 4 days/week. Content focuses on attachment, child growth and development, effective parenting strategies, safe home environments, parent development, and family unification. (California Jail)	430 incarcerated parents/guardians/other caregivers. Outcomes measures administered on the first and last day of the class included: Adult Adolescent Parenting Inventory (AAPI), Parenting Sense of Competence (PSOC) scale, Survey of Parenting Practices (SPP), and the Brief Symptom Inventory 18 (BSI-18). Data collected from 2010-2016.	**3 -** Single group, pre/post-test design with large sample size. Limitations: lack of a control group.	Those who completed the parent education intervention Increased their parental knowledge of child development and child guidance skills, particularly the female study participants. (70) The authors state that this is particularly noteworthy given that the study participants were likely raised by parents without adequate child-rearing skills, and interventions such as AAPI help break the intergenerational cycle of poor parenting. "Results of pre-post assessments showed a significant improvement in parents' reported sense of efficacy and satisfaction in the parenting role; their knowledge, skills, and behavior as a parent; their understanding of child development; their knowledge of alternatives to using corporal punishment; establishing appropriate parent-child boundaries; and they were less likely to view their child's independence as a threat. Females showed a significant decrease in distress symptoms." (62) "Results showed that, with gender collapsed, participants scored significantly higher ($p < .05$) on the posttests than the pretests for all dependent variables except the Brief Symptom Inventory (BSI) and the Empathy subscale from the Adult-Adolescent Parenting Inventory (AAPI-2). For the BSI, participants scored significantly lower on the posttest than the pretest ($p = .001$), which was in the expected direction indicating a decrease in psychological distress. For the Empathy subscale, the mean difference was in the expected direction and showed a trend, but it was not statistically significant ($p = .06$)." (68)

53) Loper & Tuerk (2011) **See also Chapter 14, Special Populations and Unclassified Programs**	Parenting from Inside: Making the Mother-Child Connection 8 2-hour sessions of CBT-based parenting program to improve communication with children and home caregivers, including didactic teaching, video vignettes, and group discussion. (Virginia DOC)	176 incarcerated mothers with at least one child under 18: ultimately there were 46 mothers in a waitlist control group compared to 60 mothers in the intervention group. Outcome measure: Parenting Stress Index (PSI), Child Contact, Parenting Alliance Measure (PAM), Brief Symptom Inventory, self-reported usage of program skills.	**3** - RCT, pre/post-test design, with significant attrition. Limitations: Results based on treatment completers only, significant attrition, reliance on self-report related to behavior change.	"After intervention, mothers reported reduced parenting stress, improved alliance with home caregivers, increased letter-writing, and reduction of mental distress symptoms. Large drop-out rates in both subgroups may have reduced the benefits of the random assignment used to form groups." (89) The authors note that while there were promising pre-post comparisons in the treatment group, when compared to a waitlisted control group, aside from one stress scale, "there were no differences in change patterns between" the two groups. (99)
54) Shortt et al. (2014) **See also Chapter 14, Special Populations and Unclassified Programs**	Emotions: Taking Care of Yourself and Your Child When You Go Home Program Project Home Pilot Study, a 15-week parenting group delivered weekly for 2 hours/session. Sessions involved didactic instruction, role plays, group discussion, videos, handouts, and homework. Participants were also offered 6 months of post program, coaching support. Program focuses on strengthening emotional regulation	47 mothers who had previously participated in Parenting Inside Out were assigned to the Emotions Program (n=29) or to a comparison condition of no additional treatment (n=18). Outcome measures were collected pre-treatment, at the end of treatment, and 6 months after release from prison: Difficulties in Emotion Regulation Scale (DERS), Maternal Emotional Style Questionnaire (MESQ), and Center for Epidemiologic Studies Depression Scale.	**3** - Quasi-experimental unmatched control group, pre/post-test design with 6-month post prison follow-up. Limitations: Results were based on treatment completers.	Initial results, as indicated by moderate effect sizes, suggest that the participants in the Emotions program "promoted increases in mothers' effortful control as a measure of reactivity, prevented increases in mothers' dismissing of children's emotions, and effected decreases in mothers' dismissing of children's emotions, and effected decreases in mothers' criminal behavior over time." (7) Mothers in both groups decreased in emotion dysregulation over time. However, moderate effects were observed for "aspects of emotion regulation, emotion socialization behavior, and criminal behavior in mothers, with participants in the Emotions condition showing improvement relative to those in the comparison condition." (1)

