

Project Reconnect: Responding to Women Offenders on a Personal Level

by Dinny Prichard, Project Reconnect, St. Paul, Minnesota

I recently received an early morning call from a client who was in the hospital emergency room. She said she had been raped and asked if I could come and be with her. I went right there, but I couldn't help thinking how sad it must be for a woman in that circumstance to have no one to call but her probation officer. This speaks volumes, not only about our program and our client relationships, but also about the women themselves. It is not unusual for us to be the persons in their lives whom they can trust and turn to when something happens, either happy or tragic. The day before, I had been visited by a client who learned she would be graduating from college earlier than she thought—and with a 4.0 grade average. Again, the first person she turned to was her probation officer. These incidents speak to the paucity of relationships in these women's lives, and they highlight the importance of what we do.

Providing Humane Contact and Hope

The news is full of reports of the states building new prisons and allotting more money for corrections. I listen to the dialog and justifications with feelings ranging from amusement to outrage. Obviously, for all our time, effort, and money, we are no closer to solving the problem of crime. Perhaps every time we are tempted to adopt a new treatment modality, enact stricter laws, impose tougher sanctions, reduce caseloads, try intensive surveillance, or initiate other responses to address a problem that grows ever larger and more out of control, what we need to do instead is simply go back to basics—to reduce our treatment of women offenders to the lowest denominator, that of human and humane contact.

I am suggesting that the solution may be simpler than we have imagined. All we need to do is begin to see the antisocial behaviors of our clients as a product of unfortunate circumstances, of childhood brutality, neglect, or victimization, and ask what purpose that behavior serves and what needs these women are trying to meet in such dysfunctional ways. Perhaps if we can respond to these needs on a personal level, in a way that engenders trust and confidence and within the context of a relationship, then women offenders can begin to hope again. With hope can come dreams, and with dreams can develop goals. When the goals are achieved, the lives of families can be rebuilt. When we search for the magic answer that is going to motivate the “resistant” client, we often find that it is . . . hope. If people do not have hope, there is nothing to strive for, no reason to change.

Doing business this way is not easier than other approaches. It takes infinite patience, it takes energy, it takes commitment, and it requires belief. It also takes hope on our part. There are as many ways to do these things as there are individuals to do the job. I want to share with you the way we do them at Project Reconnect.

An Individualized Approach

Project Reconnect began in 1991 with a start-up grant from the U.S. Office of Drug Policy and another from the Minnesota Department of Human Services. After its initial 3-year period, Ramsey County had to commit to continuing the program by agreeing to pay such costs as the salaries of the county employees, office expenses, and transportation, among others. In addition, we continued to get a grant from the Department of Human Services.

Project Reconnect is a collaboration between Ramsey County Community Corrections, Human Services, and Public Health. We also contract with a local non-profit agency for a full-time therapist and some limited children's services. The project serves women offenders who are mothers and are either chemically dependent or have been convicted of a drug offense. The goal of the program is to support clients in a law-abiding and chemically free lifestyle while improving parent-child functioning and reducing out-of-home placements. We attempt to intervene in the family structure by providing intensive in-home services that meet the client where she is and deal with the obstacles that are preventing her from being successful.

We recognize that women, especially those who are caring for children, have special needs, many of which revolve around childcare and transportation. We also believe that an effective program for women must address the realities of their lives, including an awareness that women change and grow within the context of a relationship and that their primary motivation is for connectedness. Our clients have a lifetime of issues. Almost all of them are victims of sexual and physical abuse, have grown up in severely dysfunctional families, and have had abusive and exploitive relationships. Their backgrounds and circumstances have often meant that they have not had trusting relationships with women and have had abusive ones with men.

The crimes women commit are unlikely to be violent ones and more likely to involve drugs, alcohol, and property. They are often economically driven because of poverty. If their crimes are violent, they most often involve their partner. These women generally present little threat to the community, but they are very big users of community resources because they are raising children.

