


INSIDE
the Criminal Justice System



**Life on the Ground
in a Women's Prison**

NIDA Blending Conference
Albuquerque, NM
April 23, 2010

Yvonne Lutter, Psy.D.


**Forensic Health Services of MHM
Mental Health Department
at the New Mexico Women's Correctional Facility
Grants, New Mexico**

Yvonne Lutter, Psy.D.
Clinical Director

Acknowledgements

- New Mexico Dept. of Corrections (NMDOC)
- Corrections Corporation of America (CCA)
- Forensic Health Services/MHM (FHS)
 - Judith Willison, MSW, formerly with FHS
 - Eryka Garcia, MCJ, LISW: Mental Health Director, FHS/NMWCF
 - Arlene Hickson, Warden: CCA/NMWCF
 - Bianca Martinez, PhD: NMDOC, Mental Health Bureau Chief
 - Pam Brown, RN, MS: NMDOC, Addictions Bureau

New Mexico Women's Correctional Facility
operated by: **Corrections Corp. of America**
Grants, NM



FHS Mission Statement

To provide comprehensive, high quality
behavioral health care
and substance abuse treatment
to the women
incarcerated at the NMWCF

"Criminalization of the mentally ill"
1972
Abramson,

Mental illness in incarcerated populations

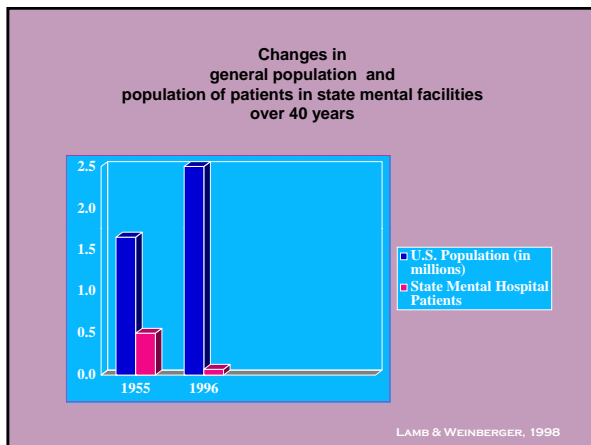
Men	8.9%
Women	18.5%

Teplin, Abram & McClelland, 1996

Factors contributing to the increased number of mentally ill persons in prison:

- deinstitutionalization
- more rigid criteria for civil commitment
- lack of community support
- problems accessing treatment
- Social attitudes

Lamb & Weinberger, 1998



Psychiatric Disorders in the Population and in Prisoners

Bland, Newman, Thompson & Dyck, 1998

Using a standardized diagnostic interview, a Canadian study comparing 222 randomly selected male inmates and 3258 community residents found:

- Over 90% of the inmates reported a lifetime prevalence of Mental illness
- 2 - 3 times more mental illness among the prison population than community residents
- The prison population was 7 times more likely to attempt suicide

So.....

What about *women*?

PREVALANCE OF PSYCHIATRIC DISORDERS AMONG INCARCERATED WOMEN

N=1272 (study of female jail detainees)

80% LIFETIME PREVALANCE OF ONE OR MORE DIAGNOSES

70% SYMPTOMATIC AT INTERVIEW

MOST COMMON DIAGNOSES

SUBSTANCE ABUSE/DEPENDENCE	70%
PTSD	33%
MAJOR DEPRESSION/DYSTHYMIA	25%

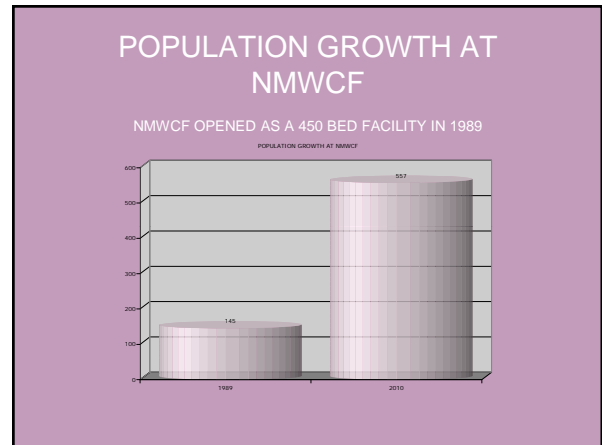
Incarcerated women have higher rates of mental illness than either incarcerated men (73% vs. 55% reporting mental health symptoms currently or within the past year) or than women in the free world (12%).

