Welcome

• Overview of the Issues
• National and Local Initiatives
• Family Centered Treatment
• Technical Assistance Resources
• Discussion

Incarcerated Parents

• Incarcerated women (62 percent) are more likely than men (51 percent) to report being a parent.
• The number of children with a mother in prison increased 131 percent between 1991 and midyear 2007.
• The rate of female incarceration is increasing: in 10 years the rate of female incarceration rose 57%, male incarceration rose 34%

A Profile of Incarcerated Mothers

• Minority between the ages of 25 and 29
• Single parent with 1-3 children
• Family of origin is a single parent home
• Family members are or have a history of incarceration
• High school drop out
• Unemployed
• High degree of childhood abuse and traumatic experiences*

History of Physical or Sexual Abuse and Substance Abuse of Incarcerated Mothers

• Physical abuse at some time: 52.8%
• Sexual abuse at some time: 41.7%
• Regular use of alcohol or drugs: 64.5%

*Mumola, BJS 2000, Horizon/Beck 2006

**Parental Issues Associated with Incarceration**

- Substance dependence
- Mental Health
- Homelessness
- Physical Abuse
- Unincarcerated Mothers vs. incarcerated fathers

**Children Living with One or More Substance-Dependent Parent**

- Approximately 8,300,000 children

**Children with Incarcerated Parents: A Neglected Population**

- Why?
  - A criminal justice system lacking a tradition of considering inmates’ familial relationships
  - An overwhelmed child protection system
  - Negative public attitude towards prisoners & their families
  - Poor communication among prisons, child welfare agencies, and other social services
  - Lack of common databases
  - Shame and stigma
  - Silence

**Children with Incarcerated Parents: Major Problems**

- Substance Dependent
- Mental Health
- Homelessness
- Physical Abuse

**How many children are affected?**

- 1.5 million children have a parent who is currently in state or federal prison
- The majority of incarcerated parents used drugs one month before their offense and were in prison for violent offenses or drug trafficking
- Nearly half of all state and federal prisoners, or 700,000 inmates, have at least one minor child
- Between 1991 and 1999, the number of children with an incarcerated parent increased by 50 percent; this number has likely increased
- One out of six arrests involves a child directly or indirectly affected by drug or alcohol use

**Two million-plus opportunities to recognize and respond to harm done to children!**

**Where are children of the incarcerated?**

- Child's Current Caregiver: Fathers in State Prison
  - 88%: child's mother
  - 13%: child's grandparent
  - 5%: other relative
  - 2%: foster home or agency (12,556 inmates)

- Child's Current Caregiver: Mothers in State Prisons
  - 37%: child's father
  - 45%: child's grandparent
  - 23%: other relative
  - 11%: foster home or agency (6,402 inmates)
**Age of Children of Prisoners in the US**

- Under 1 year: 2%
- 1-4 years old: 28%
- 5-9 years old: 14%
- 10-14 years old: 14%
- 15-17 years old: 20%

*Families Left Behind: The Hidden Costs of Incarceration and Retirement. The Urban Institute, 2003*

**Children with Incarcerated Parents and Child Welfare Involvement**

- Children whose parents are involved in the criminal justice system have an above average likelihood of entering foster care (Phillips et al. 2004).
- Reunification is 21% versus 40% for all children (Ross, Khashu, Wamsley 2004)

**Children with Incarcerated Parents and Child Welfare Involvement**

- Maternal incarceration can affect the length of time the children spend in foster care and child welfare agencies' plans whether to reunite families (Ehrensaft et al. 2003).
- Reunification is less likely, and adoption more likely, for the children of incarcerated mothers (Ehrensaft et al. 2003; Dworsky 2004).
- Children of incarcerated mothers:
  - More likely to “age out” of the foster care system
  - Less likely to reunify, enter into subsidized guardianship, get adopted, or leave foster care through other means

**Children with Incarcerated Parents and Child Welfare Involvement**

- An incident is traumatic if it carries a threat against life, physical well being or personal security
- Most mothers who are incarcerated and/or have substance use disorders have histories of traumatic experiences.
- Children always experience the loss of a parent as traumatic
- Trauma diverts a child’s energies from developmental tasks
- Children can be re traumatized by situations characterized by additional threats or simple uncertainty

**Impact of Parental Incarceration**

- Parental incarceration often adds stress to families already struggling with poverty, instability, financial strain, abuse, domestic strife, or neglect.
- The child loses the supervision and emotional and financial support that an incarcerated parent otherwise might provide.
- Need to identify another caregiver or legal guardian.

