

PROJECT METHODOLOGY

Historical Perspective

During the summer of 2007, local officials began to meet regularly to discuss various the notable issues relating to the criminal justice population of Erie County, specifically the high population numbers within it that also has a mental health diagnosis. Individuals involved in this process included Angela Brooks (Mentally Ill Offender Probation Officer, Erie County Dept. of Adult Parole); Joseph Giles (Erie County Council); Mary Kwiatkowski (Director, Erie County Dept. of Mental Health/Mental Retardation); Patty Lightner (District Director, PA Board of Probation and Parole); Gary Lucht (Director of Forensic Services, Stairways Behavioral Health); Bill McCarthy (CEO, Stairways Behavioral Health); Rick Seus (Director, Erie County Dept. of Drug and Alcohol); Jeff Shaw (Deputy Director, Erie County Dept. of Adult Probation and Parole); Sheila Silman (Director of Forensic Services Behavioral Health, Erie County Care Management); Jeanne Vanchieri (Controller, Stairways Behavioral Health); and James Veshecco (Warden, Erie County Prison). This group is further referred to as the project steering committee.

Though a growing issue nationally, the population of inmates at the Erie County Prison with a Serious Mental Illness (SMI) tended to be higher than that of the national norm. Research has shown that this population suffers from various troubles beyond those of the traditional prison population may not, and they also have high rates of recidivism due to various circumstances surrounding their mental illness. To this extent, the above mentioned steering committee partnered with Mercyhurst College Civic Institute in submitting a grant application to the National Association of Counties Eli Lilly Foundation to commission a study of this population.

The focus of the application was to conduct a Root Cause Analysis to determine key factors that are contributing to the high incarceration rates and recidivism of this target group. In this proposed study, an in-depth analysis of SMI populations within the Erie County Prison and Adult Probation was proposed. Not only will demographic data on hand be utilized, but qualitative, psychographic information will be collected by those who work with the clients first-hand providing a more accurate snapshot of the prison and probation populations struggling with SMI's. For this assessment, information will be sought that will help to identify common 'trigger events' amongst this population that contribute to their incarceration, recidivism, and other struggles; the assessment will essentially 'tell a story' of why these individuals find themselves in jail (i.e. missed appointments, not taking medications, family descriptions, hospitalizations). Common threads of childhood events will also be

considered. This will allow the Steering Committee members to generate a broad portrait of the group. It is theorized that by identifying these root causes of problematic behavior, service providers and criminal justice communities can offer more effective and integrated case management and diversion programs, and in turn reduce issues contributing to incarceration of this population. A copy of the grant application can be found in Appendix A.

In December of 2007, the county was notified that it was one of five sites nationwide awarded funds for proposed projects. The Steering Committee continued to convene to discuss the best methods to implement the project, as well as to fine-tune and solidify what the study will look like. After approximately 4 months the committee had decided on a path that they believed would provide them the best insight on some of the reasons for the high rates of incarcerations/criminal behavior/recidivism with the SMI population. Three groups of individuals would be looked at for this project: currently incarcerated individuals, individuals serving on adult probation, and individuals that are not involved in the criminal justice system but are receiving treatment at the Stairways Behavioral Health Outpatient clinic. This last group was added for a comparison of information in hopes that differences could be found between those with a criminal justice history and those without. All individuals involved in the study would have an SMI diagnosis, and be randomly picked for their participation. A total of 25 individuals from each population would be surveyed for the project.

Survey Design

The original survey designed was deemed imperative to collect significant amounts of quantitative data. As theorized at first, historical information that could be found in client charts and files would be able to provide significant insight into the issues at hand. In addition, the steering committee believed that this data would help to categorize many trends and behaviors that could be common throughout the surveyed population. What wasn't able to be collected from files would be asked in follow-up interviews with the individuals. After several drafts, a final version was agreed upon by the committee members (a draft of this tool, as well as the qualitative interview guide, can be found in Appendix B at the end of this document). This form would focus on various areas including the following:

- *Demographics*, including information on age, gender, race, marital status/issue, income, housing, physical challenges, etc
- *Military history*
- *Insurance information*, past and current
- *Education/Employment*, including graduation status, any learning disabilities, continuing education, recent employment information

- *Mental Health Treatment History*, including current providers, first providers, hospitalization, family issues, etc.
- *Substance Abuse Treatment History*, including past and current treatment facilities, substances used and family abuse history
- *Criminality*, including recorded charges against the client and when, issues while incarcerated and/or on probation
- *Medical History*, including any medical problems, recalled medications, trends in their medications, and issues with psychiatric services
- *Client Support Systems*, who they have relationships with, can rely upon, community organizations utilized, etc
- *Psycho-social History*, including relationships with parents, siblings, and other important figures in their lives, issues pertaining to abuse, question of children, and of client's childhood
- *Diagnostic Impression (Axis)*

After the development and presentation of this document to the steering committee, all agreed that this instrument would be useful to meet project objectives. However, members also felt that it would be beneficial to delve into the clients' histories during conversations. It was hypothesized that there may be useful findings by discussing with the interviewees what was happening within their lives leading up to their recent incarcerations. Further discussion led to the creation of the qualitative questionnaire that would be utilized extensively during the process. These results would be supplemented with the quantitative data to provide insight into why these populations find themselves both dealing with mental illnesses and involved in the criminal justice system. This section encompassed 22 questions over four main sections.

- *Time-line Events*, where clients were asked to recollect best and worst times of their lives, recall what was happening in their lives prior to their incarceration, what was going right for them, and their overall reactions to their situation
- *Clinical Questions*, discussing issues and thoughts regarding their treatment plans, drug/alcohol problems, mental illnesses, relationships with therapist and responsibility for treatment
- *Environmental Questions*, describing home life, stressors, employment/educational issues, etc
- *What-if's*, including questions on whether or not the client is being supported sufficiently, what's missing, purpose for turning life around, what they'd do differently

Process Implementation

Using current, at-time of interview lists, MCI staff used number assignments to create a list of randomly sampled individuals to seek participation in the project. Personnel from Adult Probation, the Erie County Prison, Erie County Care Management, and Stairways Behavioral Health contacted individuals to explain the process and seek participation. Individuals were solicited in order of selection; if more names were needed for each population, MCI staff continued their random number assignments to generate more potential interviewees. Once the client agreed to participate they were asked to sign a

confidentiality statement, co-signed by MCI staff, noting that all information shared would be kept confidential. Anonymity was maintained in all aspects of reporting, and true individual names were not used at any time during the assessment. Once the client agreed to participate, MCI staff collected data from files at Erie County Department of Adult Probation to gather as much information up front for the quantitative survey piece. The missing information would be asked of the clients during their scheduled interviews.

Process Issues

Throughout the process, there were few major incidents that caused issues with the collection of information; however, there were a few stumbling blocks in the process that needed to be addressed. Recruiting participants at the jail was not a problem; only three individuals contacted turned down participation, as the majority felt that they had nothing else better to do, and were very cooperative. These interviews were concluded over a time period of three days. The population on probation created more challenges. There were more individuals who turned down participation. For those who did agree, several individuals either never showed up for their scheduled interviews, or cancelled and had to be rescheduled at a later time. Because of the freedoms that this population has compared to the prison population, it took approximately a month's time to conclude these interviews.

There was also an issue of incomplete data. The primary source of quantitative data, as noted prior, did not provide all the needed information. These were criminal justice files and contained minimal information on substance abuse, mental health history, family perspectives, employment, and several other topics. This limitation was understood by steering committee members, and the plan was to collect as much information as possible with follow-up questions during the interviews. However, interviewees had a difficult time recollecting answers to many of the questions, leading to an inconsistency in terms of data collection. Each interviewee had a different way of responding, making it difficult or impossible to quantify answers in categorical fashion. Individuals were sometimes vague, had difficulty answering, or chose not to respond to some questions. Valid response numbers were well below that of the 25 clients used in each sample population. Due to the lack of certain data, the quantitative results sections are based off general 'themes' or findings, and statistical significance cannot be tested. This dilemma further supported the belief that the qualitative sections would provide the most insight into the lives of these clients.

Another potential limitation to point out is one of interviewer bias. Though the same tool was utilized throughout the process, there were only two consistent interviewers/reporters throughout the whole process. Though it did not seem to present any issues with data collection, it should be pointed out that there may have been variances in how questions were posed and answers recorded in each interview session.

Project Results

The following summaries stem from the interviews conducted for the Root Cause Analysis project. Conducting the reviews at the Erie County Prison were George Fickenworth and Adam Saeler, from the Mercyhurst Civic Institute; Sheila Silman and Tatum Kutzer, from Erie County Care Management; and Shaina Villa and Mark Montroy, from Stairways Behavioral Health. Interviews at the Department of Adult Probation were conducted by George Fickenworth, Adam Saeler and Kristen Burillo from the Mercyhurst Civic Institute.

Throughout the process it became apparent that the bulk of what was learned from these individuals came about during the qualitative interviews of each case review. To best illustrate the process results, a combined summary of both the quantitative and qualitative portions is given. Additional examples from the qualitative data collection process will be supplemented throughout as well in order to lend validity and show a practical, human side of what was found. As noted in the methodology, because of the sample sizes and response rates to certain questions, this project should not be looked upon as a scientific study. It can, however, give the reader great insight into commonalities of the population. Conclusions are based solely on the feedback given during the process. Summaries of each person's qualitative interview are found in Appendix C (Erie County Prison) and Appendix D (Probation). These summaries can give greater insight to individual circumstances leading to each interviewee's situation. Names have been changed and various parts excluded to assure anonymity. Additionally, the reader should be advised that the summaries are just that. A great deal of information was provided, some more useful than others. Highlights of each interview were included to illustrate the main events in the person's life.

Erie County Prison Results

During the three days of interviews at the Erie County Prison, 25 inmates participated in the process (20 males and five females). The average age was 35. Nineteen respondents were white and six were black. The overwhelming majority of interviewees were single, separated or divorced (23), with only two being currently married. Some of the respondents who reported being single, however, were in significant relationships prior to incarceration. Nine of the participants were employed prior to incarceration; 14 received public assistance of some sort. Housing did not seem to present any problems to this group prior to incarceration. Reported housing issues stemmed not from transient living, but from relationship aspects of whom the person was cohabiting with. Many respondents

identified a person that they were living with as being a contributor to their stress; they relied upon this person, however, and didn't seem to have the ability to separate from them in many instances.

***Nelson** was a frequent user and dealer of drugs growing up, but his life headed downhill rapidly when he cohabitated with his drug-user friends and prostitutes. **Marge** was typical of some of the women interviewed in which there was abuse in the household. She had reported continual violent fighting between her and her boyfriend, but they stayed together. The culmination of their dysfunction ended up with her stabbing him after a fight. **Clancy** cited the person he married as being the primary reason he began abusing drugs and alcohol. After they divorced he found himself living with his friends who were also users.*

There were no physical disabilities, mobility issues, or language barriers reported. Six of the individuals reported some military history, with two being eligible for VA benefits. Several noted being dropped from their insurance due to incarceration, but it was quite common for interviewees to receive either Medical Assistance or Medicare at some point.

Educational attainment within this population was low. One reported having continuing education, and approximately 60% (16 of the 25) reported having a high school diploma or GED. There were four reports of learning disability and six reports of special education classes taken while in school. Many reported dropping out of school due to troubles in their lives.

***Jeff** only attended school until the eighth grade and reads at the fourth grade level. He was in special education classes and was learning disabled. He was unable to obtain his GED due to having difficulty with reading and math. **Cliff** never completed high school, dropping out after tenth grade, and never obtained his GED. After starting to use drugs and alcohol at the age of 14, **Stewart** dropped out of school in the ninth grade. He has since begun preparing to take his GED exam. **Meg** never liked high school, and preferred working, so she dropped out of school in tenth grade. She now looks back and recognized the mistake and would like to go on and take continuing education classes at some time. **Cletus** dropped out of school in eighth grade and understands his severe learning disabilities. He proclaimed early in the interview that for all intents and purposes, he is dyslexic. He is continually made fun of by people for his limitations, and has learned to accept it. **Kevin**, on the other hand, loved school and saw it as the best time of his life. His grades were 'average', and he was involved with school sports.*

Most respondents, when presented the question about having basic life-skills, were confused on how to answer; therefore, responses were not sufficient to be included in the findings. It was common for many to note that they had poor budgeting skills, and that family finances were causing a great deal of stress. Relating to this, only one respondent noted using a Rep Payee.

Regarding employment, many interviewees had a very difficult time holding jobs prior to their incarceration. The average length of employment for those responding was 15 months. However, two of the reported jobs held were not typical of the rest, and when these outliers were excluded, the average length of employment was under eight months. Unfortunately, these individuals did not leave their job for better opportunities; only one reported doing so. Lack of employment prior to incarceration led to a difficulty with finances. Many individuals reported during the interviews that finances caused a significant amount of stress in their household. A reliance of public assistance was common, and many stated that if they could find a good job, it would help them stay on track in life.

***Patty** was unusual for this population in that she had a stable job working at a doctor's office; however, she developed an addiction to her father's pain killers and began calling in prescriptions for herself. Needless to say she can no longer find employment in this field. **Kent** had identified employment issues as a main reason for financial difficulties, further leading to his involvement with the criminal justice system. **Marge** was typical of the interviewees in that her employment was halted due to incarceration. She has had repeated run-ins with the law and was never able to stabilize her life. **Troy** had higher ambitions and wanted to be a mechanic like his father. But after dropping out of school he realized that this wasn't going to happen for him. He instead started using alcohol.*

Gathering information on participants' mental health history proved difficult in that much was self-reported and hard for the clients to recollect. It was obvious that mental health issues run in the family with many; 15 interviewees knew of family members having mental health issues. Most reported their mother, siblings, and aunts as having problems; few reported fathers. Suicidal and self-destructive tendencies were common as well. Sixty percent admitted to attempting suicide in their lives. Most of these attempts were as adolescents and were the cause of their first hospitalization.

***Todd** responded that his life was pretty good until he became depressed at age 15. This coincided with turning to drugs and alcohol after a failed relationship. Suicide attempts followed. Others, such as **Abe**, attempted suicide after a parent had died. He continued acting out physically, including stabbing another child and 'sucker punching' others for no reason at all. **Justin** had attempted suicide several times and has been in and out of psychiatric hospitals as a juvenile. He had acted out physically frequently toward others. **Patrick** blames himself for his mother's suicide, even though his mother had a serious addiction problem that he witnessed through his life. He hit 'bottom' after her death and attempted suicide for the first time then. He has had repeated suicide attempts, as well as cutting himself.*

Fourteen participants have had a known mental health hospitalization (sufficient data for average age calculations was not available); eight have been hospitalized more than once. A smaller number reported that they have attempted to hurt others (eight); however, there were a handful who stated

'no' to attempting to hurt others that also had criminal charges that contradicted their claim. It was hoped that during the interviews common themes would emerge regarding when the population was doing its best and worst, as well as behavioral spikes prior to incarceration; this wasn't the case however. When presented with a timeline to identify significant moments in their lives, interviewees demonstrated various life cycles. Some reported that their whole life has been bad, while others only recently have had problems and their lives had been pretty good up until the present. Most however saw their lives with a repeated pattern of high and low points.

Jeff and Troy were typical of those whose life was pretty clear of problems until later in life. Individuals such as these two had a brief period of time where there issues arose, often times brought on by a relationship. Meg, Nick, and Patrick are indicative of those who cannot recall any good points in their lives. All memories are some how related to negative times for these individuals. Brian and Patty were able to pick out the good along with the bad, noting that even in the worst of times good comes along. Having children and relationships with significant others were cited by interviewees as highs among the lows. Deaths of close ones were recalled as being low points among high times.

The overall general sense towards their treatment was that of apathy and going through the motions. Interviewees seemed less likely to have an understanding of their mental illness and treatment plan compared to their substance abuse treatment. It was common to know of a treatment plan, but not of its contents. Most individuals also had a self-concept of having good days and bad days, however.

Kevin recognizes his symptoms when he's feeling depressed. In hindsight he can see them in his past now and how his mental illness affected him. Stewart was able to understand his illness and symptoms better when he saw that he didn't enjoy things the way he once did. He started seeing a doctor and got perspective on his illness. Peter sees his issues relating to his medical condition. To him, everything revolves around getting proper medical procedures. Others such as Nelson and Patty see themselves getting better over time by recognizing what their needs are.

