Project Bridge/Miriam Hospital

Working with Corrections:

What Social Workers Need to Know

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Supported by a grant from:
Special Projects of National Significance, HIV/AIDS Bureau,
Health Services and Resources Administration

Project Bridge is a community based project that enrolls clients within the prison. This document provides an overview of information pertaining to social and emotional issues that are commonly encountered by social workers serving the special needs of HIV+ ex-offenders.

Mission of Corrections

- Host settings: respecting differences
- Different goals of social work and corrections: security vs. client self-determination
- Oppression within correctional settings
- Invisible positive outcomes

Social workers are employed in a variety of host settings such as schools, hospitals, nursing homes, and courts. Since there is not a necessity for the staff in those settings to understand social worker training or mission, it is the responsibility of the social worker to understand the host facility training and mission. To the extent that social workers can articulate how their role enhances the facility, they will be welcomed.

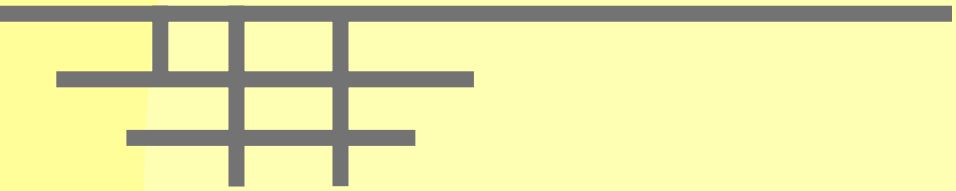
Correctional facilities have a primary mission of protecting visitors, staff and inmates from violence. For all the inmates who may be incarcerated, wrongly or frivolously, there are incarcerated people who are *genuinely* a danger to others. To apply the social work value of client self-determination within a correctional setting may not be valid or safe.

Oppressive systems effect virtually everyone who exists within them. While we may view the inmates as being oppressed, there is also oppression for the correctional staff. Correctional staff have great responsibility without authority to enact change. They are confronted daily by hostile, negative situations can breed discontent for all involved.

Correctional officers can only judge their own effectiveness in terms of maintaining a secure unit. They have no tangible product or outcome by which to measure success. They do not see the positive outcomes of the prisoners. Since inmates leave when they complete their sentence, when an ex-offender does makes significant changes, they do not return to prison.

Leaving The Big House

- Punishment not habilitation
- All decisions made for you
  - institutionalization
- Urges and cravings - celebrations
- "The porch light is always on"



Few prisoners have ever had a higher level of functioning prior to incarceration. They need to learn basic adult life skills. Institutionalization further infantilizes them, re-enforcing a sense of victimization and learned helplessness. Ex-offenders go from having no choice in the most basic areas of living such as when they eat, sleep, or recreate. Upon release to the community become completely self-reliant in the course of one day.

As the release date approaches, the desire to "celebrate" increases, as does the urge to use drugs. They begin to crave the "highs" that they have been deprived of during incarceration, and there is notable alteration to the goals and objectives of their treatment plan. For example, they may have decided to "postpone" substance abuse treatment.

For many who have had multiple incarcerations, prison is their home. "Three hots and a cot" are more than they get in the outside world.

<u>Prison Humor:</u> *For a good time, call a hooker. For a lot of time, call my attorney.* – Found on a prison wall.

Mental Health Related Issues

- Anxiety and depression are common
- Pervasive autonomy struggle for some
- Lack of appropriate role models
- Self-medication
- Extended adolescence

For ex-offenders, there needs to be a redefinition of the concept of success in order to be successful outside the institution.

Anxiety and depression are the most common mental health diagnoses, which results in self-medication through drug use.

Often clients are stalled in their development at the stage they had achieved when they began drug use. This can result in 50year olds who continue to rebel like adolescents. Role models for success in their neighbor-hoods may have been dealers and pimps. There is not a clear idea of what skills are needed to succeed in any other environment.

Assumptions -by the client

- Most ex-offenders view the world as an unsafe place
- Accepting personal responsibility is dangerous
- Victimization is natural

Early trauma is a common experience. The client may have grown up in an environment where violence was commonplace. This can lead to the inability to imagine any other way of resolving conflict. There is the notion of “fight or flee.”

In dysfunctional homes, accepting responsibility may result in abuse. Parents who are addicts may look for someone to blame instead of problem resolution. Because the world is unsafe, the clients experience themselves as victims and not as creators of their circumstances.

Victimization is an everyday occurrence. Accepting responsibility for actions may mean accepting a sense of profound shame. It becomes very difficult to overcome this mindset.

Further Assumptions -by the provider

- Service providers do not want to serve ex-offenders
- “Systems” are really fortresses
- Mutual distrust results in self-fulfilling prophecies
- Reliable information will be slow in coming
- You are being tested

Once prisoners are released, they are identified as an ex-offender. Experience teaches clients to anticipate negative interactions with service providers. Service providers rarely extend themselves on behalf of ex-offenders who are viewed as resistant and unreliable. Mutual distrust leads the clients to think that return appointments are a subtle form of rejection. Lack of appointment keeping by the ex-offender is seen by the provider as further evidence of the clients lack of “motivation”.

Systems require a great deal of advocacy. There is an inverse relationship between level of need and ability to get help. Clients test providers to see both how gullible and how reliable they are. If providers are gullible, clients won’t respect them. If providers are reliable over an extended period of time, trust will develop. Appropriate interpersonal professional boundaries provide safety for the client as well as the provider.

What Works

- **RESPECT** for the individual

- **COMMUNITY BASED INTERVENTION**
  - meets the client on his/her turf

- **HONESTY**
  - give straight feedback

- **CONSISTENCY**
  - can rely on follow-through

- **PERSISTENCE**
  - do not give up on client

- **POSITIVE EXPECTATIONS**
  - encourage doing it for themselves

Follow Up

- Abandonment issues

- Difficult to transfer trust

Termination does not end the relationship

Most individuals will experience some form of abandonment issues from past experiences that will be “acted out” during the termination phase of the work. This may be expressed in the rejection of the worker or regression to former levels of hostility or dependence. This could include a relapse into drug usage. Actions taken by the client may also include bargaining with the social worker for more time, asking to be reinstated or an appropriate expression of loss. The abandonment issues need to be addressed during the termination process. Viewing termination as an on going aspect of the work and addressing it along the way may minimize the trauma of the loss.

It is important to still keep contact through recognition. Showing interest in the former clients progress, take phone calls, and saying hello demonstrates that change is safe and part of their growth.