

Lessons Learned:

Residential Substance
Abuse Treatment for
Women and
Their Children



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

10. INTEGRATING VOCATIONAL SERVICES WITH WOMEN'S SUBSTANCE ABUSE TREATMENT

Employment is an extremely important public, social, and economic activity. The ability to engage in meaningful employment requires that a number of physical, social, and intellectual capabilities be learned, developed, and practiced. Different occupations require different intellectual and social behaviors, which range from the simple details of dress, grooming, and speech to the more complex skills required to work well with peers, employees, and supervisors.

Substance abuse disorders and unemployment often are intertwined. Individuals who abuse substances face a myriad of psychosocial, educational, and interpersonal barriers that hinder their ability to pursue even the most fundamental vocational opportunities. In addition to the personal limitations of poor work skills and psychological deficits, individuals who abuse substances often face social barriers resulting from employer attitudes, competitive labor markets, and an inability to access appropriate vocational services (Sheridan 1995; Owen and Bloom 1995; Taylor 1996).

Traditionally, vocational services have not been a part of substance abuse treatment services. Instead, the two types of services have operated as separate systems of care, characterized by distinct goals, language, rules, and service strategies. Traditional vocational specialists have found substance-abusing individuals to be a difficult group to work with because of their poor work habits, sporadic attendance, and marginal compliance with vocational plans.

For pregnant women and women with dependent children, the day-to-day struggle of coping with basic life issues, such as caring for their children, makes vocational rehabilitation appear even more demanding. Recent welfare reform legislation has put even more pressure on these women to resolve their substance abuse problems quickly so that they can enter the workforce. Now that welfare reform has removed individuals with substance abuse disorders from the welfare rolls and forced them

to seek employment to support themselves, substance abuse treatment programs have an opportunity to redesign services so that vocational rehabilitation can be integrated into a comprehensive treatment system. If the eventual goal of treatment is to return the former substance-abusing individual to the community, program success should be measured by the client's ability to abstain from illicit drug use and criminal activity and to obtain a job that satisfies her financial needs (Pittel 1977; Taylor 1996).

CENTER POINT'S THREE-PHASE PROGRAM

Center Point, Inc., in San Rafael, California, has successfully infused vocational preparation and job development services into the core curriculum of its treatment programs. Originally implemented in 1982, the vocational-reentry component has been redesigned to accommodate the unique service needs of women with dependent children. Center Point's women and children's program was initially implemented in 1991 as a small demonstration project. In 1995, a Residential Treatment for Pregnant and Postpartum Women grant from the Center for Substance Abuse Treatment (CSAT) expanded these services into the current LifeLink project. LifeLink offers a 40-bed comprehensive residential treatment program for pregnant and postpartum women and their young children. The goal of the program is to improve the overall health, functioning, and well-being of mothers with substance abuse disorders and their children through individualized and culturally appropriate services.

Center Point's residential treatment program is six months in duration, with services grouped into three distinct, though overlapping, phases: an intensive psychoeducational treatment phase, a reentry-skills-building phase, and a transitional/community phase. The program teaches problem-solving skills to ensure pro-social adaptation with an emphasis on enhancing the client's self-esteem and self-worth. A brief description of the three phases is provided below.

Phase I: Intensive Psychoeducational Treatment (60 to 90 Days)

During the treatment-intensive phase, clients are challenged to examine personal feelings, addictive behaviors, and short- and long-term goals through group counseling sessions, weekly individualized written assignments, and discussions with counselors. Beginning with this phase and continuing throughout treatment, clients are given life skills training and opportunities to practice their new skills.

Phase II: Reentry-Skills Building (30 to 60 Days)

The major emphasis of this phase is to find appropriate jobs for the women and begin their transition to community living. During this two-month phase, vocational and supportive counseling services are provided, and women actively seek employment. Once they are placed in jobs, clients work during the day and engage in therapeutic activities in the evenings and on weekends. Parenting education and training, including the demonstration of the value-based concepts that have been taught, are components of this phase that remain important throughout the course of treatment.

Phase III: Transitional/Community (30 Days)

In the final or transitional phase of treatment, clients begin reintegration into the community while continuing in their jobs. Weekly groups with the reentry team focus on work issues such as motivation, attendance, time schedules, working conditions, and conflicts with supervisors. Clients and staff also work to resolve legal obligations (e.g., community service hours, custody issues) during this phase. Clients are encouraged to build strong peer affiliations and increase their social skills through participation in transitional support groups. The program also helps clients to identify and develop other supports, such as extended family, friends, religious communities, ethnic and cultural heritages, and community services. The key components of transitional services include social skills training, educational services, vocational services, and training to enhance quality of life.