James and Glaze, 2006

Female Offenders

- 17% of the criminal justice system population
- 85% of female offenders are under community supervision
- Total number of female offenders increased by 81% between 1990 and 2000, at almost twice the rate for male offenders.

Bloom & Owen, 2003.



Who are these women?

- The majority of female offenders are convicted of drug related or property offenses.
- Approx. 20% are convicted for violent offenses. Of these, 3 of 4 are convicted for simple assault. Most of the victims of these crimes were female and known to the offender.

Women and Trauma, Substance Abuse, Mental Illness and Violence

- In California prisons, nearly 80% of women reported some form of abuse including: domestic violence and physical or sexual abuse as a child (Bloom, Chesney-Lind & Owen, 1994).
- 44% of women under supervision reported a history of physical or sexual assault (BJS, 1999)
- 75% of women with a mental illness have a co-occurring substance abuse diagnosis (Teplin, Abram & McClelland, 1996)
- 34% of women incarcerated for a violent crime have a history of abuse (BJS, 1999)

Regarding Substance Abuse:

Between 1986 and 1996, women in state prisons for drug offenses increased 888%.

Mauer, Potler and Wolf

- Over 80% of women in prison have a substance abuse problem.
- About half were using drugs or alcohol at the time of their arrest.
- One in three incarcerated women report that the reason for the offense was to obtain money to support a drug habit.
- Women offenders report higher use of drugs than male offenders.
- About half of female offenders serving time for a violent offense were under the influence of drugs or alcohol when they committed their crime.

Compare:

- Less than 5% of females in the United States age 12 or older used drugs or alcohol in the month prior to a 1993 household survey.
- 54% of incarcerated women used an illicit drug in the month prior to committing their crime.

The Trauma Factor

- Studies indicate that as many as 80% of women in prison have a history of physical or sexual abuse.
- Those who have been abused are more likely to be convicted for a violent offense.
- Women who have experienced abuse report higher levels of drug and alcohol abuse.
- The risk for suicide attempts or self injurious behavior is positively correlated with a history of sexual abuse.

Women's Violence is....

- More often perpetrated against an acquaintance or family member
- More likely to occur in the home
- Results in less serious injuries
- Less frequently sexual in nature
- More reactive or defensive

Violent Crime

- Women convicted of a violent crime, are most often convicted for assault
one third of which is simple assault,
one quarter is aggravated assault.
- Victims are generally other women, known acquaintances and of the same race as the assailant.
- Violence is often mutual and alcohol is implicated in one third of the cases.

Violent Crime, cont'd

- Less than one percent of all arrests for female violent crime involves a homicide.
- Women make up only 2% of sex offenders.
- 40% of all reported child abuse is committed by women.

Risk Factors for Women's Violence

- **Childhood physical abuse**
 - Women abused by their mothers are more likely to abuse their own children.
- **Substance abuse or dependence**
 - 1/2 of women committed for a violent offense committed the offense while under the influence.
- **Substance abuse** is also implicated in poorer, more aggressive parenting.
 - Children of substance abusing parents are twice as likely to be abused as other children.

- **A mental disorder diagnosis**

- Women are less likely to respond to delusions than men.
- Female psychiatric patients commit less serious violence.
- An axis II diagnosis increases a women's risk of violence.

- **Interpersonal violence or adult trauma**

- Being in an abusive relationship increases a women's risk for reactive and defensive violence as well as committing child abuse.

