WORKING WITH FEMALE DWI/DUI JUSTICE-INVOLVED INDIVIDUALS:

A SUPERVISION GUIDE

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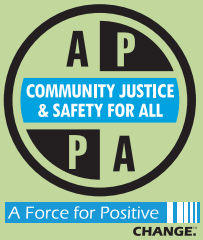

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WORKING WITH FEMALE DWI/DUI JUSTICE-INVOLVED INDIVIDUALS: A SUPERVISION GUIDE

BY MARY ANN MOWATT

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I.

INTRODUCTION

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Historically, the criminal justice system has responded to and provided services primarily based on research, information and experience with males who comprise a substantial majority of the offender population (Bloom, Owen, Covington, 2005). According to the 2011 Uniform Crime Report on Ten-Year Arrest Trends by Sex, 2002-2011, arrests for female DWI/DUI offenders increased by 23.4 percent during the past decade. In an effort to improve existing strategies on this subpopulation, community corrections stakeholders and policy makers began re-examining their approach to supervising and intervening with female DWI/DUI offenders.

This *Guide* brings together some of the available research regarding female-responsive practices and strategies that can help bring about pro-social changes in DWI/DUI women probationers[1]. It was developed to provide guidance and insight to assist practitioners in making informed decisions and responses to the increasing numbers of justice-involved women who have entered the system with convictions for Driving While Intoxicated/ Driving Under the Influence (DWI/DUI). The Guide underscores the importance of female-responsive approaches and programming that supports and assists successful outcomes with this population, and summarizes important tools and resources that are available for consideration. The *Guide* has been developed within a female-responsive framework. CORE Associates developed one way to conceptualize this approach. They have identified five components of a female-responsive approach to supervising this population. These principles are also reflected in the *Guide* and serve as an introduction to the female-responsive approach (Benedict, 2002):

THE DEFINITION:

The Foundation for Advancing Alcohol Responsibility defines hardcore drunk drivers as those who drive with a high blood alcohol concentration of .15 percent or above; or who drive repeatedly with a .08 or greater BAC, as demonstrated by having more than one impaired driving arrest; and who are highly resistant to changing their behavior despite previous sanctions, treatment or education.

- A **relationship-based** approach which recognizes and incorporates the importance of relational issues to women DWI/DUI offenders.
- A **strength-based** approach which incorporates a strength-based perspective into all aspects of service delivery and focuses on the identification and utilization of those strengths rather than utilizing solely a deficit approach.

- A **trauma-informed** approach which recognizes and responds to the key impact that trauma and victimization, such as sexual abuse or domestic abuse, has had on these women in their past and trauma in the contemporary context of an emotionally stressful event. An example of this would be the unexpected death of a sibling, which has occurred immediately prior to a DWI/DUI arrest.
- A **culturally competent** approach which implies that all services provided recognize the dynamics of differences and adapts to the diversity which it encounters including what it means to be a female gender-responsive approach.
- A **holistic** approach which acknowledges the importance of the larger context of a woman's life and addresses all of the issues necessary to empower her to accomplish her success.

The *Guide* was developed based upon a review of the literature in conjunction with focus groups, which helped, gain insight into the issue of women on community supervision for a DWI/DUI arrest or conviction. The focus groups included 31 women who were on probation for DWI/DUI offenses. In addition, eight criminal justice professionals who work with women that have been arrested or convicted of DWI/DUI offenses as well as three alcohol educators and two treatment providers participated in the groups. Their informed input was used in the development of this *Guide* and some of their insights are highlighted as appropriate throughout.

Initially, the *Guide* will explore what is known about the female DWI/DUI justice-involved individuals. This will provide the reader with the foundation to better understand this population and what influences them. It begins by identifying some factors presented in the literature that have culminated in DWI/DUI convictions for these women. It will then examine six major factors that influence them and have an established correlation to their drinking and driving behaviors. These include; the impact of trauma, economic marginalization, substance abuse disorder, mental health issues, co-occurring disorders and the unique impact created by the responsibilities for children in their lives.

A major purpose for the publication is to provide community based probation and parole officers with strategies and the knowledge of tools and techniques that will enhance the success of their supervision efforts. It begins with an examination of the elements of a comprehensive assessment that address the unique characteristics and dynamics of these women utilizing a female-responsive approach including the presentation of several assessment tools specifically developed for females.

The *Guide* examines supervision strategies in the context of evidence-based practices including the risk, need, responsivity, treatment and dosage principles. A female specific case planning model will also be presented. Since treatment is often an important component of case planning for these women, the *Guide* includes a discussion on the identification and referral to appropriate substance abuse, mental health, trauma-informed, and physical health providers. In addition to those treatment needs, issues having an impact on the day-to-day life of these women such as housing, transportation, financial resources, and concerns related to their child-rearing responsibilities will be identified and strategies to assist probationers to address these matters will be presented.

> "If the mission of the criminal justice system is to safeguard the community, use resources effectively, create opportunities for change, and help offenders become productive citizens, then we must revisit some of our efforts and acknowledge that gender makes a difference. Capitalizing on this principle and providing practical approaches will increase opportunities for women offenders to be successful."
>
> (Morris L. Thigpen, Sr., National Institute of Corrections Director, 2005)

II.

KEY FACTORS OF PATHWAYS TO DWI/DUI ARREST FOR JUSTICE-INVOLVED WOMEN

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Pathways to impaired driving events can be different for women than men. However, factors that may influence women to commit DWI/DUI offenses are similar to other female offenders in general, but there are some unique differences (Bloom et al., 2005). As such, it is useful to have a general understanding of some pathway theories that focus on factors that may contribute to women entering the criminal justice system as a result of committing a DWI/DUI offense. This knowledge can influence decisions by supervising officers in relation to the assessment and provision of services that are responsive to the needs of their individual clients. The information below briefly highlights some of the pathway theories and key factors that should be noted.

RELATIONAL THEORY AND FEMALE DEVELOPMENT

Throughout their lives, most women need to establish a strong sense of connection with others (Bloom et al., 2005). "According to relational theory, females develop a sense of who they are and self-worth when their actions arise out of, and lead back into, connections with others. Therefore, connection, not separation, is the guiding principle of growth for girls and women." (Bloom et al., 2005, p. 5) The lives of many female DWI/DUI offenders often provide evidence to suggest disconnection from others, such as a lack of nurturing and the presence of disappointment rather than relationships that were sufficient to meet their basic needs or those that were a role model to establish positive relationships with others. One of the outcomes of this situation is that women are more likely to turn to alcohol use in an attempt to maintain a relationship with an alcohol abusing partner. Often the goal is to establish or maintain a relationship, even if it is a dysfunctional relationship. McMurran, Riesman, Manning, Misso & Kleijnen (2011), found that DWI/DUI women who had a partner were most likely living with someone who also had a drinking problem. Therefore, as an officer, it is important to explore significant relationships in the woman's life and how these relationships may have contributed to her arrest for DWI/DUI.

"A female client of mine had three DWIs that were all over .30 percent BAC. She crashed into a school on her third offense. She was lonely and dreaded being alone."
(Defense attorney, professional focus group participant, 2012)

TRAUMA THEORY

Traumatic experiences can overwhelm an individual's physical and psychological functioning. The individual may be forced to cope with intense fear and helplessness (Ackley & Covington, 2008).There is an extensive body of research that clearly connects substance use disorder for women with victimization from various types of trauma. Being a victim of abuse is a common variable in a woman's pathway to DWI/DUI arrest. This is discussed in more detail in the Trauma section of this *Guide,* along with the relationship between trauma and mental health issues that is common among women.

ADDICTION THEORY (SUBSTANCE USE DISORDER)

Addiction is a chronic neglect of self in deference to something or someone else (Ackley & Covington, 2008). A significant addiction problem is viewed as a primary pathway for female DWI/DUI offenders. Women with an existing substance use disorder are more likely to drive while impaired than women who do not have such a disorder. A five-year follow-up study of convicted individuals in Texas found that 85 percent of the females were diagnosed with either alcohol abuse or alcohol dependency (Lapham, Skipper, Hunt, & Chang, 2000). A New Mexico study of 1,105 individuals convicted of DUI offenses found that 32 percent of females compared with 38 percent of males had a drug disorder and 50 percent of females compared to 33 percent of men had an additional psychiatric diagnosis (Lapham, Smith, C'deBaca, Chang, Skipper, Baum & Hunt, 2001). According to White and Hennessey, "… studies underscore the high percentage of female DUI offenders that are experiencing alcohol problems and the severity and complexity of those problems" (White & Hennessey, 2006, p. 3).

EARLY ONSET OF THE USE OF ALCOHOL AND DRUGS

The onset of drinking behavior at an early age may be a contributing factor to future driving under the influence behavior. According to Hingson, Heeran, Zakocs, Winter and Weschsler (2003), individuals who first consumed alcohol prior to age 19 were significantly more likely to be alcohol dependent; to be heavy drinkers; to report driving after any drinking and/or driving after five or more drinks; to report riding with a driver who was high or drunk; and to report having sustained injuries that required medical attention. Additionally, they believed they could consume more alcohol and still drive safely. In a study conducted by Lynskey, Bucholz, Madden and Health (2007), individuals who reported drinking to intoxication before age 16 were 2.39 to 2.77 times more likely to have alcohol-related driving risks (e.g., being a passenger with an intoxicated driver, driving while intoxicated, and having an accident and/or being charged for DWI/DUI) than those who had not been drinking to intoxication before age 16.

SOCIO-ECONOMIC STATUS AND MARGINALIZATION

Female DWI/DUI individuals are more likely to be divorced, separated or single and experience significant amounts of stress from fractured relationships. It may also mean that they have less financial resources than their married counterparts. Additionally, a 2008 study of repeat DWI offenders participating in a treatment program found that females had achieved a higher level of education than males but their level of income was lower (Laplante, Nelson, Odegaard, LaBrie & Shaffer, 2008). However, it should be remembered that female DWI/DUI offenders do represent all socioeconomic groups.

FAMILY HISTORY

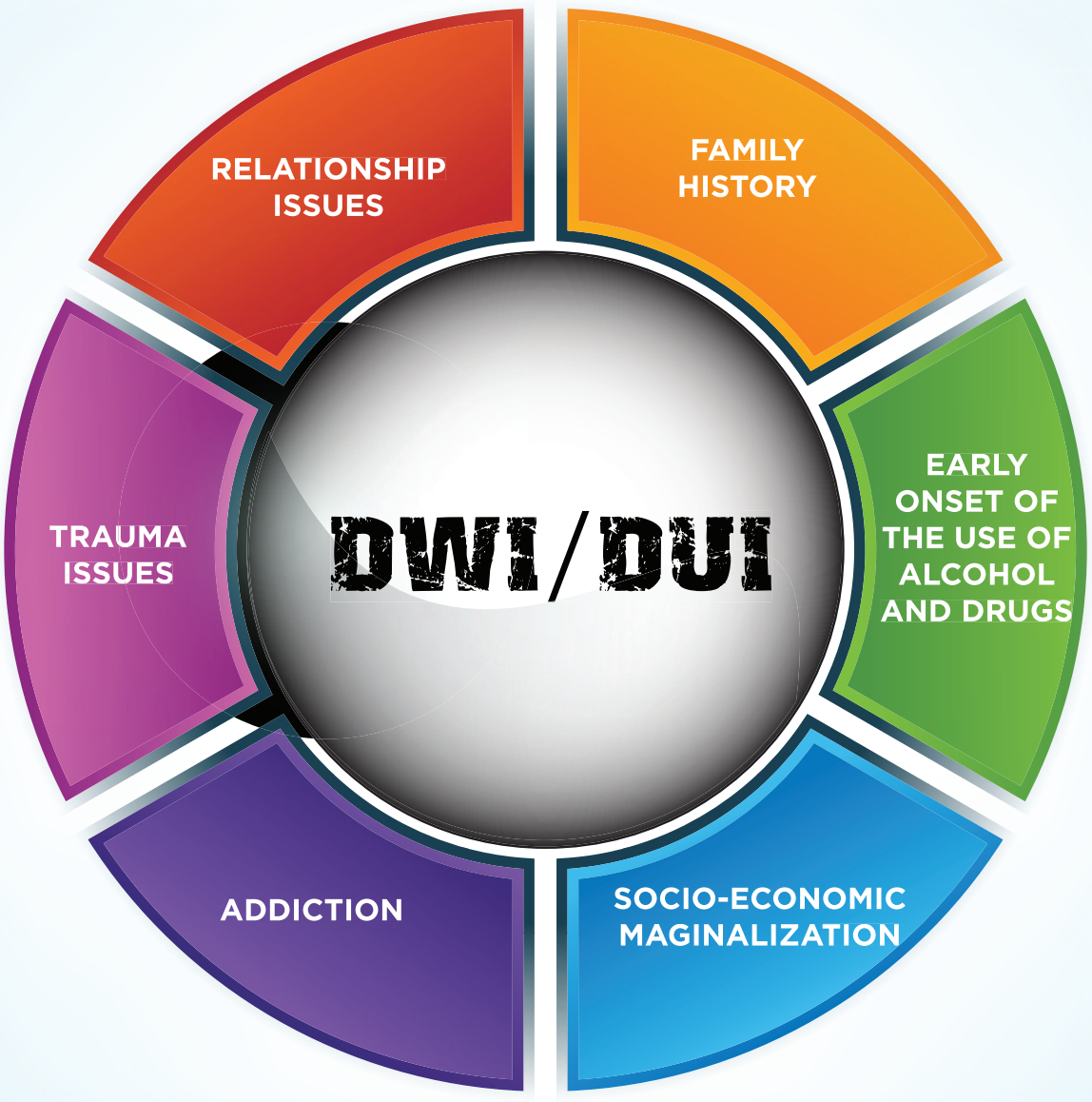
Family history, including genetics and history of alcohol problems should be considered when looking at pathways to DWI/DUI offenses committed by women. Genetics should be considered a factor in a woman's alcohol/substance use. According to Kendler, Health, Neale, Kessler, and Eaves, (1992) between 50 percent and 60 percent of female alcoholism is genetically influenced. Furthermore, having family members with alcohol problems has been found to be associated with a high risk for DWI/DUI (Lapham et al., 2000). A study examined the role of parental alcohol use during adolescence on the risk for DUI. "Findings suggest remarkable similarities in risk and protective factors for DUI across gender groups. For men and women, parental alcohol consumption was a risk factor for DUI." (Maldonado-Molina, Reigle, Delcher, & Branchini., 2011, p. 2182).Young adult men and women whose parents reported drinking alcohol 2-3 times per month and those reporting weekly alcohol use during their adolescence were at risk for DWI/DUI at age 21 (Maldonado-Molina, et al., 2011). Additionally, studies have shown that women report drinking to help cope with family and personal issues as well as drinking alone more frequently than men who tend to socially drink. (Walitzer & Dearing, 2006; White & Hennessey, 2006). It is important for the supervising officer to consider all of these possible family variables when planning and carrying out the case plan developed for each individual.