Though all of those interviewed at the Erie County Prison had some reported drug/alcohol usage in their life, only 19 had any documented or admitted treatment for this issue. Of those who have, the majority (14 of 19) have been in multiple treatment facilities. Interestingly, 14 had successfully completed the first treatment program they were enrolled in (12 of these had found themselves in treatment at a later time). The most commonly reported substances used were alcohol (16), marijuana (12), and crack cocaine (10). The average age of first use for each of these when known was: alcohol (14), marijuana (14), and crack cocaine (19). Substance abuse is also prevalent within the families of these individuals;

14 recalled family members drinking heavily or using drugs, four reported no such family history, and seven were unsure.

Cletus was raised in a home where his father was a heavy drinker, and beat the children regularly when drunk. Cletus started drinking at age 12. Clancy and his siblings grew up with two alcoholic parents who were absent most of the children's lives. He and his siblings would take odd jobs to make money for buying food and clothes, while the parents were out drinking at the bars regularly. Barney saw his father reenter his life at age six. It was at this point he was exposed to a lifestyle of drugs and alcohol, as his father had frequent biker parties. Barney tried alcohol for the first time at age 9, and marijuana at age 12.

Comparing their substance abuse issues with their mental health problems, there was a greater awareness and acceptance of the substance abuse issue with the interviewees. Based on the interviews, most recognized this problem but had a harder time understanding their mental illness. For many, the mental illness was a recent diagnosis, or there were issues with doctors, or other factors that kept them from fully understanding it.

The substance abuse was also reflective in the participants' criminal behavior. Many of the charges brought against the individuals were drug or alcohol related, such as possession, distribution of a controlled substance, DUI, etc. Other crimes were committed to support their habits. Multiple legal incidents were the norm. When asked, most did not have any continuing issues while incarcerated or on probation other than some reporting being depressed in prison, medication switches, and a couple reports of insomnia. A small number of individuals were truly shocked that they found themselves involved in the criminal justice system. Most were able to look back at their lives and childhood growing up and understand why they are in the place they are today. Those who couldn't see this had a sense of mortification and embarrassment about their situation.

Nelson recognized that he was reckless as a youth, in his words he was 'no good to myself or others.' Patty finds herself lucky that it took this long to become incarcerated. Glen pointed out that probably ¾ of his family wound up in prison at some point, so he's not surprised to be in the same situation. Others like Justin and Lois recognized a pattern in their own life, being in prison before. They knew that one day they would be back. There were exceptions to the norm, with some interviewees being surprised to find themselves incarcerated. Patrick knew he had a substance abuse problem, but thought instead of in jail he would wind up in a residential treatment program, something he feels would serve him better. Nick was surprised as he is older than most; he stated that it's time to grow up knowing where his life has led him.

About half of respondents (12 of 25) reported having a juvenile record; seven were put in placement at one point as an adolescent. Authority figure problems were common as well; not just as children, but as

adults, too. This was apparent while interviewees were discussing employment issues and relationships with their doctors and therapist.

Approximately 60% of respondents noted that they had some sort of medical issue for which they have been treated. Responses were wide-ranging, including migraines, back issues, and asthma to name a few. There was a great amount of discrepancy regarding medications taken. When clients were asked about their medications, their responses differed significantly from what the files used in the data collection process noted. Respondents noted throughout the process how their medications were changed frequently, and this was an issue of consternation with the population as a whole. Most of the time, their medications were altered by their doctor. Taking multiple medications was typical for those interviewed, and some had a hard time recalling everything they've been prescribed. Fifteen had stopped taking medications prescribed at some point, mostly because they didn't think that they were working or they felt they didn't need them anymore. Some reported that the medications received in prison were of lesser strength and felt that they were not working as well. Overall, half of the prison population reviewed was not satisfied with their current psychiatric and medical services. The most common complaints centered on not being able to see doctors in a timely manner.

Participants have illustrated a lack of support from others in their struggles. Most cited minimal or no one to rely upon during trying times. Of those cited as support, respondents said that 12 were parents (nine mother/three father), seven significant others, four siblings, two grandparents, two children, six friends, two others, and eight said they had no one to count of for support. About 80% of respondents said that they have had either a bad or no relationship with their fathers. The same percentage claimed to have a *good* relationship with their mothers. Even when the mother was abusive or did not meet parental expectations by the child, the interviewees looked upon their mothers much more fondly than they did their fathers. Regarding sibling relationships, there tended to be a great deal of ambivalence and apathy towards them. Since abuse was prevalent in the homes, many siblings were victims as well. In some reported instances, they moved away and cut off ties from the family.

***Nelson** never really knew his father, only meeting him a couple of times. **Marge** never knew much of her father, as he passed away early on, and her stepfather was abusive towards her. **Abe's** and **Jeff's** fathers died when they were young as well, and Abe's mother died about 6 years ago. **Rod** was moved from family member to family member, never making a strong attachment to anyone in his family. Others such as **Lisa** and **Clancy** recall witnessing sexual abuse take place in their home or against themselves. **Lois** was also a victim of sexual abuse by her stepfather, leading her to turn to drugs and alcohol, like so many other victims of abuse had admitted to during the interviews. A*

*few of the respondents such as **Kent, Todd and Troy** recalled having a good relationship with both parents and no sibling problems. Interestingly they also did not have life-long issues that they were facing. Their problems were more recent in time.*

In terms of external support and things to have access to in order to improve their lives, the general sense from the interviewees was that they wish more could be done, but they couldn't put their finger on the exact needs in order to help them. Other than some suggestions such as a YMCA membership and bus passes, not much was offered. Sixteen participants have children, though only a couple have custody; half have seen Office of Children and Youth involved at some point. Most cited themselves or their children as being the reasons for turning their lives around. They didn't want their children and families to see them in the situations that they were in.

Overall, respondents at the Erie County Prison seemed to be lonely individuals that lacked much in terms of support or resources to better their lives. The fact that many individuals grew up in homes and environments where drug and alcohol use was common, abuse took place, parents were missing, and criminality was common seem to lend credence to these individuals following paths they learned. Their lack of good relationship modeling was apparent in their telling of current relationship issues with significant others.

As most were undereducated, they have continually struggled to stay afloat in today's world and have had difficulty providing not only for their families, but themselves as well. Lack of skills such as budgeting and timeliness also have proved difficult for them as well.

Many were struggling with their treatment programs (both substance abuse and mental health). As pointed out, a majority of the interviewees had been in multiple substance abuse treatment programs throughout their lives. Even when completed, they would often return to using drugs and/or alcohol. Regarding their mental illnesses, there seemed to be less overall focus on it and how to get it under control.

Findings from Erie County Department of Adult Probation Reviews

The following sections contain the results from each of the three populations that participated in the Root Cause Analysis. Results are based off of the two assessment tools that were utilized, and “grouped” results are given for each the prison reviews, probation reviews, and clinic reviews. In addition, a cumulative analysis and conclusion section is included to give comparisons and contradictions to the various populations interviewed.

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Adult Probation Results

The following section is a synopsis of the data from clients interviewed while on probation. The general demographics of the probation population are as follows. The average age for the 15 females and 10 males was 35 years. Interviews included 21 individuals classified as Caucasian/white, three individuals classified as African American/black, and one individual classified as other. To maintain consistency within the small population, interviewees were classified by their race and not by their ethnicity. With regards to marital status, the probation population was rather diverse. Six clients were divorced, six reported being married, three noted that they were separated, and 10 maintained that they were single.

When asked what was needed to further enhance their lives or what was missing from their lives, a substantial amount of interviewees reported that they would like to further their education or obtain full-time employment. Many of the interviewees reported dropping out of school, some as early as the 6th grade. Others reported furthering their education, either by way of college, trade school, or by completing their GED. The interviewers noted that 18 probation interviewees had obtained either their high school diploma or GED, while five others reported continuing their education in other ways. The remaining two clients reported that they were never able to complete high school and have yet to achieve their GED. Of the 25 individuals interviewed, two reported having learning disabilities and two reported receiving special education while they attended school.

As was mentioned, many interviewees noted the importance of employment either to maintain their current progress or as a key to further improve their life. Examples include the following.

Tim noted that he would like to obtain his CDL, or commercial driver's license, in order to obtain employment as a truck driver. *Chris* reported that he would like to continue his education so he could become a pastor. Conversely, *Barney* suggested that his mental illness diagnosis prohibited him from maintain employment. Similarly, *Sherri* reported that she cannot hold down a job.

For those who reported recent employment, the average length of tenure was 35.3 months. There were three outliers, however, who reported being able to maintain one job for a considerable amount of time. After removing those three individuals from the calculation, the interviewers noted that the average length of tenure at any one job dropped to a mere 11.2 months.

Specifically regarding mental health issues, clients reported varying degrees of direct impact their mental illness had on their lives. When considering their families, 17 interviewees reported a history of mental illness within their families, while eight respondents either reported no such history or could not recollect any such history.

Both of Teri's parents were diagnosed with Bipolar Disorder. *Edna* noted that her father had mental illness problems, but could not recall a specific diagnosis. *Brandine* noted that her mother was diagnosed with Schizophrenia when she was young, which resulted in her having to raise her two younger brothers. *Dennis* reported an extensive history of mental illness within his family. He also noted that his wife and five children have been diagnosed with mental illnesses as well.

With further regard to mental illness, 18 interviewees reported being hospitalized due to their mental illness, with five of those individuals noting multiple hospitalizations. Although there was extensive hospitalization within this population, it did not seem as though there was any correlation between hospitalizations for mental illness and the current situation that many interviewees found themselves in due to the timelines reported by interviewees.

Interviewees were asked to report on any self-destructive behaviors. Fifteen individuals reported suicide attempts, but the attempts were sporadic. When considering other self-destructive behaviors, interviewees reported episodes of cutting and destroying relationships. Extensive substance abuse was also reported, but that will be discussed later. Prior to discussing substance abuse, it is important to note that a number of clients reported destroying relationships within their lives for unknown reasons.

Sherri reported that she did not have any friends and often feels alone, a statement that was echoed by many other interviewees. *Teri* stated that she does not get along with

others, a behavior that has directly affected her life, especially with consideration to her mental illness and housing situation. Just after being released from prison, she attempted to gain housing at a local half-way house. Soon after gaining a room inside the house, she was kicked out for not getting along with other residents. Teri also noted that she does not get along with her doctors, possibly a direct reason why she has missed so many mental health appointments. Lenny vocalized his habit of destroying relationships with a direct quote that his wife uses every day. He reported that she continually tells him "you don't know how to love." Lenny went on to further describe his relationship with his wife, reporting numerous instances of infidelity on his part during their 25 years of marriage. He reported that he feels lucky to even still have his wife as he consistently and intentionally vocalizes hurtful things toward her. Anna directly reported having trouble maintaining relationships, even reporting that her pattern of destroying relationships was in fact a self-destructive behavior.

Substance abuse is also a self-destructive behavior that almost all clients reported engaging in for a variety of reasons. As was also previously pointed out, substance abuse is without question the most influential and ultimately negative denominator in many of the interviewees' lives. Twenty three of the 25 individuals interviewed while on probation reported using either drugs or alcohol or both. Four of the 23 interviewees reported using only drugs or alcohol exclusively while the other 19 reported multiple substances used. Also noteworthy is the extent of early initiation of drug and alcohol use. The following averages are based on those individuals that directly reported to interviewers the age at which they first used a given substance. The average age that interviewees on probation first tried alcohol was 15.8 years. The average age for first use of marijuana was 16.9 years; the average for crack cocaine/powder cocaine was 22.6 years. The authors of this text observed that the above three substances were the most heavily abused and therefore the most pertinent to report on. Directly related to early initiation of substance abuse is the extent to which substance abuse permeated into a client's family. Fifteen of the 25 interviewed reported that there was substance abuse in their family; eight were unsure and two denied any history of substance abuse within their family.

It is evident that this population felt a great deal of negative peer pressure for the individuals they surround themselves with. Many of these associations directly led to many of the client's drug use. Direct examples are as follows.

Dennis is an example of the direct influence substance abuse has on an individual's life. He reported that his whole family was a "bunch of partiers," which directly led to his early initiation of drug and alcohol use at the age of 9. Dennis was astute enough to vocalize exactly what his early use of drugs and alcohol had done to him, reporting that drugs and alcohol had "fried his brain." He reported "days long drinking binges" that led to multiple DUIs as well as extensive drug abuse charges. He was charged with endangering the welfare of children when his youngest son reported his marijuana use

to authorities. **Barney** reported abusing alcohol extensively, especially around the time of his grandmother's death, which led to a DUI charge. **Helen** reported having a relatively stable and uneventful life until she became involved with a "bad boy" at the age of 34. It was under the influence of this "bad boy" that Helen began abusing cocaine. **Maggie** is an immigrant who was left to raise her nine children on her own after her husband returned to their home country. She turned to alcohol as a way of dealing with the stress of raising nine children while not being employed. It was this alcohol use that led to a DUI and subsequent loss of her children. **Lenny** began shooting heroin at age 16. This drug use led to further immersion into the criminal justice system.

An interesting observation, albeit not surprising, is the correlation many between substance abuse within the family and general abuse from one or both parents. Not all interviewees that reported abuse by a family member noted substance abuse as well, but more often than not, this was the case.

Abuse, whether it was physical, emotional, or sexual, was unlike substance abuse in that it did not directly lead to criminal activity on the part of the clients. The abuse, mixed with many of the clients' mental illness, did seem to translate into further social problems for the clients. Examples of these social troubles clients faced in the past have been discussed above, such as difficulty many clients had with maintaining relationships. Other issues related to abuse manifested themselves into a lack of support systems. It is likely that abuse may lead to a lack of trust on the part of the client, leading to a limited number of supports they make available to themselves. What is further troubling is that much of the abuse the probation clientele endured was at the hands of their fathers or father figures. This fact, alongside the observation that many probation interviewees reported an absence of their fathers from their lives, paints a disturbing trend among the probation clients interviewed.

Fourteen of the 25 probation clients interviewed reported instances of physical abuse; nine of the 25 reported instances of sexual abuse; nine of the 25 interviewees reported instances of emotional abuse. It should be pointed out that some of the clients reported multiple types of abuse. In some cases it appeared that the abuse directly led to either the client's mental illness or the client's substance abuse which in turn led to their criminal activity. For example:

Tricia reported being raped at 6 and again at age 11. Soon after the second instance of rape, Tricia was diagnosed with Post Traumatic Stress Disorder (PTSD). **Carol** reported being molested by her father at an early age. She also noted that she was raped by an unnamed man when she was 11 years old. Carol reported that when she was 27 years old, she began using crack to suppress memories of her own molestation after learning that her daughter's had been sexually abused. **Mary** noted a history of sexual abuse at the hands of her step-father and physical abuse from her father that led to her cutting ties with both men. She reported that to this day she maintains little or no relationship with her father.

It became clear to the authors of this text that abuse was one key point in many clients' lives which began a series of events that inexorably led them to their current state. Again, it seemed as though the abuse was not a direct link of criminal activity, but it did appear to be an indirect factor. As was touched upon above, many clientele described difficulties maintaining relationships, which led to an overall lack of support systems. Reasons for this lack of support varied, but usually centered on instances of abuse at the hands of many traditional support figures.

It was observed that, on average, many interviewees reported having a very limited support system. Included in many of the client's support system was their mother. It was apparent that a majority, 15 of the 25 interviewees, maintained a good relationship with their mother. The same cannot be said for father figures. When asked to describe their support system, only three of the 25 individuals interviewed listed their fathers as a substantial support.

Barney reported that he believed his step-father was his biological father until he was 13 years old. What further complicated Barney's view of an appropriate father figure is that he suffered physical abuse at the hands of his step-father throughout his life. Ned reported witnessing his "alcoholic" father abuse his mother before he turned on Ned and Ned's siblings. Helen reported that her father was never in her life which could be the reason she turned to a "bad boy" when she was older. Lenny reported witnessing his father physically abusing his mother and raping his sister on several occasions.

In summary, the authors of this text noted firstly that a substantial amount of women interviewed experienced sexual abuse, typically beginning at an early age. At times, this abuse was at the hands of the client's father. Although this was not always the case, many maintained that they still had little or no relationship with their fathers. This lack of a father figure was not limited to the women interviewees. Many men also reported that they had little or no relationship with their father. These same men often went on to report that their own children were currently not in their lives. Although the term 'vicious cycle' is cliché, it is rather appropriate when considering the reactions of both the men and women interviewed with relationship to their lack of a father figure. An interesting point regarding client support systems was the majority of interviewees that maintained strong relationships with their mother. A further trend noted was the overall lack of relationships many clients maintained. As was previously mentioned, many clients responded having only one or two individuals in their support system. A few reported that they had no friends and that they were very much a loner.