	skills and emotion coaching related to children's emotions. (Oregon DOC)			
55) Sandifer (2008) **See also Chapter 14, Special Populations and Unclassified Programs**	Rebonding and Rebuilding: A Parenting Curriculum 12-week parenting group delivered 3 hours/day, twice a week. Interactive curriculum with didactic instruction and videos addressing family and child development, discipline, personal growth, and child abuse. Program also included extended visitation time with activities and skills practice. (Kentucky DOC)	90 incarcerated mothers; 64 in treatment group; 26 in control group. Outcome measures included Adult Adolescent Parenting Inventory (AAPI) and Parent Child Relationships Inventory (PCRI).	**3** - Quasi-experimental, unmatched, non-equivalent control group, pre/post-test design. A series of analysis revealed no significant differences between the treatment and control programs pre-treatment. Limitations: Results based on treatment completers, significant attrition from the original sample of 119 in the treatment group and 42 in the control group.	Significant increases in parenting knowledge and skills of individuals who completed the program. Parents were more likely to understand their children's feelings and needs. Specifically, results indicate "increased child development knowledge, changed views of corporal punishment and parent-child role reversal, and increased empathetic awareness" toward their children. (441) No significant increase in feeling supported in their parenting efforts, no significant increase in satisfaction with being a parent, and no significant change in perceived communication ability.
56) Kennon et al. (2009) **See also Chapter 14, Special Populations and Unclassified Programs**	Moms Inc Parenting Program 12-session parenting group delivered biweekly for 2-hours. Discussion-based classes with workbooks. Mothers could also participate in a	66 incarcerated mothers, 57 of which completed the full program. Outcome measures: Parenting Attitudes (PARQ), Rosenberg Self-Esteem Scale (SES), Incarcerated Parents Legal Questionnaire	**2** - Single group, mixed-methods, pre/post-test design with follow up. Limitations: No control group.	The intervention demonstrated success across the majority of measured outcomes. "Mothers' parenting attitudes improved from the beginning to the end of the parenting classes and showed a marginal additional increase at the 8-week follow up. The size of the increase was small at each point. The subtle improvement supports the program's attempt to allow mothers to become more nurturing toward their children." (22)

	visitation program upon group completion. (State Prisons in the Southeast US)	(created for the study), Communication Questionnaire (also created for the study), as well as 4 qualitative interview questions.		"In assessments at the end of the course and at an 8-week follow-up, mothers showed significant improvements over their pretest scores in parenting attitudes, self-esteem, and legal knowledge regarding parental rights and responsibilities. Mothers' open-ended comments showed they gained an understanding that children need love, letters, and consistency and that they should show the caregivers respect, gratitude, and support. There was no change in frequency of letters written home, however, despite much emphasis on letter-writing during the course." (10)
57) Menting et al. (2014) **See also Chapter 14, Special Populations and Unclassified Programs**	Better Start Program Basic Incredible Years Parent Training (IYPT), a 12-week manualized parenting program delivered once/week for 2 hours. Sessions involved video vignettes, group discussion, problem solving and skills practice. Four 1 ½ hour home visits were conducted 4-6 months after completion of the program. (Netherlands Prisons)	113 imprisoned and recently released mothers; 86 mothers in the treatment group and 27 in the control group. Control group received no intervention, i.e., intent to treat. Outcome measures: Basic Demographic and Family Functioning Measures, Eyberg Child Behavior Inventory (ECBI), Teacher's Report Form (TRF), Caregiver-Teacher Report Form (C-TRF), and Alabama Parenting Questionnaire (APQ).	**2** - Experimental design with non-equivalent control groups, pre- and post-intervention, with home visit and follow-up. Limitations: randomization procedures were suspended due to limited participant availability; significant attrition, program was delivered in different settings - both in prison and in the community.	Of note, separate data and analyses for mothers who received the program while in prison were not available. "For intensity of problems (ECBI), results of intention-to-treat analyses revealed a significant Group Time interaction (b 1⁄4 1.86, p 1⁄4 .04, d 1⁄4 0.30), indicating an intervention effect on the intensity of disruptive behavior according to mothers…mothers in the intervention group reported a decrease in intensity of disruptive behavior, whereas intensity of disruptive behavior according to mothers remained fairly stable in the control group." (389) "For inconsistent discipline, results of intention-to-treat analyses revealed a significant Group Time interaction (b 1⁄4 0.55, p 1⁄4 .002, d 1⁄4 0.63), indicating an intervention effect on inconsistency of discipline according to mothers. As shown in Figure 3d, mothers in the intervention group reported a decrease in inconsistency of discipline, whereas mothers in the control group reported an increase in inconsistency of discipline." (392)
58) Norman & Enebrink (2023)	For Our Children's Sake (FOCS) Program Manualized treatment program delivery	91 parents in 15 prisons, with children ages 3-12 and contact with their children. Group allocation based on operation	**2 -** Non-randomized, non-blinded pragmatic controlled study, mixed-model regression analyses.	"The FOCS intervention had beneficial effects on relationship quality, and outcomes related to criminality which suggests that a parenting intervention for incarcerated parents has the potential to influence both