Continued participation in vocational services during the transitional phase allows LifeLink women to discuss their experiences on the job. During this phase, clients use roleplaying exercises to help them deal with such stressful workplace situations as substance use, friction among employees, disagreements with supervisors, performance evaluations, and rule violations. As the women approach program completion, the realities of being self-supporting can also create considerable anxiety. The program uses money management workshops to teach clients how to live within their means. Using other known ways of making "fast money" (e.g., from illegal activity, manipulation of families) is discussed as an old behavior pattern that needs to be overcome. Vocational support groups help ameliorate the temptation of following old patterns, validate the fears that the women are facing, and develop strategies to cope with anxiety and fear of success. More details on the program's comprehensive vocational services are presented after a brief description of LifeLink clients.

PROFILE OF WOMEN SERVED

The women who enter the LifeLink program tend to have few, if any, employment skills. They usually have little formal education and poor life management skills. These clients generally display dependency at many levels (i.e., psychological, physical, emotional) and often rely heavily on government assistance for their survival. Some of these clients have received limited training in trades. However, their struggles with substance abuse and unstable family structures have tended to derail them from their training. The clients who have held jobs have a history of spotty and brief employment in low-wage jobs.

All women served by LifeLink used illicit drugs, alcohol, or both for an extended period of time prior to entering the program. Program data from the Center Point management information system presented in Table 25 reveal that the primary substances used at the time of admission were methamphetamines (36 percent) and cocaine/crack (37 percent). Twelve percent of the women reported alcohol as the primary substance used. Most of the women who were admitted to the program (69 percent) began using drugs prior to turning 20 years

Table 25. Characteristics of Clients Served by LifeLink Between March 1, 1996, and December 2000 (N=160) (from Center Point Management Information Systems Data)

Characteristic	Number of clients	Percentage of clients
Race/ethnicity		
African American	50	31%
American Indian/Alaska Native	23	14%
Asian/Pacific Islander	8	5%
Latina/Hispanic	26	16%
Caucasian	51	32%
Multiracial	2	1%
Age (years)		
<21	7	4%
21 to 25	26	16%
26 to 30	65	41%
31 to 35	37	23%
>35	25	16%
Marital status		
Never married	90	56%
Married	25	16%
Separated	21	13%
Divorced	18	11%
Widowed	4	3%
Lives with significant other	2	1%
Pregnant at intake		
Yes	53	33%
No	107	67%
Criminal justice involvement at admission		
Involvement	107	67%
No involvement	53	33%
Child protective services involvement		
Yes	66	41%
No	94	59%
Homeless status at admission		
Homeless	78	49%
Not homeless	82	51%
Substance of choice		
Heroin	14	9%
Alcohol	14	9%
Methamphetamines	61	38%
Cocaine/crack	66	41%
Marijuana/hashish	4	3%
PCP	1	1%

old, and just under 15 percent began using drugs at age 13 or younger. The vast majority of women admitted to the program (85 percent) were age 35 or younger, and nearly half (43 percent) were between

the ages of 26 and 30. Most women entering LifeLink had been steady substance abusers for at least 10 years prior to admission.

Forty-four percent of all women admitted to LifeLink were pregnant at the time of admission. Of the 127 children who participated in LifeLink between March 1, 1996, and September 30, 1999, 89 percent were admitted to the program with their mothers, and 11 percent were born while their mothers were participating in treatment. Most children involved in LifeLink have been either under six months of age (41 percent) or between the ages of one and two years (37 percent). Over two-thirds of all children involved in LifeLink (41 percent) were exposed to substances of abuse *in utero*.

Forty-nine percent of all women admitted to LifeLink were either homeless at the time of admission or had experienced an episode of homelessness within two years prior to treatment admission. Sixty percent of the women were involved in the criminal justice system, and 41 percent had been involved with child protective services. Virtually none of the women served by LifeLink (98 percent) were participating in the labor force when they entered the program, and 88 percent relied on support from public assistance. In addition, 34 percent of the women served by LifeLink had attempted suicide prior to admission.

