

Chapter 10

Reentry as Part of the Recovery Process

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Everyone felt that they knew what was best for me. My service providers did not listen to what my hopes and dreams were. I was discouraged by my providers to reach for goals that I wanted to achieve for myself. My providers just wanted me to sit in continuing day treatment, key word CONTINUING[,] and I wanted to work and go back to school.

I knew I had issues to deal with but I wanted to live my life at the same time I was dealing with them. I could walk and chew gum at the same time! At that time threats of taking my supportive housing was used to coerce me into "Compliance."

I was threatened to be sent back to jail if I did not break off a friendship with another program participant because she was female, who knew this woman would now be my wife[?] I remember being demoted two levels in my program because I was believed to be "grandiose" and my problem was I thought I was as good as the staff and they were going to prove that I was not.

—D.F., graduate

I wanted back whatever human beings have the right to; housing, employment and an education where I could be fully independent of others.

Going to prison, I lost everything, freedom, home, family, job, clothes, self-esteem, self-worth and the will to live. The only goal I needed to accomplish was to find myself.

—D.G., graduate

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INTRODUCTION

One of the biggest challenges faced by community-based mental health and vocational programs providing services to individuals with histories of incarceration is harmonizing the conditions of community supervision, such as parole and probation, with the core values of recovery, choice, and self-determination. Service recipients are needlessly caught up in the real or perceived tensions between the expectations of each system and frequently find themselves dancing to the beat of two different drummers. This duality results in conflicts and power struggles that divest most service recipients of the ability to view reentry and recovery as being part of the same process: acquiring the wide range of skills and personal supports needed to transform their lives and be hopeful about their futures. Long-term strategies for reentry and recovery must be integrated so that those impacted meet all of the conditions of community supervision while also exercising, whenever possible, choice over their services and the setting of recovery-oriented goals.

Consequently, recovery and reentry must not be seen as two parallel processes, but rather as a total recovery process with two complementary and interdependent components. (The use of the recovery model as described by in Chapter 6 in this volume appears to be a step in this direction.) Such an approach optimizes an individual's opportunity to become fully reintegrated into all aspects of community life and to enthusiastically embrace all of the rights, obligations, and responsibilities that define citizenship. The Howie the Harp Peer Advocacy Center effectively demonstrates the effectiveness of this approach.

DEFINING SUCCESSFUL REENTRY

The Howie the Harp Peer Advocacy Center operates as a consumer-run and -driven employment program within Community Access, Inc., an innovative community-based program providing housing and other services to individuals with a severe and persistent mental illness.¹ In twelve years working as the director of the Howie the Harp Peer Advocacy Center in Harlem, New York, this author had opportunities to work with individuals with diagnoses of severe and persistent mental illnesses who have histories of incarceration. The center's Steps to a Renewed Reality (STARR) Program trains this targeted population to work in human services. With few exceptions, most want to understand their illnesses and get better, return to work, and reunite with their families. However, most have had limited exposure to such core concepts as resiliency and recovery and remain pessimistic about their prospects for the future.

Similarly, although many people are familiar with traditional twelve-step groups, most are unfamiliar with the consumer movement. Studies show that feelings of hope and optimism are essential to an individual's recovery from mental illness (see Chapters 1 and 3 in this volume). The challenge that society faces is creating environments and services that instill hope and optimism not just for service recipients, but

¹ Community Access, Inc., is a New York City-based not-for-profit organization founded in 1974 by family members and friends of patients suddenly discharged en masse from state-run psychiatric hospitals. The Howie the Harp Peer Advocacy Center was founded in 1995 and is named in honor of the late Howard Geld, the agency's first director of advocacy.

also for service providers. The center and other peer-run programs have developed successful strategies for assisting all stakeholders in being hopeful and optimistic about the future. The following sections discuss the emerging and evidence-based practices that instill hope in the future and create the best opportunities for recovery and successful reentry into all aspects of community life.

Successful reentry should not be defined solely in terms of recidivism, sobriety, and compliance. It should also be defined by the new and significant opportunities that it provides for personal transformation and change.

Even in 12 step programs where I could talk about my substance abuse issues, I did not feel accepted when I talked about my feelings of mental illness. I found someplace I belonged. I found it inspiring that the center was run by people just like me. I felt hope for the future, a real future, a future with a job, a home and a friend. Friends that would care for me for who I was and not what they could get from me or for what I portrayed myself to be. The center supported me in regaining enough hope and self-esteem that I was able to re-connect with my family in a healthy way, so indirectly my whole family has been allowed to heal from the effects of my mental illness because of the center.