See also Chapter 14, Special Populations and Unclassified Programs	weekly in 2-hour group sessions for 10 weeks, with each session highlighting child development, child perspectives on incarceration or violence, parenting, or factors related to their own parenting. Group discussion and videos were included in the protocol. (Swedish Prison)	planning at each prison: prisons delivering the program during the study period were in the intervention group, prisons scheduled to deliver the program outside the study period were the control group. 39 parents were assigned to the intervention group, 52 to the control group. 3 participants were lost to attrition in each group. Outcome measures: parent-report at baseline, after intervention, and at 3 month follow-up period. Focus of report was relationship quality, as well as criminal attitude, interest in other programs, and child-parent contact.	Limitations: outcome data based on self-report only.	parenting outcomes and outcomes related to a criminal lifestyle." (1) "The results of this study showed a significant effect of intervention on the primary outcome quality in relationship between child and parent. Findings align with results from the international arena and adds new insight regarding beneficial effects of parenting interventions for incarcerated parents in the quality of the relationship , focusing on warmth." (13)
59) Urban & Burton (2015) **See also Chapter 14, Special Populations and Unclassified Programs**	Parents and Their Children (PATCH): Turning Points Program Program includes 5-week, 2-session/week, parent education paired with supervised mother/child visits and ongoing support groups. Parent education addresses parenting styles, complex	204 program participants. Outcome measures included pre/post-tests for each of 10 parenting lessons, as well as an additional post-test only assessment of changes in parent perceptions regarding knowledge gained, attitude, and skills.	**2** - Single group, pre/post-test design, with a longitudinal component for a small number of participants (n=16).	Mean post-test scores were significantly higher than pre-test scores for all 10 lessons. However, a longitudinal component of the evaluation noted "lessons did not remain with offenders for the long term." (67) Only 1 lesson - dealing with children's anger - showed consistent improvement over time. "This study provides additional positive support for parenting programs for incarcerated mothers [and contributes to] the existing body of literature indicating support of educational program policy recommendations." (69)

	emotions, rebuilding trust, discipline, self-esteem, protecting children from harm, expectations, and temperaments. (Missouri DOC)			Results echo prior research that shows positive effects for both better parenting and stopping the intergenerational cycle of incarceration due to poor child rearing.
60) Wilson et al. (2010) **See also Chapter 14, Special Populations and Unclassified Programs**	Parenting from Prison Program 20-session group-based program adapted from Partners in Parenting. Sessions involve group discussion, role plays, and exercises, as well as individual work. Topics focus on strengthening family relationships and increasing parental knowledge about risks, resiliency, and development. (Colorado DOC)	102 incarcerated fathers and 82 incarcerated mothers. Outcome measures: Rosenberg Self-Esteem Scale, Self-Mastery Scale, Kansas Parental Satisfaction Scale, Index of Parenting Attitudes (IPA), and measures of parental confidence and program-based knowledge.	**2** - Single group, pre/post-test design. Limitations: no control group, unreported inclusion/exclusion criteria, intervention length varied across treatment centers, results based on treatment completers only.	"Improvements in parenting knowledge and parenting attitudes among female and male incarcerated parents were found." (114) Significant improvements in self-esteem, self-mastery, parental satisfaction and confidence were also noted. Program had added component of working to facilitate better communication with incarcerated parents' children while still serving their sentences.
61) Collica-Cox & Furst (2020) **See also Chapter 14, Special Populations and**	Parenting Inside Out (PIO) Program paired with stress management component (meditation and yoga), a certification in CPR, First Aid and AED, and a graduation/reunification day.	14 Incarcerated mothers and grandmothers who served as a primary caregiver for a child 24 years of age or younger and completed the program. Only 10 participants were available for the post-test phase of the study.	**1** - Weak pre/post-test design. Limitations: Very small sample size, significant attrition, overreliance on qualitative, self-report data.	"Findings indicate statistically significant decreases in depression, parental stress, and anxiety, and increased self-esteem. Participants also had increased contact with their children and reported more confidence in their parenting skills." (138) Authors note the added benefit of the participants bonding as a group and social support as they participated in PIO, even though many were in overall stressful