COMPREHENSIVE VOCATIONAL SERVICES

Vocational services are provided during phases II and III of the clients' treatment at LifeLink. These services span a wide range of activities designed to help clients cope with vocational decisions and problems during these phases. The program provides vocational guidance, career development, career counseling, and skills training. Vocational assistance, skills classification, and related assessment batteries are used to clarify occupational choices, interpret previous work histories, understand the special problems of women, and explain adaptive and maladaptive vocational development to clients.

Maladaptive vocational development is defined as the failure to develop a vocational identity or to establish a career in a congruent occupation. Maladaptive career development occurs because of one or more of the following aspects of the client's circumstances:

- Insufficient experience to acquire interests and competencies
- Insufficient knowledge about major occupational choices
- Ambiguous or conflicting experiences about interests and skills
- Conflicting information about work settings
- Intrapersonal deficiencies that hinder the actualization of goals or impede personal development, along with a complex, alienated outlook toward work and underlying psychosocial issues that make job seeking or job retention a precarious endeavor
- Lack of personal, educational, or financial resources to implement vocational goals
- Economic or social barriers, which inhibit job acquisition.

Center Point's comprehensive vocational services group assistance into four distinct but contiguous clusters: (1) testing and work skills evaluation, (2) preemployment training, (3) classroom training, and (4) placement and followup. Each of these components is described below.

Testing and Work Skills Evaluation

Testing and work skills evaluation identifies aptitudes, interests, previous experience, educational level, and vocational assistance needs. Evaluation interviews appraise individual strengths and weaknesses in areas critical to employment. Issues such as medical history, work history, educational history, access to transportation, criminal records, and long- and short-range vocational training are considered.

The program uses several vocational instruments and inventories, along with demographic data and counselor impressions to develop individual vocational plans. These inventories include the Kuder Occupational Interest Survey (Science Research Associates 1997), the Strong-Campbell Interest Inventory (National Computer Systems 1971), the Jackson Vocational Interest Survey (Jackson 1977), the Self-Directed Search (Holland 1985), and differential aptitude tests, such as the General Aptitude

Test Battery (U.S. Department of Labor 1970). Occasionally, the program uses specific skills tests to assess skills, such as typing, the use of a 10-key pad, and computer operation.

After assessment, the client's vocational objectives are developed. A good starting point is the stated interests of the client. In the absence of articulated interests, the standard expectations for employees in different jobs can help narrow the field. When provisional objectives have been identified, goal feasibility is determined by considering such issues as the availability of jobs, the availability of training, the client's skills and aptitude level, individual motivation, personal attributes, and emotional and financial resources.

Testing and evaluation activities take approximately four hours per evaluation unless extreme deficits require supplemental interviews. Counselors develop a vocational plan after face-to-face interviews, case evaluation, and case clinical reviews have been conducted. This vocational plan takes into account the availability of employment or training programs; the skills, aptitude, and motivation of the individual; and the person's unique attributes. The plan incorporates primary and secondary vocational objectives, a clear action strategy, a graduated plan for growth, and the identification of situational barriers (e.g., need for childcare, transportation, housing) that may require attention.

Preemployment Training

Clients receive preemployment (or "job search") training through a series of group and/or individual sessions designed to prepare them for the work environment. This step is critical in helping women gain confidence and resist the pressure to resort to former patterns of coping (e.g., by resuming a dependent relationship with a man who will "support her" or settling for traditionally female, low-wage jobs). The goals of preemployment training are to

- Reduce pessimism and build self-confidence
- Develop work-related values, social skills, and ethics
- Confront unrealistic expectations

- Foster self-reliance and vocational preparation
- Translate interests, skills, and values into job objectives
- Formulate a job search strategy
- Research potential employers
- Learn to write a functional résumé and cover letter
- Prepare a portfolio or work samples
- Fill out employment applications
- Practice job interview techniques (e.g., grooming, recognizing appropriate dress, understanding personal disclosure).

Classroom Training

Center Point provides an introductory course in basic office skills. The course consists of 20 hours of skills development, including

- Use of a 10-key pad
- Introduction to word processing
- Basic use of computer/typewriter
- Photocopying
- Reception skills and telephone answering
- Receiving and shipping.

Placement and Followup

Followup activities occur once employment has begun. They are intended to support the client in worksite adjustment, to mediate on-the-job issues, and to foster relationships with employers. These activities may include one or more of the following:

- Ongoing contact with employers
- Surveying potential future jobs
- Client advocacy
- Countering employer stereotypes
- Offering consultation and mediation
- Evaluating client adjustment to a new work environment

- Providing onsite counseling/case management
- Assessing job satisfaction/job training.

