

**FSL DANBURY
FEMALE INTEGRATED
TREATMENT (FIT)
PROGRAM**

Federal Bureau of Prisons
Female Offender Branch

OVERVIEW

FSL Danbury was activated in December, 2016 to ensure low security women from the northeast part of the country had the opportunity to be housed near their homes. The opening of this facility provided the Bureau the chance to ensure women in our custody have access to the same levels of mental health treatment that men do. At the same time, we are able to evaluate a new approach to therapeutic programming referred to as Female Integrated Treatment (FIT).

The entire FSL institution will operate as the FIT Program; in other words, the whole institution will be one large therapeutic programming unit. This unique, evidence-based treatment model includes all women at the facility in the program. Even though everyone is participating in some way, each inmate has individual goals based on her own needs.

This booklet was developed to provide information to staff working in FIT including program details and tips for helping the program succeed.

Facts and Figures about Incarcerated Women

Approximately 14,000 women are in Bureau custody, accounting for slightly more than 7% of the agency's population. Nationwide, women offenders are often considered one of the fastest growing correctional groups, but in the federal system women have comprised a fairly consistent proportion of the population for over a decade. We have 28 facilities housing female offenders. Historically, many of the services provided in corrections were developed for men. Sometimes, these programs are equally applicable to women.

Many times, however, women's life experiences and needs are different, and to best meet our rehabilitation mission, we need to adopt approaches that are designed for and effective with women.

Women offenders do share some commonalities with their male counterparts, but they also differ in significant ways. For example, they are more likely to have histories of physical or sexual abuse and trauma. Trauma refers to the experience of a terrible event that causes major distress. One study suggested as many as 90% of women in prison had histories of trauma.

The Bureau recognizes gender matters, and we provide a number of programs designed specifically for the needs of justice-involved women. These gender-specific offerings include programs in the model programs catalog covering a wide variety of topics addressing women's reentry issues.

Here are some other key differences in incarcerated men and women:

- Substance abuse and drug dependence are prevalent among incarcerated women prior to incarceration or were often a factor in their arrest.
- Co-occurring mental health issues are more common in incarcerated women. This means women often have a mental health condition, a substance use disorder, and a trauma history all at the same time.
- Incarcerated women have higher rates of some psychiatric disorders. Disorders more common among women include depression, anxiety, post-traumatic stress disorder, and eating disorders.
- Incarcerated women may deal with complicated reproductive system concerns due to poor pre-incarceration healthcare.
- Incarcerated people often lack education, job skills, and employment, and these numbers are poorer for women.
- Incarcerated women are much more likely to be the sole caregivers of minor children prior to incarceration.
- Women in prison are more likely than men to be focused on relationships – both maintaining old ones and building new ones. In fact, women's pathways into prison are different. Women often become involved in the justice system through an unhealthy relationship with a male partner.

FSL Danbury's FIT Program is one of our newest initiatives developed to ensure women are receiving the services that will best prepare them to address their treatment issues and return to society as productive citizens. The model for the program is that every inmate at the facility is part of a single community, which helps each woman remain accountable for her behavior and her programming. This approach is known as a therapeutic community.

What is a therapeutic community?

Therapeutic Communities (TCs) are group approaches to intervention that have been found by research to have positive outcomes. Every member of the TC is focused on recovery of some kind, and the community consider the whole person important, not just the issue that is being treated. TCs are considered to be somewhat intensive; that means, that as opposed to a program that might meet for an hour a week, TCs involve daily program meetings, activities, or skill practice.

In the FIT TC, clinical staff lead treatment groups, but inmates support each other during and outside these sessions. Every member of the TC participates in certain core activities of the community. One of these activities is the morning meeting. The morning meeting is a short session led by inmates, and all members must be present. Another core activity each inmate will be responsible for is serving on a committee that serves the TC. Examples of committees are the welcoming committee, the special event committee, and the sanitation committee. A TC also has shared community values such as mutual support, healing, and positive change.

Therapeutic programming in the FIT TC is provided in the form of cognitive behavioral therapy (CBT). CBT is an evidence-based intervention used to lessen emotional distress and the symptoms of mental illness, while improving behavior and social skills.

