

Attachment and Reunification: Building Parental Skills

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Justice-Involved Women with Co-occurring Disorders and Their Children Series

In 1998, women comprised 22% (3.2 million) of annual arrests in the U.S. Between 1990 and 1998, the number of women in prison increased by 88%, on probation by 40% and on parole by 80% (Chesney-Lind, 2000). Today, women account for

11% of the U.S. jail population (Beck & Karberg, 2001). The facts are compelling; women are a rapidly increasing presence in a male oriented justice system. Women offenders present multiple problems: mental illness and substance use disorders, child-rearing, parenting and custodial difficulties, health problems, histories of violence, sexual abuse and corresponding trauma (Veysey, 1998). Among women entering jails, 12.2% are diagnosed with serious mental illnesses, almost double the rate of males at intake (Teplin, 2001), and 72% present a co-occurring substance use disorder. Many women in jail have been victims; a staggering 33% are diagnosed with post-traumatic stress disorder (Teplin et al., 1996). In a recent jail survey, 48% of women reported a history of physical or sexual abuse and 27% reported rape (BJS, 2001).

Women entering jail may be pregnant, post-partum or leave children in the community. More than 100,000 minor children have a mother in jail (Bloom & Owen, 2002). History of abuse is known as a correlate of behavior leading to contact with the justice system; the cycle of intergenerational violence is well documented. Early identification of this history is critical in treatment decisions, planning for community re-entry and the return of the ex-offender mother to a parenting role.

Though many correctional facilities recognize that women bring different health and relationship issues to their period of incarceration, operationally most have not adjusted practices already established for male inmates. Jails present a challenge to service provision due to their 'short-term' nature where lengths of stay may range from overnight detention to a sentence of up to one year. This series discusses topical issues relating to women in jails and highlights promising programs from around the nation.

Attachment Development

For children whose parental bonds have already been disrupted by the effects of drugs, alcohol, and poverty, incarceration represents a major disturbance to child/caregiver attachment, leaving these children vulnerable to the development of future behavioral and psychological adjustment problems (Dozier, et al., 1999). It is now well established that during the period from birth through the pre-school years, the quality of a child's attachment is related to concrete, definable parental care-giving behavior patterns and cognitive representations (Ainsworth, et al., 1978). "Attachment bond" refers to a special kind of affectional tie between a child and his/her caretaker. The caretaker is looked up to for security, safety and wisdom. To be defined as an attachment bond, a relationship must involve a specific irreplaceable person (most often

the mother): it cannot be transitory; it holds emotional significance; and it evokes a wish for physical proximity and causes distress on separation.

A child looks first to their attachment figure when in need of security and comfort (Cassidy, 1999). If the attachment figure's care-giving patterns are relatively predictable and sensitive, especially during times of physical or emotional distress (Bowlby, 1982), this primary bond becomes the secure base from which the child can venture into other healthy relationships and become a self-reliant (Belsky & Cassidy, 1994). However, there is increasing evidence that an insecure or disorganized (Main & Hesse, 1990) attachment during infancy and early childhood is an important component of the cumulative risk factors toward childhood maladaptation that

may include social competence difficulties with peers and teachers, poor impulse control, conduct disorder, anxiety, depression, substance abuse, and other psychiatric or legal problems.

Recent research has validated what most clinicians already know: a mother's capacity to bond with her child may be greatly disrupted by mental illness (Jacobson & Miller, 1999). When a mother suffers from severe psychological symptoms during and after pregnancy, it is difficult to attend to the emotional needs of an infant and foster secure infant attachment. A high rate of "disorganized" attachment has also been found for mothers with alcoholism (O'Connor, et al., 1987) or other drug addictions (Rodning, et al., 1991). For mothers with co-occurring disorders the potential for initiating or continuing a cycle of

disorganized attachment leading to problems of mental illness and substance abuse in their children is very high. Add to these difficulties the burden of poverty, and one finds the very population that inhabits most U.S. jails and prisons.

Attachment Disruption

Families where physical or sexual abuse co-exists with substance abuse and/or mental illness lack the capacity to provide the kind of security necessary for healthy child development. Female inmates are likely to report a history of physical and sexual abuse, both in childhood and in adulthood, when asked (CMHS, 1995). Even before incarceration, justice-involved women with co-occurring disorders frequently leave their children in the care of relatives either because they are unable or cannot afford to care for them due to their addictions or mental illness. Their trauma backgrounds almost assure separation or disconnection sufficient to leave their children vulnerable to inter-generational abuse.