Active, regular support and followup augment vocational placement. Center Point has found that getting a job is usually not difficult for clients; rather, the difficulty is in keeping the job. Followup support groups assist clients when self-doubt, dejection, frustration, and boredom begin to set in. Often, conflicts begin to emerge once a job has been obtained and a routine of work has been established. It is during these critical periods that women may resume old relationships and fall quickly into familiar, negative patterns of doubt and uncertainty.

In addition to counselor and peer support, the Center Point Alumni Association provides regular social and supportive activities. The senior women of the alumni group act as role models, mentors, tutors, and friends.

It is critical for clients to develop job-seeking skills. Many participants are placed in positions by Center Point staff. However, learning how to find jobs, research companies and/or industries, contact the correct party, and schedule an interview are still very important life skills. Center Point teaches participants how to search for jobs using such resources as the State Employment Development Department, the Department of Vocational Rehabilitation, private employment agencies, temporary agencies, and various community-based services.

Throughout the placement phase, staff members meet with clients, both individually and in groups, to discuss experiences and offer feedback. Staff members work with the women to process their feelings, their reactions, and how they deal with the stress of rejection. Staff members also try to identify potential relapse cues (e.g., rejection, fear of failure) and to develop relapse prevention strategies. They review job search forms daily to ensure that clients are pursuing positions for which they are qualified.

Once a participant is employed, followup services help with job retention, job changes, and opportunities for advancement. Followup activities include visiting jobsites regularly to observe employees,

interview supervisors, provide additional training, assess an employee's progress, solicit supervisor evaluations, and assess the client's satisfaction with her employment.

PROGRAM EVALUATION

An independent evaluation was based primarily on a design involving assessments of LifeLink participants prior to and at the time of their admission, at discharge, and at 6 and 12 months following discharge. Information was collected on the same data elements at these time intervals so that comparisons in the status of these participants could be made. The measures used in this study were drawn from the required National Evaluation Data and Technical Assistance Center data collection forms. Data were collected on 160 women who received services from LifeLink during its 58 months of operations. LifeLink's staff and members of the evaluation team conducted 110 followup interviews with former clients after their discharge. Ninety-one of these interviews were conducted within the 90- to 450-day followup period.

Evaluation Results

The evaluation results yielded information on LifeLink participants in several key areas. However, the results presented below focus on changes in the clients' status in two areas only, education and employment, since these areas are the primary focus of this chapter.

Education

LifeLink women generally entered treatment with significant educational deficits, including lack of a high school diploma. Eighty-five women (53 percent) had neither graduated from high school nor obtained their general equivalency diploma (GED) at the time of their admission. However, during their time at LifeLink, more than 25 percent of the women completed their high school diploma or GED, and an additional 20 percent completed vocational, technical, or some college preparation courses.

Although the educational deficits that LifeLink's clients faced were not in themselves insurmountable, the combination of addressing these deficits

while in a residential substance abuse treatment program, together with the new time constraints of welfare reform, created a daunting hurdle for these women.

In all, more than half (59 percent) of the 160 LifeLink participants sought educational advancement (not including job training programs in which all clients participated) during their time in the program. Of this group, 95 women were enrolled in a GED preparation course or in an educational or skills training program full-time. The remaining 65 women left treatment prior to advancing to the educational or vocational component of treatment.

During 1999, 16 women who had previously completed LifeLink's treatment program were interviewed. Most had very little education when they were first admitted to LifeLink. Only two had completed high school, and one had not completed sixth grade. Yet, by the time of their followup interviews, five of the women had enrolled in and were taking community college courses.

Employment and Other Sources of Income

Women entering the LifeLink program had few, if any, job skills and minimal histories of legitimate employment. Instead, they relied heavily on government assistance for their own survival and that of their children. Their low skill levels generally led to lower paying jobs that, for some, contributed to their involvement in illegal activities to support themselves and their children. Some clients received limited training in trades, setting them on a path toward independence; however, their struggles with addiction and unstable family structures distracted them from completing their training. The few clients who held jobs had histories of spotty and brief employment in low-wage jobs.

One hundred and fifty-five women (97 percent) were not participating in the labor force when they entered LifeLink. One hundred and forty-nine women (93 percent) were "unemployed." Most clients, 126 (79 percent), were not actively seeking employment at the time of admission. Only five program participants (three percent) were employed at the time of their admission, and three of these had

been employed for less than a year. (These women reported weekly "take-home" pay of between \$100 and \$400 per week.)

