



**U.S. Department of Justice**  
Federal Bureau of Prisons

**PROGRAM STATEMENT**

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## **Female Integrated Treatment (FIT)**

/s/

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Director, Federal Bureau of Prisons

### **1. PURPOSE AND SCOPE**

This Program Statement establishes policy, procedures, standards, and guidelines for the delivery of the Female Integrated Treatment (FIT) Program to female inmates.

a. **Program Objectives.** Expected results of this program are:

- To create a holistic, female-specific community that addresses priority needs for women, including trauma informed care, other types of mental health treatment, substance use treatment, and educational/vocational skills.
- To extend support for female inmates with mental illness beyond traditional professional services through creation of a standardized, evidence-based treatment program that is individualized, integrated, and gender-responsive.
- To deliver an effective program to enhance recovery and result in reduced criminality and recidivism.
- To support effective reentry outcomes specific to the needs of women.
- To institute a program that uses a Risk-Need-Responsivity model to match inmate risk to intensity of services provided.

b. **Institution Supplement.** None required. Should local facilities make any changes outside changes required in national policy or establish any additional local procedures to implement national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

## 2. DEFINITIONS

**Criminogenic Needs.** Characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend and commit another crime.

**Integrated Treatment.** Treatment services organized in an integrated fashion, screening for all types of mental illness and substance use disorders and including the development of integrated treatment plans that address all issues.

**Gender-responsive.** Creating an environment that reflects an understanding of the realities of women's lives. Gender-responsive approaches are multidimensional and based on theoretical perspectives that acknowledge women's pathways into the criminal justice system.

**Trauma-informed Care.** An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

## 3. AGENCY RESPONSIBILITIES

The FIT Program is a joint program of the Women and Special Populations (WASP) and Psychology Services Branches. These offices meet at least quarterly to discuss operational issues and any modifications needed based on the evolving treatment literature.

FIT Programs are located at institutions selected by the Reentry Services Division and approved by agency Executive Staff. All inmates at a designated FIT unit will have a current FIT assignment in SENTRY.

### a. Central Office

(1) **The Reentry Service Division, Women and Special Populations (WASP) Branch** is the agency's primary resource on classification, management, and practices for females.

(2) **The Reentry Services Division, Psychology Services Branch (PSB)** provides clinical oversight and consultation regarding institution treatment and care of female inmates in FIT programs. In addition, all referrals into and removals from the program will be overseen by this Branch.

### b. Institutions

The FIT Program is staffed with the following personnel:

- FIT Coordinator
- Drug Abuse Program Coordinator (DAPC)
- FIT Psychologists
- FIT Treatment Specialists
- Vocational Instructor.

Staffing requirements are based on population size. Both WASP and PSB will advise the Warden as to minimum staffing levels to assure that treatment of inmates is continually delivered as required for the success of the program.

With regard to treatment delivery, treatment specialists will always maintain a caseload of 1:24 participants, and no more than 40 inmates may be assigned to a psychologist as part of program delivery. Any inmate living on the FIT unit who is not actively participating in treatment must be waiting for admission into the program or must have completed the program.

Each institution with a FIT program receives an additional vocational instructor at the time of program implementation to provide technical training addressing the career and reentry needs of participants.

In addition, all staff working at facilities or units providing FIT play a role in this program and may provide ancillary program services with the approval of the FIT Coordinator. Staff with specific roles related to the FIT Program are listed below:

(1) **Warden.** Each Warden is responsible for the appropriate management of inmates with mental illness in his/her institution. He/she will work with the FIT Coordinator to ensure that all staff are educated about the program and staff roles within the program. The Warden will ensure sufficient programming space is made available to the FIT Program and facilitate coordination between FIT Program staff and other involved departments (e.g., Unit Team, Education, Recreation, etc.).

(2) **Chief Psychologist.** The Chief Psychologist will supervise the FIT Coordinator. She/he will monitor program benchmarks, program culture, and program effectiveness. The Chief Psychologist will communicate the mission of the FIT Program to other department heads and work with the Warden in support of staffing for the program.

(3) **FIT Coordinator.** The FIT Coordinator oversees all program activities. He/she will assist the Warden to recruit and fill staff positions and approve any local materials related to the program in consultation with the Psychology Services Branch. The FIT Coordinator is responsible for clinical supervision of all FIT psychology treatment staff. Supervision is conducted no less than one time per month and must be documented. Clinical supervision

focuses on the development of the staff member as an interpersonally effective clinician. Supervision includes instruction, supervisor modeling, direct observation, intervention by supervisor in actual processes, and feedback. On occasion, clinical supervision may be offered in a group setting, such as a treatment team meeting. The FIT Coordinator is responsible for removing inmates from the unit due to disruptive or unsatisfactory progress in treatment. The FIT Coordinator is responsible for training staff on the mission of the program.

