

## 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.

Many youth today struggle to function within highly disorganized family environments. Major societal problems, such as divorce, substance abuse, gangs, teen pregnancy, mental illness and juvenile violence, characterize these environments. Perhaps one of the most difficult situations for youth, is the incarceration of a parent, particularly a mother—the most frequent primary caregiver (Bloom, 1993). Almost 90 percent of children whose fathers are incarcerated live with their mothers while only 25 percent of the children of incarcerated mothers live with their fathers (Bloom & Owen, 2002). In 1998, there were about 950,000 women in the care, custody or control of federal, state or local corrections; these women had 1.3 million minor children (BJS, 1999). These children are in serious jeopardy for becoming offenders

themselves or for repeating a cycle of intergenerational violence; the likelihood they will someday become incarcerated is five to six times higher than for their peers (Johnston, 1995). In addressing the needs of incarcerated mothers with mental illnesses, substance abuse and trauma histories, it is imperative to provide access to the most effective parenting techniques available to help them develop skills to support and strengthen their family through and beyond their separation.

### Strengthening America's Families Project

The Strengthening America's Families Project, funded by the Office of Juvenile Justice and Delinquency Prevention, has identified effective research-based programs as well as promising

approaches and disseminated them to community service providers across the country. It has been the goal of the Project to supply information on the 35 outstanding programs to professionals who teach parenting classes and touch the lives of families everyday (Alvarado et al., 2000). A two-page program description, including contact information, on all 35 model programs can be viewed at the project website at <http://www.strengtheningfamilies.org>

### In-Jail Programs

Several studies have demonstrated the disparity between services—social, medical and programmatic—provided in jail to women and men (Peters et al., 1997; Vesey et al, 1998; Bloom & Owen, 2002). The comparatively small numbers of women in jail, and limited jail resources,

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## Family Skills Models

**The Nurturing Program for Families in Substance Abuse Treatment and Recovery**, an 18-session program, is currently being modified to meet the needs of women with co-occurring disorders and histories of violence (Finkelstein, 2001). Many of the participants in this Center for Substance Abuse Treatment-funded project have had involvement with the criminal justice system. The major adaptations of this family-skills training program, designed for families with children 0-18 years of age, include the addition of components on mental illness and trauma. This program serves parents alone or parents and children together. As part of this project, 180 women in both outpatient and residential treatment facilities will receive extensive services but only a subgroup will elect to receive the parenting program services. Available evaluation results for the program include significant improvements both in parenting skills and in abstinence from substance abuse.

**The Strengthening Families Program (SFP)** is another outstanding family skills model (Kumpfer & Tait, 2000). This 14-week curriculum is designed to increase resilience and reduce risk factors for

substance abuse, depression, violence and aggression for families with children 6–10 years of age. During the course of a session, parents and children meet separately and then as a family to practice the skills they learn. This model has been adapted for co-occurring disorders and for use with families with preteens across all racial/ethnic groups. Research is currently underway with 22 women who are court involved due to child abuse/neglect issues mostly related to dealing drugs and prostitution (Haack, 2001). The program is also being implemented at a pre-release center in Maryland with both women and men. Analysis of the data for this project is currently being conducted.

**The Nurse-Family Partnership Program** (formerly known as the Prenatal and Early Childhood Nurse Home Visitation Program) (Olds, et al., 1998) is a well-tested program that improves the health and social functioning of low-income, first-time mothers and their babies. Nurses visit the homes of the families and teach them about the effects of nutrition and substance abuse on the health of the unborn child. The nurses develop a supportive relationship with the mother and family. They work with the

woman to prevent school drop-out and future unintended pregnancies. After delivery of the infant, the emphasis is on enhancing the care-giving skills of the parent until the child reaches age 2 years. This program has served about six women for whom criminal charges occurred following enrollment. The nurse home-visitor continued to offer services on a limited basis while the women were incarcerated and offered support to the first-time mothers to deal with the separation from their infant or young child. The approach included focus on the woman establishing educational and other goals that could be accomplished during the period of incarceration. Program effectiveness information is not available.

## Family Therapy Models

Several exemplary therapeutic models focus on adolescents. **Brief Strategic Family Therapy (BSFT)** (Robbins & Szapocznik, 2000), is a short-term, problem-focused intervention aimed at preventing and treating child and adolescent behavior problems by improving family interactions. The program is included as preventive since services can be directed at youth who are

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are often cited to justify the ‘one size fits all’ approach within a male oriented correctional system. However, failure to provide similar programs is not only a violation of the 14th Amendment but may result in fewer opportunities for earned good time, early release and career training (Collins & Collins, 1996). Added to this, women must also contend with childcare arrangements and the risk of loss of custody during their detention. Given the availability of community-based programs to strengthen and engage families at risk, it is essential to involve

these programs in jail settings to prepare for a mother’s release.

