

Justice-Involved Women with Co-Occurring Disorders and Their Children

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Women in jail: 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%. 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 & McClelland, 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.

Treating Women with Co-Occurring Disorders Involved in the Justice System and Their Children

Holly Hills

Women with "co-occurring disorders" are a diverse group—they may have major depression, bipolar disorder, or post-traumatic stress disorder, in addition to their addiction to one or more drugs. Some suffer from psychotic spectrum disorders, including schizophrenia. Treatment of their complex, interactive disorders will span a several year period and involve admissions to hospitals, participation in community programs, and, very possibly, episodic incarcerations. Female detainees have twice the rate of major mental illness (19%) than their male counterparts (9%) (*National GAINS Center*). Adding to the challenge for an unprepared, ill-equipped justice system, is that these women are largely women of color (63.8%; BJS, 1994), with histories of

physical and sexual abuse and who are responsible for one or more dependent children.

Women involved in the justice system have followed various paths, including the following:

- they may have been arrested for misdemeanors or felonies related to solicitation, drug possession and distribution,
- been implicated in property crimes, or
- have been brought up on child abuse and neglect charges, often related to the symptoms, behaviors, and cognitions associated with their mental health and substance use disorders.

Most incarcerated women have, at the time of their arrest, one or more children in their custody; two-thirds of women in prison have children under 18 (BJS, 1994, March). While struggling to negotiate the criminal justice system, the women are confronted with the reality that they will be separated from their children—who may go to grandparents, sisters, fathers, or foster care placements. Out-of-home placement, without a stable permanency disposition, creates further risk for the child's future involvement in the juvenile justice system. The requirement of a permanent placement for their child within a mandatory one-year period (*Adoption and Safe Families Act, 1997*) exists as a tremendous challenge for mothers initiating a symptom stabilization and recovery process.

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custody, or control of federal or state corrections systems; 85% were being supervised in the community. They had 1.3 million minor children (BJS, December, 1999). Increasingly, systems are acknowledging that incarcerating women who have mental health and substance use disorders and who have been convicted of nonviolent crimes is not cost-effective or rehabilitative—and that there are intergenerational consequences.

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Women in the justice system have often themselves been victims: 48% of women in a jail survey reported that they had been physically or sexually abused; 27% reported that they

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had been raped (www.ojp.usdoj.gov/bjs/crimoff.htm). These findings are considered by many to be conservative. A BJS report (April, 1999) found that 87% of women prisoners who spent their childhoods in foster care or institutions had experienced abuse. A history of abuse is viewed as directly contributing to the circumstances and life choices that lead to their incarceration.

Identifying Women's Issues Though many correctional administrators may agree that women bring different health and relationship issues to their period of incarceration, operationally-speaking most jails do not consider women to have substantially different issues than their male counterparts. The survey conducted by Morash et al. (1998) found that in 50 of 54 jails the same classification instrument was used for women and men; prison systems fared only slightly better, with 39 of 50 reporting using a single classification instrument.

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incarceration, operationally-speaking most jails do not consider women to have substantially different issues than their male counterparts. The survey conducted by Morash et al. (1998) found that in 50 of 54 jails the same classification instrument was used for women and men; prison systems fared only slightly better, with 39 of 50 reporting using a single classification instrument.

Of the jails surveyed (n = 54), less than 30% screened all women for histories of spousal abuse, childhood sexual abuse, needs related to their children, and HIV status. According to Morash et al. (1998), jail administrators stated that they "rarely" used information obtained through the classification and assessment process to match women to services. The number and severity of a woman's problems, including the presence of mental and substance use disorders, degree of cognitive impairment, HIV/AIDS status and other chronic medical problems, contributes to their difficulty being engaged and sustained in treatment (Brown, Huba, & Melchoir, 1995).

The above issues must also be regarded in a cultural context, as the majority of women in correctional settings are members of "minority" groups. These women are predominantly African/American, Latino, Chicano, and, to a lesser extent, Asian/American and Native American. All interactions with correctional staff need to be informed as to

- lifestyle issues associated with various racial, ethnic, cultural and economic groups served
- areas of discrimination
- professional behaviors that increase self esteem and result in positive interpersonal responses
- ways to communicate respect for diversity and personal rights (Hennessy, 1994).

Treatment interactions with women of color need to be delivered in the context of their culture with attention to pattern of speech, communication of emotion, the importance of family relationships, the preservation of dignity, and personal values related to the revealing of their complex psychological states to strangers.