For these women, the greatest barrier to forming and maintaining an attachment bond with their children is their own impaired capacity to attach, as generations of abused and maltreated women, albeit with the best intentions for their children, struggle to make connections beyond their capacity. Substances, often used as an adaptation to deal with the pain of trauma, impede the development of a mother-child bond, particularly when there has been a long history of substance abuse prior to the birth of the child. Incarceration, often the result of drug-related crime, further and critically disrupts the fragile attachment relationship between mother and child, potentially yielding another generation of detached, high-risk children (Kobak, 1999). The importance of early identification of trauma in a jail setting cannot be over-emphasized; the need for trauma treatment is critical to successful reunification with children during transition planning and post release.

The TAMAR Project, MD

The TAMAR (Trauma, Addiction, Mental Health and Recovery) Program is a jail-based program in Maryland designed to focus specifically on the identification and treatment of trauma for women with histories of childhood abuse. As one of nine sites funded through Phase I of the SAMHSA Women, Co-Occurring Disorders and Violence Study (1998-2000), evaluation data show more than

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80 percent of all female inmates met the admission criteria of having co-occurring substance use and mental disorders and a history of trauma. These women learned early in their lives that substance abuse could remove the immediate pain brought by years of physical and/or sexual abuse. The majority of participants were mothers (87 percent), and, of their 152 children, 88 percent were age 17 or younger, and one-third were under 5 years old (TAMAR, 2000).

Consistent with the Bureau of Justice Statistics (2000) survey, three-quarters of the women lived below the poverty line. For some, substance abuse accounted for their abject poverty; for others, educational and vocational deficits secondary to trauma disorders and mental illness impeded their ability to earn sufficient wages to care for themselves and their children.

In the TAMAR program, the effect of trauma is addressed through a multi-system collaboration that provides trauma training to all correctional staff, both in the detention center and the community, and specialized trauma treatment for the women in and out of the detention center. Of special note is the support of

corrections-related agencies (e.g., parole and probation, social services) and the jail wardens who have seen a remarkable decline in recidivism for the TAMAR women once their trauma issues have been addressed. *For more information, contact: Joan Gillee gilleej@dhmh.state.md.us*

Skill Development: A Mother's Role

When a woman is arrested, her child is commonly sent to stay with relatives or is remanded to the care of state child protection agencies. Of the children who go into the child protection system, many are permanently removed from their mother's care. Although, at times, the period of their mother's incarceration can relieve the child from experiencing negligence, violence, or abuse, children often feel conflicted. More often, incarceration indirectly harms children—the loss of a parent compounds rather than mitigates pre-existing family problems (Fore, 2001).

Jail-based treatment programs designed to address co-occurring disorders and trauma can help mothers gain custody and reunite with their children. Gender and trauma-specific programs are designed to assist the mother in regaining her maternal role from the temporary caregiver and reasserting parental authority over the child. These tailored programs offer training in parenting skills, communication skills, behavioral management, and anger management. More traditional parenting programs may fail to address the impairment of a woman's *capacity to mother* brought about by her early history of abuse or neglect, and her fundamental difficulties in understanding attachment. Parenting skills training for women with co-occurring disorders and trauma histories must specifically address issues, such as:

- The tendency to detach from a child when the child's demands overwhelm the mother's ability to nurture.
- Understanding how substance abuse as an adaptation to traumatic experiences

Promising Programs...

