

# Peer Recovery Support Impacts Outcomes for Incarcerated Mothers

By Dana Simons, LCSW, LCAC  
and Robyn Lugar, MSW

*“My parents taught me to cook meth when I was 10 and I have been involved with drugs ever since. I don’t want my kids to end up the same as me. The peer mentor I got through this program listened without judgement and not only helped me with getting sober, but she has become someone who I can rely on to help me with getting a new life. She has been through the same things as me.”*  
—Samantha, 22, mentee in the Next Step 2 Healthy Families program

**T**he female offender population in Indiana is a rapidly growing and distinctly underserved group, where seven of 10 women prisoners have minor children (Carson, 2014), and Indiana is not alone in facing this problem. A report from the Sentencing Project (November 2020) shows that between 1980 and 2016, the number of women incarcerated in American jails and prisons increased by more than 700 percent, from 26,378 in 1980 to 213,722 in 2016, and the proportion of imprisoned women convicted of a drug offense has increased from 12% in 1986 to 26% in 2018.

In 2016, peer mentoring services were provided to 232 young mothers incarcerated in six county jails in West Central Indiana, through a partnership between Indiana State University Department of Social Work and the Next Step Foundation, a recovery community organization, and a grant offered by the Office of Juvenile Justice and Delinquency Prevention.

These peer recovery coaches, who are “individuals with a history of recovery from addiction who deliver supportive services to others that are going through the process of recovery from addiction” (SAMHSA, 2009), can often connect to individuals who are trying to overcome their addiction in a way that other providers cannot because they can share their lived experiences and act as more of a mentor, guide, and role model. Peer recovery coaches are increasingly seen as serving a vital role in the continuum of care, even in traditional settings. Not only do they provide help in social service and health care navigation, but they also provide social support—which might not be otherwise available—to help facilitate recovery (Jack, Oller, et al., 2018). Introducing peer recovery coaches to the women in West Central Indiana proved the women with this needed support.

## The Problem

Criminal justice-involved women have higher rates of psychological distress, mental illness, and substance use disorders (SUD) (Golder, Engstrom, Hall, Higgins, & Logan, 2015). All of the women in the Next Step 2 Healthy Families program were under the age of 25, 82% were incarcerated for a drug related offense, and 100% stated that substance use was “a problem.” When released, the social and economic situation has often worsened for these women. Receiving public assistance and public housing may be impossible. Indiana implemented a lifetime ban on welfare benefits, such as cash assistance or food stamps, for persons

convicted of a state or federal felony offense for using or selling drugs (Godsoe, 1998). Additionally, the social supports of family and friends may also have limited resources, thus making it impossible for them to offer material support.

The counties in West Central Indiana are rural and once released from jail, these young mothers need money to use a nearly non-existent public transportation system to meet with their probation or parole officer, to go to court, to meet with child protective services, to see their children, to go to AA/NA meetings, to see a therapist, to get groceries, and to attend medical appointments. Missing meetings with the correctional or child welfare systems may result in harsh consequences. This creates difficulty for young mothers who are trying to re-establish relationships, as well as a sense of self-esteem and confidence. Reentry overwhelms the coping capacity of most women.

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In Indiana, 40% of incarcerated women committed an offense related to having a controlled substance, 26% committed a property crime, 18% committed a personal assault, 12% fall into the ‘other’ category, and 2% committed a sex offense (IDOC, 2014, pp. 56-57). Methamphetamines, prescription drugs, heroin, alcohol, and marijuana are drugs commonly abused in Indiana. Vigo County (where the prison in this program is located) is in the top 10% of the state’s 92 counties in severity of SUD by its residents. In 2015, there were 331 people in the Vigo County Community Corrections home detention program, including 71 females (Vigo County Community Cor-

rections). The lack of services for women impact recidivism, and Vigo County has a 36.2% recidivism rate (Indiana Department of Correction, 2015, pp. 2-4).