Other trends noted by the authors were the early initiation into substance abuse as well as the continued and substantial substance abuse. Many of those interviewed noted that their substance

abuse was the driving factor behind their current legal situation. A considerable amount of criminal activities revolved around theft-related charges and their subsequent monetary gain. Many interviewees reported that they used the monetary gains to purchase their drug of choice. Also related to substance abuse were the individuals that many interviewees surrounded themselves with. A number noted that as a result of “hanging with the wrong crowd,” they began using and abusing drugs. Those interviewed also had low graduation rates with little or no furthered education. This lack of education also seemed to correlate with the difficulty many clients had with obtaining and maintaining substantial employment.

Overall Findings and Conclusions for Jail and Probation Reviews

For the interviews at the Erie County Prison and Erie County Department of Adult Probation, most participants reported drug/alcohol usage began at an early age. Many participants reported that parents and other important figures in their lives were also users and that the modeled behavior was easy to pick up. Typically it was one parent (however, in many instances the person lived with one parent growing up), but in some cases both parents were users and the child in question was left to self-parent at times. Drug use was also typically brought on for peer reasons; feeling of acceptance, finding friends, etc. were frequently cited. In several cases when drug use began later in life (20's or later), it was often a significant other who persuaded them to use, leading to addiction.

Many individuals interviewed cited their poor choices in friends and relationship partners as being factors in their problems. Many times throughout the process, phrases such as 'got involved with the wrong woman' or 'I was with a bad-boy' were uttered. Interestingly, there was a division between genders of placing blame. Women, though acknowledging their poor choice in men, focused heavily on the person they were with as the problem; the men were more willing to accept responsibility for their own choices. Drug and alcohol issues frequently went hand-in-hand with their criminal behavior. Many of the charges against the interviewees were drug/alcohol related, and repeated (possession, DUI, selling, etc). If not a direct charge, many criminal behaviors were ones *to support* their addictions.

Issues concerning their mental illness were extensive. Many reported that there are family members with mental illnesses (mothers, aunts, siblings, few fathers, etc.). In some cases these individuals were never diagnosed; the client, however, can see obvious signs now. For those with children, several reported seeing behavioral problems with their kids and wished to be able to help better than they were helped as a youth. For many participants, the diagnoses were given at times of extremity, such as after suicidal or self-destructive behaviors, and while in hospitalization. It was frequently noted that the diagnosis was given well after behaviors started. For others, their diagnosis came while in jail and due to their involvement with the criminal justice system. Regarding their mental health issues, the respondents were mixed in terms of their diagnoses. Many said they understood and were aware of their issues, but in reality and based off of follow-up questions, they seem to be going through the motions in terms of managing it. Some seemed in denial of having a mental illness, especially younger individuals interviewed. Most reported having frequent medication changes in their treatment history; many couldn't list all of the medications they were taking or have taken, as they change regularly.

Interviewed individuals reported a great deal of absenteeism in their parents as children. Many grew up in homes where the father was not present, and a smaller number in homes without a mother. In many instances, the absent parent had walked out on the family, and in others the parent was deceased. Even in some of the homes with two parents, one was often a step-parent, and relationship issues with the absent biological parent were brought up by many of the interviewees. Many reported being victims of or present in homes where physical, sexual, and/or emotional abuse was taking place; not just by parents, but by siblings as well. The majority had either no or bad relationships with their fathers; as noted prior, they were frequently absent or abusive. Some of the respondents who said they had a good or decent relationship with their father had also noted that there were father-issues while growing up. Relationships with mothers were consistently rated better by the participants, when compared to the fathers. Even in cases when the mother wasn't around much, drinking, or abusive, respondents tended to be more sympathetic and look differently at the maternal relationships. Siblings were numerous, and some had connections with them, but many also cited that siblings moved away and contact is minimal.

Since there were many parental and sibling issues, it lends credence to the continual difficulty of being able to make wise relationship choices as teens and adults. It was common for many to get involved with drug/alcohol and criminal activity with their peers, who they were seeking acceptance from. Many of the relationships these individuals entered as they aged were dysfunctional, littered with abusive and destructive behaviors. It was also common for some (more frequent with the women) to leave their significant other for a 'bad boy', only to get caught up in their illicit activities. Relationships prove to be difficult for this population as a whole. Participants struggled to cite persons they can rely upon for support in times of need; often the persons they counted on most were ones that they cited issues with earlier in the interviews. Friends of these individuals were few and far between.

Employment issues were numerous as well, even prior to their legal issues. From data collected and cited by the clients, it can be determined that when jobs are held, it is for a short period of time, typically well under a year. Reasons for leaving are not for better job opportunities; they note being fired, not being able to perform duties, drug/alcohol issues, or their legal issues for reasons for ending employment. Educational attainment was low across the board. Five individuals continued their education after high school; many graduates dropped out of school, only to go back for a GED.

The individuals who participated in the process cited many problems that occurred in their lives. Though each was different and had varying circumstances for their activities, the fore-mentioned

conclusions are based on commonalities between them. Individual stories, found later in this document, give greater insight into the individual situations. But the fact that themes were found with most respondents can give greater insight into why this population 1) becomes involved with criminal activity and recidivates at high levels, and 2) has difficulty managing their mental illnesses. As each individual needs to be treated differently, the conclusions may help to foresee problem behaviors with younger individuals before they find themselves facing an double-edged uphill struggle in life.

Appendix A

Grant Application

PROJECT NARRATIVE

Community Need and Current Efforts

Individuals diagnosed with a Serious Mental Illness (SMI) continually struggle in meeting their daily needs while trying to manage symptoms of their mental illness. Many receive case management to help find housing, gain access to medical care, improve their life skills and manage their illnesses.

Unfortunately, many stumble along their path of making it through the day, and find themselves in the criminal justice system, often with drug and alcohol co-existing disorders. What has become a troubling problem is the notable incarceration rates for this population. In fact, incarceration rates in Erie County, PA illustrate this trend. A March 2007 snapshot of the Erie County prison revealed that 27% (158 of 590 inmates) of the prison population had been diagnosed with at least one SMI, most being there on a Technical Parole or Probation Violation. It is estimated by the American Psychiatric Association that this figure could be as high as 20% nationally (Human Rights Watch, 2003), with 12% of the national county jail population in need of mental health services (Salant, 2000). Also of note, 18% of state correction inmates are on the MH/MR Roster, which encompasses much more than those with SMI's (PA Department of Corrections, 2005). It is also estimated that approximately 85% of the Erie County Prison population with an SMI has a drug or alcohol dual diagnosis. With the revelation of these local rates compared to national and state figures, many questions have been raised, asking how the community is failing this vulnerable population in terms of delivering needed services and keeping them out of jail.

The cost of incarceration for mentally ill offenders is much greater than that of the general population. In the state of Pennsylvania the average daily cost per inmate is \$80; for a mentally ill inmate the average daily cost is \$140, a 75% increase (Alaska Justice Forum, 2004). At the Erie County Prison, the average daily cost is \$53 per inmate. If the 75% higher threshold is carried through, housing mentally ill inmates at the prison would cost \$93 per day. If the 158 population figure remained through the year, housing offenders with mental illness adds an additional \$5.3 million per year. Could this \$5.3 million be used more effectively?

Most practitioners argue that the high rates of incarceration can be linked to these offenders lacking the proper level of case management or treatment. This type of offender stays in jail longer due to co-existing disorders and lack of resources. Once released from incarceration, this population faces many of the same obstacles that led to their original problems, and many find themselves recidivating. Most receive subsidized medical assistance to pay for their medical care. However because of their lack of

employability, sustainable-wage jobs where medical insurance are generally not attainable, and many are relegated to part-time or low-wage positions. In some cases, low-wage employment exacerbates their vulnerability; many choose not to become employed, as they would not only lose their medical assistance which pays for their medications and treatment, but also receive less pay than what they would receive from disability. Housing is also a concern for this population. A criminal record makes them ineligible for public housing upon their release from prison. Without a solid family-structure in place, many face homelessness or residing in temporary shelters without a stable place of contact. With a limited number of case managers available, sufficient resources may not be available for each client. Without ongoing contact and, at times, daily interaction, many in question fall through the systemic cracks. Altering the system to increase case management support in helping these clients obtain SSI/Disability and Medical Assistance is the first logical step in jail diversion for this population.

The primary concern for many in this population is meeting their basic needs (i.e. supervised half-way housing, medication monitoring). Managing their medical treatments and substance abuse is often a lower priority. Often this population is unmotivated to enroll in service programs. Since substance abuse is prevalent in this population, many again turn to alcohol and/or drugs as a coping mechanism, and unfortunately are brought back into the vicious cycle. It has become more apparent that jail diversion programs are becoming imperative with this effectively treating this population, as they struggle to gain access to SSI/Disability and Medical Assistance. Increasing support to better monitor prescription taking, follow-through on making scheduled therapy appointments, and working with this population to complete paperwork for housing would be part of the diversion process.

A focus to enhance services to the SMI population in accessing SSI/Disability and Medical Assistance, as well as housing and treatment, is needed. Erie County will expand its efforts to establish a more integrated case management system. This repositioning needs to be done to better serve more individuals that incarceration may not be the best sanction.

Proposed Project

Jail diversion programs need to be developed to reduce pressure not only on the client, but also the corrections system. Key stakeholders within Erie County criminal justice and service provider systems have agreed on the need to conduct a Root Cause Analysis of what key factors are contributing to the high incarceration rates and recidivism of this target group. An in-depth analysis of SMI populations within the Erie County Prison and Adult Probation are proposed. Not only will demographic data on

hand be utilized, but qualitative, psychographic information will be collected by those who work with the clients first-hand providing a more accurate snapshot of the prison and probation populations struggling with SMI's. For this assessment, information will be sought that will help to identify common 'trigger events' amongst this population that contribute towards their incarceration/recidivism and struggles; the assessment will essentially 'tell a story' of why these individuals find themselves in jail (i.e. missed appointments, not taking medications, family descriptions, hospitalizations). Common threads of childhood events will also be considered. This will allow the Steering Committee members to generate a broad portrait of the group. It is theorized that by identifying these root causes of problematic behavior, service providers and criminal justice communities can offer more effective and integrated case management and diversion programs reducing issues contributing to incarceration of this population.

Measurable Goals

In order to make the project as successful as possible, several key areas will be looked at in order to measure trends in performance. Some of the goals will continue to be measured based on what is done after the project assessment is complete. Identification of a target population that is most likely to benefit from jail diversion tactics will be the first and primary goal to be met. Local rates of those with SMI's in the county prison will be compared to state and national averages in prison and as a proportion of the general population. The percentages of the population being hospitalized will be noted as well. These are a few of the more obvious goals that will allow the Steering Committee to determine if they are being successful.

Community Involvement

Since the initial development of this project began, Erie County has moved forward with this process by forming a Steering Committee, which is composed of the following: Angela Brooks, (Mentally Ill Offender Probation Officer, Erie County Dept. of Adult Parole); Joseph Giles (Erie County Council); Mary Kwiatkowski (Director, Erie County Dept. of Mental Health/Mental Retardation); Patty Lightner, (District Director, PA Board of Probation and Parole); Gary Lucht (Director, Erie County Office of Children and Youth); Bill McCarthy (CEO, Stairways Behavioral Health); Rick Seus (Director, Erie County Dept. of Drug and Alcohol); Jeff Shaw (Deputy Director, Erie County Dept. of Adult Probation and Parole); Sheila Silman (Director of Forensic Services Behavioral Health, Erie County Care Management); Jeanne Vanchieri, (Controller, Stairways Behavioral Health); and James Veshecco (Warden, Erie County Prison). In

addition, these individuals have offered the support and resources of their staff in order to assist in this research planning initiative.

Project Continuation

The funds requested for this initiative will be spent on the research aspect and development of a systemic tool to track data on the demographics and psychographics of the criminal offenders with mental health problems. This is an imperative first step in better serving this population. Once this step is commissioned, the Steering Committee will work towards utilizing what was learned to make systemic changes to better serve the client, rather than asking the client to change and adapt to the system. Some potential recommendations that could include

- Working more closely with defense counsel for pre-trial screenings of those diagnosed with an SMI
- Developing housing plans which allows for more intensive case management and supervision
- Increase services incorporated in current forensic unit to better offer psychiatric, nursing, social work, and case management services
- Creation of an integrated seamless collaborative relationship between the criminal justice system, law enforcement, mental health treatment and system, substance abuse rehabilitation and system, and social services.

Project Evaluation

Evaluation of the project will be conducted both in the short term and long term. The short-term goal of the project is to create a useable ‘tool’ that will allow for systemic organizations and stakeholders to gain better insight of the reasons many individuals with mental health issues find themselves being incarcerated and reincarcerated. The adaptation of such a tool will allow for long term goals to be addressed; how to better predict patterns of offending by this population, how to change or add to the ‘system’ to better serve this population, and how to become more preventive in terms of working with adolescent or first-time offenders with mental health problems in order to break the cycle that has arisen with many today.

Grant Expenditures

The project is research intensive, and therefore an outside agency is necessary to provide research support and guidance to the committee and to provide needed assessment. The Mercyhurst College

Civic Institute (MCI) would be contracted to serve in this capacity. This organization has worked with many local governmental agencies, focusing on program research and evaluation in the areas of adult and juvenile justice, drug and alcohol, and family policy. In exchange for a fixed-fee contract of \$10,000, MCI will provide facilitation of work-group meetings; conduct best-practice research to evaluate other similar efforts; research local Mental Health service providers and the County Prison to determine what data is being collected on this group of offenders; and lead an extensive survey of key stakeholders within the system to gain an understanding of why this problem exists.

Erie County has enthusiastically agreed to a 100% match of grant funds awarded to this project. Therefore, a \$5,000 grant award will be matched by \$5,000 in whole.

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Appendix B
Survey Tools

Erie County (PA) Root Cause Analysis Study of the SMI population in the Criminal Justice System: 2008

MH Jail Diversion Root Cause Analysis Interview Tool – Erie County, PA			
Demographic Information			
Consumer ID:		Year of Birth/Age:	Date of Review:
Client is currently: <input type="checkbox"/> Incarcerated		<input type="checkbox"/> Probation	<input type="checkbox"/> Stairways
Clinic		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:	Marital Status:	Does client have drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any marital/relationship issues prior to incarceration?			
Source of Income/Monthly Amt:			
Issues with managing their money? Y <input type="checkbox"/> N <input type="checkbox"/>		Does client use a Rep Payee? Y <input type="checkbox"/> N <input type="checkbox"/>	
Housing situation: <input type="checkbox"/> Homeless <input type="checkbox"/> Lives with Family <input type="checkbox"/> Lives with Others <input type="checkbox"/> Owns Home			
<input type="checkbox"/> Rents <input type="checkbox"/> Community Shelter <input type="checkbox"/> Residential Tx Facility <input type="checkbox"/> Other _____			
Elaborate on housing situation (issues, trends, etc.):			
Is client physically challenged? Y <input type="checkbox"/> N <input type="checkbox"/>		Any Language barriers?	
Any limitations to physical mobility? (describe)			
Military History			
Was client in military Y <input type="checkbox"/> N <input type="checkbox"/>		Dates:	Discharge Status
Eligible for VA benefits? Y <input type="checkbox"/> N <input type="checkbox"/>		Is client utilizing benefits? Y <input type="checkbox"/> N <input type="checkbox"/>	
Insurance Information			
Medical Assistance: Y <input type="checkbox"/> N <input type="checkbox"/>		How long has client had insurance? _____	
Medicare: Y <input type="checkbox"/> N <input type="checkbox"/>		Ever been dropped from coverage Y <input type="checkbox"/> N <input type="checkbox"/>	
Other: Y <input type="checkbox"/> N <input type="checkbox"/>		Why?	
(_____)			
Educational/Employment History			
Years of Education Completed:		Yr. of Graduation:	
Diploma Y <input type="checkbox"/> N <input type="checkbox"/>	GED Y <input type="checkbox"/> N <input type="checkbox"/>	Learning Disabilities Y <input type="checkbox"/> N <input type="checkbox"/>	Special Education: Y <input type="checkbox"/> N <input type="checkbox"/>
Advanced Degrees:			
Vocational Training/Certificates:			
Does client have basis life-skill development (budgeting, timeliness, basic math skills, schedule making, etc): Y <input type="checkbox"/> N <input type="checkbox"/>			
What's lacking?			