The Revolving Door: the difficulties of defining success

- Parole violator returns accounted for 35% of NMDOC admissions in 2006-2007.
- DOJ reported that within 3 years of release, 58% of women were rearrested.
- More recent data reports 46% of women released from prison re-offend within 3 years.
- Most return for using drugs or for technical violations.
- Mentally ill inmates are more likely to have technical violations.

2002

JFA Associates, LLC, 2007; DOJ,

Women's Treatment Needs

- substance abuse
- trauma
- mental illness

Bloom, Owen & Covington, 2003

To Summarize: Why Gender Responsive Treatment is Necessary

- Women in the criminal justice system have a higher incidence of mental disorder than men in the criminal justice system *or* women in the general population.
- Women in the criminal justice system have a higher rate of co-morbid substance abuse and trauma related disorders than either men in the criminal justice system *or* women in general population.

- Women in the criminal justice system are more likely to be the primary caretakers of children at the time of their arrest, to be poor, to be unemployed at the time of their arrest, and to be survivors of both childhood and adult violent abuse more than either men in the criminal justice system or women in the general population.
- Women are relational -- they respond to intervention differently than men, and their identities are tied up with their interpersonal relationships.

A Gender Responsive Approach

- Recognizes women's unique relational and emotional capacities and the centrality of relationships in their lives.
- Approaches problems from a strength based, rather than deficit, model.
- Recognizes that many women's lives are affected by interpersonal traumas inc. child abuse, sexual abuse, rape, and domestic violence.
- Integrates treatment for substance dependence, with mental health counseling and recovery from trauma.

Key Principles of Treatment

- A holistic approach to addictions
- Trauma informed - safety first
- Empowerment based - dignity
- Individual responsibility-- choice
- Solution focused - strengths
- Relational- connections

So, let's get real...

**translating theory and research
into clinical practice...**

Correctional Mental Health Challenges

- Negative organizational climate with high staff turnover.
- Tension between priorities of security and rehabilitation.
- Invalidating environment. Intermittent reinforcement of problem behaviors. Negative response to skillful behaviors (ex. assertiveness).
- Aggression, guardedness, interpersonal violence accepted as the norm.
- Frequent crises expected.
- Role of mental health unclear.
- Danger to staff; staff experience or denial of fear.

Correctional Mental Health Mandates

- Risk assessment and behavior management
- Treatment for mentally ill inmates

The Primary Goal of Correctional Mental Health Services

- Risk Management--

where *risk* is defined first as:

- the risk of suicidality,
- of self injury,
- of violence.

Only *after* these risks have been addressed do the risks of relapse to substance abuse, mental illness or criminal recidivism, or the treatment of trauma become targets of treatment.

This primary goal of correctional mental health has three treatment targets:

- Symptom management
- Skills acquisition
- Behavioral change

Forensic Settings Dilemmas

- Treatment vs. security
- Acceptance vs. change
- Liking vs. Disliking
- Helper vs. Jailer
- Accountability vs. Atonement
- Hope vs. Burnout

(McCann, 2000)

NMWCF Intakes

(Oct 03 to Feb 04)

N= 157

- 19% attempted suicide at least once
- 15% had a history of psychiatric hospitalization
- 46% had a history of psychotropic medication use
- 32% were currently taking psych meds

Additionally....

- 51% had a history of inpatient substance abuse treatment
- 31% reported a history of head injury
- 66% reported a history of victimization
- 22% reported a history of being violent

NMWCF Intakes

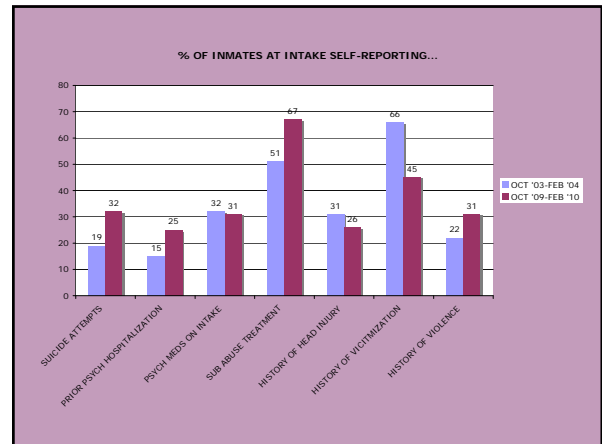
(Oct 09 to Feb 10)

N= 193

- 32% attempted suicide at least once
- 25% had a history of psychiatric hospitalization
- 66% had a history of psychotropic medication use
- 31% taking psych meds on admission

Additionally....