Designing Intervention Programs to Address the Needs of Women—and their Children Programs designed to comprehensively treat women with co-occurring disorders remain uncommon—those that link the justice, child welfare and treatment systems, and actively address family issues, are even rarer. Jurisdictions throughout the country, however, are moving to create innovative programs to address the needs of these women and children through treatment-based jail diversion programs, in-prison family residential treatment, family drug court interventions, and child welfare/substance abuse treatment linkages.

Across the criminal justice and child welfare spectrum, innovative programs are being developed that

- focus on substance abuse treatment
- integrate access to mental health evaluation and care
- emphasize educational achievement/job training
- teach parenting skills

- focus on trauma, spousal abuse
- allow for regular or continuous contact of mothers and their children
- assess, treat, and educate the children
- provide strong female role models
- create opportunity to form supportive peer networks.

Though innovative programs addressing the needs of women and their children have been developed over the past decade, few specifically focus on evaluating and treating women with co-occurring disorders. Many promising programs have developed – primarily focused on enhancing and maintaining parent-child relationships. Some of these are described below.

Over the past fifteen years, promising programs specifically designed to meet the needs of women and, in some cases, their children, have been initiated in both prison and jail settings. **At the Children’s Center, in the Bedford Hills Correctional Facility**, women can keep their infant child with them during the first year of the child’s life. If the mother’s release is pending, this can be extended to 18 months. Services are also provided to children living outside of the institution. Interventions focus on parenting skills, other relationships within the family, and transitioning to the community. Volunteer “coordinators” in the community help to ease the individual’s exit. As most women incarcerated for drug offenses do not require a maximum security setting, a second program at the **Tconic Correctional Facility** (medium security) was opened in 1990. Women approved for this program are required to participate in the Comprehensive, Alcohol and Substance Abuse Treatment program (CASAT) and meet with a psychologist for group and individual psychotherapy. Mothers participate additionally in a parenting curriculum that includes child development classes, health workshops and mother’s groups (Bureau of Justice Assistance Monograph, NCJ170088, June, 1998).

In the **Turning Point Alcohol and Drug Program, at the Columbia River Correctional Institution in Portland, Oregon**, women are treated in a program that emphasizes life skills training, substance abuse education, relationship development, and anger management. Residents in the program are offered parenting skill training (with some sessions including their children). Recognizing that an increasing number of women were presenting with mental health problems, the program added mental health staff and emphasized staff training in the area of co-occurring disorders. Treatment of mental health and substance use disorders takes priority over work assignments. Though intended as a 6–12 month program, the women’s unit has found it necessary to provide shorter term treatment due to the shorter sentences of prospective candidates. (Bureau of Justice Assistance Monograph, NCJ170088, June, 1998).

The **Florida Department of Corrections operates a segregated treatment program for women with co-occurring disorders** within the State prison system. Women entering the program are identified and referred by institutions across the State.

The 40-bed program is organized as a therapeutic community and comprises three phases. Over the course of the year-long program, women attend psycho-educational groups covering topics ranging from parenting and job seeking skills, to managing boredom and relapse prevention, to understanding the interaction between their multiple diagnoses. Each phase offers information on the interaction between mental health and substance use disorders. Operating since 1997, the manualized group interventions (Hills, Rich, & Penner, 1999; Hills, Rich, Grace, Matthew, & Elk, 2000) that constitute the primary intervention are delivered by cross-trained, multidisciplinary staff.

PAR (Parental Awareness and Responsibility) Village, located in St. Petersburg, Florida, is a model residential program and part of Operation PAR, Inc. (Coletti, Schinka, Hughes, Hamilton, Renard, Sicilian, Urmann, & Neri, 1994; Coletti, Schinka, Hughes, Hamilton, Renard, Sicilian, & Neri, 1997; Hughes, Coletti, Neri, & Urmann, 1995). The 18 month program contains an on-site licensed childcare facility. To graduate, mothers must first save \$1500 and arrange for housing, childcare, work and/or school. Published findings indicate that 80% of mothers entering the program successfully complete treatment.

Project Connect, located in Rhode Island, is considered another “promising program” (Olsen, 1995). Parents are identified by the child welfare system following a substantiated allegation of abuse or neglect, and participation in the program serves as an alternative to mandatory foster care placement. The program consists of therapeutic home-based and case management services, including home-based substance abuse assessment and counseling. Limited results indicate that

- Parents average a ten-month length of stay
 - 62% of enrolled mothers made gains in their drug problem

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- 45% of project parents are reunited with children, compared to 18% of parents not entering treatment.