Erie County (PA) Root Cause Analysis Study of the SMI population in the Criminal Justice System: 2008

<i>Recent Employers</i>	<i>Length of tenure</i>	<i>Reason no longer at company (if applicable)</i>		
Mental Health Treatment History				
<i>Current Providers: (w/in 12 months)</i>	<i>Type</i>	<i>Dates (or age)</i>	<i>Reason for Tx</i>	
<i>First Provider:</i>	<i>Type</i>	<i>Dates (or age)</i>	<i>Reason for Tx</i>	
<i>Psych/State Hospitalization</i>	<i>Where</i>	<i>Dates</i>	<i>Reason for Hospitalization</i>	
Please describe any family psychiatric history:				
Have you ever tried suicide Y <input type="checkbox"/> N <input type="checkbox"/>		When:		
Any self-destructive behaviors: Y <input type="checkbox"/> N <input type="checkbox"/>		Describe:		
Any attempts to hurt others: Y <input type="checkbox"/> N <input type="checkbox"/>		Describe:		
Substance Abuse Treatment History				
<i>Treatment Facility</i>	<i>IP or OP</i>	<i>Drug, Alcohol Co-Dependency</i>	<i>Dates (or age)</i>	<i>Completed</i>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
<i>Substance Used</i>	<i>Last use</i>	<i>Age first Used</i>	<i>Frequency</i>	<i>Amount</i>
Please describe any family substance abuse history:				

Erie County (PA) Root Cause Analysis Study of the SMI population in the Criminal Justice System: 2008

Criminal Records History			
<i>Charges</i>	<i>Open/Closed Status</i>	<i>Dates (or age)</i>	<i>Details</i>
Max Sentence Date:		Probation/Parole Officer:	
Any continuing issues for client while incarcerated:			
Any recurring issues for client while on probation/parole:			
Medical History			
Is the client currently being treated for any medical conditions?			
<i>What medications are you currently taking</i>	<i>Side-effects</i>	<i>Currently taking as prescribed</i>	<i>Understanding of the need for this medication</i>
Has the client stopped taking medications at any time? Why?			
Were medications changed at any time? Why and by whom?			
What symptoms does client currently feel/recognize?			
Is the client satisfied with current psychiatric services?			
Client Support Systems			
Person/relationship:		Person/relationship:	
Person/relationship:		Person/relationship:	
What community support systems is the client involved in (NAMI, NA/AA, community programs, church, TCM, ILS, etc)?			

Time Line Questions

1. Draw out timeline and have client note important times in life (utilize time-line page)

2. Tell me a bit about your life.

3. At which point did you feel that you were doing the 'best' in your life?

4. At what point did you feel that you were doing the 'worst' in your life?

5. What was going on in your life the month (or more) prior to your incarceration? Were there long-term events leading to the incarceration?

6. What was occurring in your life the few days before your incarceration?

7. What was going 'right' for you up until the incidents that led to your incarceration?

8. Does it surprise you that you found yourself incarcerated?

9. Did you ever have a self-concept of doing o.k.? or of not doing o.k.? Were you experiencing any symptoms?

10. Do you believe that you have a problem with authority figures? Do you take full responsibility for your legal issues?

Clinical Questions

11. Are you aware of the contents of your treatment plan and what it means?

12. Are you taking responsibility for your treatment?

13. Do you think of yourself as having a drug and/or alcohol problem? As having a mental illness?

14. Have you missed any appointments? What is causing you to miss them?

15. What type of relationship do you have with your doctors?

Environmental Questions

16. Describe your home life. Are there any stressors or issues that may be causing you problems?

17. Have you had any problems obtaining or maintaining a job? Continuing education?

18. How would those closest to you say you were doing?

What-if Questions

19. What do you feel that you are getting the support needed to help you manage your life? What about in the past? What's missing?

20. What would you need to have access to in order to improve your life?

21. What is the purpose for turning your life around? What was the key?

22. Looking back, what would you do differently?

Additional information/comments made by client

Would you find it helpful to talk to a peer who has been in a similar situation before?

Appendix C

Summaries of Erie County Prison Interviews

Patty reported having a good childhood, and a solid relationship with siblings while growing up. She had finished nursing school, held down a job, was married with two 'great children', and was doing well in life overall. At age 30, however, she became divorced from her first husband and felt that her family was looking down on her. This person reported that life did not begin to take a downturn until she reached her 40's. With a diagnosis of Major Depression (which runs in the family), she acknowledges that her drug addiction was of her own making. At the age of 36, she began to use pills prescribed for arthritis pain. Her second husband was also a drug user and his negative influence brought out the worst in her behaviors. As Patty developed an addiction, she began to use her father's Vicodin. Being that she worked as a nurse in a doctor's office, the temptation of calling in prescriptions became too much to overcome. At the age of 42 she was arrested for stealing prescriptions. When picking up her illegal prescription, she was met by the DEA who arrested her. This was her first dealing with the criminal justice system. While in jail she did not have problems with inmates; however, while on probation, she continued to call prescriptions in for herself, but was never caught. At this point she was also divorced, lost her nursing license, and had no money. Her addiction took over her life, and she knew that troubles lied ahead. In fact, it did not surprise her to find herself involved with the criminal justice system. She felt her addiction left her powerless, and that she was lucky to not have gotten caught before.

Since Patty's involvement with the criminal justice system, she has begun to turn her life around. She has gained employment again and has since reunited with her daughter. Taking responsibility for her actions has proven to be helpful to her as well. She is thoroughly involved in her treatment, is aware of the contents of her treatment plan, and recognizes her addiction. She doesn't have much of a relationship with her doctors. Her current home life is recovering from the lows it has seen but continues to be a struggle. She does find it hard to find work because of her criminal record. She notes her daughter as being the primary reason for turning her life around, and she believes that finding gainful employment, continued treatment, and intensive rehabilitation would be helpful to her improving her life. Patty recognizes that her current husband was a bad choice, and without him she would be clean much longer. With the help of her daughter and son, Patty is being taken care of physically and emotionally. The only other support system that she uses is her mother.

Nelson is a young man who had a quiet disposition during this interview. Growing up in Erie, he noted that he had a normal childhood. He reported having a great relationship with mom, an absent father who he never really knew, and twin siblings. He was diagnosed at age 18 with Antisocial Personality

Disorder. Nelson began using cocaine at age 14, became a dealer, and had run-ins with the law as a teenager. He also used marijuana and alcohol. As an adult he was arrested several times, including twice in 2006 for possession and terroristic threats. He had been in and out of rehabilitation several times as well. He feels, however that his arrest in early 2008 is what brought him to the point he is at now. While living with ladies of ill persuasion and continuing to be involved with the drug-lifestyle, he had many issues and stressors with his fiancé. It was during this time that he committed robbery and simple assault. Not surprised to find himself in the situation he is in, he feels that he is of no good to others and his two kids. Nelson takes full responsibility for his legal issues, but has authority figure issues because of what he calls 'racial stereotyping' by authorities in Erie. He does recognize himself as having a drug problem, but is not sure of his mental illness diagnosis. His answers to clinical related questions were met with aloofness. Nelson never completed high school or equivalence, and thinks of himself as being self-reliant. However he believes a change of environment would serve him well. He credits his two children and family as being the reasons for turning his life around, and if he could have done anything different he 'would have stayed home that night'. He credits his fiancé' and siblings with helping him get through difficult times.

Kent is a 40 year old man who is diagnosed with anxiety and depression. He had what would be classified as a normal life growing up by many standards, including good relationships with his parents and siblings. At age 18 he joined the service, which is where he began using marijuana and alcohol. While in the military, many life-altering events happened to him. His girlfriend became pregnant, he married her and they moved to Germany. He also served in Desert Storm. His father also passed away during this time. After serving in the military and upon return to Erie, this is when he feels his life began to unravel. He and his wife separated. He was treated for depression and anxiety shortly after this yet Kent was still having troubles getting his life back 'on track'. In 2004, he was arrested for drug possession and disorderly conduct. Upon release he was later arrested again for missing a court hearing, and he lost share of custody of his children due to non-support. Kent does not have an ongoing substance abuse problem; his problems stem from his mental illness. He is frustrated because he hasn't received what he perceives as being proper treatment while incarcerated. Prior to his most recent incarceration he was facing employment issue, which led to financial stressors. Kent is managing his life on his own, but misses his kids terribly. He lacks support systems and recognizes this deficit. He feels that counselors aren't helpful enough.

Marge is 30 years old, separated, and has had a long history of incarceration. Marge had no relationship with her father when growing up, as he passed away while she was young. The maternal relationship was good, though her stepfather physically and emotionally abused her since she was 2 years old. She recalls never feeling good enough for her stepfather, and noted that he always referred to her as 'fat', leading to her feeling self-consciousness about her weight. Even to this day she feels that she has less value than the rest of her family. She has 4 siblings, but does not speak to any of them. She had obtained a GED after dropping out of 9th grade, and she has held sporadic employment over the years; each time employment ended due to incarceration. Marge first dabbled in substance use at the age of 8, when she first tried alcohol. At age 13, she first tried illegal narcotics (marijuana) and at age 18 tried other substances (cocaine, acid, etc). This drug use continued throughout the rest of her life, and she admitted to drinking everyday for a year once she turned 21. Marge recalled having sex in exchange for crack at the age of 24. There is a family history of alcohol and drug usage. She reported being insecure throughout her life, as well as having few friends. She has 3 children, having put 2 up for adoption due to her life issues, and the third is residing with his biological father. Her first involvements with the criminal justice system were DUI's in 2001 and 2002. In 2004, she was charged with Simple Assault towards her roommate, incarcerated, and had her children taken away from her. She became more depressed, increased her drug usage, and 'just didn't care'. She was living with a physically abusive boyfriend for some time, when in July of 2008 she stabbed him and was charged with Simple Assault. She had returned late after a night out, woke him, and a fight broke out between the two. Prior to this event she was working, had some contact with a couple siblings, and was suffering from the abuse. But the abuse continued, which led to the charge. Regarding her incarceration, Marge figured she would wind up here one day, but is surprised by the length of time as she was acting out in self defense. She reports 'hating' authority figures and that she has always done what she has wanted to do. Though she admits to using drugs and exchanging sex for them, she only views herself as having an alcohol problem and not a drug one.

Regarding her recovery, Marge did not originally take responsibility for her actions but now does. She knows the contents of her treatment plan and has made most appointments. In her treatment prior to incarceration, she did not have much of a relationship with her doctors, as she went only for medication. She is also not satisfied with her current psychiatric services, feeling that her needs and requests are not being met. Marge also has a history of substance abuse treatment (both inpatient and outpatient). Though she has no persons to rely on, there are two corrections officers that are supportive of her and

has met a couple friends in prison. The main reason for her attempting to turn her life around is to see her kids again (who are starting to show behavioral issues).

Todd is a 20 year old, single male who is incarcerated on a DUI charge he received in Spring of 2008. Prior to his incarceration, he was living with his family and working full-time. He reported having good relationships with both his biological parents and 3 siblings. He stated that 'life was good'. It was during his mid-teens that he started to illustrate destructive personal behaviors. At age 15 a serious relationship he was in ended and he became depressed. At this point he started using drugs and alcohol regularly, and attempted suicide. Throughout the next two years he was in and out of juvenile programs for treatment, as well as for issues relating to this criminality.

Though diagnosed with Major Depression, he noted not having any symptoms and that his mental health was stable. He reported that being incarcerated as being the best point in his life. When discussing his past, Todd stated that his mental health and his substance abuse both led to negative situations and consequences in his life. He attributed past suicide attempts to feeling depressed, and his criminal history (3 underage drinking charges, DUI's, burglary) reflect his substance abuse issues. Prior to being incarcerated, he was working everyday at a plastic shop, but continued to use drugs and alcohol while combating his depression. He identified his parents as his main support systems. He recognizes his mental illness and knows it's best controlled by following his treatment plan. He stated that he would not change anything about his past actions, as they made him who he is today. Though he noted being aware of his problems and seems confident in his recovery, his demeanor and short answers during the interview suggest otherwise.

Rod is a 29 year old single male incarcerated for disorderly conduct and simple assault. Prior to incarceration, he had an unstable living situation and was living in a room he rented from his uncle. In fact, Rod reported having unstable living conditions since the age of 5. Parental custody changed frequently and this influenced his living arrangements, and he lived in several states while living with various relatives for brief periods. He was raised early on by his father, but his father lost custody and Rod moved to another state to live with his grandmother. Four years later he returned to live with his father. At age 15, he moved back with his grandmother and dropped out of school. He joined job corps in another state, a time that he identified as a high point in his life. The next few years he continued to move around the country to live with various family members. At age 20, he was sentenced in another state for stealing from a family member. He also received psychiatric help while incarcerated there. While living in this state he also suffered from boredom. When asked about the precursors to his

current offense, he noted that his girlfriend had been a major stressor in his life. There were many fights between them, and he blamed their relationship issues on the many negative occurrences that he had become involved in. He believed that she was cheating on him while at work. He was charged with assault against her, but he claims that she fell on the ice.

Diagnosed with Bipolar Disorder, he reported a history of suicide attempts, and is currently on medication to stabilize his moods. Rod is surprised to find himself incarcerated, and insists on his innocence. He is attempting to take responsibility for his treatment by maintaining his medication schedule. He has missed appointment with counselors because he 'doesn't care about stuff anymore' and 'is stressed out because of (my) girlfriend.' He doesn't believe he has a substance abuse problem, but with the prompting of his family, he has recognized his mental illness. Because he lacks education, he has a hard time maintaining a job. Rod states that he is not getting the medical support needed (he has leg pain issues), but has three relatives residing in the same pod as him that support him. He believes that regular counseling would be beneficial to his recovery.

Abe is a 35 year old male whose drug usage has brought him into the criminal justice system . He has a lengthy history with substance abuse including crack, marijuana, and alcohol, which hindered his education and led to him dropping out of school in 9th grade. As a child, he didn't know of his father, only having contact twice with him before he passed away. One of his earliest recollections is having his stomach burnt by an iron at 7 years of age. His relationship with his mom was good, but she passed away about 6 years ago. Abe also recalls his uncle physically abusing him as a child. His criminal record is lengthy as well, including being charged with robbery, attempt to deliver, receiving stolen property, and aggravated assault. He reports that he has spent most of his time since 1994 in prison for one reason or another. As a juvenile, his issues included having a physical altercation with another boy and the child's father, stabbing someone with a glass, hitting someone in the head with a weapon, and robbing a paperboy. His juvenile delinquency led to placement in several youth programs. As an adult he was charged with receiving stolen property, attempt to delivery, robbery, false identification, and various parole violations. His mental health issues can be traced back to his childhood, when he was hospitalized by his mother for 'acting out'. He was hospitalized again in his 20's for hearing voices in his head and for mood fluctuations. He attempted suicide after his mother passed away, and has a history of 'sucker punching people for no reason at all'. His issues began to become more severe when he started using crack at age 19, and this is when he started hearing voices. Abe reported that substance abuse was common in his family. He has 2 children, each by a different mother, and he noted that he

uses them both for support at times of need. One of his children has delinquency issues, and has been in placement.

Abe realizes that his life has been at its worst when he started using this drug. As half his life has been spent incarcerated, it was difficult for him to recollect a life so long ago. Prior to incarceration he spent most of his days getting high and drinking. He felt a sense of 'freedom – just walking the streets. I thought it was good, because I was getting high'. He reported that there were frequent mood alterations and relationship problems occurring. He was living with his baby's mother (though she was with another man) and had no source of income. At this time he had a problem with authority figures as well, dropped out of school, and never had a job. When asked if he takes responsibility for his legal issues, he stated 'yes, I'm a man.' He also stated that understands the medication he is on helps to control his moods (Abe noted that he has not stopped taking medication at anytime and only doctors have changed them

Otto is 45, separated, and comes across as a well-spoken, intellectual person. He is diagnosed with Schizoaffective disorder. Otto did well in school, except for third grade when his mother fell down the stairs and was in a body cast due to a broken back (a very traumatic event for him that caused great stress). He reported having a decent relationship with his parents, and positive recollections of his childhood. He struggled with friendships early on; however, in his mid-teens he finally began to feel accepted. Unfortunately, he fell into the wrong group of friends; the individuals he became close to were drug users. He began using narcotics socially and became addicted to drugs in his 20's. His drug use led him to spend much of his 20's imprisoned. At the age of 27 he married, which he identified as being a high-point in his life; or at least for the first 7 years. He felt a sense of pride, was supporting his family (though with SSI/welfare), and felt a sense of accomplishment. During this time Otto began to feel depressed and started using solvents, however. He also had 3 stepchildren, and the biological father molested his children and 'got away with it and it drove (me) crazy.' Other issues in his life, compounded with his addition, were primary reasons for him and his wife getting separated. He reported still struggling with the separation. After the separation and resulting legal issues, he found himself working on a farm, trying to clean up his life. He also attempted to reconcile with his wife for the first time. As she rejected his motives, he found himself relapsing and turning to solvents again. He also recognized that failed reconciliation with his ex has become a pattern in his life.