> "I began drinking during elementary school. Throughout high school I drank every day."
>
> (DWI probationer focus group participant, September, 2012)

Although no single definitive pathway to DWI/DUI offenses for women has been uncovered, there are several themes that emerge when studying this population. Personal histories that reflect female relational development, trauma and victimization, substance use disorder, early onset of drinking and drug use, a family history of drug and alcohol abuse, and other dynamics are pathways that may lead to a charge of DWI/DUI. Understanding the pathways that a specific woman has followed will assist the supervising

officer to provide a more holistic and comprehensive supervision strategy. There will be a higher likelihood of a positive justice outcome if a woman receives the appropriate help and resources she needs.

PATHWAYS TO DWI/DUI OFFENSE FOR JUSTICE-INVOLVED WOMEN



III.

FEMALE IMPAIRED DRIVER CONSIDERATIONS

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There are several important elements in the background of many female DWI/DUI probationers. These six factors include the impacts of trauma in their lives, the experience of economic marginalization, the effects of substance abuse disorders, the presence of mental health issues and related co-occurring disorders and the unique demands of parenting responsibilities. All of these issues should ideally be explored and understood in order to provide effective services to justice-system involved women. This session will look at each of these dynamics and how they influence these women.

THE IMPACT OF PREVIOUS TRAUMA ON FEMALE DWI/DUI PROBATIONERS

Trauma is a unique individual experience of an event, or enduring conditions that emotionally, cognitively, and physically overwhelms a person's ability to cope (Center for Nonviolence and Social Justice [CNSJ], 2008). According to the National Trauma Consortium, "The relationship between interpersonal violence/trauma and substance abuse disorders is significant and complex" (Finkelstein, VandeMark, Fallot, Brown, Cadiz & Heckman, 2004, p. 1). Between 30 percent and 90 percent of women in substance abuse programs have been physically or sexually abused, or have experienced some type of trauma in their lives (Najavitis, Weiss, & Shaw, 1997). Efforts to assist justice-involved women should address the potential or identified connection between trauma and their drinking and driving behavior.

TRAUMA-INDUCING EXPERIENCES

Trauma and substance use disorders are interrelated issues in the lives of justice-involved women and can result from events such as (Blanch, Filson, Penney, & Cave, 2012, p. 3):

- Emotional, physical, or sexual abuse in childhood
- Abandonment or neglect
- Sexual assault
- Domestic violence
- Experiencing or witnessing violent crime
- Institutional abuse
- Cultural dislocation or sudden loss
- Terrorism, war
- Historical violence against a specific group (as in slavery or genocide)
- Natural and man-made disasters

- Grief
- Chronic stressors like racism and poverty
- Accidents
- Medical procedures
- Any situation where one person misuses power over another

Exposure to these experiences may induce fear, hopelessness, powerlessness, and a constant state of alert. Certain forms of trauma, such as intentional violence and/or witnessing violence, ongoing discrimination, racism, and poverty are directly related to chronic fear and anxiety, resulting in long-term effects on health and other life events (CNSJ, 2008).

INTERRELATEDNESS OF TRAUMA EXPERIENCES AND CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Substance abuse and the effects of trauma interact in complex ways. Supervision officers and treatment providers cannot assume that one is a primary issue and the other is secondary (Center for Substance Abuse Treatment [CSAT], 2009).

Traumatization can directly lead to many mental health issues including substance abuse. Several interpretations have been put forth to explain why substance abuse often accompanies trauma experiences. For women exposed to trauma, substance abuse becomes a coping mechanism as they seek to self-medicate to avoid the emotions they are experiencing as a result of the trauma. These women often present symptoms of depression, bi-polar disorder, anxiety disorder, phobia, and most commonly, post-traumatic stress disorder (PTSD) (Milkman, Wanberg, & Gagliardi, 2008). Further, women with low self-esteem may use alcohol to increase their comfort in social and interpersonal situations (CSAT, 2009). Alcohol and drug use by trauma survivors can begin as an adaptive behavior. For example, some victims use controlled substances to numb psychological effects of the trauma. Alcohol and drugs may also help survivors to dissociate from the trauma, or traumatic memories (Herman, 1997). Self-medicating with alcohol and drugs can become a contributing factor in their criminal behavior choices, including the choice to drive impaired.

Survivors of abuse may become dependent on alcohol or drugs to manage trauma symptoms, reduce tension, and mask stress from living in violent situations. This begins a cycle of victimization: substance use, slow emotional development, limited stress reduction, more substance use, and a heightened vulnerability to further victimization (Dayton, 2000). These are issues that will likely need to be addressed for successful treatment results with DWI/DUI convicted women.

THE IMPACT OF CHILDHOOD TRAUMATIC EXPERIENCES

Research shows that trauma affects the mind and body, and that the impact is long-lasting. One of the most significant studies showing this link is the Adverse Childhood Experiences (ACE) Study www.acestudy.org. This research work was a collaborative effort between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. This study examined the adverse childhood experiences of 17,000 Kaiser Permanente patients who participated in a routine health screening and volunteered to participate in the study. ACE scores were evaluated with ten categories of childhood abuse and household dysfunction (Felitti & Anda, 2010):

- Recurrent emotional abuse
- Recurrent physical abuse
- Contact sexual abuse
- Emotional neglect
- Physical neglect
- Parents separated or divorced
- Mother a victim of interpersonal violence
- One or more individuals in the household misusing alcohol and/or drugs
- One or more individuals in the household mentally ill, depressed or suicidal
- One or more individuals in the household incarcerated

The study found two major results. The first is that the occurrence of adverse experiences were more common than anticipated or recognized and second, adverse experiences as a child are correlated to health outcomes later in life. Women were fifty percent more likely than men to have an ACE score of five or more. The ACE Study findings suggest that self-identified alcohol and self- identified injection drug use are strongly correlated to adverse childhood experiences. (Felitti & Anda, 2010). The health, social, and economic risks that result from the impact of childhood trauma continue to be evaluated.

For probation officers it may be useful to understand the components of the ACE Score Calculator. Below is the ACE Score Calculator which can be retrieved from Health Presentations website http://acestudy.org (Anda, 2007).

SCREENING AND ASSESSING FOR TRAUMA

"The prevalence of predisposing trauma conditions in women entering substance abuse treatment programs points to the need to screen and assess clients for the possibility of trauma-related disorders," (Finkelstein et al., 2004, p. 1). The purpose of screening is to

FINDING YOUR ACE SCORE

WHILE YOU WERE GROWING UP, DURING YOUR FIRST 18 YEARS OF LIFE:

1. DID A PARENT OR OTHER ADULT IN THE HOUSEHOLD OFTEN OR VERY OFTEN...

SWEAR AT YOU, INSULT YOU, PUT YOU DOWN, OR HUMILIATE YOU? OR ACT IN A WAY THAT MADE YOU AFRAID THAT YOU MIGHT BE PHYSICALLY HURT?

Yes/No If yes, enter 1 _____

2. DID A PARENT OR OTHER ADULT IN THE HOUSEHOLD OFTEN OR VERY OFTEN...

Push, grab, slap, or throw something at you? **or Ever** hit you so hard that you had marks or were injured?
Yes/No If yes, enter 1 _____

3. DID AN ADULT OR PERSON AT LEAST 5 YEARS OLDER THAN YOU EVER...

Touch or fondle you or have you touch their body in a sexual way? **or** Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes/No If yes, enter 1 _____

4. DID YOU OFTEN OR VERY OFTEN FEEL THAT...

No one in your family loved you or thought you were important or special? **or** Your family didn't look out for each other, feel close to each other, or support each other?
Yes/No If yes, enter 1 _____

5. DID YOU OFTEN OR VERY OFTEN FEEL THAT...YOU DIDN'T HAVE ENOUGH TO EAT, HAD TO WEAR DIRTY CLOTHES, AND HAD NO ONE TO PROTECT YOU? OR YOUR PARENTS WERE TOO DRUNK OR HIGH TO TAKE CARE OF YOU OR TAKE YOU TO THE DOCTOR IF YOU NEEDED IT?

Yes/No If yes, enter 1 _____

6. WERE YOUR PARENTS EVER SEPARATED OR DIVORCED?

Yes/No If yes, enter 1 _____

7. WAS YOUR MOTHER OR STEPMOTHER: OFTEN OR VERY OFTEN PUSHED, GRABBED, SLAPPED, OR HAD SOMETHING THROWN AT HER? OR SOMETIMES, OFTEN, OR VERY OFTEN KICKED, BITTEN, HIT WITH A FIST, OR HIT WITH SOMETHING HARD? OR EVER REPEATEDLY HIT AT LEAST A FEW MINUTES OR THREATENED WITH A GUN OR KNIFE?

Yes/No If yes, enter 1 _____

8. DID YOU LIVE WITH ANYONE WHO WAS A PROBLEM DRINKER OR ALCOHOLIC OR WHO USED STREET DRUGS?

Yes/No If yes, enter 1 _____

9. WAS A HOUSEHOLD MEMBER DEPRESSED OR MENTALLY ILL, OR DID A HOUSEHOLD MEMBER ATTEMPT SUICIDE?

Yes/No If yes, enter 1 _____

10. DID A HOUSEHOLD MEMBER GO TO PRISON?

Yes/No If yes, enter 1 _____

NOW ADD UP YOUR "YES" ANSWERS: _____ THIS IS YOUR ACE SCORE.

determine whether a woman needs further assessment. An assessment gathers detailed information needed for a treatment plan that responds to the individual needs of each person. It is a process for defining the nature of the problem, determining a diagnosis, and developing a specific plan to address those issues (CSAT, 2009). Practitioners need to know and understand a person's trauma history. Detecting and addressing trauma can have beneficial effects for engaging and treating individuals with co-occurring disorders (Blanch et al., 2012).

REMEMBER THESE KEY POINTS ABOUT SCREENING FOR TRAUMA:

- It is helpful for practitioners to know about the trauma histories of justice-involved individuals with co-occurring disorders.
- Trauma screenings help obtain knowledge about exposure and related symptoms, which can then be addressed in treatment planning and delivery.

Trauma screening and assessment instruments are designed to be delivered by a trained behavioral health practitioner in an emotionally safe environment. There are several tools available to assist with trauma screening. The Trauma Screening Questionnaire (TSQ) is a 10-item symptom screen that can be used with survivors of all types of trauma (Brewin, Rose, Andrews, Green, Tata, McEverdy, Turner, & Foa, 2002). Another commonly used tool is the Post-Traumatic Stress Disorder Checklist – Civilian Version (PCL-C) (Weathers, Litz, Herman, Huska & Keane, 1993) and the Trauma Assessment for Adults – Self-Report (TAA) which is a 17-item tool (Resnick, Falsetti, Kilpatrick, & Freedy, 1996).

Screening should include a follow-up plan to respond to any needs that are identified during the process.