- 51% had a history of inpatient substance abuse treatment
- 26% reported a history of head injury
- 45% reported a history of victimization
- 31% reported a history of being violent



Diagnoses at NMWCF

- Substance dependence
- Major depression
- PTSD
- Bipolar disorder
- Schizophrenia/Schizoaffective
- Borderline personality disorder
- Antisocial personality disorder

• 63% of intakes were referred for substance abuse treatment.

• 96% of inmates on the mental health caseload carry a substance abuse diagnosis.

Mandated Mental Health Services Provided at NMWCF

- Intakes
- Clinical assessments
- Presentencing evaluations
- Individual psychotherapy
- Psychoeducational groups
- Group psychotherapy
- Segregation rounds
- Brief interventions
- Psychological testing
- Crisis intervention
- Discharge planning
- Consultation and training

Groups Offered

- Substance abuse
- Relapse prevention
- Trauma survivors
- Dialectical behavior therapy
- Women's empowerment
- Anger management
- Stress and mood management
- RDC adjustment group

Occasionally Offered Groups

- A Good Night's Sleep
- Healthy Thinking
- Historical Trauma
- Life Skills - Coping with severe & disabling mental illness

Mental Health Program Statistics

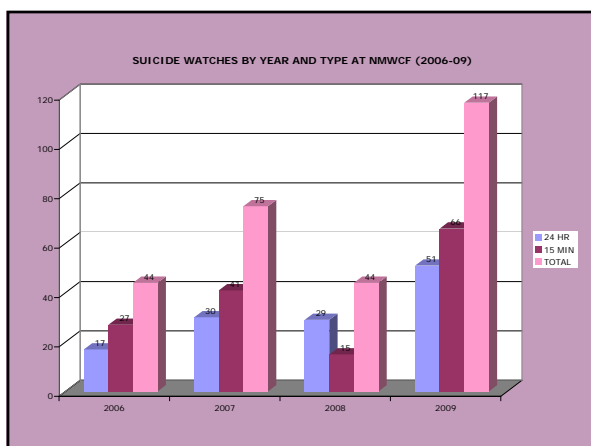
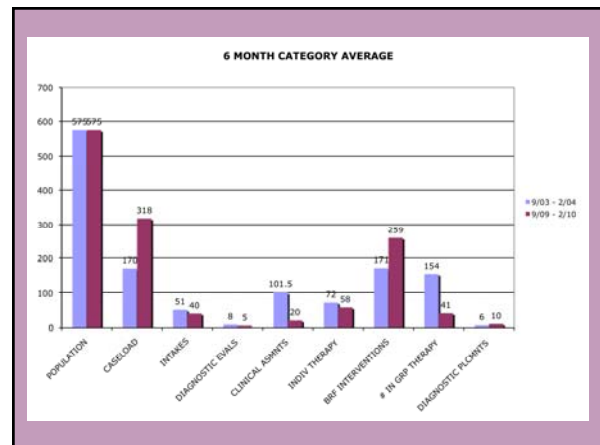
September 2003 - February 2004

	SEP	OC T	NO V	DE C	JAN	FEB
Facility Population	565	577	569	574	586	580
Caseload	166	172	173	170	171	169
Intakes-new inmates	56	66	41	54	48	40
Diagnostic evaluations	9	8	7	10	6	8
Clinical Assessments	105	101	101	101	115	86
Individual Therapy	72	80	79	72	63	66
Brief Interventions	146	132	104	83	154	107
Number in Group Therapy	137	82	191	173	158	181
Diagnostic Placements	3	15	7	3	3	4