Though his drug use started at a young age, Otto's treatment for substance abuse and mental health issues is more recent. His treatment is focused mainly on D&A recovery and less towards the MH side.

Finding sobriety first will help him meet his other needs such as generating a steady income. Otto also utilizes church to find comfort with himself. The internal soul searching led him to understand that life is not easy, but you have to live it anyway. In the past he would just listen to what others said to him, but didn't let their counseling sink in. Now Otto understands that he needs to take his treatment to heart. He also recognizes that a change in friends is also in order, as they are users as well. Seeing his best friend die of an overdose has wized him to this dilemma. Regarding his incarceration, he actually finds some positive in it in that he must learn to face reality without drugs or alcohol.

Cletus is 51, divorced, an 8th grade drop-out, and has difficulty reading and writing. He grew up in a house with 6 siblings, the youngest two of whom were beaten constantly by the dad (Cletus being one of these two). He used much profanity to describe the state of his life while growing up. Because of the abuse, he found himself moved in and out of foster homes, and he started drinking alcohol at age 12. He sought approval of his older brothers and authority figures, even when it meant doing wrong things and getting into trouble. With reckless abandon he would go to work drunk, and one time at age 17 was electrocuted on the job. He believes this is the beginning of his mental health issues (later in life diagnosed with paranoid schizophrenia). Cletus also has a long history with the criminal justice system, dotted with alcohol related offenses. His first wife had left him and his drinking and criminal activity persisted. He currently is imprisoned under various charges, including failure to comply with sexual offenders' requirements. He is not surprised at all that he has spent so much time incarcerated. He found minimal good times to talk about, other than getting married as a teenager and having 3 kids with this woman. Cletus speaks highly of his fiancé who keeps him in line and makes sure he does what is required. He would like to improve his life so he can help his fiancé have a better life. His conditions both mentally and physically prohibit him from working however. This is the only person he has for support.

Cletus is aware of the content of his treatment plan, and is now taking responsibility for his treatment. In the past this was not the case, as his family was 'taught' to repress problems. He also lacked transportation to get him to appointments. He reports seeing images of a son he had that died later in life and hearing voices in his head. He is unaware of the medications he is taking, but follows doctors instructions in terms of them being administered. Cletus also is aware that he is an outsider within prison. He referred to the fact many inmates and guards view him as an oddity due to his lack of intelligence and difficulty speaking. He has learned not to let things bother him, but does get paranoid

at times. He doesn't see much value in attending AA, as he sees it as a meeting place for drunks. He does feel that a good case manager would be beneficial.

Troy is a 45 year old, separated male who is incarcerated for a DUI charge received in early 2008. He also has prior DUI charges from several years ago. Troy reported that alcohol had been a negative impact on his life. Troy is diagnosed with Major Depression, and he reported being unsatisfied with his psychiatric services. He reported taking many types of medications but is not sure of the purpose of any of them. He also experiences insomnia, fatigue, and a lack of motivation.

Troy reported that his life was 'boring' growing up. He wanted to be a mechanic like his father, but after dropping out of school in 11th grade, this was not possible. His first use of alcohol was at age 19. He eventually began doing kitchen work and was a banquet chef. He married at age 30, referring to this as the time when 'it all fell apart.' His relationship with his wife soured, and he was using alcohol regularly. He has been fighting his addiction for several years now. Earlier this year relapsed and was pulled over for drunken driving. Though having multiple DUI's, he doesn't think of himself as having an alcohol problem. He doesn't have many people to rely upon in his life, as both of his parents have passed away. He yearns for freedom, and after seeing how terrible it is to be in prison is attempting to make a full recovery.

Lisa is a 24 year old female with a Bipolar Disorder diagnosis. Scarred by the trauma of watching her father rape a friend at age 7, Lisa now faces an oxycontin addiction that has changed her life for the worse. Though not able to recall much of her early years, her troubles started with the previously noted occurrence. Soon after her father gave up custody of her, she went to live with her mother and stepdad, never talking to anyone about the incident. At 9 years of age she had open heart surgery as well. Her teen years were fairly empty of trauma, and in fact she noted that from ages 18 to 20 she wasn't using drugs or alcohol and was attending college and doing well (she is also a college graduate). At age 20 she began to use drugs, which seems to be tied to her choice of boyfriends and peers. As her addiction grew, she began to steal from others and forge checks to support her habit. In addition, she became a dealer. Prior to being arrested for distribution of a controlled substance, not much out of the ordinary was occurring in her life. She was studying for finals, recreationally using drugs, and having relationship issues with her boyfriend. She was also on probation from previous charges of retail theft, and was attempting to make all treatment appointments. Her family also has wide-spread substance abuse as well.

She recognizes her substance abuse problems, and is not surprised to find herself incarcerated. Deep down she knew eventually she would get caught, but thought she could beat the system. Her perspective has changed considerably in the past two years, and she knows that failure to recover is not an option. Prior to this incarceration, she would miss appointments due to drug use and 'laziness', but Lisa understands that she must stay clean and out of jail. Unfortunately when it comes to working with doctors, she feels that she can manipulate them and get what she wants out of them. She wants a normal life and to be happy and 'have what everyone has', but says that looking back she wouldn't do anything differently because everything happens for a reason.

Though drug use is her predominant issue, she also has mental illness issues she deals with as well. She was hospitalized as an early teen for suicide threats, and later received service for issues relating to her diagnosis. Lisa noted her father had a psychiatric history, though she didn't know to what extent. She has always been close to her mother and sister, and has a small group of friends she relies upon.

Clancy is currently 41, hasn't worked for the last 15 years, as he has a steel plate in his neck that prohibits full movement of his torso. He is diagnosed with Major Depression, and has been in an out of trouble with the law since his late 20's. He couldn't recall any good times in his life. Born in a small community, Clancy grew up watching his parents lead lives of alcoholics. In fact, they were absent in the lives of him and his 5 siblings. He reported physical and sexual abuse committed by his biological father against all of the children. He and his siblings raised themselves since the parents were absent, and he noted that they had to find ways to earn money, such as by shoveling snow and mowing lawns so that they could eat and buy clothes. At age 14 he received inpatient treatment for mental health issues. He was never good in school, and though he dropped out, he did earn his GED. His family problems sent him seeking companionship elsewhere, and he married and started a family at the age of 16. The woman he married was the person he attributes to getting him involved with legal issues. Though he began drinking as a pre-teen, he began using drugs at age 26. His wife was an addict, and he became involved in her lifestyle. As the drug use continued and became more frequent, his marriage began to fall apart and he and his wife soon divorced. Clancy had drug related charges in the mid-1990's, as well as charges of harassment, and simple assault charged against him a few years ago. Prior to being caught this last time, he was living with friends (users) who would keep an eye on him; however he still felt alone and took off on the run for 6 weeks before being caught. He stated that he was living a nightmare from his childhood and had no one he could trust to talk to about it. He stated that nothing was going right for him. Based on his family history, he wasn't surprised to find himself incarcerated. In fact he is

only shocked it wasn't for a more serious charge, as he senses his anger intensifying over his molestation as a child.

Regarding his treatment history, he noted that he always had a tendency to walk away from help. He has had issues with developing trust in his doctors as well. He was hospitalized and received therapy as a teenager for depression, hearing voices, and attempted suicide. Though he can do without narcotics, alcohol continues to be a problem. He does find being in prison comforting however, as he has met friends in his pod and can relate to their issues. Clancy doesn't get much support from others, as he is a self-described loner who has trouble keeping stable people in his life. One person he does trust is his case manager. He would like to turn his life around to get back into his 3 kids' lives; however he is having issues with this as one of his sons has tried to contact Clancy in jail, but the son won't communicate back. Clancy feels that if he could have had someone to talk to as a child about what they were going through, much of his problems may have been able to be averted.

Barney is 22 and an avid fan of extreme sports. During his childhood Barney's father wasn't around until Barney was six years old. Once he was involved, Barney remembered his father hosting biker parties every weekend and exposing his son to this lifestyle. His father was an alcoholic, and this influence led to Barney having his first drinking experience at age 9. Without much guidance, he began to get into trouble as a pre-teen. He recalled smoking marijuana for the first time at age 12, and while doing so he and his friends would put each other into a dryer and turn it on. He was also hospitalized at this age for suicidal thoughts. His older brother left the household at this time and never came back. At age 13, he became involved with a 'psychotic girl' whom he fought with constantly. At age 18, he fathered his first child but wasn't ready for fatherhood, and the mother would not let him have contact with the child. He has a juvenile record including charges of terroristic threats, for which he was put in placement. He also had a PFA against him from the relationship with his child's mother. Oddly, he said he liked his family life for the most part. Barney spent a great deal of his life involved with drugs and alcohol, and hasn't learned how to handle relationship or authority problems well. He is currently incarcerated for terroristic threats and violation of his PFA. He claims that he was scared off by fatherhood and turned to alcohol for coping. Fights ensued with his girlfriend, and slashed her tires a couple days later.

Barney feels that he needs to be shown respect before he gives it to anyone, and feels disrespected by authority. His philosophy with his treatment is to take his meds and stay out of trouble. Though he understands his substance abuse issues, he gave no indication that he has a grasp on his mood disorder.

Jeff is a 34 year old male who had a rather disruptive childhood while growing up in Dunkirk, New York and Erie, Pennsylvania. His biological father died prior to his birth. He reported having an “ok” relationship with his mother; however, from birth to age 8, Jeff believed that his grandmother was his mother and that his mother was his sister. Jeff has four siblings, including a sister who is deceased and three older brothers. Other issues Jeff reported from his childhood revolve around stress within the home. His mother married a man who Jeff reported was an alcoholic. Jeff stated his substance abuse began at age 10, and further substance abuse permeates into his family. Jeff also reported he endured a significant amount of physical and emotional abuse by his grandmother. Jeff stated there was a lot of stress and tension within the home. He has three children (ages 15, 12, and 11) that are currently cared for by their mother.

Jeff only attended school until the eighth grade, and claims he reads at a fourth grade level. While in school Jeff reported having learning disabilities as well as attending special education classes. He reports having difficulty with math, especially with budgeting of his money. Jeff tried to obtain his GED, but was unable to complete the necessary work. He also reports having difficulty in both obtaining and maintaining employment.

Jeff was diagnosed with Psychotic Disorder NOS and reported several attempts to hurt himself including cutting and suicide attempts. Jeff also has a history of attempts to hurt others, although he reports each episode occurred while he was off his medications. His criminal justice history includes charges relating to pulling a gun on someone, a domestic disturbance with his wife, and a scuffle with police officers. He currently feels as though he has a good relationship with his doctor and that his current medications are a good combination. In the past, Jeff feels as though his doctors and medicine combinations were not in order. He reports having a history of not taking his medications due to lack of resources and insurance.

Jeff is currently separated. He states that he and his wife were married last year after eleven years of dating. However, shortly after their marriage, Jeff stated that his wife admitted, unbeknownst to him, to being a professional call girl for the previous seventeen years. He feels that situation and the loss of his great-grandmother, whom he was very close to but was unable to say good-bye to, were the lowest points of his life.

Kevin is a 19 year old man who at the time of the interview was incarcerated for a DUI offense. Prior to his current DUI incarceration, Kevin had been arrested or incarcerated for burglary, larceny, and harassment. All of his legal problems have surfaced within the last year to year and a half. Prior to that,

Kevin states he had an average childhood. Kevin stated that he loved high school and would do it all over again if he could. He said that his sophomore through senior years were the best time in his life. He was achieving “average” grades as well as playing football and maintaining a two and a half year relationship. Just prior to graduating, Kevin and his girlfriend broke up, and he said “it all went to hell”. After the break-up with his girlfriend, Kevin attempted suicide by overdosing with a medication. Kevin was in a coma for three days but recovered. He has since spent time in community psychiatric hospitals as well as in and out of jail, but he has been unable to see a mental health professional to discuss his problems and treatment plan.

Kevin suggested that he had an up and down childhood. His parents were divorced when he was only 2. He lived with his father, seeing his mother on the weekends until he was 16, at which time he moved in permanently with his mother. Kevin stated he wanted more freedom than his father was willing to give; therefore he moved in with his mother, causing a rift in the relationship between he and his father that was previously good. He states he would like to be in touch with his father again, whom he has not seen in almost a year. He would also like to be in touch with his half-sister and brother, who he has not spoken to in two years. He states he gets along with his mother, who is his main support, but their relationship is “touchy”.

Kevin suggested that just prior to his incarceration he was “drinking, drinking, and more drinking” and that if he could go back in time and change something, it would be not getting involved with the wrong crowd. Looking back, he thinks that his heavy drinking began just after the break-up with his girlfriend, prior to which he was a causal drinker. Kevin had no problem obtaining or maintaining employment, but he has since lost his job due to his most recent incarceration.

Justin is a 23 year old male who at the time of his interview was incarcerated for recklessly endangering his younger brother. Justin was on probation for an unknown offense when his mother brought inhalants to his house to use while his younger brother was there. Also, Justin did not inform his probation officer that he has moved. Justin was 18 at the time. Justin states that he feels as though his step-mother is in his corner but his relationship with his father is poor. He reportedly gets along with his mother, but she is not a positive influence. Justin also feels as though his grandmother and sponsor will always support him and that he and his current girlfriend get along very well. He has a six year old son who is currently in the care his grandparents.

Justin has never had trouble finding or keeping a job, but he has only completed 10th grade. He said he would like to get his GED. His childhood is marked by early substance abuse and mental health issues. Justin's received his first psychiatric treatment at the age of 5 for ADHD. Since then, he has been in and out of psychiatric hospitals numerous times, and he has attempted suicide six times. Justin states that as a juvenile there were times when he attempted to hurt others, but recently he has moved away from such behavior. As was previously mentioned, Justin began using drugs and alcohol at an early age. When he was 8 years old he began sneaking alcohol from his parents, and by age 13, he was using heroin and powder cocaine. He has completed multiple treatment programs as well as attended AA meetings in an effort to get clean and sober.

Justin does not seem to believe that drugs and alcohol led to his current incarceration. He stated that just prior to his incarceration he was clean, maintaining a good relationship with his girlfriend, and working consistently. Justin feels as though he hit bottom when he was charged with his current offense and that if he could go back and change something, it would be to tell his probation officer where he lived. He stated that it did not surprise him to be incarcerated, but once on the outside he would like to turn his life around in order to maintain a healthy family life. He wants to be a part of his son's life and continue to be clean and sober.

Cliff is a 47 year old man who has an extensive criminal history. At the time of the interview, Cliff was incarcerated for disorderly conduct. He states he had a good childhood but that he grew up in the 1960s and was almost constantly around drugs and alcohol. He says that he has a good relationship with his mother and father as well as his four siblings; however, Cliff said that his family is spread all over, so it is difficult to maintain contact with them. Cliff stated that he has been around alcohol most of his life and that he had a history of substance abuse at a young age; however, he stated that he has been sober for over a year.

Cliff did not complete high school, finishing only the 10th grade. He never obtained his GED and has not worked since the 1980s. He stated that when he did work, he didn't have difficulty obtaining a job, only maintaining them. Cliff suggests that the worst time in his life was his current incarceration, and he is looking forward to his release. His best moments were the births of his three children. Cliff showed little emotion during the interview. He suggested that he has just lived his life and has done what was necessary to get by. He stated that people simply make mistakes.

Prior to his latest incarceration, Cliff stated that he was in the midst of a vicious cycle of self-medicating with heavy drinking and substance abuse. Cliff also stated that he prefers to be outside and alone, which he points out sometimes leads to trouble. He said he doesn't like to stay in one place and that he is very much a loner. He stated he would like to obtain his own apartment upon release. According to Cliff, the main reason to turn his life around would be for himself because he wants to stay out of jail.

Lois is a 42 year old female, born in Erie, who at the time of the interview had an extensive history of prostitution and drug related arrests. Lois graduated high school and served in the United States military for six years, earning an honorable discharge in 1990. She decided to further her education by entering college, but she had to drop out during her sophomore year due to her current incarceration. She does plan to continue her education and hopes to obtain a degree in sociology. In the past, Lois has had no difficulty in obtaining or maintaining employment; however she is currently physically disabled and foresees gaining employment as a problem. Just prior to her incarceration, she had major back and neck surgery which required extensive bed rest.