We attempt to minimize or remove the barriers that have kept these women from achieving their goals. We are home-based and relationship-based. If survival issues are prevalent, they must be addressed before a woman can move forward. We try to have corrections perceived as a positive and helping connection, not a punitive one. Our approach must be individualized and holistic for each client; there is no set time frame, as some women are ready to work on their issues faster than others are. Change takes time, and recovery is not a straight path.

To be successful, the program must provide a great deal of support and encouragement, there must be caring for the caregivers, humor must be introduced into the offenders' lives, and hope must be rekindled and nurtured. Often the chemical dependency issues of these women are a symptom of other life issues; however, they need to achieve sobriety before they can move on and be successful. We access treatment resources in our community, and we advocate for the longest and most intensive treatment possible. In our present system, unfortunately, the women must often first fail before they are given the level of treatment they needed in the beginning.

Collaboration Brings Strength

The strength of Project Reconnect's model is in collaboration, as each agency contributes an important component. The probation piece is critical because it provides the leverage that is often needed when dealing with chemical addictions. The women are primarily drug addicts rather than criminals, and their criminal behavior has often served to support a drug habit. Their behavior is more self-destructive than a threat to the safety of the community.

The nursing component strives to establish the whole family in "well care" services and to educate the women not to use the emergency room as their primary provider. The nurse also assists with prenatal care, immunizations, school physicals, dental care, and mental health issues. Often, chemically-involved women have badly neglected their own health needs. Some of their children have been exposed to drugs and alcohol prenatally, and they present some specific health care problems. Recently, we have begun to address the issue of clinical depression, as, in many cases, it was a precursor of the drug use and greatly contributes to relapse. We have seen some amazing changes when the depression itself is treated. However, it often requires patience and perseverance to get a client to the point where she will take the antidepressants on a consistent basis. There is a stigma, especially in some ethnic groups, to using these drugs, and considerable education is necessary to overcome the street information these women have learned.

After a woman stabilizes in terms of sobriety, housing, and health, we can look at long-term goals such as education, employment, and spiritual connections. Therapy, both individual and group, is an important factor in the stabilization process. Because we contract with a local non-profit organization for a full-time therapist, we can offer a woman as much therapy as she needs and wants. Many women participate in multiple women's groups as well as long-term, one-on-one therapy. Because so many of the women are sexual abuse victims and/or victims of severe childhood trauma, many actually suffer from post-traumatic stress syndrome and need to be treated therapeutically.

The social worker is the liaison between the client and Child Protection if there is an open case, and she assists the client in achieving the goals stated in the case plan. She also assesses child welfare needs, does educational and parenting evaluations, and determines the need for psychological services, out-of-home placements, emergency issues, and respite care. The nurse and social worker often work together in assessing needs and obtaining appropriate services for developmental delay issues.

Our Achievements

Project Reconnect has kept evaluation data that attest to the success of its approach:

- Only 7 percent of clients discharged from Project Reconnect during 1996-'97 were convicted of a new offense in 1 year; 13 percent had a new conviction within a 2-year period.
- In 1999, the proportion of clients referred to child protection agencies for abuse or neglect of children declined from 36 percent in the year prior to their being admitted to the project to 10 percent while in Project Reconnect.
- Of clients successfully discharged in 1997-'98, 6 percent were referred to child protection for maltreatment determinations, but in the year prior to their admission to the project, 46 percent had been referred for a maltreatment determination.

- Medical care was provided to a significant proportion of families and children: 89 percent of children who needed immunizations received them, 100 percent of families needing dental care received it, and 87 percent of pregnant clients were aided in obtaining prenatal care.

What We Have Learned

As a result of our experiences, we have learned the importance of the following.