TRAUMA SYMPTOMS

As a criminal justice practitioner working with justice involved women, here are some symptoms of trauma to look for (MiIkman, et al., 2008): One should be mindful of and look for trauma-related symptoms when working with justice-involved women. While not exhaustive, the following list highlights common symptoms of trauma:

- Flashbacks, frequent nightmares, or intrusive images
- Persistent reliving of the events
- Avoidance of things associated with the event(s)
- Difficulty developing close interpersonal relationships
- Being highly sensitive to noise
- Being very sensitive to touch

- Always expecting something bad to happen
- Not remembering periods of their life
- Experiencing periods of intense anger
- Feeling numb
- Finding themselves in situation where others abuse or take advantage of them
- Lack of ability to concentrate, irritability, sleep problems
- Excessive watchfulness, anxiety, paranoia, shame, or sadness

Accurate assessment is important. For some individuals, their responses to the impact of trauma can present as behaviors that suggest another type of dynamic. Some natural responses to trauma can lead to patterns of relating to others that can be mislabeled in behavioral health settings or criminal justice systems. These can be negative interpretations, often leading to inappropriate and ineffective interventions. Some examples are included in the table below (Blanch et al., 2012):

SURVIVAL RESPONSES	PATTERNS OF RELATING TO OTHERS	OFTEN MISLABELED BY SERVICE SYSTEMS AS
Fight	**Struggling to regain or hold on to power, especially when feeling coerced**	**"Non-compliant" or "Combative"**
Flight	**Disengaging, "checking out" emotionally**	**"Treatment resistant" "Uncooperative"**
Freeze	**Giving in to those in a position of power**	**"Passive"**

ECONOMIC MARGINALIZATION

Among the issues that have an impact on female impaired driving offenders are the various forms of economic marginalization that some women experience. Since this is a diverse population, economic marginalization issues will not have an impact on every probationer. While some may not be significantly affected if they have access to adequate financial resources, challenges associated with meeting the basic needs of female probationers and their families can and do exist for many. This issue is further complicated by the reality that a woman may have to rely on a current or former male partner for a significant portion of her and her children's economic support which may or may not be forthcoming either prior to or in the aftermath of a DWI/DUI conviction. The criminal justice system contributes to the financial stress placed on these women just

as it does for men. There are fines, fees and restitution to be paid; there are increases in insurance rates; there are potential attorney's fees; and they may be expected to contribute to the costs involved in treatment, usually on a sliding fee schedule based upon their ability to pay. Furthermore, requirements imposed by the court may necessitate the payment for childcare as a new or increased expense.

EDUCATION AND EMPLOYMENT

While, on average, women convicted of DWI/DUI offenses have a higher education level than their male counterparts, this does not always translate into better paying jobs and higher income levels (Peck, Gebers, Voas, & Romano, 2008). Lack of the proper education can be a barrier to optimal employment. A high school or GED degree or lack thereof will limit the job options available. Also, in today's evolving job market, a post-secondary degree should be in the correct field; one in which there is a demand for employees. Substance abusing women often occupy lower-paying and unskilled positions and jobs classified as service roles (Covington, 2001). Unemployment or underemployment disproportionately affects women and they often face additional barriers to adequate employment such as a lack of transportation, need for child care and the lack of a marketable skill set (McMahon, 2000, as cited in Milkman et al., 2008). The lack of viable vocational skills can make it more difficult for them to move beyond the entry-level service positions. Those with a professional license are also hesitant to re-new the license because of their conviction; and a criminal record is a barrier to subsequent job opportunities. Research has shown employment and employability issues were found to be noteworthy factors in a woman's recidivism and relapse (Milkman et al., 2008).

HOUSING

For many substance abusing women including DWI/DUI individuals, housing may be an elusive and transient commodity. They may depend upon others such as partners and family to provide housing and in times of crisis, this resource may disappear. Unless adequate provisions can be made for stable housing arrangements, these women may revert back to the unhealthy dependencies of the past or simply struggle to find any type of housing and may have to depend upon some form of emergency assistance such as a shelter (Milkman et al., 2008).

TRANSPORTATION

Since suspension of driving privileges is a common sanction for a DWI/DUI conviction for both men and women, how to get from place to place becomes a major dilemma. Transportation is a critical issue made even more so in smaller or rural communities lacking adequate public transportation systems. It may be a barrier to finding appropriate employment or access to treatment (McMahon, 2000, as cited in Milkman et al., 2008). If a woman's driver's license has been suspended, she may not be able to drive legally even if she has access to a vehicle. She may not have a network of family and friends available to provide "rides" when necessary. Inability to find transportation to work may adversely affect a woman's ability to maintain or secure employment producing further economic hardship. Many of the basics related to everyday life, such as grocery shopping and attending children's school activities, require some form of transportation. Women are also concerned about taking public transportation alone during the evening hours and may be fearful of accepting rides from individuals they do not know well.

FINANCES

Having some sort of income is critical if a DWI/DUI probationer is to successfully complete her probation supervision. Some women have access to such resources from savings, earned income, partner income, family resources or eligibility for some form of assistance. Others, however, struggle to find the means to meet basic needs such a housing, food, school supplies, clothing and incidentals. This can create a tremendous amount of economic stress added to that already in place as a direct result of the DWI/DUI conviction.

SUBSTANCE USE DISORDER

Historically, substance abuse and substance dependency (addiction) have been considered to be two different conditions albeit representing different points on the same continuum. The Diagnostic and Statistical Manual of Mental Disorders, fourth addition (DSM-IV) published by the American Psychiatric Association (APA), has used this differentiation. The issue of definition had been further complicated by the addition of several other terms in common use such as chemical dependency and substance misuse.

DSM-5 DEFINITION OF SUBSTANCE USE DISORDER

Early identification of issues with alcohol misuse and abuse is extremely important. Most states mandate screening and assessment for DWI offenders (Chang, Gregoary, & Laphan, 2002). There are numerous screening instruments available to accomplish this task. Most probation agencies have identified specific screening tools, usually a brief questionnaire, for use in their jurisdiction and many supervision officers have been trained

in the use and interpretation of these instruments. When working with a female DWI/DUI probationer, instruments designed for use with women or normed with female populations should be utilized. Although some agencies have staff members that are fully trained and qualified to conduct comprehensive assessments, other agencies will need to refer individual women to specialized programs for an assessment.

This dual labeling approach (alcohol misuse and abuse) has proved to be problematic because individuals often did not fall into an easily determined category. Therefore, the APA has undertaken a review of this diagnostic category. The APA is proposing in its newly revised DSM-5, that abuse and dependency be combined into a single condition referred to as **Substance Use Disorder**. The disorder contains several potential diagnostic criteria, with severity being gauged by the number of criteria met. As a practitioner, it is important to recognize that women who appear before the court on a DWI/DUI charge may meet two or more of these criteria. Meeting two of these criteria will result in a classification of substance use disorder. Four or more will result in a determination of a severe form of the disorder and the presumed need for treatment (APA, Proposed Revision, 2012). When advising the court during sentencing, the probation officer will need to include a recommendation for or against treatment. Therefore, the outcome of a substance abuse assessment is a critical variable in developing an appropriate response to the female impaired driver.

WHAT CONSTITUTES MODERATE, OR HEAVY HIGH RISK AND BINGE DRINKING FOR WOMEN?

WHAT IS MODERATE ALCOHOL CONSUMPTION?

It is defined as up to 1 drink per day for women and up to 2 drinks per day for men.

WHAT IS HEAVY OR HIGH-RISK DRINKING?

It is the consumption of more than 3 drinks on any day or more than 7 per week for women and more than 4 drinks on any day or more than 14 per week for men.

WHAT IS BINGE DRINKING?

It is the consumption within 2 hours of 4 or more drinks for women and 5 or more drinks for men.

(*U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. p. 31)*

PHYSIOLOGICAL EFFECTS OF ALCOHOL ON WOMEN

There are some unique effects of alcohol consumption on women (CSAT, 2009). Females are more vulnerable than males to adverse effects of alcohol consumption due to the decreased level of the metabolizing enzyme, gastric alcohol dehydrogenase, in their bodies (Lieber, 1993). Women have proportionately more body fat and a lower volume of body water compared to men. Consequently, it is believed women are less able to dilute alcohol once it enters the body, which leads to a higher concentration of alcohol in the bloodstream and organs (Romach & Sellers, 1998; CSAT, 2009). As a result, "compared to men, women become more cognitively impaired by alcohol and are more susceptible to alcohol-related organ damage," (CSAT, 2009, p. 40), exacerbated by the reality that women's organs are generally smaller than men's (CSAT, 2009). Women incur damage at lower levels of consumption over a shorter period of time (Antai-Otong, 2006). Therefore, if a female and a male of the same size and weight drink the same amount of alcohol, the female will reach a higher concentration of alcohol in her blood. Females of all ages tend to be more susceptable to alcohol poisoning and can reach life-threatening levels of intoxication than males of the same age.

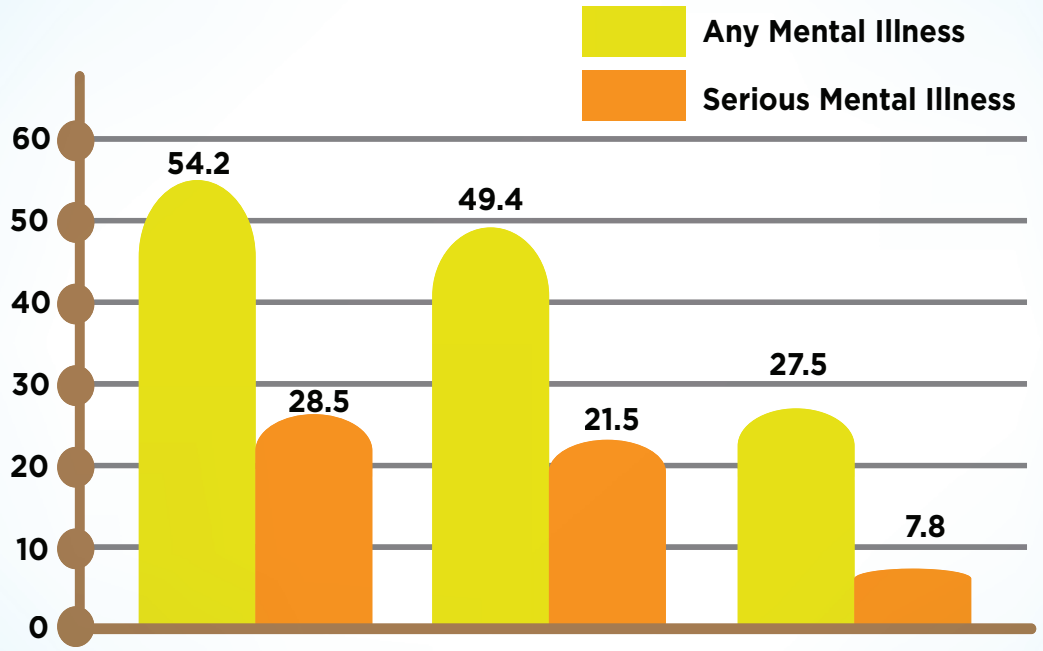
Studies clearly show women are affected differently than men. Negative consequences differ. Women are more likely than men to suffer any number of physiological, neurological or cognitive long-term ill effects from prolonged drinking. Heavy drinking can also disrupt a woman's normal reproductive cyvcles and functions.

Significant medical issues can result from and are frequently exacerbated by the effects of substance use disorder (Milkman et al., 2008). Therefore, it is important for women to recognize the need to address any of their medical issues that require a health care response. As an officer, it is important to take a holistic view of a woman's circumstance and be prepared to address these important health issues with them and provide appropriate referrals if indicated.

MENTAL HEALTH ISSUES

Women involved with the criminal justice system are nearly twice as likely to experience mental illness as other women. The National Surveys on Drug Use and Health 2008 to 2010 report approximately half of the women age 18 to 49 who had been on supervised probation (49.4 percent) or on parole (54.2 percent) experienced some form of mental illness in the past year, compared with 27.5 percent of women who had not been on probation or parole. Serious mental illness (e.g., mental illness that substantially limits major life activities) was three times higher for women who had been on probation or parole than for women who had not been on probation or parole[2].

WOMEN AGED 18 to 49 EXPERIENCING PAST YEAR MENTAL ILLNESS, BY PAST YEAR PROBATION/PAROLE* STATUS: 2008 TO 2010



*Probation and Parole are not mutually exclusive. Of the annual average of 14 million women who were on probation or parole in the past year, 16.1 percent had been on both probation and parole.

The above graph was taken from the Data Spotlight found at http://www.samhsa.gov/data/spotlight/Spot096SpanishLangFacilities2012.pdf .

Depression is the most common mental health diagnosis for women involved with the criminal justice system (Milkman et al., 2008). Anxiety disorders are also more prevalent for this population than the general public and higher than the rate in the criminal justice population as a whole. Phobic disorders were identified in 31 percent of the justice-involved females (versus 15 percent for men). Panic disorders were identified in 7 percent of the justice system involved women (versus 2 percent for men) (Covington, 1998). Post-traumatic Stress Disorder (PTSD) incidence is also higher in the justice system involved female population than men and more than the rate for women in the general population

(GAINS Center, 1997 as cited in Milkman et al., 2008; Teplin, Abram, & McClelland, 1996). The impact of trauma on women with DWI/DUI convictions is discussed in greater depth in the section of this *Guide* on trauma. There is also a greater occurrence of dysthymia, bipolar disorders, and eating disorders for justice-involved women (Baillargeon, Docate, Pulvina, Bradshaw, Murray & Olvera, 2003; Kerr, 1998). Although the above statistics reference women with a variety of offense histories and may not hold the same significance for women charged or convicted of a DWI/DUI, the information is presented to raise the awareness of the possibility of these issues being experienced by a woman on supervision for a DWI/DUI offense.

Participants in the focus groups consistently identified shame, guilt and embarrassment as primary feelings with which they had to cope on a daily basis as a result of their drinking behavior and DWI/DUI convictions.