Lois stated that the worst time in her life was her childhood. She was sexually abused by her step-father between the ages 7 and 14. At 14 she pulled a gun on her step-father which resulted in an end to the abuse. The abuse also caused a rift between Lois and her mother due to her mother's knowledge of the abuse but failure to stop it. During that same time period, Lois also began using drugs. By age 14, she was extensively using marijuana, hashish, PCP, acid, and cocaine. Lois also began using crack, stating she would use it "24-7". She has an extensive history of substance abuse treatment, completing several programs from 1989 through 2008. Looking back, Lois said she would have never gone to her co-worker for help to stay awake. It was that co-worker who introduced her to crack.

She stated that she realizes now that the reason to turn her life around is for herself. She realizes that she must continue to stay clear of drugs. Lois stated that she and her current boyfriend are very close and that he is very supportive. She also says that her ex-boyfriend, who is the father of one of her children, and her ex-husband are also very supportive.

Lois is aware of her current psychiatric treatment plan and takes full responsibility for that treatment. She reportedly understands the importance of a positive attitude and the importance of positive influences. She also suggested that the community in general needs more programs that assist the mentally ill.

Stewart is a 24 year old male who grew up in Albion, Pennsylvania. Stewart reported he had a rather turbulent childhood. He wasn't a very good student and decided to drop out during the 9th grade. Stewart has yet to receive his GED, but he has begun GED preparation classes. He began using alcohol and other drugs (marijuana, hallucinogens, and stimulants) at the age of 14. Stewart reports that his relationship with his father is "distant", but that he gets along with and is very close to his mother. He has one brother, but Stewart reports that they are "two different people". Stewart also stated that he has a good relationship with his grandmother and grandfather. He has no children, but he is engaged.

Stewart is currently incarcerated for his second DUI offense, but in the past, he has also been arrested for possession of a controlled substance/drug paraphernalia, and burglary. When asked to identify the worst moment in his life, Stewart reported that he began using and cooking meth at the age of 20. He continued cooking and using meth during the months that led up to his current incarceration. Also during that time, Stewart reported that he and his fiancé were fighting and that led to him consuming a lot of alcohol.

Just previous to his most recent incarceration, Stewart was arrested for possession of a controlled substance/paraphernalia. He spent four months in jail for that charge, which reportedly really scared him. Upon his release, he began working again; he has never had difficulty obtaining or maintaining a job. He reports that he was happiest just prior to his most recent incarceration because he was clean from meth, he was working, and things between he and his fiancée were going well. Looking back, Stewart reports that he would have stayed in school and never began using drugs.

Peter is a 49 year old male who is currently incarcerated for robbing a convenience store. Peter had never spent time in prison, or been in contact with the criminal justice system until his current arrest. Peter graduated high school and has some college education. When Peter was a younger man, he was a successful businessman and was able to maintain a relatively stable family life. He is currently divorced and has two older children. Peter spent four years in the military during his early 20s. He also spent time as a taxi driver.

Peter suffered from extensive pain related to a medical condition. After medications were unable to ease his pain, he turned to crack and further self-medication. At one point, Peter felt as though he was using crack as a way to ease his pain permanently, although he admits that he never consciously attempted suicide. Peter has completed one in-patient treatment program for his crack addiction. Peter reports being physically, sexually, and emotionally abused as a child. He has no juvenile record.

Looking back, he states that his worst moment in life was during the years surrounding his brain surgery. That is when he turned to crack for self-medication. Peter suggested that the robbery he committed was a one-time event in order to get money for crack.

Glenn is a 19 year old male who was born in Florida but now lives in Erie. He was diagnosed as having Bipolar Disorder. Glenn reported that he never knew his mother and that he was close with his father. Glenn reported feeling that his father was supportive; however, Glenn's father died in 2002, which resulted in an attempted suicide on Glenn's part.

Glenn reported that the worst time in his life was when his step-brothers picked on him between the ages of 5 and 12. During that time, he also began experimenting with drugs. As was previously mentioned, the passing of his father at the age of 12 was also a traumatic time in Glenn's life. He identified his best times as when he was born and when he moved out of his step-mother's house at the age of 12. Glenn also noted that when he was 18, he had his first sexual experience and he graduated from high school, which he also identified as further examples of excellent moments in his life.

Glenn reported that he has had difficulty in both obtaining and maintaining employment in the past. This could possibly due to his young age, as he suggested he was too young for the long hours. At the age of 18, Glenn began extensively using morphine due to injuries sustained in of a BB-gun fight. At the time of the interview, Glenn was incarcerated for resisting arrest due to attempting to evade arrest for a retail theft.

Meg is a 25 year old female who is currently incarcerated for probation violations. Meg has been diagnosed with Bipolar Disorder. She reported that she had mostly a negative childhood. At the age of 6, she witnessed her mother being physically abused by her step-father. Her biological father left the family when she was 2; therefore, she has no recollection of him. Meg stated that she is close with her mother and enjoys a close relationship with her. She has three siblings, including a sister who she gets along with and two brothers, only one of which she has a good relationship with. Meg reported that there were occasions when she experienced physical and emotional abuse as a child, but she did not provide details as to who abused her or a timeline of events.

Meg did not graduate high school; she dropped out in the 10th grade. She stated that she never really liked anything about high school, and that she preferred working the job she had while in high school. Meg has taken some GED preparation courses and now realizes that she would like to further her education. She began smoking cigarettes and using alcohol at age 13. When she was 17, she began

using meth, oxycontin, morphine, and heroin. Her morphine and oxycontin use was extensive. Recently she has completed two drug treatment programs.

Meg reported that just prior to her incarceration was the worst point in her life. She was drinking heavily, which led to her losing her child. Shortly thereafter, her daughter was taken from her, and as Meg stated, she was “trying to kill herself”. Just prior to her incarceration, she realized the authorities were after her, so she began to elude the police. She realized she had violated her probation.

Looking back, Meg suggested that she would have not held her emotions in as much as she did. She feels as though this is a major cause for her current situation. She said she doesn’t want her life to be like it currently is anymore. As was previously mentioned, she wants to continue her education on the outside as well as find the structure she needs to stay clean and manage her mental illness.

Patrick is a 21 year old male who at the time of the interview was incarcerated for criminal mischief. Patrick remembers a disruptive childhood; he stated he witnessed his mother’s substance abuse addiction on numerous occasions. He further mentioned that he never really attended much school prior to the 9th grade; he only attended school regularly from 9th to 11th grade because he was in an alternative education placement. Patrick never graduated though, dropping out in the 11th grade. He has yet to achieve his GED, but he is taking prep courses.

Patrick has no children, and reports no substantial support system to speak of. He stated that he does not really get along with his father, who remarried and seemed to start a new life. His mother, who was diagnosed with Bipolar Disorder, killed herself when Patrick was 18. Patrick blamed himself for his mother suicide, as he and his mother had a major fight just prior to her death. Patrick reported that he cuts himself and has attempted suicide a few times. His first attempt at suicide came just after his mother’s death when he reported he “hit bottom”.

He stated that his current and only love is his graffiti art. It is graffiti that led to his current criminal mischief charge as well as numerous others. Patrick was also diagnosed with OCD, which he relates to his painting. He claims he feels calmer as a result of painting. Just prior to his current incarceration, Patrick reported that he was heavily abusing drugs as well as moving around a lot. His father had kicked him out, which led Patrick to feel as though nothing was going right for him at all. Once on the outside, he would like to gain legitimate employment and paint as a hobby. He reported that he would like to go to college and definitely stay out of jail. He is aware that he has a mental illness and that it will be a

lifelong struggle to maintain his mental health. Looking back, Patrick stated that if he could change anything it would be to not fight with his mother.

Nate is a 50 year old male who at the time of the interview was incarcerated for retail theft. He doesn't have an extensive criminal history; he has been arrested in the past but it is very sporadic. Nate reported that just prior to his most recent incarceration, he was using cocaine heavily but that he was able to maintain his employment and that overall life was great. Nate reports that his current incarceration is a result of getting involved with "the wrong woman" who "screwed him over" when he trusted her with his finances. He then turned to retail theft in order to gain the money he needed for his cocaine habit. Nate began using cocaine in 1989 and continued to use "on and off" until his present incarceration.

Nate grew up in Erie and did not report any atypical events from his childhood. He reported no forms of abuse while he was a child. He also stated the he got along with both of his parents, although he feels as though his mother favors his younger brother much more. While growing up, Nate played football extensively and always dreamed of playing in the NFL. At the age of 16, he participated in an armed robbery due to "getting in with the wrong crowd". Nate did not graduate from high school but he did obtain his GED as well as an associate's degree. He claims he has never had trouble obtaining or maintaining employment.

Nate has two adult children, noting both of their births as significant moments in his life. When asked what the best time in his life was, Nate responded that while he was a landlord he owned two homes and was financially well off. He claims, however, that once he met the wrong women things went downhill. Looking back, Nate suggested that he would have "screened women better" if he were able to do anything differently.

Brian is a 27 year old male who was incarcerated for burglary. Brian has a short criminal history, revolving mostly around thefts in order to gain money to further his substance abuse. Brian did not complete high school; he dropped out in the 11th grade but shortly thereafter he gained his GED. When Brian was 18, he joined the Army, gaining an "other than honorable" discharge in 2002 due to a medical condition. Brian stated that he had a normal childhood. He said that his school aged years were good, pointing to his parent's divorce when he was 14 as the only negative point. He reported no instances of abuse. When Brian was in 4th grade, he moved in with his grandparents. Soon after, his father moved to out of the state. Brian moved in with him for a short time, but returned to live with his mother because

he missed the rest of his family. He still maintains a good relationship with his father, mother, and grandparents as well as his siblings and feels as though they are supportive.

Brian reported that the best moments in his life were when he graduated military school because his family was proud of him. After exiting the military, things began to change for Brian. During his school aged years, he consumed alcohol, but not in excess according to him. However, once he was out of the military he began “partying pretty bad”, which progressively got worse. Although Brian was extensively using both drugs and alcohol, he was able to maintain a job and a relationship during the months that led up to his incarceration. He reports that his life was in a state of “havoc” just prior to his incarceration. He said he was involved in heavy substance abuse during that time. He also committed the offense for which he was incarcerated during the few days that led up to his current incarceration. He claimed “everything was perfect until three weeks prior to his incarceration”.

Brian was diagnosed with Major Depression, but feels as though he is taking the steps necessary to maintain his mental health. He feels as though he has the support he needs to turn his life around, but he would like to join a church to further his support system. He would also like to turn his life around once released so that he would be able to spend more time with his son. Looking back, Brian said he would have never joined the group of friends he did. He claimed getting involved with substance abuse and the bad groups of friends he had were the worst mistakes of his life.

Appendix D

***Summaries of Erie County Department of
Adult Probation Interviews***

A 22 year old single male, **Barney** has had a difficult life stemming to his childhood. Barney has been limited by back, neck, and heart conditions, and he has had open heart surgery twice in his life (ages 2 and 13). Diagnosed with Bipolar Disorder, he also has a lengthy history with the criminal justice system and substance abuse issues. Age 13 proved to be a tumultuous year for him, as at this time he first tried marijuana and alcohol; he also found out his step-dad was not his biological father. He reported being physically abused by both his mother and step-dad, attempting suicide, and being hospitalized. Barney has had extensive run-ins with the law, one of which led to being put in placement as a juvenile. He is currently on probation for charges of Theft by Unlawful Taking and Contempt for Violation of Order. Barney has been experiencing serious issues revolving around his current girlfriend who is also the father of his child. He claims that she places a lot of stress on him, and this has caused many altercations in their relationship. Prior to his latest involvement with the criminal justice system, he noted that she abused herself but blamed him for doing so. He also was drinking heavily (while on his medications) the night of his grandmother's funeral, and he wrecked his car while under the influence.

Barney is not aware of the contents of his treatment plan, and is not currently involved with substance abuse treatment. He does recognize his mental health issues, however, and is focusing on managing this aspect of his life. He reported that he does occasionally miss his treatment appointments. While younger he received services for ADHD. He reported that many individuals in his family have Bipolar Disorder and/or Major Depression, and his mom and stepdad both have drug abuse issues. Though he reported not having many friends, he did note that his PO and his TCM were important in his life. Barney claims that the symptoms of his diagnoses prohibit him from maintaining employment, as he gets dizzy often. He has moved on from the female that was causing him so much grief, and currently lives with his mother (his step-father passed away when he was 17) and new girlfriend. Barney has no contact with his child.

Ned, 34, has depression and anxiety. His story is one of growing up with an alcoholic dad and witnessing his father abuse both himself and his mother. Growing up he was the oldest of his siblings, and he saw himself as their protectors, so they were never abused. As a youngster, he had many behavioral issues, which he blames on his father, but added 'he's still my dad.' During middle school, he hated life, as this was when his issues with his father were coming to fruition. When he graduated from school, he was drinking and using drugs frequently and getting into trouble. He claims his sister was the one who got him involved in using crack, and that she also had depression. His drug use continued into his 20's, but he managed to keep a good job. In fact he became a plater, made excellent money and held this job for

about 15 years. He feels it was his job, however, that led to his current situation. He was living with his girlfriend and 2 children in a house they owned, but also using crack. At his job, he realized that the value of copper had climbed considerably, and he began to steal it in small quantities, sell it, and use the money to finance his and his wife's drug habit. This went on for some time, when they got greedy. While attempting to sell it, his wife doctored the weighing slip in an effort to get more money. This set off a series of events with legal authorities and it became known that he was stealing the copper. Then fired from his job, this was the point where his recovery began. Ned is currently on probation and involved in Treatment Court. During his legal run-ins, he lost custody of his two children and is attempting to get them back in his life.

Looking back, he can now see symptoms of his mental illness when he was in high school; at the time he thought it was just the effects of the drugs. He was not surprised to find himself involved with the legal system, due to his issues and issues with his father and authority figures. Ned recognizes his drug problem, and is working hard to stay clean. He has a good rapport with his doctors, and is happy with his treatment plan. He does have a hard time coming to grips with his mental illnesses. He currently lives with his mom and girlfriend (his only noted supports, as he has few friends), and struggles with finance problems as he's paying back restitutions. Ned feels that if his parents would have split up while he was a kid, he might have stood a better chance in life.

Sherri, 38, was not typical of those interviewed. She has no drug or alcohol issues that are confounding her life. In fact she has led a rather stable life compared to most others. Married with 3 children, she is diagnosed with Bipolar Disorder, and is depressive and suffers from anxiety. Her mental illnesses have come to the forefront of her life in the recent past. She did not know her mother, as she passed away when Sherri was 8 months old. Raised by her father and grandmother she did not have a great relationship with her father, as he was always working and somewhat distant from her; no abuse took place however. At the age of 19, Sherri lost both her father and grandmother, leaving her with no one close to her in her life. She had her first child at age 21, and two others at the age of 26 and 28. She spent several years raising her kids alone, as the father was incarcerated. Her husband was a heavy drinker and they separated several times in her late 20's and early 30's. They continue to follow this pattern. During her early 30's, she began to get into trouble with the law for charges including Criminal Conspiracy, Corruption of Minors, and Retail Theft, for which she is currently on probation. She notes that from ages 32 to 36, her depression and anxiety were quite noticeable, and that a lawyer in the

criminal justice system recommended that she undergo a psychiatric evaluation. This is when she became aware of the full extent of her mental illness.

During the interview Sherri expressed a great deal of not understanding why her affect and emotions are the way they are. She's confused by her mood swings, and doesn't feel that her husband cares to help her (he takes Seroquel himself and sleeps a lot). She claims that she mostly has 'bad days', and cries most anytime for no reason at all. Her current situation has also left her out of touch with her oldest daughter, as they don't speak much. Sherri reported that she can't hold a job and that she doesn't have any friends. She feels empty and alone and has a hard time understanding her life.

Teri, 27, has been in and out of many people's lives starting at an early age. One of six children, she resided with her mom but spent much of the time with her grandmother because her mom was a heavy frequenter of bars. She suffered physical and sexual abuse from her uncle from ages 8 through 12, and she subsequently ran away to live with her father at age 12. She began experiencing behavior problems at age 13 and was hospitalized at this time as well. Her first drug use was at age 15, as she saw both of her parents smoking marijuana frequently. At age 18, she received her diagnoses; Bipolar Disorder, Borderline Personality Disorder, and she claims Schizophrenia as well. Both of her biological parents are said to have Bipolar Disorder. During her 20's, she began to increase her drug usage. At age 24 she tried crack for the first time, after it was given to her by a friend. She was living with her boyfriend who was described as a bad influence in her life. He and his friends were burglarizing dry-dock boats and selling the wares from their home; she was 'o.k. with it even though I knew it was stealing'. When caught, this proved to be her first involvement with the criminal justice system. She is currently facing charges of endangering the welfare of her child, because while on probation a party was held at their home, and paraphernalia and alcohol were found; she was hiding in the basement however, and doesn't believe herself to be at fault. She also had her daughter removed from her custody. She gave up her child to her older sister for adoption, something she regrets to this day.