LifeLink clients obtained income from several sources during the 12 months prior to program admission. Only 20 percent reported receiving income from a legal job. One hundred and six women, or 66 percent of all admissions, reported relying on support from public assistance. Other frequently cited sources were family members (27 percent), jail/prison or a hospital/residential treatment facility (22 percent), and domestic partners or significant others (16 percent). Nearly one in six clients (16 percent) reported engaging in prostitution, 12 percent had dealt drugs, and six percent said that they had been involved in other illegal activities to support themselves during the 12 months prior to admission.

During this 12-month pretreatment period, Temporary Assistance for Needy Families (TANF), formerly Aid to Families with Dependent Children, and the Women, Infants and Children program (WIC) were the most common sources of public assistance income received by LifeLink clients. Just over half (51 percent) received TANF grants, and nearly half (49 percent) received WIC support. Also, more than half of the women (55 percent) reported relying on Food Stamps for their family's support. About one in eight (13 percent) depended on family members to help support them and their children financially, and another 17 percent depended on their spouses, domestic partners, or the fathers of their children.

The vast majority of participants (91 percent) received less than \$10,000 in income from all sources during the 12 months prior to their admission. Nearly two-thirds (63 percent) received less than \$3,000, placing them well below Bay Area, State, and national poverty levels. Only four women reported annual household incomes of more than \$20,000.

Nearly all LifeLink clients were unemployed at the time of their admission, yet 69 women (84 percent) had obtained jobs by the time they completed treatment. Another six women (eight percent) were

enrolled in training programs, and three women (four percent) had recently given birth and were not in the job market. Program completers fared considerably better than noncompleters ($p < .001$), with an 84-percent employment rate at discharge, as shown in Figure 15. In contrast, only 23 women (30 percent) who did not complete treatment were employed at the time of their discharge. Yet, encouragingly, only 25 percent of the noncompleters were reported as unemployed and "not looking for work" in followup interviews.

As indicated in Figure 15, 84 percent of the clients who completed treatment ($N=82$) obtained a permanent job prior to discharge from the program. The average time required for clients to get a job ranged from one to three weeks. Forty-four women (64 percent) who were placed in jobs by Center Point obtained work within one week, and 17 women (24 percent) found employment within two to three weeks. The remaining eight women (12 percent) took more than four weeks to find work.

By the time of their followup interviews, more than half of the former LifeLink clients were still employed—53 percent of those interviewed after six months and 58 percent of those interviewed after 12 months. Program completers continued to do better than noncompleters: After six months, 75 percent of the completers ($N=82$) were employed, as compared with only 22 percent of the 78 noncompleters ($p < .001$), and after 12 months, 82 percent of the completers (i.e., 67 women) were employed, versus only 33 percent of the noncompleters ($p < .005$).

During 1999, evaluators interviewed 16 women who had previously completed LifeLink's treatment program. Only two of these clients reported having stable employment when they first entered treatment; two others had come directly from jail. The 12 remaining women said that their primary sources of income before coming to Center Point were public assistance (six women), family members and domestic partners (four women), and drug dealing (two women).

Months after leaving LifeLink, all 16 women reported that they were still employed. Half said that they were working full-time, and half reported working an average of between 15 and 35 hours a

week. Their compensation ranged between \$100 and \$500 per week and averaged about \$250 per week. Thirteen women reported that they had enrolled in school or in some additional training program during the previous six months.

Eight of the women reported that their largest source of financial support during the previous six months was their job, as a result of participating in LifeLink. Although 13 women reported that they were still receiving some type of public assistance, only one woman reported needing any financial help from family members other than her spouse.

To determine whether public assistance costs significantly decreased by the time women left treatment, Center Point's evaluator conducted a study of 14 clients in treatment during calendar year 1998. The evaluator found that these costs rose sharply when the client enrolled in the program. Almost \$93,000 was spent from the date of enrollment to the date of employment, as compared to \$50,000 in public assistance for the six-month period prior to enrollment. Yet, by the time clients had left treatment, they were able to keep their jobs, increase their salaries, and reduce their dependence on public assistance. Public assistance costs for the six months after the women left LifeLink were approximately \$17,000.