The Women’s Residential Treatment Center of the Center for Drug Free Living in Orlando, Florida extends residential services to both substance abusing mothers and their children (Wobie, Eyer, Conlon, Clarke, & Behnke, 1997). The facility offers on and off-site GED classes, computer facilities, on-site medical facilities, and a daycare center and nursery. Published outcomes indicate that

- 38% of women successfully complete treatment (88% of these completers reside in the treatment setting with their children)
- Mothers living with their children remain in the program

- for an average of 253 days, compared to 92 days for mothers residing in the program without their children
- Mothers remain in treatment longer and are more likely to remain drug-free if their children reside with them early in treatment
- Mothers residing with their children have higher self-esteem and lower depression than mothers living alone.

Finally, **Project IMPACT**, operating at both the Central New Mexico Facility and the New Mexico Women’s Correctional Facility, offers parenting skills training, educational programs, counseling, and family visits. The program works to ease the transition back to daily life and provides community-based services to the children of incarcerated parents. Professionals associated with these programs found that having contact with their children while in jail motivated women to engage in substance abuse treatment (CSAT,2000).

Creating Successful Programs for Women and their Children

Successful programs for women, as judged by correctional staff or administrators, have many of the following characteristics:

- staff serve as role models
- peers provide support and pressure
- inmates help run the program
- thorough screening and assessment of applicants
- intensive, comprehensive, continuous programming
- space and resources
- a setting that is conducive to visits
- small program enrollment
- participants segregated from general population
- strong administrative support
- nonaggressive, supportive management and security staff (Morash et al., 1998).

A recent American Psychiatric Association Task Force on psychiatric services in jails and prisons (2000) recommended that these services should be included or modified in programs serving women:

- the ability to diagnose posttraumatic stress disorder
- assessment of the psychological consequences of childhood and adult physical and sexual abuse
- provision of comprehensive mental health evaluations to

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- postpartum women
- methods to identify sexual harassment and abuse of inmates
- procedures related to seclusion and restraint
- use of verbal de-escalation for symptoms and behaviors that are sequelae of abuse experiences
- offer mental health staffing at per capita rates that are “significantly higher” than those offered to male populations.

For women with multiple co-occurring disorders and often, complicated medical problems, engaging them in treatment is key. If retained in treatment, it appears that they receive the greatest benefit from “long-term continuous care” (Brown, Huba, & Melchoir, 1995, pg. 345). It is clear that community-based mental health and substance abuse services and their relationship to services received in jail or other institutions has been not been conceptualized as either long-term or continuous in most communities. For programs for women with co-occurring disorders to be successful, there is a growing consensus that “gender-specific” factors related to relationships, victimization, sexuality, depression, empowerment, culture, and ethnicity must be incorporated into evolving treatment models (Alexander, 1996). Despite pockets of innovation, it is recognized that women “suffer from discriminatory rather than preferential treatment” while in correctional institutions (Eigenberg, Mullings, & Scarborough, 1994, pg. 63). Educational and vocational programs designed for women are fewer in quantity and poorer in quality than those offered to men and “tend to reinforce traditional gender role stereotypes” (Eigenberg, Mullings, & Scarborough, 1994, pg. 62). The notion that women receive “chivalrous” treatment in the correctional system is not supported by fact—innovation in programming for women is much needed in the justice system.

Resources for Program Planning Despite the increase in promising programs over the past decade, program developers do not have a ready array of treatment protocols, manuals, staff competency descriptions with accompanying training curricula available to help them create innovative programs for women with co-occurring disorders and their children in new settings. To fill this void, a recently released publication, *A Resource Guide for Mother-Child Community Corrections*, offers practical information to assist program planners in the development and implementation

of programs for women who have been under or diverted from criminal justice supervision, and their children (www.ojp.usdoj.gov/BJA/txt/mcres.txt). This comprehensive review points the reader to resources for child and parent development; education; housing; employment and career; gender; culture; ethnic diversity; health; justice and evaluation concerns. Also encouraging is language in the recently released *American Correctional Association Performance-based Health Care Standards* (Field Test Version, August, 2001) that requires offenders in chemical dependency programs receive *at a minimum* “an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health and substance abuse professionals” (pg 18). Additional recommendations (not gender specific) for the treatment of co-occurring disorders in offender populations encourage a careful and collaborative assessment of both mental health or substance use disorders when one or the other is present. Increasingly, treatment recommendations are uniform in their requirement of integrated treatment programming that addresses mental illness and co-occurring disorders simultaneously (Hills, 2000; American Psychiatric Association, 2000; Drake, Mueser, Clark & Wallach, 1996).

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