Her recovery has been littered with mishaps, as she missed many appointments at Stairways, and also was kicked out of House of Healing. She acknowledges that she doesn't work well with others, but she thinks that everyone is out to get her and places blame for her troubles on everyone but herself; everyone but her PO, that is. In her words she was 'being the best mom I could be'. Regarding her treatment, she says that she is taking responsibility for her treatment, and acknowledges her issues. She doesn't like her doctors and wishes that there were more groups for women just to talk about issues in their life like you do with friends.

Maggie is a 38 year old female who is having a difficult time adapting to social norms after emigrating from another country. She began using alcohol 3 years ago, and she drank in heavy consumption. Her habits began after her abusive husband left her and returned to their homeland. Prior to this she was working, but stopped working in 2004. She was left to raise 9 children by herself, which caused a great amount of stress. Her drinking continued and she later faced DUI charges as well as charges for passing bad checks. While on probation, a PO came to her house and witnessed her drinking alcohol. Her kids became protective of her, and an incident occurred at the house. She was subsequently charged with endangering the welfare of her children. The children were taken away from her and placed into foster care. She was afforded the opportunity to be at House of Healing, but was kicked out for unwillingness to meet program obligations.

As previously noted, she is having a hard time adapting to life in the US. Back in her home country, she could have been a nurse. She is homesick and would like to go back (she left originally due to war). Language barriers also prohibit her from getting proper help for her psychotic disorders and PTSD. Without her children, she is alone and has no one to lean on for support, except for a few members of her adopted community. She takes her medications regularly, but transportation prohibits her from making all of her appointments.

Helen is a married, 37 year old female that feels she led a pretty good life up until the last several years. She had fond memories of her childhood, working at McDonalds, graduating from high school, etc. The one notable absentee was her father, who spent much of her childhood incarcerated for various reasons. He was also a drug addict and alcoholic. She married her current husband at age 22, a year after having their first son. She had a second child at age 23. Throughout this time she had no problems maintaining employment. As many couples do, they had their problems which led to a separation at age 34. At this time, she then became involved with a 'bad boy' and under his influence, she became a user of cocaine. He was also a dealer. It was during the time she was with him that she had charges of use and possession of drug paraphernalia brought against her, to which she claims her boyfriend planted them on her. She had a short stay in prison and upon release stopped doing drugs. She was also suffering from depression and dealing with stress of having teenaged kids. At one point things were going bad in her life that children and youth services became involved with her kids. Regarding her problems, Helen said it doesn't surprise her that she had legal issues because there was much drug use by other family members as well.

She has maintained her treatment schedule and is back with her husband and children. Stressors continue in her life, but she adjusts as best as possible in order to manage them. She attends therapy and has an open relationship with her doctors and counselors, and she speaks highly of specialty programs offered at Stairways, where she receives therapy for Bipolar Disorder. Because of her relatively recent diagnosis she does not have a long history of mental health and substance abuse treatment for very long. She takes her medication regularly, noticing a difference in its impact on her. She reported that one problem is that they live in a very rural community, and there are not providers nearby; therefore, transportation to meetings can be problematic and causes her to miss some appointments. She relies on her husband, kids, and an aunt for support; she described her mom is a 'nag' so they do not talk much about her problems. Her desire to provide better for her kids and reconcile with her husband is what provides her strength to maintain sobriety.

Edna, 25 and married, suffers from Bipolar Disorder and Major Depression. Growing up, she lived with her mom, who had an abusive boyfriend. Her mom left the boyfriend, and the client remembers that from then on, her childhood was pretty pleasant. Her biological father died when she was 8, and he had mental health problems of his own. Edna became pregnant while in high school; the father stuck around and helped raise the child. She married the father when she graduated from high school, and they had a second child a year later. They fought often, and she left him for someone that she described as a 'psycho bad guy' who was very controlling, wouldn't let her speak to her family, and was abusive. Her children lived with her and were subsequently put in the middle of the bad choices she made. She took a third shift job, as her boyfriend did not work. At one holiday her new boyfriend reportedly attacked her mother and an incident followed. OCY was involved and she was charged with endangering the welfare of her children. She noted that she signed her rights of her children away while incarcerated. Her mother has since adopted the children.

Edna is now back with her original husband and working on her mental illness issues. She regularly gets angry often, and has a short fuse, and goes through peaks and valleys of high energy levels. She is not aware of her treatment plan contents, and feels that her therapy targets drug addiction, something that she doesn't have (minimal drug use as a teen reported). She also does not relate well to others in the group. She doesn't see her husband (who she refers to as 'old faithful') often, as he works two jobs and goes to school. The only other supports she has are her mother and grandmother. She feels strongly that there is a lack of education for women who are abused, and she feels that most who are abused

don't know where to go for help. Edna feels that if she had help early on, her life may not be so troublesome.

Brandine, 46, led what she classified as a very successful, go-getter life for most of her life until stress and her mental illness began to overwhelm her. While Brandine was a child, her mother was diagnosed with schizophrenia and she raised her brothers. She recalls the way her mother was treated and how, though the norm at the time, it would not be tolerable today (shock treatments, frequent med changes, etc). This left a grave impression on Brandine's life. As a late teen, she led a life what she thought was typical of most teenagers; drinking at times, going to parties, etc, but not to any great extent. It was always controllable, and she continuously held good jobs and worked many hours. She was awarded a college scholarship but turned it down, as she said that '(she) found Budweiser instead.' She married at 26 and got a job in management. A few years later she took a managerial job for a large establishment and worked long, hard days, but made enough money to live comfortably, and was the bread winner in the family. She also was highly respected for her work and she looks back with much fondness of her accomplishments. She noted that her faith and catholic upbringing were influential in her getting the strength to get through her long days. Her husband had many run-ins with the law and was incarcerated for the first four years of their marriage. About 12 years ago, her and her husband believed that a change of environment would do them well, so they moved to another state and she took a managerial position with another large establishment. This went well for several years until at age 41 her 'life went to hell.' She reported being overworked and over stressed with an unsympathetic boss. With her job stress, family issues, being homesick and an unsympathetic husband, Brandine had a nervous breakdown. At this time she turned to drugs and mostly alcohol. She didn't seek mental health help at the time.

Her criminal justice history all took place during a brief time period when the breakdown occurred. She had many charges brought against her, including robbery, possession of an instrument of crime, and theft by unlawful taking. Her drinking continued and grew into a daily habit. Looking back, she is completely baffled by her incarceration, quite embarrassed by the whole sequence of events and by how far she had fallen. Once released and on probation she made great strides in her recovery, and her and her husband divorced. She continued to have issues with her mental health and went through a five-day period with no sleep. At this point she was hospitalized, and received her diagnosis. With the support of her parents and a new boyfriend, she had fought through a relapse and learned the consequences, but is very grateful to her PO for helping her through the ordeal. She has a good

relationship with her doctors, and attends treatment for her dual diagnosis. Though described as a very exemplary worker in the past, she has a hard time maintaining work now; in fact she reported that she has shown up for new jobs but never found the strength to go inside and sat in her car crying.

Janey is in her mid-20's and is on probation for DUI charges brought against her last year. She was part of a large family that moved to Erie when she was younger. She was adopted by distant cousins who reportedly treated her poorly; she did not meet her biological father until she was 16. Her stepdad abused her physically and sexually. She began using drugs and alcohol at age 15, and she was participating in self-destructive behavior and was suicidal. She was hospitalized due to depression at this time as well. She was diagnosed with Bipolar Disorder. In her early 20's, she gave birth to her son and was taking medication for her mental illness. In the run-up time to her incarceration, she was using a lot of drugs and stopped taking her medications. She was on a constant high or drunk, and her extended family took her son from her. Shortly after this, she was arrested for driving under the influence. She reported that her family has a great deal of alcoholism that runs through it, as well as mental illness on her mother's side. She sees her family history as setting precedent for the life that she finds herself in today.

Janey is finally starting to understand that her issues are her own doing. She used to blame her DUI on her boyfriend but now faces the consequences herself. She is taking her medications daily now and continues her counseling. Currently she lives with her boyfriend and his daughter (she does not have custody of her son), but this is said to be stressful. Her boyfriend is jealous, possessive, and they fight a lot. He drinks, but she doesn't, and that makes her angry. She doesn't have steady employment, but is looking into continuing education. Janey reportedly has made many changes in her life, including learning to love herself first. She has also cut ties to many of her old friends, as they were drug and alcohol users.

Lisa, 38, is single and has had a turbulent life. Her father walked out on the family when she was a Rodler, and her mother was rather distant to her. An aunt and her maternal grandmother were important figures in her life. She was molested while in grade school by her mom's boyfriend. At 13, she was kicked out of her home for smoking marijuana and placed in Vision Quest. She was clean for several years but became involved in a bad relationship. Her boyfriend also used and drank, and he was not faithful. Though they remained together, they fought constantly and she became physically abusive towards him. Over the course of a year she had various charges of simple assault, disorderly conduct and reckless endangerment brought against her.

Throughout her life Lisa has been suicidal and has shown self-destructive behaviors. Her first drug use was alcohol and marijuana, but at age 22 she began to use crack. Mental health treatment has been more recent. She believes that currently her life is in a better place. She says that one of the best things to ever happen to her was having her boyfriend walk out on her one day after she was jailed. She lives with her son and cats now, and with a roof overhead, gas and lights on, and no relationship; to her 'life is great!' and she can concentrate on herself right now. Lisa has a good grasp of the symptoms of her Bipolar diagnosis, and suffers through long-term bouts of depression. She shies away from her mother as support, as mom continually puts her down. The strength in her recovery comes from looking at her kids and wanting to provide better. She knows that mental health problems have been common in her family, and she sees symptoms in her daughter.

Lenny, 53, has led a life filled with crime and drug abuse. One of 6 children, he grew up in a house where his father abused he and his mother and raped his older sister repeatedly. He has no idea why his dad picked on him, but Lenny viewed himself as the protector of his siblings and took the brunt of his father's attacks. As a youngster he found himself involved with the criminal justice system on many occasions, including for randomly attacking people with his friends, theft, and drug activity to name a few. Throughout the conversation Lenny reiterated that has and had a great deal of anger issues and was never helped with controlling it. He first tried drugs at age 12 (cocaine, opiates and alcohol) and has never completely given them up. At age 13 he was sent to a boys home and was subsequently put in placement after cutting a kid in the face. At age 16, he started shooting heroin as he fell into a gang of users and dealers; though he knew it was wrong he didn't care because he was feeling accepted and cared for. His mom left while he was in his teens. He became a self-described bully, frequently beating people up for no reasons to let out the pain. Throughout his teens and early adulthood he not only did drugs but sold them as well. He looked back with disgust on some of the things he did and made people do for drugs. He has been in and out of prisons his whole life. Married for 25 years, he has committed adultery many times, cannot work (very low intelligence, cannot read/write well), and as his wife says to him, 'you don't know how to love.' This is evident as he said this about himself many times throughout the interview. He feels lucky to have his wife, even though he says things to hurt her and cannot provide for her.

About 5 to 10 years ago, he began hearing voices in his head (he is diagnosed as psychotic and Schizophrenic), and has been receiving help for mental health issues since. Often times, his therapy has been within prisons as he has been incarcerated so often, including for probation violations. Drug and

alcohol counseling has proved to not work well for him, as Lenny has relapsed many times. Recently his son walked in on him in the bathroom using heroine, which proved to be a traumatic event for both parties and was the last time Lenny used. Lenny is not surprised by the lifestyle he has led. Though he knows of his problems, Lenny can't seem to get a hold of them due to his inability to control his own anger. Other than his wife, everyone else in his life keeps distant; his siblings didn't want him around when their mother died. During the whole interview Lenny cried out of sorrow and disgust for what he has done. He states that he continues to struggle daily, but has no way of working himself out of his lifestyle. In his words, he is lucky that he isn't dead, though at times he wishes he were.

Agnes, 25, is separated and diagnosed with Bipolar Disorder. On probation for retail theft and recklessly endangering the welfare of children, she has spent most of her life 'trying to be what everyone else wants (her) to be.' She was adopted at a young age along with her brother, and she was physically and sexually abused when she was young. She remembered that her adoptive mother attempted to kill her when Agnes was 12. She reported the abuse to authorities but nothing ever came of it. Looking back she believes that much of the abuse stemmed from her adoptive parents not being able to have children of their own, and a great deal of resentment was coming through. At age 15 she and her brother began searching for her biological parents. They first found were two other sisters that were also given up for adoption, and then through them, they found their mother. At this point her life started to turn around, and her biological mother readopted the kids when Agnes was 17. Agnes got married and had three children. Her problems came about due to what she called 'her husband's open door policy' at their house. Her daughter got a hold of medications that shouldn't have been at the home, and was hospitalized for 3 days. Evidently there were other incidents between the couple as well, and the children were taken away (she was very unclear on this during the interview). Currently her kids are in fostercare, and she struggles with this outcome.

Agnes was diagnosed three years ago, and she says she has many up-and-down days. She struggles with her treatment; often times she skips her appointments or just 'forgets' to go. Though separated, she still maintains contact with her husband, but it reportedly causes emotional stress on the both of them. She wants to work towards getting her kids back, but doesn't know how to take advantage of all the programs that are offered that could potentially help her.

Dennis is a 40 year old male, who at the time of the interview was on probation for possession of drug paraphernalia and corruption of minors. His criminal history includes several corruption of minors and drug charges. When asked to describe his life, he stated that he "made the best of what he had", which

referred to his childhood. Dennis was born in Florida and moved quite frequently with his family, finally settling in Pennsylvania. He never met his biological father, but noted that he loved his mother very much even though they had a rocky relationship. Dennis has two siblings, a brother whom he calls “an idiot” and a sister who is deceased. Dennis stated that his step-father, whom his mother married when he was a child, was an alcoholic. He stated that he experienced extensive physical abuse as a child; Dennis said he “grew up in a rough and tough family where violence was daily.” He began drinking alcohol and smoking marijuana at the age of 9. He reported that his family was a bunch of “partiers” and it was their influence that led to his own substance abuse. Dennis has completed two treatment programs for his alcohol abuse and reports being clean and sober for “a long time.”

Dennis dropped out of high school just prior to graduating, receiving his GED shortly thereafter. He joined the military, receiving an honorable discharge. He stated he had not worked in quite some time due to an undisclosed disability; Dennis reported that his wife of 22 years is the sole breadwinner of the family. Dennis and his wife have six children between the ages of 3 and 22, only one of which currently lives at home. Four of the other children have been adopted out of the home; their oldest son died recently of a heart attack. Dennis was diagnosed with Major Depression, and he noted extensive histories of mental illness within his family. He reported that his wife as well as his children have an extensive history of mental illness. He reported that the best time of his life was “right now” due to the fact that he has recently bought his own building and that one of his children is back at home. He identified his worst moment was 1995. He was arrested for a DUI, and he noted other instances of heavy drinking. He stated he went on “days long drinking binges” during that time.

Looking back, Dennis reported that he would not change anything because “life is one big learning experience.” He does acknowledge that he will always have a drinking problem as well as a mental illness. He stated he understands the need to continue to address both in order to continue to turn his life around; the reason for which would be by himself and his children.

Jim is a 48 year old male, who at the time of the interview was on probation for terroristic threats. He was not very detailed when asked about his childhood. Jim reported that he had a physically abusive father who was “drunk a lot”. He stated he never really knew his mother because she “didn’t associate with the family much”. Jim has no siblings; he further reported that he feels as though he has no support system to speak of. Jim graduated high school, and reported having completed some college courses. He reported no employment history; SSI is his only source of monthly income.

Jim denies any alcohol or drug use. He has only been treated for his mental illness for a little over three years. Jim denied having a mental illness.....

Tricia is a 20 year old female, who at the time of the interview was on probation for endangering the welfare of children which is the only arrest in her record. She does, however, have a brief juvenile record for truancy. Tricia didn't graduate from high school; she dropped out during the 10th grade when she had her first son. She has yet to receive her GED. She has no employment history; she contests that she has never had a job due to the difficulties of childcare. Tricia stated that she never met her biological father. She reported that she has a good relationship with her mother, although she is an alcoholic. Tricia has five siblings; she reports that she gets along with all of them. She also states that she has a good friend that has continually supported her.