The growing pressure on poor women to find employment quickly before public benefits expire necessitates a more compressed, "fast-track" timeframe for many program participants. LifeLink has adapted its program to accommodate this need and in the process has helped clients make a transition from welfare to work.

Another important program outcome investigated by the evaluators was the client's income at admission as compared to that at discharge. This was examined to determine whether any significant changes had occurred during this time period. As indicated in Figure 16, monthly income data at admission and discharge reveal that although the majority of clients (85 percent) reported an average monthly income of \$900 or less at admission, the monthly income of those completing treatment had increased substantially. Sixty-four percent of the women who were placed in jobs were earning between \$1,000 and

Figure 15. Employment Status of Clients at Admission and Discharge (N=82)

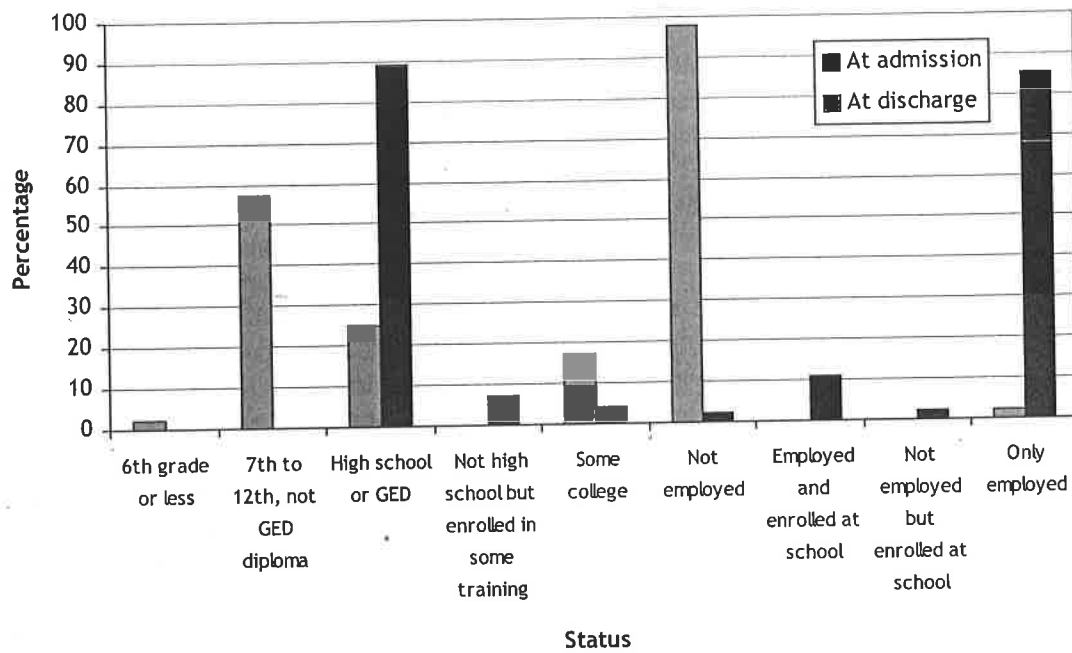
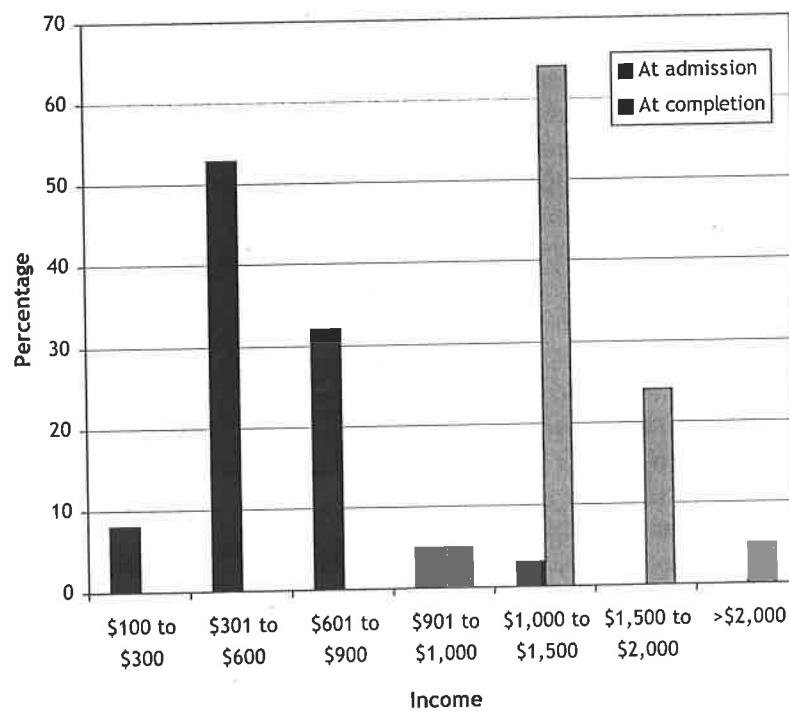