Unclassified Programs	Program consisted of 14 2-hour classes, offered twice a week over 2 months. Topics include parenting styles, communication skills, problem solving, play, and rules, rewards, and consequences. (BOP Detention Center - MCC New York)	Outcome measures: DASS 21 Scale for stress, anxiety and depression; Guttman Self-Esteem Scale; questions related to parental stress and confidence and open ended interview questions.		situations (i.e., a number of the inmates were awaiting sentencing).
62) Gonzalez et al. (2007) **See also Chapter 14, Special Populations and Unclassified Programs**	Parenting in Prison: a skills-based Parent Education Program for Incarcerated Mothers Topics included reintegration issues, support networks, the school system, and high-risk behavior in children, along with a skilled-based program focused on strengthening family relationships and promoting positive behaviors. (Colorado DOC)	191 incarcerated mothers; 84% reported they would be parenting at least 1 child upon release. Outcome measures were study-specific questionnaires developed to assess parenting attitudes before and after the intervention.	**1** - Single group design, using pre/post-test measures. Limitation: reliance on self-report data and unvalidated outcome measures, no control group.	Parents reported increased confidence in their skills, an increase in the value of being a parenting and improved knowledge of parenting and child needs. No significant differences were found in negative parenting control, parenting attitudes about drugs and alcohol, parental discipline, or child independence.
63) Miller et al. (2014) **See also Chapter 14,**	Parenting While Incarcerated Program 12-week parenting group delivered for 1	45 mothers with children under the age of 18 participated in the program; however, only	**1** - Single group mixed-methods, pre/post-test design.	Women reported high program satisfaction and reduced endorsement of corporal punishment after the program. “Results from the paired t-test analysis of the AAPI-2 were that mothers showed a statistically significant reduction in

Special Populations and Unclassified Programs	hour/week, based on an existing evidence-based program - the Strengthening Families Program. Program was adapted throughout, based on feedback from participants. (County Jail)	22 completed the post-test survey/AAPI. Outcome measures: Adult Adolescent Parenting Inventory (AAPI), participant satisfaction survey.	Limitations: no control group, women did not receive the same program due to adaptations in program content, results based on program completers only, significant program attrition.	one AAPI-2 subscale. Specifically, they showed lower endorsement of corporal punishment attitudes at post-test compared to pre-test (see Table 2)." (167)
64) Palusci et al. (2008) **See also Chapter 14, Special Populations and Unclassified Programs**	Helping Your Child Succeed Program Program is grounded in the Family Nurturing Program and consists of 2 hours weekly for 10 weeks, conducted in small groups of 5-30 participants. Topics included positive attention, praise, expectations, limit setting, anger management, logical consequences, and communication. (County Jail in Michigan)	484 incarcerated parents compared to 296 parents in an at-risk population, within and between group comparisons. At-risk population settings included a residential substance abuse treatment facility, a community parenting camp, and a general community setting. Outcome measures include the Adult Adolescent Parenting Inventory (AAPI) and the Child Abuse Potential (CAP) Inventory.	**1** - Non-equivalent control group, pre/post-test design. Limitations: incarcerated parents were also participating in a substance abuse treatment program.	No significant differences between groups in different settings were noted. Improvement in APPI-2 scores from pre/post-test in the jail group were significant at p <0.01. "Males showed greater improvement in AAPI-2 scores in all groups, with greater gains in knowledge about empathy, expectations and use of corporal punishment. Those with high abuse potential showed greater improvements." (79)
65) Thompson & Harm (2000) **See also Chapter 14, Special**	Parenting from Prison Program 15 weekly sessions based on the Nurturing Parent curriculum and addressing child	104 incarcerated mothers who completed the program. Outcome measures included Adult Adolescent Parenting	**1** - Single-group, pre/post-test design. Limitations: no control group, participant inclusion/exclusion criteria not indicated,	Significant positive changes in overall self-esteem, appropriate expectations for behavior, corporal punishment, and parent child roles. Empathy and mother-child interactions through visits and letters improved based on self-report data.

Populations and Unclassified Programs	development, communication, guidance, and self-esteem. (Arkansas DOC)	Inventory (AAPI) and Index of Self-Esteem (ISE)Questionnaire, and two semi-structured questionnaires developed by the researchers.	results based on treatment completers.	"Those with a high school education and above had significantly higher scores on attitudes about corporal punishment and parent-child roles." Black mothers showed the most improvement on expectations, corporal punishment, and roles. "Mothers espoused more nurturing methods of discipline and reported that the frequency and quality of interactions in visits and letters improved." (77)