When asked to describe the best moment in her life, Tricia stated that when she was younger her family had barbeques every weekend which she enjoyed. She also stated that the first day of school was a high point in her life. However, when Tricia was 6 years old, she was raped by an undisclosed person. She was raped again at age 11. Tricia could not point out any good moments from the time she was 10 until the present. At age 13 she began using alcohol and marijuana, but has no history of treatment for substance abuse. When she was 14 years old, she was hospitalized for her mental health, receiving a diagnosis of depression and PTSD.

Tricia is currently single and living with her mother. Her sons are in the care of the Office of Children and Youth. Looking back she reports that if she could change one thing it would be to not have children at such a young age. She further stated that if she were to turn her life around it would be for herself.

Craig is a 48 year old male, who at the time of the interview was on probation for his second DUI. Craig reported having a fairly uneventful childhood. He did report some physical abuse but did not give details about the perpetrator. He reported having a rocky relationship with his father who is currently deceased. Craig stated he had no relationship with his mother; she left the family when Craig was a child, and she is also deceased. Craig has two siblings, a brother and sister with whom he maintains good relationships, but he is unable to see them often. Craig reports that his current girlfriend and her father are very supportive of him. He has one adult child.

Craig never graduated high school, and he has yet to obtain his GED. He joined the military, but he was discharged after going AWOL. He has been unemployed since 2004 and reported that he has had difficulties in the past maintaining employment due to his extensive alcohol abuse. He began drinking

alcohol and smoking marijuana at age 18, completing one treatment program and enlisting in two others since then.

Craig reported that just prior to his most recent incarceration, which was for the same offense that he is currently on probation, he was trying to stay sober and that things were generally “ok”. He did report that the reason he began drinking again was the reappearance of his brother. Craig stated his brother just showed up and the two began spending time together again. He said that the DUI stemmed from heavy drinking with his brother on his birthday. Craig suggested that if he could go back and change something, he would have maintained a full-time job as well as never had started drinking or smoking marijuana.

He reports that the worst time in his life was his most recent incarceration. In the years prior to his most recent incarceration, Craig reports instances of heavy drinking due to his separation from his ex-wife. During that same period, as a result of his alcohol consumption, he was also fired from a job he enjoyed. He also began to notice symptoms of his mental illness; he was diagnosed with Mood Disorder NOS in 2004. The best time in his life was when he was able to go hunting and fishing. He also claims that currently things are going very well because he is staying sober with the help of his girlfriend of almost five years. He maintains that he wants to stay sober and out of jail for his own sake; he states that hates being incarcerated.

Carol is a 46 year old female, who at the time of the interview was on probation for the manufacture/possession/and intent to deliver a controlled substance. She has various other theft charges on her criminal record. Carol reported that she only completed the 6th grade and has not yet received her GED. She reported a traumatic childhood, most of which she blocked out. Carol was molested by her father at a very young age. She was raped by another unknown man when she was 11 years old. Carol stated that her relationship with her mother was not much better, stating that her mother was an abusive alcoholic. However, in recent years Carol reports the two have mended their relationship and that she forgives her mother. Carol has two brothers, but she reports she is not very close to them.

She stated that from the age of 12 to the age of 27, she had a “beautiful life.” Carol reported that she began using crack cocaine at 27 due to her daughter being molested by an unnamed man. Carol suggested that she was using the crack in order to self-medicate and further suppress her own memories. From age 30 to 45, Carol reported being “in and out of the system”. She stated that she

often lived on the streets. When asked what the worst moment of her life was, Carol reported that in 2007 she simply “wanted to die” and she “wanted to go to jail.” She stated that just prior to her most recent incarceration, she was living on the streets and there was “heavy drug use” in her life. Carol further reported that she was in terrible overall health and that she was off her medications then. She was diagnosed with Psychotic Disorder NOS at an unreported time. She stated that she understood that jail was her “last hope” and that the judge “saved her life”. Carol has been clean for eleven months now, reporting that she turned her life around for herself because she did not want to die. Looking back, Carol reports that she wished she had never began using drugs.

Eddie is a 40 year old male who at the time of the interview was on probation for possession of a controlled substance/drug paraphernalia. His criminal record includes several arrests for theft and drug related charges. Eddie reported that he dropped out of high school after completing the 11th grade. He was, however, able to obtain his GED. Eddie reported he had difficulty in both obtaining and maintaining employment, especially during his 20s and 30s, as a result of his depression. Eddie stated that as he gained a better understanding of his diagnosis, stable employment was more easily maintained.

Eddie reported having a good childhood; he stated nothing exceptionally good or bad happening. He stated he had a good relationship with his father, who is currently deceased. Eddie suggested that he and his mother also shared a good relationship; she is also currently deceased. Eddie has seven sisters and two brothers; he maintains a good relationship with all of his sisters. He has five children, all of which are currently in the care of their mother. Eddie reports no instances of abuse from anyone in his family. Eddie could not recall any psychiatric history within his family; he did, however, report that one of his sisters had a history of substance abuse.

Eddie reported that his own substance abuse began at 16. It was then that Eddie began using crack and marijuana extensively. He also stated that was about the time when he began facing “minor legal issues”. Eddie has completed one drug treatment program. He stated that looking back upon his life; he would consider himself a “good person who has made mistakes.” He could not point out any specific timeframe when things were particularly bad, only specific instances. He did suggest that between the ages of 21 and 26 he enjoyed the best moments of his life. Eddie reported “lots of tragedy” occurred in his family just prior to his most recent incarceration. He suggested that this tragedy might have affected his depression, as he was still unaware of the meaning of his diagnosis at that time. He stated that things were going relatively well until the tragedy, then “things went downhill.” Eddie stated the reason

for turning his life around is his maturity and for his children. Looking back on his life, Eddie stated that if he could change one thing, he would have never started using drugs.

Lance is a 46 year old male who at the time of his incarceration was on probation for disorderly conduct and criminal conspiracy. Lance stated that he had a good childhood. During his childhood, he lived in Wisconsin with his parents and his two brothers. He reported having a good relationship with his father; he said that he would like to continue their relationship but the geographic distance between them does not make it easy. He reported that he and his mother got along but that she died quite some time ago. Lance stated that he and his brothers got along. He reported no instances of abuse from any family members. Although he reported have a good childhood overall, he did state he began using alcohol at the age of 12. Lance further reported that when he was 16 years old, he began using marijuana. He has completed one treatment program for substance abuse but that was quite some time ago.

Lance stated that he graduated high school as well as attended some technical school. Although he did have some specialized training, Lance reported that it has been difficult for him to maintain employment. He stated that he has never been fired, but lay-offs were common due to the nature of his work. Lance stated that he has a history of seasonal employment, with the most recent being picking strawberries. When asked what he would like to have access to in order to further improve his life, Lance responded that a full-time job would be important as well as the ability to continue his education. Lance has two children whom he does not see often. Their mothers are their primary caregivers. When asked if he has any other support system, Lance reported that his father, step-mother, and his son would continue to support him. He is also actively involved in his church.

Looking back, Lance suggested that just after high school was the best time in his life. He reported being married and having steady employment at that time. His worst moments in life were during his mid-twenties. Lance reported that he was still living in Wisconsin then. He stated that he got in a fight with someone and received a ten year sentence for that offense. Lance said that if he could change anything in his life it would have been more steady employment, as it was his down time that led to many of his legal issues. He stated this was the cause of his most recent incarceration. Lance reported being laid off and that "nothing was going on" during the months leading up to his most recent incarceration. He reported being engaged during that time, but once he was incarcerated, the engagement was called off.

Mary is a 33 year old female who is currently on probation for resisting arrest and public intoxication. She reported having a bad childhood overall. Mary reported instances of sexual abuse from her step-father prior to her tenth birthday. She also stated she was physically abused by her father during her childhood. Mary reports that her current relationship with her father “is there, but that she tries to avoid him due to his own alcoholism.” Mary reported being diagnosed with ADHD around the age of 9. At that same time, she stated she began using alcohol. Mary reported having no relationship with her mother and only limited relationships with her eight siblings. She reported that she tries to avoid both her father and her siblings due to their alcoholism.

Mary did not finish high school; she dropped out in the 11th grade. Since dropping out though, she has been able to achieve her GED. Looking back, Mary claims that obtaining employment has never been a problem for her, but that maintaining employment has been difficult. She stated that she always “gets bored” and that she is “always excited to start something but never finishes.” At this point in her life, Mary feels as though anything she feels she needs in order to improve her life, she simply goes and gets. She says that nothing is currently missing in her life as she has a lot of support. Mary did state that the reason for turning her life around was for her five children, who are currently being cared for by their father. She said that she did not want her children to follow in her footsteps.

Looking back, Mary reported that 2002 was the worst time in her life. She said during that year she was incarcerated as well as abusing drugs and alcohol with much more veracity than at any other time. Mary claims that currently her life is at the best that it has ever been. She got sober and clean just prior to her last incarceration. Looking back, Mary said she wished that she had never begun using alcohol. She said “alcohol has been the cause of all my problems.”

Chris is a 20 year old male who at the time of the interview was on probation for resisting arrest and criminal mischief. He reported that his life has been consistently turbulent and that he has been “in and out of lock up and probation.” Chris does not have an extensive criminal history, but he does report that he has a juvenile criminal history for “fighting a lot.” He recently graduated high school and reports that he would like to continue his education in order to be a pastor. Chris also stated that he attempted to join the military, and still wants to join the military, but his current legal situation has not allowed him to do so. When asked what he would need to further improve his life, Chris responded that furthering his education in order to maintain steady employment would be essential. He has held jobs in the past, but they were mostly for short time periods. He stated that he has no trouble obtaining employment, only maintaining it.

Chris stated that he is currently engaged and is enjoying the best moments of his life due to his girlfriend. He maintains that she keeps him out of trouble. When asked to describe his worst moments in life, Chris reported that when his grandfather and two close friends died, he felt as though things could not get any worse. He was very close to his grandfather. Chris reported that his mother and his girlfriend currently give him support. However, he reported that he and his father have never really gotten along. Chris reported that his father physically abused him while he was a child. He also reported that he has three brothers and one sister, and that their relationship is “hit or miss.”

Chris reported that he is aware that he has a mental illness and is taking full responsibility to maintain his mental health. He was diagnosed Bipolar Disorder. Chris also realizes that he had a substance abuse problem. He began abusing alcohol at age 8 and marijuana at age 15. Chris maintains that he has been clean and sober for some time now and wants to continue to stay that way. He suggested that he has always “associated with the wrong people”, which he stated is the cause of many of his problems.

Anna is a 27 year old female who at the time of the interview was on probation for conspiracy to commit robbery. She reported having a chaotic life that is much better now. Anna stated that her childhood was “pretty miserable” and filled with bad memories. She was molested by her step-brother around the age of 5. Anna further suggests that she and her mother have never really gotten along. She does note that she and her father are “best friends and always have been that way.” Anna reported that at about 14 years old, she began using “everything” (in reference to her extensive substance abuse). She stated that she used any drug she could get a hold of and that she would use every day. She has completed three substance abuse treatment programs. Although she noted a negative childhood, Anna was able to graduate high school and maintain steady employment thereafter. She stated that she has never had difficulty in obtaining or maintaining employment until recently. Anna realizes that her felony record will prohibit her from obtaining the types of stable employment that she wants.

When asked to describe the worst moment in her life, Anna stated that during her “mental health episodes,” she feels as though nothing could get any worse. She reported that when her mental health “isn’t balanced,” bad episodes are soon to follow. Anna was diagnosed with Bipolar Disorder. She also stated that just prior to her most recent incarceration, her life was bad. She was engaged to her current husband, but each continued heavy drug use daily. During that time, the co-conspirator in her case also moved in with her and her husband, which only compounded the situation. Anna stated that looking back she was scared of the drug use, even at the time, because she was consuming so much. She

reported using non-stop for over a year. During that time Anna stopped taking care of herself and “dropped all relationships.” She stated that pattern is one of her self-destructive behaviors. She identified she always has had trouble maintaining relationships and that she continually destroys relationships in her life. She noted that her current husband is a “God send” and that he pushes her to take her medications and to stay clean and sober.

Anna has two children who are currently in the care of her their grandmother. She maintains that she has a relatively stable support system which includes a close friend as well as her husband and her father. Anna actively volunteers at the local mental health clinic. She also consistently attends AA meetings. Looking back, Anna stated that she wishes she had turned her step-brother in for molesting her. She also stated that she would have never started using drugs and that she would have attended college. Anna said she would “change her whole life.” She is doing well now, maintaining she has completed a “180 degree turn” and wants to continue on her current path for herself.

Tim is a 45 year old male who at the time of the interview was on probation for theft by unlawful taking. He reports having a normal childhood. He attended school until the 9th grade but then dropped out. Tim has not achieved his GED but says he would possibly like to pursue it. He stated that nothing either exceptionally good or bad happened during his childhood. Tim stated he got along with both his mother, who died in 1994, and his father, who passed away when Tim was a teenage, but he never really knew them because they both “worked a lot”. Tim has one sibling, a sister, whom he maintains a “great relationship” with. He reported no instances of abuse while growing up.

When Tim was about 20 years old, he moved to Florida and became a “beach bum.” It was during this time that Tim began using drugs and alcohol. He reported that this was the best time of his life. Tim stated that during his mid 20s “everything was going well”; he said he was working and had a place to live, which he reports as being very important to him. In 1994, Tim said he experienced the worst time in his life. He reported that his mother passed away which led him to “stop caring.” He received a DUI while in Florida. He was also arrested for drug charges in Florida and resisting arrest in Pennsylvania. Tim maintains that since 1994, he has lived a chaotic life including several stints in jail beginning in 2000. Tim was diagnosed with Major Depression, but did he not seem to feel as though his mental illness led to his current situation.

When considering his most recent incarceration, Tim stated that just prior to being incarcerated he was extensively abusing drugs and alcohol. He maintained that he was “led down the wrong road.” Tim

suggested that in the days leading up to his most recent incarceration, he was “in the wrong place at the wrong time,” all the while continuing his heavy drug and alcohol use. In order to further improve his life, Tim suggested he would like to have his driver’s license reinstated in order to get his CDL license. He also stated that it is important for him to maintain his current positive relationships, mainly with his sister. Tim reported that he would like to move back to Florida because employment is more readily available. He also stated that it would be important for him to live on his own. Looking back, Tim was unable to decide upon one specific thing that he would change.

Sandy is a 36 year old female who at the time of the interview was on probation for endangering the welfare of children, DUI, and disorderly conduct. She reported having a good childhood, as well as a “pretty good life” until she was about 33 years old. Sandy was adopted, so she never knew her biological parents. She stated that she only knew her adoptive mother, whom she had a good relationship with, until she passed away. Sandy has an unspecified number of older brothers, who she stated were never “really in her life”. She reported no instances of abuse during her childhood.

Although Sandy reported having a good childhood, she only completed the 8th grade. She has yet to receive her GED. She also reports seeing her first mental health professional when she was 13 years old. Sandy has been diagnosed with Major Depression. Sandy also had two children during her teenage years, which she considers some of the best moments of her life. She reported that during those years she “felt as though she was doing exactly what she was supposed to do” in reference to raising her children at such a young age.

Sandy reported that things began to turn to the negative between the ages of 33 and 35. She suggested that she “just got in with the wrong crowd.” At age 33, she began using alcohol; she’d never touched it prior to then. Sandy stated that around 33 or 34, she began using cocaine. She stated that her drug use came to a head when she was about 35 years old. Sandy reported that at 35 there was heavy substance use in her life resulting in OCY taking her children away. During that same time frame, Sandy was arrested for the offense for which she is currently on probation. Sandy stated that the reason for her 180 degree turn around has been for her children, but mostly for herself. She stated that the “number one reason to turn things around is for yourself.” Looking back, Sandy had no hesitation stating that she would have never associated with the people that led to her current situation.

Doris, 42, has had recent incidents with the law that revolved around alcohol, which she first used at age 9. Currently serving probation for DUI charges, she also has a history of using depressants and meth.

She was married to an abusive drug dealer until the age of 35. During her marriage she drank heavily, but was sober for over three years at one point. She had been in various substance abuse treatment programs through her 20's, but none seemed to be able to keep her sober. Her first legal incident came when she was 37, when she was arrested for DUI charges. Her mental illness wasn't diagnosed until the age of 29, when she was hospitalized and diagnosed as Bipolar.

Doris grew up in a household with physical and sexual abuse taking place, and recalled being raped at age 14. Her mother was the root of much of the physical abuse, and her mother's boyfriend was protective of the children. Doris notes that her mother was very tough on her and her siblings, and is still a mean person today. She didn't meet her biological father until she was 18, and never formed a relationship with him as he has since passed away. She has experienced custody issues with all three of her children, but is trying to maintain good relationships with them.