Mental Health Program Statistics

September 2009 - February 2010

	SEP	OC T	NO V	DE C	JAN	FEB
Facility Population	570	574	570	588	568	581
Caseload	313	312	311	327	321	326
Intakes-new inmates	38	44	41	44	30	43
Diagnostic evaluations	4	3	7	4	5	5
Clinical Assessments	14	21	22	20	26	17
Individual Therapy	59	57	58	53	60	58
Brief Interventions	335	244	287	252	198	238
Number in Group Therapy	74	82	39	13	18	22
Diagnostic Placements	13	10	9	8	10	12



Clinical Treatment Issues in Forensic Settings

- Triage
- Balancing risk and motivation
- Quantity vs. quality
- Defining success
- Managing burnout and vicarious traumatization

Stages of Incarceration

Mental Health Needs

- ### I. Arrival: adjustment issues
- Detoxing
 - Accepting the situation
 - Taking stock of oneself
 - Anxiety
 - Accessing Psychiatry
 - Sleep problems
 - Separation from family
 - Learning a new environment

- ### II. Doing The Time
- Safety and Self Control
 - Committing to Recovery
 - Handling the Stress of incarceration
 - identifying the issues
 - learning new skills
 - empowerment--finding one's voice in relationships

- ### III. Preparing for release:
- #### Issues of re-entry
- Addressing ambivalence
 - Childcare responsibilities
 - Family expectations
 - Fears of relapse
 - Financial demands
 - Parole requirements
 - Managing the basics
 - Finding the resources

Meet Angelica:

a 22 year old heroin addict, unmarried mother of two, incarcerated on her first felony charge, a two year sentence for fraud and possession. She meets criteria for ptsd, borderline personality disorder with antisocial traits, and heroin dependence.

- ### Substance Abuse Treatment
- RDAP – a residential treatment program
 - Mental health outpatient substance abuse groups
 - The Mind Institute - A research project, offering 12 sessions of substance abuse treatment to inmates who participate.

Limitations of Substance Abuse Programming

- The issue of dual diagnosis.
- Eligibility varies.
- Good time secondary gain.
- Lack of time to complete program.

However, all programs use standardized assessments, incentives and empirically validated protocols.

Evidence Based Group Curricula for Women

- Seeking Safety (*L. Najavits, PhD*)
- DBT (*M. Linehan, PhD*)
- Helping Women Recover (*S. Covington, PhD*)
- Beyond Trauma (*S. Covington, PhD*)

Seeking Safety

- Used in individual or group formats.
- 25 standardized topics with handouts
- Addresses cognitive, behavioral and interpersonal spheres.
- Reduces suicide risk, social adjustment, depression, substance abuse and trauma related symptoms.

Dialectical Behavior Therapy

- Combines individual therapy, with skills training and consultation/supervision.
- Designed for the treatment of Borderline Personality Disorder, it has been found to be effective in the reduction of self injury, suicidal, aggressive, or other impulsive behaviors.
- Includes four skill components: mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness skills.

Helping Women Recover

- A substance abuse curriculum for women which integrates theories of women's development, trauma and addiction.
- Provides 17 group sessions, four areas identified as triggers for women's relapse are addressed including: self, relationships, sexuality and spirituality.
- Curriculum includes a facilitator manual and a client workbook.

Implementation Challenges

- No standardized recidivism risk assessment.
- Limited resources necessitate focusing on high risk inmates to the detriment of others who might benefit most from intervention.
- Haphazard application of treatment recommendations - not seamless.
- Variability among providers.
- Treatment targets not consistent.
- Lack of communication between departments.
- Lack of coordination with outside agencies.
- Difficulty arranging follow-up care.

Future plans

Establishing a 10 bed, mental health unit for high risk inmates. This intensive effort will use the evidence based curricula previously discussed, but will effect less than 5% of the population and will change the mission of the Mental Health department to focus more exclusively on the needs of the high risk, severely mentally ill, difficult to manage, dually diagnosed offender.

Contact Information

ylutterpsyd@mac.com
yvonne.lutter@correctionscorp.com