> "I have a great deal of guilt- believing that I failed everyone."
>
> (DWI probationer focus group participant, September 2012)

CO-OCCURRING DISORDERS

Co-occurring disorder refers to the presence of two or more mental health or substance use disorders occurring at the same time. The terms "dual diagnosis", "comorbidity", and "concurrent" are also used to refer to this dynamic. "Multiple DUI offenders are more likely than the general population to suffer from comorbid psychiatric disorders in addition to a substance use disorder. Therefore, DUI treatment programs will need to include a comprehensive assessment of pathology and develop treatment plans that account for complex psychiatric profiles," (The Dram, 2007, p. 1). Either the substance use issue or the mental health problem can be the pre-existing condition for female DWI/DUI probationers so the supervising officer should be aware that both types of disorders may be present when working with women on their caseload.

Recent research conducted by Freeman, Maxwell & Davey (2011) of DWI and non-DWI individuals in substance use disorder treatment in Texas between 2005 and 2008 found that females (DWI and non-DWI) were more likely to be diagnosed with mental health issues and more likely than their male counterparts to be prescribed medications upon entering chemical dependency treatment.

A study was conducted in Texas from 2000 to 2005 by Maxwell and Freeman (2007) of males (21,155) and females (8,464) convicted of DWI who also entered chemical dependency treatment. The results of the study suggest higher degrees of addiction severity and co-occurring mood disorders for women than men and further suggest that female DWI offenders possess more complex issues than males. Incidentally, the study also noted that women who return to a non-supportive environment are at a higher risk

to continue with their alcohol/drug abuse.
According to the National Comorbidity Study of women diagnosed with alcohol abuse, 86 percent have co-occurring disorders (Kessler, Zhao, Blazer, Swartz, 1997). Because of the frequency of co-occurring disorders, the screening and assessment should evaluate for both substance abuse and mental health issues among DWI/DUI offenders.

A relatively new issue is the emergence of the use of benzodiazepines such as Valium™ and other prescription drugs used to treat anxiety and sleep disorders in combination with narcotic pain relievers as a self-medicating response by women. There was been a 56.7 percent increase in admissions for treatment for this combination among all treatment admissions, male and female in a ten year period between 2000 and 2010. During the same period, admissions for all other forms of addiction decreased by 9.6 percent. A significant percentage of the benzodiazepine and narcotic pain reliever combination admissions report having co-occurring psychiatric disorders (45.7 percent vs. 27.8 percent) than other admissions for substance abuse treatment. Although there is no data available related to this new pattern that is specifically associated with DWI/DUI female offenders, supervising officers need to be aware of this new trend as they assess women assigned to them (Substance Abuse and Mental Health Services Administration, 2012).

CHILDREN

Research has documented a majority of women in the criminal justice system and/or in treatment are parents (Covington, 2001) (CSAT, 2009). The severity of the mother's substance abuse was found to be related to the quality of parenting and mother-infant interactions. Furthermore, substance abusing women were found to:

- Be less responsive to the needs of their babies
- Display subtle negative behaviors when interacting with their infants
- Fail to provide appropriate developmental support (Goldman-Fraser, 1998, as cited in Milkman et al., 2008)

"Understanding the specific nature of psychiatric disorders in women judicial clients, the ways that psychiatric symptoms may differ in women as compared to men, and the etiology of their development in women can provide treatment providers with specific focus in individualized programming for female dually diagnosed population." -(Milkman et al., 2008, p. 50)

Issues related to their children were a primary concern expressed by the DWI/DUI probationers in the focus groups. They expressed concern about how they would be able to meet their responsibilities as mothers if they were incarcerated or placed in residential treatment as well as the fear of losing custody of their children. Researchers have confirmed that fear of loss of custody of their children is a major issue for women struggling with substance abuse issues (Milkman et al., 2008; White & Hennessey 2006).

Focus group members agreed that there were many things that they wanted to avoid experiencing in their life:

- Ongoing issues with agencies that provide child protection services.
- Losing custody of their children
- Having the future behavior of their children affected by alcohol and drugs.
- Creating a negative legacy
- Creating an economic drain that an alcohol or drug problem can have on family finances
- Having their children suffer when financial resources are tight
- Endangering their children with their DWI/DUI behavior

"On my third DWI, I hit a pole with my kid in the car."
(DWI probationer focus group participant, September, 2012)

"My greatest fear is that I will be sent to prison and my kids will be left without a mom."
(DWI probationer focus group participant, September 2012)

"I realized that I was teaching my kids to be unstable."
(DWI probationer focus group participant, September 2012)

IV.

SUPERVISION STRATEGIES AND PRACTICES

IV.

SUPERVISION STRATEGIES AND PRACTICES

Many probation and parole officers sought a career in community corrections because of their strong commitment and desire to help others. Supporting behavioral change is accomplished today by embracing evidence-based strategies and practices which facilitate behavioral change yet focus on the key elements of supervision; the safety of our communities and victim restoration.

This next section addresses some of the core functions of community supervision, risks and needs assessment, case planning, treatment referrals and the dynamics of substance abuse treatment, therapeutic alliance, integration of mental health treatment, incorporation of trauma treatment, physical health treatment, collaboration of service providers, and the appropriate use of supervision technology. Finally, this section will briefly discuss the need to respond to foundational needs such as education, employment, housing, and other needs including parenting and caretaker responsibilities.

ASSESSMENT

It is recommended that supervising probation/parole officers be proactive in completing thorough assessments of DWI/DUI female probationers. Assessments should include a measure of the risk to reoffend as well as contain the identification of specific needs. The use of evidence-based, empirically valid risk and needs assessment instruments creates a foundation for effective supervision practice.

Most risk and needs tools were developed primarily for the male population and although this is a limitation, there are several gender-neutral actuarial tools which are becoming increasingly available and used in many jurisdictions. However, some of these instruments may not provide corrections professionals with the level of information needed to effectively address the treatment needs of women. Gender-neutral assessment tools, while often considered valid and reliable for use with a female population, may not accurately incorporate all the variables that are uniquely reflective of women in a correctional population (Smith, Cullen, & Latessa, 2009; Brennen, Dieterich, & Ehret, 2009). These factors may include parental stress, dysfunctional relationships, history of abuse and victimization, depression, and personal safety and strengths such as self-efficacy (Modley & Giguere, 2010; Davidson, 2009). The chart below indicates specific factors that are predictive of risk and community-based strengths that reduce the risk of recidivism for justice-involved women.

RISK FACTORS AND STRENGTHS OF WOMEN OFFENDERS		
	GENDER-NEUTRAL	**GENDER-RESPONSIVE**
COMMUNITY RISK FACTORS	Criminal History	Depression/Anxiety Symptoms
	Antisocial Attitudes	Psychotic Symptoms
	Antisocial Associates	Housing Safety
	Educational Challenges	Anger
	Employment/Financial	Parental Stress
	Family Conflict	Mental Health History
	Substance Use Disorder History	Family Conflict
	Dynamic Substance Use Disorder	Abuse and Victimization
	History of Mental Illness	Dysfunctional Relationships
COMMUNITY STRENGTHS		Educational Assets
		Family Support
		Self-Efficacy

(Van Voorhis, Wright, Salisbury, & Bauman, 2010)

When considering risk and needs issues for female DWI/DUI probationers, it may be helpful to identify and use a tool that has been developed specifically to assess female probationers (Wright, Van Voorhis, Bauman, & Salisbury, 2007). Some instruments that can be considered are briefly described below.

FEMALE-RESPONSIVE ACTUARIAL ASSESSMENT TOOLS

A number of female-responsive instruments and supplements have been developed or are currently under development:

- The *Women's Risk/Needs Assessment (WRNA)*, which assesses both gender-neutral and gender-responsive factors and provides separate forms for probation, prison, and pre-release, has been developed by the National Institute of Corrections (NIC), in cooperation with the University of Cincinnati (UC) (www.uc.edu/womenoffenders.html).

- The *Women's Supplemental Risk/Needs Assessment*, which is designed to supplement existing risk/needs assessments such as the Level of Service Inventory or the Northpointe COMPAS, has been developed by the NIC, in cooperation with UC. This tool also provides separate forms for probation, prison, and pre-release (http://www.uc.edu/womenoffenders.html).
- The *Service Planning Instrument for Women (SPIn-W™)* is a female-responsive assessment and case planning tool developed by Orbis Partners of Ottawa, Canada. This assessment tool is comprised of approximately one hundred items that assess risk, needs, and protective factors relevant for increasing responsiveness in casework with justice-involved women. This tool was selected for use as part of the Women Offender Case Management Model (http://www.orbispartners.com/assessment).
- The *COMPAS Women's Instrument* is an automated risk and needs assessment used specifically for females. This is a computerized tool which includes an integrated case planning feature (http://www.northpointeinc.com/solutions/women).

These instruments were developed following comprehensive literature reviews and related research. All four of the above tools are currently in use in jurisdictions across the nation. For further information regarding each instrument, including validation, refer to the websites listed.

When assessing women DWI/DUI probationers, it is also important to consider protective factors. These represent the strengths around which a case/supervision plan for behavioral change can be built.

WOMEN'S PROTECTIVE FACTORS

Protective factors are personal strengths and aspects of a woman's social environment (also called human and social capital) that help her resist pressure to return to offending behavior. Some protective factors include:

- Strong self-efficacy (i.e., the belief that her life is under her own control and that she can take positive steps to improve her circumstances)
- Positive social networks (i.e., supportive families, friends, religious groups)
- Higher education

(Modley & Giguere, 2010)

DETERMINATION OF RISK LEVEL

In the absence of the female-responsive instruments (Van Voorhis, Bauman, Wright, and Salisbury, 2009) suggests that the risk score on gender-neutral tools should be utilized for determination of a community-based risk level. The need for a high-risk level of supervision could then be determined by the multiplicity and severity of the problems identified in the needs assessment function, not by a strict actuarial score (Baird, 2009). In *Changing Probation Experiences for Female Offenders Based on Women's Needs and Risk Assessment Project Findings*, offers an important reconceptualization of risk for women and discourage prevailing assumptions that low-risk individuals require few or no services (Salisbury and Van Voorhis, 2009). This implies that risk and need scores should not be the sole driver for the allocation of resources and services for justice-involved women and that there may be needs identified beyond those listed in generalized assessment tools that could be addressed to ensure successful outcomes. This is in sharp contrast to recommendations made to agencies for the allocation of resources for males.

OTHER IMPORTANT RISK INFORMATION

In addition to the use of most generalized actuarial risk and need instruments, other important information should be collected during an assessment process to provide a fuller picture of the needs of justice-involved women. Some of this information may need to come from assessments conducted by certified mental health professionals and include the following:

- History of abuse
- Relationship status/issues
- Self-esteem/self-efficacy
- Mental health (including depression and PTSD)
- Parental stress (e.g., number of children, current arrangements for care of the children)
- Level of family support or conflict
- Financial status/poverty issues

(Berman & Gibel, 2007; Van Voorhis et al., 2010).

While a risk and needs assessment is still the core of evidence-based practice for supervising female DWI/DUI probationers, the use of assessment tools should incorporate female-responsive considerations. Use of these approaches will enhance the overall accuracy of the assessment and the effectiveness of services provided.

EVIDENCE-BASED SUPERVISION PRINCIPLES

UTILIZE RISK-NEEDS-RESPONSIVITY (RNR)-TREATMENT-DOSAGE PRINCIPLES IN STRATEGIES AND PRACTICE

Assessing justice-involved individuals for their propensity to re-offend (RISK) is one of the primary responsibilities of a community supervision officer. While used primarily to determine the risk of recidivism, the assessment process also yields significant information for utilizing the Risk-Needs-Responsivity (RNR) Principles. The RNR principles further define the application of resources based on assessed personal and environmental characteristic (NEEDS); the focus and approaches of such resources (RESPONSIVITY); and the type of the intervention (TREATMENT) to be deployed for the justice-involved individuals to make positive changes in their behavior. The intensity and duration of the intervention (DOSAGE) is the last consideration to help ensure successful outcomes. Justice-involved women, as articulated previously, may require special considerations when being assessed for risk and needs. Collectively, this process follows principles of effective, evidence-based correctional responses. Research has supported that the appropriate use of RNR principles — identification of risk, provision of treatment when indicated, focus of treatment, approach to treatment, and dosage — is associated with reduced recidivism (Andrews & Bonta, 2006).

Risk Principle

The underlying assumption of the risk principle is that criminal behavior can be predicted, at least to a level of relative probability (high, medium, or low) of recidivism (Andrews & Bonta, 2006). The higher the level of assessed risk, the greater the probability the individual will re-offend. The second application of the risk principle includes matching supervision strategies, type, and intensity of treatment interventions to the risk level of the individual. In this manner, the assessment outcomes serve to connect the individual's risk level to effective treatment, as risk level is an indicator of an individual's criminal tendencies. According to this principle, higher-risk individuals should receive the most services and highest level of structure (Ward, Melser, & Yates, 2007). What this means for community supervision officers is that higher-risk women will likely need the most intensive and extensive services if a discernible reduction in recidivism is to be achieved. It should then also follow that lower-risk women would require minimal, or perhaps no intervention, in order to successfully complete their justice system requirements. Research has shown that unnecessary intervention can actually increase the risk of recidivism due to unnecessary exposure to anti-social or pro-criminal associates (Andrews & Bonta, 2006; Ogloff & Davis, 2004). Further, intensive supervision and services may have the negative impact of disrupting the pro-social relationships and activities in their lives. Risk is more of a factor in determining the level of supervision,

monitoring and structure (high, medium, or low) rather than the intensity and breadth of services that need to be provided.

