

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.

Carmella, an outwardly tough, streetwise, 35-year-old single mother, broke down crying during a session of her parenting classes in an urban women's detention center. Her children, ages 12, 6, and 4, already in foster-care as a result of her drug abuse charges, had telephoned her earlier that evening upon learning that she had been picked up for 'dealing,' outside her out-patient treatment program. Carmella doesn't know how long she'll be in jail this time. Her oldest boy, who used to be an 'A' student, tells her he's getting into fights at school because his classmates tease him about his mom being 'a crack addict.' The 6 and 4 year olds just cry, asking her when they can come home or when she can come and pick them up. Carmella reports that none of the children have had "help getting through this" during their multiple stints in foster-care. Visitation, she says, scheduled by the judge

for Saturdays, usually gets canceled at the last moment due to lack of available personnel to transport the children. She doesn't know what or how to tell her kids about her addiction and confesses she wishes someone could help them understand that she's sorry.

Impact of Jail

Carmella and her children are not unique in their need for services. We know the needs of families in similar situations and the potential impact on the children of these families if services are not put in place. Early attachment theory grounds much current knowledge about optimal parent-child association: the positive impact of a close, continuous relationship between mother and child and the importance of proper attachments in infancy and early childhood as precursors to a person's ability to form relationships

later in life. That a child's distress during a period of separation is experienced as anxiety has been used to explain children's failure-to-thrive, depression, delinquency, and academic problems (Bowlby, 1980).

Studies have reported that deficits in maternal care and poor parenting can cause emotional damage to a child (Ainsworth, 1985). The extent of risk for children associated with any parental separation, such as incarceration, depends on the time in the child's life when separation takes place, the type and degree of the separation, and the level of security the child had experienced prior to the separation. The way in which separations are handled will influence how children will grow and develop (Kaplan & Sadock, 1991). For incarcerated parents, like Carmella, opportunities to maintain positive attachments with their children

are often limited. Whether it is a brief stay in the local jail or a long-term prison sentence, a mother's incarceration and consequent separation will affect her children.

The risk factors for the children are associated not only with the separation per se, but with the maternal addiction and/or mental health issues that lead to the separation. Literature has linked parental substance abuse alone with a multitude of risk factors for children (Murphy et al., 1991; Chaffin et al., 1996). Children are at risk for behavioral problems due to their exposure to inadequate or abusive parenting practices, including neglect of their medical and/or nutritional needs.

Assessment, Evaluation & Research

Assessment and evaluation are the first steps in referring high-risk children of all ages to needed services. Early intervention programs can impact positively on the young, at-risk children of incarcerated mothers by assessing the children's vulnerability and then putting services in place before problems arise. The availability of such programs, however, is limited. All too often, infants, toddlers and preschoolers experiencing either physical separation from an incarcerated parent or temporary removal from a parent into kinship or foster care placement, are not identified as needing help. As time goes by, without intervention, psychological and behavioral problems often develop.

Federal studies, such as those funded by the Center for Substance Abuse (Miami-Dade County, 1999-2000; Katz, 2000), substantiate the prevalence of developmental delays in the youngest children in the juvenile court dependency system—those children whose parents have been charged with abuse and/or neglect or abandonment associated with addiction, criminality and/or co-occurring mental disorders. Assessment

data for a sample of 94 children under the age of four years, who were screened for developmental delays as part of a Miami Dependency Drug Court program, revealed a higher proportion of children with developmental delays

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(72 percent) than typically exists in a relatively low-risk population of children (estimated to be 10.8-25 percent). (Heward, 2000). (See Figure 1.)

Poor parental mental health (Kaplan, H. & Sadock, B., 1991) and/or insecure caregiver attachment (Beeghy & Tronick, 1994; Rodning et. al, 1995) have both been documented as risks for children's development. Maternal depression, for example, can contribute to negative parenting behavior. Characteristic unresponsiveness, inattentiveness, intrusiveness and inept discipline practices associated with maternal depression lead to problems of adjustment and developmental delays among children (Gelfand & Teti, 1990).

Children being raised by relatives during parental periods of incarceration may also experience risk and should be assessed for intervention. Data suggests that custodial grandmothers and other relatives experience elevated psychological risk and parenting stress (Claussen, 2001) and that grandmother-led households can be associated with multiple risks and absence of support (Katz, 1998). Therapeutic interventions should include all members of the children's support system.

Entitlements for early intervention services are mandated by Federal laws PL.94-124 and PL.94-457, Education for All Handicapped Children Act, 1975 (EAHCA); Individuals with Disabilities Education Act (IDEA) 1975, 34 C.F.R. 300.13, (Florida Dept. of Education, 1999). Mechanisms in place at state level allow providers, such as public school special education/early intervention departments, hospitals with pediatric facilities, and licensed agencies, to screen children deemed at risk due to family and environmental factors and to determine eligibility for services. Assessment protocols can include

such measures as the Bayley Mental and Physical Development Index (Bayley, 1994), the Reynell Language Scales (Reynell & Gruber, 1991), McArthur Vocabulary Inventory (Fenson et al., 1993) and the Child Behavior Checklist (CBCL) (Achenbach, 1992).

Promising Programs

Programs that recognize the potential for negative outcomes for young high-risk children can provide services to the children and their primary caregivers during the parent's period of incarceration and after their release and reunification. Based on public health models, these programs anticipate the potential adverse outcomes for young children and front-load services designed to target the risks and provide a preemptive strategy for future development (Scott et al., 1998). Services include primary medical care, developmental assessments, enriched literacy and social skills-building curriculum components, social worker support services, support groups for relative caregivers who serve as custodians, evidence-based family skills programs, and mental health services. These interventions can be instituted in jail settings with children and their parents who are permitted visitation.