(4) **Drug Abuse Program Coordinator (DAPC).** The DAPC oversees the Residential Drug Abuse Program (RDAP) component of FIT, including making the determination for inmate qualification to RDAP by confirming or denying a diagnosis based on offender self-report and appropriate collateral documentation. The DAPC provides clinical supervision to the FIT Treatment Specialists.

(5) **FIT Psychologists.** FIT Psychologists provide both group and individual treatment for substance use disorders, trauma, and mental illness. They function as the primary providers of routine and crisis mental health services for inmates in FIT housing during regular work hours. FIT Psychologists conduct psychological and/or career testing as necessary.

(6) **FIT Treatment Specialists.** FIT Treatment Specialists provide both group and individual services related to the program. These services may include, but are not limited to, attending community meetings, conducting psychosocial interviews, managing a caseload, organizing and guiding independent inmate and community activities, and completing required documentation.

(7) **Special Populations Coordinator.** The Special Populations Coordinator provides gender-responsive programs and offers individualized release planning at the request of the FIT Coordinator. These individuals may provide group services from the First Step Act Approved Programs Guide, located on the agency intranet, at the request of the FIT Coordinator; they do not deliver core FIT group services delivered by FIT Treatment Specialists.

**Correctional Services.** Correctional Officers assigned to the unit are provided training by the FIT Program Coordinator prior to the start of the quarter. The training includes information on gender responsive principles, trauma informed care, mental illness, substance use disorders, modified therapeutic communities, program expectations, and program goals. Such knowledge and training can ensure that in supervising inmates, Correctional Services staff also enhance the success of the program by encouraging and promoting inmate change.

#### **4. DESIGNATIONS**

The Psychology Services Branch determines eligibility for FIT and works with Designations

and Sentence Computation Center (DSCC) to ensure safe and appropriate designations.

Female institutions that do not have FIT must make information available to inmates who may be interested. That information must include, at a minimum, where the program is located, qualifications specific to the mission at each site, and how to request transfer.

Any inmate submitting a written request of intent to refuse the program will not be submitted for transfer.

## **5. RESIDENTIAL TREATMENT PROGRAM**

In consultation with the Psychology Services Branch, the FIT Coordinator develops a schedule of treatment groups and clinical activities for the treatment programs that allows each participant to receive at least 15 contact hours (i.e., face to face contact between treatment staff and inmate participants) each week, exclusive of holidays and weekends. Some participants may receive fewer hours based on their needs and stage in treatment.

**Core Program Elements for FIT.** Correctional Treatment Programs with successful outcomes apply specific *core elements*. These elements are implemented in various ways, depending on the environment (e.g., physical layout), institution culture (e.g., administrative support, allowable achievement awards), and program targets and characteristics. Sound security practices are strictly adhered to when performing treatment functions. All FIT Programs use the following core elements:

(1) **Assessment.** Treatment Program staff conduct a psychosocial interview with each inmate through an established assessment process that occurs within 30 days of the inmate's admission to formal programming.

(2) **Individual Treatment/Goal Plan.** In collaboration with the participant, treatment staff develop individual treatment plans or goal plans for each participant based on the psychosocial interview and available information. The primary intervention is Cognitive Behavioral Therapy (CBT). CBT is an evidence-based treatment that is supported by the BOP; it helps people to change the way they think in order to change their feelings and behaviors. Program activities will use CBT interventions and include the content of program journals and protocols. All program journals, protocols, and supplemental clinical resources must be approved by the FIT Coordinator and the Psychology Services Branch. The treatment plan or goal plan will be completed and documented in the Psychology Data System (PDS) within 30 working days from the inmate's admission into the program.

(3) **Target Criminogenic Needs.** In addition to mental health symptoms, FIT programs target criminogenic needs, such as antisocial attitudes and beliefs, to reduce the likelihood of misconduct and recidivism.

(4) **Target Vocational Needs.** Each participant will be assessed in regard to her job skills and reentry needs. Training and education to increase reentry success will be recommended.

(5) **Trauma Informed Care.** FIT Programs create an environment and offer services consistent with trauma informed care. That is, staff recognize the high incidence of trauma in the inmate population. They assess for a history of traumatic experiences and their impact on current functioning and include trauma treatment in treatment plans, when appropriate. Program staff work to create an atmosphere of safety and support in treatment interactions and on residential units, if applicable.