Risk should take into consideration both static and dynamic factors. Static risk factors are variables that cannot be changed, such as age, gender, and historical markers including age at first offense and prior criminal record. Dynamic risk factors are attributes which can be modified or changed in some important manner (Ward et al., 2007). Examples of dynamic factors would include impulsiveness, antisocial behaviors and attitudes, and drug or alcohol addiction. The distinction is important because factors identified as dynamic can direct probation officers to areas in which women can make changes, potentially reducing the risk level throughout the supervision process and, therefore, the recidivism rate. Furthermore, a higher level of risk may indicate a higher intensity of needs. It is important to understand that the risk score should not be solely based upon the current offense; it is a composite of many variables. A single felony DWI/DUI conviction may result in a lower risk score for an individual who has no prior offenses, than one who has multiple convictions and other risk factors.

Need Principle

The need principle focuses on dynamic factors, or those amendable to change. Improving or eliminating these factors is associated with the probability of reducing recidivism (Ward et al., 2007). Every justice-involved woman brings with her a unique set of life experiences which generate a particular set of problems or issues identified as needs. Higher scores on certain risk variables on the assessment may help identify these high need areas. The need principle identifies criminogenic and non-criminogenic needs. Criminogenic needs are a subset of risk level variables, which may have a direct impact on her criminal behavior. These include pro-offending beliefs and attitudes, antisocial personality characteristics, poor problem solving abilities, substance abuse issues, a high level of hostility and anger, and criminal associates. Effectively addressing these dynamic risk factors is associated with the probability of reducing recidivism. In contrast, non-criminogenic needs, which are also dynamic have been shown to be limited in their association with criminal behavior. Examples of non-criminogenic needs may include factors such as low self-esteem, mental health issues such as depression, history of victimization, or poor physical health. Addressing non-criminogenic needs may not directly result in lowered recidivism, but may significantly assist in an improved ability to focus on treatment interventions that do.

Justice-involved females have generally experienced more victimization and trauma in their lives than males. However, the role of those experiences in risk prediction is not clear. Even if the connection of trauma to risk prediction has not been clearly established, officers conducting assessments with females should pay close attention to the possibility

of PTSD and be prepared to address those dynamics (Latessa & Smith, 2007). Addressing PTSD will likely enhance positive treatment outcomes.

Research has established the primary criminogenic needs as the "Big 8", with the first four being most significant (Andrews & Bonta, 2006; Andrews & Dowden, 2007).
They include:

- Antisocial behavior — aggressiveness, defiance of authority, cruelty, argumentativeness
- Antisocial personality — impulsive, adventurous, risk-taking, disregard for others, lack of empathy
- Antisocial cognition — faulty thought processes, rationalizing the crime, blaming the victim, blaming the system/society
- Antisocial peers — prevalence of close associates engaging in criminal behavior including friends and family
- Drugs and/or alcohol misuse and abuse
- Family and/or marital issues
- Work or school issues — lack of education, unstable employment history, lack of viable job skills
- Leisure and/or recreation issues — engaging in inappropriate kinds of leisure activities, and having limited positive interests

The following table presents a more complete distinction between criminogenic and non-criminogenic needs (Andrews & Bonta, 2006, p. 282). Of importance, the criminogenic needs in the table below are the same variables listed as gender-neutral although it is noted for the purposes of this *Guide* that the gender-neutral variables have been expanded to include criminal history in the *Evidence-based and Female-Responsive Approaches to Assessment for Community Corrections* section.

CRIMINOGENIC AND NON-CRIMINOGENIC NEEDS

CRIMINOGENIC NEEDS	NON-CRIMINOGENIC NEEDS
Antisocial Behavior	Vague Feelings of Personal Distress
Antisocial Personality Pattern	Poor Self-Esteem
Antisocial Attitudes and Cognitions	Feelings of Alienation and Exclusion
Antisocial Associates	Lack of Physical Activity
Family/Marital Conflict	History of Victimization
Substance Use Disorder	Hallucinations, Anxiety, and Stress
Difficulties in school/education context	Disorganized Communities
Lack of appropriate leisure/recreational activities	Lack of Ambition

The implication for officers is that change should occur in the probationer's criminogenic need factors, since addressing non-criminogenic needs is unlikely to directly impact future recidivism. However, it may be desirable to address non-criminogenic needs in order to establish a positive relationship between the probationer and the officer or treatment provider, and to minimize the degree to which those issues interfere with efforts to address other treatment concerns. For example, mental health issues related to thought distortion may have to be addressed before the individual can meaningfully address other issues in cognitive-based treatment. However, officers should always give priority to those needs identified as criminogenic (Andrews & Bonta, 2006).

Responsivity Principle

The responsivity principle addresses the need to deliver treatment services in a style and mode that is consistent with the ability and learning style of the individual (Andrews & Bonta, 2006). It is about matching the type and mode of treatment delivery to the needs of the justice-involved woman. Grounded in social learning theory, cognitive-behavioral approaches have been shown to be effective with the greatest number of criminal justice-involved individuals, although other methodologies may be more appropriate for certain individuals (Andrews & Bonta, 2006). For example, lower functioning women may have less success in a program which utilizes journaling and insight oriented discussion versus a concrete didactic approach geared to their cognitive level. Responsivity assesses how the individual interacts with the treatment environment and addresses the appropriate selection of an environment that maximizes the justice-involved woman's learning (Ward, et al., 2007).

There are distinct internal and external responsivity components. Internal responsivity requires therapists to match the content and pace of the intervention to specific individual characteristics, such as personality and cognitive maturity. External responsivity considers such issues as active or passive participatory methods and specialized considerations such as past issues of trauma and victimization and the women's life circumstances, cultural experiences and traditions (Ward et al., 2007). It is important to consider the treatment modality as it relates to females and, for example, do not consider placing a woman in a substance abuse treatment program that is male dominated.

Dosage Principle

The dosage principle maintains that the amount and intensity of treatment should be matched to the risk level of the justice-involved individual. Dosage encompasses the intensity of treatment, such as residential versus community-based delivery models, and the duration of the treatment. Women with higher risk levels are one of the subpopulations that should be exposed to more intensive and longer interventions (Latessa, 2010). Higher-risk probationers require a higher degree of initial structure and more intensive services than lower-risk individuals. The selection of a particular service provider by an officer may be based on the intensity of treatment the individual needs. Educational program designs provide short classes on drugs, alcohol, and addiction for individuals with the lowest problem severity (low dosage). Community-based treatment provides less than nine hours of counseling per week while intensive community-based programming refers to nine or more hours of counseling per week (medium dosage). Short-term residential treatment means 28 days or less in the facility while long-term treatment means a more lengthy stay (high dosage) (Taxman, Shepardson, Byne, Gelb & Gornik, 2004).

The duration factor is also a critical variable. Structure is important for managing high-risk probationers. During the initial three to nine months after beginning supervision, 40 percent to 70 percent of an individual's free time should be clearly occupied with specific routine and appropriate services such as treatment, employment, or education (Palmer, 1995; Gendreau & Goggin, 1995; Steadman, Morris, & Dennis, 1995). Unstructured time may present reoffending opportunities and increases the chance of relapse. Women with childcare responsibilities will have less unstructured time due to the demands of these responsibilities and regimenting their time should also consider their role as a parent.

Treatment Principle

The treatment principle holds that treatment should be an integral part of the sentence and case/supervision plans for all higher-risk individuals. Treatment can help bring about

change by reducing the impact of one's criminogenic needs, and subsequently, future risk. Officers should proactively and assertively identify and address treatment needs and seek appropriate service providers to deliver treatment. This can be a challenge for jurisdictions with few treatment resources. In those situations, the officer or her/his agency may need to work directly with service providers to prod them to deliver treatment in a way that best meets the needs of the referred individual. Carefully selected and timely treatment interventions will best benefit the community, the victim, and the justice-involved woman in the long-term (Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Andrews & Bonta, 1998) Messina, Burdon, Hagopain, and Prendergast (2006) concluded that women take a different approach to treatment than men. Therefore, it is recommended that treatment programs be segregated and not mixed gender groups. Lower rates of relapse and recidivism have been found in female- focused treatment programs vs. traditional mixed gender treatment programs (Kassebaum, 1999).
For treatment to be effective, it should be delivered by service providers in a manner that is consistent with the theory and design underlying the intervention, and it should be delivered with fidelity. In other words, it is to be provided as designed and promised. Listed below are some program components which generally contribute to the delivery of effective rehabilitation:

- Cognitive-behavioral in orientation
- Highly structured, specifying the aims and tasks to be covered in each session
- Implemented by trained, qualified, and appropriately supervised staff
- Delivered in a correct manner as intended by program developers
- Manual-based
- Housed within overall programs and facilities and with staff and management committed to the ideals of rehabilitation

(Andrews & Bonta, 2003; Gendreau, Goggin, Cullen, & Andrews, 2001; Ogloff & Davis, 2004)

"The best treatment models and programs for alcoholic women should be sensitive to the specific subpopulation they address both in terms of general characteristics and individual variations within that subpopulation. An alcoholic woman may not initiate or continue treatment in a program that misunderstands or ignores important aspects of her life, whether it be her race or ethnicity, sexual orientation, health, financial needs, or social support network" (McCrady & Raytek, p. 321-322, 1993). An officer's job is to be knowledgeable enough about each program to insure that an effective treatment approach for women is utilized. The officer is an important part of the quality assurance function necessary for the delivery of consistently effective treatment.

DEVELOP A CASE/SUPERVISION PLAN

An important function of the community supervision process with a woman on supervision for a DWI/DUI is the development of a case plan or, as it is alternatively known, a supervision plan. This is another element of evidence-based practice designed to facilitate a more positive outcome for each female probationer. Case plans are developed from the data collected during the assessment process. This includes information gained from actuarial assessment tools, interviews with the probationer, and collateral information gathered from family and others identified during the course of the assessment investigation.

What is a Case Plan?

A case plan is a map or a guide to the goals, objectives and activities during a period of probation supervision. This includes a summary of the route and identification of a desired destination — the outcome. The purpose of a case plan is to reduce future criminal behavior, and to increase the overall pro-social functioning of women DWI/DUI probationers. Case plans need to be developed within the framework of and consistent with, the principles of risk, need, responsivity, dosage and treatment (RNRDT) (Colorado Division of Probation Services, 2010).

Agencies have often developed their own format for constructing and presenting case plans and the list of specific components varies from jurisdiction to jurisdiction. The following is an inventory of components that could be included in a case/supervision plan:

- Criminogenic needs of the individual
- Identification of strengths and protective factors
- Accomplishable goals, which may reduce the risk of re-offense
- Strategies to accomplish those goals
- Specific action steps to be taken within those strategies
- Time frames for completing each of the action steps
- Roles and responsibilities of each person involved in the case/supervision plan including probationer and probation officer
- Community-based partners, including treatment providers, to whom referrals will be or have been made
- Immediate needs such as housing, income/employment, and childcare
- Strategies for how those immediate foundation building needs will be met
- Expectations of supervision, such as contact standards and utilization of technological monitoring tools

(Prins & Osher, 2009; 9 NYCRR, 2012,)

A woman's involvement in her case planning process is thought to be a key element in their "buy-in" in treatment and supervision and subsequent success (Prins & Osher, 2009). Some case planning models include the specific terms and conditions of probation established by the court. Examples may include activities specifically required, such as payment of restitution, and activities specifically prohibited during the course of supervision, such as consuming alcoholic beverages or contact with specific people. The case plan should also clearly delineate sanctions and incentives that will be applied for failure to comply or successful compliance.

Recognizing the Role of Culture

A woman's ethnic/cultural background will likely have an influence on how she seeks and accepts services and treatment. It will also have an impact on how she relates and responds to her community supervision officer and service providers. Officers who have developed ethnic/cultural awareness and knowledge of each individual woman will have a better ability to assist in the preparation of a case plan that will help eliminate barriers to services and treatment. The officer's ability to recognize and respect beliefs, customs and values will help craft a more culturally sensitive case plan.

The Three R's of Case/Supervision Plans

Case/Supervision plans are not static documents. They should be reviewed and revised as necessary, usually at six-month intervals or when significant change occurs in a woman's life. This often follows the schedule for formal reassessment. During this process officers should recognize the goals and steps accomplished and identify any new goals or strategies that will enhance progress.