TAMAR's Children

TAMAR'S Children (Maryland) is a collaborative project between the Mayor of Baltimore Office on Criminal Justice, Maryland Mental Hygiene Administration and a multidisciplinary executive counsel representing corrections, substance abuse/mental health, judiciary, and public and private nonprofit agencies. The program promotes healthy mother-infant bonding by allowing the pregnant inmate to keep her baby with her after delivery and providing practical and psychological treatments to support the mother following release. Of greatest importance for these mothers is the interagency understanding of the unique demands on the women, taking into consideration the effects of traumatic experiences and the mother's own struggles with attachment. The program integrates a special attachment intervention (see Circle of Security) with case management and peer support to assure continuation in the program for as long as the mothers indicate need. *For more information, contact: Joan Gillece: gillecej@dhhm.state.md.us*

Circle of Security, Marycliff Institute, Spokane, WA, is a Head Start/Early Head Start exemplary program designed for use with mothers and children from birth through preschool. The focus of the intervention is upon "disorganized families with hidden resilience". The intervention protocol builds on "resilience potential" and focuses treatment toward developing healthy attachments. Videotapes of the mothers interacting with their children are presented in a group setting to help

mothers identify attachment-seeking and proximity-rejecting behavior. The behaviors are interpreted using a trauma-informed model to help mothers understand their behaviors based on their own attachment histories. Early outcome results indicate that intensive therapeutic interventions with young mothers may impact on attachment status producing less disorganized and more secure attachments between mother and child. *For more information contact: circleofsecurity@attbi.com*

Summit House, Greensboro, NC

Summit House is an innovative initiative that offers pregnant women and mothers in the criminal justice system an alternative to jail. Referrals are accepted from the courts, probation officers and attorneys for pregnant women and mothers who would not be candidates for other less restrictive options, such as home confinement or intensive probation. Clients must be pregnant or have a child who is in their custody, convicted of a nonviolent crime in North Carolina, and at least 18 years old. The alternative to incarceration program is an 18–24 months residential program. Summit House also operates a day reporting program for women on probation or parole.

The residential program offers close supervision and a treatment approach that includes group and individual counseling, substance abuse and mental health counseling, and 12-step programs. Through collaboration with local agencies and education institutions, Summit House addresses major life issues such as parenting, nutrition, education, family relationships, employment training and

vocational skills. The on-site CHAMPS Club provides childcare and treatment for clients' children age 7 or younger. *For more information contact: summit.1@mindspring.com*

WINGS Program, Riker's Island, NY

WINGS provides voluntary in-jail substance abuse and mental health treatment services to incarcerated mothers. All mothers, without regard to the age of their children, are eligible to receive treatment services through the program. Treatment services are not provided for children, but the jail houses a nursery for infants. WINGS operates as an outpatient treatment program within a jail setting where the clients reside within the general population. Treatment services are divided into a two-tier system with introductory group sessions held four times each week in addition to a full treatment program for 100 mothers. The introductory sessions consist of three addiction groups and one parenting skills group attended by approximately 15-40 mothers at each session. The full treatment program comprises substance abuse, mental health, and medical treatment services provided in individual and group environments, as well as parenting skills classes, case management, and discharge planning. The program continues to provide follow-up and crisis intervention in the community for women involved in full treatment. Discharge planning is also provided through the NYC-LINK system. Since WINGS began operating in 1992, the program has served approximately 700 mothers in full treatment and 2,500 mothers in the introductory sessions. *For more information, contact: Sandra Carr: (718) 546-7660.*

- The tendency of trauma survivors to both over- and under-control their children resulting in conflicting messages
- Interpersonal skill deficits in the area of successful affectional bonding
- The cycle of abuse and neglect that may be repeated with their own children unless the mother works

through her own issues of grief and loss related to her childhood and develops sufficient emotional capacity to share with her child.

Planning for Reunification

Also of importance for these women is provision of a continuum of services that start in the detention center and continue

into the community. In developing an effective discharge plan and linkage to community services, the needs of the children must be addressed. To sustain or rebuild the mother/child attachment bond, women need safe housing in which to raise their child, and support from peers who can help during the early weeks following release. All agencies and

professionals involved with these mothers, from probation officers to mental health and substance abuse workers, need to intervene from a position of trauma-awareness and employ attachment-fostering methods. Several interventions focusing on the children of incarcerated mothers are discussed in *Services for Children of Incarcerated Parents with Co-Occurring Disorders* (Katz, 2002) of this series. Although there are very few programs that address the specific issues of developing improved attachment bonds between mother and child in correctional settings, the above described provide promising practices that are used, or could be adapted for use, in jail settings.

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The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is funded by two centers of the Substance Abuse and Mental Health Services Administration—the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS)—and works in partnership with these agencies as well as the National Institute of Corrections, the Office of Justice Programs and the Office of Juvenile Justice and Delinquency Prevention.

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