Figure 16. Clients' Monthly Income at Admission and Completion—March 1, 1996, Through December 30, 2000 (Admissions, N=160; Completions, N=82)



\$1,500 each month. After completing the program, 24 percent of the clients who were placed in jobs earned between \$1,501 and \$2,000 each month after program completion, and an additional five percent of clients were earning more than \$2,000 a month.

CASE STUDIES

The stories of two clients are presented to illustrate some of the ways in which LifeLink can help women overcome addiction, find housing, regain custody of their children, and achieve self-sufficiency through education and long-term employment. The names of these women have been changed to protect their confidentiality.

Norma: A Third-Generation Welfare Recipient

Norma, a 27-year-old, single, American Indian/Alaska Native female, reported that she had six children. Five of these children were in different foster homes, owing to Norma's substance abuse problems and her criminal justice involvement. Norma had, at various times, been arrested and charged for burglary, larceny, and forgery. She had recently violated probation conditions and was sentenced to treatment. She entered treatment with her two-week-old baby girl, "Doe." Norma had been addicted to alcohol and methamphetamines for 10 years. She reported being sexually assaulted at the age of 17 and experiencing posttrauma emotional problems since that event. Norma dropped out of school at grade 11 and had never worked a single day. Her mother and her grandmother similarly had never been employed, relying on welfare for financial support.

Norma's initial assessment and psychological evaluation suggested that she was an impulsive, emotionally labile individual, manifesting fairly rapid and extreme mood swings and experiencing episodes of poorly controlled anger. Her clinical assessment indicated that she was experiencing fear or anxiety surrounding specific events that occurred in her formative years. Problems associated with drug abuse were found across several lifespan domains. The Personality Assessment Inventory clinical profile suggested a diagnosis of posttraumatic stress disorder, along with psychoactive sub-

stance abuse and mild depression. The developmental assessment of Norma's daughter showed that although her performance in developmental areas was average, she exhibited extreme irritability and a poor sleep pattern.

Treatment considerations for Norma included realization of the severity of her addiction, her poor social support system, and her family history of violence and alcoholism. Her treatment regimen included anger management groups, individual sessions of biofeedback, rape crisis counseling, and abuse survivor groups. Behavioral interventions were utilized to address her impulsive response patterns. Center Point's child development specialist referred Doe to special pediatric care and a physical therapist. Doe's irritability slowly decreased, and her sleeping pattern gradually improved.

After 30 days, however, new problems emerged. Norma refused to obtain her GED or look for a job. After three generations on welfare, she was not ready to break the "family pattern." Reluctantly, she began to study for her GED and to participate in vocational training. Norma was evaluated for vocational skills and aptitudes and found to be capable of assembling electronic component parts. Training in this field started for Norma along with her GED preparation.

Norma's job search preparation began with a comprehensive assessment of interests, work history, education level, hobbies, and aptitudes. Job search preparation teaches women how to identify potential jobs, speak to an employer, fill out job applications and W-4 forms, dress for job interviews, and interact during an interview. Clients learn how to prepare résumés and use proper interview techniques. Mock interviews and roleplaying simulations help clients acquire these new skills.

Norma enrolled in an apprenticeship training program as an electronic parts assembler and eventually completed her GED. She also obtained a part-time job with a computer company. Norma secured subsidized housing and childcare for Doe. After 6 months, Norma was attending community support groups, had a full-time job as a supervisor in the same computer company, and was making \$14.50

per hour—earning enough money to be off welfare subsidy. Doe celebrated her first birthday with her siblings, who are all participating in family reunification with Norma.

Patti: From Pessimism to Hope

“Patti,” a 32-year-old Latina, presented a complex clinical profile at admission. She was severely addicted to methamphetamines, barbiturates, and heroin. She started using drugs when she was 11 years old. At admission, she went through several interviews to determine the severity of her addiction and other problems requiring treatment. Patti’s Addiction Severity Index scores and the Personality Assessment Inventory clinical profile indicated the presence of significant psychosocial problems. The clinical scales suggested a severe history of substance abuse, depression, and a pessimistic view of the world. Her drug use had led to severe impairment in her ability to function in social roles, and her behavior alienated many of the people who were close to her. Patti’s interpersonal style seemed best characterized as being withdrawn and introverted. Moreover, Patti was trying to end an abusive relationship.