—D.F., graduate

COMMUNITY BUILDING: A SHARED SENSE OF BELONGING

I used the center as my recovery room. My traumatic past was the cancer that was eating away at my life. My peers were my strength to get me [through]. The staff was the string that held me together. The activities and trainings became my medicine that took away the pain. My life is a success because I allowed the Center to help me in my healing process and wellness plan.

—C.D., graduate

When the Howie the Harp Peer Advocacy Center's staff is conducting admission interviews, most applicants openly discuss their criminal justice and substance abuse histories without much prompting. However, even those who received mental health services while incarcerated or are currently in treatment are reluctant to discuss their mental health histories. They easily identify with their peers who have been incarcerated and have substance abuse histories. However, most recognize that this pre-existing social network may be hostile to their efforts to maintain their sobriety and avoid criminal and risky behavior but lack the opportunities to develop new social networks.

Consequently, the recovery process is an often lonely and solitary experience only broken up by visits to treatment programs, court, or community supervision agencies. Although this approach may be helpful in avoiding arrest or relapse, it is not conducive to identifying new opportunities for friendship and support. Most trainees and graduates articulate a driving desire to create a new community that represents a clear break with the old and a commitment to a new way of thinking and living.

For example, shortly after beginning the training for the first class of Forensic Peer Specialist Program trainees, this author noticed that the end of the day's training did not result in a mass exodus from the center as it did for the other training programs.

Despite trainees for this program spending what amounted to a full workday, 9:00 a.m. to 5:00 p.m., at the center, teachers had to usher them out at the end of the day. In conversations with trainees, they intimated that they had little to do after the training ended, and many were reluctant to have free time on their hands. Many reported the desire to create a new community, one made up of peers that they were surprised existed. At that point, the center's staff realized that it had to accept responsibility for creating opportunities for community building at the center; the trainees were allowed to be the drivers of this organic process.

In sum, agencies providing services to this population should be encouraged to create and support activities that support community building. These activities include but are not limited to social and recreational activities that allow participants to experience the joy and connectedness that define healthy and mutually beneficial social networks. These activities can be planned and supervised by the peers themselves with staff support.

ACKNOWLEDGING LOSS: SUPPORT FOR THE GRIEVING PROCESS

At first, I didn't realize how important it was for me to grieve the [loss] of my former life, ex-husband and the changes in my family. Not knowing cost me my first full time job. Unrealized to me I was suffering from my losses and feared being focus[ed] on and losing what I had work[ed] so hard to achieve that I internalize[d] my encounters and couldn't communicate my fears without becoming angry. The Center suggested that I express my fears to my therapist and address my anger. I never realized that I had never come to terms with my los[s] and fear [of] losing again. Today, I am still adjusting to my new life after being released from prison in 2000.

—D.G., graduate

It was an important for me to grieve the person I left behind in prison[:] without that process I would have given up living and I would not have done the great things I am doing and that I will continue to do. It took time to say good-bye to my past, I am grateful that I gave myself that time and most of all that love.

—C.D., graduate

The related themes of loss and guilt resounded throughout the course of initial in-class training at the Howie the Harp Peer Advocacy Center. Trainees continued to mourn the losses they sustained while symptomatic, incarcerated, and/or abusing substances. Most carried enormous guilt surrounding these losses, and these feeling of guilt were exacerbated by the clarity that sobriety and treatment bring. They also became frustrated and angry when the changes that they made in their lives did not automatically result in reunification with family and friends. This frustration and pain frequently creates a formidable yet penetrable barrier to the big steps needed to move forward in a meaningful way.

Elizabeth Kubler-Ross's (1969) groundbreaking work on grief provides some excellent guidance in helping consumers and providers understand and cope with loss. The process she described is not limited to preparing individuals and their loved ones

for death and dying, but can also be applied to any life-altering event where someone sustains profound losses and must come to terms with these losses to move forward. Mental illness, incarceration, and substance abuse certainly fall into this category.

Many of the individuals at the Howie the Harp Peer Advocacy Center have sustained such losses as health, family, employment, educational opportunities, and social status. Many of these losses were sustained during periods of illness, incarceration, and/or substance abuse. Physical freedom does not immediately translate into emotional freedom and health. Unfortunately, the grieving process can be painful and unpredictable for service recipients and service providers. Grief like that experienced during the recovery process is not linear. Successful transitions from denial to acceptance of losses are an integral part of the recovery and reentry process. Similarly, because the belief on the part of many trainees and graduates is that these losses are entirely self-inflicted, self-forgiveness must also be encouraged and reinforced. D.G., a graduate of the center, shared,

grieving is a very personal and individual process. Loss was one of my main issues, and like many of my peers I had [been] losing people, places and things since I was a small child. It was an ongoing process of change and in some ways this process still continues today and I have been able to achieve some great accomplishments at the same time going through the process of recovery. Like I said most of us can walk and chew gum at the same time.