**Trauma**

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**Possible Developmental Effects of Parental Arrest and Incarceration on Children**

- Early childhood (2-6):
  - Inappropriate separation anxiety
  - Impaired socio-emotional development
  - Acute traumatic stress reactions
  - “Survivor’s guilt”
- Middle childhood (7-10):
  - Developmental regressions
  - Poor self-concept
  - Acute traumatic stress reactions
  - Impaired ability to overcome future traumas
- Early adolescence (11-14):
  - Rejection of limits on behavior
  - Trauma-reactive behaviors
- Late adolescence (15-18):
  - Premature termination of dependence on parents
  - Intergenerational crime and incarceration
  - (Adapted from K. Gable and D. Johnston, 1997)

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Problems Children Face

- Children of prisoners are likely to feel stigmatized by peers, teachers, and society in general.
- They are often limited by assumptions that they too will go to prison.
- Out of shame and fear of rejection, many children of prisoners do not tell even their closest friends or potentially helpful adults of their parent’s imprisonment.
- If parent also had co-occurring mental or substance use disorder, the child may have genetic vulnerability.

Impact of Parental Substance Use on Children

- Prenatal exposure
  - May interfere with normal growth and development
- Postnatal family environments
  - Inadequate parenting skills and support
  - Violence
  - Living in poverty
  - Parental mental illness

Postnatal Effects of Substance Abuse

Typical experiences of children whose caregiver uses substances
- Chaotic, unpredictable home life
- Inconsistent parenting/lack of appropriate supervision.
- Inconsistent emotional responses from parents to children
- Physical/emotional abandonment of children by parents
- Secrecy about home life.
- Parental behavior may make the child feel guilt, shame, or self-blame.

Where do we Start? Local and National Initiatives

Summary of the Five National Reports

Identified barriers
1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps
Summary of the Five National Reports

Suggested strategies
1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection

Good Things Going on in New Hampshire

• Nashua 2009 Symposium On Substance Abuse and Child Protection: Substance Abuse / Child Welfare / Family Court Collaboration
• Keystone Hall: Cynthia Day Family Center
  – Family Centered Treatment for Pregnant, Post-partum and Parenting Women
• Families in Transition (FIT)
  – Homeless Individuals and Families: Substance Abuse, Youth and Life Skills
• Families Based Prisoner Substance Abuse Treatment Program
  – Incarcerated Women with Children
• Offender Re-entry Service Initiative (ORSI)

Efforts Across the Nation

Regional Partnership Grants

• Authorized by the Child and Family Services Improvement Act of 2006
• 53 regional partnership grants awarded in September, 2007
• Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
• The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes
Principles

- Family-centered treatment is comprehensive
- Women define their families
  - Including extended family, clan relatives and fictive kin; attention must be paid to why women might reject or narrowly define their family
- Treatment is based on the unique needs and resources of individual families
  - Culture is a significant resource for healing

Principles

- Families are dynamic, and thus treatment must be dynamic
  - Many of the dynamics are trauma related, thus services must be trauma-informed
- Conflict is inevitable, but resolvable
  - Historic trauma may trigger conflicts that appear personal but are in fact survival mechanisms
- Meeting complex family needs requires coordination across systems
Principles

- Substance use disorders are chronic, but treatable
  - “It is always possible to remember who you really are.”
- Services must be gender responsive and specific and culturally competent
  - Culturally proficient services are culturally based, grounded in a holistic approach, trauma-informed, anti-oppressive, with culturally-specific interventions

Recovery and Recovery Oriented Systems of Care (ROSC)

- Working Definition of Recovery: Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
- Recovery Oriented Systems of Care (ROSC) support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to sustain personal responsibility, health, wellness and recovery from alcohol and drug problems.
Continuum of Family-Based Services

Goal: Improved outcomes for parents

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**Why is Engaging Fathers Important?**

Children of father-absent homes are:

- Five times more likely to live in poverty
- Three times more likely to fail in school
- Two times more likely to develop emotional or behavioral problems
- Two times more likely to abuse drugs
- Two times more likely to be abused and neglected
- Two times more likely to become involved in crime
- Three times more likely to commit suicide


**The Benefits of Father Involvement**

Children with involved fathers display:

- Better cognitive outcomes, even as infants
- Higher self-esteem and less depression as teenagers
- Higher grades, test scores, and overall academic achievement
- Lower levels of drug and alcohol use
- Higher levels of empathy and other pro-social behavior


**Substance Abuse Impact on Fatherhood**

- Biological effects
  - physical health, personal well-being
- Low-quality relationships
  - increases marital stress, spousal abuse, child maltreatment, or neglect
- Negative father-infant interactions
  - lower levels of sensitivity, positive expression, verbalization
- Failure to fulfill major role obligations at work and home
- Legal problems
  - arrests, incarceration
- Reduced employability
  - drug related criminal record, poor work performance

**Benefits for Mothers**

- Overall positive outcomes for children’s well-being
- Additional support from father and paternal family
- Increase in mother’s patience, flexibility and emotional responsiveness toward child
- Successful co-parenting conveys important messages to child; commitment to family modeled for children

**Common Barriers to Engagement of Fathers**

**Organizational**
- Accessibility, quality of services
- Practice and policies
- Agency culture
- Search, paternity establishment, notification efforts
- Multiple and conflicting requirements; work hours

**Interpersonal**
- Gender bias
- Mental health, substance abuse
- Culture, values
- Family relationships
- Attitude of staff, workers
- Family of origin issues

**Environmental**
- Housing
- Employment
- Child Support
- Health
- Legal issues
- Incarceration
- Transportation/Distance
- Community Support

**Strategies to Engage Fathers**

- Search efforts for fathers
- Partner with child support staff
- Father-focused parenting curriculum
- Gender specific services
- Male recovery specialist
- Father mentors or parent partner
- Bilingual mentors
- Male staffing
Engaging Fathers Through Mothers

- Father involvement closely connected to relationship with mother
- One-sided advocacy for fathers’ rights increases polarization and tension
- “Team Parenting Model” with selected services and supports can minimize conflict and promote children’s best interest
- Family-Centered Treatment
- Early screening and assessment of family violence

Inter-related Components

Clinical Treatment

Inter-related Components

Clinical Support

Clinical Treatment

Inter-related Components

Community Support

Clinical Treatment

Inter-related Components

Clinical Treatment Services
Address Medical and Biopsychosocial Issues

Clinical Support Services
Support Recovery and Maintenance

- Crisis intervention
- Assessment
- Treatment planning
- Case management
- Counseling and education
- Trauma services
- Medical care
- Pharmacotherapy
- Mental health services

- Employment readiness services
- Linkages with legal and child welfare systems
- Advocacy
- Case management
- Sexual and Gender Identity Education
- Developmental and Educational Support
- Employment and economic support
- Linkages with legal and child welfare systems
- Advocacy
Clinical Support Services
Support Recovery and Maintenance

- Housing
- Family-based Organizations
- Vocational & Educational Services
- Workforce Preparation
- Recovery Support
- Total Linkages

Children’s Clinical Support Services

- Child Care
- Advocacy
- Educational services
- Recreational services

Children’s Clinical Treatment Services

- Screening
- Intake
- Assessment
- Medical health and support services
- Substance abuse and other health issues
- Case planning
- Case management

Types of TA Products

- Collaborative practice and policy tools
- Information and sharing of models
- Expert consultation and research
- Development of issue-specific products
  - Monographs, white papers, fact sheets
  - Training resources and collaborative facilitation
  - On-line courses, training materials
- Longer-term strategic planning and development of protocols and practice models

Resources

Training and Staff Development

NCSACW online tutorials
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals
http://www.ncsacw.samhsa.gov/training/default.aspx

Resources for Engaging Fathers

- National Responsible Fatherhood Capacity Building Initiative
  http://www.fatherhood.org/capacity-building-initiative/grant/summary
- National Responsible Fatherhood Clearinghouse
  http://fatherhood.gov/
- National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System
  http://fatherhoodqic.org/
- Fathers & Families Coalition of America
  http://www.azffc.org/

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Discussion