## The Program

In 2008, the Second Chance Act (SCA) was signed into law, making funding available to provide services that could impact successful reentry for the general incarcerated population. In 2016, the SCA expanded their funding opportunities for specific minority populations, such as incarcerated mothers and fathers. Indiana State University was awarded a grant under this SCA program, called Strengthening Young Mothers, in order to provide mentoring services to women from ages 18 to 25. A local recovery community organization, Next Step Foundation, Inc., designed a mentoring program utilizing certified peer recovery coaches for those in recovery from SUD. The program focused on providing peer mentoring services to incarcerated mothers that had a history of SUD.

The Next Step to Healthy Families (NS2HF) program connects young mothers with pre-release programming designed to support them in overcoming the many barriers they face when reuniting with their children and then *continues* that support once the women are released. The program utilizes a one-to-one individual mentoring model where the incarcerated woman is matched with a mentor for a period of one year,

optimally with three months mentoring pre-release and nine months mentoring post-release. The program first recruited mentors from the general community, but the mentees provided feedback indicating that they preferred to have peer mentors who had been incarcerated, were in recovery from SUD, and had reunited with their children.

Based on this feedback, the program began to utilize Certified Recovery Specialists (CRS) and Certified Addiction Peer Recovery Coaches (CAPRC) to provide these mentoring services. These certifications are offered through the State of Indiana Department of Mental Health and Addictions and Indiana Counselor’s Association on Alcohol and Drug Abuse (ICAADA). For individuals to be certified, they must have lived experience in recovery from SUD, complete specific training for peer coaches, and pass a certification exam. The NS2HF project only recruited certified peer mentors and provided additional training to assist in creating services that provided gender-specific, coordinated reentry case planning, and other services. Mentees learned about recovery, child health and development, how to use positive reinforcement in parenting, skills for establishing healthy co-parenting relationships, and financial literacy. The peer mentor also acted as a resource broker to help link the mentee to community services for SUD, legal aid, housing assistance, and other community-based services.