How it Works

Each inmate arriving at FIT completes psychological tests while also undergoing screening through Unit Management and Health Services. Each participant, depending on her individualized needs, is enrolled in a combination of psychoeducational and therapeutic groups, individual therapy, treatment team meetings, and trainings. Seriously mentally ill program participants may incorporate more individual and small group contact than other participants, as well as regular contact with psychiatry service providers. All FSL inmates have access to the Bureau self-improvement opportunities, including work assignments, vocational programming, and other reentry services. Some flexibility is required to ensure inmates are able to complete therapeutic programming requirements without missing out on work or educational opportunities.

Earlier in this manual, major need of areas of women were described.

FIT will target four main need areas:

- Trauma,
- Substance abuse,
- Mental health issues, and
- Employment issues.

Some women may not need significant services from psychologists. Those individuals will receive CBT to address criminal thinking patterns and decision making. They will also have an opportunity to provide peer support services to other women. Women with a history of mental illness have the opportunity to provide support to their peers while participating in a certified apprenticeship that provides an avenue to seek skilled employment after release.

The program will last less than one year for most participants, but because each woman has different goals, length of stay may vary. Also, women who complete the program and are not able to release or be re-designated to a camp may staff on as participants and/or peer support providers.

Program Staffing

All staff members who work at the FSL are part of the community and have the opportunity to participate in staff meetings and provide feedback about the performance of individual inmates. A weekly staff meeting is co-facilitated by Psychology and Correctional Services to share information and develop interdisciplinary plans. Training is also available to all FSL staff on a quarterly basis.

You are part of giving treatment programming. You benefit the program by providing information on how inmates are doing. Some information may be confidential, but most will be shared so you can support the program mission and provide the best management and care to inmates.

Full-time positions in FIT include:

FIT Case Manager (1), FIT Counselor (1), FIT Unit Officer (1-2 per shift), FIT Coordinator (1), FIT Psychologists (2), and FIT Treatment Specialists (4).

Communication Tips

In FIT, staff try to balance holding inmates accountable with keeping them engaged in the TC. This means that rule violations should absolutely be noted and sanctioned, but that the discipline may become part of treatment. Inmates are encouraged to talk about their issues and to problem-solve instead of becoming angry. Some useful tools to work with inmates include:

- **Modeling Effective Communication:** Many women in prison have very little exposure to healthy relationships. Setting clear boundaries and communicating in a way that is easy to understand and direct is important for women in recovery. Speaking in an even tone and making sure the inmate understands your message are good skills to model.
- **Active Listening:** Pay attention when an inmate is talking, even if you are also scanning the area. Consider making eye contact and restating what they have expressed. This can help the inmate feel she is being understood instead of ignored and can help keep emotions in check.
- **Body Language:** Our posture and facial expressions send messages to others about our thoughts and feelings. When dealing with an upset individual, consider whether you are helping to escalate or de-escalate the situation.
- **Changing the Scenery:** When an inmate is agitated, even a short walk can help release some energy. Ask the inmate if she would like to walk and talk – this will also help remove her from a crowded area where other inmates can overhear or escalate the situation.

What's an RSA?

In FIT, you will often hear staff and inmates tell other inmates to “complete an RSA.” An RSA is a Rational Self-Analysis, the basic tool used to help inmates learn how to make better, more effective decisions about their behavior and to manage their emotions.

In learning to complete RSAs, inmates in FIT come to understand that thinking, feeling, and behaving are not all the same thing. They also are taught that things do not “just happen” to them, but that they choose behaviors based on their own beliefs. Finally, inmates learn five rules for thinking rationally. Once they have done these things, they are ready to complete RSAs.

RSAs involve the inmate taking a second look at a situation by completing a form that walks through that situation. They describe the activating event, their beliefs, and consequences. Completing RSAs help an inmate slow down and consider alternate actions.

Blank RSA forms are available at the officer's station, and inmates can be asked to complete them at any time.

There are many other skills that inmates will learn, and over time, you will likely become familiar with them. Attitude checks are an example, and you may hear about Attitudes of Change. RSAs are the basic skill taught, and they are used in programs around the agency.

We want your feedback

FIT is new and innovative, which also means there may be opportunities to improve the program over time. All staff working in the program should use staff meetings as a chance to suggest changes that will lead to better outcomes. Information should be shared first with institution leadership, including the Warden and Dr. David Parr, the FIT Coordinator. Additional suggestions can also be provided to the Female Offender and Psychology Services Branches.