These setbacks had produced significant guilt and major depression. Patti was quite pessimistic about her prospects for change or improvement. She had dropped out of school in the 10th grade. She had subsisted on low-wage odd jobs when she did work. Her employment history included working as a waitress for five years and as a housekeeper for one year. She depended on her family members for financial assistance and had been on and off welfare during the five years prior to admission to Center Point. Patti entered Center Point’s LifeLink program with her two children, a four-month-old girl, Lina, and an 18-month-old boy, Niko. Patti’s daughter and son were exposed to drugs *in utero*. Both children had low birth weight and acute respiratory problems, and Niko exhibited muscle tone problems. Both children had been placed into the program by children’s protective services. Moreover, Patti felt “overwhelmed” by the presence of her two children with her in treatment and detached herself from their care.

Patti participated in individual counseling, group counseling, psychological/emotional abuse therapy, art therapy, child development classes, and parenting training. She also received life skills training; health and nutrition education; and information about intimacy, sexuality, and spiritual healing. Meanwhile, Patti’s son received physical therapy to resolve his muscle tone problems, and a set of daily exercises was designed to help Niko’s growth. Lina received specialized pediatric care from the community clinic and the regional children’s hospital to treat her major respiratory problems.

After 30 days in treatment, Patti started attending GED preparatory classes. Patti’s educational assessment revealed a score for mathematics slightly below the median, but all other scores were higher than the median level, with literature, arts, and social studies scores above the 80th percentile. Patti’s vocational assessment revealed an interest in the food industry. She was assigned to volunteer in the industrial kitchen at Center Point’s food services facility. Patti was trained in preparing a résumé and interviewing for jobs and in the specific social skills needed in the work place. After one month of intensive training, Patti was ready to start looking for a job.

Patti’s six-month followup survey responses indicated that she was still abstinent and had been promoted at the senior care facility where she was working as a cook. Her monthly salary was now \$1,906. Patti was planning to enroll in a culinary school in San Francisco and continue her training and education in culinary arts. She described her struggles with working and parenting her children and felt overwhelmed because of her involvement in an unsatisfactory relationship. Patti’s counseling was intensified and redirected, and she eventually decided to terminate the relationship. Niko had overcome his physical problems by now, and Lina was being treated at the children’s hospital to stabilize her respiratory condition. The juvenile court closed Patti’s case, and she regained full custody of her children.

Patti is now working at a well-known restaurant and is in her second semester at the Culinary Institute. She is no longer receiving welfare, and her monthly

income has increased dramatically to \$2,010. Patti describes her life as "a happy and clean struggle."

CONCLUSIONS

Evaluation findings suggest that, thus far, Center Point's LifeLink treatment program has succeeded in helping a significant number of pregnant and postpartum women and mothers to overcome addiction, regain custody of their children, and return to work. With regard to LifeLink, evaluation findings suggest that this program can—

- Help pregnant women and women with children to conquer their long-term substance abuse
- Improve the health and well-being of the children of women with substance abuse disorders
- Facilitate a successful transition from welfare dependency to satisfying, long-term employment and self-sufficiency for low-income women addicted to alcohol and/or other drugs.

These findings must be viewed with caution, given the small sample of clients on which they are based. Nevertheless, LifeLink shows great promise in being able to help women to deal effectively with serious substance abuse and socioeconomic problems and to achieve self-sufficiency. Evaluation results suggest that there is a need for more programs like LifeLink to provide gender-specific vocational services and other necessary assistance to these women. A successful work experience not only provides financial rewards and enhanced self-esteem to these women, but it also serves as a critical link in the bridge from treatment to the community. The productive environment of a worksite with a routine, a set of values, and a code of expected conduct provides valuable rewards as well as a support system.

Work also provides a structure in which there is a prescribed set of tasks, objectives, and activities, as well as opportunities to develop new friends and to belong to a new group. In addition to assisting to successfully integrate into the community women who have serious long-term substance abuse problems, jobs that provide personal satisfaction also

help to prevent them from relapsing and/or becoming involved again with the criminal justice system.

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