Unfortunately, lack of time and resources and the demands of criminal justice partners sometimes make it difficult to dedicate additional time and resources to encouraging and supporting the grieving process. However, the benefits of acknowledging and supporting this often untidy process far outweigh the costs of failing to address it.

Graduates from the center report that it is frequently their inability to come to terms with these losses that leads to relapse, recidivism, and incarceration. Consequently, re-entry programs and other programs providing services to individuals with histories of mental illness, substance abuse, and incarceration should make every effort to provide formal and informal opportunities to support individuals in their grieving process.

At the Howie the Harp Peer Advocacy Center, trainees are provided with a safe and secure environment to experience the various stages of the grieving process while also attending the training program. This model normalizes the grieving process, and it also demonstrates to the trainee that productive and meaningful activity can take place while one grieves. This is an important construct because so often the bad feelings that come from loss result in behaviors that are unproductive and self-destructive. With this understanding, individuals have a new and healthier way of defining for themselves what they are experiencing and can see a way to move forward. As one of our graduates, D.G., observed,

Yes, I was ashamed to admit that I have a mental health disorder being an African American woman and a person from the Caribbean[,] our culture doesn't support this kind of illness. The center assisted me in overcoming the stigma of mental illness and the shame that I live with . . . [by] putting it into perspective; . . . [the center and my peers] I used as a support system to overcome the barriers to employment and housing.

Most of the center's graduates report that following release back into their communities, they are on automatic pilot, having numerous obligations to fulfill to avoid

going back to jail or prison. Being given permission to grieve, talk about the losses, and receive support in coming to terms with things or people that they have no control over in many ways represents the first step in the reentry recovery process. C.D. shared that

it took years to overcome my fall from grace. The center gave me the confidences and the will to try one more time. It took years of mistakes, to allow those mistakes to become my life lessons. The center allows me to be part of something great. Which in turn allowed me to forgive myself and accept my past as just that the past. I began by cleaning the slate, turning the page and begin[ning] a new chapter.

Peer volunteers and peer staff can successfully facilitate these types of peer support groups, and reentry programs should be encouraged to increase their capacity to either provide these services on site or utilize local community-based agencies that provide grief counseling and support groups. The benefits of offering these services far outweigh the financial costs to agencies.

Peer support was the most important thing in my recovery and still is. My service provider wanted to stop me from attending the center because they felt I was missing too many days of day treatment and they did not like my new attitude. They wanted to take my supported housing away and the people at the center supported me through this and advocated for me with the program so I could complete the HTH [Howie the Harp] program.

I believe because of the support of the center I have a wife that I love, my children back in my life, a beautiful Granddaughter, a new car, a nice home and instead of being coerced in a supported housing program I am now a Director of a supported housing program where I ensure people are not coerced as I once was.

—D.F. graduate

The center had a huge impact on my desire and ability, for the first time in my life I found a place that did not judge me for my past and who I was.

—C.D., graduate

TRAUMA-INFORMED SERVICES

It was a training session on Post Traumatic Stress Disorder that we had on traumatic experiences. A Director from the Bridge Inc. gave a seminar on the topic. I took stock of the events that led up to m[y] being at the Center and read up on the conditions and talked about it with my therapist and wr[o]te notes on my experiences in my journal. It would have never dawn[ed] on me that I have experienced a traumatic experience if it was not for the center and the training that I received[;] it helped me to take stock of my life.

—D.G., graduate

Almost 100 percent of each incoming class at the Howie the Harp Peer Advocacy Center report histories of neglect, physical abuse, and sexual abuse, and almost all also report witnessing acts of violence while living in their communities and during their course of incarceration. Although women are more likely than men to self-disclose, men tend to disclose their experiences in bits and pieces over extended periods of time.

Although the center is not a treatment program, it is committed to creating a safe and secure environment for trainees, graduates, and staff. Jails and prisons have their own cultures and, as C.D. reported,

Being incarcerated you become part of the prison culture. The only behavior is survival. You accomplish this by not trusting, by not letting your guard down. You manipulate others to get the basics. Another peer who has gone [through] the same experiences understands what the prison culture does to a person. A peer with mental illness such as bipolar [disorder], etc. understands how the mental health system treats individuals with mental disorders. In both cases it [is] the stigmas and barriers that holds [sic] a person back[;] unless you [have] been there[,] where is the understanding and compassion[?]