- **Relationship.** Current research confirms what women have known all along: that women learn, change, and grow within the context of a trusting and non-exploitive relationship. The primary motivation of women is connectedness with all the significant others in her life, not separateness.
- **Gender-specificity.** It is essential that programs be for women, run by women, with attention paid to women's issues. They must build on strengths, empower, encourage, build self-esteem, nurture, mentor, re-parent, and provide role models.
- **Therapy.** Group and individual sessions are needed to deal with victimization trauma. They should be available to women on a long-term basis.
- **Community-based focus.** The work should be done in the community where the women live. The women need support and guidance as they deal with the pressures of that environment, because the reality for most is that this is where they have to live.
- **Community resources.** Use all the resources the community has to offer. You need to know what they are because you will need them all. Pay attention to the realities of the women's lives and remember that basic needs must be met before other work can take place.
- **Staff.** Good staff are crucial. The best model is only as good as the people who use it. This work is not for everyone. Age and life experience are very helpful.
- **Long-term commitment.** The program must be for the long term. The issues are serious, and resolution will take a long time. During the process of recovery, the women will experience relapses and setbacks. It is important to be there for them, with the strong relationship intact, so the work can begin when the client is ready.
- **Individualized services.** The services must be individualized and holistic. Although their issues are similar, every woman is different, with different needs, different time frames, and a different personality.
- **Transportation and childcare.** Transportation and childcare must be provided. When staff transport clients, they are meeting a legitimate need and also creating an opportunity for relationship-building. As women get healthier and more stabilized, they will need fewer services.
- **No screening.** Don't screen clients before accepting them. We never know when a woman is ready to change. Some of the best successes will be with women whom everybody had given up on.
- **Physical space.** The space where your program is located should be client-friendly, a place where they feel comfortable. Project Reconnect chose not to be located with other offices that could be threatening to clients, such as probation or child protection agencies. We have a play area for children, a space where women

can make phone calls, a room with donated clothing and household goods where they can “shop,” and a comfortable and private group room.

- **Stakeholders.** It is important to solicit the support of judges, county board members, and other parts of the system. A very effective way of doing this is to have successful clients speak to different groups.
- **Harm reduction model.** A harm reduction model is effective in most cases. Recovery is not a straight path, and relapses occur. It is important to develop trust so that when a woman has a problem, she can tell you about it and be part of the solution. Incarceration can be used as an intervention; if drug use is out of control, it is a time for forced abstinence before work can begin again. Our therapist sees the women while they are incarcerated. If they are new clients, this is a perfect time to begin the relationship; if they are existing clients, good work can often be done during this crisis period.
- **Evaluation.** It is essential to keep good statistics and outcome data. A major reason we have continued to get funding is that we can measure what has been accomplished.
- **Creativity.** Staff must work “outside the box” and in unorthodox ways. Project staff often do business very differently from colleagues in regular agency positions. This approach is often best accomplished by a staff person who has enough experience and confidence to be able to do things differently.
- **Collaboration.** Collaborations provide essential wrap-around services, but they are difficult to maintain. Each agency has its own mandates, mission, philosophy, way of doing business, and internal politics, which can often result in conflicts. It is important to have a common goal among staff members and a commitment to serving the woman, but within the legal and ethical boundaries of each agency. It is also necessary to have full commitment to the goals of the project from supervisory staff and agency heads. Achieving this can be more difficult than it sounds.

Is This For You?

Being a staff member of Project Reconnect is in many ways like being a parent. It takes great effort and has great rewards. Despite our best efforts, the outcome is not always positive. We must make a long-term commitment. Our work is often frustrating. It is multi-faceted, and we play many different roles and perform a variety of tasks. As in teaching children, we must repeat the same lessons countless times. Most of our clients do not learn from the knowledge we give them, but through their own experience. To help make this happen requires boundless energy, unlimited patience, skill, dedication, nurturance, and wisdom. We need to make difficult and unpopular decisions for women when their behavior is self-destructive. We must be firm, consistent, strong, and, above all, caring. If this sounds like a job for you, then perhaps you should start a gender-specific program in your area. They work.

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