## Programs That Work

It is critical that a variety of successful programs be made available since there is no single best program that meets the needs of all families. The following factors should be considered in the selection of a program; several are particularly critical for the treatment and safety of incarcerated women with co-occurring disorders, and their children:

- age of the child
- age of the caregivers (teen/grandparent)
- needs of the family (high-risk or in crisis)
- marital status of the parents
- cultural and language background of the family
- incarceration of parent(s)
- literacy levels
- substance abuse/mental illness/trauma history of parent(s)
- immigration status
- custody of the child

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in the early stages of problem behavior. A therapist typically works with a family for a three-month period. BSFT has been tailored to work with inner city minority families including Hispanic and African-American Families. Although this program has not been used directly with women involved with the criminal justice system, it has the potential to improve family functioning with this population. Other outstanding models of this type include **Functional Family Therapy** (Alexander et al, 1998); **Multi-Systemic Therapy** (Hennegler et al., 1998); and **Multi-Dimensional Family Therapy** (Liddle et al., 2002).

## Parenting Models

While there are numerous other outstanding and well-researched parenting programs, many of which have been implemented with women involved with the criminal justice system, no specific outcome data on effectiveness for this population is currently available. **The Incredible Years: Parents and Children Training Series** (Webster-Stratton, 2000) is an 11–14 week parenting program for families with children ages 3–10 that utilizes trained leaders to show groups of parents real-

life videotaped situations of parents and children. This technique encourages discussion and problem solving. **Focus on Families** is designed for families with parents who are addicted to drugs and who have children ages 3–14. This 16-week program teaches goal setting, relapse prevention, helping children succeed in school and other skills. **Treatment Foster Care** (Chamberlain & Mihalic, 1998) works with foster parents to provide 6-month placement to 12–18 year-old youth with histories of chronic delinquency. The teenagers' biological parents are also worked with intensively. Other models include **Effective Black Parenting** developed by Kerby Alvey, Ph.D. and the **Strengthening Multi-Ethnic Families and Communities Program** by Marilyn Steele, Ph.D. More detail on these programs can be found on the Strengthening Families Project website.

**Parents Anonymous** is another program with an extensive history of participation by women involved with the criminal justice system (Rafael & Pion-Berlin, 1999). Using a parent support group approach, weekly meetings are co-led by a parent group leader and a professional

facilitator. Parents determine the agenda at the beginning of each meeting and group members offer 24 hour support to parents when they experience stress or crises. This program is currently being evaluated.

## Other Models

**Project SEEK—Services to Enable and Empower Kids** serves children ages 0–11 years with a parent in prison. Project Seek provides four major services to children and their families: home visits, advocacy and referral, support groups, and communication with the inmate. Services are intended to promote social competency and emotional well-being of the youth, increase family stability and ability to meet basic needs, improve parenting practices, maintain the parent-child relationship when possible, and assist with family issues of reintegration when the inmate is released.

**Families and Schools Together** focuses on families working collaboratively with schools to improve children's functioning.

Information about other intervention and prevention models is being disseminated as part of the Strengthening America's Families Project.

- employment status of the parents/caregiver
- history of domestic violence

Programs tailored for women involved with the criminal justice system focus as well on issues of trauma, loss and separation, and ways to maintain a positive relationship with the child. It is imperative when working with women involved with the criminal justice system who have co-occurring disorders (or are at risk for same), that substance abuse treatment services and mental health services be integrated to meet their specific needs. The

efficacy of integrated treatment has been well-documented as superior to parallel or sequential approaches. Drake's review of 10 studies on the efficacy of integrated treatment found "reductions of substance abuse, ... substantial rates of remission, [and] reductions in hospital use," and concluded "integrated treatments are superior to nonintegrated programs" (Drake et al, 1998).

## Promising Programs & Practices

Programs that have been identified as "best practice" include models that address multiple needs. Typically, skills

such as effective communication, discipline techniques, problem solving, limit setting, coping skills, stress management and understanding feelings are taught and practiced as part of program curricula. Information on child development is also a crucial element of these programs. Most community-based programs provide transportation, meals and childcare and regard these as critical elements for success. The programs are ideally offered at times that are convenient for working mothers and at locations that are easily accessible and community friendly.



Research on family-based prevention programs that serve women involved with the criminal justice system is extremely limited, with even less information on the subgroup of women with co-occurring disorders. As demonstrated by the program descriptions, research is emerging that will hopefully demonstrate the important role this type of program plays in positively affecting the lives of families as a long-term strategy for change. All of these programs have unique elements to support families in need and have been proven effective with the general population. Many of the models could—and should—be adapted to meet the specific needs of families in which the mother is involved with the criminal justice system.

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