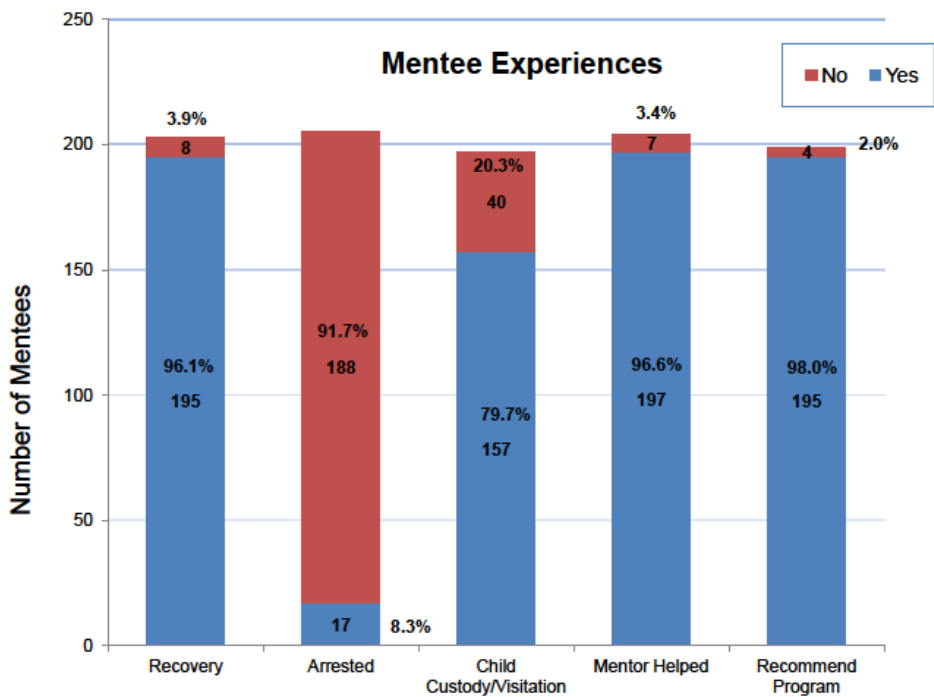
### Evaluation of Results

The success of the program was assessed at several points throughout the one-year length of the program. At the initiation of each mentee into the program, her demographic characteristics, risks for future criminal activity, and needs for financial and social support were assessed utilizing the SPIN-W™ (Service Planning Instrument for Women) assessment instrument. At the conclusion of six months, the standardized SPIN-W

assessment of each mentee’s risks and needs was repeated. After a year of mentorship, each mentee also completed a survey. Each woman self-reported whether she was in recovery, had avoided recidivism, and had custody or visitation with her children. She also gave her opinions of the program, including whether her mentor had been helpful and whether the program was worthy of her recommendation to other women.

After a year of participation in the mentorship program, the mentees completed a questionnaire about their experiences. Nearly all (96.1%; N = 195) of them self-reported they were in recovery. A similar percentage (91.7%; N = 188) of mentees claimed they had not been re-arrested since beginning participation in the program. A majority (79.7%; N = 157) of the mentees averred that they have custody of or visitation with their children. When asked about the value of the program to them, the mentees overwhelmingly endorsed it. Nearly all (96.6%; N = 197) of the mentees thought that their mentors had been helpful to them. They (98.0%; N = 195) would recommend the mentorship program to other women. (Rizzardini, 2019).

The success of the NS2HF shows both the effectiveness of the peer recovery support provided, and the need for the services. Peer recovery support services are a growing resource in the field of addiction, and the milieus in which their services are being used is expanding. In this instance, the NS2HF program shows that the utilization of peer services, both while incarcerated and continuing after release, can help improve recidivism rates and client success in establishing and maintaining recovery from SUD. Peers can help eliminate common barriers for women in re-entry, such as helping them find support for substance use disorders, childcare, and transportation. Additionally, peers can play a role similar to a sponsor for those in rural areas where there is not a strong 12-step fellowship available.



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The statistical association of recovery from a substance use disorder and avoiding recidivism along with mentees' endorsing the program support the contention that peer services can be an important part of assisting those incarcerated in local jails for drug crimes to successfully return to their communities without returning to their drug use. Nearly all the women were in recovery and had no new arrests at the conclusion of their one-year mentorships, which are important achievements that point to the need for more peer mentoring services for incarcerated mothers (Rizzardini, 2019).

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*Dana Simons, LMSW, LCAC, is the Executive Director of the Next Step Foundation, Inc., a nonprofit faith-based recovery community organization she co-founded in 2011 to provide housing and innovative programs and services for adults suffering from substance use disorder. Simons is a field instructor for Indiana State University and was awarded the Social Worker of the Year award for the Indiana Chapter of the National Association of Social Workers for 2017. Previously, Simons spent over 25 years in the computer software industry in California and was the CEO of Captura Software. She is the vice-chair of the Wabash Valley Recovery Alliance. Simons is a member of the Drug Free Vigo County Coalition; the Health and Wellness Committee of the Terre Haute Chamber of Commerce; and the Substance Use Disorders Council of the United Way of the Wabash Valley.*



*Robyn Lugar, MSW, has taught at Indiana State University for 26 years. Her passion has been providing short-term international experiences for her students, which has included bilateral exchanges with Russian, South Korean, and Moroccan social work students and faculty. She is currently the Bachelor's degree in Social Work Director. In 2016, Lugar became the PI for the Department of Justice Grant: Peer Recovery Support Impacts Outcomes for Incarcerated Mothers which provided the opportunity for the department of social work to work together with Next Step Foundation to develop a mentoring program for women who otherwise would not have had this type of support upon their release. Currently, Lugar is helping with the establishment of the Pride Center of Terre Haute.*



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