A case/supervision plan should be:

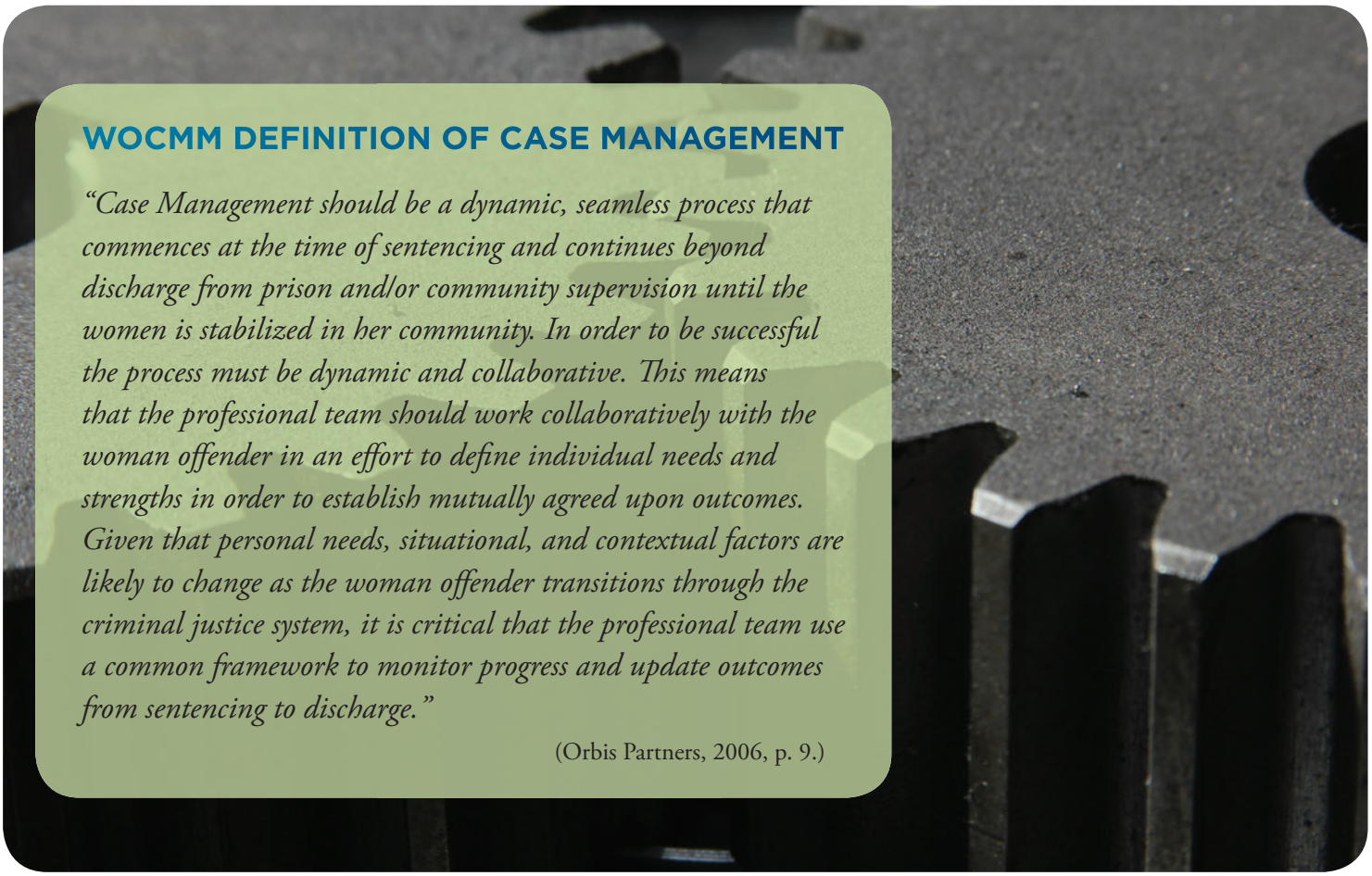
- ***Relevant*** - The components of the case plan should relate to the specific individual and his/her circumstance. It must be derived from the results of the assessment process and prioritized to address the most compelling criminogenic needs
- ***Research-based*** - It should be based upon interventions that have been demonstrated to be effective through research; and
- ***Realistic*** - The plan should reflect goals and objectives that are attainable; should not be complex or overwhelming; and should be achievable within the period of court-ordered supervision by both the probationer and the supervision agency (Wicklund, 2005)

THE WOMEN OFFENDER CASE MANAGEMENT MODEL

A new model for female probationer case management has recently emerged. Similar to newly developed risk and needs assessment instruments for women, it is based on the evidence-based and female-responsive literature. Although this case management model is not specific to women who have committed a DWI/DUI offense, it has relevancy to this population. Orbis Partners, in collaboration with the National Institute of Corrections, has developed the Women Offender Case Management Model (WOCMM) (Modley & Giguere, 2010).

The implementation of the Women Offender Case Management Model is directed by the following core practices (Orbis Partners, 2006; Robinson, Van Dieten, & Millson, 2012):

- ***Female Responsiveness*** — providing a comprehensive array of mutually supportive services that reflect the unique needs of women and is consistent with research



WOCMM DEFINITION OF CASE MANAGEMENT

"Case Management should be a dynamic, seamless process that commences at the time of sentencing and continues beyond discharge from prison and/or community supervision until the women is stabilized in her community. In order to be successful the process must be dynamic and collaborative. This means that the professional team should work collaboratively with the woman offender in an effort to define individual needs and strengths in order to establish mutually agreed upon outcomes. Given that personal needs, situational, and contextual factors are likely to change as the woman offender transitions through the criminal justice system, it is critical that the professional team use a common framework to monitor progress and update outcomes from sentencing to discharge."

(Orbis Partners, 2006, p. 9.)

- ***Individualized Service*** — adhering to the risk and needs principles of a female-responsive assessment and recognizing that all women have strengths
- ***Engagement Strategies*** — developing the case plan with, not for, the woman. Utilizing the principles and strategies of motivational interviewing to enhance their meaningful participation in the process
- ***Team Approach*** — building partnerships with the community to help enhance its capacity to serve the multiple needs of women. Establishing a multi-disciplinary team to work with women in the community
- ***Collaboration*** — community partnerships working in tandem to establish outcomes
- ***Comprehensive*** — matching the services utilized to the risk level and criminogenic needs of the women
- ***Continuity of Care*** — ensuring the individual is familiar with available community resources and that services are accessible to them and their families after their termination from supervision
- ***Commitment to Program Integrity*** — establishing quality assurance efforts to monitor the integrity of the program
- ***Commitment to Process and Outcome Evaluation*** — monitoring the progress and evaluating the outcomes of efforts and using various measurement tools to assess the effectiveness of the program

The WOCMM has four core elements, or stages for women residing in the community. Based on their unique life events, justice-involved women may move forward or backward across the stages (Robinson, et al., 2012).

- Engage and assess: Through assessment, identify needs and strengths that have an impact on behavior. Establishing a respectful relationship and building rapport is critical to the process
- Enhance women's motivation: Increase commitment and self-efficacy by enhancing intrinsic motivation (e.g., use Motivational Interviewing techniques) and involve women in the change process
- Implement the case/supervision plan: Identify personal goals for the case/supervision plan, and deliver and broker the necessary services to assist women in achieving these goals
- Review/monitor progress: Determine if goals have been achieved and reinforce successes. Update the case/supervision plan with new goals or alternative strategies to overcome barriers in achieving goals that have not been realized

Utilizing case/supervision plans developed under the WOCMM has been demonstrated to have had a positive impact on recidivism rates for justice involved women generally. In a one-year recidivism study conducted in Connecticut, new arrest rates were 42.5 percent for the control group (N=268) and 31.6 percent for the matched WOCMM group (N=263). Similarly, new felony arrests were 16.7 percent and 10.9 percent, respectively. The rate for any negative outcomes, including technical violations, was 47.1 percent for the control group and 37.9 percent for the WOCMM group (Robinson, et al., 2012). These differences were statistically significant.

"Collaborative involvement in developing an individual treatment plan throughout the continuum of treatment will help the female judicial client to develop thinking that supports self-control, self-esteem, and self-respect."
(Milkman et al., 2008, p. 111)

REFER TO AND MONITOR SUBSTANCE ABUSE TREATMENT

If indicated by assessment, treatment completion will be a key component in abstinence rates for women with a substance dependency. The abstinence rates for women who complete treatment are nine times greater than for women who do not complete treatment. The abstinence rates for men who complete treatment are three times greater than for men who do not complete treatment (Green, 2006).

The following check list is provided in *Women's Treatment in Criminal Justice Settings.* This check list is designed to assist probation officers and others in identifying the various components of a holistic approach to treatment and evidence-based practices for female-specific treatment programming (J.E. Zweben 2011 p. 237).

- Low entry threshold
- Pregnancy and postpartum service
- Childcare services, including activities and medical services
- Parenting classes (trauma informed)
- Family education and therapy
- Case management
- Legal services (custody and other issues)
- Psychiatric and specialized counseling services for co-occurring disorders
- Assistance with housing and transportation
- Organizational structure with positive female role models in authority
- Male role models who can promote healthy relationships, education and job skills training that allow women to support their families

Common Areas of Focus during the Course of Substance Abuse Treatment

Although substance abuse treatment programs can differ in organizational structure (e.g., ranging from inpatient residential to extended outpatient models) and their curriculum may differ in its specifics, there are some common themes across successful programs. In general, treatment seeks to provide women with the ability to trust and take care of themselves, and to find a support system that is nurturing rather than defeating. Such interventions focus on empowerment which leads to successful treatment outcomes, skill development, and improved self-confidence to escape patterns of destructive use of chemicals. Through effective treatment, women can gain self-esteem and self-efficacy that they need to move forward independently (Covington, 2001; Kassebaum, 1999).

The following is a compiled list of the goals and components of substance abuse treatment (Milkman, et al., 2008):

- Identify and address high-risk situations
- Identify and address high-risk thinking
- Identify and address negative thought patterns
- Identify and address negative feeling states
- Identify and address changes in self-image and internal conflict;
- Evaluate action choices in terms of outcomes
- Help develop insight into her potential; and
- Guide toward intrinsic motivation to change

Providing a collaborative, supportive approach to address women's treatment needs sets the stage for and allows them to focus on developing and establishing new and healthy relationships with the other women (CSAT, 2009). Women-only treatment programs have better retention and more positive outcomes (Sun, 2006). The outcomes are based on a treatment environment that is same-sex which allows women to share personal information about themselves; including issues with children and histories of sexual and physical abuse. These treatment programs help eliminate the possibility of sexual harassment from male participants and any stigmatization or stereotyping resulting from their involvement in substance abuse treatment (Weisner, 2005).

How to Address Relapse

While patients, counselors, family and friends would like to move forward after treatment without the fear of returning to substance abuse, relapse is a predictable part of the total process of treatment. Just as treatment is not a single event and completion of primary

treatment is not the "end" of the process, relapse may well occur at some later time and planning must be in place to address it if, and when, it does occur. If relapse occurs, it is important not to blame the process -"treatment was a failure" or the person -"she failed treatment". If recovery is viewed as an ongoing process, then relapse is seen as simply a part of the total process; but a part that must be addressed quickly, effectively and appropriately. Continuum of care should be an element of the overall relapse strategy. When primary treatment is completed, there should be specific concrete follow-up or aftercare provisions provided. This may be a support group such as AA or periodic "check-ins" with a supportive, knowledgeable professional. For substance abuse treatment graduates, the development of a "relapse" plan is essential (CSAT, 2009).

> "I found a reason not to drink and looked at my future and thought about my kids – I have five children. I do not want to die – I have kids to raise."
>
> (DWI probationer focus group participant, September, 2012)

Probation officers must carefully assess if and when there are concrete signs of relapse and if it is in the interest of public safety to return a women to custody when a relapse has occurred. This decision should be made in the context that "addiction is a chronic disorder characterized by at least some relapse" (Zweben, 2011, p. 238) and only after careful consideration of the justice-involved woman's risk level and potential harm to the community.

Importance of the Therapeutic Alliance

A topic not often discussed by supervision officers is therapeutic alliance and the characteristics of the substance abuse counselor. During the development of the specialized DWI/DUI Risk and Needs instrument funded by the National Highway Traffic Safety Administration (NHTSA), a number of interviews were conducted with criminal justice practitioners. They consistently reported that the relationship with the counselor was a key component of successful treatment (Personal communication, Les Schultz, County Court Services Director, Brown County, MN Probation Department, July 12, 2011). Studies have also found that women believe that counselor characteristics such as non-authoritarian attitudes and approach, confidence and faith in their abilities, and projections of acceptance and care are essential elements that contribute to successful treatment (Sun, 2006). This insight is helpful to officers as they seek to understand and evaluate the effectiveness of the programs to which they refer women.

Onsite Child Care

One of the external, yet critical, factors affecting a woman's involvement in treatment can be the lack of child care resources (McMahon, 2000 as cited in Milkman et al., 2008). Treatment programs are slowly beginning to recognize this issue and provide onsite childcare services supporting a woman's recovery process.

Integrate with Mental Health Treatment

Research indicates that women experience mental illness differently than men and that the majority of women who suffer from mental illness experience substance abuse issues as well (Ney, Ramirez, & Van Dieten, 2012). This is discussed in greater detail in the previous *Mental Health Issues and Co-occurring Disorders Sections.* Areas of concern can include thought disorders, mood disorders, and conduct disorders. If mental health issues are identified, officers need to refer the individual to the appropriate local mental health provider who will determine the clinical diagnosis and most appropriate course of treatment. Treatment may involve counseling on an individual or group basis and pharmacological interventions. Partnership with the mental health treatment provider is extremely important. Supervising officers should monitor the course and progress of treatment. Substance abuse and mental health issues should ideally be coordinated and dealt with in tandem or both issues should be integrated into one therapeutic model.

Incorporate Trauma Treatment

Probation officers should consider approaching female DWI/DUI probationers from a trauma-informed care perspective. This simply means that assessments and services include a basic understanding of how trauma affects the life of an individual and understanding of the vulnerabilities or triggers of survivors. This is done so that service delivery does not exacerbate those dynamics but, rather, is supportive and avoids re-traumatization (National Center for Trauma-Informed Care found at http://www.samhsa.gov/nctic/).