(6) **Modified Therapeutic Community (MTC).** FIT is an integrated, intensive, residential program that follows the unit-based treatment model of a *modified* therapeutic community. This model has been proven effective in reducing inmate recidivism. A modified therapeutic community in a prison setting stresses pro-social values and behaviors by requiring all community participants live by program rules and support community values. In addition to the core elements listed above, core elements in operating a Residential MTC program call for:

a. **Separate Unit.** FIT participants are housed together on a unit, separate from general population inmates. This may be a single building or an entire facility. Living together in a unit allows all inmates to work together to create a community that supports prosocial attitudes and behaviors. The treatment unit isolates program participants from the negative peer pressure of the larger prison environment. In addition, the treatment unit offers inmates with mental illness an environment where they are less likely to be victimized by other inmates.

The FIT unit must be solely for program participants. Inmates living on the unit must be waiting for admission into the program, participating in the program, program completers, or mental health companions working in the program. This group forms the MTC.

b. **Unit Layout.** If allowed by the institution layout, the program staff and unit team will have offices on the treatment unit. Group sessions and meetings, when possible, are conducted on the unit. It is expected the physical environment of the treatment unit reflects and supports the program concepts and goals. For example, the walls of the treatment unit should display signs, posters, paintings, etc., that reinforce key concepts, such as the Program Philosophy and Attitudes of Change.

c. **Treatment in Phases.** Treatment occurs in phases, based on the individual needs of the participant. Participants are moved to the next phase of treatment only if their individual needs assessment indicates they need further treatment and when they can consistently demonstrate the skills associated with their present phase – never simply because they have spent a standard amount of time in a phase. This structure allows staff and participants to monitor and acknowledge treatment progress.

d. **Community Focus.** All treatment staff will engage in interactions and promote activities that have a therapeutic impact on the treatment community. Non-treatment staff will also

promote activities that have a therapeutic impact. Examples include modeling healthy relationships and boundaries, promoting positive peer pressure and peer feedback, participants assisting one another in meeting their goals, changing negative attitudes to positive ones through activities such as attitude checks, conducting daily community meetings, etc.

- e. **Treatment Team.** The treatment team meets weekly and is composed of all FIT staff. The Coordinator or Acting Coordinator is present at every meeting. All treatment team members are knowledgeable about the treatment progress of all participants. This promotes effective treatment and staff safety. All treatment staff are involved in discussing progress and commitment to the program of individual participants during treatment team meetings and seek input from non-treatment staff to inform their discussions. It is recommended members of Unit Team join treatment team meetings when possible.
- f. **Community Meetings.** FIT Programs conduct a daily community meeting (excluding non-program days, such as weekends and holidays). All treatment staff attend daily community meetings. Inmates in the unit at the time of the meeting are required to attend and participate. If space is available, the community meeting is held on the unit; otherwise, an appropriate meeting space is identified.

The time of the community meeting is determined by the Treatment Coordinator, who considers the setting, schedule, and needs of the institution. The meeting is brief, generally 30- 60 minutes, and supervised by the assigned Treatment Specialists. The community meeting strives to motivate the participants to adopt a positive attitude. It also strengthens the awareness they are in the change process together, as a community. To ensure program structure, meetings typically are held at the same time each day.

The general purpose of a community meeting is to discuss the activities of the day. Ordinarily, the agenda includes program philosophy, community business, the attitude of the day, the word of the day, reporting the news, sports and weather, and positive and negative community issues. The required meeting agenda is available on the agency intranet. Staff assign agenda items to participants to present during the meeting. Staff are careful to ensure each inmate is encouraged to participate to her full capacity and that appropriate supports are in place to promote full inclusion of inmates with disabilities.

- g. **Program Philosophy.** Each Treatment Program develops a program philosophy that will become a permanent community ritual.
- h. **Peer Support.** Peer support is a core component of the MTC model and a guiding principle of mental health recovery. FIT Programs incorporate peer support into their structure in a variety of informal (mentoring between phases, feedback between inmates, peer tutoring) and formal ways (Mental Health Companions). A Mental Health Companion is an inmate who is practicing recovery from criminality, substance use, and/or mental illness. Through

personal experience, treatment, training, and ongoing supervision, this person has gained skills to assist other inmates with mental illness and/or substance use disorders through modeling, listening, encouraging, and supporting, as described in the Program Statement **Treatment and Care of Inmates with Mental Illness**.

Mental Health Companions do not provide professional mental health treatment. Rather, they work under the close supervision of psychologists to offer peer support services, which are intended to increase social connectedness, hopefulness, and engagement in mental health treatment among inmates with mental illness.