(See Chapter 8 on prison culture and its effect on people.) Understanding and compassion are powerful antidotes to self-stigmatization and feelings of failure and hopelessness. As D.G., who has recently been hired as a full-time service coordinator at Community Access, Inc., shared, “The only true goal is freedom. Freedom to accept the person you are, freedom to forgive yourself, and the freedom to love the person you are today.”

The center’s staff carefully supports trainees through this vital part of the reentry and recovery process by understanding that the behaviors and attitudes observed during the beginning of the training are adaptive and can be changed with understanding, trust, and, most important, positive role modeling. The center’s staff, trainees, graduates, and partners provide support and strength to each trainee in his or her journey of personal transformation.

Peer staff are uniquely qualified to understand the importance of trauma-informed services and to also successfully integrate them into all aspects of their day-to-day work and activities in support of their peers. The National Center for Trauma-Informed Care is currently exploring the training and use of peers.²

Trauma-informed services assume that people are doing the best they can at any given time to cope with life-altering and frequently shattering events of trauma. In trauma-informed services and systems . . . all staff are trained to respond to individuals in distress.

² Especially in settings where trauma services are already available, if these services are provided in a context of an agency that has not adopted a trauma-informed management and training orientation, then the effectiveness of the trauma services actually offered can be undercut. See <http://mentalhealth.samhsa.gov/ntic/about.asp>.

Building respectful, nonjudgmental relationships in which the power differential between staff and client are equalized and at the same time maintaining appropriate boundaries is critical to recovery. (Soares & Spinazzola, n.d.)

Knowing I was not alone and that people would not judge me for my experiences was very helpful. I was able to get peer support on how to navigate my inner space that was wrecked by trauma experiences.

—D.F., graduate

PEER-OPERATED PROGRAMS

The Howie the Harp Peer Advocacy Center is part of a long tradition of peers providing support and services to each other (Salzer & Mental Health Association of Southeastern Pennsylvania Best Practices Team, 2002). Over the past ten years, peer organizations have successfully diversified the types of services that they provide to include employment programs, crisis and crisis respite services, housing programs, clubhouses, clinics, and virtually every other service category provided by more traditional mental health providers (Salzer & Mental Health Association of Southeastern Pennsylvania Best Practices Team, 2002). Nevertheless, the emergence of peer organizations providing support and services to peers with histories of incarceration and mental illness is a relatively new phenomenon. This trend is being partially driven by the emergence of reentry and diversion programs. However, the driving forces behind the emergence of these programs are peers and other supporters who believe that recovery should be the outcome regardless of what system one finds oneself in.

An evidence base supports the efficacy and the effectiveness of peer-delivered services (Salzer & Shear, 2002). Most recently, a study conducted by the Department of Psychiatry at the Yale School of Medicine suggests that peer mentors may be effective in reducing alcohol use among persons with a severe mental illnesses and criminal histories (Rowe et al., 2007). The National GAINS Center,³ in collaboration with the Howie the Harp Peer Advocacy Center, is on the forefront, advocating for the training and employment of forensic peer specialists in reentry and diversion programs. There is nothing to suggest that the peers with histories of incarceration would not benefit from the same types of consumer-operated and -driven services that are currently available to other peers.

CONCLUSION

The road back home as described by most of the graduates of the Howie the Harp Peer Advocacy Center is a long and arduous one. It is filled with challenges and barriers, some self-imposed but most not. The center's trainees and graduates demonstrate the personal resiliency and determination that are needed to successfully navigate two often competing and antagonistic systems. The criminal justice and mental health systems' sometimes strained relationship creates additional burdens on consumers. Consumers

³ See <http://www.gainscenter.samhsa.gov/html>.

receive often conflicting messages about recovery. Recovery must be the anticipated outcome, with recidivism and relapse being just two indicators of success. Everyone loses when the primary goals of both the mental health and the criminal justice systems are to merely keep individuals in their care from relapsing and reoffending. These peers share the same dreams and aspirations that most people have: to feel safe and loved, to have the support and stability of family and community, and to lead meaningful lives defined by the optimism of the future and not the vestiges of the past.

Reentry and recovery are inseparable, and peer-operated programs and services provide exiting opportunities for ensuring that peers with histories of incarceration have the community support that is needed to facilitate and support personal transformation and change.

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