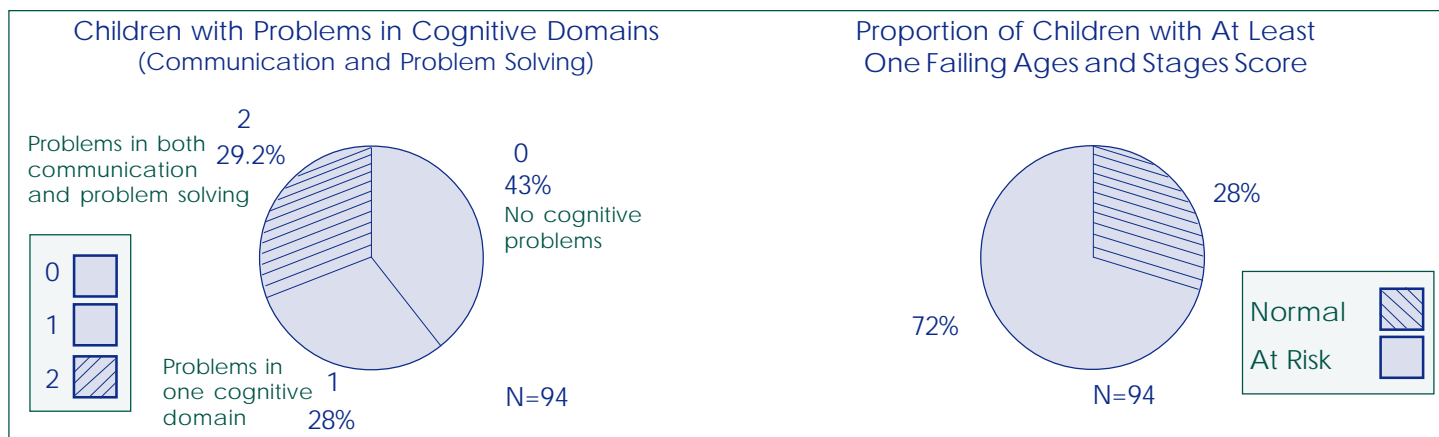


Figure 1. Miami Dependency Drug Court, Linda Ray Intervention Center Statistics 1999-2000

Pre-Kindergarten and Head Start programs can provide services for children 3–5 years old; however, it is unrealistic to expect that effective interventions can be provided only to children and only at these traditional sites. Effectiveness requires that intervention strategies be flexible—that they engage parents on their own terms and in *nonconventional* settings (Werner, 1994). Established programs can be adapted and used to introduce counseling and parenting programs directly to jails and detention centers. Healthy Families America is a voluntary home visitation program launched by Prevent Child Abuse America in 1992 in partnership with Ronald McDonald House Charities and with financial support from the Freddie Mac Foundation. The program is designed to improve the parenting skills of parents with newborns or small children, encourage child health and development, and prevent child abuse and neglect. Such community-based programs can be engaged in a correctional-community provider relationship to work with the incarcerated mother and provide support and continuity of care when transitioning back to the community (Ericson, 2001). Promising in-jail programs include the Women’s V.O.I.C.E.S gender-specific program in Hampden County Correctional Facility, MA, and Cook County Jail, IL, which has expanded a gender-responsive program for female drug offenders to include a full spectrum

of services including mental health treatment, community linkage and parenting skills.

School-age children can be referred for services in school by their counselors, school therapists or concerned family members, including the incarcerated parent. Typically, a child welfare worker or case-manager assigned to the family initiates the process. It is not unusual, however, for family members and/or teachers to seek out services when children begin displaying acting out behaviors, anger control issues or symptoms of depression during the caregiver’s incarceration.

Promising Program...

Women’s V.O.I.C.E.S, Hampden County Jail, MA

A jail based treatment and educational program for women, V.O.I.C.E.S (an acronym for validation, opportunity, inspiration, choice, empowerment and safety) is available to pre-trial and sentenced inmates. Staff are specially trained with a focus on trauma, mental health, addictions and violence histories and classes focus on addiction, trauma and parenting needs. All inmates are eligible for the introductory phase but further phases are dependent on length of stay, classification, level of functioning and self-assessment of strengths and weaknesses.

For more information: Hampden County Sheriff’s Department (413) 547-8000

Evidence-based family skills programs, such as the Strengthening Families Program (SFP), are designed to increase resilience and reduce risk factors for substance abuse, depression, violence and aggression, delinquency, and school failure in high-risk 6–12 year old children. They increase protective factors by improving family relationships and improve youth’s social and life skills (Kumpfer et al., 1996). Family interventions generally last longer than interventions that focus solely on children and, by involving parents and children in ways that target behavioral changes in both, can be highly effective (Kumpfer et al., 1996). Family interventions can be incorporated into the jail setting through community-provider involvement during discharge planning. While jail stays for mothers with co-occurring disorders may be short term, lack of treatment for mental illness and substance abuse may increase the frequency of contact with the justice system that in turn lead to periods of family separation and expose their children to greater risks. Upon entry to jail, practices for early identification of mental illness and substance abuse should be supplemented with follow-up procedures to identify children in the community and provide effective linkage to community supports. Community in-reach and post-release after-care can simultaneously address the needs of this vulnerable population and reduce risks faced by their children. ☑

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The suggested citation for this article is Katz, L. (2002). Evaluation and Services for Children of Incarcerated Parents with Co-occurring Disorders. In Davidson, S. and Hills, H. (eds.) *Series on Women with Mental Illness and Co-Occurring Disorders*. 6. Delmar, NY: National GAINS Center

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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