- i. **Supportive Interventions.** To the extent that participants' cognitive abilities are diminished by an intellectual disability or the symptoms of mental illness, they are less able to make use of formal verbal therapies. In these cases, verbal therapies are augmented with other therapeutic activities that support social connection, increase behavioral activation, or motivate further investment in treatment (e.g., wellness activities, music therapy, therapeutic recreation, supported employment, animal-assisted interventions). For additional information, please see Program Statements **Treatment and Care of Inmates with Mental Illness** and **Inmates with Disabilities**.
- j. **Rules and Consequences.** Treatment staff must establish clear, unambiguous rules and consequences for breaking them. Staff must assist participants in understanding the form, Agreement to Participate in a Bureau of Prisons Residential Drug Abuse Program (BP-A0749), and program rules.

Circumstances for an Intervention. Ordinarily, staff will provide the participant with treatment interventions prior to removal. In response to disruptive behavior or unsatisfactory progress, treatment staff will:

- Meet with the participant to discuss her behavior or lack of progress.
- Assign the treatment intervention(s) chosen to reduce or eliminate the behavior, or to improve progress.
- Warn the participant of the consequences of failure to alter her behavior.
- Properly document in PDS the meeting and treatment intervention(s) assigned.
- Properly document in PDS changes to the participant's treatment plan and ensure that both staff and the participant acknowledge the amended treatment plan.
- When appropriate, require the participant to discuss her targeted behavior with the community.

Circumstances for Removal. In the event repeated treatment interventions are required in response to inappropriate behaviors or unsatisfactory progress, the treatment team will meet to decide if the participant will be removed from the program. Within two working days after a decision has been made to remove a participant, the FIT



Coordinator will:

- Verbally notify the participant of her status.
- Notify the participant and appropriate staff in writing of the reason for removal; for inmates participating in the RDAP component of FIT, complete the Change in RDAP and § 3621(e) Status form.
- Update the pertinent SENTRY assignments.
- Ensure proper documentation of the removal has been entered into PDS. A participant may not ordinarily be removed immediately by the FIT Coordinator without a treatment intervention unless the participant has committed a prohibited act that jeopardizes the institution and other inmates, (e.g., violence or threats of violence, escape, attempted escape).

A participant may also be removed from the program without a formal intervention if the participant is determined to have violated confidentiality. FIT Coordinators are encouraged to consult with Central Office, Subject Matter Experts in the Psychology Services Branch, for procedural guidance.

(7) **Achievement Awards.** FIT programs offer achievement awards for inmates who participate in them. Achievement awards are offered to participants who demonstrate behaviors that reflect a commitment to treatment, conformity with program norms, progress on treatment plan goals, and behaviors that are expected in the general society.

a. **Earning Achievement Awards.** Participants enrolled in FIT must:

- Be on time for all treatment activities.
- Have no unexcused absences.
- Not leave treatment activities without approval from the facilitator.
- Not eat, drink, or sleep in group.
- Complete all assigned activities.
- Dress appropriately (e.g. clean institutional clothing, shirts tucked in, shoes tied, no headphones, no jackets, no coats, properly fitting pants, no sunglasses, and no head covering other than approved religious headwear).
- Be an active participant in treatment activities.
- Put forth positive efforts in accomplishing treatment plan goals.
- Comply with education and programming recommendations, and the Financial Responsibility Program (FRP) obligations.
- Not receive a sustained incident report.

b. **Specific Achievement Awards**

- **Treatment Phase awards.** A participant may earn a treatment phase award to offset time lost from work. The amount of the award is established by PSB and provided on Sallyport. A treatment phase award may be reduced by the treatment team based upon the inmate's unsatisfactory participation and progress. Reductions in phase awards must be documented in PDS.
- **FSA achievement award.** Inmates who select an FSA monetary achievement award as described in First Step Act Program Incentives Program Statement, will receive a financial award, as referenced on the Bureau's intranet site, upon completion of the FIT Program. This is in addition to Treatment Phase awards.
- **Nearer release transfer.** As appropriate, formal consideration may be given for a program completion or nearer release transfer following successful program completion.
- **Local incentives.** Institutions may offer incentives such as preferred living quarters, priority consideration for meal moves, washer/dryer or exercise equipment on unit, etc.
- **Tangible incentives.** With the Warden's approval, tangible incentives may be given (e.g., books, t-shirts, notebooks, pencil pouches, mugs with program logo, food, and hygiene items that are not sold in commissary).
- **Token economy.** FIT Programs are strongly encouraged to establish token economies in which participants are able to earn tangible incentives based on their participation.
- **Transition ceremony/ritual.** For the completion of FIT, institutions may offer a structured transition ceremony for the inmates.