Trauma-specific interventions are designed to treat the specific symptoms and consequences of trauma and to facilitate healing. Such programs have designated three stages of trauma treatment (Herman, 1997):

1. Establishment of safety;
2. Remembrance and mourning; and,
3. Reconnection with everyday life.

MARTHA'S STORY

"I desperately wanted to complete my education but my husband would not permit me to attend school. This is when I began to drink heavily. I eventually divorced my first husband. I remarried an older man who quickly began to beat me. He was also a heavy drinker and extremely jealous and possessive. He would come to my place of employment and create a scene which finally caused me to lose my job. The physical abuse included a broken nose, numerous black and blue bruises and swollen eyes and, on one occasion, he struck me over the head with a bottle. In order to humiliate me, he would pour bleach over my clothes so that they were no longer appropriate to wear. The abuse lasted for approximately five years. During this time, I continued to drink excessively. This is when I was arrested for my first DWI.

The violence and abuse continued and escalated into a sexual assault. When I contacted the authorities, my second husband was arrested and later sentenced to two years in prison for sexual assault and battery. When he was ultimately released from prison, he convinced me that he had changed. We began living together again and he treated me much better at first. I wanted to give him a chance and I felt that my son needed a male role model in the home. Things continued to go well for about six months. Then the abuse started again. He was always angry with me. There was more physical abuse. I began to think that my crazy life was actually normal. I continued to drink to numb my life. During this time, I was arrested for my second and third DWI.

When I was placed on probation for my second DWI, I completed all the programs required and fulfilled all of the conditions including attending Alcoholics Anonymous (AA) meetings. However, I quickly began to drink again. *(continued, pg.53)*

For women, treatment should initially focus on stabilization, safety, and understanding the link between trauma and substance abuse — not on processing the past and telling their story of specific trauma experiences (Finkelstein et al., 2004).

Substance abuse treatment and trauma treatment are best delivered in an integrated model if possible. If such a service is not available, treatment should be delivered in parallel, and conducted at the same time by coordinated providers who understand the relationship between trauma and substance abuse. Sequential treatment is the least desirable model (Finkelstein et al, 2004).

There are at least seven trauma-specific service models used by contemporary service providers. They include:

- The Addictions and Trauma Recovery Integration Model (ATRIUM) (Miller & Guidry, 2001)
- Helping Women Recover (HWR) (Covington, 1999)
- Seeking Safety (Najavits, 2002)
- Trauma Recovery and Empowerment Model (TREM) (Harris, 1998)
- Triad (Clark & Fearday, 2003)

- Trauma Adaptive Recovery Group Education and Therapy (TARGET) (Ford, Kasimer, MacDonald, & Savill, 2002)
- Substance Dependent Post-Traumatic Stress Disorder Therapy (SDPT) (Triffleman, 2000)

All seven models are based on cognitive-behavioral theory, each with some additional unique features. They are primarily designed for delivery in a group setting, although some can be provided on an individual basis (Finkelstein et al., 2004).

Martha's story, a real case study presented to the right, illustrates the link between trauma and substance abuse. It also demonstrates the benefits of effective intervention.

Physical Health Treatment

As discussed earlier in the *Physiological Effects of Alcohol on Women* section, there are many ways physical health is negatively affected by alcohol and drug use and abuse. If physical health issues are identified, the supervising officer may assist the woman to seek appropriate medical treatment. Illness or chronic conditions can be disruptive, stressful and energy draining. These dynamics can impede focus on important treatment issues and the degree to which they can be alleviated increases the probability for successful substance abuse, mental health and trauma treatment interventions.

MARTHA'S STORY, CONTINUED

It wasn't until my third DWI conviction that I made the decisions necessary to change my life. I was placed on probation and was ordered to serve six months jail time. I was allowed to serve my time on weekends. I was also ordered to wear a continuous transdermal bracelet.

At this time, I was referred to the Westchester County DWI Female Offender Forward Motion Pilot Program. I was placed in a group with five other women. The group was facilitated by my Probation Officer, Sheryl Day, and another woman from the local school district. All five of us were like sisters. Today, I still remain very close to one of them. Each week, we met and discussed an assigned topic. There was always information provided to us regarding the topics we discussed. For example, when we discussed getting our GEDs, all the application and registration materials were provided. My Probation Officer helped me in many different ways during this time. She helped me solve problems and was very supportive.

I had participated and completed out-patient treatment in the past and was ordered to complete in-patient treatment for my current DWI. In-patient treatment was very difficult for me. It was like being in jail! I do not want to return to jail or in-patient treatment ever again.

While I learned some things in treatment, the DWI Female Offender Program has helped me the most. They found a way to make me feel better about myself and to believe in myself. They did not make me feel like a criminal.

I continue to struggle with issues of depression and anxiety. I divorced my second husband and remarried for a third time and this time, I feel like I made a better decision. My goals include finishing school and becoming a paralegal. My biggest goal is to continue to be happy and raise my son. I enjoy my work which is very important to me. I am now in a good place! There is help out there. Things that seem hopeless can get better. My advice to others is to stick with it, talk to others and establish good supportive friendships."

(Personal Communication, June 13, 2012)

COLLABORATE WITH SERVICE PROVIDERS

Studies from such fields as substance abuse and mental health have found that collaborative, community-based programs offering a multi-disciplinary approach foster successful outcomes among women. Research has shown that justice-involved women have a great need for comprehensive, community-based wraparound services. This coordinated or case management approach has been found to be effective with women because it addresses their multiple treatment needs (Bloom et al., 2005).

One of the realities of corrections, mental health and social services in the community is that services are often fragmented with little coordination among providers. There may be multiple agencies involved with the DWI/DUI female probationer. These providers might include:

- Child protection service social worker
- Substance abuse treatment counselor
- Mental health treatment therapist
- Community social services case manager
- Economic assistance worker
- Family and child-rearing counselor
- Child care providers
- Dependent children's educational providers
- Family health care provider
- Housing advocate
- Adult education specialist
- Employment and vocational training counselor
- Faith institution representative

It is important that services and providers share a common and comprehensive understanding (to the degree possible) of the woman and her situation. Information should ideally flow seamlessly to the various providers. Additionally, there should be agreed upon goals and service plan developed among all of those involved and endorsed, or at least understood by the woman. Since many of these services are mandated by orders of the court and some others have been identified as needs through an assessment completed by the supervising officer, the officer is often the logical "lead" person in the collaborative process. The officer has a responsibility for monitoring compliance with those activities ordered by the court while other providers may see their services as

voluntary choice on the part of the woman. This "authority" element may suggest that the community supervision officer be in the lead position on the team. Also this dynamic may suggest that the case plan developed by the supervising officer be the viewed as the service blueprint.

There are many strategies and responsibilities that need to be coordinated among service providers. One of the most important is prioritization of objectives. Some objectives, such as finding safe housing, will be more immediate and should be addressed before other activities can take place. Other objectives may be sequential with certain prerequisites addressed before moving on to other ones. As an example, some treatment providers deliver substance abuse treatment and mental health treatment simultaneously with a single-provider model or coordinated on a simultaneous basis. However, other providers may require mental health issues be addressed first and that the woman's mental health issue(s) be stabilized before she is able to take on the challenges of a substance abuse treatment program.

It is best if all service providers are working with the same information and sharing common goals. Care must be taken to ensure that expectations of one service provider do not conflict with the expectations of another. Coordination of a schedule and type of services is critical. If one provider expects 100 percent attendance and another provider schedules a session at the same time, the woman is placed in an untenable situation. The dynamic of service "overload" for the woman should also be considered and gauged. There is a limit to what can reasonably be addressed and accomplished at any given time. It should be considered that the woman may have ongoing responsibilities (many of which may be pro-social) such as maintaining employment, managing a household and/or caring for children besides the planned interventions and court-ordered expectations. Too many required activities can frustrate and discourage the woman and undermine other efforts.

USE SUPERVISION TECHNOLOGY

Using appropriate monitoring technologies as an alternative to incarceration can be an important option in the community supervision of justice-involved women. These alternatives may allow women with DWI/DUI convictions the ability and opportunity to maintain community support systems, employment, education, housing, provision of child care, and allows for the utilization of community-based treatment (e.g., substance abuse and mental health).

Technology may provide probation officers the tools to support and enhance the goals of community supervision: public safety, accountability, and behavior change. Officers need to familiarize themselves with the various technology tools available, understanding the purposes and objectives of each so that the proper tool can be selected. Cost for a supervision technology is usually assessed to the individual. Justice agencies should consider establishing funds for indigent individuals to allow access for those who are unable to pay any or all the costs associated with the use of the technology. All of the technologies listed below may also provide an increased level of supervision while allowing the woman to effectively function in the community.

Electronic Monitoring

An electronic monitoring (EM) response requires that a device is placed on a person and used to monitor his/her location and activities. It is typically used as an alternative to incarceration or as a condition of community supervision (Dunlap, Mullins, & Stein, 2008).

How electronic monitoring can aid in the supervision of DWI/DUI supervisees:

- Provides structure and additional supervision
- EM may also include an alcohol sensor capability to determine if the probationer has been using alcohol
- The use of EM is often less expensive for the justice system than incarceration and may assist in reducing jail overcrowding
- EM devices can be added as a sanction for noncompliant behavior or removed as an incentive for compliance. In most cases, the cost associated with EM may be assessed to the offender and a desire to avoid this expense is an incentive for compliant behavior
- Hand-held devices to conduct drive-by verification of an individual being at home or other location are also available
- EM tracking devices may actively or passively report data to an officer or central monitoring agency. Active reporting sends data on a real time basis to the monitoring agent, while passive reports aggregate data and submits a summary report on a predetermined frequency to the supervising officer (e.g., once a day)

Ignition Interlock Devices

An alcohol interlock is a device that is installed on motor vehicles to prohibit justice-involved women under the influence of alcohol from operating the vehicle. Individuals are required to blow into the "breath alcohol concentration detection device" before starting

the vehicle. If the device detects alcohol, it will prevent the vehicle from starting. In addition, at random times during the operation of the vehicle, the driver will be prompted to blow into the device to ensure that they have not consumed alcohol and continue to be under the determined Blood Alcohol Concentration (BAC) threshold (e.g., .02). This is called a running retest.

When used as a condition of supervision in conjunction with monitoring and reporting, the alcohol ignition interlock system provides women with a DWI/DUI conviction with an alternative to full license suspension. Use of the system for repeat or high-BAC offenders is often required by legislation and/or mandated by the state motor vehicle department or other administrative authority. All fifty states have enacted legislation providing for its integration into the DWI/DUI administrative sanctioning process.

How alcohol interlock devices can aid in supervision of DWI/DUI supervisees:

- Installation of an alcohol interlock device serves as an alternative to a full driver's license suspension and allows the women to remain employed, in school, and involved in other pro-social activities
- Alcohol interlock devices prevent the vehicle from starting if the breath sample provided by the driver contains more than a predetermined BAC
- Units collect and maintain a report of the driver's BAC level at the time of every ignition start-up and failed start as well as during rolling retests
- Data obtained through the recording devices show patterns of abuse that can lead to DWI/DUIs. The information offers potential insight into individual behavior patterns
- The device is associated with reduced recidivism for drunk driving while installed. "The interlock is very effective while it is on the vehicle, and the net benefit (accumulated during time on and off the interlock) in terms of reduced recidivism is substantial" (Robertson, Vanlaar, & Simpson, 2006, p. 8)
- The potential for reduced alcohol consumption during the use of the interlock device may aid in helping an individual get through initial hurdles of treatment by encouraging sobriety

Continuous Transdermal Alcohol Testing

Continuous transdermal alcohol testing is a valid way to determine whether and when an individual has consumed a small, moderate, or large amount of alcohol. Designed to be used as a screening device to determine the level of alcohol use, the device is a 24 hour, seven days a week alcohol consumption monitoring device. It is considered a

passive and relatively non-invasive tool that can be utilized for an extensive period of time. The tamper- and water-resistant bracelet captures transdermal alcohol readings from continuous samples of vaporous or insensible perspiration collected from the air above the skin (Robertson, et al., 2006).

How continuous transdermal alcohol testing can aid in supervision of DWI/DUI supervisees:

- Random breath tests are only able to show if the individual has alcohol in their system at the time the test is given. Continuous transdermal alcohol monitoring tracks alcohol consumption 24 hours a day, 7 days a week
- Continuous transdermal alcohol testing will help monitor compliance with court-ordered terms and conditions of abstinence and can provide support for treatment success
- Officers are provided with access to web-based data to obtain a variety of progress reports specific to their caseload and receive customized notification of events and alerts
- The device can be recommended at the beginning of supervision for any repeat or high-BAC offender. It can then be removed as an incentive for compliant behavior or added as a sanction for noncompliant behavior
- Continuous transdermal alcohol testing can be used in a variety of programs including pretrial, probation, problem-solving courts, treatment, and re-entry

Breath, Blood, Urinalysis, Saliva and Hair Testing

Testing for the use of alcohol and drugs may be a responsibility of probation officers supervising women required to abstain from the use of alcohol or drugs during their term of supervision. The chemical analysis of breath, blood, and/or urine testing can be used to monitor court-mandated terms and conditions of supervision and detect the specific amount of alcohol and/or drugs in an individual's system. Saliva is not as precise for monitoring alcohol levels. Alcohol levels for saliva tests correlate with blood and breath alcohol levels, however, they are measured in intervals such as .02,.03,.06, etc. (Skipper, DuPont, & White, 2008). Breath, saliva and urinalysis (UA) testing allows the probation officer to randomly test for the use of alcohol and drugs during office or home contacts. The justice-involved woman also can be referred to a hospital or a lab for urinalysis or blood testing. Hair analysis is a non-intrusive method of substance use testing that provides a significantly longer testing window for the detection of alcohol and drugs and alcohol and drug metabolites. Current impairment may not be detected through this methodology, however, hair analysis can provide a longitudinal perspective on alcohol

and drug use history that can disclose past use and patterns. Research has found that hair analysis is less precise for marijuana, but it has been found to be reliable for heroin, cocaine, and amphetamine use than the traditional testing method of urinalysis. The test is relatively expensive and requires multiple hair strands for testing purposes (Paparozzi & Guy, 2011).