(8) **Substance Use Disorder Treatment.** Some FIT participants may be diagnosed with a verified substance use disorder and need substance use treatment as described in Program Statement **Psychology Treatment Programs**. Consequently, they may be eligible for early release as described in Program Statement **Early Release Procedures under 18 U.S.C. § 3621(e)**. To successfully complete the RDAP and be eligible for early release, inmates must complete each of the following components:

- a. **Unit-Based Component.** Inmates must complete a course of activities provided by treatment specialists and the FIT Psychologist in the FIT treatment unit. To ensure the Bureau provides evidence-based treatment in its drug treatment programs, the inmate must participate for a minimum of 500 contact hours (i.e., face to face contact between treatment staff and inmate participants) for a duration of 9 to 12 months.
- b. **Follow-Up Services.** If time allows between completion of the unit-based component of

the substance use treatment and transfer to a community-based program, inmates must participate in the follow-up services to the unit-based component of the substance use treatment.

- c. **Community Treatment Services (CTS) Component.** Inmates who have completed the unit-based program and (when appropriate) the follow-up treatment and are transferred to community confinement must successfully complete community-based drug treatment in a community-based program in order to successfully complete RDAP.

(9) **Program Outcomes.** How an inmate leaves FIT is based on the inmate's behavior.

Successful completion of the FIT program includes:

- Satisfactory attendance and participation in all FIT activities.
- Satisfactory progression through all recommended phases of treatment.
- Satisfactory progress towards treatment goals.

(10) **Program Documentation.** Required documentation for the FIT Program includes:

- An Agreement to Participate in a Bureau of Prisons Residential Drug Abuse Program (BP-A0749) form, signed by the inmate before the first treatment session.
- A comprehensive psychosocial assessment completed with each inmate entering the program to assist in the development of an individualized treatment plan.
- Trauma assessment completed by Psychologist, as well as other psychological assessments completed as clinically indicated.
- An individualized treatment plan or goal plan for each participant, documenting the targeted problem areas, treatment goals, and treatment activities in PDS.
- A participant's attendance in group in PDS.
- Treatment contact notes based on clinical issues, as appropriate.
- 60-day progress review noting progress toward treatment goals. Using the creation date of the Treatment Plan as the anchor date, all of the dates for the 60-day Progress Reviews are determined and set. These dates will not change. Progress Reviews may be entered within 14 days prior to the Progress Review due date.
- FIT Program treatment assignments in SENTRY.
- Two weeks prior to the participant's scheduled FIT completion date, the FIT Coordinator will ensure the FIT Treatment Summary is documented in PDS. The FIT Coordinator should review the Treatment Summary for accuracy and completeness.

(11) Inmates who successfully complete FIT may have the opportunity to continue residing on the Unit and participating in the Modified Therapeutic Community, they may progress to becoming a Peer Companion, or they may be referred for transfer to another facility.

## REFERENCES

P5310.17	Psychology Services Manual (8/25/2016)
P5310.16	Treatment and Care of Inmates with Mental Illness (5/1/2014)
P5322.13	Inmate Classification and Program Review (5/16/2014)
P5331.02	Early Release Procedures under 18 U.S.C. § 3621(e) (9/27/2017)
P5100.08	Inmate Security Designation and Custody Classification (9/4/2019)
P5330.11	Psychology Treatment Programs (4/25/2016)
P5220.01	First Step Act Program Incentives (07/14/2021)
P5200.06	Management of Inmates With Disabilities (11/22/2019)

### *ACA Standards*

- American Correctional Association Standards for Adult Correctional Institutions, 5th Edition: 5-ACI-5E-01, 5-ACI-5E-02, 5-ACI-5E-03, 5-ACI-5E-04, 5-ACI-5E-05, 5-ACI-5E-06, 5-ACI-5E-07, 5-ACI-5E-08, 5-ACI-5E-12, 5-ACI-5E-13, 5-ACI-5E-14, 5-ACI-5E-15, 5-ACI-5F-01, 5-ACI-5F-02, 5-ACI-5F-03, 5-ACI-6A-42, 5-ACI-7B-03, 5-ACI-7B-04, 5-ACI-7B-10, 5-ACI-7B-13
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-4C-28, 4-ALDF-5A-01, 4-ALDF-5A-02, 4-ALDF-5A-03, 4-ALDF-5A-04, 4-ALDF-5A-05, 4-ALDF-5A-08, 4-ALDF-5A-09, 4-ALDF-6B-05, 4-ALDF-6B-08
- American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: 2-C0-1D-01, 2-CO-5B-01

### *Records Retention*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the agency intranet.