How alcohol and drug testing can aid in supervision of DWI/DUI supervisees:

- With breath testing sensors, officers can give quick on-the-spot breath tests to determine a specific BAC.
- Supervision officers can request that an individual submit to urinalysis testing for the detection of drugs and/or alcohol during office or home contacts.
- Because breath and urinalysis testing can be required on a random basis, varying and unpredictable schedules can be developed which has proven to be a deterrent to alcohol and drug use.
- Testing can be increased or decreased as needed to sanction noncompliant behaviors or as an incentive for compliant behaviors.

Programmed Contact Systems

Programmed contact systems are automated calling systems. A central computer either receives telephone calls from or makes calls to the supervisee in one or more locations. The calls may be made either on a scheduled or random timetable, or both scheduled and random calls can be made. The supervisee is expected to answer the calls according to a predetermined record of where she is to be at given times. The calls can be made to other locations as well and to multiple telephone numbers – for example, to ascertain if the woman is at work. Many of these systems have a reliable voice verification system that recognizes unique voice prints on a template that has been recorded during system enrollment. Other systems may utilize a video camera installed at the individual's home that transmits to a central computer and compared with a photograph on file.

How programmed contact systems can aid in supervision of DWI/DUI supervisees:

- They are often used as an intermediate sanction or a step down from more restrictive types of monitoring
- They can be used to communicate messages to the woman – for example, a reminder of appointments; need to call probation officer

Ethylsulfate (EtS) and Ethylglucuronide (EtG) Testing

Ethyl alcohol, also known as ethanol, is metabolized by the body through several pathways. One pathway metabolizes ethyl alcohol to ethyl glucuronide (EtG) and another to ethyl sulfate (EtS). These are referred to as metabolites, or biomarkers. Both remain in the body longer than alcohol itself. Because EtG and EtS can be detected in urine for up to a week after alcohol consumption, the use of metabolite testing is becoming more widely used in probation agencies throughout the nation (Skipper, DuPont, & White, 2008). EtG testing has been used more extensively, however, EtS may have some advantages. EtG can deteriorate in the urine over time if bacteria are present (Helander & Dahl, 2005) and can also be created in the urine when bacteria are present (Helander, Olsson, Dahl, 2007), creating the need to conduct both EtG and EtS testing.

There are numerous products that contain alcohol, e.g., mouthwash, hand sanitizer, and food flavoring. Individuals submitting to EtG and EtS testing must be advised of their responsibility to avoid incidental exposure to alcohol prior to testing and warned not to use alcohol-containing products.

Because EtG and EtS testing is a new tool being utilized by community corrections agencies, it is important for probation officers to have a comprehensive understanding of the technology and how to interpret the test results. This tool allows probation officers to effectively monitor alcohol use over a more significant period of time.

Cell Phones and Handheld Breathalyzers

Another recent technology that has emerged includes a handheld breathalyzer to remotely monitor a person's blood alcohol content using wireless technology. The offender utilizes a Smartphone that provides the ability to send a sobriety report wirelessly, through cell connection or Wi-Fi. This tool provides real time data about the offender's alcohol abstinence at any time and from any location. It provides the supervising officer a photograph, blood alcohol content level and GPS location (www.soberlink.net).

RESPONDING TO FOUNDATIONAL NEEDS

Foundational needs refers to the basic necessities of life that involve basic skills and resources and are important to the ability of women to function and survive in the community. These issues will not emerge as criminogenic needs in an actuarial assessment (referenced in the *Need Principle* section) but, nonetheless; they are important considerations that may be addressed in community supervision of DWI/DUI female

probationers. Not all women will present needs in these areas but if they do, they may be included in a comprehensive case/supervision plan.

EDUCATION

Recent research has demonstrated that if women become involved in programs designed to improve their educational and vocational skills, such participation will be effective in helping reduce their risk for recidivism (Brown & Motiuk, 2008). Supervising officers are encouraged to review the educational accomplishments and deficits of women on his/her caseload. Depending on the results of that review, it may be important to help probationers identify educational goals, particularly those that can provide long-term benefits in terms of employment. Once individuals have identified what they want to pursue, assistance to identify programs where those goals can be achieved is important. Finding funding resources is also a critical step to success in this area. There may be resources that officers can refer to women that may be beneficial. While officers are not expected to know all the details about such resources, it is useful to be aware of community agencies that can provide helpful services in response to specific educational needs of individuals.

EMPLOYMENT

There are two different areas that can be explored to address employment needs. The first is an assessment to determine the level of skills useful for employment that individuals possess. In many communities, there are vocational guidance programs that provide this service. A part of this process involves identifying what types of education and training would be useful and where that training is available in the community. These programs may assist women in selecting the best employment program available and assist in securing funding if needed. The second task is securing employment. Again, programs may be available in the community to prepare women for and to help with the job search. Supervising officers may also be aware of other job finding resources to which referrals can be made.

HOUSING

Stable housing is an important factor during the recovery or maintenance stage of either substance abuse or mental health treatment. There may be a community agency to help with this task if women need assistance in locating housing or in paying related costs. Referral to such an agency should be considered as part of the case/supervision plan.

MEETING OTHER FINANCIAL AND BASIC NEEDS

It can be challenging for justice-involved women with extremely limited financial resources to obtain basic necessities. Individuals with DWI/DUI convictions may be eligible for local economic assistance help but eligibility requirements differ as does the application process from one jurisdiction to another. Officers may advise mothers caring for children to determine their eligibility for Temporary Assistance to Needy Families (TANF) (CSAT, 2009) and to also check their eligibility for food stamps as this can vary as well. Free or low-cost food and clothing establishments are also a good resource for individuals attempting to meet their family's needs. It is useful for officers to maintain a list of food and clothing providers.

PARENTING AND CARETAKER RESPONSIBILITIES

It is essential that community corrections practitioners recognize the potential distress experienced by children of the women they supervise and gain an understanding of the issues faced by children with parents under community corrections supervision. In case/supervision planning, officers cannot disregard the needs of the family and the implications of the plan for the entire family should be weighed. The impact may be significant for women on supervision.

When making field contacts, officers would be remiss in not observing the children and the conditions in the home and dynamics within the family. This information may guide needs identification for the family as a whole. A challenging issue that is not always discussed or anticipated when officers begin supervision of a justice-involved woman is how to deal with her children during office and field contacts. Children can be a distraction but often there is no alternative to their presence. Clear and concise policies and protocols and careful pre-planning that includes diversions for children (e.g., keeping coloring books and crayons, toys and puzzles available) can help officers manage these potentially disruptive encounters.

The inability of women who have the primary responsibility for child care to find adequate and appropriate services is also frequently a barrier to substance abuse and/or mental health treatment (Markaria & Franklin, 1998). This is both an immediate concern for the woman to be able to participate in intensive in-patient or intensive out-patient treatment for substance abuse or mental health treatment, and a long-term concern, including day care, preschool programming and after-school care to enable mothers to seek employment outside of the home (Center for Substance Abuse Treatment, p. 291).

If a woman's children are involved in child protective services, officers should seek ways to communicate directly with the social worker who is assigned to the case. This ensures that care planning is conducted for the children of mothers which address the physical, psychological, and developmental needs of the children. Identifying resources which will assist women DWI/DUI probationers to strengthen their perception of their role as "mother" and assist them in developing effective parenting skills is a part of the services that supervising officers can provide (Milkman et al., 2008).

BUILDING SUPPORT NETWORKS

The need to build and preserve relationships is a key to understanding the behavior and emotional needs of female DWI/DUI offenders (VanVoorhis et al., 2010). These relationships include family (both immediate and extended), friends, social groups, and intimate partners. Women in recovery should learn to detect the factors that make relationships unhealthy and the ways in which they undermine recovery and interfere with resistance to behavior that results in recidivism (Milkman et al., 2008). "Programs and interventions should encourage women to maintain a desire for connection while providing them with opportunities to learn new ways of connecting and relating to others. This can be achieved formally through counseling and introduction of skills training designed to enhance interpersonal and emotional competence. Staff can also influence change less formally by consistently modeling and reinforcing the use of conflict resolution strategies, collaborative problem-solving, and by using a communication style that is respectful, empathic, and caring" (Ney et al., 2012 p. 4).

It has been previously noted that women involved in DWI/DUI behaviors often are in a primary relationship with an individual who is an alcohol or drug abuser. If this is the situation for a particular individual on your caseload, it will be important to help her examine that relationship and the impact that it has had on her life. Motivational interviewing techniques can be useful to assist women and to encourage them to carefully examine the impact of that relationship on her life. They would begin to identify options and change the nature of that relationship. She may conclude that the relationship should be ended or may determine ways that it can be modified to eliminate elements of dependency from the partnership and make it easier for her to assert independent, healthy choices without the need for direction or approval from her partner.

It is important to help women who suffer from isolation and alienation to find ways to build new, healthy relationships (Bloom et al., 2005).These can be built through referrals to support groups or the provision of guidance to assist women in identifying individuals in their lives who are positive role models and with whom they would like to establish or re-establish a relationship (including ways to reach out to those individuals). Support from supervision officers in this process is important.

The lack of a social network and support from family, friends and intimate partners can also be a significant obstacle to entering and completing treatment as well as complying with terms and conditions of probation supervision.

A cognitive behavioral substance abuse treatment approach is recommended that will address prominent issues regarding female relationships. The issues include (Milkman et al., 2008):

- Addressing ways in which unhealthy relationships may undermine a woman's psychological health and serve as trigger for subsequent substance abuse and DWI/DUI behavior
- Addressing ways in which enhanced relational stability may provide protective factors and serve as a part of relapse prevention strategies
- Addressing how healthy relationships may support stronger self-esteem and a sense of self-efficacy and contribute to healing and ongoing strength

Finding ways in which healthy relationships may be cultivated and organized into strong, positive systems that support a woman's recovery and avoidance of further driving while impaired offenses

> "My father was a pastor. I went back to church where I found support."
> DWI probationer focus group , September, 2012)

Churches and other faith-based related organizations can often be helpful resources to women as they seek to establish a healthy social network. These groups often have numerous activities and opportunities for social interaction and those involved tend to be open, welcoming, and non-judgmental. Also, they may be aware of and willing to respond to transportation, childcare and other challenges that have been barriers to finding outlets for social interaction.

Addressing relationship issues is an ongoing need that can be supported by direct and indirect influence from supervising officers. It should be an important part of the total supervision package.

A FEW FINAL THOUGHTS- WRAPPING IT UP

The goal of this *Guide* has been to develop a unique, gender-relevant approach to supervising the female DWI/DUI offender. The knowledge and tools that an officer needs to supervise this population have been included. The next task is for each community supervision officer to incorporate this information into their probation practice. When developing strategies for supervision and monitoring a female DWI/DUI probationer, a supervising officer will need to incorporate the following concepts:

- Identify services which are provided in a comprehensive female-responsive framework
- Assessments and planning that provide a comprehensive approach
- Assigning the appropriate risk level for supervision
- Develop a gender-responsive case plan
- Identifying the treatment issues (needs) that need to be addressed and ensuring that appropriate referrals are made
- Identifying immediate needs and foundation building skills (e.g., employment, education, housing, transportation, childrearing etc.)
- Utilizing evidence-based practices in the supervision strategies
- Applying appropriate monitoring strategies (e.g., ignition interlock, drug and alcohol testing)

Supervision of the female DWI/DUI probationer calls for a balance between accountability and behavior changing strategies. The *Guide* began with a presentation of information that a supervising officer should know when working with this population. This includes a description of this group of probationers, a discussion about how they got where they are today (pathways) and a summary of the issues with which these women struggle on a daily basis. The *Guide* concludes with a presentation of the tasks that an officer can do or help initiate during the course of supervision with this population. The primary case management responsibilities are reviewed, all of which are designed to guide and support the woman. These are evidence-based practices that reflect the best knowledge available regarding ways in which to assist women to successfully complete the term of their supervision and move through the remainder of their lives without another DWI/DUI arrest.

ENDNOTES

[1] For efficiency of reading, the term probationer is utilized throughout the *Guide* although this guide was developed to consider females who may be on pretrial, probation or parole supervision.

[2] Source: 2008 to 2010 National Surveys on Drug Use and Health (NSDUHs). The NSDUH is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMSHA). The survey collects data administering questionnaires to a representative sample of the population through face-to-face interviews at their places of residence.

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